

ccdhs

PERFORMANCE

REPORT

DEPARTMENT OF HUMAN SERVICES

2015



CHIPPEWA COUNTY

Human Services

Empowering people to help themselves.



Aging & Disability Resource Center



Building a People-Centered Culture is the theme of our 2015 Performance Report. We chose this theme because of a book a colleague gave us. We agree with Jeanette Kersten, EdD, SPHR, and Kelly La Venture, EdD, authors of the book titled *The Human Factor to Profitability*. The opening paragraph of Chapter 1 states, "...the people process culture recognizes that all people have intrinsic worth and deserve to be treated with respect." Respect is a core value of our organization; we understand that building and sustaining a people-centered culture requires an unwavering commitment to placing people first. Citizens of Chippewa County expect us to balance their expectations with consumer needs and the political priorities of local elected officials, and to prudently utilize state and federal funding. We listen to various interests to ensure that consumers receive the same level of services that each of us as citizens expect when services are provided to us. This 2015 Performance Report makes clear that the marginalized in our county share the same hopes and dreams that each of us have for our families, children, and other individuals with whom we are in close relationship.

“
...all people have
intrinsic worth
and deserve to
be treated with
respect.
”

With that said, the number of individuals requiring our overall services appears to be stabilizing; however, the complexity of the child, youth, families, and individuals has increased. That is the reason public and nonprofit organizations in the Chippewa Valley need your help. We want every citizen in the county to become actively involved in the process of ensuring that everyone has an opportunity to know what a sense of belonging looks and feels like. Studies continue to tell us that even one supportive relationship makes a difference for an individual or family that is struggling. Strengthening Chippewa County demands that every individual living and working in Chippewa County commits to the greater good, not to pit neighbor against neighbor, but to allow the marginalized in our county to have the same opportunities regardless of their life circumstances. When you and I make a conscious decision to place people first, a beacon of light will brightly shine and whisper to us, "Well done, my good and faithful servant."

Larry Winter

COUNTY STRATEGIC GOALS

Our organization's accomplishments during 2015 align with the strategic goals 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 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 county-wide emergency.
4	STRATEGIC INITIATIVE Create opportunities for leadership development.

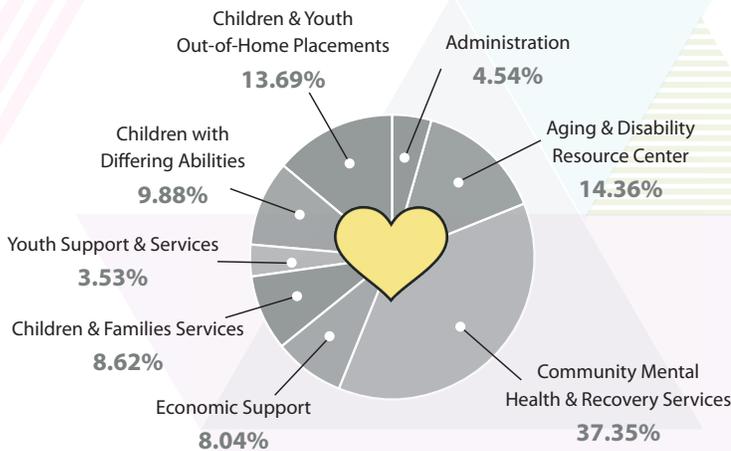
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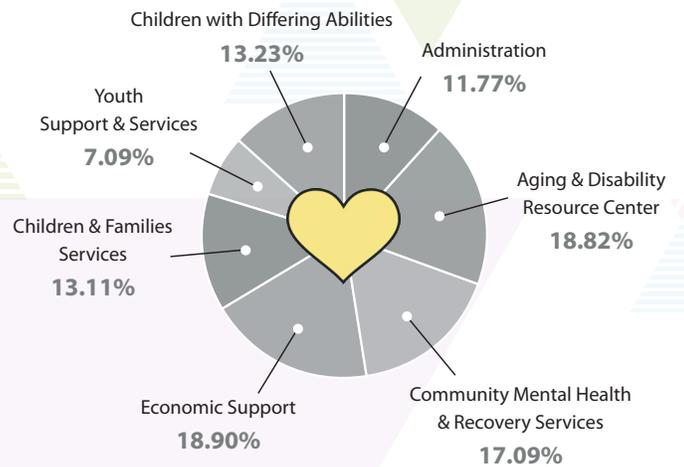


REVENUE	\$12,076,290
EXPENSE	\$11,390,769
SURPLUS	\$685,521

PROGRAM COST = 54.13%



STAFF COST* = 45.87%



EXPENSES

	PROGRAM COST	STAFF COST*	TOTAL COST
Administration	\$279,636	\$614,932	\$894,568
Aging & Disability Resource Center	\$885,132	\$983,312	\$1,868,444
Children & Families Services	\$531,209	\$685,012	\$1,216,220
Children with Differing Abilities	\$609,071	\$691,069	\$1,300,140
Recovery & Wellness Consortium (Chippewa County)	\$2,302,829	\$893,076	\$3,195,905
Economic Support	\$495,621	\$987,543	\$1,483,164
Youth Support & Services	\$217,712	\$370,283	\$587,995
Children & Youth Out-of-Home Placements	\$844,332	N/A	\$844,332
TOTAL	\$6,165,542	\$5,225,227	\$11,390,769

*Salary, Fringe Benefits and Health Insurance

LEADERSHIP AND STAFF PHILOSOPHY AND PRACTICE

Steven Covey wrote a book titled *The 7 Habits of Highly Effective People*. The second habit states, "Begin with the End in Mind." In other words, envision what you want in the future so that you know for what you are aiming.

In 2008, the Chippewa County Department of Human Services (CCDHS) was experiencing a financial challenge; staff morale was low. The Department's leadership deeply desired to provide staff with tools that would improve morale and increase their ability to achieve positive outcomes with the consumers we serve. Then they had to meet financial challenges head on by restoring balance to our spending practices without compromising services to the marginalized and those citizens requiring support (most often financial) due to unforeseen circumstances.

With the end in mind, we began to envision what the new reality would look like, and we then began to rebuild the organization. The surgery began and we slowly flipped the organization from a triangle to an inverted triangle, as found in the diagram below.



RESULTS THAT LAST

How do human services empower others to help themselves?

1	FIRST , we must understand what staff need, then 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 the opportunities to meet their individual needs and in some situations, change their behavior.
3	THIRD , we must establish outcomes, and plan, implement, and monitor results to evaluate whether programs are helping consumers achieve positive and lasting results.

HOW WILL HUMAN SERVICES ACHIEVE POSITIVE AND LASTING RESULTS?

By increasing collaboration . . . with the entire Chippewa County community.

By implementing . . . the Community Outreach Plan.

By creating opportunities . . . for shared learning.

FEDERAL, STATE, AND LOCAL POLICY AFFECTING THE HUMAN SERVICE DELIVERY SYSTEM

- ▶ The 2015-2017 State of Wisconsin Budget, ACT 55, directed the Wisconsin Department of Health Services to make a number of changes to the Family Care and IRIS (Include, Respect, I Self-Direct) Programs. This is leading to the development of Family Care and IRIS 2.0.
- ▶ Increase in mental health and substance use services due to a dramatic increase in need and financial investment by the State of Wisconsin.
- ▶ State of Wisconsin Department of Health Services and local units of government supporting regionalization whenever practical and feasible without compromising services to consumers.
- ▶ Chippewa County Health & Human Services Board authorizes the Chippewa County Department of Human Services to offer recovery services for citizens with mental health and substance abuse challenges, rather than waiting for a crisis to occur.
- ▶ The Wisconsin Department of Children and Families, rather than the Department of Corrections, began administering community juvenile justice programming.
- ▶ Child abuse and neglect access, screening, initial assessment, and ongoing services required to implement specific standards of practice to increase consistency across counties.
- ▶ Aging & Disability Resource Centers (ADRCs) will continue to see an increase in the need for information, assistance, and referral to long-term care services. Wisconsin Department of Health Services will fully implement expectations of the ADRC contract.
- ▶ Great Rivers Consortium (GRC) Income Maintenance program managers and supervisors have begun to assess the current delivery of services and the outcomes being achieved. This will result in a practice change for the operations of the GRC in 2016.



PARTNER

Polk County Human Services is a member of the Recovery & Wellness Consortium (RWC) for Comprehensive Community Services (CCS). The Chippewa County Human Services Fiscal Division has been a tremendous asset for the planning and implementation of the consortium. They have gone above and beyond helping the partner counties understand the workings and CCS of the new consortium.

Polk County was happy to have two Chippewa County Department of Human Services staff members visit when it came time to establish Medicaid billing rates for the service facilitator, coordinator, and behavioral health staff. When determining the rates for the first time, it was helpful to have these staff members explain the costs that determine the rate. Their feedback made it a smooth project. The Fiscal Division at Chippewa County have their Consumer Financial Services instructional guide that was extremely helpful to us in obtaining consumer information. Even though Polk County Human Services has the same type of process for consumers, we prefer the Chippewa County model and plan to adapt it for our Behavioral Health Program. ■

Patrick Kirkwood, Polk County Department of Human Services



FISCAL & CONTRACTS DIVISION

INTRODUCTION

The purpose of the Fiscal & Contracts Division is to support the activities of the Department with an array of activities ranging from basic bookkeeping to analysis and reporting to management to assist in making strategic decisions.

Contracting and paying providers and vendors, budgeting, billing insurance carriers and consumers, grant claiming, and reporting financial results to internal and state entities are just a few of the fiscal responsibilities of the Fiscal & Contracts Division.

CHALLENGES

- ▶ Gaining the operational experience that will lead to ongoing refinement of systems needed to support the financial and contract responsibilities for all human service programs.
- ▶ Develop more frequent and meaningful reporting to management in an environment of budget constraints and funding changes.
- ▶ Making time to analyze and re-engineer processes if needed while still meeting the day-to-day needs of the department.

ACHIEVEMENTS

- ▶ Completed eight-county consortium Medicaid billing for the first year of Comprehensive Community Services (CCS) Program.
- ▶ Processed CCS provider invoices for the RWC CCS Program and entered billing information into the software system.
- ▶ Completed Medicaid billing for core counties and DHS program.
- ▶ Created new reports in Netsmart Avatar (a software program) to aid in data collection and reporting.
- ▶ Successfully launched Image Now software that works in conjunction with Netsmart Avatar to import electronic health records.
- ▶ Assisted the Criminal Justice Collaborating Council (CJCC) by providing Consumer Financial Services (CFS) for first time offenders.
- ▶ Collaborated with Juvenile Intake worker to create a procedure for the Informal Restitution Program.
- ▶ Successful grant reporting for the Drug Court Grant and Treatment and Diversion (TAD) Grant through the Wisconsin Office of Justice Assistance.

GOALS

1. Utilize software to create efficiencies for Fiscal staff.
2. Improve utilization of Fiscal staff strengths and skills.
3. Increase depth of knowledge through cross-training for Fiscal staff.
4. Monitor and increase revenues for DHS, CJCC, and RWC.
5. Continued collaboration at federal, state, and local levels.



PARTNER

Chippewa County's HealthWatch provides a forum for linking parents of children with special health care needs with service providers in order to address barriers in accessing and paying for healthcare for people with disabilities. The HealthWatch Committee meets five times a year at the Chippewa County Courthouse. It consists of members of families who have children with special health care needs and a variety of professionals who work with disabled individuals. An Aging and Disability Resource Center (ADRC) staff member participates in the meetings.

At the meetings, members are encouraged to share information about trainings and events they have attended or future trainings that others may benefit from. In the past, young adults with disabilities have shared stories about their experiences in life, and about the programs and services that have helped them to maintain their independence.

Speakers and topics are scheduled based on the interests of HealthWatch members. A sampling of past topics included the Affordable Care Act, assistive technology and funding sources, the Social Security Disability process, Disability Rights Wisconsin, state budget concerns, the Promise Grant, microboard technology, the Wisconsin Medicare and BadgerCare Plus Non-Emergency Medical Transportation Program, MTM, Inc. transportation program, and guardianships.

The Aging & Disabilities Resource Center (ADRC), a great resource and partner, is conveniently located across the hall from the Western Regional Center for Children and Youth with Special Health Care Needs (CYSHCN). CYSHCN works with individuals from birth to age 21. When youth approach age 17, they are introduced to the ADRC. The staff at the ADRC are friendly and knowledgeable about the many community resources available to adults with disabilities. Collaboration between the ADRC and CYSHCN helps support individuals and families as they transition into this next stage. ADRC resources empower families so they are able to make informed decisions that allow the individual to live in the community and achieve maximum independence and quality of life. ■

*Rose Marsh,
HealthWatch Committee*



AGING & DISABILITY RESOURCE CENTER

INTRODUCTION

Aging and Disability Resource Centers (ADRCs) are the first place 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.

ACHIEVEMENTS

- ▶ Doubled the number of memory screens offered to consumers.
- ▶ Added an additional social worker to better serve consumers through Adult Protection and Options Counseling.
- ▶ Established contract with a facility in order to be able to provide emergency placements for consumers with dementia experiencing crisis.
- ▶ Emergency Preparedness Plan completed, including developing processes within the Nutrition Program to manage critical events.
- ▶ Developed a new and expanded resource directory.

CHALLENGES

- ▶ The 2015 – 2017 biennial budget posed concerns for the future role of ADRCs.
- ▶ The planning for Family Care 2.0 has begun, the unknown future changes has caused stress for consumers and ADRC staff.
- ▶ Continued growth in the aging population has resulted in a significant workload for ADRC staff.

GOALS

1. Create a healthy work environment.
2. Meet ADRC projected budget.
3. Increase number of volunteers and capacity in which they are utilized.
4. Diversify funding sources.
5. Develop community outreach plan for 2016.
6. Establish contract with crisis dementia facility and provide training to area stakeholders involved in managing dementia related crises.
7. Complete all corrective action areas identified in assessment.
8. Plan for and complete a quality improvement project to enhance the service system.

PROGRAMS AND SERVICES

- ▶ Adult Protective Services
- ▶ Alzheimer Family Caregiver Support Program
- ▶ Chore Program
- ▶ Disability Benefit Specialist Services
- ▶ Elder Benefit Specialist Services
- ▶ Ensure Program
- ▶ Family Care Giver Support Program
- ▶ Guardianship/Protective Placements
- ▶ Health Promotion Programs
- ▶ Home Delivered Meals
- ▶ Information and Assistance/Options Counseling
- ▶ Memory Screening
- ▶ Protective Placement Reviews *(contracted with Eau Claire County)*
- ▶ Power of Attorney Education and Assistance
- ▶ Senior Center Wellness Programs *(provide financial support to local Senior Centers)*
- ▶ Senior Dining
- ▶ Transportation Program *(contracted with New Freedom, Patients' Express, Tender Care, and Shared Ride)*
- ▶ Volunteer Coordination and Caregiver Program *(Contracted)*

PARTNER

Each month the Chippewa County Council on Homelessness and Hunger holds partner meetings for the many people and organizations working together to combat homelessness and hunger in our community. During these meetings, a partner speaker is featured and those in attendance receive updates from the Chippewa Falls Mission Coalition and other agencies that are present. Chippewa County's Department of Human Services (DHS) consistently attends these monthly meetings. Because of this, DHS staff are able to share important information within their agency as a whole. At the same time, they share information regarding DHS services, providing valuable insight into how DHS can assist consumers who are currently working with other service providers.

A strong and reliable collaborative partner, DHS's participation in the Council's initiatives have helped strengthen those initiatives and enhance the quality of life for Chippewa County residents. DHS staff have shown great willingness to help with special projects such as Community Connect events, which involve interacting with and serving Chippewa County residents.

The Council on Homelessness and Hunger, in turn, has emailed requests for such items as baby clothes and furniture on behalf of DHS for consumers in need. Because they are shared with the over 100 individuals representing various agencies on the Council's email list, these requests are usually filled quickly. The end result of our collaboration is positive – working together and building community connections in order to better serve the citizens of Chippewa County. ■

Alissa Kohli, Council on Homelessness



PROGRAMS AND SERVICES

- ▶ Adult Community Options Program (COP)
- ▶ Adult Emergency Mental Health Services
- ▶ Adult Out-of-Home Placements
- ▶ Chapter 51 Service Coordination
- ▶ Comprehensive Community Services (CCS)
- ▶ Community Recovery Services (CRS)
- ▶ Community Support Program (CSP)

RECOVERY & WELLNESS CONSORTIUM

INTRODUCTION

As highlighted in last year's annual report, 2014 was a year of planning. Specifically, it was a time of preparation for the 2015 rollout of Comprehensive Community Services (CCS). This year the Recovery & Wellness Consortium (RWC) saw the payoff for all of the hard work with the actual roll-out of the CCS program. This much anticipated program is one in which recovery from substance use and/or mental illness could be taken to a new level. In CCS, consumers are an integral part of their own recovery and with the assistance of their recovery team, decide what steps should be taken in their journey toward recovery. CCS is part of the larger RWC, which consists of Barron, Buffalo, Dunn, Pepin, Pierce, Polk, and Rusk Counties, along with Chippewa County as the lead county.

2015 also brought a new era to Chippewa County with the formation of a collaborative relationship (often referred to as "regionalization") with Pepin and Buffalo Counties. Pepin, Buffalo, and Chippewa are now essentially one entity where Chippewa is the lead county providing clinical and administrative assistance to our partner counties. This means consumers in Buffalo and Pepin Counties now have access to certified programs such as the Community Support Program (CSP), Crisis Services, and CCS; to name a few. This new collaboration creates efficiencies and allows Buffalo and Pepin Counties to provide their consumers with a more focused, clinically sound level of service. Chippewa County receives financial compensation for the work we do on behalf of our partner counties.

While we use subcontractors to provide a number of treatment services, our expertise lies in the area of service facilitation, as we coordinate private sector services for consumers.

Previously known as *Community Mental Health & Recovery Services* and *The Guidance Clinic*, our division's new name is *Recovery & Wellness Consortium (RWC)*. Old habits are hard to break, and we still often hear our division referred to as *The Clinic*. Whatever you may call us, we are here to provide the highest level of service possible.

ACHIEVEMENTS

Recovery & Wellness Consortium (RWC):

We have changed our name from Community Mental Health & Recovery Services to the Recovery & Wellness Consortium to better reflect the current status of our regionalization efforts.

Comprehensive Community Services (CCS)

Rollout: After several years of planning, CCS became a "real program," as consumers began to be enrolled in April. This was no small feat considering a total of eight counties are involved in the Consortium. As the lead agency, Chippewa County took responsibility for administrative functions such as Medical Assistance billing for all eight counties. Other members include Barron, Buffalo, Dunn, Pepin, Pierce, Polk, and Rusk.

Comprehensive Community Services provides a flexible array of individualized community-based psycho-social rehabilitation services. These services are authorized by mental health professionals on behalf of consumers with mental health or substance use issues across the lifespan. The CCS service facilitator assists consumers in achieving a fuller recovery. CCS is generally provided for individuals who are in need of a higher intensity level of services than outpatient mental health services and lower intensity than Community Support Program services.

Core Services: As part of CCS's larger rollout, Chippewa, Buffalo, and Pepin Counties partnered to become essentially one entity in regards to adult mental health and substance use recovery services. This regionalization includes CCS, Community Support Program (CSP), Crisis Services, Community Recovery Services (CRS), and Targeted Case Management.

Working in a Consortium: The addition of two counties that did not have certified programs benefited RWC by providing adequate volume in supporting an infrastructure for optimized Medicaid billing.

CHALLENGES

- ▶ Adult out-of-home placements increased in 2015. While we came in under budget overall, our placement costs were over.
- ▶ Higher caseloads due to the increasing complexity of issues for adults.
- ▶ Policy for delivering services focuses on crisis rather than recovery.

GOALS

1. Maintain a healthy work environment.
2. Increase revenue generated from consumers.
3. Increase billable hours.
4. Achieve the division's budget goal.
5. Strive for continuous quality improvement as it pertains to consumer satisfaction.
6. Serve consumers in the community whenever possible.
7. Improve compliance rate on all case reviews.
8. Sustain evidence-based practices in the Community Support Program.
9. Implement Motivational Interviewing (MI) skills systematically and frequently.
10. Develop outcomes for determining placement effectiveness.



Many of Chippewa County's citizens struggle to afford the basic necessities of life such as food and rent. Chippewa County's Department of Human Services (DHS) plays an important role in the community by helping to link these citizens with the economic supports they need to find gainful employment so they are able to provide for their families. Working with United Way of the Greater Chippewa Valley, DHS helped to plan and implement the Financial Stability Partnership, a community collaborative initiative that focuses on improving the financial stability of residents in the Chippewa Valley.

Along with other funded partners, the direct services provide by the Financial Stability Partnership helps individuals and families increase income through employment and helps increase money management and financial literacy skills through counseling and other programs.

(The other funded partners include Chippewa Valley Technical College Foundation, Eau Claire Area Hmong Mutual Assistance Association, Family Means, Junior Achievement, and Western Dairyland Economic Opportunity Council, Inc.)

The work of the Financial Stability Partnership is guided by the Income Advisory Council that currently consists of representatives from Chippewa County Department of Human Services, Wisconsin Department of Workforce Development, Wisconsin Economic Development Association, Eau Claire Area Economic Development Corporation, Chippewa Valley Technical College, Workforce Resource, Chippewa Falls Area Unified School District, Thrivent Financial, Western Dairyland Economic Opportunity Council, Inc., and Family Means. Together, members of the Income Advisory Council strategize and oversee the efforts currently underway to increase the financial stability of Chippewa Valley individuals and families, enabling them to move toward economic independence. ■

*Jessica Oleson-Bue,
Financial Stability Partnership*

ECONOMIC SUPPORT

INTRODUCTION

The Economic Support (ES) Division administers programs and services that provide assistance to eligible Chippewa County consumers to assist and empower them to achieve positive outcomes when facing economic challenges. The ES Division helps families in need become self-sufficient and independent of the public assistance system. This is done by assessing the family's financial situation to determine eligibility for interim public assistance programs.

ACHIEVEMENTS

Chippewa County Economic Support Division is part of the Great Rivers Income Maintenance Consortium, along with nine other counties (Barron, Burnett, Douglas, Dunn, Eau Claire, Pierce, Polk, St. Croix, and Washburn). The 2015 Great Rivers Consortium (GRC) accomplishments include:

- ▶ Exceeded contracted performance measure for application timeliness. The state-contracted standard is 95 percent application timeliness. In 2015, the Consortium maintained a 97.66 percent.
- ▶ Contracted performance measure for the average speed of answering calls for the Consortium Call Center also exceeded the performance standard established by the State of Wisconsin. The state standard is 15 minutes and the Consortium's average was 3.76 minutes.
- ▶ Merged fraud services and centralized overpayment processing that created efficiencies through the formation of a specialized discrepancy and overpayment team.
- ▶ Expanded call center services in 2015 to include program renewals and program additions. Moved call center services to a "one-touch" model.
- ▶ Expanded outreach efforts to reach the most vulnerable consumers. Economic Support has partnered with Open Door Clinic to provide information and complete on-the-spot applications for BadgerCare one night a month during the clinic's open hours. Economic Support also conducted outreach stations in several communities throughout Chippewa County to assist elderly, blind, or disabled consumers with applying for Energy Assistance. Finally, Economic Support participated in many resource fairs targeting at-risk young adults, the homeless, and prisoners approaching their release dates.

CHALLENGES

- ▶ Great Rivers Consortium vacant staff positions creates challenges of meeting consumer needs.
- ▶ Ensuring continued service excellence in an environment of budget constraints and funding reductions.
- ▶ Responding to the Income Maintenance Operational Analysis and making cost effective operational changes.

GOALS

1. Create and sustain a healthy work environment.
2. Utilize the interactive application to improve the efficiency of the Energy Assistance Program application process
3. Achieve the division's budget goal.
4. Ensure 95 percent application timeliness.
5. Remain within the federal FoodShare negative error rate of one percent (accuracy of case denials and terminations).
6. Remain within the federal FoodShare active error rate of six percent (accuracy of eligibility and benefit determination).
7. Comply with state contract of 12 minutes for Call Center average speed of answer.
8. Maintain overpayment/future savings for FoodShare/Medicaid.
9. Comply with state contract error rate of less than 3 percent in the Child Care Program.
10. Comply with child care SMRF overdue rate of less than 25 percent.
11. Increase awareness of the Energy Assistance Program through marketing and partnerships, resulting in an increased number of applications.
12. Improve the quality of service for the Child Care Program by reducing state targeted review error rates.

PROGRAMS AND SERVICES

- ▶ Income Maintenance: FoodShare and BadgerCare Plus
- ▶ Wisconsin Home Energy Assistance Program (WHEAP)
- ▶ Wisconsin Medicaid
- ▶ Wisconsin Shares Child Care

PARTNER

Children & Families Services (CFS) Unit: The Chippewa County Department of Human Services (DHS) has been involved with the Drug Endangered Children (DEC) Program since 2005. The DEC Program offers a team approach to cases where children have been exposed to illegal drugs in the community. Members of the DEC team include: DHS, law enforcement, Probation/Parole, Corporation Counsel, District Attorney's Office, Chippewa Falls School District, Chippewa Valley Advocacy Center, Marshfield Clinic, Public Health Nursing, and L.E. Phillips Libertas Center.

In 2014 and into 2015, Investigator Deb Brettingen of the Chippewa Falls Police Department (CFPD) recognized the need to revitalize the DEC Program. She was instrumental in getting the team to meet on a regular basis again. In 2015, the team saw an increase in methamphetamine use in the community, along with the dangers associated with this drug. Investigator Brettingen commented on the need for law enforcement and DHS to continue to collaborate and partner with one another in order to protect children in our community. The role of the CFPD, Brettingen observed, is to respond immediately for crime detection and to control the situation. The role of DHS is stabilization and prevention. As such, services provided by DHS help the citizens of Chippewa County achieve positive outcomes by beginning the process of healing, and helping to end the cycle of repeat calls for service.

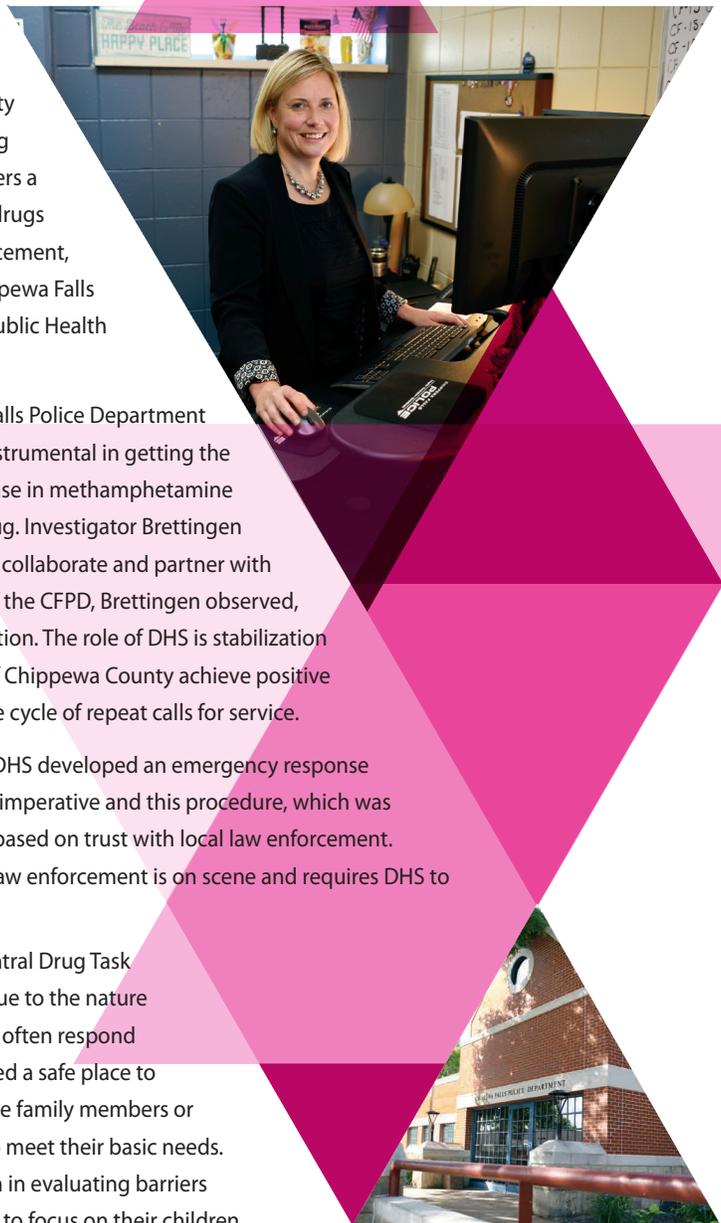
In response to a concern raised by Investigator Brettingen, CFPD and DHS developed an emergency response procedure. Open lines of communication between CFPD and DHS are imperative and this procedure, which was developed in 2015, demonstrates DHS's desire to build a relationship based on trust with local law enforcement. Having a procedure like this is crucial, especially for DEC cases, when law enforcement is on scene and requires DHS to respond immediately.

Another member of the DEC team is an investigator with the West Central Drug Task Force (WCDF). (The name of the investigator is not being disclosed due to the nature of this work.) According to the investigator, DHS and law enforcement often respond to homes with children who have been exposed to drugs and may need a safe place to go. DHS is able to provide a safe place for them or to locate appropriate family members or friends who can help. DHS may also provide the children with items to meet their basic needs. In addition, DHS helps to hold the parents accountable, assisting them in evaluating barriers to their ability to protect and care for their children, and helping them to focus on their children.

Although methamphetamine may seem to have taken over our community, DHS also recognizes that other drugs, such as marijuana, can be just as harmful to our community's children and families. DHS focuses on how the behavior of parents affects the welfare and well-being of their children, whether the drug is meth, heroin, marijuana, or any other drug.

DHS and law enforcement work very well together. The WCDF investigator indicated that over the past year, DHS and the WCDF have collaborated successfully with search warrants involving drugs and children being exposed to drugs and drug activity. Law enforcement's focus is on the criminal aspect of behavior, while DHS assesses the safety of the children who are involved. The last year has seen substantial changes for the better. According to the investigator, "I am impressed with the relationship DHS and law enforcement have." ■

Deb Brettingen, Drug Endangered Children Program



CHILDREN, YOUTH & FAMILIES

INTRODUCTION

Children's Services was reorganized in 2015, resulting in its three units becoming part of one division – the Children, Youth, & Families Division. This division is now comprised of Children & Families Services (CFS), Youth Support & Services (YSS), and Children with Differing Abilities (CWDA). This change was made with the concept of “no wrong door” in mind. Since cases have continued to increase in complexity, the reorganization has allowed for a greater degree of unity and shared knowledge in order to better and more effectively serve our consumers, regardless of their entry point into the system. For example, the primary need of a youth referred for delinquency may, in reality, be mental health services. The delinquency social worker in the YSS Unit is now more aware and better able to help the consumer enroll in appropriate services offered through the CWDA Unit.

The YSS Unit is responsible for youth referred to court for delinquency, uncontrollability, or truancy. The CFS Unit assesses families whose children may have been abused or neglected. When an intensive approach is necessary, CFS provides ongoing services to families. Services may include parenting support or other resources to keep their children safe. The CWDA Unit continues to be Chippewa County's primary source of information, assessment, and service coordination for children with special needs. In addition, a new program – Comprehensive Community Services (CCS) - was implemented during 2015. CCS provides services for children with a mental health and/or substance use disorders.

All three units provide services to the community in a variety of ways. Evidenced-based prevention programs such as Prime for Life, Parents as Teachers, and Strengthening Families help to build on strengths within families. Evidence-based intervention programs such as Multi-Systemic Therapy (MST), Mentoring, Family

Interactions, and Trauma Focused Cognitive Behavioral Therapy keep families together by increasing resiliency and decreasing maladaptive behaviors such as alcohol or drug abuse. Through ongoing service coordination, all units provide parents with support and community connections.

CHALLENGES

- ▶ Methamphetamine (meth) use continues to increase rapidly in our community. This has resulted in a significant increase in the number of child abuse and neglect reports concerning parents using meth, exposing their children to meth, the criminality of the act, and other dangers associated with this drug. The number of meth related out-of-home placements increased from 8 in 2013 to 28 in 2015. Furthermore, youth usage of meth continues to increase, impacting the complexity and severity of cases. This trend is rapidly increasing the demand for intervention and services. Increased community awareness and partnership will be required to effectively address this growing social issue.
- ▶ In 2015, the State of Wisconsin Department of Health Services announced the formal transition of the coordination of autism services as a county administered program to a Medicaid Card Service. The federal government directed Wisconsin to implement this change. This will likely present challenges as providers and families transfer to a different system.

– continued on page 17

PROGRAMS AND SERVICES

YOUTH SUPPORT & SERVICES UNIT

- ▶ Community Based Services
- ▶ Community Service
- ▶ Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) Assessment
- ▶ Delinquency Ongoing Services
- ▶ Electronic Monitoring
- ▶ Family Preservation Services *(contracted with Lutheran Social Services – LSS)*
- ▶ Home Detention
- ▶ Independent Living Services
- ▶ Juvenile Cognitive Intervention Program
- ▶ Mentoring *(contracted with Northwest Guidance and Counseling)*
- ▶ Multi-Systemic Therapy *(contracted with Lutheran Social Services – LSS)*
- ▶ Prime For Life Prevention Program
- ▶ Restitution
- ▶ Shelter and Secure Detention

PARTNER

Children With Differing Abilities (CWDA) and Youth & Support Services (YSS) Units:

Many of the children served by the Department of Human Services encounter a number of systems simultaneously as a result of significant mental health needs. As we know, navigating the process of receiving and coordinating multiple services can be overwhelming and confusing to children and their families. These are the times when Chippewa County relies on inter-unit collaboration as a primary intervention. On page 22 of this report, one youth's success story accurately depicts the results of such intentional teamwork. This youth was acting out criminally, struggling with mental health, and encountering several systems. The Children with Differing Abilities (CWDA) and Youth and Support Services (YSS) social workers collaborated on how to best provide services. Although being served by the YSS Unit, the youth's mental health was identified as the primary driver of the criminal behavior. As a result, she was enrolled in the Comprehensive Community Services (CCS) Program through the CWDA Unit. CCS was able to provide Multi-Systemic Therapy (MST), which engaged and empowered the family in new and creative ways. Mom was built up as the expert of her family. Her interaction with providers was restructured and individualized to help her more effectively advocate for her child. By building Mom's parental capacities and communication skills, the team helped the youth achieve positive outcomes. As positive progress continued, YSS was able to close the juvenile order and CWDA continued to provide supportive services to the youth and her family. As a result of the partnership between CWDA, YSS, the school, the family, and MST; this youth continues to achieve positive outcomes in her life and make positive plans for her future. This kind of collaboration creates sustainable change and stability for youth and families in need — it makes our children's and thus our community's future brighter. ■

Amy Wurzer, Lutheran Social Services MST Program



CHALLENGES CONTINUED

- ▶ Over the course of 2015, the waitlist for Children's Long Term Support services increased to 17 children. The previous two years, the waitlist fluctuated between zero and ten children. With the growing need for these services and lack of service coordination time available, families will likely be waiting for two or more years to receive Children's Long Term Support services.
- ▶ The Comprehensive Community Services (CCS) Program began implementation phase during 2015 in the Children with Differing Abilities (CWDA) Unit. CSS increased services, which is leading toward improved outcomes. For example, Multi-Systemic Therapy has helped several families remain together. The previous outcome most likely would end in an out-of-home placement.

- ▶ Multi-Systemic Therapy (MST) has been fully implemented in Chippewa County through our partnership with Lutheran Social Services. MST is an evidence-based, CCS allowable, intensive family and community-based treatment program that focuses on addressing all environmental systems that impact the child and family.
- ▶ Birth to 3 Primary Coach Approach to Teaming: This is an evidence-based practice that includes the use of a primary coach, within a team, to support families in caring for their children with special needs in natural learning environments. Chippewa County has been moving to this new paradigm of early intervention services delivery for the last several years and staff continue to embrace this family-centered approach for achieving positive and lasting results.
- ▶ A Children, Youth, & Families Summit occurred on October 29, 2015, at the Heyde Center in Chippewa Falls, Wisconsin. The summit was developed by the Children, Youth, and Families Committee, a coalition representing legal, school, healthcare and business professionals, clergy, county agencies, non-profits, and caregivers in Chippewa County. The conference focused on Adverse Childhood Experiences (ACE), prevention, early intervention, and intervention specific to Chippewa County resources. A panel discussion

(including representation from the Nurse Family Partnership, Parents as Teachers, United Way's Successful Children's Network, Western Region Recovery & Wellness Consortium, Birth to 3 Early Intervention, Child Protective Services, Chippewa Falls Police Department, and other agencies) addressed how these groups are implementing and integrating ACEs in their organizations.

- ▶ A Chippewa County Multi-Disciplinary Team (MDT) entered the early stages of development in late 2015. The purpose of the MDT is to facilitate and enhance cooperation in assessing child maltreatment cases. Chippewa County utilizes a multidisciplinary approach to establish a cohesive, coordinated system designed to minimize trauma to the child victim while maximizing evidence collection. Key components to this approach include law enforcement, human services, the District Attorney's office, the Corporation Counsel's office, medical providers, victim advocates, the court system, and mental health providers. MDT and the Drug Endangered Children Program (DEC) work hand-in-hand. (See partner story on page 14.)

- continued on page 19

ACHIEVEMENTS

- ▶ The CYF Division continues to attain amazing outcomes. This is due in large part to our service coordinators, who work together across units to share information to match families with appropriate services. This collaboration prevents the need for high cost / last resort services such as placement in juvenile corrections. More often, children are being served effectively while remaining in their homes and communities.

PROGRAMS AND SERVICES CHILDREN & FAMILIES SERVICES UNIT

- ▶ **Child Protective Services**
 - ✓ Child Abuse and Neglect Access Calls
 - ✓ Initial Assessment/Alternative Response
 - ✓ Ongoing Services
- ▶ **Drug Endangered Children Program**
- ▶ **Family Interactions** (contracted with Lutheran Social Services - LSS)
- ▶ **Kinship Care Program**
- ▶ **Prime 4 Life** (contracted with Arbor Place)
- ▶ **Voluntary Child Welfare Services**

PARTNER

Children With Differing Abilities (CWDA) Unit: Chippewa Health Improvement Partnership (CHIP) is a network of individuals and partner organizations dedicated to making life better for all. This coalition includes members from Chippewa County Departments of Human Services and Public Health, Chippewa Falls Area Unified School District (CFAUSD), Mayo Clinic Health System, Marshfield Clinic, Chippewa Falls Police Department, Dove Healthcare, Head Start, HSHS St. Joseph's Hospital, and University of Wisconsin-Extension.

Human Services collaborates and participates in various CHIP activities and is represented on the CHIP Steering Committee as well as Mental Health Action teams. Human Services staff, for instance, joined a team of partners to become trainers for the suicide prevention program QPR – Question, Persuade, and Refer. The team's goal is to blanket the Chippewa Valley with this evidence-based program and to date, QPR training has been provided to more than 1500 people.

The collaboration of Human Services and CHIP helps protect and enhance the health and well-being of residents, especially those unable to advocate for themselves. ■

Laura Baalrud, Chippewa Health Improvement Partnership



ACHIEVEMENTS CONTINUED

- ▶ In December 2015, Chippewa County Department of Human Services employees and several generous community donors sponsored a Foster Care Holiday Party for foster parents, foster children, and biological/adopted children of the foster parents. This activity demonstrated appreciation for our foster families and foster children during the holiday season, and gave foster families and children the opportunity to network and build supportive relationships.
- ▶ In 2015, Chippewa County Department of Human Services began networking with several other counties to create a regional model for Child Protective Services access calls and screening decisions. The goals of regionalizing access include making the process more consistent, effective, and efficient. In addition, the expertise of staff assigned to perform the duties of access/screening will bring greater expertise to keep children safe.
- ▶ In 2015, the Division began implementing the Comprehensive Community Services (CCS) program in partnership with the Recovery & Wellness Consortium. This included the final development and implementation of the “one person, one plan” approach to service delivery for children facing mental health challenges and their families. The one plan approach will reduce the amount of times a family tells their story. The services on the plan will support and empower them to reach positive and lasting results within the home and community.
- ▶ In 2015, in collaboration with several county and community partners, our division planned for the transition of Juvenile Intake services to DHS.

GOALS

1. No client grievances filed against the CYF Division.
2. Increase knowledge of staff on existing agency policy/procedures.
3. Complete two strategic initiatives.
4. Increase prevention and early intervention efforts.
5. Increase knowledge of where referrals are coming from by utilizing a new software program.
6. Refer 100 percent of families to CFS in accordance with policy time frames.
7. Prevent out-of-home placements whenever possible.
8. Create and maintain a healthy work environment.
9. Increase services as a result of revenue generated through Medicaid consumers (when applicable).
11. Maintain continuous quality improvement in order to achieve consumer satisfaction.
12. Serve children and youth in the community or home whenever possible.
13. Increase knowledge of the social issues in the county in order to strategically deliver services.

PROGRAMS AND SERVICES CHILDREN WITH DIFFERING ABILITIES UNIT

- ▶ Birth to 3 Early Intervention Services for Children with Developmental Needs
- ▶ Chapter 51 Service Coordination
- ▶ Children's Community Options Program
- ▶ Children's Emergency Mental Health Services
- ▶ Children's Foster Care
- ▶ Children's Long Term Support Waivers – Physical, Developmental, and Mental Health Disabilities; Autism
- ▶ Children's Out-of-Home Placements
- ▶ Coordinated Service Teams (CST)
- ▶ Drug Endangered Children Program
- ▶ Family Support Program

CONSUMER STORIES

Earlier this year, the Aging & Disability Resource Center (ADRC) of Chippewa County had the opportunity to assist a consumer experiencing memory issues. In the past, the ADRC had helped this woman to access long term care services for her parents, for whom she was the Power of Attorney. One day his consumer was working with our Elder Benefits Specialist regarding her own Medicare Part D plan. An administrative assistant noticed that much of her Medicare Part D paperwork was dated over ten years ago. In their discussion, the customer stated she was 52 years old; however, our administrative assistant could see from the date on the woman's license that she was 62. The consumer seemed very surprised to hear that she was ten years older than she thought. She also had difficulty remembering where she had parked her car.

After the woman left, our administrative assistant expressed her concerns about the consumer's cognition to the ADRC manager. Later that week, one of our ADRC Options Counselors (OC) who was familiar with the consumer called her to follow-up regarding any assistance she might need. During that conversation, the woman revealed she had lost about 20 pounds in the past six months, and her FoodShare card had been declined at a local grocery store for being inactive. After some research, the OC determined ADRC staff had helped the customer to re-activate the FoodShare card just the week before. The OC also discovered that this consumer had received Medicaid and Qualified Medicare Beneficiary (QMB) Services in the past, but lost eligibility in these programs because she failed to complete a review with the Income Maintenance Consortium. In a subsequent phone call, the OC reminded the consumer that her FoodShare card was activated and also gave her information on local food pantries. Not long after, the consumer informed the OC that she was able to use her FoodShare card to purchase food.

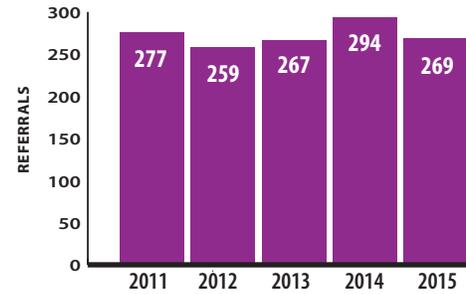
About a week later, the results of medical tests revealed the consumer's moderate to severe dementia. The woman's son, overwhelmed and worried about his mother's diagnosis, sought the ADRC's guidance in accessing assistance available for his mother. Since that time, the OC has assisted the consumer and her son in a variety of ways, providing guidance regarding Power of Attorney for Health Care, referral to the Meals on Wheels Program, resources for caregivers of people with dementia, and information about how to re-instate her Medicaid and QMB. Future plans (as discussed with the consumer and her son), include helping determine eligibility for Wisconsin long-term care programs. While each step takes time, our ADRC is committed to ensuring this consumer has access to the programs and services that can help her reach her biggest goal of living in the community for as long as possible! ■

The Aging & Disabilities Resource Center (ADRC) of Chippewa County received a call from a concerned daughter who was seeking guidance about how best to help her 90-year-old mother. Since having a leg amputation less than a year ago, the mother had fallen six times. Maintaining her safety at home was a struggle. With the mother and daughter, the Options Counselor (OC) began to explore ways for the mother to remain safely at home. During the course of their work together, it became apparent to the OC that the woman would be eligible for Long Term Care; however, other options were explored first. For example, the woman's husband passed away 30 years ago, and she did not know that she was eligible for Veteran's Administration (VA) assistance. Our County's VA Department stepped in quickly to help her get the assistance she needed to pay for home care. The Department of Public Health provided her with significant education about how to better manage her amputation and other necessary modifications. The woman learned proper techniques for transferring herself and for standing independently so that the risk of falls is minimized. Desperately needed home modifications were completed, making it safe for her to remain at home. Home delivered meals were started, and a referral was made to our local Volunteer Caregiver Program to help her with transportation needs. This family either did not know these resources existed or that they were eligible for them. With the help of ADRC, the mother has been able to remain safely where she wants to be – at home – and she has also been able to avoid enrollment into Long Term Care. ■

CHILDREN WITH DIFFERING ABILITIES DIVISION:

TOTAL REFERRALS TO SINGLE POINT OF ENTRY

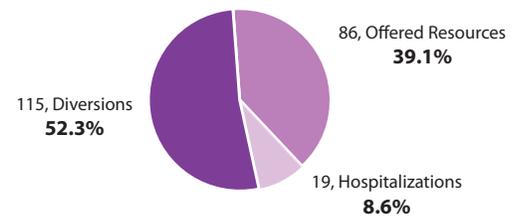
We continue to partner with the Chippewa County Department of Public Health for our single point of entry.



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 hospitalization when it's safe and appropriate for the consumer.

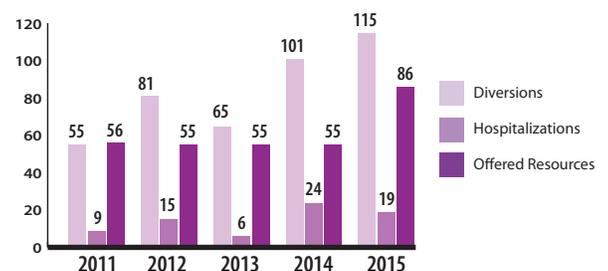
The pie chart below illustrates the breakdown of diversions from hospitals, hospitalizations, and other outcomes for Children's Emergency Mental Health Services.



In 2015 there were 115 hospital diversions out of a total of 220 emergency mental health calls, which means these children avoided a hospitalization (emergency detention) and were safely maintained in their homes.

There were 19 hospitalizations, a decrease from 2014. The majority of children remained in the community and were offered resources.

The bar chart below illustrates the breakdown of diversions from hospitals, hospitalizations, and other outcomes for Children's Emergency Mental Health Services from 2011 – 2015.



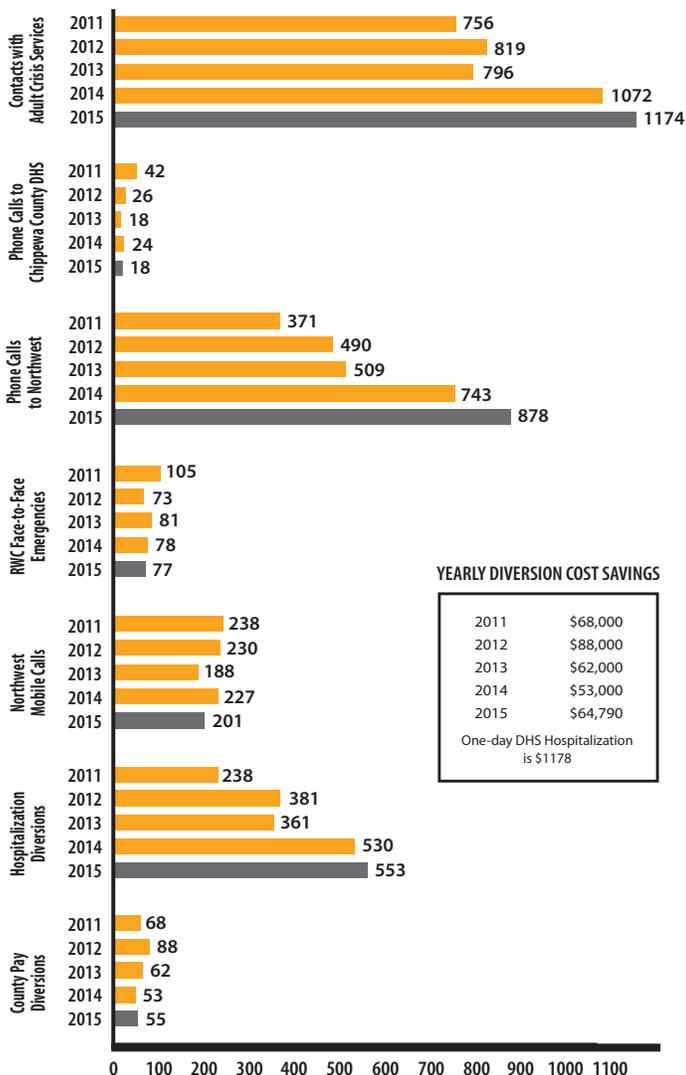
CHILDREN WITH DIFFERING ABILITIES DIVISION:

MULTI-SYSTEMIC THERAPY (MST) OUTCOMES

Multi-Systemic Therapy (MST) is an internationally recognized intensive family and community-based treatment program that focuses on addressing all environmental systems (homes and families, schools and teachers, neighborhoods and friends) that impact chronic and violent juvenile offenders. MST recognizes that each system plays a critical role in a youth's development and each system requires attention when effective change is needed to improve the quality of life for youth and their families. MST works with the toughest offenders ages 12 through 17 who have a long history of arrests. MST is evidence-based and is proven to produce positive results with the toughest kids. It blends effective clinical treatments (cognitive behavioral therapy, behavior management training, family therapies, and community psychology) to reach this population. MST is available to Chippewa County youth who are eligible for enrollment in the Comprehensive Community Services (CCS) Program, who meet the criteria for MS,T and agree to participate in services. In 2015, MST served 12 youth. In 11 out of 12 cases, MST effectively prevented impending placement in residential care.

RECOVERY & WELLNESS CONSORTIUM DIVISION:

EMERGENCY CRISIS SERVICES SUMMARY 2011 - 2015



* Only includes customers without a third-party payer source such as Medicare, Medicaid, or private insurance.

CONSUMER STORY

Ray walked into Mayo Clinic Emergency Room (ER) and voluntarily checked himself into the Behavioral Health Unit. He knew that he needed to change behaviors in his life. "I'm an alcoholic and something had to change; I've tried to do it on my own and nothing is working." Mayo Clinic Behavioral Health referred Ray to Chippewa County Department of Human Services for service coordinating purposes. Ray left Mayo Clinic Behavioral Health and was placed in substance abuse treatment at Fahrman Center in Eau Claire. After successfully completing Fahrman Center's program, he first moved to a semi-supervised transitional home in Eau Claire and then to the Recovery House in Chippewa Falls. Ray has abstained from alcohol for over a year. He has been working on improving his employment options and recently completed a job training program through Workforce Resource. He is in the process of entertaining different employment offers. His current goals are to maintain steady employment, get his own place to live, and attend Chippewa Valley Technical College. Ray, who acknowledges he would not have been able to make these changes without the help and support of Chippewa County Department of Human Services, has found freedom through sobriety and is excited to have attainable goals. ■

CONSUMER STORY

For a number of years, I worked consecutively as a full-time bookkeeper and contractor for several small businesses as this provided flexible hours for meetings and therapy sessions for one of my children, who has differing abilities / special needs.

In 2007, my marriage of 15 years ended. I was determined to maintain independence and financial stability for myself and my children. Then, two of the businesses I worked for closed down due to the economic downturn.

To compete in the challenging job market, it was obvious I would need to further my education. The hard part was asking for help to make this happen. I found it to feel very shameful, degrading, and against what I now recognize as my own deep-seated misconceptions.

I still remember the day I sat with an Economic Support Specialist to complete an application. She related to me by saying, "I was once where you are; I understand." She explained how she moved to Wisconsin and was unable to find work immediately, so she applied for assistance. With that brief encounter, she gave me HOPE.

Today, my oldest has a degree in Early Childhood Education and is a teacher, the next one was recently promoted from a dishwasher to a cook, and my youngest is continuing her education in Human Resources and works weekends as a caretaker for an elderly family member.

As for me, after earning my Associates Degree with Honors, I continued to enhance my skills and recently accepted a position as an Administrative Assistant III for Chippewa County. I am now giving back to my community. You might just see me at the Human Services front desk handing a consumer an application and in some cases saying, "I understand; I once was where you are." ■

CONSUMER STORIES

My life has not been easy. I have had a very hard life. I was very depressed, suicidal, and hospitalized five times because of my mental health challenges. I was mad at the world, and I thought everyone in my family and school hated me. I was failing all my classes and had a negative outlook towards myself and everyone else who came in contact with me. When people made eye contact with me, I would give them a look to warn them to stay away from me. That look made most people stay away, but the more that happened, the lonelier I became, which made me even more depressed. I was so unhappy for so long that I couldn't remember what it was like to be happy. I couldn't even get myself to smile.

After my last hospitalization, I met Connie, a social worker for Human Services. Connie connected me to services that helped change me and my outlook on life. Through Human Services and others they connected me to, I began to form positive relationships and to trust people again. I'm happier and have overcome many of the issues that once stood between me and success.

I'm passing all my classes and feel good about myself and my future. What helped me get to this point in my life? It was having people listen to me and understand that I wasn't a bad kid. I just had some very bad things happen to me. And all that I really needed was people in my life to encourage me and to see the good I had inside of me instead of just focusing on bad behaviors and everything that seemed wrong with me. When people began to see the good in me, it helped me see it too. I know that I have a future in doing what I love to do, cook. Every so often I look back on my old life and say WOW!! I have changed and that change is because of the people who first believed in me and that I could succeed. Change is possible for anyone because, *"Children are likely to live up to what you believe of them."* ~ Lady Bird Johnson, Former First Lady of the United States ■

My name is Jessica. My involvement with the Chippewa County Department of Human Services (DHS) started about three years ago following a raid on my home while my children were present. At that time in my life, I was not only injecting methamphetamine but also selling it.

Prior to this, I had been using substances for over 15 years. After my children were removed from my care, I was placed in a long-term residential facility by my probation agent. During my time in the program, I did quite well; however, the day I graduated, I found myself using again. I continued to use for about two months, at which time I was arrested and placed in custody. Soon after, I received the opportunity to participate in the Chippewa County Drug Court Program. At the beginning of the program, I admit I struggled quite a bit and relapsed. The difference this time was that I contacted my probation agent and informed him of my relapse instead of going on the run like I did in the past. I would have to say that I really didn't realize how badly I wanted to change my life until I established employment and had struggled for a few months at the beginning of the program.

Today I am proud to say that I am a graduate of the Chippewa County Drug Court and now have 560 days sober. My kids are living with me again; they are doing well in school and are extremely happy to have their mom back again. I am grateful for the lessons I have learned during this process in order to better my life and the lives of my children.

The Department of Human Services (DHS) is very proud of Jessica and the progress she made in 2015. Jessica and her children are an example of how the Drug Endangered Children's (DEC) Team works together. DHS often needs a team approach when it comes to working with children and families, especially when drugs are involved. Without the cooperation of the other agencies involved in the DEC team, DHS would not be able to meet the needs of children and their families affected by dangerous drugs in our community. It truly takes a community approach. ■

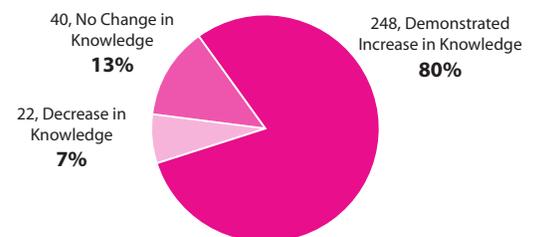
CHILDREN & FAMILIES SERVICES UNIT:

PREVENTION PROGRAMS

PRIME FOR LIFE (P4L) OUTCOMES

A prevention program being funded by the CYF Division is Prime for Life (P4L), an evidence-based program designed to help teens improve their decision-making skills regarding drug and alcohol use. The program empowers youths to challenge previous beliefs and attitudes about drug and alcohol use and places an emphasis on changing their perceptions that lead to risky behaviors. A combination of logical reasoning, empathetic listening skills, and emotional experience are used to change the thinking of a youth. The intended result of changing these thoughts is giving youth the knowledge they need to protect what they value in life. Federal funds for this prevention program come from a Alcohol and Other Drug Abuse Grant and must be used to provide evidence-based prevention programming specifically demonstrated to target alcohol and other drug abuse. P4L is recognized by the federally funded Substance Abuse and Mental Health Services Administration as an evidence-based prevention model targeting alcohol and other drug abuse. Arbor Place, from Menominee, Wisconsin, provides this service. The model was implemented three years ago to provide this program throughout the county. In 2015, 310 youth participated in P4L sessions conducted throughout Chippewa County.

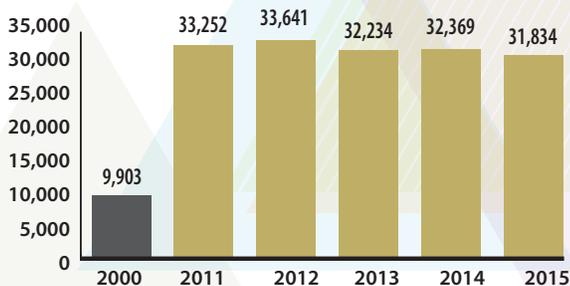
OUTCOMES OF PARTICIPATION IN P4L



CONSUMERS AND PROGRAMS / SERVICES BY DIVISION (2011 - 2015)

PROGRAMS / SERVICES	2011	2012	2013	2014	2015
Aging & Disability Resource Center (ADRC)**					
Adult Protective Services**			116	121	133
Disability Benefits	240	211	249	288	363
Elder Benefits	1,390	1,218	1,255	893	844
Ensure Program	N/R	150	205	180	151
Information and Assistance / Options Counseling	1,169	1,319	1,023	1,213	1,219
New Guardianship / Protective Placement Services**			34	69	67
Nutrition Program	872	867	868	938	824
Protective Placement Reviews**			102	112	117
Children With Differing Abilities (CWDA)					
Birth to 3 Program	178	172	187	191	237
Children's Crisis Services	120	135	126	207	220
Children's Waiver Services	97	91	101	106	109
Family Support Program	32	35	32	35	37
Comprehensive Community Services – Children					26
Recovery & Wellness Consortium (RWC)					
Adult Crisis Services	636	684	670	865	954
Adult Emergency Detentions / Petitions	112	109	132	132	152
Adult Protective Services (2010 – 2012)*	85	106			
Community Options Program	5	4	2	1	3
Community Recovery Services	4	5	4	8	5
Community Support Program	45	43	39	38	40
New Guardianship / Protective Placement Services (2009 – 2012)*	39	16			
Outpatient Mental Health Services	5	5	7	1	0
Protective Placement Reviews (2009 – 2012)*	104	107			
Substance Abuse Services	292	65	99	91	95
Comprehensive Community Services					16
Children, Youth & Families (CYF) / Youth Support Services					
Child Protective Services	652	723	708	820	1,033
Juvenile Justice Services	108	56	64	69	67
Economic Support (ES)					
FoodShare Program	11,130	12,062	11,580	11,485	10,665
Medical Assistance Program	13,098	12,810	12,202	11,799	11,994
Wisconsin Home Energy Assistance Program - WHEAP***	2,839	2,648	2,445	2,707	2,463
TOTAL PROGRAMS / SERVICES	33,252	33,641	32,234	32,369	31,834

TOTAL CONSUMERS SERVED (2011 - 2015)



* Prior to 2012, Adult Protective Services, Guardianship, and Protective Placement was within other divisions within Human Services and is included in the CMHRS 2010-2012 totals. These programs were within CMHRS the first three quarters of 2012 and transitioned to the ADRC the last quarter.

** Aging & Disability Resource Center became a division within the Chippewa County Department of Human Services in 2012.

*** WHEAP reported by household, not individuals.

N/R = Not Recorded

EXISTING BARRIERS THAT REQUIRE ATTENTION IN CHIPPEWA COUNTY

1. The staff capacity to meet the intervention needs of citizens. Therefore, it is essential to increase citizen engagement in prevention and early intervention.
2. Federal, state, and local expectations continue to rise despite resources remaining the same. While operational costs increase due to program accountability requirements, county human service departments across the state are experiencing a need for services.
3. Methamphetamine use within families and teenage youth continues to cause increases in children being placed in out-of-home care, from 8 in 2013 to 28 in 2015.
4. The rapid speed of policy and practice change at the federal and state level requires the Department to interpret and implement new systems. This ongoing change is creating staff fatigue.



COMMUNITY PARTNERS

We recognize the following Chippewa Valley entities who have partnered with us throughout 2015. Thank you for valuing community and service to others.

- | | | |
|---|---|---|
| A & J Mobility | Boys Town | Chippewa County Senior Centers
<i>(Bloomer, Cornell, Chippewa Falls)</i> |
| Abby Vans | Brotoloc North | Chippewa County Veterans Office |
| Advocating for Autism | Burkwood Treatment Center | Chippewa County Workforce Resource |
| Aging & Disability Resource Center
of Eau Claire County | Burzynski's Adult Family Home | Chippewa Health Improvement Partnership (CHIP) |
| Aging & Disability Resource Center Board | Callier Clinic | Chippewa Manor Nursing Home |
| Alberta May's Restaurant <i>(ADRC Senior Dining Meal Site)</i> | Camp Kenwood | Chippewa Manor Residential Living Center |
| Almost Home Again | Care Partners Assisted Living <i>(Bloomer)</i> | Chippewa River Industries (CRI) |
| Alzheimer's and Other Memory Loss Support Group –
Grace Adult Day Services | Carroll's Friendship Farm | Chippewa Valley YMCA |
| Alzheimer's Association | Catalyst for Change Consultants | Clark County Rehabilitation & Living Center |
| American Sign Language Interpreters | CBM Food Service | Clearview |
| Anu Family Services, Inc. | Center for Independent Living | Clinicare Corporation |
| Applied Behavioral Intervention Services (ABIS) | CESA 10 | Comforts of Home Assisted Living |
| Aramark | Chippewa County Corporation Counsel | Community Cares Resources |
| Arbor Place, Inc. | Chippewa County Criminal Justice
Collaborating Council | Community Counseling Services |
| At Home Care | Chippewa County Department of Public Health | Connie Wagner <i>(Spanish Interpreter)</i> |
| Aurora Community Services | Chippewa County Food Pantries | ContinuUs |
| Autism & Behavior Center | Chippewa County Housing Authority | Coordinated Community Response to Domestic
Violence and Sexual Assault |
| Autism Society – Chippewa Valley Chapter | Chippewa County Jail | Cornell Area Care Center |
| Beaver Creek Reserve | Chippewa County Job Center | Cornell Our Savior Lutheran Church
<i>(ADRC Senior Dining Meal Site)</i> |
| Behavior Reach | Chippewa County Juvenile Court | Country Terrace Assisted Living <i>(Bloomer and Stanley)</i> |
| Beyond Abilities | Chippewa County Nutrition Program Dining Rooms | |
| Bloomer Senior Center <i>(ADRC Senior Dining Meal Site)</i> | Chippewa County Parks & Recreation Department | |
| Boys and Girls Club | Chippewa County Schools | |

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– *COMMUNITY PARTNERS, continued*

Dementia Coalition of Chippewa County
 Department of Children and Families Regional Office
 Department of Vocational Rehabilitation (DVR)
 Disability Right Wisconsin
 Dodge County
 Dove Health Care
 Easter Seals Camp
 Eau Claire County Human Services
 Eau Claire Schools
 Educational Solutions
 Fahrman Center
 Family & Children's Center
 Family Support Center
 Family Works Programs, Inc.
 Grace Adult Day Services
 Great River Consortium Partner Counties
 (*Barron, Burnett, Douglas, Dunn, Eau Claire, Pierce, Polk, St. Croix, Washburn*)
 GWAAR (*Greater Wisconsin Agency on Aging Resources*)
 Headstart
 Health & Human Services Board
 Hetzel Care Center
 Home Suite Home Assisted Living
 Homestead Village (*ADRC Senior Dining Meal Site*)
 Hopes & Dreams Adult Daycare
 HSHS St. Joseph's Hospital
 HSHS St. Joseph's Hospital Ensure Program
 Impact Advertising
 Integrated Development Services, Inc.
 J and B Medical
 Kathy's Diner (*ADRC Senior Dining Meal Site*)
 Kayla Olmstead (*contracted dietician*)
 Kids USA
 L.E. Phillips Career Development Center
 L.E. Phillips Libertas Center
 Lake Hallie Memory Care
 Lakeview Health Center
 Lion's Camp
 Local and County Law Enforcement
 LSS Family Interactions Program
 LSS Family Preservation Program
 Lutheran Social Services (LLS)
 Maple Street Adult Family Home
 Marathon County
 Marriage & Family Health Services
 Marshfield Clinic

Mayo Clinic Health System
 Medicine Shoppe
 Medigap Hotline
 Midwest Monitoring & Surveillance, Inc.
 Mississippi Valley Health Care Consortium
 Mobile Meals, Inc.
 Musical Medicine
 Nature's Edge
 New Beginnings of Barron County, Inc.
 New Day Yoga & Wellness
 New Freedom Transportation Program
 New Hope CBRF
 New Vision Wilderness
 New Visions
 North Central Health Care
 North County Independent Living
 Northwest Counseling and Guidance Center
 Northwest Journey – Menomonie
 Northwest Passage I & II
 Northwest Regional Detention Center
 NuMotion
 Nutrition Advisory Council
 Open Door Clinic
 Opportunity Development Centers
 ORCD (*Office for Resource Center Development*)
 Our House Assisted Living
 Our House Memory Care Assisted Living
 Parents 4 Learning
 Patients Express
 Pine Ridge Adult Family Home
 Positive Alternatives
 Prentice House Inc.
 Rachel's Place Early Learning Center
 Rawhide
 Reach Out Wireless
 Reaching Your Potential
 REM Wisconsin, Inc.
 ResCare Homecare
 River Source Family Center
 RiverEdge Design / Des Sikowski-Nelson
 Rollx Vans
 Romeis Millstream Apartments
 Rose Garden Assisted Living
 Rutledge Charities
 Rutledge Home Assisted Living
 Sacred Heart Behavioral Health
 Safe at Home Senior Care

Safe Link Wireless
 Salvation Army Food Pantry
 Shared Ride Taxi Program
 Shoe Factory Apartments
 Sober Living Rentals
 Social Security Administration – Eau Claire Office
 Soft Landing Transitional Service
 Southridge Apartments (ADRC Senior Dining Site)
 Special Friends
 Spirit of Christmas
 SPOTS House – St. Joseph's Hospital
 Strategic Communications, Inc. / Linda Pophal
 Steps of Success Homes, LLC
 Tender Care Transport
 The Healing Place
 The Home Place Assisted Living
 The Master Plan, LLC
 The Thole House, LLC
 Think and Say Publications
 Trempeleau County Health Care Center
 Triniteam
 Trinity Equestrian
 United Cerebral Palsy (UCP)
 UW-Stout Vocational Rehabilitation Institute
 Vantage Point Clinic & Assessment Center
 Visiting Angels Living Assistance
 Volunteer Caregiver Program
 WestCAP
 Western Region Recovery & Wellness Consortium
 Western Regional Center for Children and Youth with
 Special Health Care Needs
 Wisconsin Office for the Deaf & Hard of Hearing
 Wisconsin Office for the Blind & Visually Impaired
 Wisconsin Department of Corrections – Community
 Corrections Division
 Wisconsin Early Autism Project (WEAP)
 Wisconsin Health Services / Aging & Long Term
 Wisconsin Judicare, Inc.
 Wisconsin Medicaid / Medicare
 Wisconsin VA / Veterans Assistance Center
 Wisconsin Health and Regional Vent Center
 Wisconsin Springs Assisted Living
 Workforce Resources (FSET)
 Women's Way
 Woodland Enhanced Health Services Commission
 YMCA Early Learning Community

HUMAN SERVICES LEADERSHIP TEAM



LEADERSHIP TEAM (through May 2016):

Jessica Barrickman (*Aging & Disability Resource Center Manager*)

Paul Brenner (*Senior Fiscal Manager*)

Jill Chaffee (*Recovery & Wellness Consortium Operations Administrator*)

Melissa Christopherson (*Children, Youth & Families Division Manager*)

Tom Diel (*Chippewa County Recovery & Wellness Consortium Division Lead Worker*)

Tim Easker (*Chippewa County Recovery & Wellness Consortium Division Manager*)

Connie Fedie (*Children, Youth & Families Division Lead Worker*)

Brenda Huhn (*Children, Youth & Families Division Supervisor*)

Ann Holm (*Children, Youth & Families Division Lead Worker*)

Bobbie Jaeger (*Economic Support Division Manager*)

Elizabeth Makar (*Economic Support Division Lead Worker*)

Pauline Spiegel (*Director's Assistant and Administrative Assistants Team Lead Worker*)

Larry Winter (*Director*)

Mary Zachau (*Fiscal & Contracts Division Manager*)

HEALTH & HUMAN SERVICES BOARD MEMBERS



Anson Albarado
(2018)



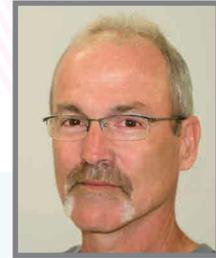
Douglas Ellis
(2016)



James Fenno, Rph
(2016)



John C. 'Jack' Halbleib
Vice Chairperson (2019)



Matt Hartman
(2018)



Dr. Laura Isaacson, D.O.
(2017)



Mike Leisz
(2016)



Larry Marquardt
(2017)



Harold "Buck" Steele
(2019)



Bill Stimeling
(2016)



Larry Willkom
Chairperson (2018)



Tom Thornton
(2018)

AGING & DISABILITY RESOURCE CENTER BOARD MEMBERS



Anson Albarado
(Chairperson 2016)



David Alley
(2019)



Paul Nicolai
Vice Chairperson (2017)



Susan Peggarr
(2018)



Mary Quinlan
(2018)



John Spaeth
(2017)



Harold "Buck" Steele
Chairperson (2019)



Vern Weeks
(2018)

Parenthesis denotes the year of term expiration.

“ ...the people process culture recognizes that all people have intrinsic worth and deserve to be treated with respect. ”

*Jeanette Kersten, EdD SPHR and Kelly La Venture, EdD
Authors*



CHIPPEWA COUNTY
Human Services
Empowering people to help themselves.



CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES

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