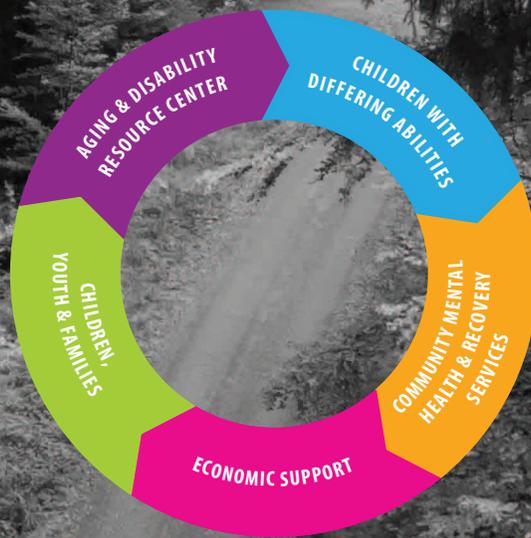


**VALUING RELATIONSHIPS.
VALUING RESULTS.**



**2012
PERFORMANCE REPORT**



MESSAGE FROM

LARRY WINTER, DIRECTOR

This past year we successfully completed each goal in our 2010-2012 strategic plan. Now it is time to focus on new opportunities and challenges by implementing our 2013-2015 strategic plan. Looking forward, we intend to continue on the path of serving the citizens of Chippewa County and demonstrating to taxpayers that we are achieving lasting results with the funds they provide us. We begin with the natural feeling that we want to serve first. The best test is: Do those served grow as persons? Do they become healthier, wiser, freer, more empowered to help themselves, more likely themselves to become contributing members of the county community? We strive to meet the needs of individuals and to foresee the different services they will need in the future. Robert K. Greenleaf said, "The 'system' is not the starting point for a healthy society. The healthy society, like the healthy body, is not the one that has taken the most medicine. It is the healthy mind that is in the best shape that leads to a healthy society." How do we foster a healthy society? Every one of us does so by becoming mentally healthier, empowering others, and having one purpose, which is to serve others.

COUNTY STRATEGIC GOALS

In addition to continued planning and goal setting, our department accomplishments during 2012 complement 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 2013 TO 2015

| | |
|----------|---|
| 1 | STRATEGIC INITIATIVE Increase community engagement. |
| 2 | STRATEGIC INITIATIVE Increase community awareness of the value of human services. |
| 3 | STRATEGIC INITIATIVE Provide a coordinated response in the event of a natural disaster or other countywide emergency. |
| 4 | STRATEGIC INITIATIVE Create opportunities for leadership development. |

The 2012 Performance Report serves three purposes. First, it reviews the Department of Human Services' performance in 2012; second, it is a 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 empower children, youth, families, and individuals to achieve positive and lasting results.

PHILOSOPHY & PRACTICE

RESULTS THAT LAST

How does human services empower others to help themselves?

| | |
|---|--|
| 1 | FIRST , we must understand what consumers need to take care of themselves. Then we provide our exceptional staff with the tools to meet these priorities. |
| 2 | SECOND , we must find the evidence-based programs or best practices that provide consumers with opportunities to meet their needs and in some situations change their behavior. |
| 3 | THIRD , we must implement programs that allow consumers to open doors towards effectively accelerating their progress and achieving results. |

HOW WILL HUMAN SERVICES ACHIEVE POSITIVE AND LASTING RESULTS?



By increasing collaboration ...
with the entire county community.



By implementing ...
an educational marketing and branding strategy.



By creating opportunities ...
for shared learning.



By implementing ...
an Emergency Response Plan.



VISION

To Achieve Positive and
Lasting Results



MISSION

Empowering People to
Help Themselves.



VALUES

COLLABORATION

Building relationships with others to
maximize resources and achieve results.

LEADERSHIP

To encourage and support people to
develop their full potential and abilities.

EMPOWERMENT

Assisting consumers to identify and
attain goals by utilizing their strengths.

ACCOUNTABILITY

Providing timely, accurate, and fiscally
responsible services with a focus on
continuous quality improvement.

RESPECT

Always considering the dignity
and worth of the person.

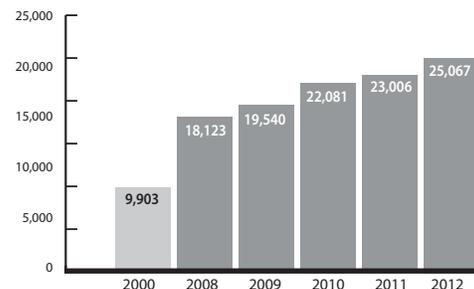
CONSUMERS AND PROGRAMS / SERVICES (2008 - 2012)

| PROGRAMS / SERVICES | 2000 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|--------------|---------------|---------------|---------------|---------------|---------------|
| ● Adult Protective Services (CMHRS) | | 36 | 43 | 65 | 50 | 41 |
| ● Alzheimer Family Caregiver Support Program (ADRC) | | | | | | 5 |
| ● Birth to 3 Program (CWDA) | 59 | 188 | 189 | 174 | 178 | 172 |
| ● Child Protective Services (CYF) | 1,692 | 940 | 1,195 | 1,374 | 1,407 | 723 |
| ● Children's Crisis Services (CWDA) | | | | | 120 | 135 |
| ● Children's Waiver Services (CWDA) | | 67 | 73 | 95 | 97 | 91 |
| ● Chore Program (ADRC) | | | | | | 32 |
| ● Community Options Program (CMHRS) | | | | 4 | 5 | 4 |
| ● Community Recovery Services (CMHRS) | | | | | 4 | 5 |
| ● Community Support Program (CMHRS) | 40 | 46 | 56 | 50 | 45 | 43 |
| ● Crisis Services (CMHRS) | | 430 | 489 | 682 | 756 | 819 |
| ● Disability Benefits (ADRC) | | | | | | 211 |
| ● Elder Benefits (ADRC) | | | | | | 1,218 |
| ● Emergency Detentions / Petitions (CMHRS) | 265 | 169 | 133 | 138 | 121 | 124 |
| ● Ensure Program (ADRC) | | | | | | 150 |
| ● Family Support Program (CWDA) | 34 | 32 | 32 | 36 | 32 | 35 |
| ● Food Share Program (ES) | 618 | 2,056 | 2,420 | 2,938 | 3,168 | 3,418 |
| ● Information & Assistance/Options Counseling (ADRC) | | | | | | 1,319 |
| ● Juvenile Justice Services (CYF) | 205 | 141 | 108 | 88 | 108 | 56 |
| ● Medical Assistance Program (ES) | 5,542 | 10,777 | 11,333 | 13,290 | 13,098 | 12,810 |
| ● National Family Caregiver Support Program (ADRC) | | | | | | 66 |
| ● New Guardianship / Protective Placement Services (CMHRS) | | 35 | 33 | 32 | 39 | 16 |
| ● Nutrition Program (ADRC) | | | | | | 867 |
| ● Outpatient Mental Health Services (CMHRS) | 640 | 551 | 390 | 57 | 5 | 5 |
| ● Protective Placement Reviews (CMHRS) | | 134 | 109 | 116 | 104 | 107 |
| ● Substance Abuse Services (CMHRS) | | 85 | 291 | 126 | 292 | 102 |
| ● Wisconsin Home Energy Assistance Program - WHEAP (ES) | 808 | 2,428 | 2,641 | 2,813 | 3,377 | 2,493 |
| TOTAL | 9,903 | 18,123 | 19,540 | 22,081 | 23,006 | 25,067 |

KEY

- ADRC = Aging & Disability Resource Center
- CMHRS = Community Mental Health & Recovery Services
- ES = Economic Support
- CWDA = Children with Differing Abilities
- CYF = Children, Youth & Families Services

TOTAL CONSUMERS SERVED





AGING & DISABILITY RESOURCE CENTER DIVISION

INTRODUCTION

Aging and Disability Resource Centers (ADRCs) are the first places to go to get accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone—individuals, concerned families or friends, or professionals working with issues related to aging or disabilities—can go for information tailored to their situation. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care.

The Aging and Disability Resource Center was introduced as a state initiative in 1998 when the first ADRC opened. This initiative became a reality in Chippewa County during 2008 when the Aging Department joined forces to provide one single point of entry for individuals with disabilities and individuals 60 and over to receive services and supports. In August 2012, the Aging and Disability Resource Center of Chippewa County transitioned from a single department of Chippewa County to becoming a division within the Department of Human Services. This consolidation increases the opportunity to share services to meet consumer needs and to be more fiscally responsible with funds.

POLICY INITIATIVES, UPDATES, AND CHANGES

FEDERAL | STATE | LOCAL

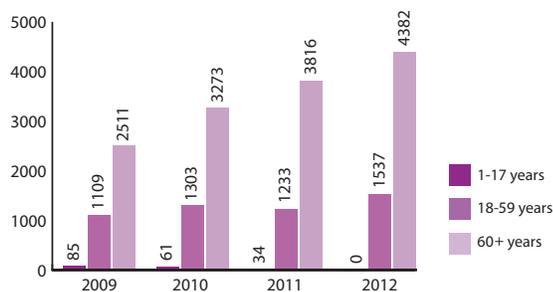
- Preparation and educational outreach for the closing of the Managed Care Organization (MCO) Community Health Partnerships and beginning of new MCO, Southwest Family Care Alliance – transfer date January 1, 2013.
- Senior Care was extended through 2015.
- ADRC Director retired; predecessor came in as an ADRC Manager/Aging Unit Director as a division within the Department of Human Services.

ACHIEVEMENTS

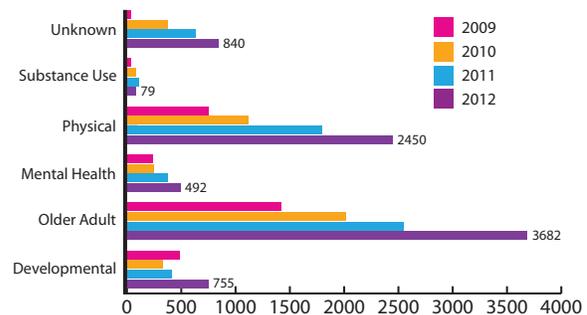
- Money Follows the Person Grant (MFP) began.
- Standardization of policies and procedures to improve efficiencies of operations.
- National Family Caregiver Support Program and Alzheimer's Family Caregiver Program Coordinators were identified within the ADRC to better implement the programs.
- Thorough evaluation of the Nutrition Program began. Plan developed for 2013 included policy, procedures, Nutrition Advisory Council implementation, and backup coverage for Nutrition Program staff.
- Planning initiated for the ADRC to become the single point of entry for both the ADRC and Community Mental Health and Recovery Services.
- Adult Protective Services became a part of the ADRC.
- Time reporting goal of 39 percent was met and exceeded, resulting in additional funding.
- Increased community outreach for the purpose of educating the community on the ADRC.
- More than 20 Medicare 101 presentations provided throughout the community.
- Care Transitions, a program focusing on reducing hospital readmissions, began May 2012. During this time period, 130 individuals were referred for service and 65 completed the program. The ADRC contracts with the Eau Claire ADRC to provide this service to Chippewa County residents.

DIVISION STATISTICS

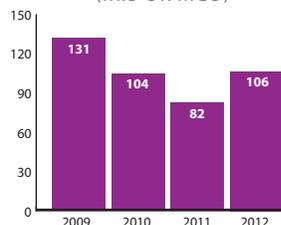
CONSUMERS SERVED BY AGE DEMOGRAPHIC



CONSUMERS SERVED BY DEMOGRAPHIC

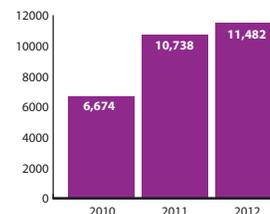


ENROLLMENTS INTO LONG TERM CARE (IRIS OR MCO)



NOTE: Initial rollover from Waiver to Long Term Care occurred in 2009 resulting in a large number of enrollees. Over the last two years, Long Term Care enrollees have decreased.

TRANSPORTATION PROGRAM (NUMBER OF RIDES PROVIDED)





- Disability Benefit Program
- Elder Benefit Program
- Senior Dining
- Meals on Wheels
- Adult Protective Services
- Guardianship/Protective Placements
- National Family Care Giver Support Program
- Alzheimer Family Caregiver Support Program
- Chore Program
- Ensure Program
- Information and Assistance/Options Counseling
- Senior Center Wellness Programs (provide financial support)
- 211 (provide financial support)
- Care Transitions (contracted with Eau Claire County)
- WATTS Preventative Placement Review
- Transportation Program (contracted with New Freedom, Patients' Express, Tender Care, and Shared Ride)
- Volunteer Caregiver Program (Volunteer program of St. Joseph's Hospital and funded by United Way)

Jessica Barrickman

PARTNER STORY

MARY PROUE
Social Worker, Chippewa Manor



As a social worker at Chippewa Manor, I have worked with several programs and divisions in Human Services including Mental Health, Economic Support, Adult Protective Services, and the Aging & Disability Resource Center (ADRC), to name a few. We work together not only to evaluate the best plan of action for an individual to have the best quality of life, but also collaborate to provide available services to meet their needs and offer support and information to assist families.

I have worked with the ADRC since it began and have found the staff to be very helpful and knowledgeable. I have made referrals for Meals on Wheels, volunteer services, transportation needs, benefit specialists, and options counseling. Often times, the Options Counselor and I work together in talking with patients and families and providing information and assistance as they struggle with making life changing decisions in the aging process (e.g. receiving added assistance in the home, moving out of their home setting to a safer environment or because of funding issues, and applying for financial benefits as patients leave the rehab setting).

I feel confident that if I have a question or a concern on a specific issue, I can contact Human Services to find the answer and rely on them to help me deal with some difficult situations because of the level of knowledge and professionalism in their departments.

Chippewa County Human Services has great value to the citizens in this county with all the services they provide to so many in need. ●

AGING & DISABILITY RESOURCE CENTER 2013 GOALS/DIVISION SCORECARD:

- 1. Transferred some programs from direct ADRC coordination to contracting with local providers.**
- 2. Continue supporting volunteer program and increase number of individuals served.**
- 3. Provide supplemental services for caregivers (e.g. respite, adaptive aids).**
- 4. Successful integration of ADRC into Department of Human Services.**
- 5. Transfer Adult Protective Services from Community Mental Health and Recovery Services to the ADRC.**

CHILDREN WITH DIFFERING ABILITIES DIVISION

OVERVIEW

The Children with Differing Abilities Division continues to be Chippewa County's primary source for information, assessment, and service coordination for children with special needs. The single point of entry via the Western Regional Center has greatly simplified the process for those seeking information for their child with special needs. The questions of, "Is this normal?", "Should I be worried?", and more importantly, "What can be done about it?" are all questions for which we can help find answers. Whether a child is in Birth to 3, Family Support, Children's Long Term Support, or emergency mental health (crisis), services are based on the child and family's individual assessed needs. We have developed a vast provider network to assist in achieving positive and lasting results. The ultimate goal is to provide the support and services to keep children where they belong – with their family. The needs may vary, but the theme remains the same: kindness and compassion for those who need a helping hand.

POLICY INITIATIVES, UPDATES, AND CHANGES FEDERAL | STATE | LOCAL

- Full transition in Birth to 3 to the Primary Coach Approach to Teaming.
- Policy development for the purchase of electronic devices for consumers whose assessed needs indicated an electronic device would assist in meeting outcomes.
- The state now offers an intensive autism program with reduced hours for those families who are unable to accommodate the intensity and frequency of the Early Intensive Behavioral Intervention (EIBI) program. The Consultative

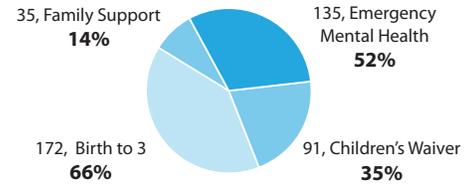
Behavioral Intervention (CBI) requires 10 to 20 hours of therapy per week as opposed to the EIBI or "classic" program that required a minimum of 20-30 hours per week.

- The State Department of Health Services recognized Integrated Community Services & Mentoring by providing the programs with their own unique Service Provider Codes (SPC). Integrated Community Services is designed to provide a wide array of services that extend beyond traditional geographic and financial boundaries to develop a creative and flexible continuum of care. The outcome of this program is to assist, empower, and build upon the strengths of the child and family to ensure community integration. Mentoring matches mentors with youth who need assistance in the development of social skills and connection with a caring adult.

ACHIEVEMENTS

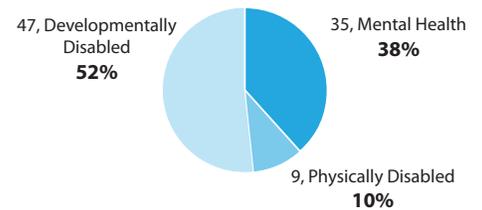
- **Continuous quality improvement process.** We strive to continually improve services to the children and families of our county. As a result, we have developed tools and implemented practices to assist us in taking a critical look at what we are doing. Our goal is twofold: ensure we continue to meet state and federal guidelines and secondly, make sure that the practices and services are effective.
- **Met budget goals.** CWDA continues to meet our budget goals. This is in part a credit to our staff who understands the parameters of their programs as well as their roles as support and service coordinators. We work hard to be good stewards of the funding with which we have been entrusted.

CHILDREN SERVED IN 2012



NOTE: The total number of children served in 2012 was 259.

CHILDREN'S WAIVER SPECIAL NEEDS COMPARISON IN 2012



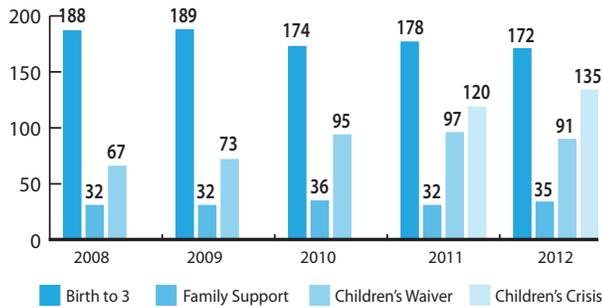
- **Substantial reduction in Children's Long Term Support waitlist.** The amount of children served at any given time is directly tied to the funding we have available. Historically, we have more children to serve than funding. Consequently, our waitlist has had as many as 20 or more children, which meant the delivery of service could be delayed for as long as two years. By the end of 2012, we were down to eight children. This is good news for families who are awaiting services. Overall, we are doing well as some counties have waitlists in excess of seven years.
- **Increased hours that service coordinators spent working directly on consumer-related activities.** In 2012, the division made a concerted effort to accurately capture the time that service coordinators spend working directly on consumer-related activities. We need to make sure we are asking the question, "Is this work benefitting consumers and if not, why are we doing it?" As a secondary benefit, Medical Assistance revenue increased 20 percent over the budgeted amount. We will continue to work on this piece because we want to make sure we are focusing on activities that matter.

Amoche Sesker

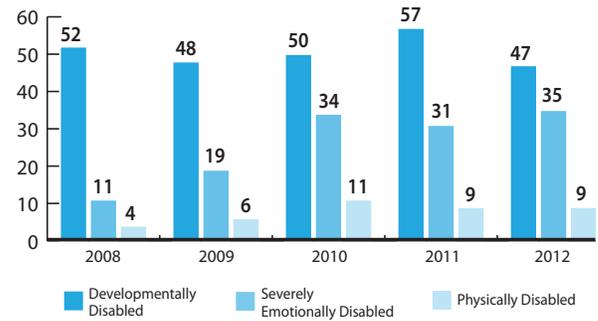


- Children's Foster Care
- Children's Long Term Support Waivers – Physical, Developmental, and Mental Health Disabilities; Autism
- Early Intervention Services for Children from Birth to 3 with Developmental Needs
- Family Support Program
- Independent Living Services
- Children's Emergency Mental Health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

SPECIAL NEEDS CHILDREN SERVED BY PROGRAM 2008-2012



CHILDREN'S WAIVER BY DISABILITY 2008-2012



CHILDREN WITH DIFFERING ABILITIES

2013 GOALS/DIVISION SCORECARD:

1. Increase revenue generated by consumers to \$6,000.
2. Increase billable hours (target 6,630 hours).
3. Achieve budget goal of \$2,353,403.
4. Conduct consumer satisfaction survey.
5. Serve children and youth in the community whenever possible.
6. Improve compliance rate on case reviews.
7. A maximum of one 'find' of non-compliance per review in Birth to 3.
8. Increase use of family-centered teaming approach in Birth to 3.
9. Improve outcomes of families, which will be measured via use of Child and Adolescent Needs and Strengths (CANS) Assessment.
10. Increase division communication survey score (employee satisfaction) to 5.34.

PARTNER STORY

MARCIA KYES, RN, BSN

*Pediatric Care Coordinator,
Marshfield Clinic*



Marshfield Clinic Pediatrics frequently makes referrals to Birth to 3 for evaluations and interventions for developmental delays. Progress and concerns are shared to facilitate the best possible interventions. Babies and toddlers receive physical, occupational, and speech therapy along with teacher services and parenting support. Referrals have been made to Children with Differing Abilities for families struggling to meet the mental health/behavioral needs of their children in our communities.

As mandatory reporters, Marshfield Clinic Pediatricians have reported suspected cases of abuse and neglect and worked with social workers during foster care and the reunification process.

Marshfield Clinic has frequent opportunities to collaborate with Human Services: improving environmental situations, identifying, and treating developmental delays, and supporting good parenting for the ongoing needs of our families. Because of complicated schedules, communication between providers and agencies can be challenging at times. Knowing which services a family is eligible for can be confusing, but the knowledgeable staff at Human Services usually overcome these difficulties.

As a medical home, Marshfield Clinic understands and appreciates the value of responsive, effective, and collaborative community agencies that promote and support the well-being of our patients and their families. Chippewa County Human Services provides much needed and often essential services and support for individuals and families in Chippewa County. ●

COMMUNITY MENTAL HEALTH & RECOVERY SERVICES DIVISION

POLICY INITIATIVES, UPDATES, AND CHANGES

FEDERAL | STATE | LOCAL

The Affordable Care Act will provide one of the largest expansions of mental health and substance abuse disorder coverage in a generation. Beginning in 2014, this law will affect Community Mental Health and Recovery Services (CMHRS) Division in a number of areas:

1. Fewer indigent adult consumers will be without health care.
2. Human Services will need to become proficient in billing fees for services as well as the use of electronic health records and prior authorizations for services.
3. CMHRS will need to continue developing strong working relationships with health care providers.
4. Insurance payers will demand professionals with advance degrees and licenses who have clinical experience, unless the State of Wisconsin Department of Health Services facilitates changes in how insurance companies do business.
5. Outcome data will be a necessity. Time to treatment, time in care, and treatment outcomes will need to be tracked for insurance payers.

Traditionally, insurance programs have not funded mental health or substance abuse residential services. This has driven the development of more in-home, community-based services.

ACHIEVEMENTS

- Recovery House is a collaborative effort with Chippewa County Housing Authority to provide a supportive living environment serving eight individuals in recovery during 2012.
- Aurora Emergency Mental Health Stabilization Center located in Chippewa County is a multi-county initiative providing emergency mental health services. As an alternative to hospitalization, this licensed adult family home provided 14 Chippewa County residents with a total of 72 days in short-term emergency mental health placement.
- Division manager Sue Klinger co-wrote the initial Johnson and Johnson Grant for Supportive Employment along with Dave Hensley from Barron County and Cheryl Fine and Sally Scheideggers from University of Wisconsin – Stout. She also secured the regional crisis grant funding for an additional year.
- Nearly 62 percent of individuals placed under Emergency Detentions (EDs) were dismissed prior to Probable Cause. This indicates that once a consumer is stabilized in a controlled setting, they are able to demonstrate improved insight and willingness to accept treatment on a voluntary basis.
- Daily supportive contacts and medication supervision promoted engagement into services and reduced the need for long-term placements.
- Adult Protective Services I-Team met quarterly and focused on issues that affect the safety of our elderly population.
- CMHRS collaborated with Prevent Suicide Chippewa County. This suicide prevention collaboration increased suicide awareness by the general public. Committee members distributed literature at local events.
- Fifty-five percent of the consumers referred for substance abuse treatment successfully completed treatment through Lutheran Social Services (LSS) Chippewa Area Recovery Resources (CARR). They were sober at the time of discharge, had a detailed continuing care plan, and a stated intention to remain sober. Twenty-one percent of referred consumers started an intensive outpatient program and were referred on to inpatient treatment.
- CMHRS received state approval for five consumers to enroll in Community Recovery Services (CRS). CRS provides Medicaid funding for Community Living Supportive Services to help consumers in recovery from serious mental illness.

PROGRAMS AND SERVICES

COMMUNITY MENTAL HEALTH & RECOVERY SERVICES

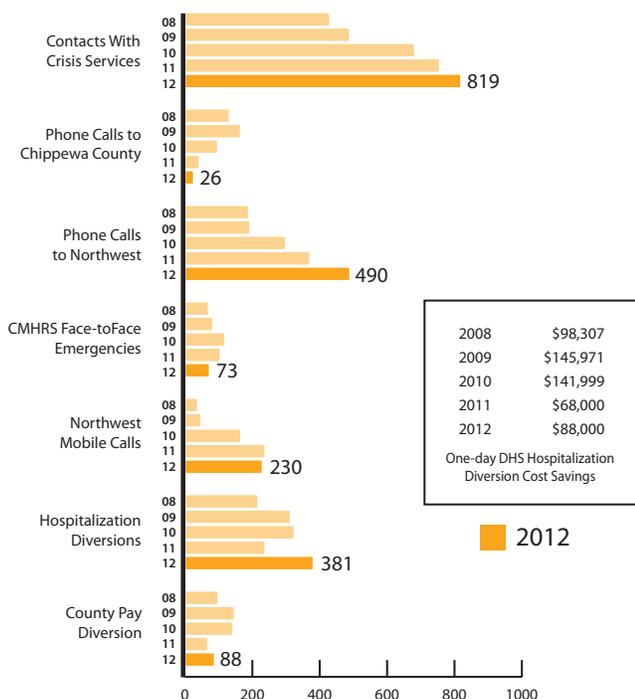
- Adult Out-of-Home Placements
- Adult Protective Services
- Chapter 51 Case Management & Residential Services – Adults
- Community Options Program – Adults
- Community Support Program (CSP) for the Chronically Mentally Ill
- Emergency Mental Health Services
- Emergency Mental Health Services to Chippewa County Jail
- Guardianships / Protective Placement
- Mental Health Inpatient Services Acute and Long Term Care
- Outpatient Mental Health Services
- Outpatient Substance Abuse Services
- Protective Placement Reviews
- Work Related Services

NOTEWORTHY DEVELOPMENTS FOR 2012 IN THE COMMUNITY SUPPORT (CSP) PROGRAM:

1. A reduction in consumer's average number of hospitalization days in the preceding three years from 6.7 days per hospitalization event to two days per hospitalization event.
2. Continued emphasis on providing supports to people in competitive employment. The Community Support Program (CSP) employment specialist helped 13 percent of our CSP consumers gain employment, up from 6.3 percent the preceding three years. Additionally, 12 CSP consumers were referred to the Department of Vocational Rehabilitation for additional assistance, such as funding educational programs.
3. There are increasing numbers of consumers with chemical addiction. The availability of street drugs and ease in obtaining prescription medications through other treating physicians increases time spent networking with Alcohol and Other Drug Abuse (AODA) treatment providers, emergency room staff, primary care physicians, and pharmacies.
4. Seeing more consumers with serious mental illness and declining health conditions, such as diabetes, has resulted in more time dedicated to collaborating with primary care physicians and other medical care providers.
5. Under contract, Chippewa River Industries (CRI) began implementing the Individual Placement and Support (IPS) mode of supported employment. The model emphasizes rapid job search and ongoing support, which leads to competitive employment. In 2012, 64 percent of our CSP consumers were involved with supported employment assistance and 13 percent were involved in competitive employment.
6. While a number of CSP consumers are court ordered, 100 percent felt some level of satisfaction with their level of involvement in creating their recovery plan and identified that they were provided assistance in a respectful and confidential manner.

Susan Klinger, LCSW

EMERGENCY CRISIS SERVICES SUMMARY 2008 - 2012



COMMUNITY MENTAL HEALTH & RECOVERY SERVICES

2013 GOALS/DIVISION SCORECARD:

1. Implement and maintain a healthy work environment.
2. Diligently access all sources of revenue.
3. Consistently implement effective rotating recovery support groups.
4. Utilize data provided by new software (Avatar) to determine outcome-based matrix.
5. Increase prevention services.
6. Collaborate with community providers embracing the importance of continuity of care to their consumers who have been recipients of CMHRS.

PARTNER STORY

DR. DANIEL R. HANSON, MD
Psychiatrist, Marshfield Clinic



As an employee of Marshfield Clinic, I provide psychiatric services on a contractual basis to the Community Mental Health &

Recovery Services (CMHRS) Division of Human Services. I work in

a collaborative environment with the CMHRS team, comprised of a nurse, case managers, and therapists, to treat individuals experiencing severe mental illness. The team members are among the most skilled and dedicated professionals with whom I have ever worked.

This collaborative arrangement between Chippewa County and Marshfield Clinic reduces barriers to care and helps citizens more easily navigate health care system complexities.

The partnership brings value to Chippewa County citizens. It provides outstanding care not only to consumers experiencing mental illness but their families as well. The community is safer and healthier because of the highly competent and caring services CMHRS provides. ●

ECONOMIC SUPPORT DIVISION

POLICY INITIATIVES, UPDATES, AND CHANGES

FEDERAL | STATE | LOCAL

Governor Scott Walker introduced his 2013-2015 state Biennial Budget that proposes an increase of \$18,873,200 in fiscal year 2014 and \$19,287,700 in fiscal year 2015 to income maintenance for Affordable Care Act implementation expenses.

The budget also permits the State of Wisconsin Department of Health Services to implement a policy at the local level to require able-bodied individuals either to work an average of 20 hours per week, spend 20 hours per week in any combination of work and participate in a work program, or participate and comply with a workforce program.

PROGRAMS AND SERVICES

ECONOMIC SUPPORT

- Income Maintenance
 - BadgerCare
 - BadgerCare Plus
 - Food Share
 - Nursing Home
 - Family Care
- Wheels for Work
- Wisconsin Home Energy Assistance (WHEAP) Program
- Wisconsin Shares Child Care

ACHIEVEMENTS

- Great Rivers Consortium, which comprises nine other counties in the region, is fully administrating all income maintenance programs.
- Economic Support Specialists worked diligently to reduce any interruption of services to consumers while moving from a county-based delivery system towards a consortium model.
- Completed a systems assessment to identify workflow challenges and developed an action plan to improve service delivery.
- Evaluated and planned to ensure a high level of consumer satisfaction is maintained.
- Ongoing education and outreach to consumers to increase understanding on how to engage with the Great Rivers Consortium.
- Successfully implemented all objectives in the division's 2011-2013 strategic plan.
- Engaged with the State of Wisconsin Department of Health Services so that resources are allocated to local Economic Support consortiums as enrollment begins for the new health care marketplace.

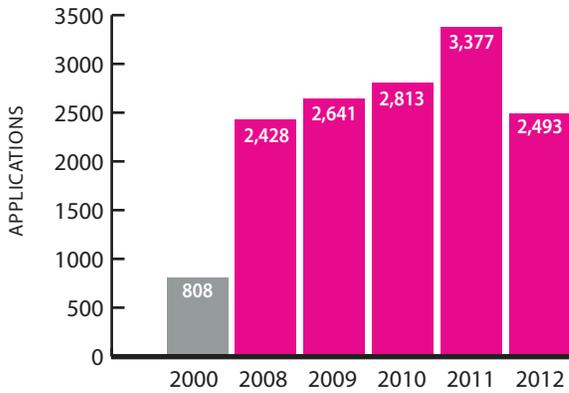


ECONOMIC SUPPORT

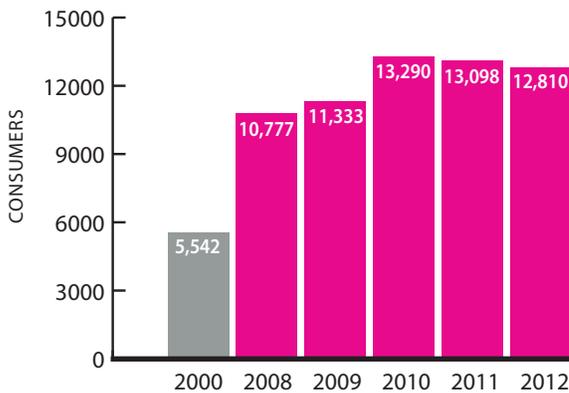
2013 GOALS/DIVISION SCORECARD:

1. Increase education and public awareness of the Great Rivers Consortium.
2. Improve the quality and service delivery of the Wisconsin Home Energy Assistance Program.
3. Ensure consumer applications for services are done in a timely manner.
4. Complete all work activities with as few errors as possible.
5. Improve the quality of service for the Child Care Program.

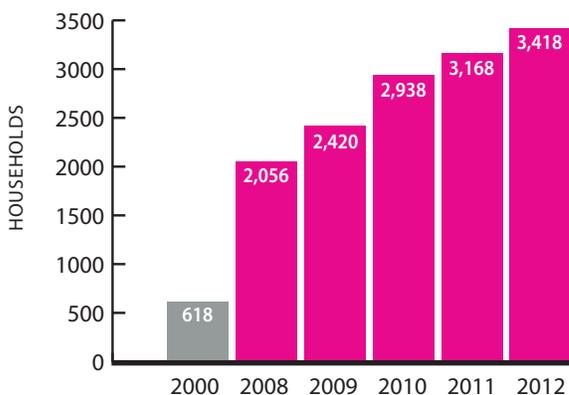
WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP) APPLICATIONS 2008-2012



MEDICAL ASSISTANCE RECIPIENTS 2008-2012



FOOD SHARE CASES 2008-2012



PARTNER STORY

RENEE VAVRA

*Wisconsin Works Case Manager,
Chippewa County Workforce
Resource Center*



The Chippewa County Department of Human Services and Economic Support have been a valuable source of referral for the clients with whom our agency works. We are able to connect them with resources to aid in their present job search and future employment. Collaboration is achieved on a regular basis for client enrollment, service referrals, and verification that resources are being used properly. Our agency's Wisconsin Works (W-2), Food Share Employment & Training (FSET), and Wisconsin Investment Act (WIA) programs strive to work in conjunction with Human Services to provide the highest level of services to our ever-growing population of clients.

Economic Support services provide the citizens of Chippewa County with the opportunity to connect to area resources through the medical programs, child care assistance, energy assistance, and Food Share program. Families are able to get needed resources for themselves and their loved ones. All services provided by Chippewa County are so important to the success of our clients. Our programming alone could not cover the costs of services that are essential for individuals to locate and retain employment and for families to improve their quality of life.

Human service programs have bridged the lines of communication for individuals in Chippewa County. The workers are always able to assist in problem-solving with clients and our agency workers. Questions are always received with a pleasant nature and kind response. The relationship with the staff at Human Services has been a very important and meaningful aspect of the success of this agency and the clients with whom we work. We value our relationship with Chippewa County Human Services and Economic Support. ●

CHILDREN, YOUTH & FAMILIES DIVISION

OVERVIEW

The Children, Youth and Families (CYF) Division is comprised of two units: Youth Support and Services (YSS) and Children and Families Services (CFS). The YSS unit is responsible for youth referred to court for delinquency, uncontrollability, or truancy. The Children and Families Services Unit works with families whose children may be at risk of abuse or neglect or have been found to have been abused or neglected. Chapter 938 and Chapter 48 of Wisconsin State Statutes govern the actions and responsibilities of the social workers within this division.

Both units provide services to the community through a variety of functions. Prevention programs such as Prime for Life and Strengthening Families help to build value systems within families and as evidence-based programs, demonstrate a decrease in maladaptive behaviors such as alcohol or drug abuse. Through ongoing case management, both units provide parents with support and community referrals. In YSS, youth are an active part of the case management process and are involved in identifying services that would assist them in making positive change.

POLICY INITIATIVES, UPDATES, AND CHANGES FEDERAL | STATE | LOCAL

The Child and Family Services Review (CFSR) is the evaluation of a state's child welfare system by the federal government. The CFSR focuses on program outcomes for child safety, permanency, and child and family well-being. December 2012 brought an end to the 2-year Program Improvement Plan (PIP) submitted by the Division of Safety and Permanence as the result of the April 2010 review. There were five strategies identified: improving pathways to permanency, improving family engagement and well-being, improving safety timeliness and response, building service capacity, and professional development enhancement.

There are several initiatives under each of these strategies, some of which Chippewa

County's CYF Division played a more active role. Examples include:

- All CYF staff participated in extensive family team training provided through Wisconsin Child Welfare Professional Development System.
- The CYF manager participated in the workgroup that created the Wisconsin Child Welfare Practice Model.
- The division created five performance management goals through the County Data Leadership Initiative.

Participation in the initiatives is vital to the growth and development of our programs and services in Chippewa County. At the state level, failure to meet benchmarks established by the federal government will have a financial impact on the state that ultimately will have a financial impact on the county. By meeting and exceeding the benchmarks identified by the federal government, Chippewa County helps ensure state compliance with the benchmarks. Participation in the initiatives gives us tools to meet federal benchmarks.

On the state level, the 2011 Wisconsin Act 181 was signed into law on April 2, 2012, and went into effect November 1, 2012. The law assists Wisconsin in meeting nationally recognized best practice standards and requirements for legislative change as identified in the state's PIP. The law addresses three key areas: Trial Reunification, Concurrent Planning, and Other Planned Permanent Living Arrangement (OPPLA). The law affects permanency planning and review in both juvenile justice and child welfare cases. Revised ongoing standards were issued and training on the standards will begin in 2013. Act 181 recognizes the importance for children to experience safe and timely reunification whenever possible. When reunification with biological family is not possible, Act 181 helps to ensure another permanent living arrangement is established.

PROGRAMS AND SERVICES

YOUTH SUPPORT & SERVICES UNIT

- Cognitive Intervention Program
- Community Service Program
- Delinquency Ongoing Services
- Juvenile Assessment Intervention System
- Prime For Life Prevention Program
- Restitution
- Strengthening Families Prevention Program

CHILDREN & FAMILY SERVICES UNIT

- Child Protective Services
 - Child Abuse and Neglect Access Calls
 - Initial Assessment/Alternative Response
 - Ongoing Services
- Voluntary Child Welfare Services
- Kinship Care Program
- Prime for Life Prevention Program
- Strengthening Families Prevention Program
- Safe and Stable Families Grant
- Drug Endangered Children Program

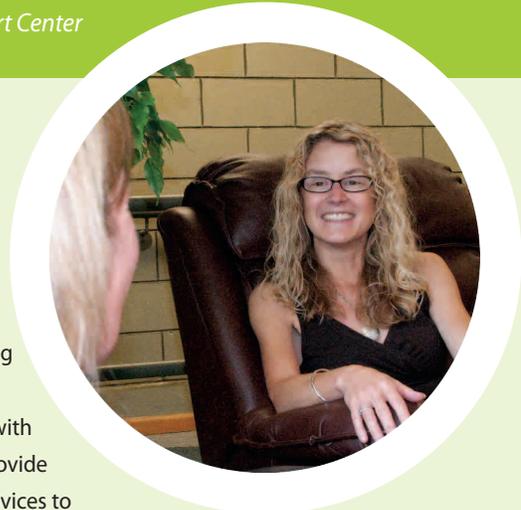
ACHIEVEMENTS

- **“Day in the Life” event:** The CYF Division participated in “Day in the Life” event for journalists, Human Services and County Board members, legislatures, and community partners. Several participants took advantage of a tour of the Northwest Regional Juvenile Detention Center, observed a Support and Services Advisory team meeting, and attended a family team meeting. “Day in the Life” gave participants the opportunity to meet with children and families and to observe firsthand the services provided by the CYF Division. Families were able to share their stories as part of this event.
- **Family Teaming Process:** As part of the state’s Program Improvement Plan (PIP) and Chippewa County’s own Quality Service Review, we were able to participate in an extensive family teaming training with the Wisconsin Child Welfare Professional Development System. Trainers set up triads that offered staff the opportunity to observe each phase of the family teaming process, perform each phase under the guidance of the trainer, and observe a co-worker perform each phase.
- **Alternative Response:** Alternative Response (AR) offers Chippewa County another option with which to assess allegations of abuse or neglect along with our traditional assessment process. Training and planning for AR took place in 2011, and Chippewa County was able to begin practice in January of 2012. AR is less investigative in nature and focuses on identifying family strengths and stressors and using this information to guide change and growth in the family. Formal and informal presentations were held throughout the year with community partners. Brochures were also created to help educate families and the community on AR. This process continues to ensure child safety first and foremost.
- **County Data Leadership Initiative (CDL):** Chippewa County CYF Division continues to participate in the County Data Leadership Initiative, which is intended to enhance the ability of counties to use outcomes and data to guide decision-making. In 2012, Chippewa County made several presentations to the state as well as to other counties in the region on our process thus far.
- **Prevention Programs:** Chippewa County continues to support prevention programs, including Prime for Life, Strengthening Families, and Safe and Stable Families. Data is collected from these programs and used in state reports as well as the CDL Initiative. By continuing to track outcomes, we will be able to determine the effectiveness of programs and responsibly allocate funding.
- **Mapping:** Beginning in January 2012, all child abuse and neglect access calls were documented on a mapping system. This system allows the Department to focus prevention efforts within areas of high risk and need in the county. In 2013, data from this mapping system will be used to implement a child abuse prevention program within the identified risk areas.
- **Strategic Planning:** The CYF Division strives to achieve the agency mission by continuously reviewing and working towards our strategic initiatives. In 2012, a new three-year strategic plan was created. The goals of the division include: increasing awareness, education, collaboration, visibility in the community, and improving efficiencies within the division.

PARTNER STORY

GERI SEGAL

Director, Family Support Center



Our agency has collaborated in many ways with Chippewa County Human Services over the years. Currently, the department is providing our program, River Source Family Center, with prevention funds to provide Parents As Teachers services to

families to prevent child abuse and neglect.

This is made possible through a “Promoting Safe and Stable Families” grant. Human Services has worked with us for years to help at-risk parents and victims of domestic violence and sexual assault by referring people to our various parenting services and our domestic violence and sexual assault programs. Our agencies have worked together on a number of committees for the benefit of Chippewa County, including the Coordinated Community Response to Domestic Violence and Sexual Assault, the Child Abuse and Neglect Committee, and the Partnership for Healthy Choices.

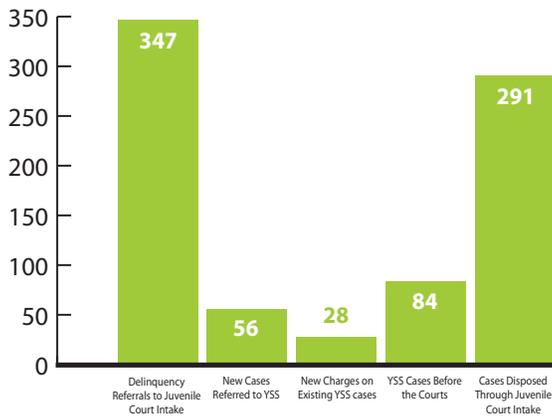
The current Safe and Stable Families grant, through which we are providing child abuse and neglect prevention services to families with young children, is a great current example of our relationship with Human Services. This grant is helping us to provide beneficial services to many families in the county. By helping to strengthen these families, we are having an impact on the entire county.

Our experience with Human Services has been very positive. We have developed good working relationships with the leadership as well as many of the staff, all to benefit mutual clients.

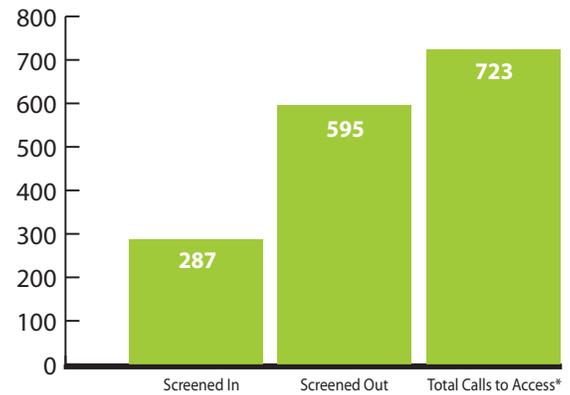
The Department of Human Services makes Chippewa County a better place to live by providing services in some of the most challenging program areas that exist. For example, the department has the task of assuring the safety of children in Chippewa County. Human Services intervenes in child abuse and neglect instances and ensures that families receive the assistance they need for themselves and their children to prevent child abuse and neglect. Other examples include emergency mental health services and the Community Support Program (CSP) to promote recovery for the most severe mentally ill adults who live in Chippewa County. ●

CHILDREN, YOUTH & FAMILIES DIVISION CONTINUED

YOUTH SUPPORT & SERVICES (YSS) UNIT FAMILIES SERVED IN 2012



CHILDREN & FAMILY SERVICES (CFS) UNIT CALLS TO ACCESS IN 2012

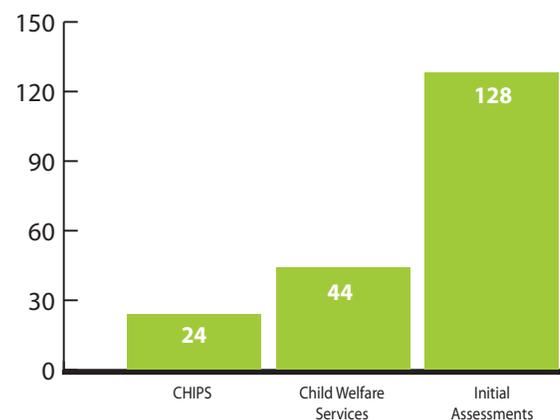


**NOTE: In 2012 we only tracked calls to the Child Protective Services (CPS) access line that were reporting allegations of child abuse or neglect. In 2011 we tracked all calls to the CPS access line regardless of the nature of the call. Therefore, the number of calls appears to have decreased. However, the type of calls being tracked is the essential element of change. The CPS access line typically receives as many calls for referral and resource information as for child abuse or neglect allegations.*

CHILDREN, YOUTH & FAMILIES 2013 GOALS/DIVISION SCORECARD:

1. CYF Division will have no client rights grievances in 2013.
2. Improve service to consumers by increasing knowledge of policy/procedures.
3. Permanency Roundtables will be fully implemented by the end of 2013.
4. Demographic mapping will be used to implement prevention programming.
5. Continue to create and maintain a healthy work environment.
6. Consistently refer consumers to the Financial Services Division.
7. The Division will stay within budget in all program areas.

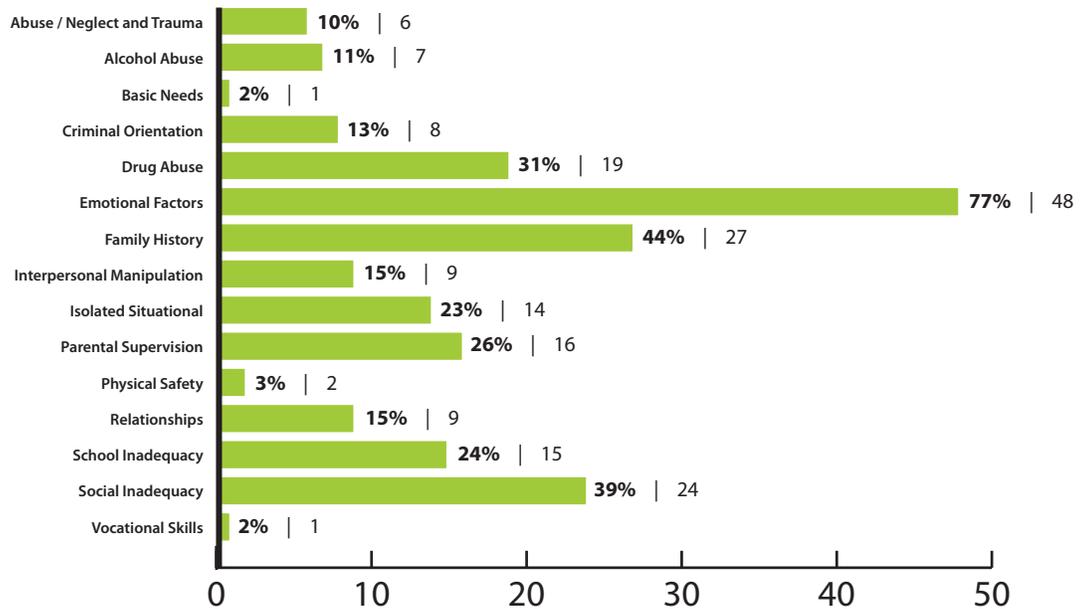
CHILDREN & FAMILY SERVICES (CFS) UNIT CASES BY TYPE 2012



Michelle Power

RESULTS OF THE JUVENILE ASSESSMENT AND INTERVENTION SYSTEM (JAIS) RISK ASSESSMENT 2012

The YSS social workers continue to administer the Juvenile Assessment Intervention System to all youth who are adjudicated delinquent. This assessment tool gives workers valuable information on a juvenile's risk to re-offend as well as information on areas in which the youth struggles. The assessment tool also provides suggestions for case management techniques. This information is helpful when considering services or resources needed within the family. The graph to the right outlines the areas of concern as indicated by JAIS given in 2012.



PARTNER STORY

JEREMY HERNANDEZ

Program Coordinator, Intervention Services at Positive Alternatives



clients they serve. Chippewa County has also been open to collaborating with other agencies in the area to ensure these services are in place.

We believe we have a strong working relationship with Human Services. They have always been open with communicating the needs of their community to ensure high quality, accurate services are provided to their citizens. The social workers with whom we work in the Children, Youth & Families Division show great pride in the work they do and also genuinely care about the clients they serve. We look forward to continuing our collaboration with Human Services to serve at-risk youth and families in Chippewa County. ●

Positive Alternatives has contracted with Chippewa County Human Services for several years to provide at-risk youth and families services that include: group home services, intervention services, teen care crisis hotline, and walk-in counseling.

Chippewa County Human Services has professional, caring staff who are invested in providing quality and evidence-based services to the



RESULTS

ECONOMIC SUPPORT CONSUMER STORY

Kerri began receiving Economic Support Services in 2009 through the Family Planning Services program. Kerri was enrolled in Family Planning Waiver until she became pregnant and requested BadgerCare for her pregnancy. At the time, Kerri was a young mother-to-be working an entry level job without access to health insurance. After the birth of her son Blake, Kerri requested assistance from the Food Share Program. The Food Share Program gave Kerri the access to the food she needed to ensure good health and nutrition while freeing up income to purchase diapers and clothing for her son. Kerri and Blake's father are now employed full-time and no longer need the assistance of the Food Share Program.

The family currently receives assistance from the Childcare program. This program has allowed Kerri and Blake's father to work full-time and help reduce the burden of childcare expenses. They have a co-payment for childcare and pay a premium for BadgerCare Plus. Kerri is appreciative for the assistance she has received from Chippewa County Economic Support. Kerri feels less pressure as she is now able to work full-time, and Blake is improving his social skills while attending daycare. ●

AGING & DISABILITY RESOURCE CENTER

CONSUMER STORY

Ron was diagnosed with mild Alzheimer's disease in October 2012. He was stumbling when he walked and was falling more often. He was having greater trouble remembering and understanding. His wife Shirley called the Aging & Disability Resource Center (ADRC), and they suggested adult daycare to give Shirley a break. Ron wasn't comfortable staying with strangers and if Shirley couldn't be with him, he preferred someone he knew.

With the help of an options counselor with the ADRC, Ron was able to get funding from the National Family Caregiver Support Program (NFCSP) so that his daughter Wendy could be paid to travel to Ron and Shirley's home and stay with him while Shirley took a much needed break. Talking more with the ADRC, they learned he might qualify for long-term care programs such as the Family Care Program. He has recently been approved for Family Care and will get more help coordinated by Southwest Family Care Alliance (SFC) for as long as it is needed. Services will be provided in Ron's home so he can remain there. The primary need is respite so that Shirley can receive short-term breaks from the heavy caregiver demands. ●

AGING & DISABILITY RESOURCE CENTER CONSUMER AND PROGRAM SERVICES

| PROGRAM | 2009 | 2010 | 2011 | 2012 |
|---|--------------|--------------|--------------|--------------|
| Disability Benefits | 210 | 216 | 240 | 211 |
| Elder Benefits | 1525 | 1399 | 1390 | 1218 |
| Nutrition Program | 1052 | 969 | 872 | 867 |
| Adult Protective Services | | | | 41* |
| New Guardianship/ Protective Placement | | | | 16* |
| National Family Caregiver Support Program (NFCSP) | 25 | 56 | 45 | 66 |
| Alzheimer Family Caregiver Support Program (AFCSP) | N/A | N/A | 5 | 5 |
| Chore Program | 59 | 70 | 50 | 32 |
| Ensure Program | N/R | N/R | N/R | 150 |
| Information and Assistance/ Options Counseling | 1174 | 1266 | 1169 | 1319 |
| Total Served | 4,045 | 3,976 | 3,771 | 3,925 |

N/A = Not Available. N/R = Not Recorded.

*Prior to 2012 Adult Protective Services, Guardianships, and Protective Placements were in other divisions within Human Services (therefore not reflected in total served within the ADRC in 2009-2011). In the first three quarters of 2012 these programs were in Community Mental Health and Recovery Services; in the fourth quarter they switched to the ADRC.

CHILDREN WITH DIFFERING ABILITIES CONSUMER STORY

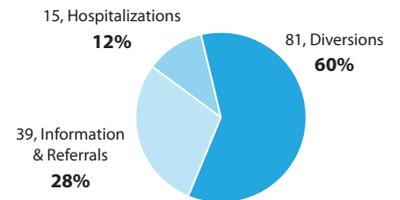
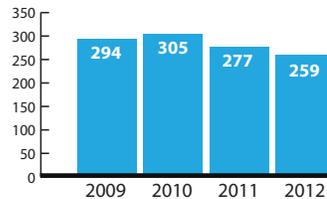
Zachary has received services through Chippewa County since being diagnosed with Down Syndrome at birth. Zac is now 17 years old and will be leaving the Children's Waiver Program in September when he turns 18. Over the years, the family has worked with Supplemental Security Income (SSI), Katie Beckett, Children's Long-term Support, Birth to 3, Economic Support, and more. Zac has received supplemental speech therapy, horseback therapy, camp experiences, personal care services, respite care services, and numerous other services.

The services and support received through Chippewa County have allowed his parents and family to enjoy Zac to the fullest. He is a well-adjusted young man who is anxious to move on to his next venture in life – adulthood. Zac's parents are excited too, but sad to be leaving behind the amazing group of people who have provided support, assistance, and a listening ear for these past 17 years. He will now transition to adult services through the Aging & Disability Resource Center (ADRC). ADRC – here we come! ●

CHILDREN WITH DIFFERING ABILITIES DIVISION:

TOTAL REFERRALS TO SINGLE POINT OF ENTRY

We continue to partner with the Chippewa County Public Health Department for our single point of entry. Referrals continue to trend downward; however, the cause at this time is unknown.



The above pie chart illustrates the breakdown of diversions, hospitalizations and other outcomes for Children's Emergency Mental Health Services.

In 2012 there were 81 hospital diversions out of a total of 135 emergency mental health calls, which represents a 14 percent increase over 2011. This means more children avoided a hospitalization (emergency detention) and were safely maintained in their home.

There were 15 hospitalizations, which is a 4 percent increase over 2011. The overwhelming majority of children remained in the community and were offered information and referrals.

CHILDREN'S EMERGENCY MENTAL HEALTH OUTCOMES

Chippewa County Department of Human Services continues to collaborate with Northwest Connections for the provision of Children's Emergency Mental Health Services. Services provided by Northwest include both phone and mobile crisis. Specially trained staff are available 24 hours per day, 7 days a week. The goal is to avoid hospitalizations when it's safe and appropriate.

COMMUNITY MENTAL HEALTH & RECOVERY SERVICES CONSUMER STORY

Susan needed help from Chippewa County Department of Human Services because she was drinking and knew that if she didn't get help, she would, as Susan said, "End up dead." Susan had the desire to change – she wanted it!

The support and services through Chippewa County gave her the opportunity to learn how to choose sobriety. The services she received included: funding for inpatient and outpatient Alcohol and Other Drug Abuse (AODA) services, psychiatric assessment and medication management services, Recovery House Sober Living Program, and case

coordination with Starting Points Homeless Agency, Woman's Way, and L.E. Phillips Libertas Center.

Susan has been sober for 17 months, working for over a year, and living in new housing. She is now able to give back. She is looking at becoming an Alcohol Anonymous (AA) sponsor and completing her General Educational Development (GED) work in preparation to take the peer specialist certification test. Additionally, she serves on the Mental Health Substance Abuse & Recovery Advisory Committee. ●



RESULTS

CHILDREN, YOUTH & FAMILIES DIVISION:

The Children, Youth and Families Division (CYFD) continues to provide prevention dollars on a contract basis for prevention programming throughout the county. Prevention dollars are used to facilitate evidence-based programming. Programs are considered to be evidence-based when the approach to treatment, prevention, or training is validated by some type of scientific measure. By utilizing evidence-based programming, we are able to ascertain that the program we are using is effective and therefore be better stewards of our funding.

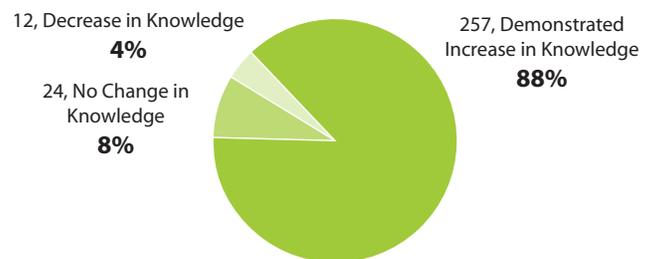
STRENGTHENING FAMILIES PROGRAM (SFP) OUTCOMES

The Strengthening Families Program (SFP) has been facilitated by Positive Alternatives throughout Chippewa County for the past two years. SFP is an evidence-based program intended to support parental decision making within families and demonstrate a positive impact on youth's ability to increase communication skills, enhance problem-solving skills, and further develop their ability to identify and articulate feelings appropriately. The program is open to families with children between the ages of 7-16, and families do not have to be receiving services through Chippewa County Department of Human Services to participate. While the data below does not demonstrate a specific correlation between participation and future involvement with the CYFD, satisfaction surveys completed by families demonstrate positive responses from participants.



PRIME FOR LIFE (P4L) OUTCOMES

Another prevention program being funded by the CYFD is Prime for Life (P4L). P4L is an evidence-based program designed to help teens improve their decision-making choices around drug and alcohol use. The program empowers youths to challenge their previous beliefs and attitudes about drug and alcohol use and places an emphasis on changing their perceptions that lead to high-risk behaviors. A combination of logical reasoning, empathetic listening skills, and emotional experience is used to change risk perceptions. The intended result of changing these perceptions is giving youth the skills they need to protect what they value in life. A contract through Arbor Place has been in place for the past two years to provide this program throughout the county. In 2012 alone, over 295 youth participated in the P4L program throughout Chippewa County. Of the eight school districts serving Chippewa County youth, four received P4L programming in 2012.

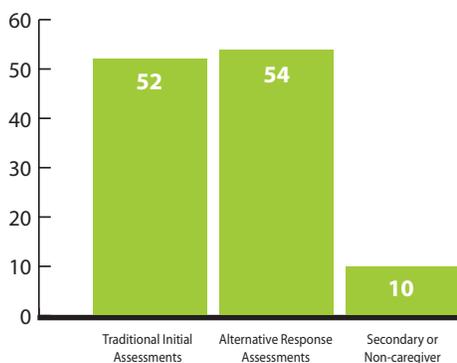


FEDERAL BENCHMARK

The federal government continues to hold states to a standard in regard to how often children who are placed in out-of-home care see and meet with their social worker. In 2012, the federal benchmark was set at 90 percent of the children in out-of-home care are to be seen by the social worker, face-to-face, on at least a monthly basis. Since this benchmark was implemented in 2010, Chippewa County social workers have exceeded the federal benchmark. In 2012, Chippewa County exceeded the benchmark by 10 percent every month, therefore, *all* children in out-of-home care were seen face-to-face each month while in out-of-home care.

ALTERNATIVE RESPONSE (AR)

The CFS unit began implementing Alternative Response (AR) in January 2012 after completing extensive training in 2011. AR provides workers with another tool to address child abuse or neglect referrals. AR focuses on creating a working partnership among families, child welfare workers, and community agencies. It focuses on identifying concerns and finding solutions rather than assigning blame, finding fault, or applying negative labels. Not all cases are appropriate for an AR approach; allegations of sexual abuse, serious physical harm or allegations against a daycare or other child caring entity are still assessed using our traditional response. AR allows social workers to work with families to identify and use their strengths in order to make certain all members of their family are safe.



NOTE: 2012 Total Initial Assessments Completed (indicates total number of assessments completed and approved in 2012; not total number assigned)

CHILDREN, YOUTH & FAMILIES DIVISION – CHILDREN & FAMILIES SERVICES UNIT CONSUMER STORY

Joseph received services through Chippewa County Department of Human Services when he was 16 years old because he got caught with marijuana, stealing, and not following any rules. The Human Services programs and supports that assisted Joseph in trying to get clean include:

- Alcohol and Other Drug Abuse (AODA) outpatient services
- Weekly check-ins with social worker
- Juvenile Cognitive Intervention Program
- Restrictive curfews
- Electronic Monitoring
- Juvenile Detention
- Frequent drug screens

These supports and services are helping Joseph achieve his set goals. His behavior has improved, and he wants to graduate from high school. Joseph has not had any further referrals to juvenile court and continues to reside in his mother's home. Her involvement with her son and his services has been invaluable. ●

CHILDREN, YOUTH & FAMILIES DIVISION – CHILDREN & FAMILIES SERVICES UNIT CONSUMER STORY

Jenn had been struggling with drug addiction for many years. She had located treatment, but she was in a violent domestic relationship and was struggling to manage her life while providing adequate care to her daughter. Her daughter was placed in foster care, and Jenn worked very hard to meet the criteria to bring her home. Jenn received a variety of services to help her meet her goals and conditions for reunification. This included support and therapy with her counselor at the Eau Claire Metro, case management by Women's Way and her Human Services social worker, and the support of

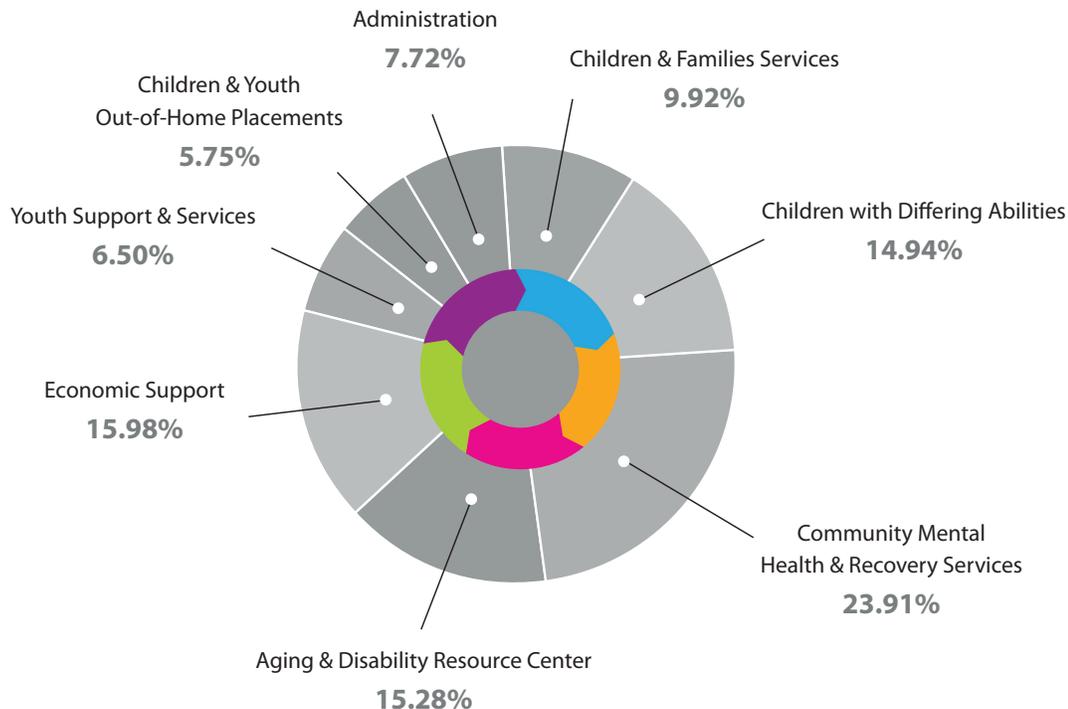
the various groups that she attended. These included parenting education and learning about healthy relationships.

Currently Jenn and her daughter are doing well. Jenn was able to bring her daughter home in June, as she is now able to provide a safe, stable environment. Jenn and her daughter have built many community connections including church, positive friends, and support groups. Jenn attends Narcotics Anonymous three times per week, parenting and relationship groups three times per week, and works. Her daughter also attends counseling and excels at school. Jenn is very happy that she accomplished her goals and is now able to see her daughter smiling and happy to be home. ●



2012 FISCAL REPORT

| | |
|----------------|---------------------|
| EXPENSE | \$10,481,399 |
| REVENUE | \$11,114,193 |
| SURPLUS | \$632,794 |



EXPENSES

| | |
|---|-------------|
| Administration | \$809,513 |
| Aging & Disability Resource Center | \$1,602,070 |
| Children & Families Services | \$1,039,926 |
| Children with Differing Abilities | \$1,565,505 |
| Community Mental Health & Recovery Services | \$2,505,730 |
| Economic Support | \$1,674,751 |
| Youth Support & Services | \$681,723 |
| Children & Youth Out-of-Home Placements | \$602,181 |

CHALLENGES AHEAD

1. Aligning organizational and division activities to meet the current and future needs of county citizens.
2. Implementing the results of the 2013-2015 State of Wisconsin biennial budget.
3. Planning and implementing system changes resulting from the Affordable Care Act.
4. Informing Chippewa County citizens about the value of human services and the contribution consumers make in the county because of receiving services.
5. Providing a core level of recovery-based mental health and substance abuse services.
6. Focusing on results, which will require government systems to move from sustaining current systems towards collaboration, consolidation, and colleagues changing practice techniques.
7. Increasing aging population.

EXISTING BARRIERS THAT REQUIRE ATTENTION IN CHIPPEWA COUNTY

1. Flat and decreasing county, state, and federal funding.
2. Citizens willing to acquire degrees, attend employment training programs, or change careers in order to meet the needs of employers.
3. Opportunities for citizens to acquire employment, receive an adequate wage, and healthcare.
4. Adequate and safe housing for low-income individuals and families.
5. Citizens willing to be nonjudgmental and offer support to struggling individuals and adults.
6. Citizen apathy towards excessive use and abuse of alcohol and drugs.
7. Systems imposing their own agenda rather than listening to what an individual or family needs.



HUMAN SERVICES LEADERSHIP TEAM

FRONT (l to r): Jessica Barrickman, Sue Klinger, Tom Diel, Michelle Brown, Ann Holm, Rose Baier, and Bobbie Jaeger.

BACK: Mary Zachau, Pauline Spiegel, Larry Winter, Melissa Christopherson, and Tim Esker.

HEALTH & HUMAN SERVICES BOARD MEMBERS



TOP (l to r): Anson Albarado, Dr. Stephen Carlson, M.D., and Douglas Ellis.

MIDDLE: James Fenno, Rph, John C. 'Jack' Halbleib, and Mike Leisz.

BOTTOM: Christine Maslonkowski, Gary Misfeldt, and Larry Willkom.

AGING & DISABILITY RESOURCE CENTER BOARD MEMBERS



TOP (l to r): Anson Albarado, Gene Anderson, and Katherine Hartman.

MIDDLE: Tony Kvapil, Wanda LeCleir, and Donna Loew.

BOTTOM: Paul Nicolai.

“ The *system* is not the starting point for a healthy society. The healthy society, like the healthy body, is not the one that has taken the most medicine. It is the healthy mind that is in the best shape that leads to a healthy society. ”

Robert K. Greenleaf

1904 - 1990

*Founder of the modern Servant Leadership movement
and the Greenleaf Center for Servant Leadership*



CHIPPEWA COUNTY

Human Services

Empowering people to help themselves.



Aging & Disability Resource Center

CHIPPEWA COUNTY

DEPARTMENT OF HUMAN SERVICES

711 NORTH BRIDGE STREET, ROOM 305 | CHIPPEWA FALLS, WI 54729