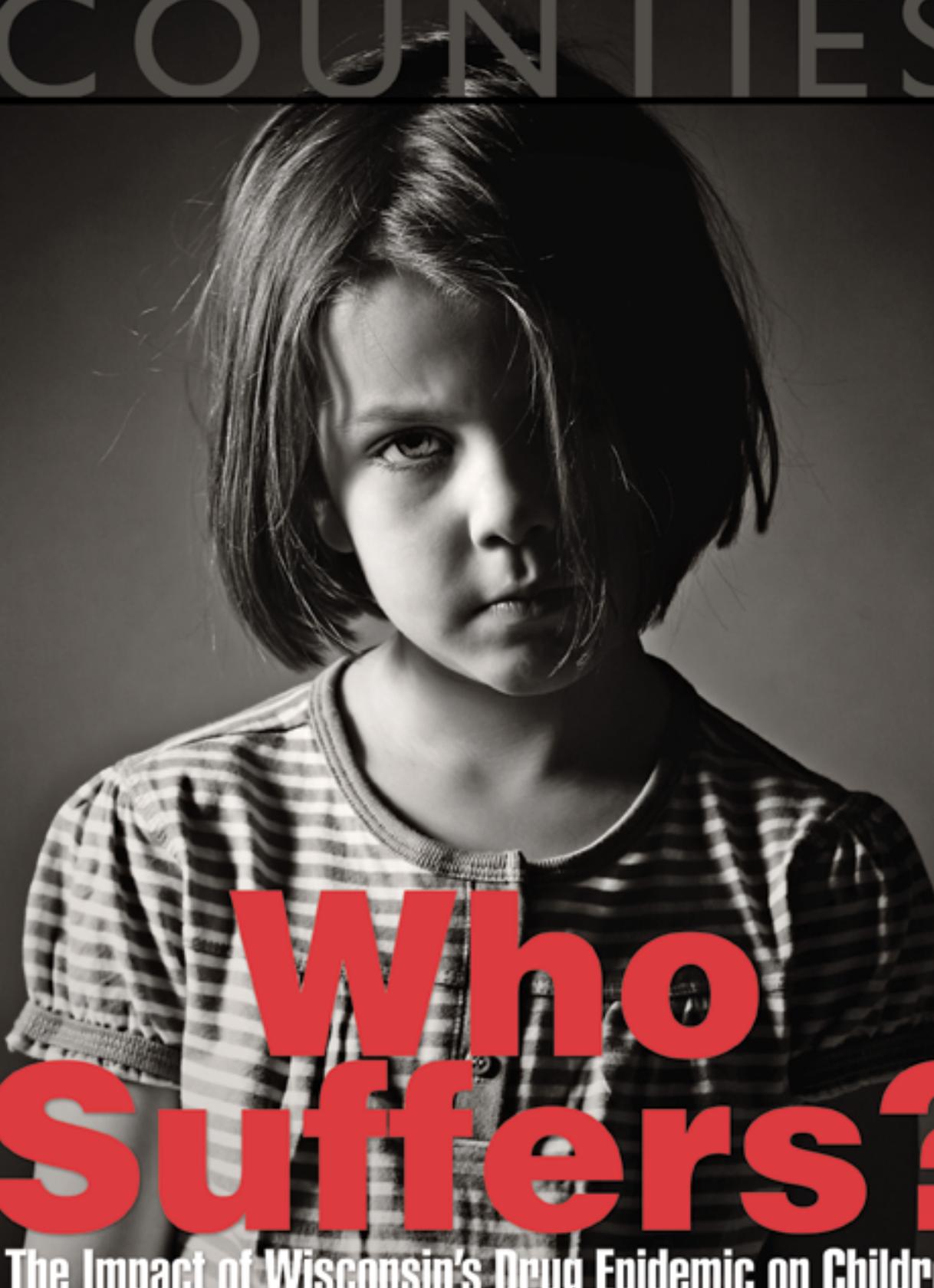


WISCONSIN COUNTIES



Who Suffers?

The Impact of Wisconsin's Drug Epidemic on Children.



from the director

The Impact of Wisconsin's Drug Epidemic on Children

—Mark D. O'Connell, Executive Director, Wisconsin Counties Association

There is no denying that states across the nation, including Wisconsin, are seeing an uptick in the number of individuals using, and ultimately becoming addicted to, substances such as heroin, other opiates, and methamphetamines. To deal with this crisis, a number of states have allocated additional funds for drug courts and substance abuse programming aimed at assisting individuals in overcoming their addiction – funds that are sorely needed. But what happens when the addict is a parent?

According to *PBS NEWSHOUR*, “The nation’s drug-addiction epidemic is driving a dramatic increase in the number of children entering foster care, forcing many states to take urgent steps to care for neglected children.” Wisconsin is not immune to this epidemic. Statistics from Wisconsin show:

- A 30% increase in child welfare referrals from 2007 to 2015 – from 55,895 cases in 2007 to 72,698 in 2015.
- A 9% increase in screened-in child protective services (CPS) reports (excluding Milwaukee County) from 2011 – 2015.
- An 8% increase in the number of children entering out-of-home care (excluding Milwaukee County) from 2011 – 2015. Prior to 2011, the number of children in out-of-home placements was decreasing.
- An increasing number of Child in Need of Protection or Services (CHIPS) petitions filed statewide – from 4,392 in 2012

to 4,942 in 2015. A number of counties, by July 2016, had already exceeded their total number of 2015 CHIPS petitions.

The increase in caseload, along with the increased complexity of cases involving drug-addicted parents, has had a significant impact on child welfare workers across the state. It is difficult to work with abused and neglected children day in and day out. Walking into a home where young children are in reach of illicit drugs or crawling amongst needles is a horrifying sight. Being called to the side of the road to intervene when children are in a car filled with drug paraphernalia is disturbing. Rising caseloads, coupled with high-intensity drug-addiction cases, leads to a higher level of professional burnout, causing counties to lose highly trained, well-qualified social workers.

State statute requires all counties, except Milwaukee County, to provide child welfare services and employ personnel who devote all or part of their time to child welfare services. Child welfare services include initial assessment of reports received, investigation, the provision of services to children and families, as well as the removal of children from their homes to ensure their safety.

The major state funding source for child welfare services is the children and family aids allocation. Counties have not received a general increase in the children and family aids allocation in nearly a decade. Counties are required to provide a 9.89% match on funds received through this appropriation.

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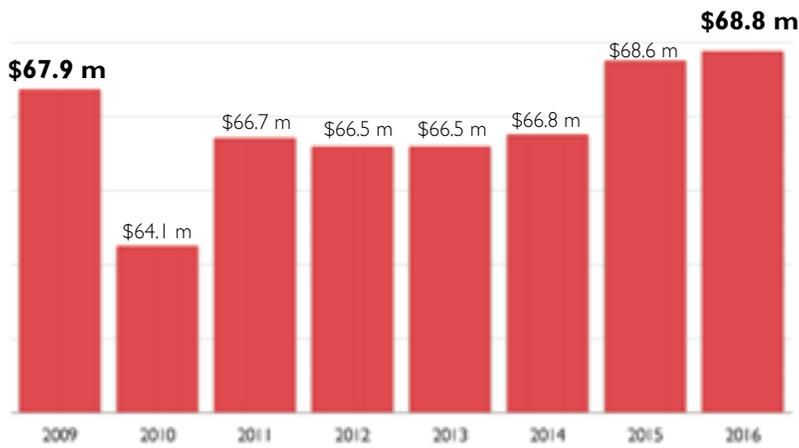
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Children & Family Aids Allocation

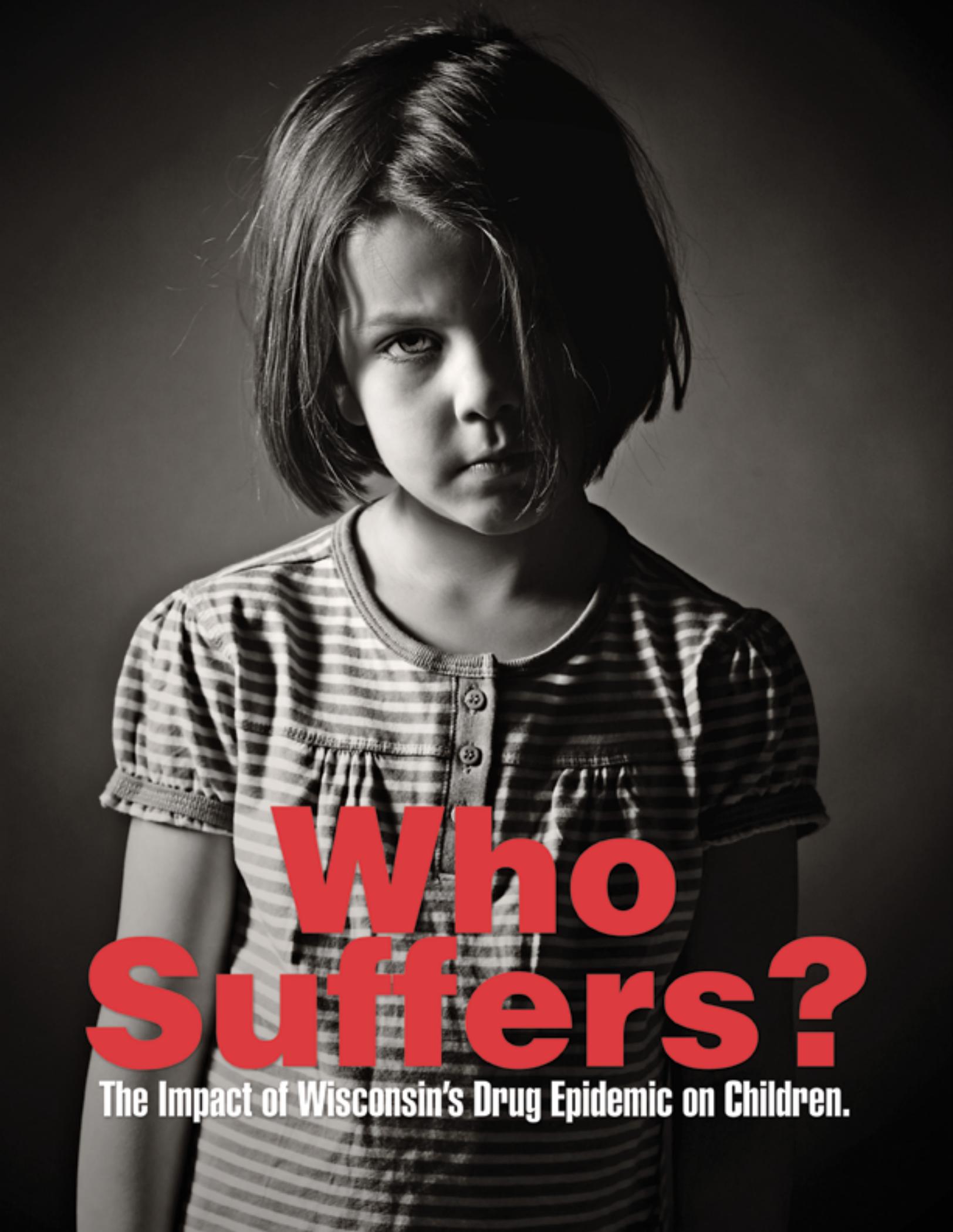
(2009-2016)



However, state funding falls far short of the revenue needed to provide child welfare services throughout Wisconsin. County levy allocated to child welfare services far exceeds the \$68 million allocated to counties through the children and family aids allocation in the state budget.

The need for child welfare services due to increased drug use across the state is reaching critical levels and Wisconsin’s counties require immediate help. Counties need the state to partner with them in serving and saving children affected by drug use by increasing the children and family aids allocation by 10% annually, equivalent to \$6.8 million each year in the 2017-2019 state biennial budget.

Counties are losing staff due to burnout, more children are being placed in out-of-home care, and families are in need of services to keep the family unit intact. The need has hit crisis levels in Wisconsin’s counties and the time to act is now.



Who Suffers?

The Impact of Wisconsin's Drug Epidemic on Children.

The Burgeoning Crisis in Child Welfare

—Chuck Price, President, Wisconsin County Human Service Association & Director, Waupaca County Department of Health & Human Services

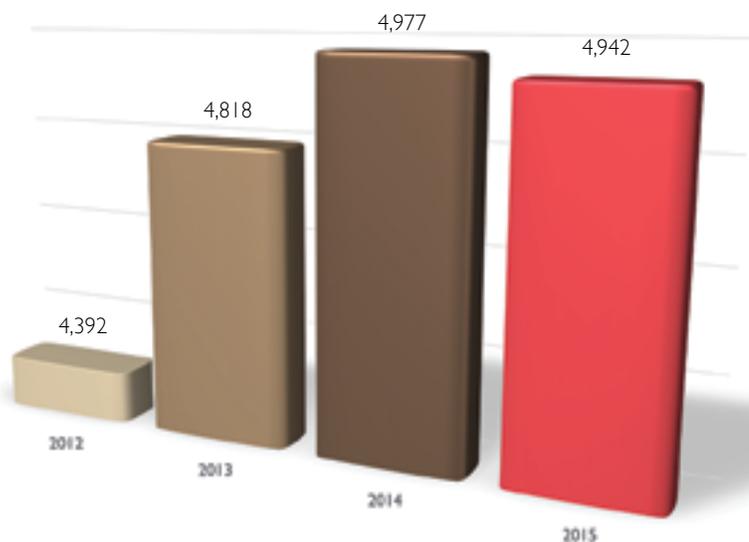
The challenges that face county human services departments across Wisconsin have always been significant. However, what child protective services (CPS) units are currently dealing with is nothing short of unprecedented – an 8.7% increase in screened in reports for the balance of the state from 2008 to 2015 and a 12.5% increase in Child in Need of Protection or Services (CHIPS) petitions filed from 2012 to 2015. From 2014 to 2015, almost 40% of Wisconsin counties had an increase of 10% or more in their CHIPS petitions; 15% of counties saw increases of 50% or more. Half of Wisconsin counties are on track to file significantly increased numbers of CHIPS petitions in 2016. This includes 10 counties that, by July 2016, surpassed their total number of CHIPS petitions from 2015.

These increased numbers mean increased caseloads for CPS workers. Several counties have indicated they have already, or will be requesting funding for additional CPS positions in their county budgets to meet the growing needs of their communities. With strict constraints on counties in raising additional dollars, this needed funding is by no means guaranteed, and many counties have significantly increased their levy spending specifi-

cally on child welfare cases. In order to get a clear picture of this growing problem, the Wisconsin County Human Service Association (WCHSA) asked counties for the actual 2015 county levy spending on child welfare, as well as what was budgeted for their county levy spending on child welfare in 2016. Of 62 counties responding to this request, 41 counties reported an increase in county levy spending for child welfare. Seventeen of these counties increased their levy contribution by more than 20% for child welfare in just one year and 6 counties increased their levy contribution to child welfare by more than 50% from 2015 to 2016. Additionally, many, if not most, Wisconsin counties are struggling to recruit and retain child welfare workers, a struggle that is exacerbated by higher caseloads, which translates into higher levels of burnout and increased turnover rates.

As caseloads have risen, the Children and Families Allocation (CFA) in the state budget has not increased proportionately to the increased need. During the time frame

CHIPS Petitions Opened Statewide



in which CHIPS petitions across the state rose by 12.5% (2012-2015), CFA funding only increased by 3.1%. In 2016, the CFA increase (\$232,000) was only a 0.3% increase from 2015's funding level. The total statewide CPS reports for the first six months of 2016 increased by 3.6% from the same period in 2015. By contrast, Milwaukee, which has received additional CPS funding in recent years, had a 16.1% decline in screened-in cases from 2008 to 2015.

With counties reporting that the cause of increasing CPS cases is directly tied to the heroin, opioid, and meth epidemics across the state, counties do not anticipate a decline in needed services for child protection any time soon. In addition to increased case-loads because of drug use and abuse, parental substance abuse cases in the child welfare system are complex and require intensive case management for the following reasons:

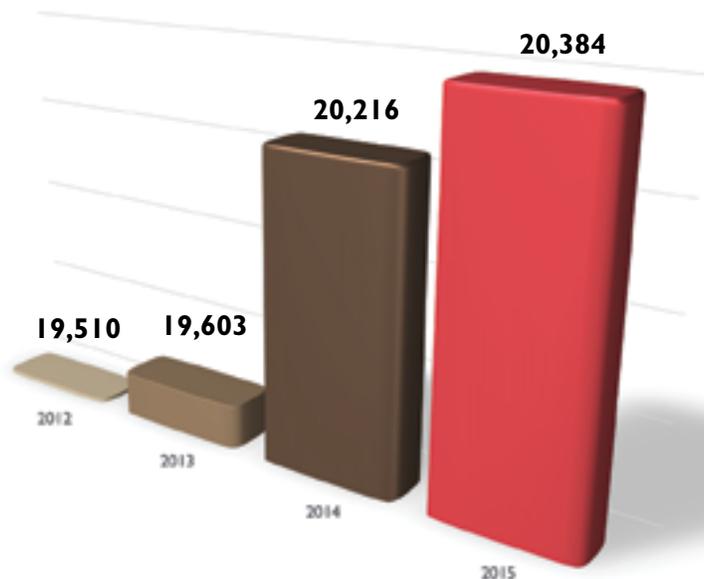
- Children experience complex trauma due to the chaotic lifestyle of the parents, which impacts their social/emotional cognition.
- Children are more likely to be placed in out-of-home care, and are more likely to stay in care longer than other children.
- Out-of-home care requires extensive in-person social work contacts to ensure the safety and well-being of children, as well as

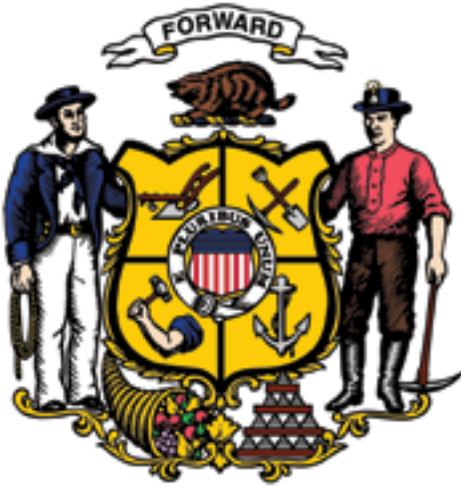
to provide documentation for court proceedings and coordination of court-ordered conditions, such as family visitation and services to support the family in reunification efforts.

- Parents need to be seen and tested for substance use multiple times a week to ensure child safety, due to the metabolism rate of certain substances.
- Parents that use substances often live chaotic and unpredictable lifestyles that complicate their ability to provide for the basic needs and well-being of their children. This leads to the need for intensive monitoring by the child welfare system.

The challenges inherent with this current reality are significant and have an increasing impact on all communities in Wisconsin. Counties cannot continue to carry the increasing financial burden of meeting these challenges. The child protective services workers in counties across Wisconsin work every day to ensure the safety of Wisconsin's children and provide support for their families. It is time to do more to support them.

Balance of State Screened-In Reports (excludes Milwaukee County)





Wisconsin's fight to end drug abuse

—Governor Scott Walker, State of Wisconsin

Wisconsin, like many other states across the country, is noticing a dangerous trend – an escalating number of cases involving heroin and opioid use, addiction, and overdoses. In 2014, more Wisconsinites died from drug overdoses than from motor vehicle crashes, and the number of drug overdose deaths in our state doubled from 2004 to 2014. This growing crisis is hurting our families and our communities. Thankfully, we are taking bipartisan action to stop it.



At the state level, we are working with the Department of Health Services and the state Legislature to strengthen drug abuse prevention and treatment efforts. I was proud to sign the Heroin Opiate Prevention and Education, or H.O.P.E., legislation into law. This package of reforms, spearheaded by Representative John Nygren, includes additional funding for county-led treatment alternatives and diversion programming, identifies requirements to prevent prescription fraud, creates drug take-back programs to discourage misuse, implements stiffer penalties for individuals who violate their conditions of probation or parole by attempting to possess narcotics, and requires doctors to submit prescription information to our Prescription Drug Monitoring Program within 24 hours.

Recently, the state also issued a standing order allowing Narcan, a life-saving drug that blocks the effects of opioids on the brain, to be dispensed without individual prescriptions.

While these efforts are saving lives and helping people get the help they need to recover, this work did not end when these bills were signed into law. In September, I issued an executive order creating the Governor's Task Force on Opioid Abuse. The purpose of this task force is to raise awareness about this serious epidemic and bring people together from all sides of this issue to see what more can be done to fight this epidemic.

WCA GHT Wellness Video

Wisconsin State Representative John Nygren has been on the forefront of fighting the heroin and opiate addiction crisis here in the state. He shared his personal story about how addiction has impacted his own family and what to do to stay on top of the conversation with your kids in a recent WCA Group Health Trust wellness video. Take a moment to view the video on addiction with Representative John Nygren at: <http://bit.ly/2ffS1OP>.



"Rep. Nygren on Forefront of Fighting Heroin Addiction"

The task force brings family members, doctors, nurses, law enforcement professionals, judges, state and county officials, and legislators from both parties together to review the data, analyze what Wisconsin and other states are doing to tackle the problem, and recommend new action items Wisconsin can take to combat drug abuse. The group's first meeting was in October, and I hope to have recommendations by early next year.

One of the greatest threats in this fight has proven to be prescription pain relievers, as they are causing more overdose deaths than heroin. Prescription opioid pain relievers contributed to 47% of the 843 drug overdose deaths in 2014, while heroin contributed to 32%. Wisconsin's Prescription Drug Monitoring Program, or PDMP, is the state's greatest tool in ending prescription drug abuse.

In March, the CEO of Prevea Health, Dr. Ashok Rai told a Green Bay TV station, "I think we are trying to get back to being responsible prescribers... Those who need prescription drugs are going to have access to them. The issue is about making sure they need it, and making sure the quantities are limited for the time period they need it for."

The PDMP helps Wisconsin's outstanding doctors do just that by allowing them to monitor the amount of prescription drugs dispensed to patients to prevent abuse.

Last month, PDMP released its first quarterly report, which indicates that the efforts to prevent drug abuse are moving in the right direction. It showed the number of opioid prescription doses decreased by 8.2 million.

Between July 1 and September 30 of this year, Wisconsin saw a 9.6% reduction in opioid prescriptions and a 9.8% reduction in drug doses compared to the same time last year. This is good news, but there is more work to be done.

Looking forward, the state is committed to continuing the fight against the opioid epidemic and drug abuse. The numbers in this report are encouraging, and I expect the positive impact will continue to improve as an enhanced prescription drug monitoring program is rolled out in early 2017.

As Governor, I have heard from too many people who have lost loved ones to drug abuse. I am committed to helping end this epidemic in Wisconsin.

The state will continue the work to meet this goal by working with the Governor's Task Force on Opioid Abuse to enact common sense reform. Our top priority is ensuring the citizens of this state are safe, which is why we are committed to helping our fellow citizens who currently face drug addiction get the help and support they need to recover and be healthy again.

Community Impact

Meth in Chippewa County

—Larry Winter, Director, Chippewa County Department of Human Services

There are several challenges county human service departments face across the state; however, Child Protective Services (CPS) is an area that requires special attention. Due to the rapid increase in opioid and methamphetamine (commonly called meth) use, Wisconsin county CPS divisions are reacting to emergencies, increasing safety measures, and managing high caseloads. Counties in the northwest part of the state are being jolted with a spiraling increase in meth use by parents and this is having a significant impact on their children.

Beginning in 2014, the Chippewa County Department of Human Services' CPS unit began to see a rise in meth access referrals. Counties north of Chippewa County began experiencing an increase in meth cases approximately six months earlier. Beginning January 1, 2016, through September 15, 2016, CPS in Chippewa County has removed 87 children as a direct result of meth use by their parents. Some of these children were placed in out-of-home care with a relative through the Kinship Program, and the remainder were placed in foster care.

CPS statistics during a three-year period in Chippewa County show a staggering year-by-year increase for Children In Need of Protection and Services (CHIPS): 28 in 2014, 58 in 2015, and 92 through October 31, 2016. These numbers have increased CPS ongoing cases far past the standard caseload recommendation. The CPS unit within Chippewa County Department of Human Services in 2016 has a total allocation of \$1.2 million; 76% of the allocation is currently going directly into meth intervention.

These numbers demonstrate the impact meth is having throughout Chippewa County. That said, the data highlighted here does not reflect the system impact to the Chippewa County Department of Administration, legal community, schools, law enforcement, service providers, health care organizations, Drug Task Force, Public Health Department, Department of Corrections, and others.

The manufacturing of most methamphetamine occurs in Mexico, California, and the Southeastern United States. Individuals



Chippewa County Director of Human Services Larry Winter

use the federal and state highway systems to recruit new users and supply those already caught in a cycle of addiction. However, local labs do exist in northwestern Wisconsin using new methods such as One-Pot “Shake n’ Bake,” where meth cooks can make a small amount of meth in one sealed container, as well as ingredients such as Red Phosphorous, and Anhydrous Ammonia, with street names “Red Meth” and “Nazi” respectively. Users of meth include single individuals, parents, and a growing number of high school students. The current epidemic of use makes it

continues on page 30

Community Impact Marathon County

—Lance Leonhard, Deputy County Administrator, Marathon County

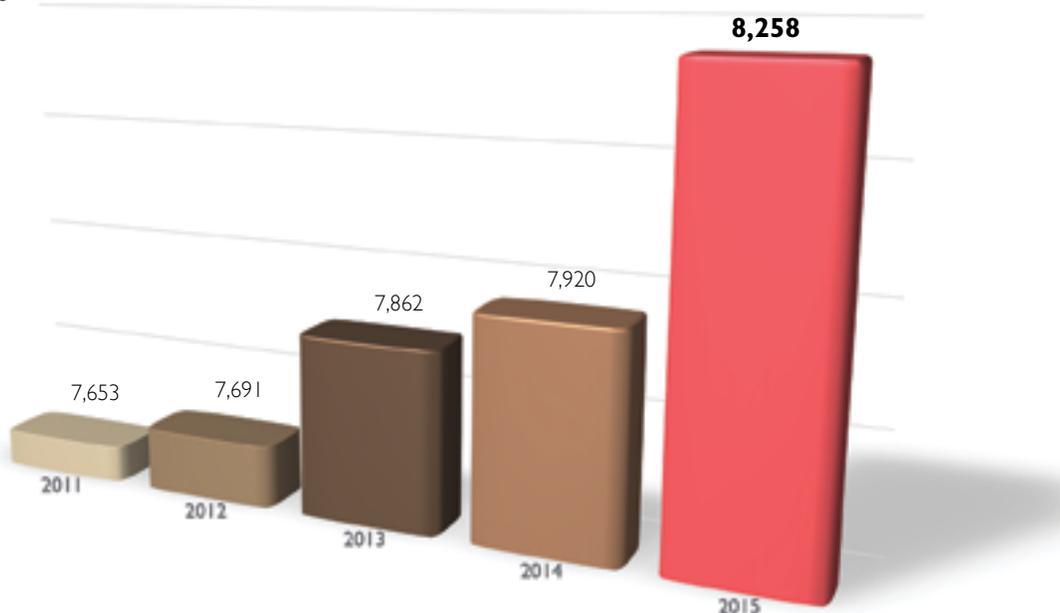
In the span of 48 hours in June of this year, Marathon County social workers placed three unrelated newborn infants in protective custody because each of their parents was addicted to drugs. These young faces are part of the huge influx of children coming into Marathon County's child welfare system as a result of the opiate, most notably heroin, and methamphetamine epidemic that has swept our communities and the nation.

The stark reality that social workers confront on a daily basis is that many parents struggling with addiction simply cannot safely care for and supervise their children. County family service workers are truly on the front lines of this crisis, finding

children home alone caring for each other following their parents' incarceration; infants and toddlers left to live and play in homes where used syringes, methamphetamine, heroin, and other dangerous drugs are within reach; and, parents so impaired by drugs that they cannot provide for themselves, let alone their children. These stories are grim and on the rise. Social workers are doing all they can to keep kids safe, but the drug crisis is pushing county staff to their limits.

By July of this year, Marathon County found itself at a breaking point. Employees were managing caseloads that were on average more than 40% higher than the total recommended by national standards. Between 2004 and 2013, Marathon County filed an average of 74 Child in Need of Protection or Services (CHIPS) cases per year in court. By July 2016, the county was on pace for three times that number. The dramatic increases in caseloads were taking a

Children in Out-of-Home Care 2011-2015



toll on the staff, as well as pushing the capacity of the court system and the community's service providers. The county faced the prospect of losing highly skilled and dedicated social workers because they felt overwhelmed and unable to do enough to keep kids safe.

In recognition of this need, Marathon County authorized the creation of three new social worker positions. Currently, the county has filled one position and plan on having the remaining two workers hired at the start of 2017. These new positions will certainly help the county's overburdened social workers shoulder the increased workload resulting from the flood of new cases pouring in to the county's system; however, a comprehensive, holistic plan is needed to address this problem. This is not just an increased caseload issue; these cases are fundamentally different from the abuse and neglect cases that counties dealt with ten years ago.

Heroin and methamphetamine addiction are lifelong battles. Parents struggle on a daily basis to maintain sobriety and relapse is extremely common, even amongst those who have access to high quality, evidence-based treatment programs. The result is that children of drug dependent parents are remaining in out-of-home placements for longer periods of time. This means more time and effort on the part of social workers; it also means

that the already overburdened foster care system is placed under additional strain; and, most importantly, it leads to less positive outcomes for children and families.

Any meaningful look at this issue yields the same conclusion – we need to do more.

- We need more foster homes for children who come into our child protection system.
- We need more and higher quality treatment options available for drug dependent parents.
- We need more skilled attorneys and specialized courts to handle these complex and delicate cases.
- We need more social workers to ensure that trained professionals are able to devote the time and effort needed to every case.

Filling these needs across the state requires significant additional resources. Many counties, including Marathon County, have increased the number of child protection social workers on their staffs; however, this is only part of the solution. Without increased funding allocations from the state, existing levy limits compel counties to fund these new positions and expansions of child protection programs by reallocating existing tax levy away from our other vitally important county programs. This crisis is a complex issue and solutions that leave counties unable to adequately provide other essential services are no solutions at all.

The Wisconsin Counties Association has been working with the Wisconsin County Human Service Association to secure increases in the Children and Family Aids allocation and expand the In-Home Safety Services Initiatives in the state budget. This increased funding is essential to the work of county human services departments across the state.

With all that we have come to know about the significance of safe, stable, and loving care during the early stages of life, as well as our increasing recognition of the profound impacts of adverse childhood experiences (ACEs) on life outcomes, Wisconsin cannot afford to ignore its obligation to some of our most vulnerable citizens—our children.

difficult for law enforcement to manage the source of the drugs. In the early 2000s, the majority of the meth used in Chippewa County was manufactured here allowing law enforcement to shut down the making of meth in labs throughout the county. The birth of mobile labs and the import of meth from other parts of the county is making it difficult to stop the source of this burgeoning crisis.

Meth is heart wrenching for individuals directly or indirectly intervening in this battle to protect children from exposure to this lethal drug. For babies born with meth in their system, onset of symptoms is three to twelve hours after birth and withdrawal can last two to twelve days. A foster parent expressed her experience at a forum held in Chippewa Falls, Wisconsin earlier this year: "I took on a new baby weighing four pounds, eleven ounces, who was addicted to meth. The child was frail, needed several surgeries, and did not grow as quickly as other children."

Family members, human service professionals, law enforcement, schools, public health, and others are searching for solutions to reduce this epidemic in the county. A recovering addict shared the following based on their experience with meth, "Services are lacking for those who are trying to kick the habit. There is not enough help when they want you to get off meth; there is not the help they need."

How do we approach the meth epidemic in the northwestern portion of the state? Governor Scott Walker on September 22, 2016, issued Executive Order #214 relating to the creation of the Governor's Task Force on Opioid Abuse. Several cabinet agencies are required to develop Agency Steering Committees such as the Department of Children and Families, Department of Health Services, and Department of Corrections. Although meth is not specifically mentioned, the departments are aware of the struggles counties in the northwestern portion of the state are having and the need for ev-

idence-based treatment that will affect change for those individuals already addicted.

Professionals directly working on alcohol and substance abuse issues in Wisconsin for the last 25 years are familiar with drug trends. While we may see a decrease in opioid and meth use over time, a new drug will surface, then another, and another. Identifying the root causes of alcohol and substance abuse throughout the state is critical in developing a comprehensive plan to deal with this problem in order to implement strategies that will help individuals predisposed to addiction, as well as those actively using. When strategies are in the implementation stage, we must collect and analyze data to determine if results are moving individuals along a continuum of recovery. When desired outcomes are achieved, we need to find out why; if not, we must abandon those plans, find other solutions, and move in a direction that will promote recovery.

Recently an individual within the Chippewa County legal system made a profound statement on how we are currently intervening with meth users, "We are not going to punish and place (children) our way out of this issue." We have a tremendous opportunity across this beautiful state to set aside our beliefs, biases, self-interest, politics, or other blind spots that stop us from digging deep and identify the root cause(s) of substance and alcohol abuse in Wisconsin. When we implement strategies that target the root issues, then lives will be saved, individuals rehabilitated, and the overall health of communities across the state will be improved.

With a sustained focus on the root causes of drug use and recovery, we will be able to create a culture that supports family health and keeps children safe. In turn, our communities can reinvest the savings into other services such as prevention, education, transportation, and the yearly increase over the next decade of our aging population.

A PRESCRIPTION FOR ACTION

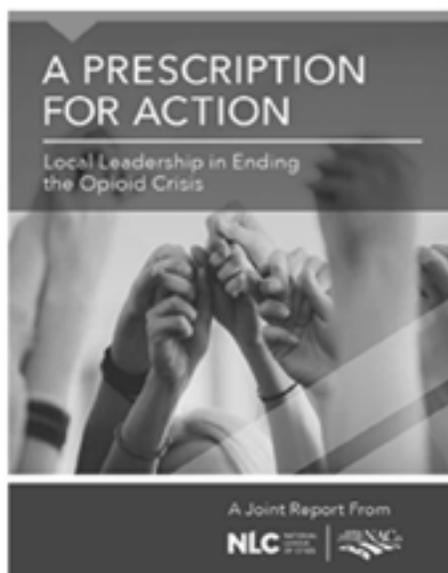
Local Leadership in Ending the Opioid Crisis

A Joint Report From

NLC NATIONAL LEAGUE OF CITIES

NACo NATIONAL ASSOCIATION OF COUNTIES

NEW REPORT EXPLORES HOW CITIES AND COUNTIES CAN COMBAT OPIOID EPIDEMIC



A new joint report from National Association of Counties (NACo) and the National League of Cities (NLC) examines how cities and counties can strengthen collaboration with each other and state, federal, private-sector and non-profit partners to tackle the opioid crisis. The report, *A Prescription for Action: Local Leadership in Ending the Opioid Crisis*, produced recommendations aimed at city and county officials. They include action steps on how to:

1. Leading in a crisis
2. Focusing on education and prevention
3. Expanding treatment
4. Reassessing public safety and law enforcement approaches

Several of the recommendations are accompanied by existing local practices from cities and counties. The report also includes recommendations for state and federal officials, who are pivotal partners in local efforts to combat opioid misuse, diversion, overdose and death.

To view the website accompanying the report, visit www.opioidaction.org.