



2009 ANNUAL REPORT

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

Members of the Health & Human Services Board in 2009

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

Members of the Health & Human Services Board as of May 2010

Sara Carstens	Joyce Hopkins	Ed La Venture	Charles Owen
Thomas Quinn, Chair	Gary Seipel, Vice Chair	Mary Solberg	Sheila Stori

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

GOALS

The Department remains committed to providing quality human services within the context of federal, state and county mandates, policies and resources. The Department's broad goals for the **year 2010** include:

- To meet the challenges of providing useful information and assistance to individuals who access the Aging and Disability Resource Center (ADRC) during a time of declining state and federal Medicaid resources.
- To continue outreach efforts across the county to increase the understanding of the services of the ADRC.
- To continue to refine the process of providing timely assessment, planning and services to children removed from their parents' care for purpose 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.

FINANCIAL REPORT

2009 Gross Expenditures by Program Sections

Aging and Disability Resource Center	17.3%	\$1,508,157
Behavioral Health Services	24.7%	\$2,150,916
Economic Support Services	18.4%	\$1,608,621
Family and Children's Services	39.6%	\$3,450,353
Total	100%	\$8,718,047

2009 Sources of Revenue

State	57%	\$5,014,367
County Collections/Refunds	12%	\$1,032,577
County Allocation	31%	\$2,671,103
Total	100%	\$8,718,047

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.

Average # of cases/month

W-2 Payment Cases	30
W-2 Non-Payment Cases	9

Payments through the State W-2 System

W-2 Benefits	\$185,703
Participant Support	\$54,332
Job Access Loans	\$9,214

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	169
# Children Served	263
Total Payments	\$409,044
Average Paid per Child	\$1,555

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 **\$5,062,070** in Food Share was issued.

# Cases Average/Month	1,745
# Recipients Average/Month	4,446
# Adults/Year (unduplicated)	3,636
# Children/Year (unduplicated)	2,884
Ave Benefits/Household/Mon	\$242

MEDICAID/MA/BADGERCARE

Medicaid is available to assist participants with the cost of health care. Through Medicaid, **\$45,670,567** 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:	Ave # Recipients/Month
BadgerCare Plus	5,096
Family Planning Waiver	983
Elderly & Disabled/MAPP	202
Nursing Home/Waivers	569
SSI	553
Other (QMB, TB, WW MA)	93
Core Plan	118
Average Per Month	7,614

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	67	\$14,682
Medical	51	\$14,137
Total	118	\$28,819
Refunds		\$9,475

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.

Regular EA Applications	1,891
Households paid	1,579
Amount Paid	\$959,140
Average Payment	\$607
Total Persons (regular)	4,013
Elderly Recipients	618
Disabled Recipients	850
Children 5 & Younger	579
Crisis EA Households Paid	629
Elderly Recipients	129
Disabled Recipients	354
Children 5 & Younger	301
Crisis Payments	\$238,654
Furnace Repair/Replacement	\$36,894
Households	42

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 2009, the ADRC responded to **3017 requests** for I&A, options counseling and enrollment counseling. The **Disability Benefit Specialist served 275 people** on a range of services from applications for Social Security benefits to hearings regarding appeals. The **Elderly Benefit Specialist served 197 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 **54,353 meals**, including **20,725 congregate meals** to **755 individuals** with an average donation received of \$3.41/meal. The Program served **34,058 home delivered meals** to **336 individuals** with an average donation received of \$4.73/meal.
- Volunteers to the Nutrition Program worked **8,685 hours**, an in-kind service valued at \$86,855.
- The Volunteer Driver Program provided transportation to **140 individuals**, who were elderly or veterans. The volunteers drove **90,633 miles** and provided **4,985 hours** of service.
- The Alzheimer's and Family Caregiver Support Programs provided monthly Alzheimer's Support Group meetings with **104 participants** and monthly Caregiver Support Group meetings with **108 participants**. Individual support was provided to **58 people**. Consultation regarding memory loss issues was provided and **6 memory screens** were completed. Funding was provided to **23 families** for in-home services.
- The Department provided scheduling services for the AARP tax assistance program volunteers, who served **325 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 2009, the Section **investigated 44 cases of Elders at Risk** (age 60+) and **9 cases of Adults at Risk** (age 18-59).

BEHAVIORAL HEALTH SERVICES SECTION

MENTAL HEALTH & SUBSTANCE ABUSE

Over **953 consumers** received mental health services, including 25 in inpatient care, 19 in community-based residential facilities and 4 in long-term institutional placements. Approximately 830 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 **135 Emergency Detentions** in hospitals of consumers with mental health and/or substance abuse issues. Enhanced mental health crisis services continue to impact and reduce the need for Emergency Detentions.

There were **118 mobile** crisis call-outs in 2009 compared to 99 in 2008. In addition, **28 crisis assessments** took place during regular business hours in the DHS Behavioral Health Clinic.

Approximately **389 consumers** received **substance abuse** services. This included 13 in hospital medical detoxification, 21 in community-based residential facilities, 202 in outpatient programs (group and individual), 16 in day treatment and 54 in inpatient residential care. A total of 99 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 AND IN-HOME THERAPY PROGRAM

ISP assists families who have a child with a Severe Emotional Disorder. The severe emotional and behavioral problems are expected to persist for at least a year. Children ages 1-17 are served who are at high risk of out-of-home placement and parental willingness to participate is required. The In-Home Therapy Program serves 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. Both programs provide individual and family treatment primarily in the home and work closely with the family, school and others to maintain an effective team approach. **Nineteen (19) families** with **57 family members** were served.

DIVERSION COURT PROGRAM

Diversion Court is designed to handle cases involving criminal and drug offenders using an intensive, judicially monitored program of alcohol/drug/mental health treatment, rehabilitation services and strict community supervision. As a result of this partnership between the criminal justice system and the treatment community, anticipated outcomes include the rehabilitation of the offenders, improved social/family functioning and reduced incarceration costs. The Diversion Court began operation late in 2008. There were **8 individuals** served in 2009

COMMUNITY SUPPORT PROGRAM

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 **44 consumers**.

CSP establishes annual objectives and measures 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.	9%
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.	25%
5. 75% of CSP consumers will be compliant in taking their medications.	89%
6. 50% of CSP consumers will have adequate homemaking skills.	90%
7. 50% of CSP consumers will be adequate in self-care tasks, i.e., grooming, hygiene	86%
8. Less than 25% of CSP consumers will be 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% of long-term goals will be met within 6 months of implementation.	50%

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 **363**, of which **80** 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	21
Child Protective Service (CPS) Referrals	342
Physical Abuse	111
Sexual Abuse	83
Neglect	142
Other	6
CPS Investigations	80
CPS Referrals Screened Out	262
Total Non-delinquency Referrals	363

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 **222 referrals** to Juvenile Court Intake.

<u>JUVENILE COURT INTAKE</u>			
<u>Referrals</u>		<u>Dispositions</u>	
CHIPS	15	Petition to DA's Office	72
Delinq/JIPS	150	Deferred Prosecution	26
Truancy	57	Counsel/Transfer/Close	100
		Citations	22
		Other	2
Total:	222	Total:	222

CHILDREN'S LONG TERM SUPPORT (CLTS)

The CLTS Program serves children (some 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 funding for services, such as respite care, daily living skills training, adaptive equipment and specialized counseling. 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. **Forty-three (43) children** were served with **\$464,007** of CLTS funding.

FAMILY SUPPORT PROGRAM (FSP)

FSP provides individual services and supports to families that include a child with severe disabilities, including some 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. **Twenty-one (21) children** received **\$31,995** of FSP funding (9 as match for additional CLTS funds and 12 as FSP only).

INFANT DEVELOPMENT OR BIRTH TO THREE 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. In 2009, **170 children** were referred to the Program. Staff worked with **122** children. Of the 122 children, **76** received speech therapy and **46** received occupational therapy. Children also receive special instruction and service coordination as part of the Program.