

# 2008 ANNUAL REPORT



## FROM THE DIRECTOR - Larry Winter

2008 was a year of transition for the Department of Human Services.

First, we began enrolling Adult Long Term Support consumers to Community Health Partnership (CHP) on May 1, 2008, and concluded enrollment on October 1, 2008. CHP is a private non-profit organization contracted through the State of Wisconsin to provide long term support services. Second, the full County Board voted to allow Chippewa River Industries (CRI) to become a private entity effective January 1, 2009.

These transitions resulted in dramatically changing the face of the department. As we begin to look toward the future it is causing us to pause, re-evaluate our operations, and begin planning for the future.

### Challenges:

There are two major challenges we faced in 2008, which will continue to focus on as we move forward in 2009. First, at the federal and state level things are drastically changing. We have been keeping a close eye on policy, practice and budget decisions. The department needs to realign itself to ensure we are able to capture the necessary resources to continue meeting the needs for the citizens of Chippewa County. Second, with the transition of long term support and CRI how does this change the vision, mission, values and strategic initiatives of the department?

### Successes:

Successes within the department include; the transition to a new Director, changing the names of some of our units within the department, and the entire staff coming together in meeting the needs of our consumers.

The management team did an excellent job of keeping the organization running from July through November 10, 2008, when I officially began my duties. We changed the names of three of our units to align ourselves with the current research and best practice in the respective fields. Community Mental Health and Recovery Services (Guidance Clinic), Children with Differing Abilities (Long Term Support), and Youth Support & Services (Delinquency). Finally, with the transitions, our staff worked diligently to continue meeting consumer needs and in some situations changed their job responsibilities in order to meet the challenges of the new reality.

### Future Trends:

- Continue to move toward focusing the organization around 'best practices' and 'evidence based' research.
- Coordinate and Collaborate a sharing of services with other government & private sector entities.
- Strive to enhance our internal operations to better address future needs.
- Create a new vision, mission and values for the organization.
- Develop a strategic plan for the Department of Human Services.
- Analyze and prioritize spending to including additional ways to fund services and privatize some services.

Inside we provide information that highlights the challenges, successes and future trends of each unit. Additionally, we share the number of consumers we served in 2008 and some program outcomes.

In the 2007 annual report I indicated organizational change is ongoing and budget challenges will always be with us. As an organization we will continue to improve in order to meet the opportunities ahead.

## Included in this Report:

- Children & Families Services
- Children with Differing Abilities
- Chippewa River Industries
- Community Mental Health & Recovery Services
- Economic Support
- Transportation
- Youth Support & Services



## Human Services Board

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# CHILDREN & FAMILIES SERVICES

The population that is served within the Children & Families Services Unit is inclusive of children who have been abused and/or neglected or at substantial risk of abuse and/or neglect. Services provided are access, initial assessment, ongoing case management, kinship care, foster family licensing, and child and family specialist.

## **Challenges:**

The Children & Families Services Unit was faced with an increasing number of very complex cases that consisted of multi-faceted issues related to economics, mental health, and AODA factors.

## **Successes:**

- ❖ The staff was successful in streamlining internal processes specifically related to case transfer from the initial assessment phase of a case to the ongoing case management as well as developing a training manual for staff that are new to the unit.
- ❖ Chippewa County was also one of 15 counties in the Western Region that participated in a consortium effort to apply for a grant to address Child Protective Services families who are identified to have substance use/abuse issues. The consortium was awarded the grant and Chippewa County received \$23,000, which was used for flex funding for those families that met eligibility criteria.
- ❖ The Foster Care Program implemented the use of the Resource Family Assessment for prospective foster families, which is now the assessment tool recognized, accepted, and recommended by the State.
- ❖ In November 2008, the Child Abuse and Neglect Committee once again sponsored a Mandated Reporter Training for community mandated reporters. The training was attended by approximately 35 participants, and two of the trainers were experienced Chippewa County Department of Human Services Child Protective Services social workers.

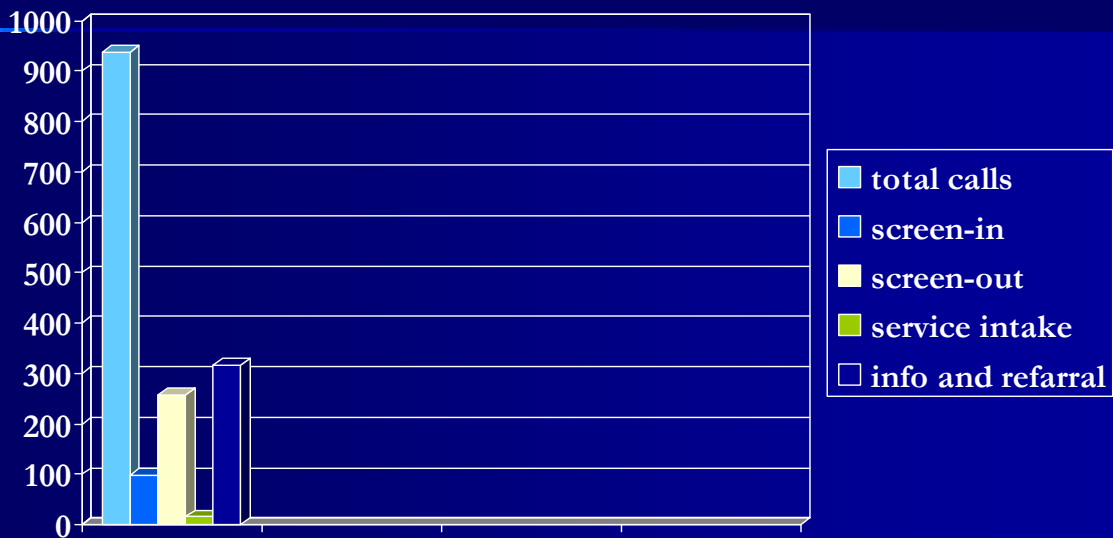
## **Future Trends:**

The governor signed into law on June 29, 2009, the budget for the biennial budget years 2009-2011. Children and Families Services may be effected by:

- Increase in the level of training required for all foster care and treatment foster care parents.
- Alternate Response Program will be developed in Child Protective Services. Parents are approached with a request to engage in services to keep their children safe as opposed to the need to gather evidence to prove they failed to protect. Children are able to be kept safe.
- Children & Families Services has applied to become a pilot county for trauma-focused child welfare services. The goal of this exciting project is to support the adoption and implementation of evidence based trauma-informed best practices and interventions with youth in the child welfare system.
- Children & Families Services may become involved in the use of Family Finding in Wisconsin. This is an innovative program that will increase the number of children in out-of-home care who achieve permanency. Placement with family members – even distant relatives – is always the preferred option when re-unification is not possible.

## Consumers Served in 2008

### 2008 ACCESS STATISTICS



*940 total child protection calls*

*148 screened in child protection calls*

*250 screened out child protection calls*

*17 service intake calls*

*325 information and assistance calls*

*200 referrals to current worker/law enforcement/another county*

There were 148 child protection calls that resulted in initial assessments. Of those initial assessments 61 were substantiated and 87 were unsubstantiated. Thirteen of the 148 cases that initial assessments were completed on were transferred to ongoing case management and were handled as either voluntary services cases or had court intervention.

Stacey Frolik, Manager

# CHILDREN WITH DIFFERING ABILITIES

## (Long Term Support in 2008)

In 2008, the Long Term Support Unit was responsible for adult and children waiver services, adult and minor guardianship/protective placements, Watts reviews, Birth to 3, adult protection, Alzheimer's Program, Family Support Program, Children Come First, and payee services.

### **Challenges:**

There were two major challenges within the Long Term Support unit in 2008. The first was Long Term Care Redesign. Many hours of planning and collaborating went into transitioning all of the adult clients with developmental disabilities that were served by the Long Term Support Unit to Community Health Partnership. A total of 255 clients were transitioned from May 1, 2008 – October 1, 2008.

The second major challenge in the Long Term Support Unit was specific to the Birth to 3 Program. A new state computer reporting system, Program Participation System (PPS) was implemented in the second half of 2008. There were large amounts of data that was entered into the system. The PPS is a data collection system that measures compliance with identified service outcomes.

### **Successes:**

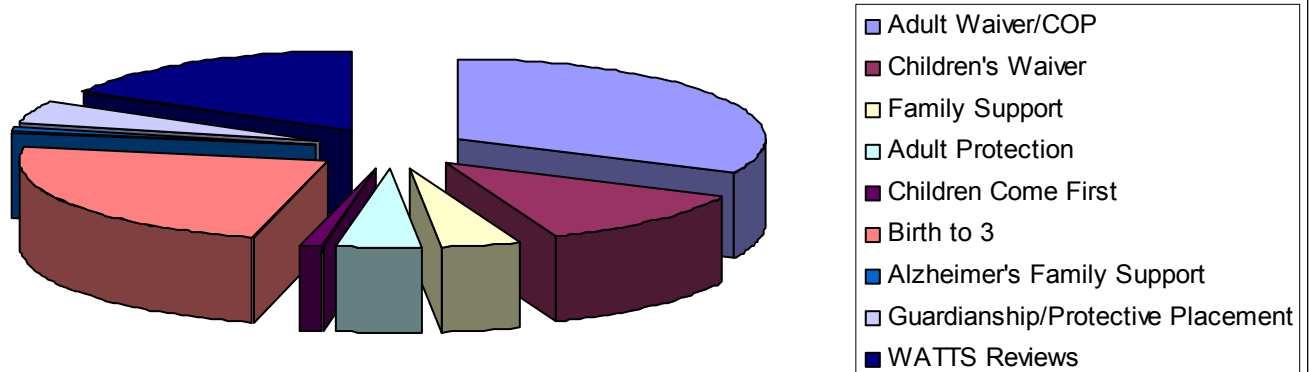
- ❖ Successes within the Long Term Support Unit for 2008 were directly related to the challenges. With the advent of Long Term Care Reform, the focus of the unit changed from working with adults to working primarily with children who have been identified as requiring long term support services. Additional staff time was available after the complete transition to allow for more service coordination time for the children.
- ❖ The PPS established that the Chippewa County Birth to 3 Program has been able to meet most federal outcome indicators.
- ❖ With Long Term Care Reform now complete, an analysis began to determine future direction for Children's Long Term Support. With an eye on both federal and state initiatives, a name change was brought forward. Therefore, the unit is now titled "Children with Differing Abilities." The new name reflects a focus on the belief that children are children first and they come to the attention of the unit due to their special needs.

### **Future Trends:**

- The most identified trend in the Children with Differing Abilities unit is that more children are being referred to the Birth to 3 program having a diagnosed condition versus standard delays. This may be an indicator of an increased need in the future for ongoing supportive services for families.
- The governor signed into law on June 29, 2009, the budget for the biennial years 2009-2011. This will create 1,000 new state funded slots for Children's Long Term Support waivers. This may mean approximately 10 new children with differing abilities will be served in Chippewa County.
- Chippewa County Human Services will be required to contribute to the cost of care for children at Mendota and Winnebago Mental Health Institutes.
- The Department of Health Services in the State of Wisconsin will seek a federal Medicaid Home and Community Based Waiver for children enrolled in Birth to 3.



## Consumers Served in 2008



Program Name	Number Served
Adult Waiver/COP .....	256
Children's Waiver .....	96
Family Support .....	32
Adult Protection .....	36
Children Come First .....	8
Birth to 3 .....	188
Alzheimer's Family Support .....	10
Guardianship/Protective Placement .....	35
WATTS Reviews .....	134

Stacey Frolik, Manager

## CHIPPEWA RIVER INDUSTRIES



Chippewa River Industries (CRI) provides packaging, assembly and other services to businesses while providing vocational programs for individuals with disabilities and other barriers to employment.

We believe that independence for individuals with disabilities begins with work and employment. Through our tradition of quality service, we are able to provide timely and cost effective production services for our business customers.

### Challenges:

By far the largest challenge was working through the details of incorporating to a private, non-profit entity.

### **Successes:**

- ❖ CRI served 164 individuals (153 in Prevocational and Supported Employment and 11 through W2) both at CRI and at community based jobs in 2008. CRI provided employment opportunities for 25 individuals from the Chippewa County Huber Center, which was identical to the number served in 2007. CRI also provided employment opportunities for 11 individuals from Workforce Resources through the W2 Program. The Outcome Measurement System is designed to monitor the effectiveness, efficiency, and satisfaction of services at CRI. CRI clients continued to benefit from relatively minimal downtime. Downtime was maintained at exceptional levels throughout 2008 with eight months of no downtime reported. Further, CRI paid out over \$252,198.93 in wages to production clients and laborers in 2008.
- ❖ Expansion into Dunn and Eau Claire Counties occurred in the Fall, taking over much of the Lutheran Social Services supported employment programming in those counties.
- ❖ After several months of planning, Chippewa County Board voted to split CRI from County governance effective January 1, 2009. CRI became independently incorporated in January 2009 and continues to work with Chippewa County Department of Human Services through a purchase of service contract.
- ❖ The amount of wages paid to clients and other laborers exceeded ¼ million dollars.

### **Future Trends:**

- There is a heightened interest in community-based employment, particularly using principles of Customized Employment, as a way to engage more individuals in supported employment settings.
- Potential for the state to decrease/reduce funding for the Rest Area Maintenance (RAM) project is expected in the next biennium.
- Marketing is a must - there is a large push towards social media marketing to get word out of the various services offered by CRI (You Tube, LinkedIn, etc.).
- Service needs in other parts of the state, particularly Western Wisconsin, will need to be addressed – how can CRI assist with meeting these service needs?
- There are potential opportunities for youth services such as tapping into ARRA funds offered to schools – the state is using some of these funds to support the Division of Vocational Rehabilitation, bringing 1,500 people off the waiting list. Positioning CRI as an organization that can meet the needs of these customers and sustain services beyond American Recovery and Reinvestment Act (ARRA) funding will be important.

### **2008 Client Demographics**

There were a total of 164 unduplicated clients who received vocational services in 2008; 4 less than 2007. Of those individuals, 87 were male (53 percent) and 77 were female (47 percent).

#### ***Geographic information for the 164 individuals served in 2008.***

#### ***Age demographics of the 164 individuals served in 2008:***

<b>Age Range</b>	<b>Number of Clients</b>	<b>Percentage of Clients</b>
70-79	5	3.05%
60-69	12	7.32%
50-59	35	21.34%
40-49	33	20.12%
30-39	35	21.34%
20-29	39	23.78%
19 & Less	5	3.05%

<b>Residence Area</b>	<b>Number of Clients</b>	<b>Percentage of Clients</b>
Chippewa Falls	99	60.37%
Stanley	10	6.10%
Eau Claire	3	1.83%
Cadott	10	6.10%
Bloomer	10	6.10%
Holcombe	9	5.49%
Cornell	8	4.88%
Boyd	3	1.83%
New Auburn	3	1.83%
Elk Mound	2	1.22%
Barron*	5	3.05%
Jim Falls*	2	1.22%

## **Historical Prevocational Trends (108 - Prevocational Services):**

<b>The Year:</b>	<b>Total Clients Served:</b>	<b>Total Number of New Starts</b>	<b>Average Productivity:</b>	<b>Percent of Down Time:</b>	<b>Total Client Payroll:</b>
2002	119	15	32%	62%	\$114,735.70
2003	133	16	27%	37.6%	\$125,882.40
2004	139	23	20%	5.7%	\$166,649.26
2005	133	31	16%	5.7%	\$146,102.29
2006	144	108-20 W2-1 DVR-5	17%	0.6%	\$182,026.15
2007	146	108-25 W2-14	15%	0.7%	\$176,566.38
2008	164	108-21 W2-9	15%	2%	\$181,471.03

### **Work Services (Non-Community Based)**

	<u>Goal</u>	<u>Actual</u>
1. Average productivity:	20%	15%
2. Percentage of time spent on paid work:	95%	98%
3. Maximize Units of Service:	132,000	145,077.44
4. 2008 Terminees	10	34

Thirty four individuals left CRI for various reasons during 2008. Sixteen no longer wanted services, five moved away, one lost funding, one obtained community employment, six left for health reasons, two were terminated due to behavioral issues, two graduated, and one consumer passed away.

### **Supplemental Measures:**

1. Number of new referrals: 38
2. Number of new starts (DD/MH/CHP\*): 30 total: W2 - 9, MH - 11, CHP - 9, EC County - 1
3. Number of individuals placed in SE\*\*: 6 (unduplicated)
4. Number of new referrals that did not start: 8
5. Reasons for not starting: four started in 2009, two were deemed not appropriate, one lacked interest, one had behavioral issues.

\*Developmental Disability/Mental Health/Community Health Partnership

\*\*Supported Employment

### **Employment Trainings**

CRI offered training opportunities to the clients it served in 2008. CRI offered two trainings each month in 2008 that averaged 20 clients. The trainings covered topics such as; work place hygiene, health, yoga, work safety, workplace harassment, basic first aid, fitness, and sign language.

## **Community Employment/Direct Placement**

2008 was CRI's fifth year of providing Supported Employment (SE) Services. CRI received seven SE referrals from Division of Vocational Rehabilitation (DVR). CRI received eleven referrals for direct placement from DVR.

### **Historical Community Employment Trends (615 - Supported Employment):**

<b>The Year:</b>	<b>Monthly Average Clients Served:</b>	<b>Total Number of New Referrals</b>	<b>New Job Placements:</b>	<b>% Maintaining Employment:</b>	<b>Units of Job Coaching:</b>
2004	29	5-DVR	8	71.4%	2,953
2005	20	5-DVR 5-Youth = 10	11	66%	3,179.70
2006	22	8-DVR 4-Youth = 12	15	93%	3,516.25
2007	26	9-DVR 1-Youth = 10	14	92.8%	3,435.76
2008	41	18 - DVR	6 – LTS* 4 - DVR	75%	5,076

\*Long Term Support

		<u>Goal</u>	<u>Actual</u>
1. Number of individuals placed.:	SE	10	8
	DP*	2	2
2. Percentage who maintain employment for at least six months:	SE	93%	75%
Percentage who maintain employment for at least three months:	DP*	93%	50%
3. Units of service provided (direct job coaching):		3,204	5,076
4. Total number employed in SE Program (monthly average)		25	32

### **Supplemental Measures:**

- Average starting wage: \$6.55
- Average hours of work per week: 15
- Average percent of job coaching needed to maintain employment: 25%
- Year-to-date range of hours of work, wages, and benefits: 2 - 25 hours per week
- Types of work - nature of businesses for actual new placements:  
Dishwasher, janitorial, lawn care, cleaning, grocery stocker/bagger, auto detailer, and bakery
- How consistent is/are the placements with client goals for the type of work and hours of work: 100% goal obtained
- Number of DVR referrals: 7 - SE  
11 - Direct Placement (DP)
- Youth Program Work Experiences (High School Students): 0



Dave Lemanski, President/CEO



# COMMUNITY MENTAL HEALTH AND RECOVERY SERVICES

Community Mental Health and Recovery Services (CMHRS) has been working toward providing consumers a continuum of care that is based on each person's individualized needs. Program areas stress continuity of care as they collaborate on cases they have in common.

CMHRS continues to work with Northwest Guidance and Counseling Services along with multiple counties in the area on our crisis services. This is an excellent example of regional planning and service delivery, a trend we will continue to see across Wisconsin. Beginning discussions with multiple counties have also begun around a regional crisis center.

The Guidance Clinic name has changed. This was done during our recertification site visit with the Wisconsin Division of Quality Assurance, Department of Health Services in February 2009. Changing our name to Community Mental Health and Recovery Services will help put the unit in line with where the State of Wisconsin is going in the areas of mental health and substance abuse.

2008 Community Mental Health and Recovery Services goals were set and accomplished to help our mission of integrated services:

- ☑ CMHRS substance abuse staff will screen and assess the appropriate level of services an individual needs when CMHRS is financially responsible for payment of services by March 2008.
- ☑ All Mental Health and substance abuse referrals to outside agencies when DHS is financially responsible for payment of services will have prior authorization for services approved by CMHRS. This includes mental health and substance abuse referrals for outpatient treatment, inpatient treatment, and residential placements.
- ☑ Client satisfaction surveys will be done randomly through out the year. Beginning March 2008, random weeks will be chosen throughout the year where surveys will be done for a week at time for each individual seen by a psychotherapist and a substance abuse counselor for that week.
- ☑ A report will be run and written on the results of those surveys, in 2009, prior to the Human Services annual report.
- ☑ All group in-home therapy sessions will complete evaluations.
- ☑ Per state requirements all substance abuse clients who have been discharged from services will receive a discharge survey.

Completion of these goals helped us provide integrated treatment for co-occurring disorders, which is evidence -based practice. Client satisfaction surveys gave high scores in a number of clinical services. This assisted us in measuring consumer needs as we reorganize mental health and substance abuse services.



## **Substance Abuse Services**

CMHRS began offering substance abuse services in February 2008. The substance abuse program offers a team approach that serves substance abuse as well as dual diagnosed mental health consumers who are Chippewa County residents. The substance abuse staff is comprised of psychiatry, nursing, a certified substance abuse counselor, and a substance abuse counselor in training. Substance abuse staff were trained in the evidence based practice of motivational interviewing and continue to be part of a statewide group that is practicing this model as a continued quality improvement program moving into 2009. The substance abuse program provides individualized assessments, individual therapy, and group therapy.

### **Challenges:**

The substance abuse program, being a new program, has faced many challenges throughout its first year. First, a large number of referrals indicate the need for services to the indigent in our community. Second, an increase in severity or longevity of consumer chemical abuse issues is surfacing. Lastly, the numbers of dual-diagnosed consumers greatly increases the complexity of required treatment planning and services.

### **Successes:**

- ❖ At this time, a total of 85 consumers participate weekly in evidence based matrix model groups. Averages of eight to ten intake assessments are completed weekly. Staff collaborate closely with existing programs such as the Community Support Program, Outpatient Mental Health, Drug Court, Case Management, and Child Protective Services. Collaborative services allows for a more immediate and, if need be, more extensive services for consumers who are dual diagnosed.
- ❖ Through the use of a team approach, staff are able to guide the chemically dependent consumer back to becoming a contributing member of the community. Cost savings to the county has been substantial because expensive hospitalizations, detox services, and inpatient treatment days have been greatly reduced. These individuals are provided with ongoing support, treatment, and assessment at one location. In all, substance abuse program costs decreased \$130,626 when comparing 2007 costs to 2008 costs. The cost of treatment can be very expensive with the daily cost of hospitalizations ranging from \$735 to \$933 per day, detox services at \$490 per day, and inpatient treatment costing \$312 to \$451 per day. The substance abuse program also brings back to the county a portion of the cost of the program through a contract with the Department of Corrections to serve indigent Chippewa County residents and the ability to bill Medical Assistance when possible for internal referrals made within the Department of Human Services.

### **Future Trends:**

- Consumers seeking services may continue to increase.
- Crisis planning for our substance abuse consumers will continue to increase.
- The State of Wisconsin – Division of Mental Health and Substance Abuse Services continues to be supportive of our evidence based model, which combines mental health and substance abuse services in the same unit. Evidence based practices include the use of strength based assessments that offer individualized treatment plans to build upon while using group programming based on the matrix model.
- Our community is highly impacted by our Midwest culture and acceptance of alcohol use. Prescription medication abuse is the latest trend we are seeing in our community.



## **Mental Health Services**

Mental health services include referrals for psychiatric services, assessments, treatment plans, crisis services, employee assistance program, short-term psychotherapy, group therapy, jail services, and mental health assessments for internal Department of Human Services (DHS) referrals.

### **Challenges:**

The CMHRS responsibilities are challenging and require a high level of coordination due to the nature of the population it is serving. It is necessary that staff know more about various treatment modalities and the availability of community resources.

### **Successes:**

In 2008, psychotherapists were trained in evidence based Cognitive Behavioral Therapy and Motivational Interviewing. Treatment is designed to be short-term and consumer focused. All psychotherapist staff are emergency crisis trained and provide services in the crisis program. A coordinated service team approach is utilized. Of the 551 clients seen at the clinic in 2008, 314 (57 percent) were also being served in another program area within DHS. This is a substantial increase from previous years. It has been a goal to service DHS clients within its clinic when they do not have the ability to be served elsewhere. CMHRS had nine in-home family intervention cases in 2008 (over 60 in home contacts).

### **Future Trends:**

- Historically when an economic downturn occurs, family and individual stress increase. Therefore, mental health issues tend to surface at a higher rate. This may result in an increase in consumer need for services.
- Due to the challenging consumers the unit now serves, it is necessary that the professionals within the unit continue to coordinate services between outpatient mental health, substance abuse, crisis services, and service coordination. The focus is utilizing the strength of the consumer through an individualized treatment plan.

## **Crisis Services**

Chippewa County CMHRS 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.

### **Challenges:**

While many law enforcement agencies are increasing their use of crisis services prior to an emergency detention, not all use the service consistently. Another challenge is that the hours of mobile crisis services, 4 p.m. to midnight, do not always meet the needs of law enforcement officers and consumers.

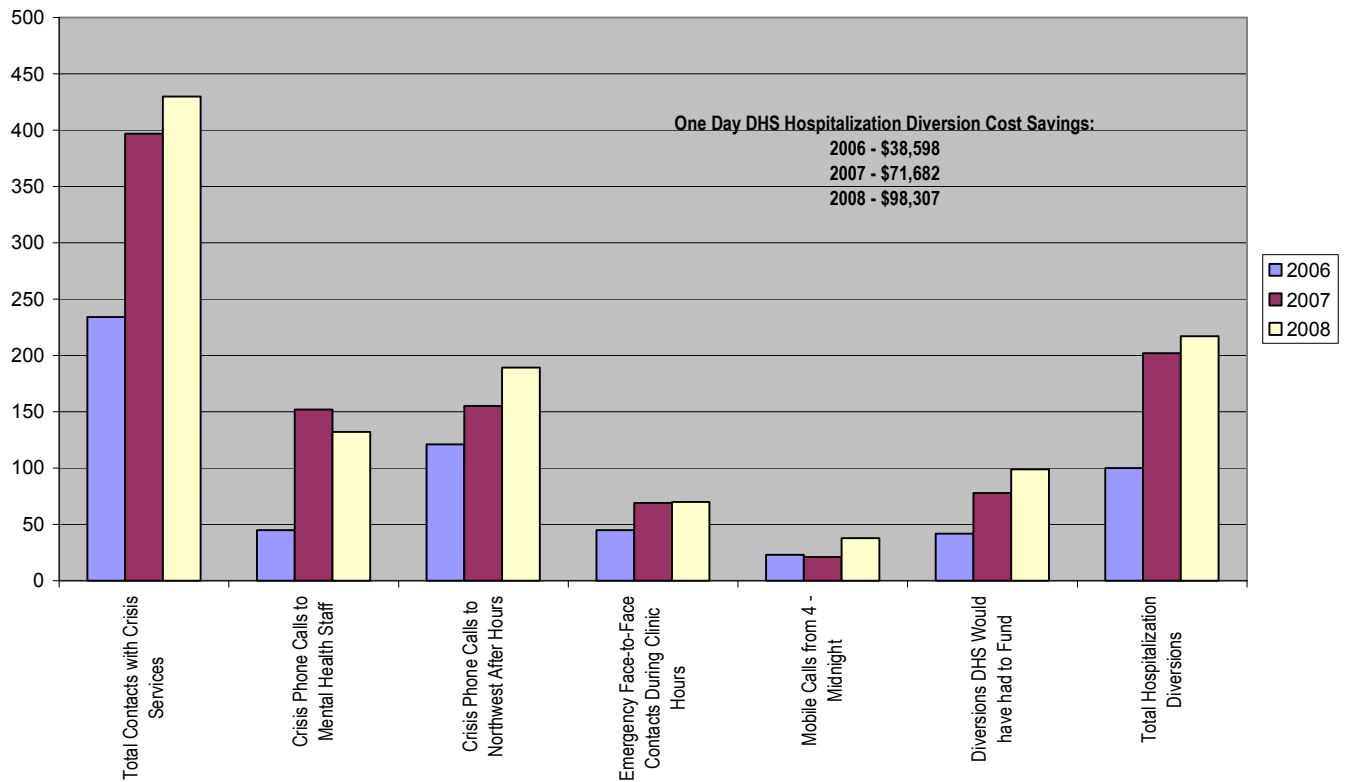
### **Successes:**

There were a total of 99 hospitalizations diverted in 2008 through the utilization of the emergency crisis at a daily cost savings of \$98,307.

### **Future Trends:**

- CMHRS continues to provide crisis services based on best practice models.
- Increased mobile crisis hours may help divert more cases from hospitalization.
- Decline or leveling off of emergency detentions.
- Continue discussions with the Sheriff's Department on transportation to hospitals occurring contingent on first involving mobile crisis to assess and divert hospital placements.

### Chippewa County Emergency Crisis Services Summary



### Chippewa County Emergency Detentions/ Petitions for the Last 5 Years

Date	Total Detentions/ Petitions	Commitment/ Recommitment	Court Approved Settlement	Convert to 55	Dismissals/ Transfers
2008	169*	31/34 = 65	16	3	103
2007	154	73	20	4	86
2006	179	66	16	0	128
2005	223	54	16	3	150
2004	294	73	22	6	197

\*We had 16 cases reflected in the detentions for 2008 that were out-of-county residents from the Excel Unit at the Northern Center needing emergency detentions. This has increased since the state moved dual diagnosed minors from Winnebago to the Northern Center in Chippewa County. So our total would be 153 emergency detentions.

## **Community Support Program**

The Community Support Program (CSP) staff is comprised of psychiatry, nursing, service coordinators, and a mental health technician. CSP uses a team approach to work with some of the most severely mentally ill Chippewa County residents, presently 46 in number. These consumers have a severe brain chemical imbalance. This population tends to be impacted by deeply disturbing hallucinations and delusions, sometimes almost constantly and usually long-term. Extreme, difficult to control mood related problems are also a frequent issue for them and may be associated with their thought disturbances.

### **Challenges:**

With long term care redesign came the need to ensure consumers in CSP are able to benefit from the rehabilitative services the program provides. If not, consumers were referred to the Aging and Disability Resource Center (ADRC) for rehabilitative services through the Community Health Partnership. This process included the need to do psychological IQ testing with a number of CSP consumers.

### **Successes:**

- ❖ The CSP team members, with their expertise in the treatment of mental illness, flexibility of services, frequent consumer contact, and close collaboration with Dr. Vidic, are able to respond quickly to these consumers rapidly fluctuating needs. Cost savings to the county has been substantial because expensive hospitalizations and group home placements are often able to be avoided as this population is provided with services to support their highest possible level of independence within the community. (See “Trends” section under case management for the breakdown of cost savings.) The expense of placements can add up quickly, with the daily cost for hospitalizations ranging from \$735 to \$993, and group homes placements costing \$100 to \$257 per day. CSP also brings back to the county much of the cost of the program through the ability to bill Medical Assistance (MA) for any work associated with those consumers with MA.
- ❖ The CSP team does daily medication monitoring for 17 of the most challenged clients. Treatment plans indicate continued stability requires medication monitoring, and it is highly likely most of the 17 consumers would require hospitalization within 30 days without such monitoring.
- ❖ CSP has recently initiated an ongoing symptom management group. The group takes place in the community and enables the seriously mentally ill population to learn strategies for managing their illness and making progress towards recovery through the use of core values including hope, personal choice, collaboration, respect, and recognizing people as the experts in their own experience of mental illness. This is an evidence based practice using the *Illness Management & Recovery Program* from the Substance Abuse Mental Health Services Administration’s Center for Mental Health Services (SAMHSA).
- ❖ With the inclusion of substance abuse services provided through CMHRS, CSP staff are able to collaborate on a regular basis with substance abuse staff and get assistance with treatment planning. This has been successful in assisting CSP consumers with having their drug and alcohol issues addressed before a crisis occurs.

### **Future Trends:**

- Thirty-seven percent of the consumers in CSP are diagnosed with borderline personality disorder. These individuals tend to require more time in helping them maintain stability.
- Medication packing and monitoring consumer medication compliance by CSP staff has increased in the last year. Reported data shows that in 2007, 68 percent of our consumers were compliant in taking medications as prescribed on their own. This fell to 41 percent in 2008. A reflection of serving more challenged consumers. Packing medications and supervising the taking of medications on a daily basis is essential for CSP consumers.

- CSP is moving toward a recovery model instead of a maintenance model. This involves various training sessions as well as restructuring CSP forms and procedures. Staff have participated in Person Centered Planning, which is an evidence based model program.
- There is an increase in the number of reported hospitalizations for CSP consumers. In 2007 the percentage of consumers hospitalized was 13 percent, with a total of 106 days in the hospital. 2008 statistics show 17 percent of CSP consumers were hospitalized with a total number of days for the year being 105. There were more hospitalizations but roughly the same number of total hospital days from 2007 to 2008. Yet, due to the number of consumers in the program dropping from 61 to 48, this reflects more days per hospitalization per consumer in 2008.
- Placements in an Adult Family Home (AFH) or Community Based Residential Facility (CBRF) – only 3 percent of biannual reviews reflected a placement had occurred, in contrast to 5 percent in 2007. This reduction may reflect the addition of a crisis bed as an alternative to placement. The 3 percent figure does not take into account placements into the crisis bed, which tend to be relatively brief. The reduction in group home placements in 2008 is a big success and largely attributed to the weekly staff meetings where all placements are reviewed.
- Thirty three percent of the consumers in CSP have co-occurring disorders; mental health and substance abuse. Evidence based integrated treatment for co-occurring disorders is also practiced in CSP.

## **Case Management Services**

Case management is provided for consumers who are receiving CMHRS services through an involuntary order for mental health and/or substance abuse treatment.

### **Challenges:**

Many consumers served in case management have substance abuse and mental health issues, along with personality disorders that are often hard to treat. Monitoring compliance of court orders has become more difficult as a result of the multiple issues consumers present.

The clinic nurse is spending more time packing medications to help with medication compliance.

Many consumers who are court ordered are homeless, unemployed, and lack natural support systems. They have often times found traditional outpatient treatment to be unsuccessful.

### **Successes:**

- ❖ Mental health and substance abuse service coordinators work on average with 50 to 60 clients who are involuntarily court ordered, as well as those seeking services on a voluntary basis following a crisis contact, or those moving from CSP to case management as service needs decrease. A "wrap around" approach is utilized to manage these difficult cases, promote stabilization, and minimize placement expenditures. Coordinated care includes: psychiatric assessment, medication management, supervision of medication compliance, cognitive behavioral therapy, symptom management support groups, substance abuse treatment, relapse support groups, and interventions. Service coordinators advocate for eligibility of community services and financial resources (i.e. housing, Medicaid, and Social Security benefits).
- ❖ Targeted case management reflects the Department's ability to bill Medicaid for case management services. This process involves completion of an indepth functional assessment of an individual's strengths and needs and creation of a recovery plan that focuses on utilization of the person's strengths to promote desired outcomes.
- ❖ In comparing 2007 and 2008, there was a \$ 270,124 savings in placement costs – Community Based Residential Facilities (CBRF) costs declined \$135,996, inpatient hospitalization costs declined \$ 95,717, and Institution for Mental Disease (IMD) costs declined \$38,411.

**Future Trends:**

- Service coordinators are crisis trained and provide crisis services.
- Many of the consumers under case management have active crisis plans on file to assist in an emergency.
- Person centered planning (PCP), an evidence based practice, is being implemented. Court ordered services and PCP are sometimes at odds, making it difficult to initially engage some consumers.
- Staff will be increasing MA billing in 2009.
- Weekly placement staffings between service coordinators and CSP staff have helped move consumers to least restrictive, less costly services.

**Chippewa County Drug Court Program**

The Chippewa County Drug Court Program is a Court that is designated to handle cases involving drug offenders through an intensive, judicially monitored program of alcohol and drug treatment, rehabilitation services, and strict community supervision. The mission of the Drug Court Program is to increase community safety, restore sober, productive, law abiding citizens to the community by breaking the cycle of drug and alcohol addictions.

Drug Court is a collaborative effort and partnership between the criminal justice system and community drug treatment providers, which structures treatment intervention under the authority of Honorable Judge Roderick Cameron.

Drug Court is dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and a treatment team of court officers and professional staff work together toward a common goal of breaking the cycle of drug abuse and criminal behavior.

**Enrollment Information 2008:**

- Eight participants served in 2008 - projected length of stay in program is 18 to 21 months.
- Current caseload of four (one participant in Phase I, three in Phase III).
- Four discharges for non-compliance, no graduations.
- Maximum caseload of five to seven.

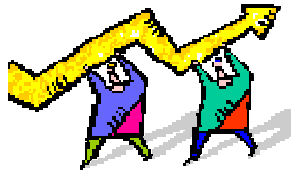
**Financial Status:**

- Drug court fee for each participant is \$75. Half of fee can be reduced by completing 50 hours of community services (\$7.50 per hour). Fee must be paid in full upon completion.
- Fee payments received to date are \$1,450.
- Expenditures for rewards & incentives \$225.
- Present balance \$1,225.



**Challenges:**

- ♦ Both a new service coordinator and a new probation officer were assigned to work with drug court in 2008. After an initial adjustment period, both brought new ideas to the program.
- ♦ Persons were brought into drug court that had significant personality diagnoses that hindered successful completion of drug court.
- ♦ The program serves five to six consumers at one time due to limited service coordination time.

**Successes:****Jail Savings:**

There is a balance of jail time saved with each drug court participant. Time saved varies and depends upon the circumstances that bring an individual to drug court. Jail savings occur when an offender is accepted into the program as alternative to revocation (ATR). For purpose of this report, ATR savings is calculated at \$37.84 per day per participant. Drug court has served two ATR participants with an estimated savings of \$6,811.20. (Two participants times 90 days times \$37.84 per day).

**Community Savings:**

Currently, three out of four participants have employment. This in turn means participants are purchasing goods and services in our communities and paying taxes. Participants can work up to 50 hours of community service to reduce drug court fee. The four current participants have completed a total of 182 hours at \$7.50 per hour, which equals \$1,365.

**Future Trends:**

- Persons will be screened for personality problems which might deter successful completion of drug court.
- More thorough assessments for co-occurring disorders will be implemented.
- Graduates will be asked to mentor new program participants.
- Drug court consumers in Phase III will be asked to co-facilitate matrix groups.
- The State of Wisconsin continues to redefine what constitutes a felony offense.

A handwritten signature in black ink that reads "Susan Klinger". The script is cursive and fluid.

Susan Klinger, Manager



# ECONOMIC SUPPORT

Economic Support is a field in which the only thing that is constant is change. This requires the staff to be extremely flexible in doing the business of providing much needed benefits to the citizens of Chippewa County. It goes without saying that in tough economic times more people are going to need assistance; however, in good economic times, programs are expanded to a wider population as there is more funding available to do so, ergo the number of customers served historically increases. In conclusion, I have the utmost confidence that the Economic Support staff will meet the challenges and continue as a vital part of the Department of Human Services and Chippewa County at large.

## **Challenges:**

As has been the trend the last 10 years, Economic Support saw an increase in the number of customers served across all programs in 2008. (See example graphs.)

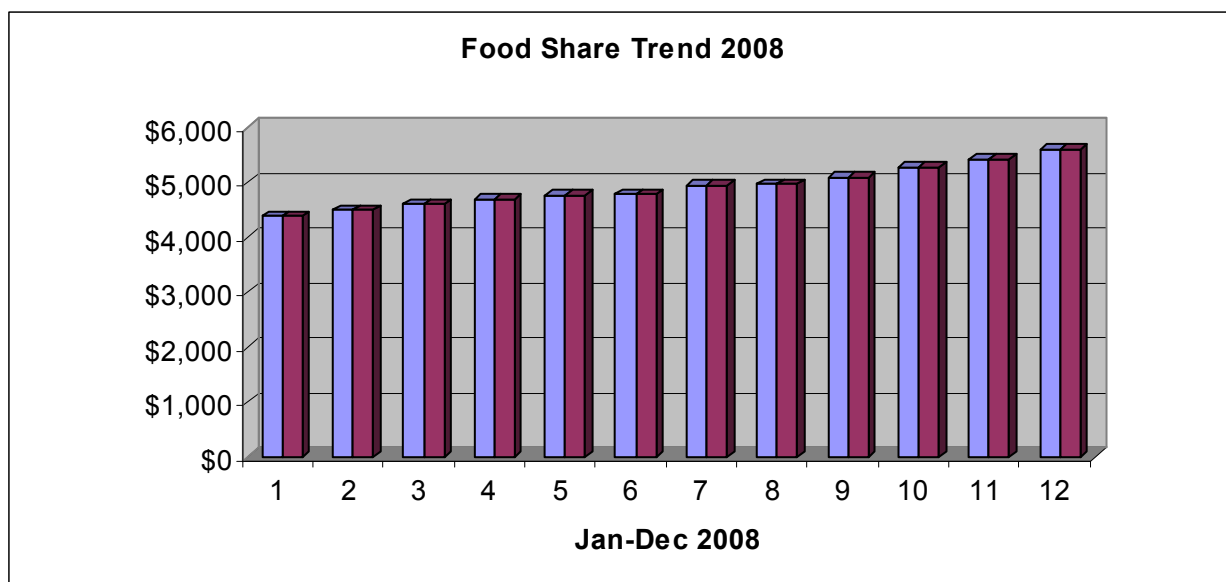
Perhaps the biggest challenge and success in 2008 was working through Long Term Care Redesign and coordinating the efforts with the Aging and Disabilities Resource Center, the Community Support Program, and Community Health Partnership. There are multiple challenges anytime a change of this magnitude is implemented, both anticipated and not.

## **Successes:**

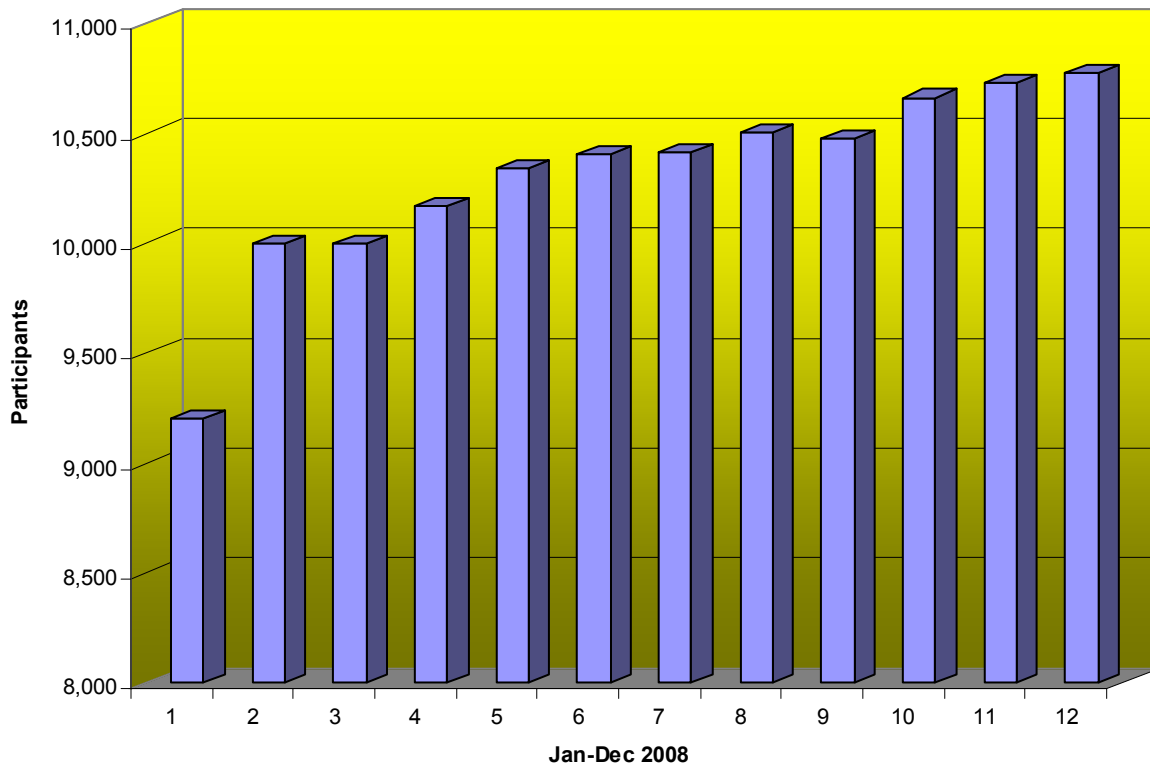
- ❖ The Economic Support Unit did and will continue to adapt to multiple changes in both policy and procedures in administering public assistance programs in Chippewa County.
- ❖ Through everyone's efforts the Long Term Care Redesign transition was by and large successful, and most customers saw little or no disruption in services.

## **Future Trends:**

- In looking to the future, it is important that we work smarter and maximize the use of technology where appropriate, and explore the possibility of teaming up with other counties in regionalizing certain segments of public assistance service delivery while maintaining fiscal responsibility and ensuring quality customer service



Medical Assistance 2008



Mark Nelson, Manager

## TRANSPORTATION

The Chippewa County Transportation Program provides services to physically, mentally, and developmentally disabled and to the elderly, in Chippewa County. Priority transportation is provided for employment, nutrition, and medical needs. Transportation is also available for social and recreation outings for elderly and disabled Chippewa County residents.

### Challenges:

2008 was a very challenging year for the Transportation Program. Fuel prices sky rocketed throughout the year. Diesel topped out at \$4.24 per gallon, gasoline rose to \$3.70 per gallon. This substantial increase prevented the program from ending the year with a balanced budget. The average cost per trip in 2008 was \$8.29. Rates charged per trip rose from \$4.25 to \$5.66, which did not cover operating costs.

A few minor challenges occurred with consumers transitioning throughout the year to become members of the managed care organization awarded by the State of Wisconsin to Community Health Partnership.

**Successes:**

The Chippewa County Transportation Program provided transportation to 199 individuals in 2008 to workshops and for medical appointments. An additional 80 persons were transported for various social/recreational outings throughout the year. There was a 10 percent increase in trips provided for non-ambulatory consumers, and a 14 percent increase in medical transportation.

The Chippewa County Transportation Program 5310 competitive grant application for seven vehicles, was successful. Cost of these vehicles will amount to \$372,700.00 in funding and will be scheduled for 2009 and 2010 delivery. All seven vehicles will be lift-equipped and will replace two non-lift equipped vans, and buses that have more than 150,000 miles. These new vehicles ensure the Transportation Program's continued dedication to its elderly and disabled riders by providing safe and dependable service to those who rely on it.

**Future Trends:**

Effective January 1, 2010, the Transportation Program will no longer be a provider of transportation services for Chippewa County. The Transportation Program will continue to administer the program and contract with a private provider. The 85.21 operating assistance grant will be used to support the program.

**Demand for Services and Mileage****TRIPS**

	Medical	Employment	Nutrition/ Aging	Social/ Recreation	Education/ Training	Total Trips
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
2008	9809	45,909	0	3656		59,374

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
2008	282,884 trip miles

**MILES****NON-AMBULATORY TRIPS**

	2002	2003	2004	2005	2006	2007	2008
Elderly	939	1059	1137	1172	1168	702	443
Non-Elderly	2335	2335	2757	2904	2927	3694	4388
Total	3274	3414	3894	4076	4095	4396	4831

Nancy Sarauer, Manager

# YOUTH SUPPORT & SERVICES

The population served within the Youth Support & Services unit include children who have committed a crime and are under the age of 17 at the time of the act, as well as children who are status offenders; truants, runaways, or otherwise display out-of-control behavior.

The Youth Support & Services unit received 89 new referrals on juveniles in which there was not a current open case and 52 referrals on cases that were already open to the unit. Average case load size for the four delinquency case managers is 35 - 40 at a given point in time.

## **Challenges:**

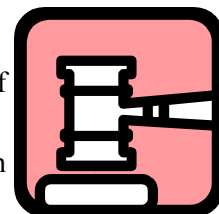
The most evident challenge faced by Youth Support & Services was the rising out of home placement costs. Due to this identified challenge, a process of reviewing out of home placements as well as potential placements was implemented. This process included unit staff, agency director, unit manager, and Community Mental Health & Recovery Services manager .

## **Successes:**

The Youth Support & Services staff were instrumental in developing and implementing procedures for the Independent Living Services, Restitution, and Home Detention programs. This streamlined not only the referral process but the tracking and monitoring of the three individual programs.

## **Future Trends:**

- An increase in the number of children referred to the Youth Support & Services unit who present with a dual diagnosis of mental health/AODA and criminal behavior.
- The Federal and State priorities will include:
  - ⇒ Maintaining compliance with the Juvenile Justice and Delinquency Prevent Act.
  - ⇒ Promoting juvenile justice system improvement by providing local units of government the opportunities to adopt evidence based programs/practices.
  - ⇒ Supporting programs that address mental health and substance abuse among youth offenders.
  - ⇒ Coordination of Child Welfare (Abuse & Neglect) and Delinquency Programs.



Stacey Frolik, Manager

# FINANCIAL REPORT



## Audited Expenses

Program	2008 Expenses
Administration	\$1,093,659
Alcohol & Other Drug Abuse Services	\$319,361
Intoxicated Driver Program	\$22,048
Mental Health Services	\$2,300,336
General Relief Program	\$12,612
Wisconsin Home Energy Assistance	\$203,346
Income Maintenance	\$1,472,021
Abused & Neglected Children Services	\$1,251,144
Children & Family	\$108,797
Delinquency Services	\$1,864,256
Kinship Care Program	\$72,409
Adults & Elderly Services	\$1,270,697
Birth to Three Program	\$328,389
Developmentally Disabled Services	\$6,059,131
Physically & Sensory Disabled Services	\$246,041
Transportation Program	\$491,854
<b>Total Expenses</b>	<b>\$17,116,101</b>

## Audited Revenues

Source	2008 Revenues
County Levy	\$2,172,342
County Indirect	\$833,650
State Contract	\$9,357,199
Child Care	\$79,565
Youth Aids	\$783,531
Elder Abuse	\$24,203
Crisis Services Grant	\$25,000
Wisconsin Heating Assistance	\$158,955
Community Intervention	\$28,060
Transportation Grant	\$147,004
Deficit Reduction - WIMCR	\$556,706
Collections	\$2,647,599
COP Risk Reserve	\$16,220
<b>Total Revenues</b>	<b>\$16,830,034</b>

Loss (including transfer out of \$93,000 for vehicle fleet) of \$379,067

## 2008 Expenses

