

**HUMAN SERVICES BOARD MEETING
COUNTY OF EAU CLAIRE
Eau Claire, WI 54703
NOTICE OF PUBLIC MEETING**

In accordance with the provisions of Chapter 297, State of Wisconsin, Laws of 1973, notice is hereby given of the following public meeting: The Human Services Board will meet on Wednesday, August 15, 2018 at 5 PM at 721 Oxford Avenue, Room 2064, Eau Claire WI 54703. Items of business to be discussed or acted upon at this meeting are listed below:

1. Welcome & Call to Order by Colleen Bates, Chair
2. Public Input Page 2
3. Approval of today's meeting agenda
4. Review/Approval of July 23, 2018 Human Services Board meeting minutes Pgs 3-4
5. Review/Approval of Public Hearing August 9, 2018 meeting minutes Page 5
6. Review/Approval of August 9, 2018 Human Services Board meeting minutes Pgs 6-7
7. Discussion/Approval/Denial – Resolution No. 18-19/57 County Authority to Regulate Conversion Therapy – Colleen Bates and Sandra McKinney Pgs 8-16
8. June 2018 Financial Statements/Discussion - Accept
9. Review/Approve/Deny the 2019 Budget for Eau Claire County Human Services Department – Diane Cable Pgs 17-40
10. Director Update
11. Personnel Update Page 41

Adjourn

2018 Meetings:

Sept 17, Oct 22, Nov 26 and Dec 17

(Typically, the fourth Monday of the month unless otherwise noted.)

This meeting shall be an OPEN session. Meeting notice posted this day of ,
2018, at a.m./p.m. by .

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-1669 or 839-4735, tty: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

PUBLIC INPUT GUIDELINES

A period of public input shall be included at the regular meetings of the Human Services Board at which time the Board may receive information from the public subject to the Rules of General Application as adopted by the Board and County Resolution No. 16-17/053 as it applies to standing committees.

Rules of General Application

1. Time Limit – The comment period would last up to 15 minutes total and up to 3 minutes per individual with the ability of the chair to extend the time limit by his or chair discretion;
2. Identification – each speaker should identify himself or herself by name and residence, tell the Board what item or items they wish to address, and proceed to address them;
3. Written testimony – during the public input time, any person may provide written material to the Board, provided they furnish sufficient copies so that there will be one for each Board member and one for the Department;
4. Subject matter – the topic or topics must be directly related to the agenda of the regular meeting or shall refer to the policies adopted or proposed by the Board. Public comment is not an open forum for general discussion of values, politics, religion or philosophy. It is also not a forum for electioneering or the praise or criticism of individuals in or out of government;
5. Unless the topic addressed is on the agenda for that meeting, neither the Chair, any other Board member, nor any staff member should respond to public input except as follows:
 - a. To acknowledge the contribution;
 - b. To determine that the issue will or will not be placed on a future agenda for discussion or action; and,
 - c. To refer the speaker to the Department for attention to the issue;
 - d. Neither the Chair, any other Board member, any staff member should engage in discussion or exchange with the speakers except for clarification of the issue. If the Chair, any other Board member, or any staff member wishes to follow up directly with the speaker on the matter, that may be done outside of the meeting;
6. This “public input” agenda item does not limit the Chair or Board from inviting or permitting comment from any person on a topic then properly before the Board.

3/25/03

12/6/16 updated

MINUTES OF THE HUMAN SERVICES BOARD MEETING
July 23, 2018
5 PM Room 2064

PRESENT: Colleen Bates, Paul Maulucci, Lorraine Henning
Sandra McKinney, Gabriel Schlieve, Don Mowry
Martha Nieman, Kim Cronk, Lydia Boerboom

EXCUSED: Dianne Robertson

STAFF: Diane Cable, Tom Wirth, Vickie Gardner, Jackie Krumenauer, Terri Bohl

Welcome & Call meeting to Order by Chair Colleen Bates

Approval of the July 23, 2018 Meeting agenda – Paul Maulucci made a motion to approve today’s agenda. Second by Sandra McKinney. The motion carried unanimously, and today’s agenda was approved.

Review/Approval of June 25, 2018 meeting minutes – Martha Nieman made a motion to approve the meeting minute from June 25, 2018. Second by Kim Cronk. The motion carried, and the meeting minutes were approved.

Public Input - Per Board operating procedures, a period of public input was held. No one was present at the meeting for public input. Kim made a comment about an upcoming Restorative Justice meeting. A motion was made by Lorraine Henning to close the public input session. Second by Don Mowry. The motion carried unanimously, and the public input session was closed.

Presentation – Family Services: Child Welfare and Youth Services

Diane introduced Terry Bohl, Family Services Administrator. Terry shared a power point presentation from the Speaker’s Task Force on Foster Care & the Child Welfare System. Through the presentation there is growing documented evidence and agreement among the statewide agencies that Wisconsin’s Child Welfare System is in crisis right now. Statistics show rising numbers in out of home placements for children including protective placements and the fact that caseloads are more complex than in the past. Some reasons for caseload complexity are: new child welfare unfunded mandates since 2011, subsidized guardianship cost increases, provider rate increases, lack of Community Aids dollars, and lack of resource capacity. The Child Welfare system in place now is broken. Frontline workers are stressed, statewide high turnover rate in this work area, and most importantly noted is poor outcomes for the children. Eau Claire County DHS has made a commitment to ensuring Family Connections are always Preserved and Strengthened. Diane and managers will continue to keep the Human Services Board members up to date on state initiatives and Child Welfare Reform through Alia Cohort.

Proposed 2019 Budget

As part of the 2019 Budget process, Diane shared the proposed 2019 position requests.

Reviewed and approved the 2019 DHS Program Prioritization List. Martha Nieman made a motion to approve the 2019 DHS Program Prioritization list as presented. Second by Sandra McKinney. The motion carried and the Program Prioritization list was approved.

On Thursday, August 9, DHS staff will share the draft 2019 Budget for DHS. We will also hold the Public Hearing for input from the public about the 2019 Budget for DHS.

Approval/Accept/Denial of May 2018 Financial Statements – Vickie reviewed the financial reports for May including the Alternate Care report. As presented by Diane and Terri, Eau Claire County has been affected by the crisis in Child Welfare as well with a \$1.2M deficit as of May 2018. Diane shared information about Alia Innovation UnSystem Cohort (Child Welfare Reform project) For more information about Alia please visit the website:

www.aliainnovations.org Eau Claire County DHS has made a three year commitment to partnering with Alia Changing Child Welfare.

Paul Maulucci made a motion to accept the financial reports as presented. Second by Lorraine Henning. The motion carried unanimously.

Director's Report – Diane Cable

- Department Updates – Included in HS Board packet.
- Legislative Updates – Update on Act 185 SRCCY's - Input meetings are being held statewide. Eau Claire Input meeting is on August 23 at UWEC.
- System Update – Avatar Optimization plan – Wisconsin based Joxel Consulting will be working with Eau Claire County DHS staff recommending improvements on the electronic case management system. A portion of the cost of the Optimization Plan will be paid in 2018 and the balance in 2019.

Personnel update by Jackie.

The meeting adjourned at 7 p.m.

The next Public Hearing & Human Services Board meeting is scheduled for **Thursday, August 9, 2018 at 5 p.m. in Room 2064.** The regular August meeting is August 15.

**MINUTES OF THE PUBLIC HEARING
FOR THE 2019 PROPOSED HUMAN SERVICES DEPARTMENT
August 9, 2018
5 PM Room 2064**

PRESENT: Colleen Bates, Paul Maulucci, Lorraine Henning, Dianne Robertson
Sandra McKinney, Gabriel Schlieve, Don Mowry
Martha Nieman, Lydia Boerboom

EXCUSED: Kim Cronk

STAFF: Diane Cable, Tom Wirth, Vickie Gardner, Jackie Krumenauer

Welcome & Called Public Hearing to Order at 5:02 PM by Chair Colleen Bates

No one public was present at the Public Hearing tonight.

Discussion about Human Services budget being a complex process and with the population size of Eau Claire, it is disheartening to not have public input. Ideas were discussed on how we can encourage public participation.

Diane offered to hold another Public Hearing offsite next week. We will get that date and place noticed tomorrow.

Thank you for your feedback.

Lorraine Henning made a motion to close the Public Hearing. Second by Paul Maulucci. The motion carried unanimously and the Public Hearing was closed at 5:15 PM.

Jackie Krumenauer, Committee Clerk

MINUTES OF THE HUMAN SERVICES BOARD MEETING
August 9, 2018
Following Public Hearing
Room 2064

PRESENT: Colleen Bates, Paul Maulucci, Lorraine Henning
Sandra McKinney, Gabriel Schlieve, Don Mowry
Martha Nieman, Kim Cronk, Lydia Boerboom

EXCUSED: Dianne Robertson

STAFF: Diane Cable, Tom Wirth, Vickie Gardner, Jackie Krumenauer, Terri Bohl

Welcome & Call meeting to Order by Chair Colleen Bates at 5:15 PM

Approval of the August 9, 2018 Meeting agenda – Dianne Robertson made a motion to approve today’s agenda. Second by Lorraine Henning. Diane requested we begin discussion of agenda Item No. 4 and then agenda Item No. 3. The motion carried unanimously, and today’s agenda with the order of items approved.

Review/Discussion of proposed 2019 Budget

Diane Cable, Director of HS, shared the Department Mission *Work together with families & individuals in order to promote self-sufficiency, personal independence, and to strengthen and preserve families.* Diane also added our newly adopted shared Department vision *Family Connections are ALWAYS preserved and strengthened.*

Trends & Issues on the Horizon: Methamphetamine and Substance Abuse Crisis, Need for mental health and psychiatry services, housing needs and aging population increasing.

Strategic direction and priority areas:

1. Family Services
2. Behavioral Health Services

As we prepared the budget documents for tonight, board members will see we are budgeting differently than in the past. The past practices have been followed but we must work differently to make a positive impact on children and families and that budget philosophy is to keep families together, no more alternate care out of home placements. We are in a crisis with our youth and families across the state. We will continue to work to educate the public about our new philosophy Family Connections are always Preserved and Strengthened. The work with the Alia UnSystem Innovation Cohort will aid us along our journey to doing work differently. Management here at DHS is committed to new ways to help families and children. The new ALICE report has been published and feel free to research online www.aliainnovations.org for more information.

The draft performance management document was distributed along with the 2019 proposed organizational chart for Human Services.

Vickie reviewed the 2019 Budget summary document – proposed 2019 DHS Budget is \$32,549,994.

Director Update – Legislative Update on Act 185 SRCCCY's (Secured Residential Care Centers for Children and Youth)

Diane continues to attend state meetings regarding Act 185 (the closing of Lincoln Hills and Copper Lake). As we learn more about the Act 185 and attend meetings, we have learned that our needs for a correctional facility in this region is not warranted. In fact, it goes against what DHS new vision and work philosophy is – not locking kids up in a correctional facility is more harmful than helpful. We are recommending at this time, no SRCCCY in this region. Diane and Rob Fadness agree on this very important decision that a secured facility is not needed. Statistics show reduced number of youth in the juvenile detention center over the past several years. Currently there are six kids in the detention center, but they are not from Eau Claire County. This agreement will be shared at the next CJCC meeting on August 15.

The meeting adjourned at 6:45 p.m.

The next Human Services Board meeting is scheduled for **Thursday, August 15, 2018 at 5 p.m. in Room 2064.**

Jackie Krumenauer, Committee Clerk

FACT SHEET

TO FILE NO. 18-19/057

Techniques and Methods used by conversion therapy: In the past, some practitioners used severe methods to “cure” individuals from being LGBTQ including institutionalization and electroconvulsive shock therapy. Hypnosis, aversion therapy, and group therapy are the core techniques used in conversion therapy today, although they are not the only techniques used. Conversion therapy can also involve violent role play, reenactment of past abuses, exercises involving nudity and intimate touching, inducing nausea or vomiting, orgasmic reconditioning, satiation therapy, feminizing/masculinizing patients, and instilling religious guilt/self-hatred.

The harm of Conversion Therapy: The reported risks of conversion therapy include: depression, guilt, helplessness, shame, social withdrawal, suicidality, substance abuse, increased self-hatred, sexual dysfunction and high-risk sexual behaviors. The rate of suicide attempts is 4 times greater for LGB youth and 2 times greater for questioning youth than that of straight youth. In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25. LGB youth who come from rejecting families are 8.4 times as likely to have attempted suicide.

[Above information is taken directly from The Trevor Project, IMPACT, Mayo Clinic, the Family Acceptance Project, the National Center for Transgender Equality, American Counseling Association, National Association of Social Workers, American Journal of Public Health, and the CDC]

* The American Psychological Association issued a resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts in 2009, which states: “[T]he [American Psychological Association] advises parents, guardians, young people, and their families to avoid sexual orientation change efforts that portray homosexuality as a mental illness or developmental disorder and to seek psychotherapy, social support, and educational services that provide accurate information on sexual orientation and sexuality, increase family and school support, and reduce rejection of sexual minority youth.

* Conversion therapy has been rejected by every mainstream medical and mental health organization, including the American Psychological Association, American Psychiatric Association, American College of Physicians, American Medical Association, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, American Counselor Association, American School Health Association, National Association of Social Workers, the Pan American Health Organization, and the World Health Organization.

Note attached corporation counsel opinion “Power to Regulate Conversion Therapy”. This opinion is provided solely for county board supervisors. Other governmental entities should consult their own legal counsel.

The following are resources / links are for more information regarding conversion therapy:

<https://www.tolerance.org/magazine/fall-2012/therapy-of-lies>

American Academy of Child and Adolescent Psychiatry, *The AACAP Policy on “Conversion Therapies”* (2018), available

at https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx.

<http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>

Fiscal Impact: None.

Respectfully Submitted,

Gerald “Jerry” Wilkie
District 19

gw/yk

Ordinance/18-19/057 Fact

4 - REQUESTING AND SUPPORTING THE EFFORTS OF WISCONSIN, THE
 5 FEDERAL GOVERNMENT, CITIES AND VILLAGES IN EAU CLAIRE
 6 COUNTY TO REGULATE CONVERSION THERAPY AND PROHIBIT PAID
 7 CONVERSION THERAPY BY MENTAL HEALTH PROFESSIONALS TO
 8 PERSONS UNDER THE AGE OF 18-

9 WHEREAS, contemporary science recognizes that being lesbian, gay, bisexual or
 10 transgender is part of the natural spectrum of human identity and is not a disease, disorder or
 11 illness; and;

12
 13 WHEREAS, "conversion therapy" is defined as any practices or treatments offered or
 14 rendered to consumers for a fee, including psychological counseling, that seeks to change a
 15 person's sexual orientation or gender identity, including efforts to change behaviors or gender
 16 expressions or to eliminate or reduce sexual or romantic attractions or feelings toward individuals
 17 of the same gender; and

18
 19 WHEREAS, conversion therapy does not include counseling that provides assistance to a
 20 person undergoing gender transition, or counseling that provides acceptance, support, and
 21 understanding of a person or facilitates a person's coping, social support, and identity exploration
 22 and development, including sexual-orientation-neutral interventions to prevent or address
 23 unlawful conduct or unsafe sexual practices, as long as such counseling does not seek to change
 24 an individual's sexual orientation or gender identity; and

25
 26 WHEREAS, conversion therapy has been rejected by every mainstream medical and
 27 mental health organization, including the American Psychological Association, American
 28 Psychiatric Association, American Medical Association, American Academy of Pediatrics,
 29 American Academy of Child and Adolescent Psychiatry, American Counselor Association,
 30 American School Health Association, National Association of Social Workers and the Pan
 31 American Health Organization; and

32
 33 WHEREAS, this resolution is adopted to promote the health, safety and welfare of the
 34 people of the County of Eau Claire, especially the physical and psychological well-being of
 35 minors, including lesbian, gay, bisexual and transgender youth, and to protect them against the
 36 exposure to serious harms caused by conversion therapy; and

37
 38 WHEREAS, it is well documented that the prevailing opinion of the medical and
 39 psychological community is that conversion therapy has not been shown to be effective and that it
 40 creates a potential risk of serious harm to those who experience it; and

41
 42 WHEREAS, the Therapeutic Fraud Prevention Act, which bans conversion therapy
 43 nationwide, has been introduced in the 114th United States Congress and the 115th United States
 44 Congress. 14 states and 44 counties, municipalities and communities, including Madison &
 45 Milwaukee in Wisconsin, have passed legislation making the practice of conversion therapy for
 46 minors illegal, with six additional states proposing similar legislation which is pending; and

47
 48
 49 WHEREAS, in the recently completed Wisconsin legislative session, Assembly Bills 349
 50 and 261 seeking to prohibit mental health providers from engaging in conversion therapy of minors

1 in Wisconsin were introduced. However, neither of these bills made it out of committee and
2 conversion therapy remains unregulated by the State of Wisconsin; and
3

4 WHEREAS, the Eau Claire City/County Healthy Communities recently recognized that
5 the top three indicators for concern for youth in Eau Claire County are anxiety, youth
6 sad/hopelessness and youth suicide.
7

8 NOW, THEREFORE, BE IT RESOLVED that the Eau Claire County Board of
9 Supervisors requests and supports the efforts of the State of Wisconsin, the Federal Government,
10 cities and villages in Eau Claire County to regulate conversion therapy and support bills or
11 ordinances introduced in the Senates or Assembly's and local cities and villages that would
12 regulate and prohibit paid conversion therapy by mental health professionals to persons under the
13 age of 18.
14

15 BE IT FURTHER RESOLVED, that elected representatives at the state, federal and local
16 level representing Eau Claire County receive copies of this resolution. In addition, Eau Claire
17 County shall provide this resolution to the Wisconsin Counties Association, requesting their
18 advocacy to regulate conversion therapy and prohibit paid conversion therapy by mental health
19 professionals to persons under the age of 18.
20

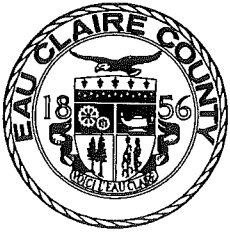
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Human Services Board

31 KRZ/yk

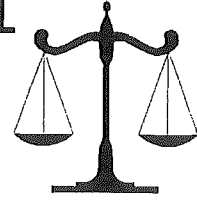
32 Dated this _____ day of _____, 2018.
33
34

ORDINANC/18-19/057



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OCC 6.18.2

OPINION TO: Supervisor Jerry Wilkie
FROM: Keith Zehms, Corporation Counsel
DATE: June 7, 2018
SUBJECT: Power to Regulate Conversion Therapy

Question Presented

Does Eau Claire County have the legal authority to regulate or prohibit conversion therapy? The answer is “no”.

Facts

Conversion therapy is defined as psychiatric therapy aimed at changing a person’s sexual orientation. Segen’s Medical Dictionary (2011). The practice of conversion therapy can take many forms, often involving aversive conditioning such as the inducement of nausea or paralysis while showing the patient homoerotic images. American Psychological Association, *Appropriate Therapeutic Responses to Sexual Orientation*, 34 (2009). There is a lack of evidence of the effectiveness of conversion therapy. However, there is evidence showing the potential risk of serious harm from conversion therapy. The American Academy of Pediatrics states conversion therapy can provoke guilt and anxiety while having little to no potential for achieving changes in sexual orientation. American Academy of Pediatrics, *Homosexuality and Adolescence*, 92 Pediatrics 631 (1993). The American College of Physicians cites research done at San Francisco State University that shows the detrimental effect of familial attitudes and rejection on LGBT youth. American College of Physicians, *Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper from the American College of Physicians* (2015). LGBT youth who face rejection by their families are more likely to attempt suicide, become depressed, and use illegal drugs. *Id.* The American Psychiatric Association also lists the risks of conversion therapy, including depression, anxiety, self-destructive behavior, and self-hatred. American Psychiatric Association, *Position Statement on Therapies Focused on Attempts to Change Sexual Orientation (Reparative or Conversion Therapies)* (2000). SAMHSA also published a detailed report on ending

conversion therapy due to the harmful effects it can have. Substance Abuse and Mental Health Services Administration, *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth* (2015).

While Wisconsin currently allows conversion therapy, there are instances of conversion therapy being considered fraudulent. California currently has a bill seeking to declare conversion therapy a fraudulent business practice. (AB-2943 Unlawful business practices: sexual orientation change efforts, CA 2017-2018.) Further, the court in *Ferguson v. JONAH*, held the JONAH conversion therapy to be fraudulent and unconscionable consumer fraud. 136 A.3d 447 (N.J. Super. Ct. App. Div. 2014). It is of note that the Supreme Court rejected appeals on the conversion bans both California and New Jersey instituted.

Only a few states have taken steps to prohibit conversion therapy, in some cases causing cities to adopt their own regulations in an attempt to prohibit the practice. While conversion therapy remains legal in Wisconsin, the Milwaukee Common Council voted in March, 2018, to ban paid therapists from performing conversion therapy on anyone younger than 18. Milwaukee Municipal Code § 75-19 (2).

There is no evidence that conversion therapy is being practiced in Eau Claire County.

Discussion

The purpose of this opinion is to determine whether conversion therapy can be regulated by the state of Wisconsin, or cities, counties and health departments in Wisconsin.

(1) State Authority

The 10th Amendment of the U.S. Constitution allows states any powers not prohibited and not already delegated to the United States by the Constitution. States are thus granted the power to establish and enforce laws that protect the welfare, safety, and health of the public. As no current regulations on conversion therapy exist at the federal level, it is within Wisconsin's authority to pass laws prohibiting certain applications of conversion therapy. In fact, eleven states currently ban conversion therapy in various forms, and a pending bill in California seeks to take the ban further by declaring conversion therapy a fraudulent business practice. Unlawful business practices: sexual orientation change efforts, AB-2943.

In the recently completed Wisconsin legislative session, Assembly Bills 349 and 261 seeking to prohibit mental health providers from engaging in conversion therapy of minors in Wisconsin were introduced. However, neither of these bills made it out of committee and conversion therapy remains unregulated by the State of Wisconsin.

(2) *City Authority*

Wis. Stat. § 62.11 (5) grants the city council, “ the power to act for the government and good order of the city, for its commercial benefit, and for the health, safety, and welfare of the public, and may carry out its powers by license, regulation, suppression, borrowing of money, tax levy, appropriation, fine, imprisonment, confiscation, and other necessary or convenient means.” As stated above, both the Attorney General and the court in *Metro. Milwaukee Ass’n of Commerce, Inc.* reiterates the ability of cities to legislate for the purposes of health, safety, and welfare of the public by exercising their police power. Wis. Op. Att’y Gen. No. 1-17 ¶ 11 (citing *Metro. Milwaukee Ass’n of Commerce, Inc.*, 798 N.W.2d at 304. However, if conversion therapy would be considered a matter of state-wide concern, it should be noted that a four part test must be met before the city could regulate or prohibit it. *Anchor Savings and Loan Association v. Madison EOC*, 355 N.W.2d 234 (1984).

The test asks: 1) whether the legislature has expressly withdrawn the power of municipalities to act; 2) whether the ordinance logically conflicts with the state legislation; 3) whether the ordinance defeats the purpose of the state legislation; or 4) whether the ordinance goes against the spirit of the state legislation. *Id.* at 237-239. As the legislature has not yet come to a decision on conversion therapy, and has not withdrawn the power of municipalities to act in regulating or prohibiting it, the city would be able to pass the four part test.

It follows that Wisconsin cities are able to create a regulation prohibiting or placing restrictions on conversion therapy by exercising police power. The restriction of conversion therapy could be easily argued as a furtherance of public well-being. However, any ban on conversion therapy should be limited to only prohibit paid conversion therapy by mental health professionals to persons under the age of 18. Any ban more restrictive is likely to face scrutiny for restricting both free speech and free exercise of religion rights

(3) *County Authority*

Wis. Stat., § 59.03 provides counties the power to exercise any organizational or administrative power, as long as that power is not pre-empted by the Wisconsin Constitution or any act of legislature which uniformly affects every county. Wis. Stat. § 59.04 allows the provisions in Wis. Stat. Ch. 59 to be liberally construed, but the county does not have powers as broad as those of cities or towns. Wis. Op. Att’y Gen. No. 1-17 ¶9. A recent opinion by the Wisconsin Attorney General clarifies that county boards have only the powers expressly conferred or necessarily implied by statute. Wis. Op. Att’y Gen. No. 1-17 ¶ 13. Specifically, the county’s powers in respect to health and human services issues are enumerated in Wis. Stat. § 59.53 and do not expressly confer or imply the power to ban the practice of conversion therapy. The Attorney General further clarifies that the county board’s power to enact ordinances to preserve the public peace and good order under Wis. Stat. § 59.54 (6) does not encompass a broad authority. Wis. Op. Att’y Gen. No. 1-17 ¶ 7. Wis. Stat. § 59.54 (6) cannot be interpreted broadly to bypass the enumerated provisions in Wis. Stat. § 59.53 as the detailed scheme of powers in Wis. Stat. § 59.53 would become surplusage if Wis. Stat. § 59.53 (6) could convey the same authority. Wis. Op. Att’y Gen. No. 1-17 ¶ 7 (*citing State ex rel. Kalal v. Circuit Court for Dane Cty.*, 681 N.W.2d 110, 124 (Wis. 2004)).

Cities and villages are able to legislate for the purposes of the health, safety, and welfare of the public by exercising their police power. Wis. Op. Att’y Gen. No. 1-17 ¶ 11 (*citing Metro. Milwaukee Ass’n of Commerce, Inc. v. City of Milwaukee*, 798 N.W.2d 287, 304 (Wis. App. 2011)). Counties are not granted police power, and therefore Eau Claire County does not have the authority to adopt an ordinance banning conversion therapy. As mentioned above, the county is limited to powers expressly conferred or necessarily implied by statute and the power to ban conversion therapy either in the interest of public health or welfare is not a power expressly conferred or implied. Wis. Op. Att’y Gen. No. 1-17 ¶ 13. An ability to restrict or regulate conversion therapy is not implied or conferred by statute, nor is it listed in the enumerated provisions relating to health and human services or social services. Therefore, the county does not have the power to ban or regulate conversion therapy.

(4) *City-County Health Department Authority*

The City-County Board of Health has the power to adopt regulations for its own guidance and for the governance of the local health department that it considers necessary to protect and improve public health. Wis. Stat. § 251.04 (3). However, these regulations may not conflict, or be less stringent, than state statutes and rules of the state health department. *Id.* Wis. Stat. § 251.04 (6)-(7) requires the board of health to advocate for the provision of reasonable and necessary public health services, and assure that measures

are taken to provide an environment in which individuals can be healthy. Neither Wis. Stat. Ch. 146 nor Ch. 251 specifically allow for the City-County Health Department to prohibit types of mental health treatment, or imply that the prohibition of conversion therapy would be considered as providing an environment to promote health.

Bouvier Law Dictionary defines public health as the implementation of the conditions required to protect and improve health among individuals by means of preventative medicine, health education, communicable disease control, and the application of the social and sanitary sciences. The Wolters Kluwer Bouvier Law Dictionary Desk Edition, Public Health. The CDC considers mental health integral to overall health and well-being, and recommends it be treated with the same urgency as physical health. Centers for Disease Control and Prevention, *The Role of Public Health in Mental Health Promotion* (2005). The CDC goes on to state the challenges for public health are to identify risk factors, increase awareness about mental disorders and the effectiveness of treatment, remove the stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services for all persons. *Id.* Conversion therapy causes an increased risk of suicidal tendencies, drug use, depression, and anxiety.

The Wisconsin statutes provide the City-County Health Department has authority over issues that impact public health and public health services. There is a strong argument to be made that prohibiting paid conversion therapy to minors will protect the public health of a vulnerable section of the LGBTQ community, and would therefore be within the City-County Health Department's authority to regulate.

Conclusion

Based on the above it is my opinion that the State of Wisconsin and cities within Wisconsin have the authority to regulate conversion therapy. Further it is my opinion that the City-County Board of Health may have the authority to regulate conversion therapy. Finally it is my opinion that Eau Claire County does not have the legal authority to regulate conversion therapy. However, the Eau Claire County Board of Supervisors could adopt a resolution requesting the State of Wisconsin regulate conversion therapy or supporting any bills introduced in the State Senate or Assembly that would regulate conversion therapy.

cc: Nick Smiar, County Board Chair
Kathryn A. Schauf, County Administrator

Department of Human Services

Department Mission

The mission of the Human Services Department is *to work together with families and individuals in order to promote self-sufficiency, personal independence, and to strengthen and preserve families.* Our vision is *Family Connections are ALWAYS preserved and Strengthened.*

The Eau Claire County Human Services Department presents a budget for 2019 following the guidelines set forth by County Administrator Schauf and the Budget and Finance Committee. The proposed budget is for \$32,549,994. This budget meets the need of the Department to support the operation and infrastructure to carry out and deliver the mandated services, in alignment with the County's Strategic Plan and the Department's mission and vision. This budget reflects a commitment to direct our practice and operations to strengthen and enhance family connections for those we serve. This shift will lead to improved outcomes for individuals, children/youth, and families and is fiscally effective.

In 2016 the Department embarked on an organizational shift to respond to the increasing community needs in the areas of Behavioral Health and Family Services. This organizational shift moved the department from primarily operating by contracting for services to developing and enhancing our internal delivery of services. This shift of operation and practice to be more responsive and intervene earlier and create a trauma informed culture which evolves over time.

Our first year, we initiated with the development and enhancement to the delivery of Behavioral Health services with the inception of the CCS (Comprehensive Community Services Program), development of a Behavioral Health Division, and enhancement to Crisis Services. In year two, we continue our focus on behavioral health services with the development of outpatient mental health & alcohol and drug treatment services and work with the Criminal Justice Collaborative Council and the Sheriff's Department to develop and provide services for individuals reentering the community from jail. We also enhanced our technology to become more adaptable in our service delivery. We are seeing positive outcomes to our shift in operations and service delivery:

- A dedicated leadership team is carrying out the mission and vision of the organization
- 70% increase in Department revenues to support services
- Improved outcomes in Youth Services with a reduction of sanction days at the Eau Claire Academy from 52 days to 8 days.

The 2019 budget reflects year three of the organizational shift. We continue to see a significant need in Crisis Services, Behavioral Health area, and Family Services (child welfare and youth services). Over a four to five year period:

- 18% cost increase in Alternate Care
- 45% increase in Crisis referrals
- Increase in hospitalizations
 - o Winnebago/Mendota - 59%
 - o Trempealeau County - 47%
- 24% increase in Adult Protective Services referrals

Our priority for 2019 is to continue development of the Behavioral Health services and to strengthen and enhance the infrastructure and operations of the Family Services Division. Our work and this proposed budget supports the strategic plan of the County, the needs of the Community, and the mission and vision of the Department.

Overview of Expenditures and Revenues

Human Services and Children's Court Services Combined

	2017 Actual	2018 Budget	2018 Estimate	2019 Request	2019 Approved	% Change
Expenditures:						
Personnel	\$ 12,421,516	\$ 15,148,198	\$ 14,701,732	\$ 18,170,459		
Services & Supplies	484,185	388,510	548,914	491,893		
Purchased Services	15,242,883	12,785,564	14,951,988	13,070,019		
Overhead	560,559	813,235	584,305	817,623		
Total Expenditures	\$ 28,709,143	\$ 29,135,507	\$ 30,786,937	\$ 32,549,994	\$ -	-100.00%
Revenues:						
Federal/State Grants	16,098,131	18,308,022	16,966,454	21,079,080		
Charges & Fees	1,373,624	543,785	564,486	538,437		
Other Sources	619,883	1,653,530	1,314,686	1,627,030		
Fund Balance Applied	2,462,777		2,311,142			
Property Tax Levy	8,154,728	8,630,170	8,630,170	9,305,447		-100.00%
Total Revenues	\$ 28,709,143	\$ 29,135,507	\$ 29,786,937	\$ 32,549,994	\$ -	

Human Services

	2017 Actual
Expenditures:	
Personnel	\$ 10,939,299
Services & Supplies	458,061
Purchased Services	15,158,154
Overhead	507,063
Total Expenditures	\$ 27,062,576
Revenues:	
Federal/State Grants	\$ 16,050,584
Charges & Fees	560,278
Other Sources	619,883
Fund Balance Applied	1,934,293
Property Tax Levy	\$ 7,897,538
Total Revenues	\$ 27,062,576

Children's Court Services

	2017 Actual
Expenditures:	
Personnel	\$ 1,482,217
Services & Supplies	26,124
Purchased Services	84,729
Overhead	53,496
Total Expenditures	\$ 1,646,567
Revenues:	
Federal/State Grants	\$ 47,547
Charges & Fees	813,346
Other Sources	
Fund Balance Applied	528,484
Property Tax Levy	257,190
Total Revenues	\$ 1,646,567

Strategic Direction and Priority Issues

The Department continues to build upon the work of our prior years. This includes work to enhance behavioral health services and operate a trauma informed organization. Our organization needs to be a trauma responsive organization that promotes healing approaches, practices, and operations to those we serve.

Priority Area: Family Services (Child Welfare, Youth Services, Juvenile Detention Services)

- Improve Outcomes for children and families
- Reduce timeframe for children to achieve permanency
- Decrease Alternate Care placements and days in/out of home care
- Enhance programming and operations of Juvenile Justice Detention Services
- Establish Infrastructure in alignment with the National standards set by the Child Welfare League of America (CWLA), for caseload and supervision to improve operations, service delivery, and outcomes in Child Welfare and Youth Justice

This priority is in alignment with the County Strategic Goals:

Funding and Revenue

- Reducing Alternate Care costs by 1.5 million by intervening earlier and utilization of evidence-based programming that improves outcomes for Children and Families.

Provision of Services

- Shift in practice from reliance on out of home placements to in-home services that strengthen and support families through challenging times.

Staff

- Adding staff to mitigate alternate care costs and to be proactive in serving and strengthening families.

Strategic Initiatives

- To be a trauma informed organization

Priority Area: Behavioral Health Services (CCS- Comprehensive Community Services, CSP- Community Support Program, CST- Coordinated Services Teams, Treatment Courts, Crisis, Adult Protective Services, Outpatient Mental Health and Substance Abuse Treatment Clinic Services)

- Decrease hospitalizations
- Increase revenues to support operations and service delivery
- Increase delivery of certified crisis services
- Increase psychiatric services
- Continue enhancement of flow of operations and operating systems

This priority is in alignment with the County Strategic Goals:

Funding and Revenue

- Increasing revenue for Crisis Services, Clinic Services, and Comprehensive Community Services

Technology

- Optimization of Avatar Health Records System
 - Creating electronic forms and signatures
 - Ability to bill private insurance for the Clinic
- Providing laptops to staff for increased mobility for required work
- Utilizing Share Point to enhance data exchange and communication with providers

Provision of Services

- Enhancing the Comprehensive Community Services Program (CCS)
- Expanding Behavioral Health Clinic Services
- Expanding Crisis and Adult Protect Service programs

Strategic Initiatives

- Provision of services that are comprehensive in nature and are attentive to trauma informed practice. Through these approaches we will improve standard of living for county residents and promote strong and self-sufficient community members

Trends and Issues on the Horizon

Trends & Issues	Impact	Response
Methamphetamine and Substance Abuse Crisis	<ul style="list-style-type: none"> • Increased Alternate Care Placements • 85% of referrals in Family Services have Substance Abuse/Mental Health issues 	<ul style="list-style-type: none"> • Establish staffing infrastructure in alignment with Child Welfare League of America (CWLA) • Enhance practice and operations
Need for Mental Health and Psychiatry Services	<ul style="list-style-type: none"> • 20% Increased emergency detentions • Average Increased hospitalizations – 53% • 45% Increase in crisis contacts 	<ul style="list-style-type: none"> • Establish Psychiatry Prescriber Services • Increase operation of Outpatient Mental Health Clinic services • Enhance Crisis Program staffing infrastructure • Continue Growth/Operations of Behavioral Health Services – CCS and Crisis
Housing Needs	<ul style="list-style-type: none"> • Increased Alternate Care Placements for children, youth, and adults • Increased crisis contacts 	<ul style="list-style-type: none"> • Collaboration with Community Partners • Continued development of Crisis services
Aging Population is Increasing	<ul style="list-style-type: none"> • 24% increase in Adult Protective Services referrals 	<ul style="list-style-type: none"> • Increase Crisis program staffing to create more capacity for response to Adult Protective Services

Program Financials

2019 Requested	Program #1
	Community Care & Treatment of Children who are Abused or Neglected
Expenditures:	
Personnel	\$ 2,546,054
Services & Supplies	74,100
Purchased Services	2,966,919
Overhead	146,710
Total	\$ 5,733,783
Revenue:	
State/Federal Grants	\$ 1,677,572
Charges & Fees	153,500
Other Sources	50,000
Property Tax Levy	3,852,711
Total	\$ 5,733,783

2018 Approved	Program #1
	Community Care & Treatment of Children who are Abused or Neglected
Expenditures:	
Personnel	\$ 1,930,511
Services & Supplies	67,350
Purchased Services	3,023,330
Overhead	99,765
Total	\$ 5,120,956
Revenue:	
State/Federal Grants	\$ 1,496,432
Charges & Fees	144,023
Other Sources	40,000
Property Tax Levy	3,440,501
Total	\$ 5,120,956

2019 Requested	Program #2	Program #2 Sub-Programs			
		(1)Community Support Program	(2)Hospitalizations and IMD Placement	(3)Crisis Mental Health Services	(4)Coordinated Services Team/SED/CLTS
Expenditures:					
Personnel	\$ 8,292,305	\$ 1,480,673	\$ -	\$ 860,040	\$ 248,941
Services & Supplies	212,760	66,600	-	16,700	5,450
Purchased Services	6,126,876	1,294,344	378,441	1,428,317	106,483
Overhead	207,210	85,322	-	49,032	13,297
Total	\$ 14,839,151	\$ 2,926,939	\$ 378,441	\$ 2,354,089	\$ 374,171
Revenue:					
State/Federal Grants	\$ 11,957,763	\$ 1,881,394	\$ 178,832	\$ 1,637,590	\$ 364,000
Charges & Fees	270,537	160,000	-	25,000	4,000
Other Sources	400,530	-	-	90,000	-
Property Tax Levy	2,210,321	885,545	199,609	601,499	6,171
Total	\$ 14,839,151	\$ 2,926,939	\$ 378,441	\$ 2,354,089	\$ 374,171

2019 Requested	Program #2 Sub-Programs Continued		
	(5)Treatment Courts	(6)CCS	(7)Outpatient Clinic
Expenditures:			
Personnel	\$ 488,174	\$ 4,576,856	\$ 637,621
Services & Supplies	9,370	111,590	3,050
Purchased Services	417,751	2,452,637	48,903
Overhead	27,702	-	31,857
Total	\$ 942,997	\$ 7,141,083	\$ 721,431
Revenue:			
State/Federal Grants	\$ 501,590	\$ 7,068,446	\$ 325,911
Charges & Fees	8,900	72,637	-
Other Sources	130,530	-	180,000

Property Tax Levy	301,977	-	215,520
Total	\$ 942,997	\$ 7,141,083	\$ 721,431

2019 Requested	Program #3	Program #3 Sub-Programs	
	Community Care & Treatment of Children who are Developmentally Disabled (DD) or Developmentally Delayed	(1)Birth to Three	(2)CLTS/Children's COP
Expenditures:			
Personnel	\$ 563,731	\$ 121,802	\$ 441,929
Services & Supplies	10,000	2,880	7,120
Purchased Services	682,927	338,988	343,939
Overhead	31,941	8,117	23,824
Total	\$ 1,288,599	\$ 471,787	\$ 816,812
Revenue:			
State/Federal Grants	\$ 998,951	\$ 391,742	\$ 607,209
Charges & Fees	24,400	10,000	14,400
Other Sources	5,000	-	5,000
Property Tax Levy	260,248	70,045	190,203
Total	\$ 1,288,599	\$ 471,787	\$ 816,812

2018 Approved	Program #3	Program #3 Sub-Programs		
	Community Care & Treatment of Adults & Children who are Developmentally Disabled (DD) or Developmentally Delayed	Birth to Three	Children's COP	Children's Long-Term Support
Expenditures:				
Personnel	\$ 569,867	\$ 160,950	\$ 221,584	\$ 187,333
Services & Supplies	9,100	2,908	3,526	2,666
Purchased Services	1,104,508	341,298	223,772	539,438
Overhead	29,744	9,004	11,759	8,981
Total	\$ 1,713,219	\$ 514,160	\$ 460,641	\$ 738,418
Revenue:				
State/Federal Grants	\$ 1,268,596	\$ 387,147	\$ 293,679	\$ 587,770
Charges & Fees	33,245	6,500	1,000	25,745
Other Sources	28,333	-	-	28,333
Property Tax Levy	383,045	120,513	165,962	96,570
Total	\$ 1,713,219	\$ 514,160	\$ 460,641	\$ 738,418

2018 Approved	Program #2	Program #2 Sub-Programs			
		Community Support Program	Hospitalizations and IMD Placements	Crisis Mental Health Services	Coordinated Services Team/SED/CLTS
Expenditures:					
Personnel	\$ 5,957,034	\$ 1,424,397	\$ -	\$ 518,069	\$ 242,774
Services & Supplies	108,168	58,980	-	15,340	8,875
Purchased Services	5,083,961	1,645,192	465,000	1,008,257	187,762
Overhead	306,193	73,146	-	25,925	11,574
Total	\$ 11,455,356	\$ 3,201,715	\$ 465,000	\$ 1,567,591	\$ 450,985
Revenue:					
State/Federal Grants	\$ 8,999,962	\$ 2,131,366	\$ 215,719	\$ 906,902	\$ 368,931
Charges & Fees	242,021	108,922	8,387	79,865	22,483
Other Sources	153,333	45,000	-	28,333	-
Property Tax Levy	2,060,040	916,426	240,894	552,491	59,571
Total	\$ 11,455,356	\$ 3,201,714	\$ 465,000	\$ 1,567,591	\$ 450,985

2018 Approved	Program #2 Sub-Programs Continued		
	Mental Health & Veterans Court	CCS	Outpatient Clinical Services
Expenditures:			
Personnel	\$ 103,676	\$ 3,398,815	\$ 269,303
Services & Supplies	3,073	18,850	3,050
Purchased Services	231,348	1,500,000	46,402
Overhead	5,092	177,771	12,685
Total	\$ 343,189	\$ 5,095,436	\$ 331,440
Revenue:			
State/Federal Grants	\$ 168,785	\$ 5,075,436	\$ 132,823
Charges & Fees	2,364	20,000	-
Other Sources	-	-	80,000
Property Tax Levy	172,041	-	118,617
Total	\$ 343,190	\$ 5,095,436	\$ 331,440

2019 Requested	Program #4 Residential & Community Care & Treatment of Youth	Program #4 Sub-Programs		
		(1) Youth Justice Services	(2) Alternative to Corrections (Juv Det & 180)	(3) Alternate Care
Expenditures:				
Personnel	\$ 2,880,798	\$ 1,482,464	\$ 1,398,334	\$ -
Services & Supplies	94,833	45,783	49,050	-
Purchased Services	1,893,565	464,413	91,818	1,337,334
Overhead	178,567	84,380	94,187	-
Total	\$ 5,047,763	\$ 2,077,040	\$ 1,633,389	\$ 1,337,334
Revenue:				
State/Federal Grants	\$ 1,893,434	\$ 684,854	\$ 26,000	\$ 1,182,580
Charges & Fees	90,000	35,000	-	55,000
Other Sources	1,096,500	-	1,096,500	-
Property Tax Levy	1,967,829	1,357,186	510,889	99,754
Total	\$ 5,047,763	\$ 2,077,040	\$ 1,633,389	\$ 1,337,334

2018 Approved	Program #4 Residential & Community Care & Treatment of Youth	Program #4 Sub-Programs			
		Youth Justice Services	Alternative to Corrections (Juv Det & 180)	Corrections	Alternate Care
Expenditures:					
Personnel	\$ 2,741,449	\$ 1,501,928	\$ 1,239,521	\$ -	\$ -
Services & Supplies	69,065	38,265	30,800	-	-
Purchased Services	1,772,057	260,350	75,750	150,000	1,285,957
Overhead	147,911	73,840	74,071	-	-
Total	\$ 4,730,482	\$ 1,874,383	\$ 1,420,142	\$ 150,000	\$ 1,285,957
Revenue:					
State/Federal Grants	\$ 1,709,744	\$ 525,350	\$ 26,000	\$ 150,000	\$ 1,008,394
Charges & Fees	106,439	-	-	-	106,439
Other Sources	1,102,333	28,333	1,074,000	-	-
Property Tax Levy	1,811,966	1,320,700	320,142	-	171,124
Total	\$ 4,730,482	\$ 1,874,383	\$ 1,420,142	\$ 150,000	\$ 1,285,957

2019 Requested	Program #5	Program #5 Sub-Programs		
For 2019, Program #5 was consolidated into Program #2				
Expenditures:				
Personnel				
Services & Supplies				
Purchased Services				
Overhead				
Total	\$ -	\$ -	\$ -	\$ -
Revenue:				
State/Federal Grants				
Charges & Fees				
Other Sources				
Property Tax Levy				
Total	\$ -	\$ -	\$ -	\$ -

2018 Approved	Program #5	Program #5 Sub-Programs		
	Community Care & Treatment of Adults & Children with Alcohol and Other Drug Abuse	AODA Case Management	Drug Court	AIM Court
Expenditures:				
Personnel	\$ 349,439	\$ 99,869	\$ 118,129	\$ 131,441
Services & Supplies	7,797	1,650	3,073	3,073
Purchased Services	490,719	170,862	224,271	95,586
Overhead	18,518	5,092	6,713	6,713
Total	\$ 866,472	\$ 277,473	\$ 352,186	\$ 236,813
Revenue:				
State/Federal Grants	\$ 442,070	\$ 238,268	\$ 121,407	\$ 82,395
Charges & Fees	18,057	3,900	1,380	12,777
Other Sources	265,530	30,000	136,039	99,491
Property Tax Levy	140,815	5,305	93,360	42,150
Total	\$ 866,472	\$ 277,473	\$ 352,186	\$ 236,813

2019 Requested	Program #5
For 2019, Program #6 is now Program #5	Protection of Vulnerable Adults who are at Risk for Abuse, Neglect, or Exploitation
Expenditures:	
Personnel	\$ 461,716
Services & Supplies	15,900
Purchased Services	108,580
Overhead	24,932
Total	\$ 611,128
Revenue:	
State/Federal Grants	\$ 350,504
Charges & Fees	-
Other Sources	21,000
Property Tax Levy	239,624
Total	\$ 611,128

2018 Approved	Program #6
	Protection of Vulnerable Adults who are at Risk for Abuse, Neglect, or Exploitation
Expenditures:	
Personnel	\$ 426,915
Services & Supplies	12,275
Purchased Services	85,587
Overhead	20,833
Total	\$ 545,610
Revenue:	
State/Federal Grants	\$ 320,133
Charges & Fees	-
Other Sources	21,000
Property Tax Levy	204,477
Total	\$ 545,610

2019 Requested	Program #6
For 2019, Program #7 became Program #6	Financial & Economic Assistance and FSET
Expenditures:	
Personnel	\$ 3,443,855
Services & Supplies	66,300
Purchased Services	151,298
Overhead	228,264
Total	\$ 3,889,717
Revenue:	
State/Federal Grants	\$ 3,061,002
Charges & Fees	-
Other Sources	54,000
Property Tax Levy	774,715
Total	\$ 3,889,717

2018 Approved	Program #7
	Financial & Economic Assistance, FSET and Fraud
Expenditures:	
Personnel	\$ 3,172,983
Services & Supplies	49,005
Purchased Services	151,298
Overhead	190,271
Total	\$ 3,563,557
Revenue:	
State/Federal Grants	\$ 2,931,229
Charges & Fees	-
Other Sources	43,000
Property Tax Levy	589,328
Total	\$ 3,563,557

Total 2019 Requested	
Expenditures:	
Personnel	\$ 18,188,459
Services & Supplies	473,893
Purchased Services	11,930,165
BCA Payback	1,139,854
Overhead	817,623
Total	\$ 32,549,994
Revenue:	
State/Federal Grants	\$ 19,939,226
BCA Payback	1,139,854
Charges & Fees	538,437
Other Sources	1,627,030
Property Tax Levy	9,305,447
Total	\$ 32,549,994

Total 2018 Approved	
Expenditures:	
Personnel	\$ 15,148,198
Services & Supplies	322,760
Purchased Services	11,711,460
BCA Payback	1,139,854
Overhead	813,235
Total	\$ 29,135,506
Revenue:	
State/Federal Grants	\$ 17,168,167
BCA Payback	1,139,854
Charges & Fees	543,785
Other Sources	1,653,530
Property Tax Levy	8,630,171
Total	\$ 29,135,506

1 BCA Payback is not listed in any of the Programs

2019 Budget					
#1 Community Care & Treatment of Children who are abused or neglected including Alternate Care Licensing	Budget	Levy		FTE's	
	\$5,733,783	\$3,852,711		28.97	
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.					
OUTPUTS					
CPS:	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>	
CPS Reports Received:	1242	1408	1535	781	
CPS Reports Screened in for Investigation:	391	438	436	243	
Number of Reports Screened in the Same Day:	62	71	86	55	
Number of Child Welfare Reports Screened In:	65	71	94	37	
Number of families referred to ongoing: new data element 7/2016		72	78	34	
Foster Care Licensing:	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>	
Number of people attending monthly foster care informational meeting:	85	78	98	23	
Number of licensed Eau Claire County foster/respice homes:	88	112	135	114	
Number of licensed Chippewa County foster/respice homes:	47	74	67	N/A	
Kinship Care:	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>	
Kinship Child slots allocated by the State:	101	105	93	91	
Average # of children served monthly:	93.4	93	89	83	
Average number of children on waiting list monthly:	6	0	2	0	
Average number of Kinship provider homes:	62.9	59	54	51	
Performance Goal	Outcome Measures	Benchmark	2016	2017	Jun-18
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%	60.7%
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. 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.	8.6%	12.70%	12.80%	13.21%
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%	85.59%
Foster Care Licensing: 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%	100%
Kinship Care: 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%	100%

Program #2: Treatment of Adults & Children with Behavioral Health Issues	Budget	Levy		FTE's
	\$14,839,152	\$2,210,321		102.06
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 (MD) and residential care centers (RCC). Institutional care provided to adults includes TCCCHC, Mendota and Winnebago Mental Health Institutes (MDs) 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.				
OUTPUTS				
Coordinated Services Team (CST):	2015	2016	2017	Jun-18
Number of CST participants:	254	239	39	40
Average age of CST participants:	11.3	12.4	10.1	10.3
Community Support Program:	2015	2016	2017	Jun-18
Number of clients served in CSP:	144	142	126	123
Number of CSP Inpatient psychiatric days:	273	279	129	120
Average length of inpatient stay:	10.5	7.34	5.87	8.58
Crisis Services	2015	2016	2017	Jun-18
Number of clients served: <small>includes linkage, med management 3prty as of 6/2018</small>	133	148	162	637
Number of civil mental health commitments:	75	62	75	75
Average length of civil mental health commitments:	6.8	7.2	8.1	7.6
Number of crisis plans completed and entered in the mental health crisis system within 30 days after Chapter 51 Civil Commitment final hearing:			143	59
Number of crisis phone assessments completed	1653	2079	3316	3592
Number of diversions from m.h. hospitalization related to phone assessments:	1296	1632	1759	3086
Number of mobile m.h. crisis assessments completed:	186	385	299	330
Number of diversions from hospitalization related to mobile assessments:	90	177	160	98
Percentage of diversions from hospitalization related to phone assessments:	78.4%	78.5%	89.0%	86.0%
Percentage of diversions from hospitalizations related to mobile crisis assessments:	48.4%	54.0%	52.0%	38.0%
Comprehensive Community Services (CCS)		2016	2017	Jun-18
CCS Program Referrals Received:		91	282	186
CCS Program Admissions:		47	94	58
CCS Program Discharges:		6	25	26
CCS Program Open Cases:		41	119	151
CCS participants required mental health hospitalization services			24	12
CCS participants accessed crisis program services			33	19
CCS participants utilized crisis bed placement services			10	9
CCS participants required substance use detoxification services			12	5
CCS participants who are being served by other DHS program units			53	57
Mental Health Court:	2015	2016	2017	Jun-18
Number of referrals screened:	26	23	16	15
Number admitted:	9	11	9	2
Number served:	22	18	15	12
Incarcerated days saved:	770	60	883	180
Medication Management:	2015	2016	2017	Jun-18
Number of clients served in program:	75	42	27	
Institutional Care:	2015	2016	2017	Jun-18
Number of days in Winnebago/Mendota IMD's:	397	587	1012	
Number of days in Trempealeau County Health Care Center IMD:	2,068	2,013	2,237	

<u>AODA Case Management:</u>		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Total clients served:		60	49	67	101
Number of individuals discharged from AODA intensive case management:		60	49	67	
Number of individuals self-reporting involvement in AA, NA or another pro-social group:		28	N/A	NA	
<u>Adult Drug Court:</u>		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of referrals screened:		53	45	43	22
Number admitted:		23	14	14	8
Number served:		48	44	34	23
Incarceration days saved:		1,385	1,276	2,030	1,970
<u>AIM Court:</u>		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of referrals screened:		38	26	29	25
Number admitted:		15	15	12	11
Number served:		38	31	31	26
Incarceration days saved:		1251	1104	3600	1379
<u>Veterans Court:</u>		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of referrals screened:		9	6	13	4
Number admitted:		2	2	3	3
Number served:		7	5	7	8
Incarceration days saved:		60	N/A*	705	2190
*no graduates in 2016					
Institutional Care: 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 Corrections and Residential Care Centers (RCC) had a duration of placement less than the 2006 average (RCC=337 days, Corrections=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%	
	75% of participants successfully discharged from an institutional facility were not readmitted within 6 months of discharge date.	90%	95%	95%	
<u>Performance Goal</u>	<u>Outcome Measures</u>	<u>Benchmark</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Drug Court: 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%	18%
	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%	44%
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	571.1 days	612.3	592
	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%
AIM Court: 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%	16%
	Percent of graduates receiving a new charge (resulting in criminal conviction) within 3 years of graduation should not exceed 25%* *Includes only graduates from 3 years prior to the year listed	≤ 25%	42.90%	53.80%	38.00%
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%	63%
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	469.8 days	414.8	602
	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%
Veterans Court: 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%	8%
	Percent of graduates receiving a new charge (resulting in criminal conviction) within 3 years of graduation should not exceed 25%* *Includes graduates from 3 years prior to the year listed	≤ 25%	28.6%	25.0%	33.0%

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%	63%
	Average Length of Stay for all treatment court graduates should be at least 12 months	> 365 Days	N/A*	480.05	440
	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%

Program #3: Community Care & Treatment of Children who are Developmentally Disabled (DD) or Developmentally Delayed		Budget	Levy		FTE's
		\$1,288,599	\$260,248		6.31
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.					
OUTPUTS					
Birth to Three Program:		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of Birth to Three children served:		255	272	258	175
Number of Birth to Three referrals requiring eligibility assessment:		228	239	191	99
CCOP		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of children served by CCOP during the year:		127	N/A	50	15
Number of children receiving CCOP & CLTS waiver services:		22	N/A	185	150
Number of children on the State CCOP waiting list:		8	N/A	N/A	43
Children's Long Term Support MA Waivers (CLTS):		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of CLTS Waiver clients served during the year:		176	298	185	156
Performance Goal	Outcome Measures	Benchmark	2016	2017	Jun-18
Birth to Three: 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 result of receiving Birth to 3 services.	80%	95%	95%	95%
CCOP Enable children and their families to receive intervention services and equipment to facilitate	100% of children in program resided in the home of their family or legal guardian.	100%	N/A	100%	100%
Children's Long Term Support MA Waiver: 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%

Program #4: Residential & Community Care & Treatment of Youth		Budget	Levy	FTE's	
		\$5,047,763	\$1,967,829	35.26	
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.					
OUTPUTS					
		2015	2016	2017	Jun-18
Residential Care:					
Number of days in Residential Care Center:		3,154	3,595	5,790	2,993
Number of clients in Residential Care Center:		26	37	42	27
Average cost of Residential Care Center per day:		\$419	\$529	\$420	\$440
Average days in Residential Care Center placement:		121	97	138	97
Number of days in Department of Corrections (DOC):		965	1424	652	255
Number of clients in DOC:		6	8	4	4
Average days in DOC placement:		161	178	163	64
Average cost of DOC per day:		\$361	\$279	\$416	\$390
Performance Goal	Outcome Measures	Benchmark	2016	2017	Jun-18
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%	92.0%
	85% of youth offenders served remained in their familial home or were placed with a relative.	85%	75%	85%	77%
Northwest Regional Juvenile Detention Center					
OUTPUTS					
		2015	2016	2017	Jun-18
Total number of overtime hours		666	320	526	1288
Total number of call-in hours		189	176	156	457
Total residents placed in the facility		585	587	493	241
Total days spent in facility		5161	5843	5721	3285
Eau Claire County residents placed in the facility		198	190	120	52
Days Eau Claire County residents spent in the facility		1576	1220	1096	622
Number of escorts to Eau Claire County Court			31	46	23
Number of youth escorted without restraints			21	29	10
Number of disturbances during court			2	1	1
Total number of disciplinary actions:		633	517	807	284
Number of resident injuries:		8	18	35	17
Performance Goal	Outcome Measures		2016	2017	Jun-18
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%	97%
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%	21%

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	284	
Reduce the incidents of juvenile crime	Eau Claire County youth placed in the secure detention facility will not return.		49%	35%	43%	
Detention (180 Program)						
OUTPUTS						
			2015	2016	2017	Jun-18
Residents entering the 180 Program:			8	16	12	2
Residents SUCCESSFULLY exiting the 180 Program:			5	5	11	3
Residents completing high school graduation requirements			2	1	3	4
Residents successfully employed			8	8	8	1
Residents UNSUCCESSFULLY exiting the 180 Program:			4	1	2	4
Residents entering the aftercare program:			4	1	1	0
Residents SUCCESSFULLY exiting the aftercare program:			3	0	1	0
Residents UNSUCCESSFULLY exiting the aftercare program:			0	1	0	0
Performance Goal	Outcome Measures		2016	2017	Jun-18	
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%	50%	

Program #5 Protection of Vulnerable Adults who are at Risk for Abuse, Neglect, or Exploitation including certification of Adult Family Homes		Budget \$611,128	Levy \$239,624		FTE's 4.92
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.					
OUTPUTS					
		<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>Jun-18</u>
Number of Adult and Elders at Risk reports:		90	110	129	166
Number of Adults and Elders at Risk reports investigated:		26	110	129	165
Number of investigated reports substantiated:		11	16	39	66
Number of Adults and Elders at Risk investigated and substantiated within a calendar year:		11	16	39	64
Adult Family Home Certification:		0	1	0	0
Performance Goal	Outcome Measures	Benchmark	2016	2017	Jun-18
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%	83%

Program #6 Financial & Economic Assistance, Fraud Investigation & Recovery, Resource Development & Certification		Budget \$3,889,717	Levy \$774,715	FTE's 45.07	
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.					
OUTPUTS					
GRC:		2015	2016	2017	Jun-18
Number of cases currently open in Eau Claire County:		12,064	12,050	11,689	11,790
Number of cases currently open in Great Rivers Consortium:		56,560	54,766	53,059	53,566
Number of Great Rivers applications processed annually:		49,384	50,872	49,350	21,796
Number of Calls in the Great Rivers Call Center annually:		136,815	185,585	183,761	91,021
Fraud Investigations:		2015	2016	2017	Jun-18
Number of Fraud Prevention-Investigations for GRC:		1750	2121	3,162	1,852
Total amount of overpayments discovered:		931,255	1,388,775	2,743,502	1,373,977
Total amount of future savings:		\$384,840	\$488,737	\$521,433	\$263,651
Recovered monies (For Food Share-Health Care Programs, the counties get back 15% of dollars paid back):		\$76,973	\$24,717	\$106,690	\$142,764
Performance Goal	Outcome Measures	Benchmark	2016	2017	Jun-18
GRC: 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%	99.0%
	Call Center Average Speed of answer will be less than 10 minutes	10 min	5.02	2.88	1.71
Fraud: 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	\$16.55
	60% of the Fraud investigations will be substantiated.	60%	63%	55%	50%
*2017 new system for referrals (BRITS)					

EAU CLAIRE COUNTY, WISCONSIN
2019 BUDGET
HIGHLIGHTS

Changes and Highlights to the Department's Budget:

Change 1 - 18 Community demand drives the need for additional mental health and/or substance abuse community based programming. These fully funded Medical Assistance reimbursable positions would add to the Comprehensive Community Services program. This program provides an opportunity to serve community members more effectively and decrease the reliance on deeper end mental health and justice related programming while promoting recovery. The continued growth requires the appropriation of multiple staff to meet the program responsibilities and requirements.

Change 2 - Treatment Court Supervisor. This position will work to coordinate the efforts of the treatment courts and program development to ensure continuous improvement and best practice of criminal justice programs. The need for Clinical direction, policy development, and program development are critical to the success of the treatment courts.

Change 3 - Juvenile Detention Supervisor - This position is needed to provide "2nd Shift" clinical and programmatic supervision to the Northwest Regional Juvenile Detention Center (Detention Center). Assists in planning, establishing and managing program policies, activities and operations of the secure detention facility in compliance with Wisconsin State Statutes Chapters 48, 938, Administrative Code DOC 346, and other rules as they apply.

Change 4 - Social Worker for Crisis Services (4/1/19 start date) The development of a clinic and the County's desire to intervene and assist individuals with mental health or substance use earlier is the desire of the program and is in-line with the County's strategic plan. The Department has seen a growth in the amount of crisis follow along and linkage. This practice of providing linkage and follow up will reduce the potential for individuals landed in the county jail or more deep end mental health services, as well as assist County residents in obtaining adequate mental health care.

Change 5 - Therapist for BH Clinic (4/1/19 start date). Creation of outpatient behavioral health services is the direct result of the private sector being overwhelmed with the need for outpatient therapeutic services. Often times these individuals who are not getting services are either uninsured or underinsured. These individuals and families are often in our system. Without therapeutic intervention there is the potential that they will fall into deep end behavioral health services or the criminal justice system. It is anticipated that this position will be needed as caseload sizes increase and as the County begins to assist in addressing the shortage of mental health services

Description of Change	2018 Revised Budget	Cost to Continue Operations in 2019	Change 1	Change 2	Change 3	Change 4	Change 5	2019 Budget Request
Personnel	\$ 15,148,198	\$ 675,277	\$ 1,534,757	\$ 95,643	\$ 95,643	\$ 66,205	\$ 69,135	\$ 18,170,459
Services & Supplies	388,510	29,043	74,340					491,893
Purchased Services	12,785,564	2,647,029	721,384					13,070,019
Overhead	813,235	(32,782)		4,130	4,130	4,130	4,130	817,623
Total Expenditures	\$ 29,135,507	\$ 3,318,567	\$ 2,330,481	\$ 99,773	\$ 99,773	\$ 70,335	\$ 73,265	\$ 32,549,994
Tax Levy	\$ 8,630,170	\$ 3,207,807			\$ 99,773	\$ 60,585	\$ 26,966	\$ 9,305,447
Use of Fund Balance or Carryforward Funds	-	-						-
All Other Revenues	20,505,337	110,759	2,330,481	99,773		9,750	46,299	23,244,547
Total Revenues	\$ 29,135,507	\$ 3,318,566	\$ 2,330,481	\$ 99,773	\$ 99,773	\$ 70,335	\$ 73,265	\$ 32,549,994

Change 6 - Social Work Manager for CPS Ongoing Services (4/1/19 start date) - Social Work Managers in the Family Services Division provide clinical, programmatic, and administrative supervision to assigned staff. Social Work Managers provide support and oversight to staff to assure client needs are met. This manager position will bring the Department into better alignment with Child Welfare League of America staff ratio to worker standards. Social Work Managers are instrumental in assuring every effort is made to keep children in their home; and when placements need to be made, family connections are maintained. It is anticipated that with this increased availability for consultation that there will be a reduction in out of home care.

Change 7 - Social Worker for Resource Unit - The Resource Unit within Eau Claire County DHS is currently staffed with 2.5 FTE Social Workers. These Social Workers are struggling to license new and existing foster care and kinship providers in a timely manner. These Social Workers are also unable to allocate sufficient time to recruitment efforts for new providers at a time when Eau Claire County has more children placed in out-of-home care than ever before and placement resources are scarce. With increased resources it is anticipated that the Department can keep kids with relatives or more home like settings.

Change 8 - Social Worker for CPS Ongoing Services - Within the DHS Program Prioritization List, Child Protective Services (CPS) is identified as the top priority. The Department of Children and Families has continued to create numerous unfunded mandates that have increased the workload of Child Protective Services workers and greatly decreased the ability to engage families and prevent out-of-home care placements. An increase in workload has taken a toll on frontline CPS workers including high turnover, secondary trauma, the feeling of always operating in "crisis mode" where mandates are often unfulfilled and minimal support is provided to children, families and out-of-home care providers.

Change 9 - Senior Social Worker for Access Services - Access workers are experiencing a delay in the timely entry of referrals which negatively impacts the timeliness of screening decisions made by Social Work Managers. A Senior Social Worker in the Centralized Access Unit would allow for more timely entry of referrals for services including CCS, Behavioral Health Clinic, Child Protective Services and Adult Protective Services. The Senior Social Worker would also triage referrals in a more timely manner. Connecting consumers with services in an expedited manner is ideal intervention and would avoid an escalation of crisis situations.

Change 10 - Psychiatric Nurse Practitioner for BH Clinic - The creation of a mental health clinic and CCS demands that we have a staff person with Clinical skills with the ability to prescribe medication. This is especially true because of the shortage to obtain psychiatry services in this community. Having this level of staff would allow the department to better coordinate care and prevent potential hospitalizations.

Change 11 - Abolish Crisis Coordinator and Create Crisis Supervisor - This new position would provide crisis staff with clinical consultation and direction on best practice response to those individuals experiencing a mental health crisis. Previously the crisis coordinator brought system partners together to provide coordination of service array. In addition to this activity the supervisor would also provide the administrative, supportive and the educational role of supervision in the crisis program. Train staff and other agency and community members in techniques of supporting individuals experiencing a crisis. Serves as a member of multi-disciplinary teams, including the Crisis Committee. Provides personnel evaluations and all other aspects of staff and program supervision.

Change 12 - The Human Services Department is shifting practice from an operation and service delivery primarily focused on contracted based services to enhancing our internal delivery of services. This shift in practice and operations is in alignment with the development of our overall budget and our commitment to direct our practice and operations to strengthen and enhance family connections for those we serve. This leads to improved outcomes for individuals, children/youth, and families and is cost effective, allowing us to reduce the purchased services area by \$3,083,968.

Change 13 -

Description of Change	Change 6	Change 7	Change 8	Change 9	Change 10	Change 11	Change 12	Change 13
Personnel	\$ 77,296	\$ 88,274	\$ 88,274	\$ 92,179	\$ 138,018	\$ 1,561		
Services & Supplies								
Purchased Services	4,130	4,130	4,130	4,130	4,130		(3,083,958)	
Overhead	81,426	92,404	92,404	96,309	142,148	1,561	(3,083,958)	\$ -
Total Expenditures	\$ 162,852	\$ 184,808	\$ 184,808	\$ 192,618	\$ 284,286	\$ 1,561	\$ (3,083,958)	\$ -
Tax Levy								
Use of Fund Balance or Carryforward Funds								
All Other Revenues					142,148			
Total Revenues	\$ 81,426	\$ 92,404	\$ 92,404	\$ 96,309	\$ 142,148	\$ 1,561	\$ (3,083,958)	\$ -

Eau Claire County Department of Human Services
Recruitment Status - 8.1.18

Position Title	Unit	Status
CCS - SF (JB)	CCS	Promotion to Supervisory position
CCS - SF (AG)	CCS	Rec'd resignation
Economic Support Specialist (MM)	ESS	Under review
Economic Support Specialist (MN)	ESS	Under review
Economic Support Specialist (NS)	ESS	Under review
Administrative Specialist I (FJ)	Org Services	Rec'd resignation
Administrative Specialist I (ST)	Org Services	Under review

New for 2018 in Budget

SW for Jail Re-Entry Program	Beh. Health	Scheduled 2nd interviews
Admin Specialist I (.5) from JCI	JCI	Under review
Clinic Manager (1)	Beh. Health	Scheduled interviews
Outpatient Clinical Services Ther. (3)	Beh. Health	Scheduled interviews