



## 2008 ANNUAL REPORT

**MISSION: PROMOTING THE DIGNITY AND STRENGTH OF INDIVIDUALS  
AND FAMILIES WITHIN THE COMMUNITY**

### ECONOMIC SUPPORT SERVICES SECTION

The Economic Support Services Section provides a variety of financial supports and services to families and individuals. The programs include Wisconsin Works, Child Care, Medicaid, Food Share, General Relief and Energy Assistance. The staff located at the Dunn County Job Center provide assistance to families and able-bodied adults and provide the Energy Assistance services. The staff at the Department of Human Services building serve elderly and disabled applicants.

#### WISCONSIN WORKS (W-2)

Financial and Employment Planners assist families to find employment and to advance up the employment ladder, while overcoming barriers in their lives.

Placement	Average # of cases/month
W-2 Payment Cases	20
W-2 Non-Payment Cases	6

Payments through the State W-2 System	
<b>W-2 Benefits</b>	<b>\$115,931</b>
Participant Support	\$47,275
Job Access Loans	\$2,816

#### CHILD CARE

Staff certifies in-home family child care providers and provides financial assistance for families to aid in paying for the costs of child day care.

# Families Served	162
# Children Served	241
<b>Total Payments</b>	<b>\$422,695</b>
Average Paid per Child	\$1,664

#### FOOD SHARE (FOOD STAMPS)

Food Share assists low-income families and individuals to buy food. At the Job Center, staff work with unemployed and underemployed Food Share recipients to assist them to become self-sufficient. The majority of the individuals served by Food Share are the elderly, the disabled and children. A total of **\$3,017,445** in Food Share was issued.

# Cases Average/Month	1,380
# Recipients Average/Month	3,356
# Adults/Year (unduplicated)	3,017
# Children/Year (unduplicated)	2,341
Ave Benefits/Household/Mon	\$182

#### MEDICAID/MA/BADGERCARE

Medicaid is available to assist participants with the cost of health care. Through Medicaid, **\$36,282,016** worth of health care coverage was received by Dunn County residents. Medicaid is available to a variety of people, as shown in this table.

Category:	# Recipients/Month
BadgerCare Plus	4,442
Family Planning Waiver	1,172
Elderly & Disabled/MAPP	188
Nursing Home/Waivers	483
SSI	594
Other (QMB, TB, WW MA)	74
<b>Average Per Month</b>	<b>6,956 Recipients</b>

## ENERGY ASSISTANCE

Energy Assistance generally provides a one-time payment, based on family size, income and fuel usage, to assist with the cost of home heating. It can also provide crisis assistance and furnace repair and replacement.

<b>Regular EA Applications</b>	1,786
Households paid	1,548
<b>Amount Paid</b>	<b>\$832,838</b>
Average Payment	\$538
Total Persons (regular)	3,901
Elderly Recipients	614
Disabled Recipients	789
Children 5 & Younger	565
<b>Crisis EA Households Paid</b>	694
Elderly Recipients	118
Disabled Recipients	267
Children 5 & Younger	235
<b>Crisis Payments</b>	<b>\$165,734</b>
<b>Furnace Repair/Replacement</b>	<b>\$31,632</b>
Households	39

## GENERAL RELIEF

General Relief is a program operated to assist people with basic needs when other resources are not available. It is used primarily for housing, transportation for medical care or employment, and emergency medical care.

	# of Recipients	\$ Paid
Non-medical	76	\$15,848
Medical	120	\$54,332
<b>Total</b>	<b>196</b>	<b>\$70,180</b>
Refunds		\$8,283

## **AGING AND DISABILITY RESOURCE CENTER AND SERVICES SECTION**

The statewide initiative to redesign and reform adult Long Term Care services was implemented in Dunn County in 2008 after 3 years of planning with 4 other area counties. A number of major changes were made including the following.

- The former County Department of Aging was combined with the former Long Term Support Services Section in DHS to become the new Aging and Disability Resource Center and Services (ADRC&S) Section.
- New funding and services were brought to Dunn County when an Aging and Disability Resource Center (ADRC) was established.
- The Birth to Three Program (aka the Infant Development Program), the Family Support Program and the Children's Long Term Support Program were transitioned to the Family and Children's Services Section of DHS.
- **166 adult** Long Term Support (LTS) MA Waiver Program consumers were transitioned to Community Health Partnership (CHP) or to the State's self-directed supports program (IRIS) between June 1 and November 1, 2008.

- **66 consumers** were moved from the adult LTS MA Waiver Program Waiting List to receiving services through CHP from June through December, 2008. Prior to this initiative, less than 1 person/month (.6) was moved from the Waiting List to services.

### ADULT LTS MA WAIVER PROGRAMS

This chart details the adult Long Term Support MA Waiver Program information for 2008.

Funding	Annual Amount *	# of Consumers **	Daily Average	# on Wait List ***
CIP 1A	\$ 926,605	15	\$258.76	0
CIP 1B	\$2,932,232	99	\$146.62	15
CIP II	\$ 394,353	19	\$ 93.58	33
COP-W	\$ 412,515	34	\$ 60.31	
COP	\$ 80,948	1	as match	0
<b>Total</b>	<b>\$4,746,653</b>	<b>168</b>		<b>48</b>

\* Includes 7% Administration

\*\* Unduplicated

\*\*\* Does not include open cases requesting additional services.

## AGING AND DISABILITY RESOURCE CENTER (ADRC)

The new ADRC, which was implemented at the end of 2008, provides services for older adults and adults with disabilities, including:

- Information and assistance.
- Options counseling.
- A single point of entry for publicly funded long term care services.
- Elderly and Disability Benefit Specialist services.

A data system module was implemented in 2009 which will assist DHS in collecting information about the people served by the ADRC.

## ADULT PROTECTIVE SERVICES

Adult Protective Services provided by the Section include:

- The investigation and assessment of referrals alleging the abuse or neglect of vulnerable adults, including the elderly.
- Guardianship proceedings when there is an issue of protection.
- Protective services or placements that require a Court order to implement

## AGING SERVICES

The new ADRC&S Section continued the services and programs previously provided by the Department on Aging including the following.

- The Nutrition Program served a total of **57,744 meals**, including **21,477 congregate meals** to **828 individuals** with an average donation received of \$3.15/meal. The Program served **36,267 home delivered meals** to **436 individuals** with an average donation received of \$5.02/meal.
- The Volunteer Driver Program provided transportation to **120 individuals**, who were elderly or veterans. The volunteers drove **76,880 miles**, made **3,757 one-way trips**, and provided **4,043 hours** of service.
- The Alzheimer's and Family Caregiver Support Programs provided **28 families** with funding for in-home services, facilitated monthly caregiver support groups, and provided many hours of information and referral to other families.
- The Memory Care Connections Grant promoted early dementia diagnosis and offered memory assessments and information to many people. **12 families** were provided with home-care funding.
- The Elderly Benefit Specialist provided **427 hours** of information and assistance regarding insurance issues, assisted **181 people** with Medicare Part D enrollment, and had **491 contacts** related to other insurance issues.
- Volunteers provided **24,431 hours** of service valued at **\$244,306** to the Aging Services programs.

## **BEHAVIORAL HEALTH SERVICES SECTION**

### MENTAL HEALTH & SUBSTANCE ABUSE

Over **807 consumers received mental health** services, including 47 in inpatient care, 11 in community-based residential facilities and 3 in long-term institutional placements. Approximately 710 consumers were served on an outpatient basis through the DHS Behavioral Health Clinic, which includes individual and family counseling, psychological evaluations and psychiatric services.

There were **165 Emergency Detentions** in hospitals of consumers with mental health, substance abuse or a combination of problems. Enhanced mental health crisis services initiated in November 2005 continue to impact and reduce the need for Emergency Detentions, compared to the years prior to the start of crisis services.

There were **99 mobile** crisis call-outs in 2008 compared to 84 in 2007. In addition, numerous crisis assessments took place during regular business hours in the DHS Behavioral Health Clinic.

Approximately **330 consumers received substance abuse** services. This included 10 in medical detoxification in hospitals, 31 in community-based residential facilities, 309 in outpatient programs (group and individual), 22 in day treatment and 54 in inpatient residential care. A total of 126 consumers were served in the Intoxicated Driver Program. The majority of substance abuse services are provided by Arbor Place, a treatment facility in Menomonie.

## INTEGRATED SERVICES PROGRAM (ISP)

ISP assists families who have a child with a Severe Emotional Disorder (SED). The emotional and behavioral problems are not only severe, but are expected to persist for at least a year. The program serves children ages 1-17 who are at high risk of placement out of the home and requires parental willingness to participate. The program provides individual and family treatment services primarily in the home and works closely with the family, school and others involved to maintain an effective team approach. **Twenty-four (24) families** with 80 family members were served by ISP. The average length of services for a family was 9 months.

## DIVERSION COURT PROGRAM

The Diversion Court Program is specifically designed to handle cases involving criminal and drug offenders through an intensive, judicially monitored program of alcohol/drug/mental health treatment, rehabilitation services, and strict community supervision.

As a result of this unique partnership between the criminal justice system and the treatment community, anticipated outcomes include the rehabilitation of the offenders, improved social and family functioning, and reduced incarceration costs. The Dunn County Diversion Court began operation late in 2008, enrolling **5 individuals** before the end of the year.

## COMMUNITY SUPPORT PROGRAM (CSP)

CSP provides intensive treatment, rehabilitation and support services for people who have severe and persistent mental health problems to enable them to continue to live and work in their home community. Program components include medication administration and monitoring, psychiatric services, crisis intervention, counseling, employment related services, social skill training and activities of daily living. CSP served **46 consumers**.

CSP establishes annual objectives and measure its outcomes. The results are shown in the table below:

Objective	Outcome
1. Less than 15% of the CSP consumers will be hospitalized in acute psychiatric units.	13%
2. No CSP consumer will be institutionalized	0%
3. 90% of CSP consumers will live in the community	100%
4. 50% of the CSP consumers will be involved in employment, which includes such activities as vocational assessment, job development, or supported work.	50%
5. 75% of CSP consumers will be compliant in taking their medications.	89%
6. 50% of CSP consumers will have adequate homemaking skills.	73%
7. 50% of CSP consumers will be adequate in self-care tasks, i.e., grooming, hygiene	63%
8. Less than 25% of CSP consumers will be under legal constraints, e.g., commitment, guardianship, and probation.	18%
9. 50% of short-term goals will be met within 3 months of implementation.	68%
10. 40% of long-term goals will be met within 6 months of implementation.	58%

## **FAMILY & CHILDREN'S SERVICES SECTION**

### CHILD PROTECTION AND CHILD WELFARE

Child protection and child welfare reports include referral information related to the possible maltreatment of a child. The total number of child protection or child welfare reports received was **375**, of which **99** met a statutory definition of abuse and/or neglect and were investigated. The remainder of the reports either lacked sufficient information to act on or were handled in an informal or voluntary manner.

### CHILD PROTECTIVE SERVICES

Child Welfare Referrals	87
Child Protective Service (CPS) Referrals	288
Physical Abuse	85
Sexual Abuse	55
Neglect	107
Other	41
CPS Investigations	99
CPS Referrals Screened Out	189
<b>Total Non-delinquency Referrals</b>	<b>375</b>

## JUVENILE COURT INTAKE

Juvenile Court Intake referrals occur when a youth has been involved in breaking the law (delinquency), is truant from school or home, or is in need of protection and services. There were **333 referrals** to Juvenile Court Intake.

<u>JUVENILE COURT INTAKE</u>			
<u>Referrals</u>		<u>Dispositions</u>	
CHIPS	48	Petition to DA's Office	139
Delinq/JIPS	215	Deferred Prosecution	57
Truancy	70	Counsel/Transfer/Close	75
		Citations	30
		Other	32
<b>Total:</b>	<b>333</b>	<b>Total:</b>	<b>333</b>

## CHILDREN'S LONG TERM SUPPORT (CLTS) MA WAIVER PROGRAM

The CLTS Program serves children (some people can be served until age 22) who have a developmental disability or physical disability or those who have a severe emotional disturbance. The program can provide partial funding for services, such as respite care, daily living skills training, adaptive equipment and specialized counseling services. Children must meet functional and financial eligibility requirements and, in many cases, match funding from another source must be available in order to access the funds. **35 children** received **\$468,649** of CLTS funding.

## FAMILY SUPPORT PROGRAM (FSP)

FSP can provide individual services and supports to families that include a child with severe disabilities, including those who may not meet the criteria for CLTS. The program can offer information and assistance in finding services and maximizing community resources, limited funding to buy needed services and goods, and help in linking families with other families to strengthen natural supports. FSP funding may be used to match CLTS MA Waiver funding to maximize services. **19 children** received **\$32,108** of FSP funding (11 as match for additional CLTS funds and 8 as FSP only).

## INFANT DEVELOPMENT PROGRAM

The Infant Development Program, also known as the Birth to Three Program, works with children ages birth to 3 with a variety of special needs, including delays in walking and talking, prematurity, Downs Syndrome, brain damage, failure to thrive and birth defects. Parental involvement is a major program component. Children generally remain in the Program until they reach age 3, appropriate age level development or they move from the county. **110 new children** were referred to the Program and **55** of them were enrolled. Staff worked with a total of **137** children throughout the year. Of the 110 children referred, **52** received a speech evaluation, **27** received an occupational therapy evaluation, and **31** were screened but not evaluated.

## FINANCIAL REPORT

### 2008 Gross Expenditures by Program Sections

Aging and Disability Resource Center and Services	54.7%	\$7,661,920
Behavioral Health Services	17.3%	\$2,428,499
Economic Support Services	11.4%	\$1,590,850
Family and Children's Services	16.6%	\$2,330,260
<b>Total</b>	<b>100%</b>	<b>\$14,011,529</b>

### Sources of Revenue

State	65%	\$9,110,240
County Collections/Refunds	13%	\$1,770,392
County Allocation	22%	\$3,130,897
<b>Total</b>	<b>100%</b>	<b>\$14,011,529</b>

## GOALS

The Department remains committed to providing quality human services within the context of federal, state and county mandates, policies and funding. Goals for the **year 2009** include:

- To fully implement the Aging and Disability Resource Center (ADRC) for Dunn County to serve individuals who are elderly or have developmental or physical disabilities or have mental health or alcohol or drug abuse issues in their lives.
- To continue to refine the process of providing timely assessment, case planning and services to children removed from their parents' care for purposes of achieving permanent, safe and stable living arrangements as quickly as possible.
- To continue to work toward finding a balance between providing personal Economic Support services and using effective technology that manages significantly increasing workloads.
- To continue to enhance Behavioral Health crisis interventions and community-based services to reduce the dependence on expensive and more restrictive settings.
- To manage the budget challenges during this time of significant recession and limited resources so that critical safety services are preserved and effective services are efficiently provided.

#### Members of the Health & Human Services Board in 2008:

Rosemarie Bristol	Joyce Hopkins	Ed La Venture	Thomas Quinn
Gary Seipel, Vice Chair	Sheila Stori	Earl Wildenberg, Chair	Mary Zwuygart-Stauffacher