



Human Services

Empowering people to help themselves.

2019 Annual Performance Report

Director Message:

The other day I was in a meeting where there was a general discussion around the value of annual reports, particularly when they are not in somewhat close proximity to the year they are reporting on. I pondered the question and concluded that given the present-day circumstances of a pandemic, social and political unrest, etc., it seems like a little good news is warranted. I am hoping that by the time I am writing the 2020 piece, Covid 19 will be but a memory and a reminder of just how good we have it most of the time.

We apologize that this report is a little late but given the current circumstances, we hope folks will understand. 2019 was a year of stability for our department. Other than filling new positions and a retirement, turnover was minimal. I believe we may have had one or two staff leave Human Services for reasons other than previously listed. This has been a huge and much welcomed change for us. Turnover is usually just a symptom of much deeper issues. This has been one of our leadership team's primary overarching goals. We do not produce consumable goods; we provide services. The type of service we provide (be it good, bad, or indifferent) is a barometer of our overall employee engagement/satisfaction.

All of our Human Services staff are to thank for this positive change. I would be remiss if I did not acknowledge the Department of Administration, who sets the overarching tone and infrastructure in the county. The county's focus on employee engagement could not have come at a better time. For those familiar with Human Services, we have been running employee satisfaction surveys for close to eight years. Surveys were implemented to take the temperature of how we were doing on a department-wide basis, but then we also drilled down to the individual division/unit level. In 2019, we decided to forgo the Human Services survey in favor of the overall county employee engagement initiative. The action plans for this initiative were developed in 2020 and will be discussed in more detail next year.

Unbeknown to us at the time, the work began in 2019 with the increased use of telecommuting and increased flexibility in allowing for occasional work from home has positioned us well for the pandemic. However, even prior to the pandemic, staff were voicing their appreciation for the fact they felt like they were being treated as trusted professionals. While not every position in Human Services lends itself to telecommuting or occasional remote work, the increased flexibility within the parameters of our procedure was appreciated. While the reduction in staff turnover is one of the more obvious benefits of engaged staff, increased productivity and efficiency has been another.

To say I am proud of our entire staff just does not seem to do justice of how I really feel. We have a group of folks who suit up and show up for work each and every day, serving citizens whose needs range from a quick one-time service to individuals who are at the lowest point of their lives, and everything in between. As one of our staff told me yesterday, "Don't thank me for just doing my job." As you read the accomplishments, look at the statistics, and see the outcomes; please remember the real people behind these sometimes modern day miracles performed here quite often, and be thankful for the people behind them. We need a little bit to feel good about right now.



Amoche Lesker

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 – encouraging and supporting people as they 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.



ORGANIZATIONAL GOALS 2018-2020

1. Utilize effective and efficient data driven decision-making to unlock human potential.
2. Increase community engagement and resources for collective impact to achieve wellness.
3. Provide adaptable and flexible services and resources to consumers.
4. Evaluate the internal operations of the department to accelerate effective system change impacting consumers.



Economic Support

The Economic Support Division administers programs and services that assist eligible Chippewa County consumers, empowering them to achieve positive outcomes when they face economic challenges. The Economic Support Division helps families in need to become self-sufficient and independent from public assistance. This is done by assessing each family's financial situation to determine eligibility for public assistance programs. Chippewa County Economic Support is part of the Great Rivers ten-county consortium (GRC).

Achievements of 2019:

- ◆ **Long Term Care (LTC) Intake Process Change:** Over the last few years Great Rivers Consortium (GRC) has increased staffing in this specialty area but continued to find that this Call Center Anywhere (CCA) queue experiences a greater need for SOS (means the queue is high and agents are needed to respond and take calls) emails to staff to help with high call volume peaks. GRC managers dedicated time over the last year to identify areas of improvement surrounding our CCA Elderly, Blind, and Disabled/Long Term Care (EBD/LTC) queue. Staff completed a three-month time study to show how time was being spent in CCA; historical data of SOS requests, vacancies, and caseload sizes were also reviewed. Through this data, along with observations of case processing, GRC implemented a new GRC LTC Application Intake process effective December 5, 2019, in which LTC Applications will be followed by an assigned worker. Intakes for this program as well as document processing on an Intake will not be done in the call center. We anticipate this will help decrease SOS requests and allow for staff to have an increased connection/accuracy to LTC applications, customers, and partnering agencies.
- ◆ **Inbox Coordination:** Designated one of the three GRC Inbox Coordinators to assign and track EBD/LTC applications. This allows for data to be collected on how many applications are being assigned and to assure equal assignment across the EBD/LTC team.
- ◆ **Team Meetings:** EBD/LTC Lead meetings continue to be held to identify areas of inconsistency. Trends that were identified were presented to staff as "takeaways" on the Hub (SharePoint sight that stores our policies, procedures, documents, and resources) so that a consistent message was given to staff. Leads hosted two Webex (virtual meeting platform) meetings for all EBD/LTC staff. Focus topics included Special Status Medical Assistance (MA), Automated Verification System (AVS), burial assets, and overview of resources on The Hub.
- ◆ **GRC All Staff Webex – Management Evaluation Review (MER):** GRC's 2019 MER findings were presented to all staff via Webex. This was presented while FoodShare (FS) Pre-Certification project was occurring. This was an opportunity to explain error prone areas and address the importance of the Pre-Certification project. The Webex meeting was recorded and stored on The Hub. A summary of MER findings were also included as an announcement on the Hub.



ECONOMIC SUPPORT (Continued)

- ◆ **The Hub:** The Hub continues to be an effective tool in having a central location for staff resources. Leads continue to utilize a discussion board and this has been helpful to vet questions prior to sending to the Client Assistance for Reemployment and Economic Support (CARES—application management tool) call center. The Hub survey feature was used this last year to survey staff regarding Lead Line usage and effectiveness. Managers began using the Issue Tracker to report staffing changes. This is a helpful tool in keeping managers in the know of the status of caseload assignments and other items that are involved when staff are hired, take a Family Medical Leave (FMLA), or resign; and also serves as a tool to quantify staffing changes.
- ◆ **Leadership:** GRC transitioned through several leadership changes including a change in GRC Administrator and an Eau Claire County Supervisor. In addition, an EBD Lead position was created in Polk County which will increase the total of EBD Leads for GRC to six.
- ◆ **Recognition:** At the Midwest Partners Conference, GRC was awarded the Lowest Caper Rate award for work completed in 2018. GRC’s Child Care Team was awarded a Certificate of Excellence for 2018. For the second consecutive year, Department of Children and Families (DCF) completed the Subsidy Review with no findings to address.
- ◆ **Unannounced Child Care Provider Visits:** Bureau of Program Integrity (BPI) began to pilot unannounced child care provider visits in 2019 and reached out to GRC’s fraud program for assistance. Due to this collaboration, 12 unannounced provider visits were completed within GRC.
- ◆ **Improved Consistency:** GRC has a number of specialized teams and task assignments; and in the early part of 2019, GRC supervisors spent time to further define the roles of these teams and assignments. This has helped in gaining more consistency as a consortium through task assignment, lead teams, management team, and inbox coordination.
- ◆ **Government Shutdown:** GRC transitioned through an uncertain time in early 2019 when the government shutdown occurred. This was a huge concern for customers and staff. Information was shared routinely with not only GRC staff, but also with partnering agencies and community members.

Challenges of 2019:

- ◆ It is unclear how Department of Health Services changes to State Wage Income Collection Agency (SWICA—discrepancy system that alerts us when reported income from wages is higher than what the consumer reported) will impact current workflow, workload, and training for staff and the Benefit Recovery (BR) Team.
- ◆ It is challenging to keep staff updated on policy changes and finding time for them to complete CARES demos, trainings, Operations Memo reviews, etc.

Service/Program	Consumer Data for 2019
FoodShare	8,359
Medical Assistance	10,375
Child Care	214
Energy Assistance	2,348 (households)
Total	21,296



The simplest version of the ADRC mission is to say that we are here to help older people and people with disabilities remain as independent as possible in the setting of their choosing. Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased, and timely 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. It isn't about what we feel is best for the individual, but rather it's about presenting options so they can make an informed choice.

We also recognize that people don't always know what they need...that's okay too because ADRC staff have extensive training at asking the right questions. The questions not only help people figure out what they need or want, but also help identify their strengths. When help is requested with applying or connecting to programs or services, ADRC staff will assist.

The ADRC of Chippewa County provides more than information and assistance. We also have programs that can help people remain in their home. Meals on Wheels, Senior Dining, Transportation Coordination, Caregiver Respite, In-Home Support, Healthy Living workshops are just some of the programs our agency offers. We also have highly trained Benefit Specialists that assist with Medicare, Social Security, Consumerism, Housing, Medical Assistance, and other public and private benefit questions. Complicated issues require extensive training, and our Benefit Specialists work directly with attorneys who specialize in all of these areas as they relate to older people and people with disabilities.

One thing that sets ADRCs apart from other governmental agencies is the fact that we are legislatively required to provide advocacy on behalf of the people we serve. Sometimes that means talking to local businesses and sometimes that means connecting with legislators. But most importantly, it means providing people with information so they are empowered to advocate on their own behalf.

Achievements of 2019:

- ◆ Trained new Elder Benefits Specialist.
- ◆ Added new Administrative Assistant position to handle call volume and associated administrative tasks.
- ◆ Identified opportunities for increased efficiencies in nutrition program that saved time and money.
- ◆ Added in-home support and snow removal programs.
- ◆ Applied for and awarded Dementia Care Specialist grant (approximately \$100,000/year ongoing).
- ◆ Overhauled monthly newsletter and created Bridging Chippewa County.
- ◆ Collaborated with Eau Claire County to bring additional healthy living programs to Chippewa County residents.
- ◆ Five staff attended Disability Advocacy Day or Aging Advocacy Day. Two board members presented testimony at Joint Committee on Finance Hearings in River Falls during state budget hearings.

AGING & DISABILITY RESOURCE CENTER (Continued)

Challenges of 2019:

- ◆ Three months without an Elder Benefits Specialist while going through the hiring process.
- ◆ Eleven years without an increase in ADRC grant funding despite an ever-increasing number of older individuals and people with disabilities.
- ◆ Medicare Open Enrollment period combined with an overhaul to the federal Medicare website.
- ◆ Continued high call volume combined with increased documentation requirements.
- ◆ Inadequate number of volunteers for Meals on Wheels forced program to develop a waiting list for in-town routes in some communities.

Service/Program	Consumer Data for 2019
Adult Protective Services	281
New Guardianship	42
Protective Placement	28
Caregiver and In-home Supports	40 consumers 1,935 respite service units
Disability Benefits	161 consumers*
Elder Benefits	496 consumers 726 cases/contacts
Healthy Living Workshop Sessions	37 consumers 437 classes/sessions
Information and Assistance/Options Counseling	5934 consumer contacts**
Nutrition Program	795 consumers 46,506 meals
Transportation	4650 rides 196,350 miles

*State required database changed with limited access to 2019 reports.

**This number is lower than actual consumer contacts due to documentation changes starting in September 2019.



Aging & Disability Resource Center Board

Kari Ives (Chair), Janet Mayer,
John Spaeth, Glen Howell,
Mary Quinlan, and Dave Alley
Not pictured - Vern Weeks
(Vice-Chair)

Children, Youth & Families Division

The Children, Youth & Families (CYF) Division is comprised of four units:

- ◆ Birth to Three Program
- ◆ Child Protective Services
- ◆ Children with Differing Abilities Services
- ◆ Youth Justice Services

Birth to Three

Birth to 3 is Wisconsin's early intervention program for infants and toddlers with developmental delays and disabilities and their families. Opportunities are provided for a child to increase skills and abilities. The goal is to help children participate in their communities. In addition to the skills the child develops, Birth to Three programs are committed to providing services in a way that makes sense for each family. This "family centered" program recognizes the importance of parents, family, and friends in a young child's life. The early intervention team will provide ideas and techniques to help a family enhance their child's development and learning potential.

Achievements and Challenges

- ◆ The Birth to Three program sponsored a community provider to attend the University of Wisconsin Department of Psychiatry, Infant, Early Childhood, and Family Mental Health Capstone Certificate Program. The community partner finished the program and began consulting with Birth to Three staff on a monthly basis. The information that she has provided to staff continues to assist them in making informed decisions for children and families.
- ◆ The Chippewa County Birth to Three team collaborated with the Eau Claire County Birth to Three team to begin writing a grant in order to improve the social emotional development of children that are served through Birth to Three. Staff is hopeful to receive the grant in order to provide improved services to children with social emotional needs.
- ◆ Birth to Three continues to be affected by the methamphetamine/drug epidemic as many of the children that are referred have been exposed to methamphetamine or other drugs. At times, these children do not show signs of developmental/social emotional/cognitive delay during the ages of zero to three; however, they begin to show concerning signs when they begin school. Chippewa County staff do their best to support families and provide information/education to families that can be used even after the child no longer qualifies for the program. Many children have been referred to Birth to Three through the Child Abuse Prevention and Treatment Act (CAPTA) process, which was streamlined between Child Protective Services and Birth to Three.

Child Protective Services

The Child Protective Services (CPS) unit assesses families whose children may have been abused or neglected. When an intensive approach is necessary, ongoing services are provided to families. Services may include foster care, parenting support, or other resources to keep children safe. CPS works closely with law enforcement, community organizations, courts, schools, and other community providers to keep children safe and empower families. CPS also provides foster care licensing, foster care placement, and the Kinship program. When safety cannot be reached with a family, the unit works with the court system to find alternative permanency for a child, such as adoption or guardianship.

CHILDREN, YOUTH & FAMILIES (Continued)

Achievements and Challenges

- ◆ The Child Protective Services (CPS) has had minimal turnover over the last year. There continues to be six ongoing social workers and three and a half initial assessment social workers. There were 240 access reports screened in throughout the year and 80 children were taken into custody, which is down from the past couple of years. In 2017 and 2018, 115 children were taken into custody; and in 2016, 132 children were taken into custody. With the addition of the staff that started at the end of 2018 and beginning of 2019, staff were able to spend more time with families in order to implement services in order to keep children in the home instead of removing them. The grant that was written for and received for Intensive In-home Services allowed for services to be implemented in the home of families, which is another reason that the number of children being removed decreased. Along with the decreased in children taken into custody, CPS staff have worked with the Corporation Counsel in order to move children to permanency more quickly, which aligns with federal laws. All of these changes lead to a savings of almost \$400,000 in out of home placement costs for Child Protective Services.
- ◆ In late 2019, a full-time foster care coordinator was approved by the Health and Human Services Board and then the full County Board. Our full-time foster care coordinator started in December 2019 has been working on licensing county foster homes in order to work towards having foster homes in the towns/cities that children are removed from in order to minimize trauma. Child Protective Services staff continue to work with community partners in order to recruit foster homes and provide clothing, toiletries, duffel bags, and other necessary items to children removed from their home.
- ◆ Despite all of the successes that we had in 2019, there were challenges as well. There continues to be a need for new foster homes throughout Chippewa County in order to keep children in their preferred school district and near their friends/family in order to minimize trauma. In addition, the realized savings from serving children in their homes while maintaining safety and providing services, allows Child Protective Services to continue to put money towards prevention, decreasing trauma, and increasing people's ability to advocate for themselves.

Children with Differing Abilities

Children with Differing Abilities (CWDA) is the unit that provides services and support to children who have been diagnosed with a physical, developmental or mental health disability and determined to be functionally eligible in accordance with federal and state standards. Services within the Children with Differing Abilities Unit are voluntary and designed to assist families to maintain their children safely in the community and at home.

The Children with Differing Abilities Unit is comprised of three Children's Long Term Support Waiver (CLTS-Waiver) social workers and six Children's Comprehensive Community Services (CCS) social workers.



CHILDREN, YOUTH & FAMILIES (Continued)

Achievements and Challenges of 2019:

- ◆ The State continued with the CLTS waitlist elimination initiative throughout 2019, providing technical assistance to counties through monthly teleconferences. The State also rolled out the rate setting initiative for CLTS effective January 1, 2020. The Wisconsin Department of Health Services (DHS) implemented a uniform rate-setting methodology for most CLTS services to comply with federal Home and Community-Based Services waiver regulations. This methodology will contribute to:
 - ◇ Statewide consistency.
 - ◇ Transparency in established rates.
 - ◇ Program standardization.
 - ◇ Service-specific outcomes.
- ◆ A lot of preparation occurred behind the scenes between staff, the fiscal department, and Avatar programming.
- ◆ The Western Regional Center for Children with Special Health Care Needs continues to be a valuable partner, acting as the Single Point of Entry (SPOE) for referrals to programs in the CWDA unit.

Youth Justice

Youth Justice is the unit that works with youth referred to court under Wisconsin Statutes 938. Those youth have either committed a delinquent act, are habitually truant from school, or have uncontrollable behavioral issues. Youth Justice social workers work in conjunction with the legal system, the youth, and parents by developing a plan to reduce risk factors such as substance abuse, negative peer associations, truancy, and other risk factors that negatively influence youth behavior and provide the youth with competencies for a successful future. The Youth Justice Unit is comprised of one Juvenile Court Intake social worker and three and a half social workers providing ongoing services.

Achievements and Challenges of 2019:

- ◆ Staff took part in the statewide training for the Youth Assessment Screening Instrument (YASI), a tool that measures recidivism risk in delinquent youth. YASI was fully implemented in Chippewa County in 2019. Staff were also trained and received booster trainings in Carey Guides, a tool used to assist staff in building competencies and skills in youth to reduce risk of recidivism. We were also awarded a youth innovation grant, enabling two staff to be trained in Aggression Replacement Training (ART), which was also implemented into practice. ART is a cognitive-behavioral intervention that targets aggressive and violent adolescent behavior.
- ◆ In 2019, we experienced an increased need of juvenile out-of-home placements. There's been a shift in out-of-control criminal behavior to an increase in mental health needs coupled with significant physical aggression. Another area of increased need is disrupted or failed adoptions and guardianships.

CYF Service/Program	Consumer Data for 2019
Birth to Three Program	252
Child Protective Services	1217
Children's Crisis Services	238
Children's Waiver Services	120
Children's Comprehensive Community Services	84
Children's Community Options Program	5
Juvenile Court Intake Referrals	364
Youth Justice Ongoing Court Supervision	50
Total	2330



Chippewa County Recovery Wellness Consortium (RWC) is a part of the nine county Western Region Consortium. The RWC is a resource hub for individuals experiencing mental health emergency (crisis), mental illness and/or substance use disorders. Programs available for participation are Crisis Services (including case management of mental health commitments), Community Support Program (CSP), and Comprehensive Community Services (CCS). Program eligibility is determined by functional and financial criteria. Service array in all programs include psychiatry, mental health and substance abuse counseling, supported employment and individual skill development; allowing the individual to achieve human connection within their community. Chippewa County maintains a collaborative relationship with Buffalo and Pepin Counties. Referred to as regionalization, this collaboration means we all act as one entity with Chippewa (Lead County) providing administrative and clinical oversight of the Medicaid certified programs (CSP and Crisis). This relationship allows citizens in Buffalo and Pepin counties access to these certified programs.

Comprehensive Community Services

Chippewa is the lead county in the nine county consortium for Comprehensive Community Services (CCS). CCS is a self-directed program that looks to the consumer to identify their goals in recovery. The consumer is given a choices of psychosocial services they can engage in and who they want to be part of the recovery team (providers, family members, friends, and other natural supports). Participating counties act independently of each other; however, the consortium's structure creates efficiencies in terms of administration, information technology, and fiscal management. Operations Manager Jessica Barrickman oversees the adherence and interpretation of the state codes and federal Medicaid rules that guide CCS.

Community Support Program

The Community Support Program (CSP) serves adults with a serious mental illness. This wraparound program includes a variety of psychosocial services designed to support and maintain the individual in the community. Services may include assistance in developing community living skills, individual and group therapy, education about mental illness and substance use disorders, supported employment, and social/recreational skill development.

Emergency Mental Health Services (Crisis)

Emergency Mental Health (EMH) is referred to ask crisis services. Crisis means a situation caused by an individual's mental disorder that results in high levels of stress and anxiety for the individual or person providing care for the individual which cannot be resolved by available coping methods of the individual or by the persons supporting the person. Chippewa County provides a coordinated system of crisis services that provides immediate response to assist the person experiencing crisis episode. Chippewa County contracts with Northwest Connections to provide on-call, mobile, and case management services. EMH program works with individuals who are at risk for suicide and at risk in the community. The team staffs the crisis phone calls daily and provides linkage and follow-up services to individuals that have reached out to the crisis line that are in our county. Case management services are provided to individuals who are emergency detained to hospitals and are on mental health commitments with the county.

RECOVERY & WELLNESS CONSORTIUM (Continued)

Achievements and Challenges of 2019

- ◆ There was an 18 percent increase in adults experiencing a mental health crisis from 2018. This correlates to 14 percent increase in emergency detentions from that same time period. The trend has been that the consumers who come in contact with crisis services have higher psychiatric acuity need frequently complicated by substance use. The challenge has been to find local psychiatric beds. On many occasions the individual is placed in hospital care far away from their family. There is also substantial cost incurred when law enforcement are called upon for secured transport of the individual.
- ◆ Three hundred twenty-one consumers had multiple contacts with crisis services in 2019. The challenge is to ensure that these consumers are receiving the appropriate level of services minimizing their risk of residing safely in the community.
- ◆ In 2019, the RWC has been able to expand the number of consumers treated in both Community Support Program (CSP) and Comprehensive community Services (CCS). There are ten consumers on the waiting list for CSP. The CCS waiting list for adults was eliminated by the end of 2019.
- ◆ Research indicates that nationally 10 percent of Americans dealing with addiction receive treatment. In Chippewa County, 25 of the 79 consumers in CCS were engaged in services with a primary diagnosis of substance use disorder. Another 22 individuals participated in an outpatient substance use treatment. As a community, we are challenged to identify individuals in need of substance abuse treatment, promote engagement, and improve outcomes from treatment.

Service/Program	Consumer Data for 2019
Adult Crisis Services	938
Adult Emergency Detentions/Petitions	161
Comprehensive Community Services (Adults)	79
Community Support Program	40
Substance Abuse Services	22
Total	1,591



Fiscal & Contracts Division

The Fiscal & Contracts Division supports Human Services with the a variety of activities including:

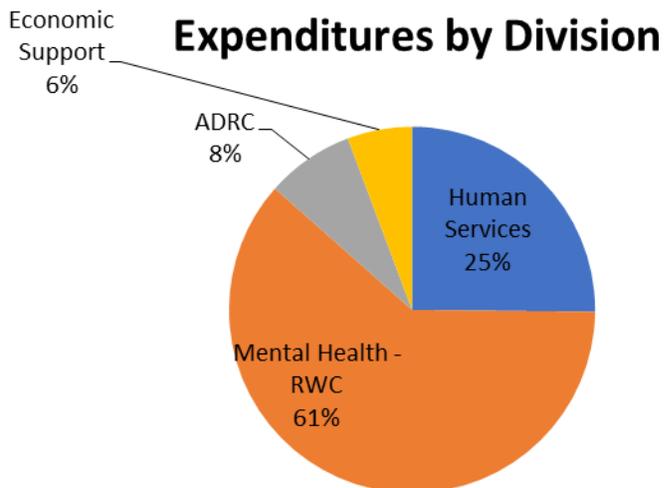
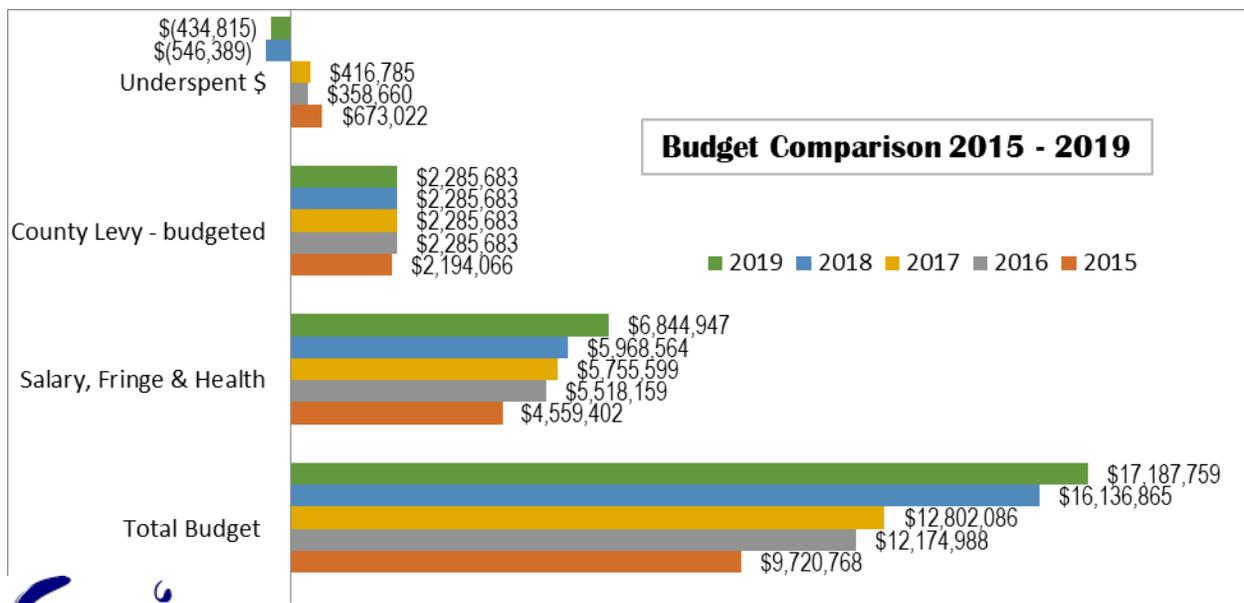
- ◆ Medicaid and consumer billing.
- ◆ Vendor contracting and payments.
- ◆ Budget planning and analysis.
- ◆ Grant claiming and reconciliation reporting.
- ◆ Financial accounting and reporting.

2019 was another challenging year for Human Services. In 2018, children in foster care related to the methamphetamine epidemic drove an overall deficit of \$546,389 for the year.

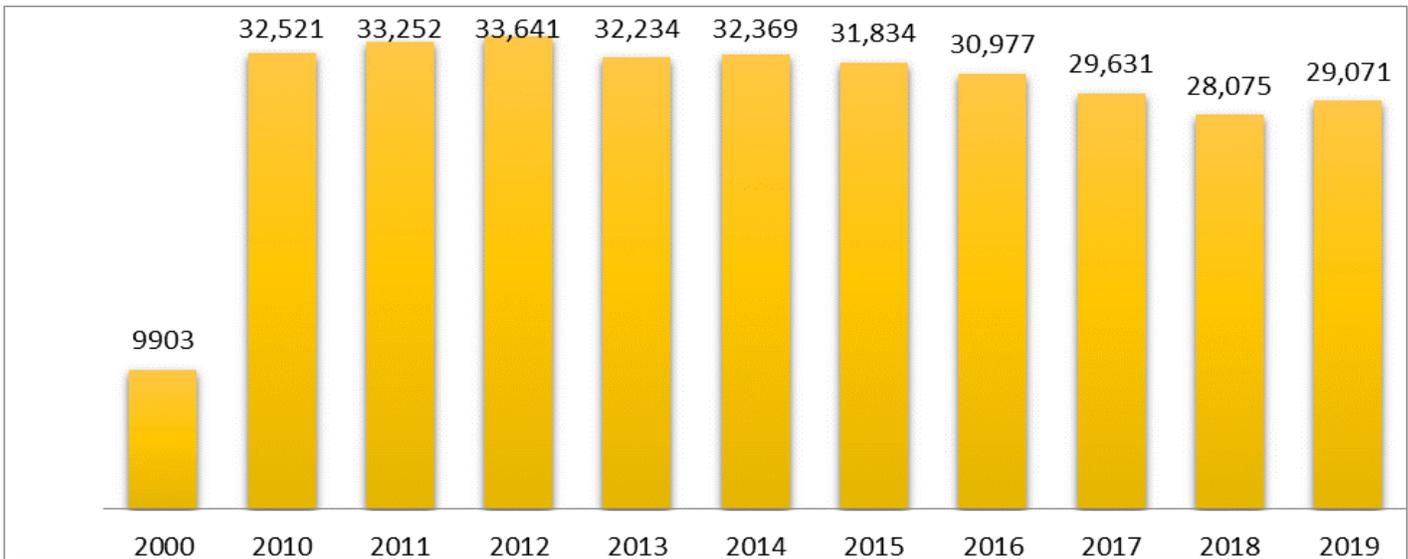
In 2019, we experienced decreased foster care costs, but the savings were offset by youth group home placements. As a result, the department ran a deficit; however, it was less at \$434,815.

Total 2019 expenses were \$23,255,742 (as noted to the right); our budget total was \$17,187,759. The difference of \$6,067,983 consists of the deficit of \$434,815, and the remaining \$5,533,168 consists of Comprehensive Community Services (CCS) costs incurred by the Regional Wellness Consortium. The \$5,533,168 was paid by Medicaid during the year or will be paid in the CCS reconciliation that takes place December 2020.

2019 REVENUE	\$22,820,927
2019 EXPENSE	\$23,255,742
2019 DEFICIT	(\$434,815)



Consumers Served 2010 - 2019



Thank you to our Health & Human Services 2019 Board Members

Tom Thornton (Vice-chair)
Steve Gerrish
Jared Zwiefelhofer
John (Jack) Halbleib (Chair)
Larry Marquardt
Kari Ives
Nicole Clements
Stacey Sperlingas
Annette Hunt



We also extend appreciation to our many community entities who partnered with us throughout 2019.

A BIG THANK YOU for valuing community and service to others.

thank
you!