

EAU CLAIRE COUNTY DEPARTMENT OF HUMAN SERVICES
Department Report – Division & Unit Updates
Director – Angela Weideman
April 1, 2024

Operations, Data, and Fiscal Update

The Department continues to discuss the closures of the HSHS Sacred Heart Hospital, St. Joseph’s Hospital, and Prevea Clinics on a daily basis. One of the most significant updates is learning that Remedy Mental Health hired 95% of the employees of Prevea Behavioral Health outpatient clinics which allows school-based mental health services to continue. The Department is starting contract development with a provider named Parenting Place to provide Birth to Three services. It is anticipated that the cost of the Birth to Three program will be rising but final estimates are not available at this time.

Budget planning for 2025 continues to be a priority at the Department. Initial meetings regarding budget planning began in February but meetings focused on budget planning will continue to occur over the next several months.

The Department’s budget was discussed at a Finance and Budget meeting, shortly after the last Human Services Board meeting on March 4th. Finance Director Szymanski was directed to give clarity on county policy related to budget overages. Once that occurs, DHS is hoping this will provide clarity around expectations related to overages.

The Department has been collaborating with Chair Schneider on a plan for Human Services Board education in May and June. The following agendas were created in regard to board education:

May Human Services Board Education Agenda:

- DHS Mission, Vision, & Values
- Contact Information for DHS & Board
- Acronyms
- Responsibilities, Roles, Expectations, & Communication Preferences
- Board Member Position Description & Role
- Board Evaluation & Survey
- Wisconsin Counties Human Services Association (WCHSA)
- Human Services Code of Ethics
- DHS Org Chart – High level overview
- DHS Budget Overview
- Tour of DHS

June Human Services Board Education Agenda:

- DHS Mission, Vision, & Values
- DHS Org Chart
- Overview of Divisions – Behavioral Health, Family Services, Fiscal, Economic Support, & Operations (including brief description, data, funding sources, & statutory authority)
- Performance Management
- Tour of Juvenile Detention Center

Department Staffing Update

Total FTE's	Filled FTE's		Vacant FTE's	
262.66	252.66	96.2%	10	3.8%

Family Services Division Update (Melissa Christopherson)

In Family Services a focus continues to be on continuity of care in the B-3 program with the upcoming closure of Prevea. At this time, the decision has been made to proceed with Parenting Place, a non-profit agency that is the current Birth to Three provider for both La Crosse and Vernon Counties. It is anticipated that our current Prevea Birth to Three therapists will be employed and ready to serve families by May 1, 2024. This leaves a gap of less than 2 weeks, during which our service and program coordinators will be able to fill the gap. It continues to be anticipated that that program costs will be increasing, as Prevea has been taking a loss on the Birth to Three program. A cost estimate should be available by mid-April as contracting is finalized.

In the JDC, enrollment for the 180 program continues to grow with the projection that the program will be at 9 in April, which is typically our highest capacity. The JDC census in March has recovered to an average of 15. We continue to work with behavioral health and Wellpath to identify how to improve mental health supports and nursing care in the JDC. To date, our outpatient clinic is planning bi-monthly staff training related to mental health for the JDC staff as a first step. We are also looking at adding groups, until we can further assess capacity to have mental health staff available daily in the JDC.

In regard to the purchase of a body scanner, our Inspector, Brad Hoover, works both in Minnesota and Wisconsin. Prior to our inspection he inspected the Arrowhead Juvenile Facility in Minnesota who had recently purchased a scanner and was using it as an additional security measure. When he toured our facility, he added a body scanner as a recommendation based on his observation of this. When we reached out to the company to inquire about purchasing the same scanner we were advised the following:

"Ms. Christopherson,

Thank you for your interest in our product. Intercept is widely deployed in Wisconsin jails but has not yet been deployed in juvenile facilities. In the past the Health Department would not authorize the use of radiation on juveniles, although many states do.

My colleague, Brian Hall is traveling. He covers Wisconsin and has had recent discussions with the health department because another county also wants to do this. This time the regulators seem flexible and open to the idea. Brian is sending them some information regarding Minnesota scanning juveniles, and they will be reviewing this. Brian will want to use Eau Claire's interest to broaden the request to the regulators. He will be in touch."

This response was discussed with Brad Hoover, who wasn't previously aware of the history in Wisconsin, as no other regional juvenile facilities in Wisconsin have a body scanner. At this time, Brad is waiting, as are we, for approval from the Wisconsin Department of Health Services related to body scanners being approved for utilization in regional juvenile facilities in WI. In the meantime, Brad indicates that our current safety and security policies meet the standards expected for a juvenile facility in WI. He also emphasized that in our inspection report, the recommendations are not violations. They are simply recommendations for consideration that may assist in moving our agency towards industry best practices. Brad advised that of the 3 recommendations in his report, it is his opinion that mental health services will have the most positive impact on JDC operations.

In CPS and Youth Services, we are developing an out of home care dashboard. This dashboard will allow us to more closely monitor placements and provide more accurate cost projections. Eventually, our hope is that this dashboard will expand from placements to all cases to provide our staff and the board with data about caseloads, closing reasons, length of cases, re-entry and more. Further, at this time, although the number of

open cases has decreased overall, the number of children associated with those cases and opening to placement continues to show upward trajectory.

Centralized Access (Julie Brown)	Oct	Nov	Dec	Jan	Feb
Child Protective Services reports received	135	145	127	102	122
Child Protective Services reports screened in for Initial Assessment	27	30	33	20	20
Child Welfare Service reports received	28	15	9	24	19
Child Welfare Service reports screened in	16	14	7	18	12
Adult Protective Services Reports and requests for Guardianship/Protective Placement	54	57	32	51	49
Birth to Three Referrals	32	17	21	39	20
Outpatient Clinic Referrals	11	7	3	3	6
AODA Referrals	2	13	5	10	4
Comprehensive Community Services (CCS) Referrals	50	60	34	45	46
Children's Integrated Services Referrals (CLTS or Children's CCS)	16	13	16	29	11
Crisis Referrals & 3-Party Petition Requests	9	21	6	9	16
Community Support Program (CSP) Referrals	6	8	4	11	10
Call Intakes	24	50	33	33	43
Pre-admission Screening and Resident Review (PASRR) for Nursing home	31	38	29	39	47

Child Protective Services Initial Assessment (Tasha Alexander)	Oct	Nov	Dec	Jan	Feb
Initial assessments completed	19	22	31	34	19
Assessments resulting in substantiation	4	5	3	5	4
Assessments completed involving child remaining in home	15	19	28	31	19
Assessments resulting in services opening with Department	5	4	3	5	1

Child Protective Services Ongoing (Courtney Wick)	Oct	Nov	Dec	Jan	Feb
Children served in Ongoing Child Protective Services	137	135	135	135	139
Families served in Ongoing Child Protective Services	77	75	75	74	75
Children served in home	45	46	46	47	48

Youth Services (Hannah Keller)	Oct	Nov	Dec	Jan	Feb
Youth served in Youth Services Program	98	97	107	110	100
Youth being served in their home	68	75	84	87	76
Families served in Youth Services Program	88	88	94	99	91

Intensive Permanency Services (Nicholas Stabenow-Schneider)	Oct	Nov	Dec	Jan	Feb
Youth receiving Intensive Permanency Services	14	13	12	9	11

Alternate Care (Nicholas Stabenow-Schneider)	Oct	Nov	Dec	Jan	Feb
Children in out-of-home care at end of month	115	115	120	114	117
Median length of stay in months for children discharged in month	7.2	6.5	6.8	7.8	8.3

Birth-to-Three (Nicholas Stabenow-Schneider)	Oct	Nov	Dec	Jan	Feb
Children being served	112	107	98	99	102

Juvenile Detention Center (Kevin Cummings)	Oct	Nov	Dec	Jan	Feb
Total admissions - number youth	28	28	28	26	19
Total admissions - number days	447	399	358	351	316
Eau Claire County admissions - number days	115	100	94	107	90
Short-term admissions - number youth	23	23	24	21	17
Short-term admissions - number days	292	258	234	213	90
Eau Claire County short-term admissions - number youth	14	10	9	8	6
Eau Claire County short-term admissions - number days	53	40	32	45	22
180 program admissions - number youth	5	5	4	5	7
180 program admissions - number days	155	141	124	138	188
Average daily population youth per day	14.4	13.3	11.5	11.3	10.9
Occupancy rate	62.7	57.8	50.2	49.2	47.4

Behavioral Health Division Update (Luke Fedie)
<p>Behavioral Health continues to focus on ways to support those that we are serving, while also being acutely aware of the costs that are incurred when providing that service. An area of concern is the high cost of community based residential facilities (CBRF) and adult family homes (AFH). We are always working to think of ways that we can mitigate the use of county dollars, while also providing a high-quality service to our community.</p> <p>While Community Recovery Services (CRS) will not be the panacea to our out of home costs, it provides us with a unique opportunity to garner revenue when someone is placed in an AFH or CBRF. While the costs of placements have continued to rise, Medicaid has not expanded to allow for placement costs to be covered. With Community Recovery Services, Medicaid can pay for some services that a person is receiving while they are in an AFH or CBRF.</p> <p>This work, like everything worth doing, takes time. We now have the capacity, thanks to the added member on our Adult Protective Services Team, to “lean into” CRS. We have completed the first stage of this process by identifying all clients and consumers that qualify for CRS. There is a functional screen that determines eligibility for CRS and is the first step in moving someone toward enrollment.</p> <p>The second stage of this process is identifying providers that have the capacity to do what is required of CRS in their CBRF or AFH. Providers need to document the services that a participant or client engages in throughout the day and those services need to be relevant to the client or participants treatment or recovery plan. When billing Medicaid for any service, documentation needs to be thorough and cover specific domains. Many CBRF and AFH providers have little to no experience in documenting a Medicaid service and there is a steep learning curve.</p> <p>This Quality Assurance and training for our AFH and CBRF providers is now, more than any time in the past, feasible based on the capacity of having a staff member available to do this work. I want to take a moment to thank this</p>

board for the foresight that they have had in approving this position and look forward to demonstrating the fiscal impact that expansion of CRS will have on our future budget outcomes.

Adult Protective Services (Nancy Weltzin)	Nov	Dec	Jan	Jan	Feb
Investigations requests	57	39	48	48	46
Investigations screened out	12	5	12	12	9
Investigations concluded	10	10	12	12	4
Investigations substantiated	6	1	3	3	3
Allegation of self-neglect	21	13	16	16	14
Allegation of neglect	0	0	12	12	9
Allegation of financial abuse	15	5	11	11	4
Requests for guardianship	6	6	5	5	0

Children's Long-Term Support (Taylor Johnson)	Oct	Nov	Dec	Jan	Feb
Current enrollment	384	402	403	413	455
Current waitlist	150	136	145	108	56
Foster Care	20	19	24	24	31

CLTS Caseload Update: We are happy to report that although our waitlist appears to contain 56 kids, all but 24 of those children have been assigned to begin enrollment. Of the 24 left to assign, 20 of those are dually eligible youth. The CLTS supervisors have developed an assignment plan that will ensure that we enroll all of those youth and any new referrals by our July 1st deadline. We had two new staff start on 3/4/24 and we are working through their orientation process.

Clinic (Jen Coyne)	Oct	Nov	Dec	Jan	Feb
Clients in Med Management	196	179	191	195	186
Clients in Therapy	173	179	185	198	198
Referrals	38	29	26	17	26
Med management waitlist	9	9	17	7	9
Therapy waitlist	17	12	13	9	6

Community Support Program (Jocelyn Lingel-Kufner)	Oct	Nov	Dec	Jan	Feb
Number participants	116	115	114	117	114
New admissions	1	1	1	1	1
Referral list	16	17	12	20	17

Comprehensive Community Services (Cinthia Wiebusch)	Oct	Nov	Dec	Jan	Feb
Current case count	259	263	260	271	268
Referrals	40	45	29	44	38
External referrals	30	38	25	37	32
Internal referrals	10	7	4	7	6
Admissions	16	15	13	22	19

Discharges	14	9	15	17	17
Adults waiting for CCS services	2	3	5	6	8
Youth waiting for CCS services	0	1	1	1	1

Crisis Services (Santana Rothbauer)	Oct	Nov	Dec	Jan	Feb
Crisis contacts	206	273	204	218	219
Emergency detentions	21	30	10	16	21
Clients placed in local hospitals	15	14	5	6	9
Clients placed in IMD's W – Winnebago; M - Mendota	6 W	16W	5W	10 W	12W
Face-to-face assessments completed	11	25	8	3	16
Community Re-Entry Referrals (Eau Claire County Jail)	22	21	29	15	12
Community Re-Entry Booking Contacts (Eau Claire County Jail)				23	16
DHS Mental Health Liaison Contacts (Eau Claire County Sherriff's Department)	14	13	18	8	6
DHS Mental Health Liaison Contacts (3-11 PM Eau Claire Police Department)	8	9	5	12	20

Treatment Court (Brianna Albers)	Oct	Nov	Dec	Jan	Feb
Current caseload	27	29	28	27	29
Branch V – Wednesday Court	7	14	13	11	12
Branch VI – Thursday Court (former Mental Health & AIM)	11	12	12	13	12
Veteran's Court	2	3	3	3	5
Referrals	9	10	5	9	8

Economic Support Services Division Update (Kathy Welke)
Economic Support Services currently has one vacancy.
During the month of February, the Great Rivers Call Center received 14,591 calls and answered 93.48% of those calls. The average wait time for callers was 5.26 minutes.

Economic Support Services (Kathy Welke)	Oct	Nov	Dec	Jan	Feb
Calls received	13,856	12,825	13,066	14,964	14,591
Applications processed	3,447	3,911	4,224	4,637	3,423
Renewals processed	4,302	4,665	4,340	5,715	5,409
All Cases	68,781	67,998	67,211	66,304	65,401
Cases in Eau Claire County	15,073	14,872	14,671	14,432	14,202
Active Childcare Cases	1,039	1,035	1,015	1,019	1,030
Active Eau Claire Childcare Cases	274	273	273	273	280