

2007 ANNUAL REPORT



FROM THE DIRECTOR - Larry Winter

Inside we have provided an overview of the activities and outcomes for the Department of Human Services marking the calendar year 2007.

I began as the new Human Service Director for Chippewa County on November 10, 2008. More about that in a moment. I read and reviewed this report through the eyes of an outsider and have made some quick observations. First, the employees of the Human Service Department have a tremendous amount of passion and desire for the work they do in meeting the needs of our consumers. Second, when Chippewa County residents are in need of our organization's assistance, there are a wealth of services and supports available, and we respond. Third, the taxpayers who fund our work expect high quality, efficiency, and consumer satisfaction; and we deliver on these expectations.

Previously I indicated that I began as Human Services Director on November 10, 2008. The following is a brief biography of my professional experience. I received my bachelor's degree in psychology with a concentration in human services from Viterbo University in La Crosse, Wisconsin, May 1988. I attended the University of Wisconsin La Crosse and earned my Master's Degree in Education and Professional Development May 1991. I was hired by La Crosse County Human Services as a social worker in 1991.

During my 17-year career at La Crosse County Human Services, I held various positions within the department. I performed ongoing case management for juvenile delinquency and child protective services, case managed, and offered support to foster parents. Later I moved back into juvenile delinquency and did both intake and ongoing case management. I became the supervisor for Children with Special Needs in July 2003. During my time as a supervisor I did extensive collaboration with Economic Support and Clinical Services Section (adult mental health). Therefore, I touched most areas of the day to day operations of a Human Services Department.

The landscape of Human Services is drastically changing, and I am excited to say I believe Chippewa County Department of Human Services is up to the task. Yes these are tough economic times for our county, state, and country. This has an effect on how we deliver services to our consumers and meet the expectations of our taxpayers and funding sources. However, I believe it can be a time of "possibility thinking." This means evaluating everything we do, then asking ourselves what remains relevant for today. What is now extinct? Then we re-create who we are in order to strategically position ourselves to meet consumer needs presently and into the future.

What I want to bring to the Human Services Department as we move forward include:

- **Crystallized thinking** – responding to situations rather than reacting.
- **Planning for action** to meet the need's of our consumers, skilled staff, and the internal operations of the department.
- Daily **creating** desire and passion for the work that each of us performs.
- **Developing** trust and confidence with both internal and external stakeholders.
- **Fostering** individual/organizational commitment and responsibility.

Organizational change is ongoing and budget challenges will always be with us. However, the change is to plan and implement a system that can effectively meet the needs of consumers, tap into the strength's and talents of our staff , and involve all citizens in Chippewa County to work with us to come up with solutions to meet the needs of some of our most vulnerable citizens.

Included in this Report:

- Chippewa River Industries
- Children & Family Services
- Economic Support
- Long Term Support Services
- Mental Health/AODA Services
- Transportation
- Fiscal Services
- Success Stories/Testimonials



Human Services Board

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CHIPPEWA RIVER INDUSTRIES

Chippewa River Industries (CRI) served 168 individuals (154 in Pre-Voc./SE, 14 W2, 0 WAT) both at CRI and at community based jobs in 2007. This is a 2.9 percent decrease from 2006 numbers, which saw 173 individuals served. CRI experienced a net decrease of five individuals in all programming in 2007. DVR made no referrals for Work Adjustment Training in 2007, resulting in a loss of four individuals, and the eight individual loss in Pre-Voc./SE was partially a result of more Pre-Voc. closures in 2007 (19 closures) over Pre-Voc. closures in 2006 (14 closures).

CRI provided employment opportunities for 25 individuals from the Chippewa County Huber Center, which was a 20 percent increase from the 20 served in 2006. CRI also provided employment opportunities for 14 individuals from Workforce Resources through the W2 Program, which was a 50 percent increase from the 7 served in 2006. The Outcome Measurement System continues to monitor the effectiveness, efficiency, and satisfaction of services at CRI. CRI clients continued to benefit from decreased downtime and realized the lowest measurement of downtime two years in a row. Downtime was maintained at exceptional levels throughout 2007 with eight months of no downtime reported. Further, CRI paid out over \$340,000 in wages to production clients and laborers in 2007.



2007 Client Demographics

There were a total of 168 unduplicated clients who received vocational services in 2007; 5 less than 2006. Of those individuals, 89 were male (52 percent) and 79 were female (46 percent).

Age demographics of the 168 individuals served in 2007 are as follows:

Age Range	Number of Clients	Percentage of Clients
70-79	3	1.8%
60-69	17	10.1%
50-59	33	19.6%
40-49	33	19.6%
30-39	31	18.5%
20-29	45	26.8%
19 & Less	6	3.6%

The following is geographic information for the 168 individuals served in 2007.

Residence Area	Number of Clients	Percentage of Clients
Chippewa Falls	92	55%
Stanley	11	9%
Eau Claire	3	8%
Cadott	12	7%
Bloomer	11	5%
Holcombe	9	5%
Cornell	8	3%
Boyd	3	2%
New Auburn	4	2%
Elk Mound	2	1%
Barron*	11	7%
Jim Falls*	2	1%

*New in 2007

2007 CRI Work Services

1. Average productivity:	15%
2. Satisfaction percentage:	95.4%
3. Units of service provided:	145,298
5. Percentage of time spent on paid work.	99%

Supplemental Measures:

1. Number of new referrals:	39
2. Number of new starts:	26
3. Number of individuals placed in SE from CRI:	8

2007 CRI Supported Employment and Direct Placement

1. Number placed:	14
2. Average percentage of job coaching required to maintain employment:	26%
3. Total number employed (monthly average):	26

Supplemental Measures

1. Average number of hours worked per week per client:	11
2. Average starting wage:	\$6.50
3. Units of service provided (direct job coaching):	3,435

CHIPPEWA RIVER INDUSTRIES STATISTICS (2003-2007)

YEAR →	2007	2006	2005	2004	2003
MEASURE					
Clients placed in supported employment	10	15	10	5	5
Total earnings by CRI clients	\$176,566	\$182,026	\$146,102	\$169,813	\$111,634

CHILDREN & FAMILY SERVICES

MANDATED CHILDREN'S SERVICES

Chippewa County Department of Human Services is mandated to provide services to children under what is commonly called the Children's Code, or Chapter 48, of Wisconsin Statutes. Briefly, the legislative purpose of this Chapter is to provide for what is in the best interest of children.

- Protect children, preserve families when appropriate, and not reunite children and families when it is not in the best interest of children. We also are required to find permanence for children who cannot live with their families and/or parents. This may mean a termination of parental rights and adoption.
- Our department is required to assure fair hearings, recognizing that individuals' constitutional and legal rights are observed and enforced while protecting the public's safety.
- It is our role to make sure that children have their basic needs met – adequate food, clothing and shelter, and to make sure they are free from physical, sexual or emotional injury OR exploitation.
- We are required to provide services to unborn children in cases where a mother may be using alcohol or drugs which may cause harm to the unborn fetus.
- DHS is required to provide innovative and effective strategies for prevention, intervention, and treatment approaches, including collaborative community efforts and the use of community based programs as we serve children and families.

INVESTIGATION STANDARDS

In the state of Wisconsin we are required to provide assessment and intervention where abuse has occurred, within a child's family of origin or by a caregiver of the child. The Department currently has two primary investigators with backup from the ongoing case managers as well as access staff. In the state of Wisconsin, we are still required to assess and involve law enforcement in all cases of abuse to children even if DHS does not conduct an assessment in such cases as non-caregiver reports. . The state of Wisconsin also requires the Department to determine if a child may be in imminent risk of maltreatment. Reports of child abuse/neglect are reviewed at least daily and a screening decision and response time are determined based on safety threats to the child/ren. Response times vary from immediate to up to five days depending on the circumstances of the report. Workers have 60 days to complete an initial assessment and determine if a referral needs to be made to Juvenile Court Intake based on the need for court intervention and jurisdiction.

ABUSE DEFINED

Physical neglect is defined in the Statutes as "failure, refusal or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter, so as to seriously endanger the physical health of the child."

Physical abuse is defined as "physical injury inflicted on a child by other than accidental means." This includes non-accidental injury inflicted by any other person. Physical injury "includes, but is not limited to lacerations, fractured bones, burns, internal injuries, severe or frequent bruising or great bodily harm, as defined in s.939.22(14).

Sexual abuse is defined by cross-referencing several crimes in the Wisconsin Criminal Code section of the Statutes. Briefly, sexual abuse includes the following:

- Sexual intercourse or sexual contact with a child 15 years of age or less.
- Sexual intercourse with a 16 or 17 year old child without his or her consent.
- Inducement of a child to engage in sexually explicit conduct in order to videotape, photograph, etc. that child, or videotaping, photographing, etc. a child for such purposes, or producing, distributing, selling or otherwise profiting from such a videotape, photograph, etc.
- Encouragement by or permission of a person responsible for a child's welfare for a child to engage in sexually explicit conduct for the purpose of videotaping, photographing, etc.
- Causing a child to view or listen to sexual activity.
- Exposing genitals to a child.
- Permitting or encouraging a child to engage in prostitution.

Emotional abuse is defined as "emotional damage for which the child's parent, guardian, or legal custodian has neglected, refused or been unable for reasons other than poverty, to obtain the necessary treatment or to take steps to ameliorate the symptoms."

Access Statistics 2007

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	CATEGORY TOTALS
Wisacwis Screen Out	40	44	38	38	38	11	36	28	18	33	26	7	357
Wisacwis Intake	7	13	13	16	13	13	15	15	15	7	11	6	144
Service Intake	1	2	2	3	0	0	5	2	1	0	1	3	20
Info & Referral	41	32	40	38	25	38	34	40	20	20	14	26	368
Referral to Worker	4	8	8	10	5	3	8	10	0	7	4	0	67
Service Request	2	1	0	2	1	1	1	0	4	1	2	0	15
Referred another County	2	2	2	1	5	0	4	2	1	0	0	1	20
Referred to Law Enforcement	2	3	1	1	3	1	5	2	4	5	4	1	20
APS Screen In	4	0	1	2	0	1	0	1	7	1	0	3	20
APS Screen Out	5	3	0	0	0	0	0	1	0	0	0	0	9

Monthly Totals:	116	126	124	115	106	78	122	120	84	86	67	55
Cases to Date:	116	242	366	481	587	665	787	907	991	1077	1144	1199

ACCESS

The Access Team is responsible for receiving reports of abuse and neglect, requests for services, as well as responding to requests for information and referrals. The expansion of responsibilities of the Intake Team around both adult and child protective services that were implemented in 2004 continue. Intake workers regularly make follow-up telephone calls and conduct record checks to gain more complete information. The benefits have been two-fold: first, investigating social workers now have more complete information before initiating the investigation; second, there has been a slight increase in the number of calls screened out (also due to more complete information).

The Access Team has also seen increased responsibilities through the now mandated eWiSACWIS (Wisconsin State Automated Child Welfare Information System). All reports alleging child abuse and/or neglect are to be entered into the system. The system is cumbersome and has added significantly to the amount of time it takes to complete a single call.



Yearly Intake Statistics

Year	Total Intakes	LTS Intakes*	Monthly Average
2003	1651	144	138
2004	1634	195	136
2005	1591	242	153
2006	1440	268	142
2007	1199	209	100

*The LTS intakes are the responsibility of the Long Term Support Unit. A call or walk-in regarding an elderly or physically/developmentally disabled individual is directed to a designated LTS staff member.

ONGOING CASE MANAGEMENT

The State of Wisconsin has very distinct practice guidelines that govern ongoing child protection case management. We currently have three ongoing case managers who had a total of 50 new family cases in 2007. A majority of these cases were court ordered while only a small number were voluntary service cases that were at high risk of becoming court ordered. Ongoing caseloads for 2007 averaged 17-20 families per worker. Once an ongoing worker is assigned a case they have 60 days to complete a family assessment and case plan. The case plan must be reviewed every ninety days. If a child is removed from the parental home the worker has 60 days from the date of removal to file a permanency plan with the court. If the court system is involved the ongoing worker is responsible for providing a report to the court that summarizes the Department's involvement with the family as well as recommendations that shall be completed to ensure the safety of the child and to enable the case to be closed.

FOSTER CARE

Foster Care is a temporary alternative for children who are unable to live with their birth families. There are a number of reasons children come into foster care, each bringing with them unique backgrounds, experiences, and needs. The Department of Human Services social workers strive to achieve permanence for children in foster care and make every effort to reunify children with their birth families.

Chippewa County, in accordance with State standards, tries to keep sibling groups together and attempts to place children within the same school district as their birth families. In addition, many foster parents have opened up their home to birth parents for visitation and mentoring purposes. When a child is in foster care, it is essential that both the foster parent and the birth parent, along with a variety of services providers, join together to create a well functioning team. This team can smooth transitions, promote timely reunification, and lessen the potential trauma and disruption endured by the child.

In order to prepare foster parent applicants, Chippewa County requires that all potential foster parents complete 36 hours of pre-service training prior to becoming licensed. The goal of this training is to give foster parents the core skills needed to handle challenging situations and to navigate the child welfare system. Furthermore, the pre-service training provides education on the varying needs of the children and families that they will be working with. This pre-service training is provided to county foster parents throughout the State of Wisconsin and further training opportunities continue to be developed.

In conjunction with the pre-service training foster parents are evaluated through the newly implemented Resource Family Assessment (RFA). The RFA is a comprehensive psychosocial assessment tool that was initially designed and studied in the State of California. The RFA, based on nationally recognized research, is supported as being an effective tool in assessing the safety and appropriateness of potential foster families. The tool has been implemented in almost all Wisconsin counties and in the State Special Needs Adoption Program. Furthermore, the RFA is being utilized across the United States and in Canada. The adaptation of the RFA in Wisconsin was a result of a national movement striving for consistency and balance in the evaluation of out-of-home care providers with the hope of promoting the safety and well-being of children in the child welfare system.

Chippewa County currently has 40 licensed foster homes, with seven more families going through the licensing process. The foster families in Chippewa County are a very admirable group of people who truly make a difference in the lives of children and families served.

KINSHIP CARE

In 1995, Kinship Care was established by the State of Wisconsin to authorize Counties to make monthly payments of \$215 per child to approved relatives to help the relative provide for the care and maintenance of minor relatives who reside with them.

The Kinship Care Relative is defined as an individual who is 18 years of age or older and is either the child's stepparent, stepbrother or stepsister, aunt, uncle, nephew, niece, brother, sister, any person of a preceding generation as designated by the prefix grand, great or great-great, and relatives extending to second cousins. All Kinship Care relatives must successfully meet all Kinship Care certification guidelines which includes a criminal background check and the Wisconsin Department of Health and Family Services caregiver background check.

DHS must determine the child's Kinship Care eligibility based on the needs of the child and if the child's living arrangement with the relative can be better met by the relative than with the child's parents and; if the relative placement is determined to be in the child's best interest. Kinship Care benefits can be extended past the child's 18th birthday only if the child is enrolled full-time in school, in good academic standing, and reasonably expected to complete their program of study and be granted a high school or high school equivalency diploma. No benefits shall extend past the age of 19.

Kinship Care placements can be either voluntary or court ordered. Voluntary Kinship Care placements can be placed on a waiting list until monies become available, however court ordered Kinship Care placements receive priority status and must be granted Kinship Care benefits as long as the relative meets all certification guidelines. When the Department takes a child into custody, the possibility and appropriateness of a relative placement is considered prior to a foster care placement. There is a substantial financial benefit to Kinship Care placements versus foster care as a monthly Kinship Care payment is \$215 and a monthly Foster Care payment can range from \$600 to \$1,500. However, pending on the type of case and family dynamics, not all relatives placements are in the best interests of the child.

The number of eligible children who receive Kinship Care benefits varies greatly throughout the year due to a number of children coming on and off the program. Historically, Chippewa County has exceeded its yearly Kinship allocation; however due to the State's implementation of the "Re-obligation & De-obligation Program" (where the State shifts unused Kinship allocation monies from one County to another), Chippewa County's Kinship Program continues to operate without a deficit, thus reducing our out-of-home placement costs.

Delinquency Unit

MANDATED DELINQUENCY AND STATUS OFFENDERS

The Chippewa County Department of Human Services is mandated to provide services via the Wisconsin Legislature to promote a juvenile justice system capable of dealing with the problem of juvenile delinquency, a system that will protect the community, impose accountability for violations of law, and equip juvenile offenders with competencies to live responsibly and productively. The juvenile system places a strong emphasis on services for rehabilitation of the delinquent versus punishment. It is the responsibility of this Department under what is commonly called "The Juvenile Justice Code" or Chapter 938 of the Wisconsin Statutes to provide the following:

- To protect citizens.
- To hold juvenile offenders directly accountable.
- To provide individualized assessments for each juvenile in order to prevent further delinquent behavior.
- To provide due process to each juvenile offender and assure fair hearings and legal rights are recognized and enforced.
- To divert juveniles from the adult correctional system through early intervention.
- To provide juvenile offenders care and treatment, using effective intervention.
- To ensure victim rights.

POPULATIONS SERVED

A delinquent is a juvenile over 10 years of age who has violated any state or federal crime that if committed by an adult would lead to criminal prosecution. The Department of Human Services is also required to serve juveniles alleged to be in need of protection or services, or JIPS cases. These are children whose parents or guardians have signed a petition requesting jurisdiction of the Court, indicating that these children are uncontrollable. The same hold true for students who are referred from the school district as truants. Children who are under the age of 10 at the time they commit a delinquent act are also considered a JIPS case, as well as children who have committed a delinquent act and are found not guilty by reason of mental disease or defect, and therefore are not competent to proceed in a criminal court of law. Many of the children served by the delinquency team struggle with mental illness, physical, substance or behavioral disabilities, or alcohol and drug abuse issues. Some children remain in alternate care until age 18 because their parents are unable to care for them. Some stay past 18 to finish their final year of high school and graduate.

It is important to note that all referrals to the delinquency unit come to the Department of Human Services from court-attached Juvenile Court Intake.

The following are some of the services we provide to delinquents.

- **Independent Living Services.** The State of Wisconsin requires us to provide independent living services to any juvenile over age 15 who is in foster care for more than six months or in foster care at age 17. This program is designed to give juveniles the tools necessary to move into adult living situations. A comprehensive assessment is completed by each youth to help determine what skills need to be developed. Some areas worked on include housing location,

money management, and assistance obtaining documents such as a driver license. The program also assists with exploring and arranging secondary education and employment options.

- **Home Detention.** This is a house arrest program where juveniles are required to be either at home or in school. A team approach is utilized to conduct unannounced visits and phone calls to the juvenile to insure they are where they are supposed to be. These contacts are seven days per weeks (including holidays) during the day and evening hours.
- **Electronic Monitoring.** Utilizing phone technology and an angle bracelet, we are able to determine when a juvenile has left their home.
- **Report Center.** This is a two day a week program where juveniles are required to be in a supervised setting at Home Services between 4 and 5 p.m. to work on school work, community service, completing job applications, or other tasks they need to get completed.
- **Embracing Our Youth.** July 5, 2007, marked the first year anniversary of the Embracing Our Youth (EOY) mentoring program, an initiative developed as an approach to reclaiming at-risk youth currently on delinquency court orders. The goal is to keep these youth at home with their families in their own environment by providing them with the invaluable resource of mentors within the community. Volunteer and paid mentors share their time, experience, and expertise with the youths. All mentors are screened and trained to ensure confidentiality and safety of the participants. EOY fosters family relationships and works one-on-one with participants and families. EOY youth also participate in community service projects. EOY's goal is to take a proactive approach to reclaiming youths through a positive mentoring relationship. EOY currently has 26 at-risk youth (includes 5 referrals on a waiting list) ranging in ages 10 to 17, and 13 mentors. Through participation in EOY, youth will attain self-esteem, develop coping skills, and improve their ability to make good decisions. These new skills and the support of the mentor help prevent involvement in ATOD (alcohol, tobacco, and other drugs) and criminal activity, develop a family support system, and improve behavior problems.

STAFF TO CLIENT RATIO

There are four social workers on the delinquency team. There are currently 153 cases in the unit, with most of these juveniles under a court order for up to one year. The ability to extend an order is at the discretion of the delinquency case manager and must have final approval via court order. The four delinquency workers currently average 38 cases. Statistically when you look at other Human Service Departments providing the same service, we continue to rank as one of the highest case counts in the state of Wisconsin for juveniles under court supervision per worker.

JUVENILE COURT REFERRALS TO DHS

	2004	2005	2006	2007
Delinquency	181	165	178	125

ECONOMIC SUPPORT

In 2007, the Economic Support Unit saw two recently hired ES workers resign their positions. One accepted employment outside of Chippewa County and the other decided to concentrate on raising her newborn child shortly after completing Economic Support new worker training. Once hired, a new ES worker is required to complete state provided training that takes approximately three months to complete prior to actually doing the work. Needless to say, the staff members were forced to take on additional cases/workload in the face of increased applications due to program expansions and an overall poor economy. Economic Support is one of the few areas where a slow or poor economy actually relates to an increase in business. See graphs and statistics.

Internet web-based Medical Assistance applications that began in November of 2006 continued to be problematic with individuals who already have open cases re-applying several times via the internet. Although their eligibility has already been determined, staff members must still process the internet application or be out-of-compliance with state regulations. The result, more often than not, is much wasted staff time.

Planning for Long Term Care (LTC) redesign began with policy and processes being worked out between Economic Support, the Department of Aging (currently known as the Aging & Disability Resource Center), and the Human Services Long Term Support unit. With the elimination of the LTC "waiting list" and program expansion, Economic Support will see an increase in LTC related medical Assistance applications and may need to make adjustments throughout the year.

Policy and procedures in the Economic Support field are driven by changes made at the state level, which are often times done with little or no advance warning, and as a result we are forced to operate in a reactionary mode, be flexible and need make adjustments throughout the year.

The 2007 Temporary Assistance Program Plan was approved with changes made in order to close loopholes in residency requirements. These revisions included requiring the applicant to reside in Chippewa County for a minimum of 90 days in order to receive TAP and excludes residence in the County Jail, Stanley Prison, or a Community Based Residential Facility as meeting the definition of residency. Beginning in 2003, the TAP program has been revised annually in an effort to reduce expenditures, yet still provide a marginal safety net for the indigent population of Chippewa County.

Local Economic Impact (dollars generated/utilized)

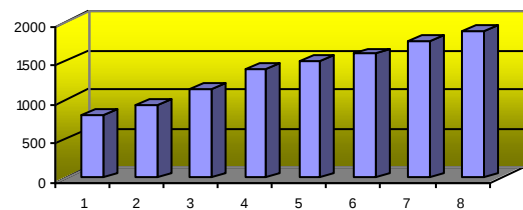
Medical Assistance	\$50,439,930.51
Food Share	3,640,325.00
Energy Assistance	570,888.00
Child Care Payments	215,024.00
Total	\$54,866,167.51
ES County Levy	<u>-43,000.00</u>
	\$54,823,167.51



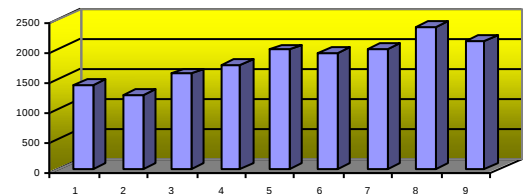
Families/Individuals Served

Medical Assistance	5,538 Cases (monthly average)
Food Share	1,755 Cases (monthly average)
WHEAP (Energy Assistance)	2,144 Applicants
Child Care	327 Families

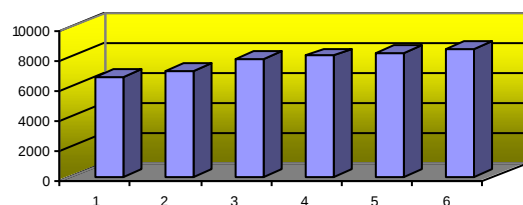
Food Share Cases 1999-2008



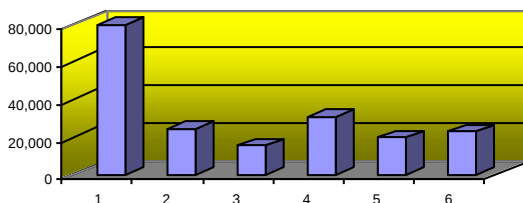
WHEAP Applications 1999-2007



Medical Assistance Cases 2002-2007



GR/TAP Expenditures 2002-2007



LONG TERM SUPPORT SERVICES

Community Options Program (COP)

In existence since 1983 this program has served as the foundation of the community effort to reduce the reliance on nursing home care through the development of an array of in-home supports and services. Consisting entirely of state dollars, this program funds the assessment and service plan development for potential consumers. Formerly it also was the primary source of funding for the provision of ongoing case management and service provision. However, with the advent and growth of the federally funded Medicaid Waivers, Community Options Program funds have been utilized primarily as a source of local match funding for those federal dollars. As a result, the Community Options Program currently provides ongoing service funding only to those who are not eligible for a Medicaid Waiver program.

In 2007 a total of 44 Community Options Program assessments and 37 service plans were completed.

Medicaid (MA) Waivers

Medicaid waivers are a source of federal funding for Long Term Care (LTC) services for persons whose care needs are at a level that makes them eligible for MA funded institutional services. By utilizing various county funding sources (Community Options Program, Community Aids, Family Support), DHS can provide match dollars to draw down federal revenue. This combination of local and federal funding takes the form of various programs that provide comprehensive services for consumers who wish to remain in non-institutional, community settings. Adult long-term care in Wisconsin is in the process of redesign and future adult LTC services (mid-2008) will be provided by a Care Management Organization (CMO). This system will eliminate waiting lists and provide services to all eligible individuals. Because of this, DHS did not add any clients to the existing waiting list or enroll new clients into our programs. They were referred to Community Health Partnership for services. The following 2007 information reflects less individuals served compared to 2006 (primarily in the frail/elderly programs).

- The Brain Injury Waiver served four consumers with a total expense of \$251,247, of which \$230,993 is state/federal revenue and \$20,254 is local matched with Community Aids dollars.
- The Community Integration Program served 208 consumers with developmental disabilities with a service cost of \$6,801,313, of which \$5,461,513 is state and federal revenue and 1,281,208 was funded by Community Aids/other local match and the Community Options Program.

- The Community Options Waiver, Community Integration Program - II, Community Integration Program - Nursing Home Diversion, and Community Relocation Program served 98 frail/elderly, physically disabled, and relocated individuals with a total cost of \$1,819,257, of which \$1,807,617 is state/federal funding and \$11,583 is funded by the Community Options Program.
- The Children's Long Term Support Waiver program for children birth through age 21 with developmental, physical, and mental disabilities served 33 children with a service cost of \$952,670, of which \$688,501 is state/federal revenue and \$264,169 is locally matched with Family Support, Community Aids, and COP dollars.

Alzheimer Family and Caregiver Support Program

This is a state funded program to address the needs of caregivers of those with Alzheimer's disease. This modest allocation of \$25,149 served nine consumers in 2007. The primary service needs funded by these dollars is respite and day care services.

Birth to Three Program

The Birth to Three Program is an entitlement (waiting lists are not permitted) program for eligible infants and toddlers with developmental delays or disabilities. This program originally began in Chippewa County in 1979 with two children enrolled. During 2007, Chippewa County Birth to Three received 221 referrals. DHS staff (certified teachers) not only provide special instruction but also provide service coordination to these children. This involves assessment services and the identification, location, arrangement, and access to needed services. These services include specialty medical services, speech/physical/occupational therapies, audiology and nutrition services, and family education.

The total expenditures for 2007 was \$376,175. The revenues include \$111,226 federal/state funding, \$233,122 from Community Aids, \$31,688 from Medicaid, and \$140 parental cost share.



Family Support/B-3 Advisory Committee

- | | |
|------------------------|---------------------------|
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| • Steve Byrd, Co-Chair | • Susan Peggarr |
| • Denise Buckli | • Patty Rood |
| • Wynne Cook | • Sharon Starr |
| • Penny Holzwarth | • Tammy Tillotson |
| • Karen Lemke | • Patty LeMay/Keri Wilson |
| • Kim Hetchler | |

Family Support Program

This is a state funded program to address the needs of families with children with severe disabilities. This is a highly flexible program that is able to fund a wide variety of goods and services with the goal of reducing the family stress that is inevitable when raising children with severe challenges. The Family Support allocation for 2007 was \$55,842. DHS served 34 children during 2007.

In 2007 a needs assessment was implemented to identify the severity of need and assign a monetary value that families can use to support their children in the community. This allows every eligible family to utilize Family Support funds. Families not returning a needs assessment will be placed on a waiting list. All families served and on the waiting list are required to complete a needs assessment each new year. Family Support dollars were also utilized in 2007 as a local match for one child on the children's waiver.

Adult Family Homes

Chippewa County has been responsible for the certification of 31 one and two bed Adult Family Homes located in Chippewa County that provided for the ongoing care and supervision of adult residents in a family setting that promotes a warm and nurturing environment best suited to meet the ongoing needs the adult resident. The Adult Family Homes provided ongoing residential and respite care services for residents of families and other

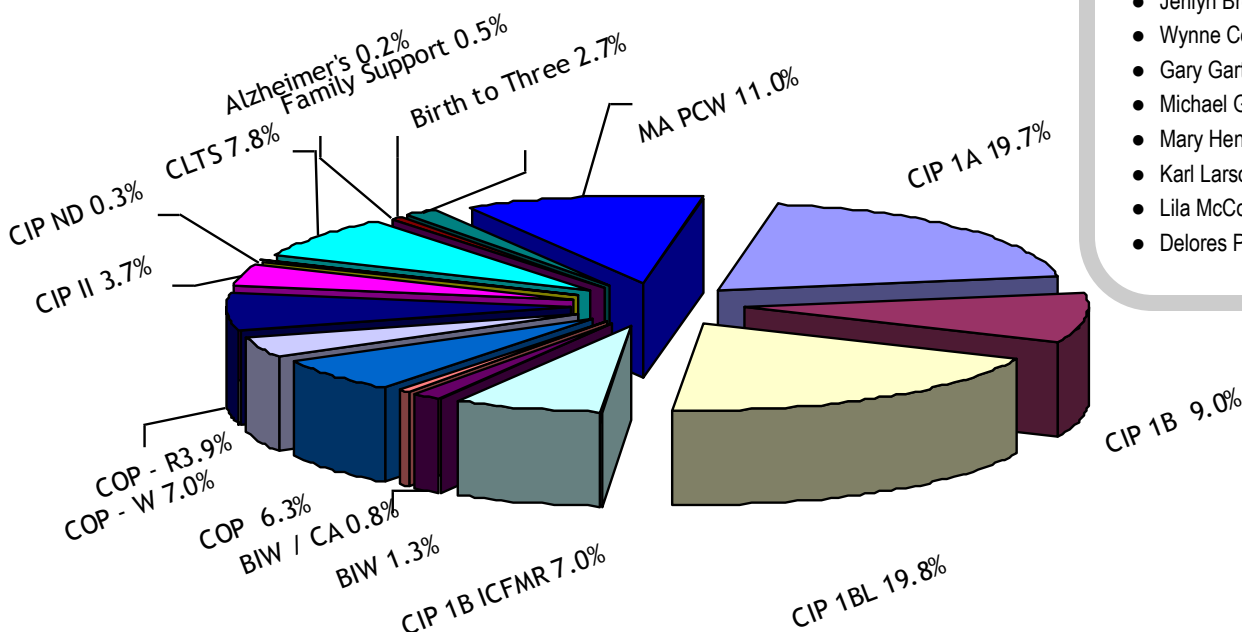
care providers who suffer from the infirmities of aging, brain injury, developmental disabilities, and other medical or physical disabilities. This is a highly valued service for the families who provide for the ongoing care of adults.

These past few years have shown an increase for the service needs of individuals who are experiencing mental health difficulties but not to the extent of requiring hospitalization. However, these individuals do require short-term placement services combined with therapeutic intervention to assist in their stabilization. Based on this need, the Chippewa County Department of Human Service became HFS 34, Level 3 certified as an Emergency Mental Health Service Program. On May 1, 2006, Chippewa County developed an Adult Family Home designed and trained to meet the needs of these individuals and to work very closely with the Chippewa County Guidance Clinic's emergency crisis staff and ongoing therapeutic team. This specialized Adult Family Home has proven to be a very valuable recourse in the stabilization of clients and has been very instrumental in preventing numerous hospitalizations. Chippewa County will continue to maintain Adult Family Home certification/recertification responsibilities in the area of mental health. Due to the success of this program, consideration is being made for expansion.

Long Term Support COP Planning Committee

- Marilyn Holte, Chair
- Evelyn Maloney, Co-chair
- Sue Berry
- Jerilyn Brost
- Wynne Cook
- Gary Garton
- Michael Goettl
- Mary Hendricks
- Karl Larson
- Lila McConville
- Delores Price

2007 Long Term Support Expenditures



MENTAL HEALTH/ ALCOHOL & OTHER DRUG ABUSE SERVICES

Purpose statement - to provide comprehensive, accessible mental health/AODA services to at-risk Chippewa County residents.

Alcohol and Drug Services

The Department of Human Services continues to have a statutory responsibility to provide a full range of alcohol and drug services. In 2007, these services continued to be purchased through L.E. Phillips Libertas Center, Pathways, Serenity House, and other AODA providers in the community and surrounding area. Services include detox, inpatient, outpatient, groups, residential treatment, long term aftercare, and interventions.

In 2007, Drug Court served four individuals who were at risk of revocation and facing significant jail time. DHS provided crisis services, case management, treatment, medications, placement funding, and after care services as part of our commitment to drug court.

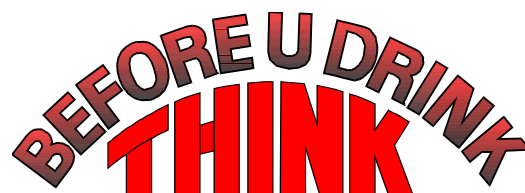
DHS also participated in the Drug Task Force that started to focus on prescription drug misuse and how to dispose of them in an environmentally safe way.

AODA staff was relocated within the Guidance Clinic in order to provide Chippewa County residents who do not have the ability to receive services elsewhere with coordinated AODA and mental health services. This proved to be a much improved way to serve at-risk clients with a coordinated team effort.

Intoxicated Driver Assessments

Intoxicated driver assessments are done under contract with Community Counseling Services owned by Arlene Eslinger. This program financially supports itself through client fees. The state regulates that the agency doing the assessment cannot do the treatment. Therefore, a number of these individuals who do not have the ability to pay are funded for treatment through DHS as a mandated program.

Date	Assessments	Completed Inpatient	Completed Outpatient	Completed Group Dynamics	Referred Completed Traffic Safety
2007	250	1	139	123	46
2006	238	0	138	95	25
2005	205	1	121	142	27
2004	252	3	118	155	29
2003	226	0	125	131	41
2002	263	1	162	129	19
2001	194	5	124	76	14



Mental Health

The mental health unit has been under reorganization since Fall 2004. The populations we want to target are individuals and families who receive services from DHS, staff in DHS who are requesting mental health consultation in cases they are serving, and those county residents lacking resources necessary to access mental health services provided in traditional outpatient settings. This includes the indigent, uninsured, and those insured who are clients within DHS programs. Cross training in multiple programs areas has taken place within the mental health unit. This will provide a continuity of services based on individual client strengths and needs assessment. In order to achieve this mission, the CCDHS Mental Health Services Priority Policy is followed. This policy outlines who will be a priority for service and determines scheduling priorities into crisis, urgent, and routine appointments. Those who are at the greatest risk receive services first in all program areas.

The mental health unit implemented emergency crisis mental health services and became HFS34 III certified in early 2006. In-depth crisis planning is an important upgrade utilized within crisis service.

Mental health staff began rotating the task of emergency worker in order to provide emergency mental health services, including services to the jail. The emergency procedures for the jail include a checklist for suicidal/homicidal behaviors that may be seen at the jail in order to help determine the mental health risk an inmate is exhibiting. This also helps determine the timeframe that someone needs to be seen by mental health staff.

Mental health services provide assessment and treatment for a wide range of mental health problems:

- Individuals who are on court commitment or settlement agreements.
- Individuals requiring follow-up to hospitalization, including medication monitoring from state hospitals, psychiatric hospitals, and other hospitals.
- Individuals requiring follow-up from emergency care, DHS on-call system(s), physicians, police, and other urgent referrals.
- Chippewa County residents placed outside the county or referred from other institutions outside the county.
- Adults, adolescents, and children requiring court ordered assessments and treatment.
- Chippewa County jail inmates requiring crisis assessment and treatment.

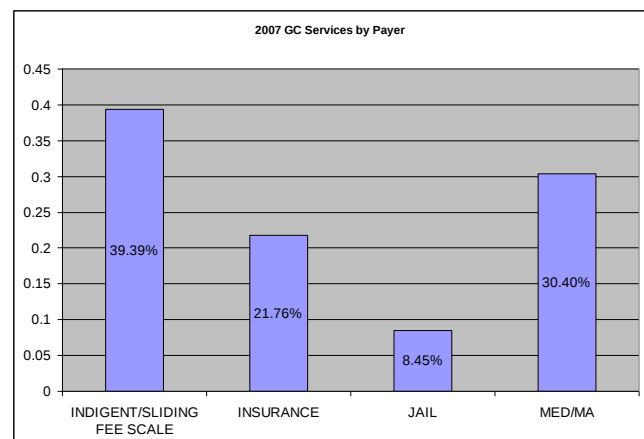
- Chippewa County Employee Assistance Program services.
- Community Support Program for persons with chronic mental illness.
- Children Come First Program for children with persistent and severe emotional problems.
- Intensive in-home services for families referred by DHS staff.
- Indigent Drug Program for persons who cannot afford medications prescribed by the DHS psychiatrist.
- Alcohol and substance abuse assessments.

Mental health staff also continue to participate on the Mental Health Task force which was created by DHS to look at county wide service issues in the area of mental health for adults and children.

GUIDANCE CLINIC

The Guidance Clinic continues to serve Chippewa County residents as a State of Wisconsin certified outpatient clinic. Third party billing is available through numerous insurance companies, Medical Assistance, Medicare, and State of Wisconsin Uniform Fee System. In 2007, 556 clients were seen at the Guidance Clinic by master degreeed psychotherapists, psychiatrists, and a psychologist. Of the 556 clients seen at the Guidance Clinic, 191 were also open to services in one or more other DHS program area. This is 34.3 percent of the individuals seen at the Guidance Clinic.

Data in 2007 indicated Guidance Clinic services by payer were:



The clinic has been focusing on cognitive, short-term, family, and community based models. Group therapy has been offered in the areas of adolescent cognitive thinking, and Dialectical Behavioral Therapy (DBT) for clients with personality disorders having difficulty maintaining stable moods. Services are geared toward stabilization in order to avoid more costly placements. Keeping just one person out of the state hospitals for 12 months is a cost savings of \$270,465. The state hospitals do not accept MA payment for adults over 21 and under 65 years of age.



Dr. Nino Vidic (a child, adolescent, and adult psychiatrist) joined our staff in late 2007.

Guidance Clinic staff worked with drug representatives and were able to provide sample medications worth an estimated \$61,702 that in the past DHS paid for at local pharmacies in order to help stabilize clients at risk.

In 2007, three persons were seen by Guidance Clinic staff as part of the Employee Assistance Program.

Three hundred thirty-four random session evaluations gathered in 2007 showed an overwhelming number of clients reporting improvement through therapy they received at the Guidance Clinic.

Mental health and AODA case managers became part of the mental health unit in 2007. This increased communication and coordination of client service needs. This helps with the goal of providing wraparound services to persons most at risk in Chippewa County.

Keeping in step with our goal to provide 12 sessions or less to routine clients, only 29 of the 556 clients served by psychotherapists in 2007 were approved to continue to receive ongoing sessions due to the severity of their mental health needs. Others completed service or were moved into more intensive programming.

Guidance Clinic psychotherapists continue to be cross trained and perform therapy in all program areas including the outpatient clinic, Community Support Program, Children Come First Program, and In-home therapy. They also provide assistance with mental health assessments for individuals served within DHS.

COMMUNITY SUPPORT PROGRAM

The Community Support Program (CSP) staff is comprised of psychiatrists, nurses, psychotherapists, case managers, and mental health technicians. CSP uses a team approach to work with some of the most severely mentally ill Chippewa County residents, presently 61 in number. There are also about 12 clients who are being case managed until they can enroll in CSP. Because of these individual's severe brain chemical imbalances, this population tends to be impacted by deeply disturbing hallucinations and delusions, sometimes almost constantly through much of their lives. Extreme and difficult to control mood related problems are also a frequent issue for them and may be associated with their thought disturbances.

The CSP team members, with their expertise in the treatment of mental illness, flexibility of services, frequent client contact, and close collaboration with Dr. Vidic, are able to respond quickly to these consumers rapidly fluctuating needs and crises. Cost savings to the county have been substantial because expensive hospitalizations and group home placements are often avoided, as this population is provided with services to support their highest possible level of independence within the community. The expense of placements can add up quickly, with the daily cost for hospitalizations ranging from \$842 to \$993, and group homes placements costing locally on average \$100 to \$257 per day.

For example, the CSP team does daily medication monitoring for 23 of its 61 clients whose treatment plans indicate continued stability requires medication monitoring. Staff monitor for reoccurrence of psychotic, depressive, manic, and dangerous threatening behaviors. It's highly likely these clients would require hospitalization within 30 days without medication monitoring. Just one person needing to be hospitalized to stabilize their illness for a typical three day period of time would cost approximately \$3,000. Although medical assistance would cover some of these costs, these hospitalizations would occur on numerous occasions and county funds would also be required for some of these costs.

The real cost savings for this same group of clients would be in avoiding out-of-home placements that the county is largely responsible to fund. After a client is hospitalized and needs to stabilize, treating psychiatrists recommend ongoing residential or state hospital placements when there

are no natural support systems or programs in communities they feel confident they can refer to. Staff estimate these placements would last 90 days or more. For example, the cost of a 90 day placement at Winnebago State Hospital was \$65,430, which would all be paid for with county levy. The placement cost for a calendar year for this subgroup of CSP participants is estimated at \$403,398.

CSP staff is working with very high worker to client ratios. Data collected last year indicated surrounding counties case managers average 12.6 clients per case manager, while in Chippewa County they average 30. This program is designed to have small case loads and for case managers to provide intensive services to these clients with serious mental illnesses.

Eligibility criteria for CSP is as follows:

- A chronic mental illness such as schizophrenia, bipolar disorder, delusional disorder, severe depression, or other psychotic disorders.
- A history of repeated acute treatments or prolonged periods of institutional care.
- A continued risk of being institutionalized or living in a severely dysfunctional way, such as an inability to perform daily tasks in the area of independent living skills.
- Consistent and extensive efforts have been made to treat the person, for more than one year in traditional outpatient programs that have failed.
- The person is at risk of harm to themselves or others.
- The person shows a pattern of significant community disruption due to their impairment such as social inappropriateness, repeated incarcerations, and inability to meet their basic needs.

INTENSIVE IN-HOME THERAPY

In 2007, in-home family therapists saw 10 families with a total of 32 children for an average of about eight months per family. At times, one therapist was involved; at other times, co-therapy (with two therapists) is used when assessed to be necessary by clinicians. The goal of in-home therapy is to prevent or shorten out-of-home placements by keeping families intact and building structure within the parental unit.



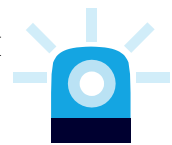
Therapy at the family level has shown to be more effective than office based therapy, especially when younger children/siblings do not have the attention span for office based interventions. Out-of-home placements may be successful while the placement occurs, but progress may be defeated when the child returns to the home and the family unit has not changed.

Treatment goals center on reducing family violence, increasing parental consistencies, supporting parents in children to be behaviorally accountable, increasing structured activities within homes and the community, and reducing behavioral problems. Most families were very successful in completing targeted family or behavioral goals. For 2007, the average goal completion rate for the 10 families was 79 percent.

For 2007, estimated out-of-home placement savings were \$271,700 by not having to place children while families were in therapy. This means that placements were shortened, prevented, or a higher level of care was minimized if a client was subsequently placed out of the home. For example, if one teen is counseled for six months in-home instead of placed in a treatment foster home for six months, the cost savings for that one teen is estimated to be \$4,920 (six times \$820/month). Cost savings can also be measured by reducing the negative impact on the family system, reducing county time in staff casework and court orders, and by empowering families to resolve family issues on their own.

EMERGENCY CRISIS SERVICES

Chippewa County Guidance Clinic became HFS 34 Level III certified as an Emergency Mental Health Program in February 2006. All mental health staff are trained in crisis services along with a number of local law enforcement officers. The goal of this program is to provide mental health services to individuals who are experiencing a mental health crisis, 24 hours per day, seven days per week. The program includes mobile crisis staff being available from 4 p.m. to midnight in order to assist officers with a possible emergency detention situation. The total number of persons served in 2007 was 397, an increase of 163 from last year's total of 234.



Chippewa County Emergency Crisis Services Summary

	<u>2007</u>	<u>2006</u>
Total number of persons who had contact with crisis services:	397	234
Crisis phone calls taken by DHS mental health staff:	152	45
Crisis phone calls taken by Northwest after hours:	155	121
Emergency face-to-face contact during clinic hours:	69	45
Mobile calls from 4 p.m. to midnight	21	23
Diversions DHS would have had to fund:	78	42
DHS cost saving for one day of hospitalization due to diversion	\$71,682	\$38,598
Total diversions from hospitalization:	202	100



The estimated cost savings of \$71,682 is based on a one day hospital stay at the rate of \$993 per day. This is a conservative estimate because it is probable many of these individuals would have been hospitalized more than one day.

An emergency mental health crisis home was also started in 2006. This home is licensed as a children's foster home and an adult family home so persons of all ages can access this facility. The couple that provide this service have also been trained in crisis services and can be reached 24 hours per day, seven days per week.

The total number of emergency detentions has gone down a total of 69 cases from 2005 to 2008 from 223 to 154. This is a 69 percent decrease in emergency detentions and will save costs in multiple areas of county government including the sheriff department, courts, probate, corporation counsel, and DHS.

<i>Date</i>	<i>Total Detentions/ Petitions</i>	<i>Commitment/ Recommitment</i>	<i>Court Approved Settlement</i>	<i>Convert to 55</i>	<i>Dismissals/ Transfers</i>
2007	154	73	20	4	86
2006	179	66	16	0	128
2005	223	54	16	3	150
2004	294	73	22	6	197
2003	272	66	11	0	195
2002	280	54	19	1	214

Hospital Diversions by Law Enforcement Jurisdictions*

* Unfortunately, we did not keep jurisdiction data on all cases early in 2007. Thus the totals are not all inclusive for all diversions in 2007. We are now collecting jurisdiction data on every call.



<u>Jurisdiction</u>	<u>Diverted Cases</u>	<u>Total Calls Within Jurisdiction</u>
Bloomer	8	17
Cadott	3	1
Cornell	3	1
Chippewa Police Department	79	155
Chippewa County Sheriff	63	104
Hallie Police Department	5	23
Chippewa County Jail	8	8

CHILDREN COME FIRST PROGRAM

The Children Come First Program is a voluntary county program that uses an integrated service model to access a comprehensive array of services for the needs of children with severe emotional disorders and their families. CCF embraces the philosophy of a community-based network of services in order to deter out-of-home placement. CCF services address the child's physical, emotional, social, and educational needs. A few services that CCF provides are a comprehensive plan of care, crisis intervention plans and support, facilitation of treatment team meetings, family therapy, referrals to appropriate community resources, advocacy, education of children's mental health diagnosis, ways to manage the child's behavioral difficulties, and service coordination. CCF is child centered with the strengths and needs of the child and family dictating the kind of services provided. CCF is designed to respond to and improve the lives of severely emotional disturbed children and their families who have multiple needs.



Children Come First has eligibility requirements which must be met to be considered for the program.

- The child must be a Chippewa County resident.
- The child must have a severe emotional disturbance.
- The child must be at risk of placement or all ready placed out of the home.
- The child must have one or two of the following symptoms: psychosis, suicidal, or violent.
- The child must have two of the following functional impairments: self-care, community, social relationships, family, and/or school/work.
- The child must be receiving services from two or more of the follow service systems: mental health, social services, child protective services, juvenile justice, or special education.

Enrollment Information

31 Clients Total: new clients (17), discharged clients (14)

Gender: male (21), female (10)

Living Environment: parental home (24), family member's home (2) treatment foster care (1), foster care (3) Group Home (1),

Enrollment by School District: Cadott (3), Chippewa Falls (14), Stanley-Boyd (3), Bloomer (3), Cornell (4), Eau Claire (4)

Court Status: CHIPS (4), Chapter 51 (1), Delinquency (2), Voluntary (24)

Reason for Discharge: Major Improvement (3), Moderate Improvement (4), Family No Longer Wanted Services or withdrew against staff advice (2), Transferred to another community based resource (2), incarcerated (1), administratively discontinued services (2)

Total Budget

\$178,303 (\$80,000 comes from a Federal Mental Health Grant. Remainder comes from basic county allocations. County needs to match 20 percent or \$16,000.

Revenue - Children's Long Term Support (CLTS) Waivers (60/40 percent Federal/County Split)

\$ 201,995.08 Total CLTS Expenditures

\$ 116,268.37 Revenue from CLTS Waivers

\$ 85,726.71 County Match

Projected Cost Savings by Deterring Out-of-home Placements:

\$ 476,211.00



TRANSPORTATION

The Transportation Program operates 12 vehicles doing eight routes Monday through Friday throughout the year. With an almost 5 percent increase in mileage, a 4 percent increase in number of trips, and a 7½ percent increase in non-ambulatory trips in 2007, the need for timely replacement of these vehicles remains a top priority in providing safe, dependable transportation, and in keeping maintenance costs down.

Preparation began in August 2007 on the 5310 competitive federal grant that pays 80 percent of the cost of vehicles used in specialized transportation service for elderly and/or disabled persons. The Chippewa County Transportation Program grant application was for seven vehicles, totaling approximately \$372,700.00 in funding for 2009 and 2010 delivery. All seven vehicles will be lift-equipped.

NON-AMBULATORY TRIPS

	2001	2002	2003	2004	2005	2006	2007
Elderly	620	939	1059	1137	1172	1168	702
Non-Elderly	2375	2335	2335	2757	2904	2927	3694
Total	2995	3274	3414	3894	4076	4095	4396

Demand for services and mileage are shown in the charts below:



MILES

2000	231,065 trip miles
2001	219,469 trip miles
2002	236,945 trip miles
2003	241,355 trip miles
2004	244,873 trip miles
2005	259,315 trip miles
2006	286,996 trip miles
2007	300,500 trip miles

TRIPS

	Medical	Employment	Nutrition/ Aging	Social/ Recreation	Education/ Training	Total Trips
2000	653	48,316	802	872		50,643
2001	789	49,046	266	954		51,055
2002	1086	51,869	358	1039		54,352
2003	2889	49,965	314	1103		54,271
2004	6041	49,098	32	1213		56,384
2005	6808	46,549	0	1233		54,590
2006	7227	46,723	0	2958		56,908
2007	8420	46,869	0	3673		58,962

FISCAL SERVICES

Personal care clients increased in 2007 to a total of 39 clients at the end of the year. Personal care is considered part of the MA card services. In some instances when a client is in a placement, it is financially beneficial to have the clients personal cares paid through the card services rather than a waiver. More clients on waiver services were receiving personal care in 2007 that allows DHS to maximize revenues with slot values.

National Provider Identifier (NPI) numbers were given in early 2007 for all of our Medicaid billable services. NPI is a HIPAA requirement and will be used in conjunction with our Medicaid provider numbers. Adjustments to the accounts receivable system were made to accommodate this change.

Our enrollments in the children's waiver continue to rise. The children's waiver allows for costs such as foster care placements, respite, and case management to be funded by the federal rate, which in 2007 was 57.55 percent. Previously these costs were funded by county levy or basic county allocation.

The audited amounts of revenues \$21,850,265 exceeded the audited amount of expenditures \$21,413,543 resulting in a deficit of \$436,722. An additional \$150,000 will be charged to our non-lapsing fund for the one time transfer of funds for the vehicle fleet. The state allowed us to spend and capture COP Risk Reserve dollars, which will result in a reduction of the COP Risk Reserve balance to \$74,804. Non-lapsing fund balances are as follows: Transportation: \$26,503, Human services undedicated: \$1,310,059.

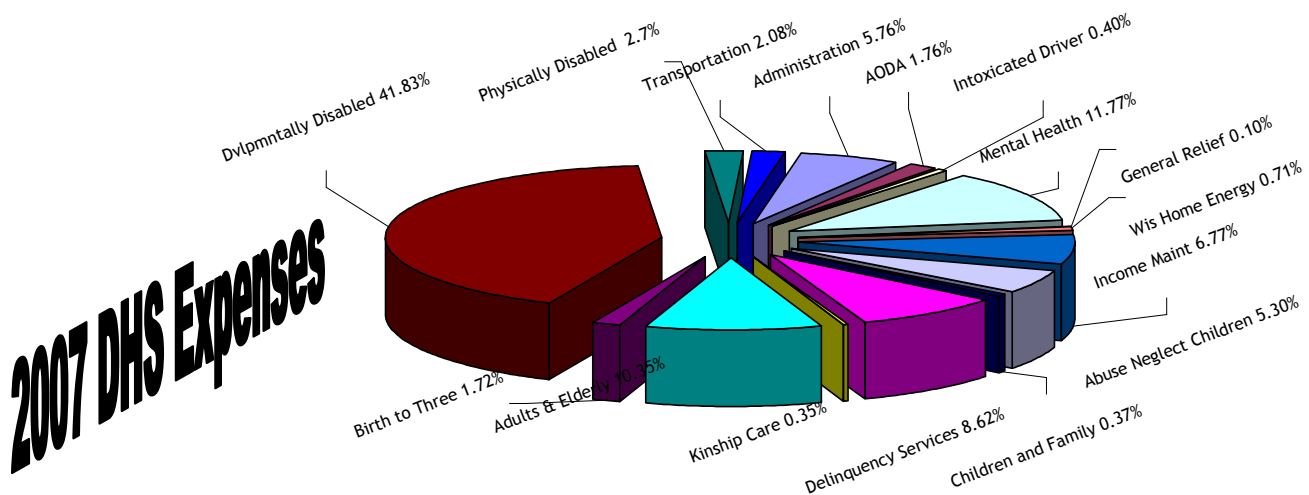
Audited Expenses

Program	2007 Expenses
Administration	\$1,258,489
Alcohol & Other Drug Abuse Services	384,338
Intoxicated Driver Program	87,697
Mental Health Services	2,572,238
General Relief Program	22,756
Wisconsin Home Energy Assistance	143,211
Income Maintenance	1,478,367
Abused & Neglected Children Services	1,158,946
Children & Family	81,565
Delinquency Services	1,882,418
Kinship Care Program	75,684
Adults & Elderly Services	2,260,778
Birth to Three Program	376,176
Developmentally Disabled Services	9,140,117
Physically & Sensory Disabled Services	461,833
Transportation Program	454,653
Total Expenses	\$21,850,266



Audited Revenues

Source	2007 Revenues
County Levy	\$2,150,834
County Indirect	891,782
State Contract	13,353,760
Child Care	74,177
Youth Aids	738,928
Elder Abuse	31,747
Crisis Services Grant	25,000
Wisconsin Heating Assistance	154,137
Community Intervention	23,265
Transportation Grant	142,653
Deficit Reduction - WIMCR	383,771
Collections	3,351,440
COP Risk Reserve	92,049
Total Revenues	\$21,413,543



Success Stories

Success cannot always be measured in dollars and cents. The Department of Human Services has many “human” success stories. Here are a few of them (with names and other identifying details changed to protect confidentiality).

This individual is currently eight years old and has been in the Children Come First (CCF) Program since the age of five. We will call this person “Blue.” Blue was discharged in April of this year after major improvement. Blue started having mental health issues at the age of two and was prescribed Attention Deficit Hyperactivity Disorder (ADHD) meds by age two and a half. Blue was originally referred to CCF by the school district during kindergarten as school staff was unable to control behaviors in the special education setting. Prior to kindergarten, Blue was kicked out of five daycare centers. Blue was verbally aggressive (yelling, swearing, threats to stab peers in the stomach with pencils) and physically aggressive (hitting, kicking, punching, spitting, and biting) towards peers and school staff. A teacher was injured to the point of needing medical attention. Blue destroyed property in all settings.

At home Blue kicked and punched holes in walls, broke most of the toys, ripped doors from hinges, and would intentionally ruin parents’ belongings. In the community Blue would throw things off store shelves and run from stores into traffic without having any concern for personal safety. The family was originally resistant to working with Human Services, being fearful we would take their child away and place Blue in foster care.

After consistent home visits from CCF with the family, a working relationship was established. The CCF service coordinator started meeting with family members, extended family, and service providers (school, therapist, doctors), working with the family to come up with a plan to keep Blue in the home. Initially this wasn’t always successful due to the aggressive nature of Blue’s behaviors. Blue was hospitalized for three months, with the families’ approval, at a state mental health hospital. This did not provide much help for Blue. Blue was 200 miles from home and family.

Blue had a number of other short hospitalizations in area hospitals for out-of-control behaviors resulting in the police having to detain Blue, taking away rights, and putting Blue in a place where Blue would be safe. Last spring Blue was placed at Sacred Heart Hospital for three days under a 72-hour detention. At that time the family was introduced to Sacred Heart’s new child psychiatrist, Dr. Nino Vidic, who also works at the Guidance Clinic. The family trusted Dr. Vidic’s clinical decisions in Blue’s case and changed to his providing care to Blue. Blue’s family made this decision after working with the same mental health clinic since Blue was two years old.

CCF staff worked in the home to help Blue learn coping skills. They also worked with parents on proper parenting strategies to deal with a mentally ill child. Blue and parents have made huge strides changing the home environment. CCF staff also worked closely with the school to come up with a plan dealing with the behaviors in the school setting. Blue had been in a variety of school settings including day treatment programs, residential school, and a self-contained classroom since kindergarten.

In January 2008, this individual was placed in regular education classes for seven out of eight class periods. Blue gets assistance only one hour a day in the Emotionally Behaviorally Disturbed Classroom. Blue hasn’t had any hospitalizations in over a year. The family continues to work with Dr. Vidic receiving psychiatric services. Blue and family were discharged from CCF in April 2008 after making huge improvements. The family was originally scared to close their case to CCF but agreed to close knowing they could still have access to crisis services if Blue would ever need additional help. The family still calls CCF staff to give them updates on how well Blue is doing.

Economic Support Success Story

John Doe was an 18-year-old high school senior who had been kicked out of his mother’s home for reporting her to Children’s Protect Services for negligence of his younger siblings.

John came to Economic Support homeless, with no source of income or transportation and three weeks left in the school year he had to complete in order to graduate. By combining benefits from Food Share, Temporary Assistance Program and Wheels for Work, John was able purchase food, stay at the Glen Lock Motel, and pay friends for gas to get him to and from school for the remainder of the school year. John was able graduate with his class and is now working full time and plans to attend Chippewa Valley Technical College in the fall.

Had Chippewa County Human Services Economic Support not assisted John during his time of need it is doubtful he would have been able to graduate giving him a much slimmer chance of future success.

A Protective Services Story

In the summer of 2007, the Chippewa County Sheriff's Department requested that the Department of Human Services assist with a child abuse case that was assigned. It was reported that a 3- year-old and 6-year-old had been physically abused by their mother. The 3- year-old reportedly had bruises across her face and ear from being hit by her mother. The 6- year-old had reportedly been spanked by her mother two months earlier and had bruises on her buttocks and lower back from the spanking (at the time of the spanking, not at the time of the investigation). The child protection worker and the investigator from the Sheriff's Department conducted a forensic interview with both children at the Chippewa County Sheriff's Department. We also interviewed other family members at the Sheriff's Department. We were informed by the 6- year-old that she was spanked by her mother in the past, but she did not know what happened to her little sister's face. The 3- year-old girl would not talk to us about the marks on her face.

After the interviews with the girls, the worker and the investigator conducted a visit with the girl's mother. We introduced ourselves and explained what our visit was regarding. The mother immediately admitted that she slapped her 3- year-old daughter. We showed her pictures of the child's face and ear. The mother stated she did not know she hit her that hard and started to cry. We discussed the incident with the older girl that occurred in April 2007. The mother admitted that she spanked her 6-year-old daughter several times one morning. The mother stated she has been having a very hard time parenting the children and indicated she was very stressed out, so this worker discussed services that the Department of Human Services has to offer the family. At this time, for the safety of the children, a plan was put into place that the children would remain with their paternal grandparents until an intense in-home safety plan could be developed to assure they would be safe in their mother's home. This worker also requested that the 3- year-old ears be examined by a doctor due to the nature of the bruises. The mother was in agreement and requested Department of Human Services intervention. The mother stated she felt she needed anger management, counseling, help with coping skills, and parenting services (help with discipline and basic parenting).

The following day, the worker received a phone call from the mother. She contacted her mental health provider and informed them that she was in need of emergency intervention. She stated she was informed she could not be seen for an intake for three weeks and counseling could not begin for another two weeks. This worker contacted the mental health provider and confirmed this. The mother soon changed her HMO so she could be seen at the Chippewa County Guidance Clinic.

Within three days an in-home safety plan was developed with the mother and the girls were returned to their mother on the fourth day. This worker conducted home visits on both the day before the return and the day the children were returned to the home. The mother played an active role in developing the in-home safety plan. (Fortunately, the 3- year-old child did not have any internal injuries.) The worker made contact with the mother's daycare provider and sister, who the mother identified as her support systems to make sure they were willing to be part of the safety plan. This worker also contacted River Source Family Center regarding parenting services for the mother, in addition to the parenting intervention provided by the Department. The case did have a finding of substantiated physical abuse of a child and the mother was eventually charged in criminal court. This worker conducted a follow-up home visit on three days later and observed the children with their mother. One week later the case was assigned to the ongoing worker who managed the in-home safety plan and conducted a home visit on that day with the assigned child/family specialist.

After transitioning the case, the ongoing worker met with the family two times each month in their home to assess the situation and ensure all service and safety needs were being met. The mother would call the worker every week, as agreed to in the Protective Service Agreement, and we would discuss any issues with the children that had occurred over the last week. It was arranged that a child/family specialist would meet with the mother at least weekly. However, the Child and Family Specialist often made contact either face to face or phone contact, at least twice a week. The child /family specialist and the mother would work on behavioral modification techniques for her to use with the girls instead of physical discipline. Also in conjunction with the mother's counseling services through The Chippewa County Guidance Clinic, the child/family specialist helped teach her alternative strategies to deal with her anger. The mother soon learned effective methods of dealing with her anger when the children were misbehaving, such as counting or briefly excusing herself from the situation. With the use of these techniques, she was able to discipline the children in a calm and effective manner.

During the six months of the case, the mother continued to use parenting services with the child/family specialist, and in addition, attended parenting classes at River Source Family Center. She also continued to see her therapist at the Guidance Clinic every other week, eventually transitioning to every third week due to her progression. This worker transitioned to monthly home visits. The children were doing well in the home and school. After working with the family for six months, the case was successfully closed. Despite the case closing, the mother was able to continue to attend therapy at the Guidance Clinic and attend parenting classes for support. When the case closed, this worker and the child/family specialist encouraged the mother to contact us at any time with questions, concerns, or needed additional support.

The Story of “Red”

Red was a young man who just turned 16 years old. He entered the delinquency system for misdemeanor theft, disorderly conduct, possession with intent to deliver schedule IV drugs, and possession of a non-narcotic controlled substance. In the home setting, Red was very defiant, disrespectful, and insisted on doing as he pleased without consequence. He had significant drug issues, using several illegal substances. He minimized his drug involvement and did not take responsibility for his actions. Upon his disposition, Red served six days in secure detention followed by 30 days of electronic monitoring. He had a difficult time following the rules of his supervision. His violations included several positive drug screens, alcohol use, multiple curfew violations, and being absent from his parents home without permission for days at a time. Consequences imposed included two 72-hour holds at Shelter and six 72-hour holds at Secure Detention. He also spent 30 days at Shelter and received inpatient drug treatment at LE Phillips Libertas Center. At the completion of his inpatient treatment, his prognosis for maintaining sobriety was poor.

He committed new crimes, being referred again to court for possession of a controlled substance and obstructing an officer. Violations of his court order continued. All of this happened within a three and a half month timeframe of him entering the system. His behaviors were clearly out of control and attempted services within the community and consequences that were imposed did not deter his negative behaviors or attitude.

He was placed out of the home in a group home in Ashland, Wisconsin. There, Red received outpatient AODA services, on-site schooling, and structured programming for his treatment needs. Red had a very difficult time the first six months of his placement, having several violations and not maintaining his sobriety. The group home staff and service providers were persistent in continuing to work with Red on his behavioral and treatment needs. Around that six month mark, Red finally seemed to “get it.” He started putting honest effort into his AODA treatment, maintaining his sobriety, changing his thought process, and improving his attitude.

Red was able to transition from the on-site school at the group home to the public high school, doing well in academic work and getting caught up on some of his credits. Red got a job and maintained employment while at the group home. He also had successful home visits.

Red was able to return home 13 months after his placement in the group home. Upon his return home, Red participated in outpatient services for about four months to assist him in maintaining his sobriety. He did very well in school and is on track to graduate with his class. Red also got a job and has been able to maintain it. Red’s relationship with his family is good, and he follows the rules and expectations. Red has not had any violations of his court order since his return home. Red successfully completed his supervision in June, maintaining his sobriety for over a year and demonstrating success in all areas of his life.

Case Scenario of a 39-year-old Chippewa County resident referred to as “Green”

Green has a history of being raised in a family system in which his parents divorced at the age of six. Green was placed in foster care after his mother became abusive. Green experienced sexual abuse trauma while in foster care.

Green became sexual perpetrator at the age of 12. He began to display a pattern of self-harm behaviors at the age of 16. In addition, he experienced strong paranoid ideations. Paranoid beliefs entailed perceptions of his family and community members at large were plotting against him. These thoughts escalated to the point where Green had formulated a plot to kill family members. On this particular evening, Green waited for his family to come home. He had in his possession a firearm. The plan was to use the rifle to kill family and then engage in exchange of firearm with local law enforcement until he was killed. This incident resulted in Green's entry into the mental health services through the Chippewa County Guidance Clinic and Community Support Program.

During the course of the next 12 years, Green received treatment for multiple issues including depression with active suicide behaviors, schizoaffective disorder with paranoid ideations, polysubstance abuse, and pedophilia. Green was placed on several occasions in supervised settings to ensure his safety and access to mental health treatment services. These placements occurred following acts of dangerous behaviors to self or others, resulting in court ordered treatment. He was ordered to a state psychiatric hospital at the expense of DHS. He stayed for approximately four months. Today that daily rate is \$741, which is not billable to Medical Assistance for adults between 21 and 64 years old. Additional long-term placements in Trempealeau County Institute of Mental Disease (a total cost of \$118,341) and numerous group home placements throughout the state (total cost \$48,930) followed throughout the years of instability. Total incurred treatment expenses by Chippewa County Department of Human Services \$215, 961.38. This does not include DHS direct and indirect staff costs.

“Green” Case Scenario (continued)

The Community Support Program staff helped get him on Social Security benefits including Medical Assistance. This has greatly offset expenses he has incurred due to his mental illness. The Community Support Program also was able to bill Medical Assistance for approved medical service prescribed by a physician.

Through the use of assertive community treatment (Community Support Program), Green gained insight and acceptance to treat his mental health needs. Intensive case management services coordinated treatment needs in the community. A daily medication supervision program was established to ensure compliance under his court order under the direction of the psychiatrist. Green was seen by mental health staff several times a week for management of his symptoms and behaviors. He engaged in individual psychotherapy sessions at the Guidance Clinic, and later by CSP clinicians for depression, management of his suicidal behaviors, and pedophilia disorder.

In addition, Green received psychosocial rehabilitation services and employment services through CSP Staff. His plan was designed to reduce vigilance and suspicion around others and promote community integration.

This combination of services has allowed Green to reside safely in the community free of any crisis services, hospitalizations, or placements since September of 2000. Green was successfully discharged from the Community Support Services in 2007 and presently is seen at the Chippewa County Guidance Clinic for medication services by the psychiatrist and nurse.

CRI Success Story – written by CRI staff:

Violet is a 40-year-old female from Chippewa County who participated in year two of the grant project. From the very first staffing, it was apparent Violet was a unique individual who was not interested in typical supported employment jobs. Violet was more interested in the “get your hands dirty” type jobs such as lawn maintenance, operating machinery, and washing cars. As an employee of Chippewa River Industries, she is part of a crew that cleans highway rest areas (RAM) in Chippewa and Rusk Counties. Her duties include operating machinery such as a riding lawn mower, weed whacker, and other daily maintenance. On the days she isn’t assigned to RAM, she is at the Chippewa County Transportation building cleaning vans, busses, and cars. With all of this in mind and as part of the assessment, the Supported Employment coordinator contacted the owner of Western Wisconsin Auto Auction to discuss an auto detailing work experience. The owner agreed to a two-week work experience. He indicated he was looking to hire a part-time detailer and would consider Violet if she was able to perform all functions of the job. From day one, Violet quickly learned the many kinds of chemicals used in detailing along with the various machines used to clean the vehicles. Before the work experience was completed, the owner had offered Violet a part-time position in the detailing department. Violet started working at the auto auction on May 9, 2006, and on September 1, 2006, transitioned to county funding for her job coaching needs. She continues to excel at her job and according to Violet, loves being “just one of the guys.”



Chippewa River Industries Testimonials

“Our public agency worked with a young woman attending a day services/vocational program with an emphasis on the day services component. We talked with the young woman about transferring services to Chippewa River Industries (CRI) where she would get more intense prevocational training. She blossomed at CRI, proving herself to be a capable, dedicated worker willing to learn

any job she was asked to do. She became a candidate for Supported Employment within a year of beginning at CRI. She then worked with a CRI job coach and began to make minimum wage at that part-time job while continuing to work at CRI. More job opportunities in the community came her way and she worked less at CRI and more in the community. She now works three part-time jobs in the community. Her experience at CRI gave her the opportunity to demonstrate her abilities and potential. CRI was and is an important part of her life journey.”

***Sharon Skabroud -Information & Assistance/Options Counselor, Chippewa County ADRC
(former Chippewa County social worker)***

CRI Testimonials (Continued)

"Chippewa River Industries has been a very successful, effective program in the Chippewa Valley. CRI has impacted our Adult Day Services program through many venues. We have developed some collaborative efforts regarding vocational outcomes for our clients care plans, as well as ongoing communication regarding pre-vocational planning when appropriate. We have also benefited from CRI's job-coached office cleaning work program. The clients do a great job and the job coaches are always wonderful and helpful. The opportunities that CRI provides are an asset to our community!"

Beth Peterson, Director, Grace Adult Day Services in Chippewa Falls

"CRI is a neat place . . . It's not always about the quantity of work produced. The workers enrich each others lives. We see the challenges at CRI, dealing with the wide range of abilities."

Julie, Guardian/Parent

"Chippewa River Industries provides a real service that has improved (my brother's) quality of life. Even if he didn't earn any wages, CRI gives him an outlet and makes him feel like he is contributing to society."

Peter, Guardian

"Being able to work gives our residents self-worth and meaning to their lives. Even when we were on vacation out west, a call was placed to CRI (by a group home resident/CRI client) for reassurance that the work was still getting completed. We were impressed with the feeling of responsibility toward work. CRI helps everybody feel important, worthwhile, and self-confident."

Ruth Korn, Group Home Operator

"CRI helps me earn money. There is a good chemistry between the clients and staff. I love working here."

CRI Worker

"When I started at CRI (Chippewa River Industries) about seven months ago I had no direction in my life. Then I started working and it gave me some purpose somewhere. I had to go and had the responsibility of showing up for work and doing my job. When my mom became ill, it was the one constant thing in my life that gave me some normality. Now as I start to work out in the job world, what I have learned at CRI will help in the coming future, to get a job and to go out in the work force. It will allow me to be responsible, reliable, and allow me to work in different surroundings."

CRI Worker

"The residents of our home have grown over the years with CRI from a day services program to a work center. They look forward to going to work each day, learning new skills along with taking pride in their work and accomplishments."

John Bromeis, Group Owner and Operator

"It's nice to spend time working with friends. It's great to be trusted as an independent worker. It's also nice that everyone thinks I'm a good person. Sometimes, I'm one of a few chosen for certain jobs at CRI. I think it is really good, and I like it when CRI has group trainings to learn about new things or be reminded of things I may have forgotten."

CRI Worker