



2015 ANNUAL REPORT

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

2015 Members of the Health & Human Services Board

Carol Anderson	Sara Carstens	Sarah Kennedy	William Lamb
Coleen Pember	Thomas Quinn, Chair	Mary Solberg, Vice Chair	Gary Stene

**OUR VISION STATEMENT: WE ARE THE LEADERSHIP THAT ADVOCATES
FOR THE HEALTH, SAFETY AND WELFARE OF DUNN COUNTY.**

In 2015, The Department of Human Services provided services through five (5) Program Sections: Aging and Disability Resource Center, Behavioral Health Services, Children’s Disability Resources, Economic Support Services, and Family and Children’s Services. See the Department’s Organizational Chart of sections and county staff.

FINANCIAL REPORT

2015 Gross Expenditures by Sections

Behavioral Health Services	31.53%	\$2,932,541
Family & Children's Services	28.94%	\$2,692,296
Children's Disability Resources	8.43%	\$ 784,472
Economic Support Services	12.07%	\$1,123,106
<u>ADRC</u>	<u>19.03%</u>	<u>\$1,769,190</u>
Total	100.00%	\$9,301,605

Sources of Revenue

State	50.90%	\$4,731,953
County Collections/Refunds	9.50%	\$ 879,539
<u>County Allocations</u>	<u>39.60%</u>	<u>\$3,690,113</u>
Total	100%	\$9,301,605

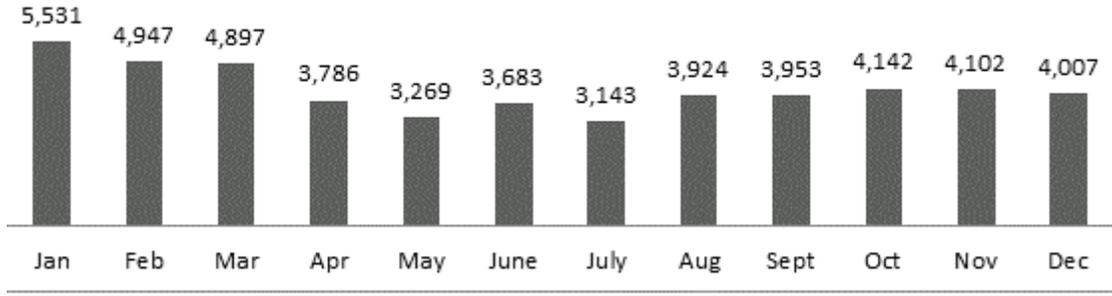
ECONOMIC SUPPORT SERVICES SECTION

The Economic Support Services Section (ESS) determines eligibility for a variety of financial supports and services to families and individuals. Programs included are Child Care Assistance, HealthCare (Medicaid/BadgerCare Plus, Family Care, Medicare Premium Assistance), Food Share, and Energy Assistance. ESS is in partnership with the counties of Barron, Burnett, Chippewa, Douglas, Eau Claire, Pierce, Polk, St. Croix, and Washburn in the operation of the Great Rivers Income Maintenance Consortium.

Thru this collaboration, ESS assists in the management of a caseload exceeding 56,000 cases. The Consortium operates a Call Center, a Priority Services Team, and a Benefit Recovery Team. Dunn County staff members are a vital part of these teams. Additionally, the ten counties share case processing duties, drawing on staff expertise and staffing levels to balance the overall workload, with the goal of achieving consistent service delivery throughout the region.

The current service delivery system utilizes a combination of telephone, web-based, and face to face processes to achieve the goal of *“the right benefits, to the right people, in the right time-frame”*.

In 2015, a total of 49,384 new applications (excludes Energy Assistance) were processed by Economic Support Staff in Great Rivers Income Maintenance Consortium:



In 2015, the Call Center Team of the Great Rivers Income Maintenance Consortium handled 182,774 calls, with an answer rate of 85.59%:

Month	Calls Offered	Calls Answered	Answer Rate
Q1 Total	49,516	42,027	84.88%
Q2 Total	44,856	39,626	88%
Q3 Total	42,987	36,681	85.33%
Q4 Total	45,415	38,093	83.34%
2015 Total	182,774	156,427	85.59%

Benefit Recovery

In 2015, the Great Rivers Income Maintenance Consortium Benefit Recovery Team received 1750 investigation referrals.

*Of these, 976 resulted in a finding of benefit errors, equaling a 56% success rate.

Benefits Recovered / Saved:

*Total Dollar Value of Overpayments Processed and Forwarded for Collections: \$931,255.43
*Total Fraud Future Savings Resulting from FEV's and Overpayments: \$384,840.60
*Total Fraud Referral Future Savings and Overpayments Processed: **\$1,316,096.03**
*Intentional Program Violations Issued: *Foodshare – 159 *Childcare - 6

HEALTHCARE Programs

(MEDICAID, BADGERCARE PLUS)

In 2015, Dunn County residents received health care coverage through one or more of the State's Healthcare programs valued at \$51,407,173.72.

The Economic Support Section continued to experience a lot of activity in Healthcare program requests. These programs assist low-income Dunn County residents with meeting the cost of their health care needs.

The second open-enrollment period of the Affordable Care Act opened the year, and the third open-enrollment period closed out 2015, which continued to move populations that had never applied for or received a Healthcare benefit toward our section. The income limit changes for non-pregnant, non-disabled adults resulted in an almost even exchange of new folks added as those that were found ineligible. Our on-going caseload remained about the same.

The table below shows the monthly average of healthcare recipients in Dunn County in 2015:

Category:	Avg # Recipients/Month
BadgerCare Plus	4168
Family Planning Waiver	541
Elderly & Disabled/MAPP	382
Nursing Home/Waivers	426
SSI	708
Other (QMB, TB, WW MA, Foster Care, Subsidized Adoption, Youth Exiting Out-of-home Care, Income Extensions, Express Enrollment)	577
Non-disabled, Childless Adults	785
Total Average Per Month	7585

CHILD CARE

Economic Support Section Staff determine eligibility for Child Care Assistance to assist families in paying for the costs of child day care while parents are working or in training for work.

# Families Served	134
# Children Served	203
Total Payments	\$368,923
Average Paid per Child	\$1817

FOOD SHARE (FOOD STAMPS)

Food Share, also known as the Supplemental Nutritional Assistance Program or “SNAP” nationwide, assists low-income families and individuals to buy food. The majority of the individuals served by Food Share are the elderly, the disabled and children. A total of **\$5,468,074** in Food Share benefits were issued to Dunn County residents in 2015.

Avg Monthly Dunn Co Total	\$455,673
# Cases Average/Month	2157
# Recipients Average/Month	4652
Ave Benefits/Household/Mon	\$212

ENERGY ASSISTANCE

Energy Assistance provides a one-time payment, based on household income, size, and fuel usage, to assist with the cost of home heating. It can provide crisis assistance and furnace repair and/or replacement, in addition to weatherization services.

In the summer of 2015, the State allocated additional funds to help with crisis efforts for propane and fuel oil customers. These funds allowed applicants to obtain “summer fills”, when fuel prices are normally lower, for the upcoming 2015/2016 heating season.

All efforts are made to help the most vulnerable citizens to be more secure, but also to help fuel vendors to better estimate future needs. This resulted in lower costs for all Dunn County residents, and fewer crisis situations.

2015/2016 Heating Season Data			
Regular Program			
Applications	1358	Amount Paid	\$530,064
# Households paid	1237	Average Payment	\$429
Crisis Program			
Applications	520	Total Crisis Payments	\$35,519
# Households Paid	123	Average Payment	\$289
Furnace Repair/Replacement			
# Households Paid	25	Amount Paid	\$51,697

AGING AND DISABILITY RESOURCE CENTER SECTION

AGING AND DISABILITY RESOURCE CENTER

The Aging and Disability Resource Center (ADRC) provides the following services for older adults and adults with physical and developmental disabilities, including:

- Information and assistance.
- Options counseling.
- Enrollment counseling for publicly funded long term care services.
- Elderly and Disability Benefit Specialist services.

In 2015, the ADRC responded to **3141 requests** for I&A, options counseling and enrollment counseling.

The **Disability Benefit Specialists served 205 people** on a range of services from applications for Social Security benefits to hearings regarding appeals. The **Elderly Benefit Specialists served 538 people** with issues related to Medicare, Part D benefits and other drug plans, Medicare Health plans and Medicaid.

AGING SERVICES

The Section provides Aging Services including:

- The Nutrition Program served **30,012** meals, including **14,608** congregate meals to **337** individuals with an average donation received of \$2.75/meal. The Program served **15,404** home delivered meals to **246** individuals with an average donation received of \$4.38/meal.
- Volunteers to the Nutrition Program worked **6046** hours, an in-kind service valued at **\$110,036**.
- The Volunteer Driver Program provided transportation to **95** individual who were elderly or veterans. The volunteers drove **50,478 miles** and provided **1978 hours** of service.
- The Alzheimer's and Family Caregiver Support Programs provided monthly Alzheimer's Support Group meetings with **106 participants** and monthly Caregiver Support Group meetings with **290 participants**. Individual support was provided to **92 people**. Funding was provided to **8 families** for in-home services. A *Relatives Raising Children* group served **59 participants**.
- The Department provided scheduling services for the AARP tax assistance program volunteers, who served approximately **460 people**.

ADULT PROTECTIVE SERVICES

Adult Protective Services 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.

In 2015, the Section investigated **43 cases of Elders at Risk** (age 60+) and **17 cases of Adults at Risk** (age 18-59).

BEHAVIORAL HEALTH SERVICES SECTION

MENTAL HEALTH & SUBSTANCE ABUSE

Mental Health Clinic

Over **1000** consumers received mental health services through Behavioral Health Services in 2015. Mental health services also included **6** consumers in inpatient care, **24** in community-based residential facilities, **0** in residential apartments, and **22** in institutional placements. Approximately **320** consumers were served on an outpatient basis through the DHS Behavioral Health Clinic which includes individual and family counseling, targeted case management, medication management and psychiatric services.

Crisis Program

Approximately **678** consumers received crisis services in 2015. All consumers who contact the crisis line receive a linkage and follow up contact by the crisis program coordinator on the next business day. Enhanced mental health crisis services continue to be a vital resource for the community. There were **90** Emergency Detentions in hospitals for consumers with mental health and/or substance abuse issues. Of the consumers who were emergency detained, **38** went on to a probable cause hearings and of those, **23** were placed on settlement agreements, **nine (9)** on commitment orders, **three (3)** changed from an emergency detention to guardianship process and **three** transferred to other counties.

There is a shortage of inpatient hospital beds in our community. In 2014, two consumers were placed at Winnebago State Mental Health Institute while this year, Winnebago was used 10 times due to the bed shortage. Some of the persons requiring emergency detention are transported as far as four hours away from the community for hospitalization.

There were **47** mobile crisis call-outs in 2015 compared to **57** in 2014. In addition, **19** crisis assessments took place during regular business hours in the DHS Behavioral Health Clinic. These numbers are lower than in 2014 due to the expansion of 24/7 phone crisis line assessment capacity in late 2014.

Substance Abuse Services

Approximately **120** consumers received substance abuse services. This included **four** in hospital medical detoxification, **67** in community-based residential treatment facilities, **65** in outpatient programs (group and individual), and **11** in day treatment. A total of **25** consumers were served in the Intoxicated Driver Program. The majority of substance abuse services are provided by Arbor Place, an alcohol and drug treatment facility in Menomonie. Consumers in need of medically monitored detoxification are served by LE Phillips in Chippewa Falls.

In-Home Therapy Services

The In-Home Therapy Program services families with an identified need for in-home therapy resulting from previous negative therapy experiences, inability to access resources in a clinic setting and/or complex involvement with DHS. The program provides individual and family treatment primarily in the home and works closely with the family, school and others using a team approach. **Nine (9) families** with **32 family members** were served.

Community Support Services

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 **36 consumers**. CSP establishes annual objectives and measures. The results are shown in the table below:

Objective	Outcome
1. Less than 15% hospitalized in acute psych units.	14%
2. No one institutionalized	0%
3. 90% live in the community	94%
4. 50% involved in employment or related activities such as vocational assessment, job development or supported work	53%
5. 75% compliant with taking medications	73%
6. 50% have adequate homemaking skills	64%
7. 50% have adequate in self-care skills	81%
8. Less than 25% under legal constraints, e.g., commitment, guardianship, and probation.	25%
9. 50% of short-term goals will be met within 3 months of implementation.	60%
10. 40% long-term goals met within 6 months	64%

CHILDREN'S DISABILITY SERVICES SECTION

CHILDREN'S LONG TERM SUPPORT (CLTS)

The CLTS Program serves children, zero to 22, who have a developmental disability or physical disability or those who have a severe emotional disturbance. The program can provide funding for services, such as respite care, daily living skills training, adaptive equipment, etc. 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. **Seventy eight (78)** were served with **\$828,742** of funding in 2015.

FAMILY SUPPORT PROGRAM (FSP)

FSP provides individual services and supports to families that include a child with severe disabilities. 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. In 2015, **Twenty nine (29) children** received **\$29,350** of FSP funding (12 as match for additional CLTS funds, 4 as FSP only and 6 both match and straight FSP). 2016 will be a transition year for the FSP, in that funding will be merged with the Community Options Program (COP), creating a new funding line called the Children's Community Options Program (CCOP), but will be very similar in philosophy and flexibility as the current Family Support Program.

BIRTH TO THREE PROGRAM

The Birth to Three Program works with children ages birth to 3 with a variety of special needs, including mobility and language delays, prematurity, Autism Spectrum Disorder, Down's Syndrome, brain damage, failure to thrive, and birth defects. Parental involvement is a major program component. Once enrolled, children generally remain in the program until they reach age 3, the appropriate age level development or they move from the county. In 2015, **93 children** were enrolled in the program. Of those children, **65** received speech therapy and **43** received occupational therapy, **six (6)** received physical therapy, and **55** received special education instruction. All families receive service coordination and many children receive more than one of the therapy services listed above. In 2015, Dunn County spent \$473,450 in Birth to Three programming; however, offset revenue includes DHS grant funding and insurance revenue for services billed.

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 **580** of which **132** 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	52
Child Protective Service (CPS) Referrals	528
CPS Investigations*	132
Physical Abuse	28
Sexual Abuse	27
Neglect	83
Emotional Damage	0
Other	0

CPS Referrals Screened Out: **396**

Total Non-delinquency Referrals: 580

*The referral types may add up to more than the total investigations because cases can be referred for more than one type of CPS concern.

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 **190** delinquency/JIPS/truancy referrals to Juvenile Court Intake in 2015.

JUVENILE COURT INTAKE

<u>Referrals</u>		<u>Dispositions</u>	
CHIP	51	Petition to DA's Office	108
Delinq/JIPS	57	Deferred Prosecution	36
Truancy	56	Counsel/Transfer/Close	80
		Citations	11
Total:	164	Total:	235

ANNUAL REPORT – ATTACHMENT I

DUNN COUNTY DEPARTMENT OF HUMAN SERVICES

2015 EXPENDITURE SUMMARY

EXPENDITURE	PROGRAM	SOURCE	YEAR
\$ 5,468,074	Food Share (aka Food Stamps) (1)	State/Federal	2015
\$51,407,173	Medical Assistance (incl SSI) (1)	State/Federal	2015
\$ 617,280	Energy Ass't (incl crisis & furnace) (1)	Federal	10/14–9/15
\$ 368,923	Child Care (1)	State/Federal	2015
\$ 5,309,061	Purchased Services (2)	State/Federal/Co	2015
<u>\$ 4,763,443</u>	Provided Services (3) & AMSO (4)	State/Federal/Co	2015
\$67,933,954	TOTAL		2015
\$3,596,695	County Cost		2015

County Cost as a Percentage of County Tax Levy (201) \$20,175,809 16.4%

(1) The majority of these payments do not appear in the County books because the State writes the checks after DHS determines eligibility. However, the Department is audited, quality control tested and liable for these programs and payments and performs all on-going casework and changes.

(2) Purchased Services means services (but not including county staff services) and programs provided to consumers.

(3) Provided Services means county staff salaries, fringe, travel and training costs.

(4) Agency Management, Support and Overhead are generally those costs that support the whole agency and cannot be directly charged to a service or program.