



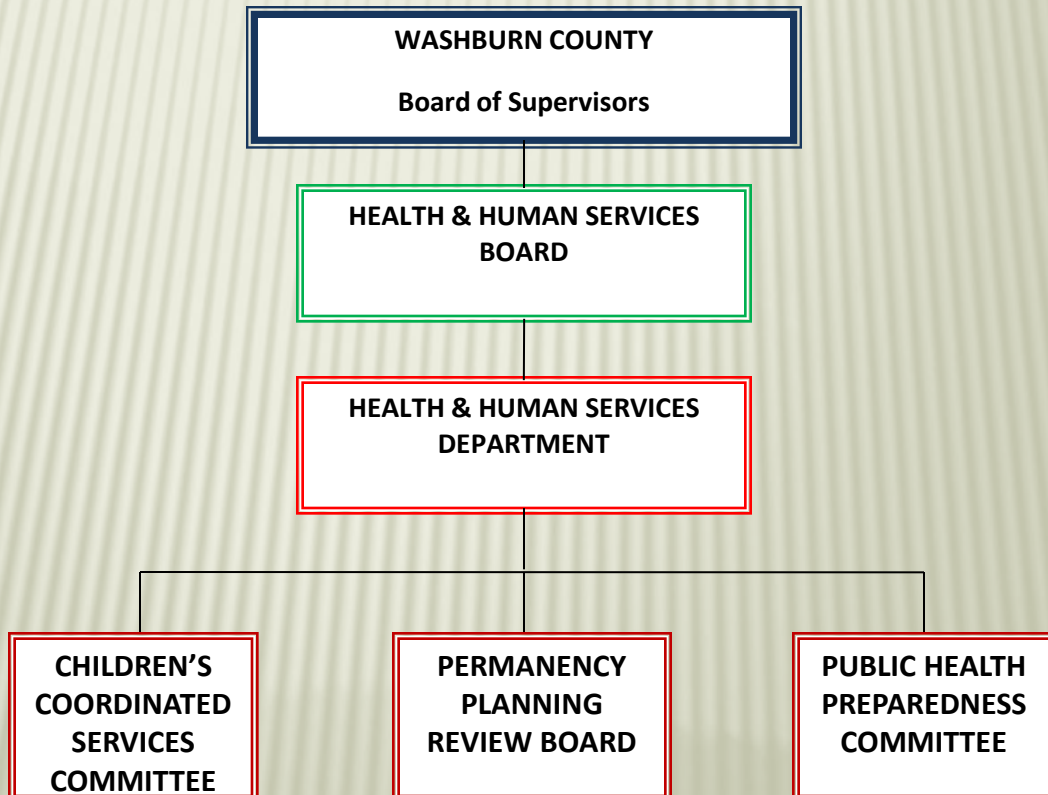
Health and Human Services Department

2013 ANNUAL REPORT

MISSION: PROMOTING A SAFE AND HEALTHY COMMUNITY

- We provide timely and accessible services
- We honor individual rights and differences
- We are committed to excellence
- We assess community needs
- We utilize well-trained and empathetic staff
- We maximize our resources
- We value teamwork and collaboration

HEALTH & HUMAN SERVICES GOVERNANCE STRUCTURE 2013



WASHBURN COUNTY HEALTH & HUMAN SERVICES BOARD

2012 – 2013

The Washburn County Health & Human Services Department is governed by the Health & Human Services Board, which consists of the following elected officials and community members:

County Board Supervisors:

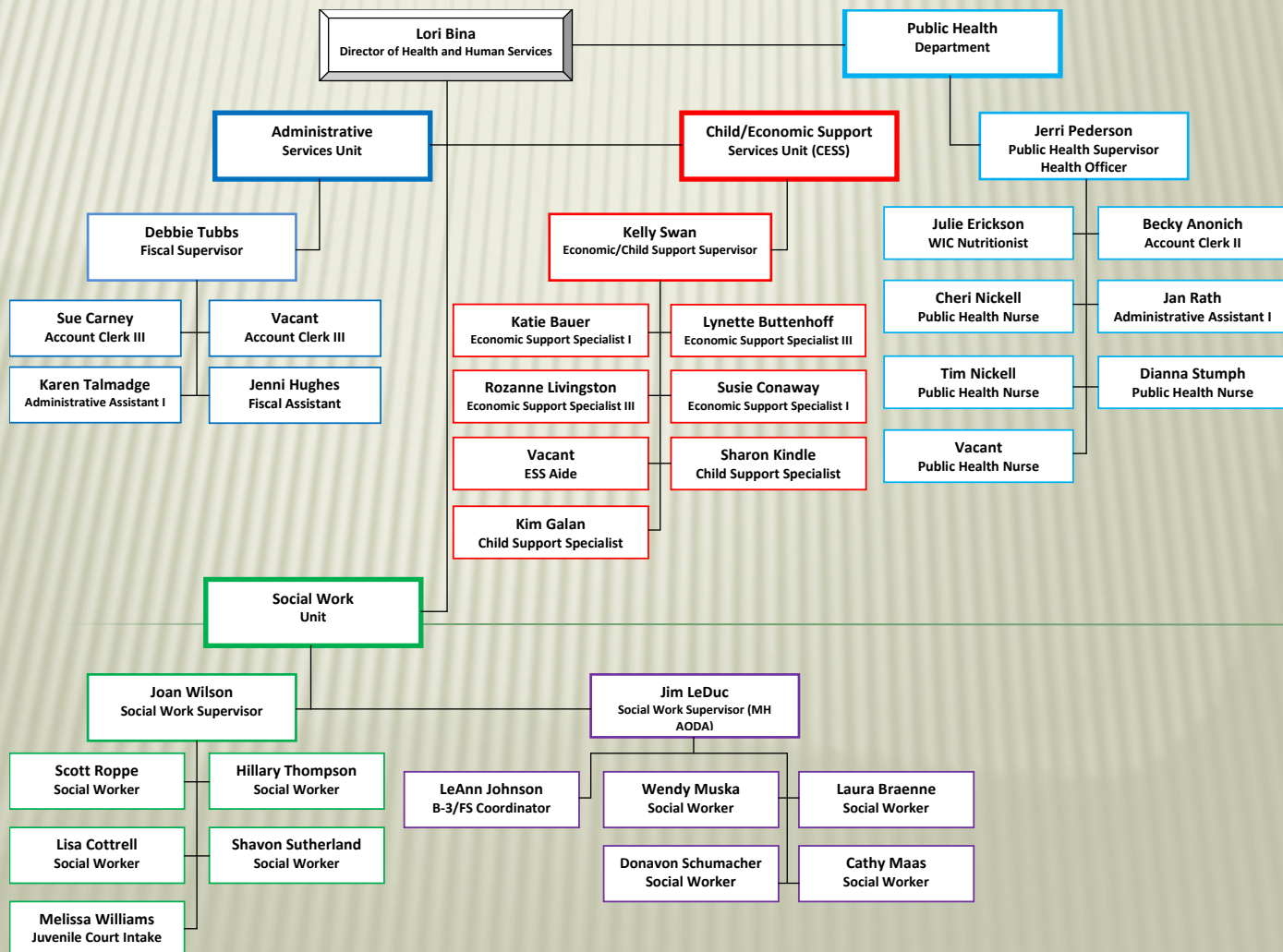
Thomas Mackie	Nell Lee
James Dohm	Andrew Eiche
Larry Ford	David Wilson

Citizens:

Jean Serum
 Bette Colville
 Janice Tripp
 Liane Wilkinson

The Board has primary responsibility for the oversight of the provision of a full range of comprehensive services by the Health & Human Services Department (HHSD), a legal entity established by state law.

WASHBURN COUNTY HEALTH & HUMAN SERVICES DEPARTMENT



FINANCIAL REPORT

2013 GROSS EXPENDITURES BY DEPARTMENT

PUBLIC HEALTH	18%	\$ 780,038
HUMAN SERVICES	65%	\$ 2,817,802
ECONOMIC SUPPORT	11%	\$ 454,868
<u>CHILD SUPPORT</u>	<u>6%</u>	<u>\$ 261,928</u>
TOTAL	100%	\$4,314,636

2013 SOURCES OF REVENUE

INTERGOVERNMENTAL	47%	\$2,047,510
TAX LEVY	36%	\$1,538,406
<u>DEPARTMENT (PUBLIC CHARGES)</u>	<u>17%</u>	<u>\$ 728,720</u>
TOTAL	100%	\$4,314, 636

ECONOMIC SUPPORT SERVICES (ESS)

The Economic Support Services Section (ESS) provides a variety of financial supports and services to families and individuals. The programs include Child Care, Medicaid, Food Share and Energy Assistance. The ESS staff is located in the Ed Elliott building and provides assistance to families, adults and the elderly.

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.



# of Families served	82
# of Children served	135
Total Payments	\$217,001

FOOD SHARE (FOOD STAMPS)

Food Share assists low-income families and individuals to buy food. The ES staff works with unemployed and underemployed Food Share recipients to assist them. The majority of the individuals served by Food Share are the elderly, the disabled and children. A total of \$3,461,942 in Food Share was issued for Washburn County in 2013, \$300,000 less than 2012 and very similar to 2011 total amount.

# of unduplicated Adults (-136 from 2012)	2484
# of unduplicated Children (-88 from 2012)	1536



MEDICAID/BADGERCARE

Medicaid is available to assist participants with the cost of health care. Medicaid is available to a variety of people, as shown in this table:

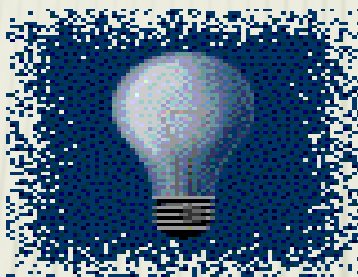


Category:	Avg. # Recipients/Month
BadgerCare Plus	2946
Elderly & Disabled*	946
Other**	268
Average per Month	4160

* EBD total includes: SSI, SSI related, Institutionalized, Waiver and MAPP.

**Other includes: MA Beneficiary, Well Woman, Foster Care and FPW.

ENERGY ASSISTANCE



Energy Assistance (EA) 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.

Report based on FFY 13 – (10/1/12 – 9/30/13)

Regular EA Applications	1182
Households paid	1114
Amount paid	\$670,178
Average Payment	\$602
Total Persons (regular)	2491
Elderly Recipients	537
Disabled Recipients	439
Children 5 & younger	249
Crisis EA Households Paid	170
Elderly Recipients	68
Disabled Recipients	101
Children 5 & Younger	35
Crisis Payments/EA & Proactive*	\$56,354
Furnace Repair/Replacement	\$58,286
Households	29

*includes both Emergency Asst and Pro-active assistance

MISSION STATEMENT

The Washburn County Child Support Agency is the local agency designed to administer the child support program, which is a county effort in conjunction with the State and Federal government to collect child support from non-custodial parents.

This effort ensures that parents support their children financially and to foster family responsibility.

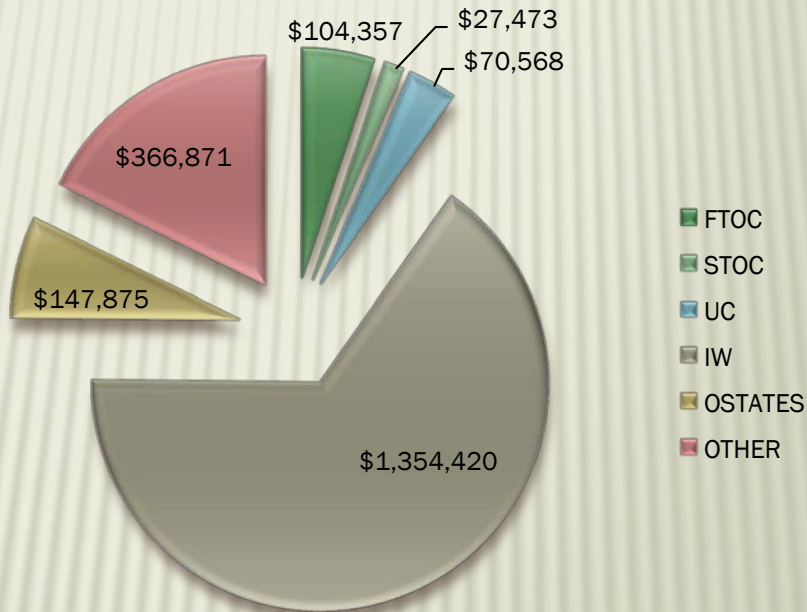
The program is provided for in Title IV-D of the Social Security Act, enacted in 1975, and in the laws of all 50 states. The Federal requirements of the State and local child support agencies are contained in the Code of Federal Regulations.



CHILD SUPPORT

	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Totals
FIOC	866	9,215	37,126	22,438	11,950	6,908	3,356	(406)	8,684	-	4,219	-	\$ 104,357
STOC	-	12,814	4,631	3,553	1,872	2,936	397	288	-	983	-	-	\$ 27,473
UC	9,629	10,544	10,820	9,712	5,620	2,753	2,403	2,896	2,458	2,496	3,484	7,753	\$ 70,568
IW	116,465	103,606	115,254	111,236	112,593	109,208	120,738	115,332	115,299	116,532	110,809	107,347	\$ 1,354,420
OSTATES	11,429	10,100	11,663	11,723	13,513	14,476	13,372	11,156	10,453	14,529	12,068	13,393	\$ 147,875
OTHER	33,994	30,926	31,571	27,536	41,333	28,139	24,056	28,459	26,646	29,693	24,801	39,716	\$ 366,871
	\$172,383	\$ 177,205	\$ 211,063	\$ 186,198	\$ 186,882	\$ 164,421	\$ 164,322	\$ 157,726	\$ 163,541	\$ 164,234	\$ 155,380	\$ 168,208	\$ 2,071,564

2013 Child Support Collections/Source



FIOC	Federal Tax Intercept
STOC	State Tax Intercept
UC	Unemployment Compensation
IW	Income Withholding
OSTATES	\$ coming in from other states on our behalf
OTHER	liens, account seizures, sale of property, payer paid

Social Work Unit Mission Statement

“Enhancing self-sufficiency and quality of life while preserving the dignity of children, individuals, and families.”

FAMILY SUPPORT PROGRAM (FSP)

Family support provides individualized supports to families with a severely disabled child. The program offers limited funding, information and support to families to maximize their child’s abilities and to keep them safely in the home. In 2013 we received \$17,000 and were able to assist 21 families in our county. We work with the Children’s Long Term Waiver caseworker to coordinate the programs for families.

Birth – 3

Birth-3 is a Federally Mandated program to provide Early Intervention services to parents and children in their homes or other natural environment. These services are family centered and may include, but aren’t limited to; service coordination, physical therapy, occupational therapy, speech therapy, nutritional education, parent education & special education. We work with a team of providers in designing a program that both meets the requirements of the State’s program & is suited to the unique needs of each family.

In 2013 we met with 40 families in the County. The data is as follows:

- The child was screened/evaluated and met eligibility for the program 49%
- The family did not want a screening done, no services here provided 32%
- The child was screened/evaluated and did not meet eligibility 19%

The length of time for a family’s involvement can range from 1-2 months to a total of 3 years, depending on the child.

ADULT PROTECTIVE SERVICES (APS)

APS includes: Investigation and assessment of referrals alleging the abuse or neglect of vulnerable adults, including the elderly; guardianship proceedings (including annual reviews) when there is an issue of protection; and protective services or placements that require a Court Order to implement. In 2013 we investigated 56 referrals involving the elderly (25 were substantiated) and provided case management to 24 of the referrals. We also investigated 9 referrals involving vulnerable adults (3 were substantiated) and provided case management to 6 of the referrals. Lastly we initiated 21 guardianships and conducted 29 annual reviews.

ADULT PROTECTIVE SERVICES

<u>SERVICE</u>	<u># OF CLIENTS</u>
INVESTIGATIONS (age 60+)	56
SUBSTANTIATED	25
SHORT TERM CASE MANAGEMENT	24
INVESTIGATIONS (AGE 18-59)	9
SUBSTANTIATED	3
SHORT TERM CASE MANAGEMENT	6
CBRF/AFH PLACEMENTS	7
GUARDIANSHIPS	21
WATTS REVIEWS	29

AODA & MENTAL HEALTH

Alcohol and Other Drug Abuse (AODA) services are primarily on a contracted basis with private providers. The majority of this population is served through traditional individual and group outpatient counseling and Washburn County assisted 43 individuals in this service area. We also placed 3 individuals in a residential treatment facility and provided case management services to 11 individuals. It should be noted that the vast majority of individuals experiencing difficulties with AODA also suffer from mental health disorders and are typically counted as a mental health client if they have a dual diagnosis.

Most Mental Health services are provided on a contracted basis except for information & referrals, day time mobile crisis intervention and case management. In 2013, Washburn County had 31 Emergency Detentions (involuntary psychiatric hospitalization involving law enforcement). 35 individuals received county case management services on a court ordered, voluntary or a combination of both basis. Another 18 individuals received intensive case management services through our Community Support Program. We had 3 individuals in long term Community Based Residential Facilities (CBRF) and 4 individuals in short term CBRF placements and did not utilize any respite services. We had one individual in an Institute for Mental Disease (IMD) placements for the first month of 2013. For individuals who do not have health insurance and no other means to pay, the County provided 50 individuals with psychiatry services, 12 individuals with psychiatric nursing (indigent medication program) and 44 individuals with outpatient mental health therapy. Lastly, we served 24 families in our therapeutic wraparound programs (Children Come First/CST), most with at least one identified child diagnosed with a Severe Emotional Disturbance (SED).

<u>SERVICE</u>	<u>AODA</u>	<u># OF CLIENTS</u>
AODA RESIDENTIAL TREATMENT		3
INPATIENT		0
CASE MANAGEMENT		11
OUTPATIENT COUNSELING		43
DRUG & ALCOHOL COURT		8

(Dual diagnosed clients typically fall under Mental Health)

<u>SERVICE</u>	<u>MENTAL HEALTH</u>	<u># OF CLIENTS</u>
CBRF		7
INPATIENT		7
INSTITUTIONAL		1
CASE MANAGEMENT		35
PSYCHIATRY		50
PSYCH NURSING		12
OUTPATIENT THERAPY		44
COMMUNITY SUPPORT PROGRAM		18
CHILDREN COME FIRST/CST		24
EMERGENCY DETENTIONS		31

FAMILY SERVICES

Programs under Family Services include services to children and their families that are experiencing issues in their lives which impact daily functioning. These issues may be delinquency, abuse, neglect, or a need for special services that the parent/guardian may not be able to provide. The focus is to assist families to become self sufficient in an environment that provides for safety.

CHILD PROTECTION

When a Child Protective Services Referral is received, the information is reviewed to determine the appropriate response. Initial responses may include referrals to community based services or a more in depth family assessment where family conditions, circumstances and behaviors are assessed to determine if families need agency intervention in order to keep their children safe. Services if needed are coordinated with the family and other agencies focusing on protection of the child and enhancing the ability of the family to function as a responsible nurturing unit. Services may be voluntary or court ordered.

Referrals received in 2013:

134 Child Protective Service (CPS) Referrals received
52 Screened in for investigation

Reports Investigated/Assessed in 2013:

Type of Report	Number of Incidents	# of Children	Number of Substantiated Referrals	# of Children with a Substantiation
Physical Abuse	12	13	1	1
Neglect	31	39	10	17
Sexual Abuse	9	9	3	3
Emotional Abuse	0	0	0	0
Other	3	3	0	0
TOTALS	55	64	14	21

22 CHIPS (Child in need of protection and/or services) Petitions were filed in Children's Court

CHILD WELFARE

Some families are referred for situations where there may be concerns that do not require a child protection response. These Child Welfare Referrals are reviewed to determine the best response. Services are often preventative and may be provided by the agency or referred to community resources.

136 Services Reports were received and 44 were opened for assessments.

OUT OF HOME CARE

Placements outside of the home are utilized when children/juveniles are not able to live in their own home because they are unsafe, have special care or treatment needs, or other circumstances exist that they are unable to remain in their home. Generally, placement in out-of-home care is temporary and intended to give families time to make necessary changes so that the child can live safely in his or her home. Most children in foster care return home to their families.

Court Ordered Placements:

32 Children were served in out of home care in 45 different placements.

This table lists the number of utilizations at the different levels of care:

Relative Care	10	Group Care	1
County Foster Care	20	Residential Care Centers	3
Treatment Foster Care	8	Secure Detention	1
Other: hospital	1	Juvenile Corrections	1



Voluntary Kinship Care:

Kinship Care is an early intervention program. The purpose of this program is to provide support when a child is unable to live in their own home and lives with a relative. The relative must meet certification requirements. Without the support and assistance of this program, children may otherwise be subject to abuse and/or neglect and fall under jurisdiction of Children's Court.

17 Children were served in Kinship Care by 12 Kinship providers.

Foster Home Licensure:

The agency is responsible to recruit and license foster families. 6 new homes were licensed in 2013. As of 12/31/13 there were 12 County Foster Homes, 3 are for relative children only.

CHILDREN'S LONG TERM SUPPORT (CLTS) SERVICES

Children with disabilities that occur during their developmental period frequently have severe impairments that are likely to continue indefinitely. These children and their families often require lifelong services, individualized supports, and other forms of assistance. Community based waiver programs help families support and maintain their children with developmental disabilities, physical disabilities, severe emotional disturbances or autism in their own homes. Services are individually designed to help support the child and family and to promote health, safety, participation and independence in the home and community.

19 Children were served under Children's waiver.

JUVENILE COURT INTAKE

Referrals are made to Juvenile Court Intake when a youth has been involved in breaking the law (delinquency), is truant from home or school, or is in need of protection or services. The goal of Juvenile Court Intake Services is to address the behavior by holding the juvenile accountable and equip the youth with competencies to live responsibly and productively while protecting the public. Services are provided to the youth and family.

86	Youth Referred	123	Total Offenses
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<u>#</u>	<u>Ages:</u>	<u>#</u>	<u>Sex:</u>
1	Under 10	33	Female
16	10-12	53	Male
45	13-15		
24	16-17		

<u>#</u>	<u>Dispositions:</u>
26	Deferred Prosecution
31	Formal Delinquency Petitions
10	Counsel and Release with conditions
4	Counsel and Release
15	Other

<u>#</u>	<u>Offenses:</u>	<u>#</u>	<u>Offenses:</u>
38	Disorderly Conduct	3	Drug Charges
12	Criminal Damage to Property	3	Obstruction
13	Theft	9	Burglary
3	Resisting Arrest	2	Operating w/o Owner's Consent
7	Criminal Trespass	1	Domestic Abuse
5	School Truancy	2	Harassment
6	Battery	1	Armed Robbery
7	Sex Offenses	5	Unlawful use of computer
1	Attempted Escape	1	Dangerous Weapon on School Grounds
1	Display of Facsimile Firearm	1	Obscene Text Message
1	Strangulation	1	Physical Abuse of a Child