

## HUMAN SERVICES DEPARTMENT

The Human Services Department as organized under Wisconsin Statute 46, provides state and federally mandated human services to the most vulnerable and needy citizens of Eau Claire County. The Human Services Department provides services from the perspective of Wellness and Recovery *and* Administrative:

WELLNESS & RECOVERY	ADMINISTRATIVE
<u>Family Services</u> Child Protective Services Youth Services Children’s Long-Term Care Services Birth to 3 Services Coordinated Services Team (CST) Alternate Care Services	<u>Administrative Services</u> Management/Leadership Team
<u>Behavioral Health Services</u> Adult Protective Services Crisis Services Community Support Program	<u>Fiscal Services</u> Fiscal Unit
<u>Economic Support Services</u> Great Rivers Consortium Administrative Lead Fraud Recovery Child Care Services	<u>Organizational Support Services</u> Support Services Unit

### 2018 Accomplishments

In 2018 we acknowledged and stated a sense of urgency for system and operational change. We adopted a New Vision, *Family Connections are ALWAYS Preserved and Strengthened*. This vision was adopted by the Human Services Board and became our guide for system reform. Our work to reform our system is built on the foundation from our prior years of initial work on becoming a Trauma Informed and Trauma effective organization.

#### **Development of New Culture and Mindset Shift to carry out the New Vision**

- Created New Vision, adopted by the Human Services Board
- Staff engaged in Trauma Informed Care Trainings and Activities
- Trainings and Activities on Implementing New Vision
- Lunch and Learn activities to educate staff on internal programs and roles
- Initiated Alternate Care Reviews/Consults on ALL children in placement

- Participate in National UnSystem Cohort to reform Child Welfare, and apply principles throughout our Human Services system

**Expansion of Behavioral Health Services**

- Development of a Children’s Mental Health and Long-Term Care Services Unit
- Developed a Certified Outpatient Mental Health Clinic
- Expansion of the Comprehensive Community Services Program
- Enhanced Crisis Services Program
- Enhanced and expanded Psychiatry Services and Medication Management Services

**Collaborative Services with the Criminal Justice System**

- Implementation of the Reentry Grant – Social Worker working with those leaving the jail and re-entering the community
- Provide crisis services for those in Jail

**Enhancements in Family Services**

- Implementation of Youth Services Grant for community diversion services – SPARK Program
- Implement expanded Family Services On-Call system
- Initiated Alternate Care Consults for ALL children/youth in Out-of-Home Care
- Initiated shift in practice and operations to strengthen and preserve families
- Create Resource Unit to enhance services

**Technology Enhancements**

- Significant Improvements to our Electronic Health / Client record system.
- Implement Telework in Economic Support Services Division
- Implementation of record scanning

**Alignment with Strategic Plan**

<b>Ensure Financial Stability.</b>	<b>Innovate and adapt.</b>	<b>Improve Collaboration</b>
Continue to seek opportunities through operations to capture available revenues	Focused Development of Management/leadership Team to improve and enhance operations, employee outcomes, and outcomes for those we serve	Continued enhanced engagement with the CJCC and partners. Development of Reentry services and connection to services at Human Services with Jail services

Re-Certification and expansion of Comprehensive Community Services Program: Allowing for 100% reimbursement of Medicaid costs	Continue development the Behavioral Health Services Division	Expansion of Family Services On-call – afterhours system
Created a Certified Mental Health Outpatient Clinic and initiated internal mental health services	Operationalize new services to improve outcomes for Children, Youth and Families: Strengthening Families Program, MST – Multi Systemic Therapy, and recipient of Trauma Informed Grant from the Department of Children and Families	Understand connections throughout the agency – provided trainings and lunch & learns to enhance internal connections and service knowledge
Initiated Alternate Care Consults for All children and youth in placement	Enhance use of 4-Bed Adult Mental Health Crisis Group Home	Enhance Behavioral Health Services and connection to crisis services and CCS services – Comprehensive Services Program within the agency
	Adopt and operationalize new Vision – Family Connections are Always Preserved and Strengthened	Continued enhanced operations of GRC (Great Rivers 10 county Consortium). <ul style="list-style-type: none"> <li>○ Stable staffing levels</li> <li>○ Established Supervisory Support Leads across the Consortium</li> <li>○ Improved staff satisfaction</li> <li>○ Meeting &amp; exceeding Statewide measures</li> </ul>

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**2019 Future Opportunities**

Human Services is a dedicated leader to evolving and developing as an organization in response to the needs of our community. We have exceptional staff committed and dedicated to bringing our vision – Family Connections are ALWAYS Preserved and Strengthened, to life. As a healthy organization, driven to care for the wellbeing of our staff and those we serve, we are committed to providing services guided by our vision in response to the needs of our community.

The work in Human Services continues to be complex. In our community and State, we continue to see a rise in mental health and substance abuse service needs, affecting all of the areas where we serve: Child Protective Services, Youth Services, Crisis Services, Adult Protective Services, and Economic Support Services. Individuals we serve have multiple and complex needs - mental health and substance abuse and the basic needs of housing, transportation, and nutrition. Some

involved with multiple systems: criminal justice system, school systems, hospital systems, to name a few. The cost of our current system, from a human, societal, and fiscal perspective is not sustainable. We know our current system is in an urgent need to change. A shift to a more responsive versus reactive system. We are evolving a new system that is preventative and provides earlier interaction and response, supporting the wellbeing of staff and those we serve. We are committed to operate fiscally responsible. This takes creativity and partnerships to carry out our vision and respond to required services. It is imperative that we collaborate across systems in providing services, strengthen and enhance our operational infrastructure, and find ways to be preventative, responsive *earlier*, and being a place to ask for help, as we work with children, youth, families and individuals.

As we enhance and develop our services, we continue to assess our processes and work flows to be efficient and effective. Our goals and vision are evidenced based, evidenced informed, and responsive to STEEP (Society, Technology, Economy, Environment, Politics) trends.

**Initiatives for 2019:**

- Operationalize our Vision and evolve to be a Trauma Effective and Wellbeing Agency
- Increase Prevention and early Intervention Services
- Assess Youth Services and enhance community interventions
- Initiate initiative to be a Trauma Informed Organization: provide staff training,
- Enhance use of technology and data
- Become certified to deliver Substance Abuse Treatment Services through our Mental Health Out Patient Clinic
- Complete Organizational Effectiveness Project with a focus orientating and on-boarding new staff
- Address space needs to meet expansion and enhancement of operation of services

<b>2018 Annual Report – Performance Measures</b>	
<b>#1 Community Care &amp; Treatment of Children who are abused or neglected including Alternate Care Licensing</b>	
Child Protective Services (CPS) is a specialized field of the Child Welfare System. CPS intervention is warranted whenever there is a report that a child may be unsafe, abused or neglected, or be at risk of abuse or neglect. The purpose of the CPS system is to identify and alter family conditions that make children unsafe or place them at risk for abuse or neglect. This program area consists of recruitment development licensing and training of foster care kinship care child care and adult family home providers. The Dept. relies on these services to help meet the needs of children, youth and adults who require an alternate living environment.	

<b>OUTPUTS</b>					
<b><u>CPS:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
CPS Reports Received:		1242	1408	1535	1527
CPS Reports Screened in for Investigation:		391	438	436	494
Number of Reports Screened in the Same Day:		62	71	86	108
Number of Child Welfare Reports Screened In:		65	71	94	77
Number of families referred to ongoing: new data element 7/2016			72	78	68
<b><u>Foster Care Licensing:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
Number of people attending monthly foster care informational meeting:		85	78	98	68
Number of licensed Eau Claire County foster/respice homes:		88	112	135	159
Number of licensed Chippewa County foster/respice homes:		47	74	67	0
<b><u>Kinship Care:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
Kinship Child slots allocated by the State:		101	105	93	91.67
Average # of children served monthly:		93.4	93	89	85
Average number of children o waiting list monthly:		6	0	2	0
Average number of Kinship provider homes:		62.9	59	54	54
<b>Performance Goal</b>	<b>Outcome Measures</b>	<b><u>Benchma rk</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>
To effectively identify conditions that make children unsafe or that put children at risk of abuse or neglect.	76.2% or more children will be reunified within 0 to 12 months in accordance with the Child and Family Service Review National Standards.	76.2%	66.7%	62.5%	60.0%
To provide services to families to ensure that children are safe and protected.	8.6% or fewer children will re-enter foster care within 12 months of a prior foster care episode.	8.6%	12.70%	12.80%	11.96%
	Children will have a median length of stay in out of home placement of 24 months or fewer in accordance with the Child and Family Service Review National Standards.	<25 months	12.9	14	13.7

To support parents/caregivers in making necessary changes to ensure that their children are safe and protected.	86.7% or more of all children in out of home placement for less than 12 months from the time of the latest removal will have no more than two placement settings.	86.7%	91.10%	79.67%	93.01%	
<b>Foster Care Licensing:</b> Follow state guidelines to determine that county licensed foster care homes provide safe, quality care to client.	100% of foster homes licensed by Eau Claire County DHS, requesting license renewal, completed the licensing renewal process within 45 days of their annual due date each year.	100%	75%	70%	86%	
<b>Kinship Care:</b> Comply with state administrative code Chapter HFS 58 in the provision of kinship care.	100% of Kinship homes had a completed annual reassessment per Wisconsin Chapter HFS 58 within 30 days of renewal due date.	100%	98%	93%	0%	
<b>Program #2: Treatment of Adults &amp; Children with Behavioral Health Issues</b>						
Services and resources provided to children and adults who cannot be maintained and treated in a community based setting. Institutional care provided to children includes Lincoln Hills, Southern Oaks, Winnebago MH Institute (IMD) and residential care centers (RCC). Institutional care provided to adults includes TCHCC, Mendota and Winnebago Mental Health Institutes (IMDs) and local general hospitals. In 2017, the Department experienced a significant decrease in the number of referrals assigned to the Coordinated Services Team (CST) due to the creation of Comprehensive Community Services (CCS) which maximizes billing potential and service provision.						
<b>OUTPUTS</b>						
<b>Coordinated Services Team (CST):</b>		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
Number of CST participants:		254	239	39	43	
Average age of CST participants:		11.3	12.4	10.1	11.7	
<b>Community Support Program:</b>		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
Number of clients served in CSP:		144	142	126	118	
Number of CSP Inpatient psychiatric days:		273	279	129	156	
Average length of inpatient stay:		10.5	7.34	5.87	9.17	
<b>Crisis Services</b>		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	

Number of clients served:	includes linkage, med management, 3prty - duplicative count	133	148	162	171	
Number of civil mental health commitments:		75	62	75	75	
Average length of civil mental health commitments:		6.8	7.2	8.1	7.9	
Number of crisis plans completed and entered in the mental health crisis system						
within 30 days after Chapter 51 Civil Commitment final hearing:				143	148	
-		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
Number of crisis phone assessments completed		1653	2079	3316	3517	
Number of diversions from m.h. hospitalization related to phone assessments:		1296	1632	1759	2672	
Number of mobile m.h. crisis assessments completed:		186	385	299	313	
Number of diversions from hospitalization related to mobile assessments:		90	177	160	174	
Percentage of diversions from hospitalization related to phone assessments:		78.4%	78.5%	89.0%	79.0%	
Percentage of diversions from hospitalizations related to mobile crisis assessments:		48.4%	54.0%	52.0%	45.0%	
<b>Comprehensive Community Services (CCS)</b>			<b>2016</b>	<b>2017</b>	<b>2018</b>	
CCS Program Referrals Received:			91	282	380	
CCS Program Admissions:			47	94	141	
CCS Program Discharges:			6	25	57	
CCS Program Open Cases:			41	119	202	
CCS participants required mental health hospitalization services				24	29	
CCS participants accessed crisis program services				33	37	
CCS participants utilized crisis bed placement services				10	18	
CCS participants required substance use detoxification services				12	21	
CCS participants who are being served by				53	82	

other DHS program units						
<b><u>Mental Health Court:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of referrals screened:		26	23	16	14	
Number admitted:		9	11	9	10	
Number served:		22	18	15	16	
Incarcerated days saved:		770	60	883	677	
<b><u>Medication Management:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of clients served in program:		75	42	27	56	
<b><u>Institutional Care:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of days in Winnebago/Mendota IMD's:		397	587	1012	785	
Number of days in Trempealeau County Health Care Center IMD:		2,068	2,013	2,237	2,495	
<b><u>AODA Case Management:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Total clients served:		60	49	67	81	
Number of individuals discharged from AODA intensive case management:		60	49	67	81	
Number of individuals self-reporting involvement in AA, NA or another pro-social group:		28	N/A	NA	NA	
<b><u>Adult Drug Court:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of referrals screened:		53	45	43	36	
Number admitted:		23	14	14	17	
Number served:		48	44	34	35	
Incarceration days saved:		1,385	1,276	2,030	4,642	
<b><u>AIM Court:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of referrals screened:		38	26	29	24	
Number admitted:		15	15	12	19	
Number served:		38	31	31	33	
Incarceration days saved:		1251	1104	3600	4273	
<b><u>Veterans Court:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of referrals screened:		9	6	13	4	
Number admitted:		2	2	3	2	
Number served:		7	5	7	8	

Incarceration days saved:		60	N/A*	705	1275	
*no graduates in 2016						
<b><u>Performance Goal</u></b>	<b><u>Outcome Measures</u></b>	<b><u>Benchmark</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
<b><u>Drug Court:</u></b> Reduce further involvement in the criminal justice system for treatment court participants	In-Program Recidivism Rate for all treatment court participants should not exceed 15% *2016 graduates	≤ 15%	9%	46%	50%	
	Percent of graduates receiving a new charge (resulting in criminal conviction) within 3 years of graduation should not exceed 25%*	≤ 25%	33.3%	45.5%	44.0%	
	*Includes only graduates from 3 years prior to the year listed					
Provide evidence-based services that promote the success of the program and all participants	Graduation Rate should reach or exceed 60% #Graduates / (#Graduates+#Terminations)	≥ 60%	44%	31%	50%	
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	571.1 days	612.3	598	
	100% of treatment court participants report satisfaction with the program	100%	100%	100%	100%	
Improve social functioning of treatment court participants upon graduation	100% of participants who were unemployed at time of program entry and are able to work report an improvement in employment status at time of graduation	100%	100%	100%	100%	
	100% of participants who had unstable housing at time of program entry report an improvement in housing at time of graduation	100%	75%	100%	100%	

<b>AIM Court:</b> Reduce further involvement in the criminal justice system for treatment court participants	In-Program Recidivism Rate for all treatment court participants should not exceed 15%	≤ 15%	33%	10%	24%	
	Percent of graduates receiving a new charge (resulting in criminal conviction) within 3 years of graduation should not exceed 25%*	≤ 25%	42.90%	53.80%	43.00%	
	*Includes only graduates from 3 years prior to the year listed					
Provide evidence-based services that promote the success of the program and all participants	Graduation Rate should reach or exceed 60% #Graduates / (#Graduates+#Terminations)	≥ 60%	60%	50%	59%	
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	469.8 days	414.8	562	
	100% of treatment court participants report satisfaction with the program	100%	100%	100%	100%	
Improve social functioning of treatment court participants upon graduation	100% of participants who were unemployed at time of program entry and are able to work report an improvement in employment status at time of graduation	100%	100%	100%	100%	
	100% of participants who had unstable housing at time of program entry report an improvement in housing at time of graduation	100%	89.0%	100.0%	100.0%	
<b>Veterans Court:</b> Reduce further involvement in the criminal justice system for treatment court participants	In-Program Recidivism Rate for all treatment court participants should not exceed 15%	≤ 15%	N/A	0%	0%	

	Percent of graduates receiving a new charge (resulting in criminal conviction) within 3 years of graduation should not exceed 25%*	≤ 25%	28.6%	25.0%	33.0%	
	*Includes graduates from 3 years prior to the year listed					
Provide evidence-based services that promote the success of the program and all participants	Graduation Rate should reach or exceed 60% #Graduates / (#Graduates+#Terminations)	≥ 60%	N/A*	100%	60%	
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	N/A*	480.05	471	
	100% of treatment court participants report satisfaction with the program *No 2016 graduates	100%	100%	100%	100%	
Improve social functioning of treatment court participants upon graduation	100% of participants who were unemployed at time of program entry and are able to work report an improvement in employment status at time of graduation	100%	N/A*	100%	100%	
	100% of participants who had unstable housing at time of program entry report an improvement in housing at time of graduation *No 2016 graduates	100%	N/A*	100%	100%	
<b>Program #3: Community Care &amp; Treatment of Children who are Developmentally Disabled (DD) or Developmentally Delayed</b>						
This program area includes case management and direct services to children who are developmentally disabled or developmentally delayed. Services include the Birth to Three Program, Children's Community Option Program (CCOP) formerly the Family Support Program, and Children's Long Term Support Medical Assistance Waivers.						
<b>OUTPUTS</b>						

<b><u>Birth to Three Program:</u></b>	-	<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of Birth to Three children served:		255	272	258	241	
Number of Birth to Three referrals requiring eligibility assessment:		228	239	191	245	
<b><u>CCOP</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of children served by CCOP during the year:		127	N/A	50	21	
Number of children receiving CCOP & CLTS waiver services:		22	N/A	185	206	
Number of children on the State CCOP waiting list:		8	N/A	N/A	N/A	
<b><u>Children's Long Term Support MA Waivers (CLTS):</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of CLTS Waiver clients served during the year:		176	298	185	185	
<b><u>Performance Goal</u></b>	<b><u>Outcome Measures</u></b>	<b><u>Benchmark</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
<b><u>Birth to Three:</u></b> Enable youth to receive intervention services and equipment to facilitate them functioning at their optimal level within their familial home whenever possible.	100% of all children exiting Part C received timely transition planning to support the child's transition to preschool and other appropriate community service by their third birthday including: notification to lead educational agency, if child potentially eligible for Part B, per state standard.	100%	100%	100%	100%	
-	80% of children receiving Birth to 3 services will demonstrate positive social interaction skills, improved acquisition of knowledge and skills, or show improved use of appropriate behaviors to meet their needs as a	80%	95%	95%	100%	

	result of receiving Birth to 3 services.					
<b>CCOP</b> Enable children and their families to receive intervention services and equipment to facilitate them functioning at their optimal level within their familial home whenever possible.	100% of children in program resided in the home of their family or legal guardian.	100%	N/A	100%	100%	
<b>Children's Long Term Support MA Waiver:</b> Provide support and necessary services to children and the families of children with physical disabilities, developmental disabilities, autism spectrum disorders, or severe emotional disturbances (SED).	100% of children participating in program had a yearly functional eligibility review completed.	100%	100%	95%	100%	
	100% of all children exiting the CLTS Waiver program were referred to the Aging and Disability Resource Center at 17 years 9 months of age, to determine eligibility for programs and funding for adult long-term support services.	100%	100%	100%	100%	
<b>Program #4: Residential &amp; Community Care &amp; Treatment of Youth</b>						

Mandated services for youth offenders as defined under the Juvenile Justice Code (Chapter 938). The legislative intent is to promote a juvenile justice system capable of dealing with the problem of juvenile delinquency, a system which will protect the community, impose accountability for violations of law and equip juvenile offenders with the needed competencies to live responsibly and productively in the community.						
Services & resources provided to children and adults who cannot be maintained and treated in a community based setting. Institutional care provided to children includes Lincoln Hills, Southern Oaks, Winnebago MH Institute (IMD) and residential care centers (RCC). Institutional care provided to adults includes TCHCC, Mendota and Winnebago MH Institutes (IMD's) and local general hospitals.						
This program area provides a continuum of services to youth and their families, ranging from informal case management interventions to commitment to the Wisconsin Department of Corrections (DOC). Social Work interventions are at the core of this work, simultaneously ensuring community safety, and accountability and rehabilitation for youth & their families. The youth served within this program area are experiencing critical bio-psycho-social developmental phases requiring individualized assessment, case planning and dispositional interventions with a variety of community based service options.						
<b>OUTPUTS</b>						
		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
<b><u>Residential Care:</u></b>						
Number of days in Residential Care Center:		3,154	3,595	5,790	6,388	
Number of clients in Residential Care Center:		26	37	42	46	
Average cost of Residential Care Center per day:		\$419	\$529	\$420	\$417	
Average days in Residential Care Center placement:		121	97	138	138	
Number of days in Department of Corrections (DOC):		965	1424	652	356	
Number of clients in DOC:		6	8	4	3	
Average days in DOC placement:		161	178	163	143	
Average cost of DOC per day:		\$361	\$279	\$416	\$379	
<b><u>Performance Goal</u></b>	<b><u>Outcome Measures</u></b>	<b><u>Benchmark</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Youth offenders will be maintained within their community through coordination of services and supports to ensure their own safety and the safety of the community.	75% or more youth in out of home placement were returned to their home within 12 months in accordance with the Child and Family Service Review National Standards.	75%	86.0%	92.0%	88.0%	

	85% of youth offenders served remained in their familial home or were placed with a relative.	85%	75%	85%	89%	
<b>Institutional Care:</b> To provide effective clinical institutional care to adults, youth, and children deemed to be a danger to themselves or others through the Chapter 51 Civil Commitment process or WI Children's (Chapter 48) and Juvenile (Chapter 938) Codes, until such time they are deemed appropriate for discharge to a lesser restrictive setting.	55% of alternate care client placements in <u>Corrections</u> and Residential Care Centers (RCC) had a duration of placement less than the 2006 average (RCC=337 days, <u>Corrections</u> =286 days) for the respective level of care as calculated in the monthly alternate care fiscal report. NOTE: As long as we contract w/DOJ for case management, we have little control over correction kids.	65%	86%	92%	88%	
	75% of participants successfully discharged from an institutional facility were not readmitted within 6 months of discharge date.	90%	95%	95%	97%	
<b>Northwest Regional Juvenile Detention Center</b>						
<b>OUTPUTS</b>						
		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
Total number of overtime hours		666	320	526	2117	
Total number of call-in hours		189	176	156	N/A	
Total residents placed in the facility		585	587	493	434	
Total days spent in facility		5161	5843	5721	5537	
<b>Eau Claire County residents placed in the facility</b>		<b>198</b>	<b>190</b>	<b>120</b>	<b>95</b>	
<b>Days Eau Claire County residents spent in the facility</b>		<b>1576</b>	<b>1220</b>	<b>1096</b>	<b>1051</b>	
Number of escorts to Eau Claire County Court			31	46	39	
Number of youth escorted without restraints			21	29	20	

Number of disturbances during court			2	1	0	
Total number of disciplinary actions:		633	517	807	465	
Number of resident injuries:		8	18	35	55	
<b>Performance Goal</b>	<b>Outcome Measures</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	
Engage in management practices that promote the safety and well-being of staff and youth.	Youth will complete intake screening within 60 minutes of admission.		99%	98%	99%	
Establish clear expectations of behavior and a system of accountability for youth and staff that promote mutual respect, self-discipline and order.	Incidents requiring room confinement will have an average duration of 2 hours or less per incident.		13%	8%	16%	
Protect public safety and provide a safe environment for youth and staff, an essential condition for learning and treatment to be effective.	Total incidents of youth misconduct requiring room confinement.		435	607	396	
Reduce the incidents of juvenile crime	Eau Claire County youth placed in the secure detention facility will not return.		49%	35%	N/A	
<b>Detention (180 Program)</b>						
<b>OUTPUTS</b>						
		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
<b>Residents entering the 180 Program:</b>		<b>8</b>	<b>16</b>	<b>12</b>	<b>9</b>	
Residents SUCCESSFULLY exiting the 180 Program:		5	5	11	9	
Residents completing high school graduation requirements		2	1	3	4	

Residents successfully employed		8	8	8	4	
Residents UNSUCCESSFULLY exiting the 180 Program:		4	1	2	2	
<b>Residents entering the aftercare program:</b>		<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>	
Residents SUCCESSFULLY exiting the aftercare program:		3	0	1	0	
Residents UNSUCCESSFULLY exiting the aftercare program:		0	1	0	0	
<b>Performance Goal</b>	<b>Outcome Measures</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	
Provide meaningful opportunities and services for residents to improve education and vocational competence, to address behavioral problems, and to prepare them for responsible lives in the community.	Percentage of residents who complete high school equivalency requirements before discharge.		0%	16%	36%	
<b>Program #5 Protection of Vulnerable Adults who are at Risk for Abuse, Neglect, or Exploitation including certification of Adult Family Homes</b>						
Under the scope of Wisconsin Statutes Chapter 55 (Protective Services System) and Wisconsin Statutes Chapter 46.90 (Elder Abuse Reporting System), DHS is the lead agency for Adult Protective Services in Eau Claire County. This includes our designation as the county's "Adult At Risk" agency. In this program area we provide services to ensure the protection of vulnerable populations, enabling them to live in the least restrictive setting consistent with their needs.						
<b>OUTPUTS</b>						
		<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	
Number of Adult and Elders at Risk reports:		90	110	129	202	
Number of Adults and Elders at Risk reports investigated:		26	110	129	202	
Number of investigated reports substantiated:		11	16	39	68	
Number of Adults and Elders at Risk investigated and substantiated within						
a calendar year:		11	16	39	68	
Adult Family Home Certification:		0	1	0	0	

<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	
Ensure protective services are provided to vulnerable and elder adults to live in the least restrictive setting possible for their success, per the State's focus of least restrictive placements.	85% of substantiated reports of abuse, neglect, and exploitation have no substantiated follow up reports related to the initial substantiation as verified per WITs.	85%	89%	87%	88%	
<b>Program #6 Financial &amp; Economic Assistance, Fraud Investigation &amp; Recovery, Resource Development &amp; Certification</b>						
The Economic Support Unit provides eligible Great Rivers Income Maintenance Consortium residents (Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire, Pierce, Polk, St. Croix, Washburn) access to health care, food, childcare, and home energy and heating resources through public programs including Medical Assistance (including Badger Care Plus, Family Planning Waiver, Community Waiver, Institutional and Medicare Beneficiary Programs) Food Share (SNAP) and Wisconsin Home Energy Program. The fraud investigation and recovery program provides program integrity to the Econ Assistance programs in the GRC by investigating suspected fraud and recovery in substantiated cases.						
<b>OUTPUTS</b>						
<b><u>GRC:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of cases currently open in Eau Claire County:		12,064	12,050	11,689	11,573	
Number of cases currently open in Great Rivers Consortium:		56,560	54,766	53,059	53,004	
Number of Great Rivers applications processed annually:		49,384	50,872	49,350	45,187	
Number of Calls in the Great Rivers Call Center annually:		136,815	185,585	183,761	181,693	
<b><u>Fraud Investigations:</u></b>		<b><u>2015</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	
Number of Fraud Prevention-Investigations for GRC:		1750	2121	3,162	3,870	
Total amount of overpayments discovered:		931,255	1,388,775	2,743,502	2,885,751	
Total amount of future savings:		\$384,840	\$488,737	\$521,433	\$517,187	
Recovered monies (For Food Share-Health Care Programs, the counties get						
back 15% of dollars paid back):		\$76,973	\$79,740	\$106,690	\$148,842	
<b><u>Performance Goal</u></b>	<b><u>Outcome Measures</u></b>	<b><u>Benchmark</u></b>	<b><u>2016</u></b>	<b><u>2017</u></b>	<b><u>2018</u></b>	

<b>GRC:</b> Provide quality access to healthcare, food, home energy and heating resources and child care for Great Rivers Consortium residents.	95% of Income Maintenance (Food Share-Healthcare) applications are processed within 30 days.	95%	98.6%	98.3%	99.1%	
	Call Center Average Speed of answer will be less than 10 minutes	10 min	5.02	2.88	2 min	
<b>Fraud:</b> Provide quality fraud investigations, program integrity, and benefit recovery services to Great Rivers Consortium (GRC) residents.	Fraud-Benefit Recovery Team will maintain and/or exceed a benefit savings to cost ratio of \$12 (total GRC Overpayments + total future savings/state funding allocation)	\$12.00	\$16.54	\$29.03	\$34.47	
	60% of the Fraud investigations will be substantiated.	60%	63%	55%	62%	
	*2017 new system for referrals (BRITS)					