



AGENDA

Eau Claire County Human Services Board Meeting

Date: March 4, 2024

Time: 5:30 pm

Location: Eau Claire County Government Center,
721 Oxford Ave, 1st Floor, Room 1301/1302,
Eau Claire, WI 54703

Those wishing to make public comments can submit their name and address no later than 30 minutes prior to the meeting to kristen.beaudette@eauclairecounty.gov or attend the meeting in person or virtually. Comments are limited to three minutes; you will be called on during the public comment section of the meeting. To attend the meeting virtually:

Join from the Meeting Link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=mdaa2edb3397445ff9d75b0ce527f2a08>

Join From Meeting Number:

Meeting number (access code): 2536 283 9150 Meeting password: pTui54RyC4N

Join by Phone:

1-415-655-0001 Access Code: 2536 283 9150

A majority of the County Board may be in attendance at the meeting, however, only members of the committee may take action on an agenda item.

1. Welcome and Call to Order – Chair
2. Roll Call – Chair & Acting Committee Clerk
3. Confirmation of Meeting Notice – Chair
4. Public Comment – Chair
5. Review of Meeting Minutes from Human Services Board Meeting on February 5, 2024 – Action/Accept/Denial/Revise (pages 2-5) – Chair
6. Professionals with a Purpose – Economic Support Services (pages 6-17) – Administrator Welke, Manager Jane Olson, Economic Support Specialists Wendy Bulinski & Jennifer Noll
7. HSHS Sacred Heart Hospital, St. Joseph’s Hospital, & Prevea Clinics Closure - Discussion (pages 18-20) – Director
8. Day Resource Center Resolution Update – Chair
9. Bill Securing \$15 Million in Crisis Response Resources – Discussion (pages 21-27) - Chair
10. Human Services Director’s Report—Discussion (pages 28-34) – Director
11. 2021 and 2022 WIMCR Update – Fiscal Manager
12. Review of December 2023 Financials—Action/Accept/Denial/Review (pages 35-40) – Fiscal Manager
13. Announcements – Chair
14. Future Agenda Items – Chair
15. Adjourn – Chair

Next Human Services Board meeting is scheduled for April 1, 2024

Prepared by Terri Bohl, Operations Administrator, Department of Human Services

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee (715-839-6794) or Administration for assistance (715- 839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-7335, (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



MINUTES
Eau Claire County
Human Services Board
Monday, February 5, 2024, at 5:30 pm

Present:

- Chair Katherine Schneider*
 - Vice Chair Kimberly Cronk*
 - Supervisor John Folstad
 - Supervisor David Hirsch
 - Supervisor Connie Russell*
 - Citizen Member Kathleen Clark
 - Citizen Member Lorraine Henning
 - Citizen Member Paul Maulucci
- * Attended virtually

Others:

- DHS Director Angela Weideman
- DHS Deputy Director Ron Schmidt
- DHS Fiscal Manager Vickie Gardner
- DHS Behavioral Health Administrator Luke Fedie
- DHS Economic Support Administrator Kathy Welke
- DHS Family Services Administrator Melissa Christopherson
- DHS Operations Administrator/Committee Clerk Terri Bohl
- DHS Data Specialist Matthew Kulasiewicz
- DHS Social Work Manager Hannah Keller
- DHS Admin Specialist Kristen Beaudette
- Supervisor Nick Smiar

Members of the Public:

- No members of the public were present

Call to Order:

Chair Schneider called the meeting to order at 5:30 pm. Chair Schneider reminded the group of the Department's Mission, Vision, and Values.

Roll Call:

The Committee Clerk called the roll call, and it is noted above under Present.

Confirmation of Meeting Notice:

Chair Schneider asked if the meeting had been noticed, and the Committee Clerk said it had been noticed on Thursday, February 1, 2024.

Public Comment:

Chair Schneider asked if any public comment had been received, and the Committee Clerk said no comments were received. Chair Schneider also asked if there was anyone at the meeting wanting to make a public comment and there was not.

Review/Approval of Committee Meeting Minutes:

The Board reviewed the meeting minutes from the Human Services Board Meeting on January 8, 2024. Supervisor Folstad motioned to accept the minutes. The motion was accepted 8-0.

Professionals with a Purpose:

DHS Director Weideman introduced DHS Social Work Manager Hannah Keller, Administrator Christopherson, and Administrator Bohl who provided an overview of the Racial and Ethnic Disparity (RED) Reduction grant. The following topics were discussed by the Board during the presentation:

- Clarified several data points including ages and races included in data set, percentages, & outcomes
- Realizations of DHS staff members during this project
- Census data using two or more races and Department database only counting one
- Comment on how long this issue has been going on and how people are assumed to be identified, youth of color are assumed to be older, and need to create support for families
- Whether Department has looked at a night shift to spread resources around

Onboarding of Board Members and Possible Term Limits for Citizen Members Update:

Chair Schneider provided an update on the county's position that if one committee puts limits on citizen member's terms, then all committees should set similar limits. Chair Schneider noted the issue is on hold, but questioned current citizen members with upcoming term expiration dates whether they are looking to serve again. The following topics were discussed by the Board:

- Question around the sensibility of three of four Citizen Members having renewals at the same time as board elections
- Discussion around ability to change the expiration dates of Citizen Member terms to not align with board elections

Chair Schneider noted she and Director Weideman are working on onboarding for new board members. Director Weideman noted the onboarding information would be provided during meeting hours in May and June and would include tours of the building. Board members noted the following information:

- Previous 2-hour education provided to the board was helpful
- Tours were helpful

Day Resource Center Resolution Update:

Chair Schneider provided an overview of a proposed resolution to provide financial assistance for the creation of a day resource center. Chair Schneider noted the effort was on pause after learning all the remaining ARPA funds had been spent. Chair Schneider added that she is hoping to bring the resolution forward in March. The following topic was discussed by the Board during the presentation:

- Potential funding sources for the project

Human Services Director's Report:

Deputy Schmidt provided an overview of the Department impacts by the closure of HSHS Sacred Heart Hospital, St. Joseph's Hospital, and Prevea clinics. The following topics were discussed by the board:

- Question around whether Governor offering money
- Comment about Oak Leaf's proposal being a community hospital and funding that would be needed
- Discussion on St. Francis apartments and about where people will go
- Whether CESA would be potential provider for Birth to Three program
- Department should make same report at board meeting this Wednesday

- Whether West Central Regional Planning Consortia at the table
- Community needing to come together as a region to address this issue
- Number of psychiatric beds in La Crosse
- Future provider of decontamination services
- Need for county to get into legal action-oriented mode similar to letter from City Attorney. Questioned if Corporation Counsel looked at whether HSHS following state and federal guidelines
- Need for regional site and needing to model what costs will be from closures
- Limited resources which will have huge negative effect which increases risk to staff and patients
- Hutchinson announcing layoffs
- Board needing to set aside money this year
- No discussion on what could have prevented this as community; didn't know ahead of time
- Comment that cyber-attack was detrimental

Director Weideman continued the monthly Director's Report and highlighted the following topics:

- Director and Deputy Director met with World Relief representative and information learned
- Starting budget planning for 2025
- JDC yearly inspection and comments for improvement
- Onboarding of Deflection Case Manager position
- Peer Support Specialist in Crisis doing phenomenal work
- Starting in January, children whose healthcare is covered by Medicaid will be guaranteed coverage for 12 months

The following topics were discussed by the Board:

- Whether Birth to Three program funded by state
- Anything board can do to support Birth to Three program
- JDC's numbers trending down and whether it's related to staffing issue
- Possibility of body scanner being shared between JDC and jail and question around cost
- Comment that body scanner should be moved on quickly and not shared with jail as need access to it
- CLTS waitlist went up in December and doesn't seem experienced staff taking on expected caseload
- Med management waitlist in Clinic increased
- CLTS numbers should be shared with entire county board

Review of November 2023 Financials:

Fiscal Manager Gardner gave a review of the November 2023 financials. The following topics were discussed by the Board following the overview:

- Whether state ever remedied payment to Department
- Concern over Finance Committee not knowing about possible money needing to be paid back to state
- Location of money in general fund
- Whether Director Weideman heard from legal counsel on decision on transferring funds

Supervisor Hirsch motioned to accept the financials. The motion was accepted 7-1 as follows:

7 Ayes: Supervisors Schneider, Cronk, Hirsch, & Russell, Citizen Members Clark, Henning, & Maulucci
 1 No: Supervisor Folstad

2022 CCS WIMCR Reconciliation Discussion:

Fiscal Manager Gardner gave an overview of the 2022 CCS WIMCR reconciliation financials. The following topics were discussed by the Board following the overview:

- Question whether 2022 WIMCR similar to 2021 WIMCR (is Department still working with state on 2021)
- Clarification on process of when books close whether deficit hitting department as cash and additional liability this year

Announcements:

- Supervisor Hirsch recommended seeing shows at Children’s Theater and Theater Guild
- Supervisor Cronk shared information on Jonah Film Festival

Future Agenda Items:

- Staggering term limits for Citizen Members
- Onboarding for Board Members
- Day Resource Center Resolution
- Impact of HSHS Sacred Heart Hospital, St. Joseph’s Hospital, and Prevea Clinics closure
- Professionals with a Purpose: Economic Support Services
- Fiscal Manager Gardner to check with County Finance on assuring possible CCS money being returned to state shared with Finance and Budget

Adjourn

The meeting was adjourned at 7:45 pm.

Respectfully submitted by,

Terri Bohl



Economic Support

Department of Human Services

Introductions

Jane Olson

Economic Support Consortium
Manager

Wendy Bulinski

Economic Support Specialist

Jennifer Noll

Economic Support Specialist

What is Economic Support?

Economic Support Unit= 37 staff in ECC

- ▶ Staff serve 3 Teams:
 - Families
 - Elderly, Blind, and/or Disabled individuals
 - Families requesting Child Care assistance
- ▶ ES Unit also provides Fraud Investigation & Child Care Provider Certification

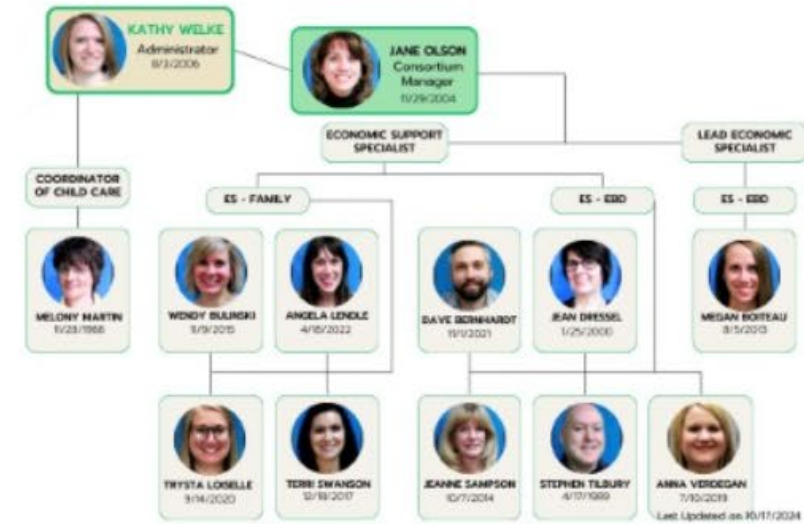
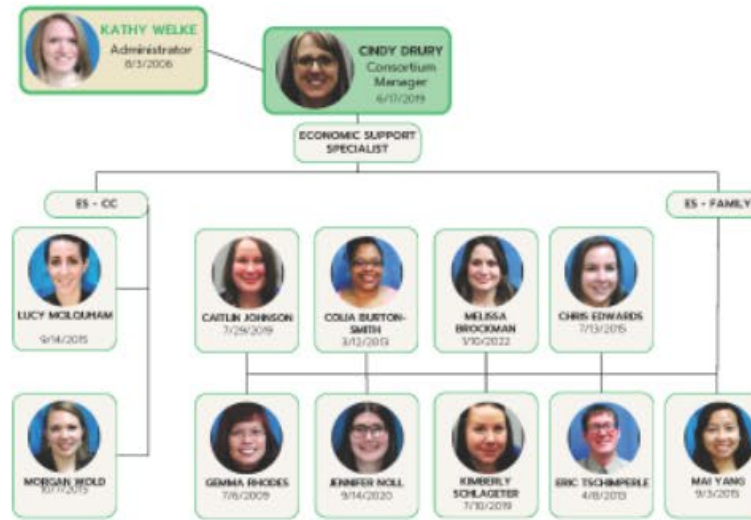
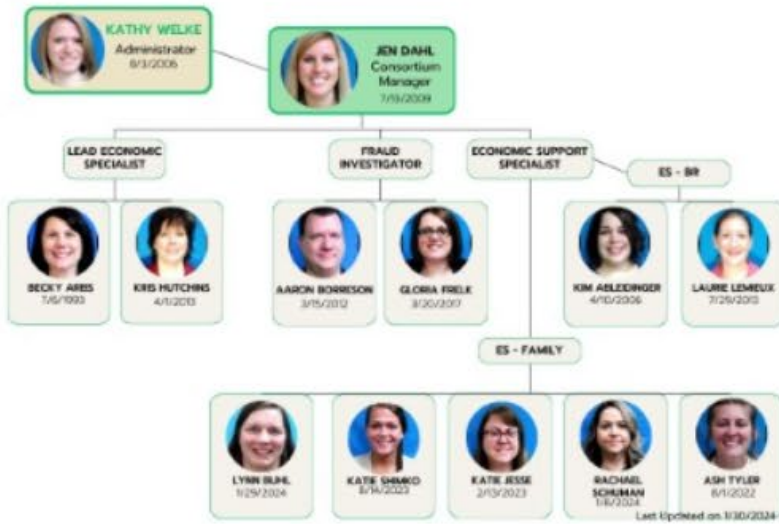


Great Rivers Consortium

- ▶ 10 counties: Barron, Burnett, Chippewa, Douglas, Dunn, Eau Claire*, Pierce, Polk, St. Croix, and Washburn (* Eau Claire is the Lead Agency)
- ▶ 5th largest income maintenance consortium in the State



Eau Claire County-Economic Support Unit



- Economic Support staff work 100% remotely
- Work tasks are completed via phone and computer systems
- Face to Face appointments continue to be an option for customers when requested



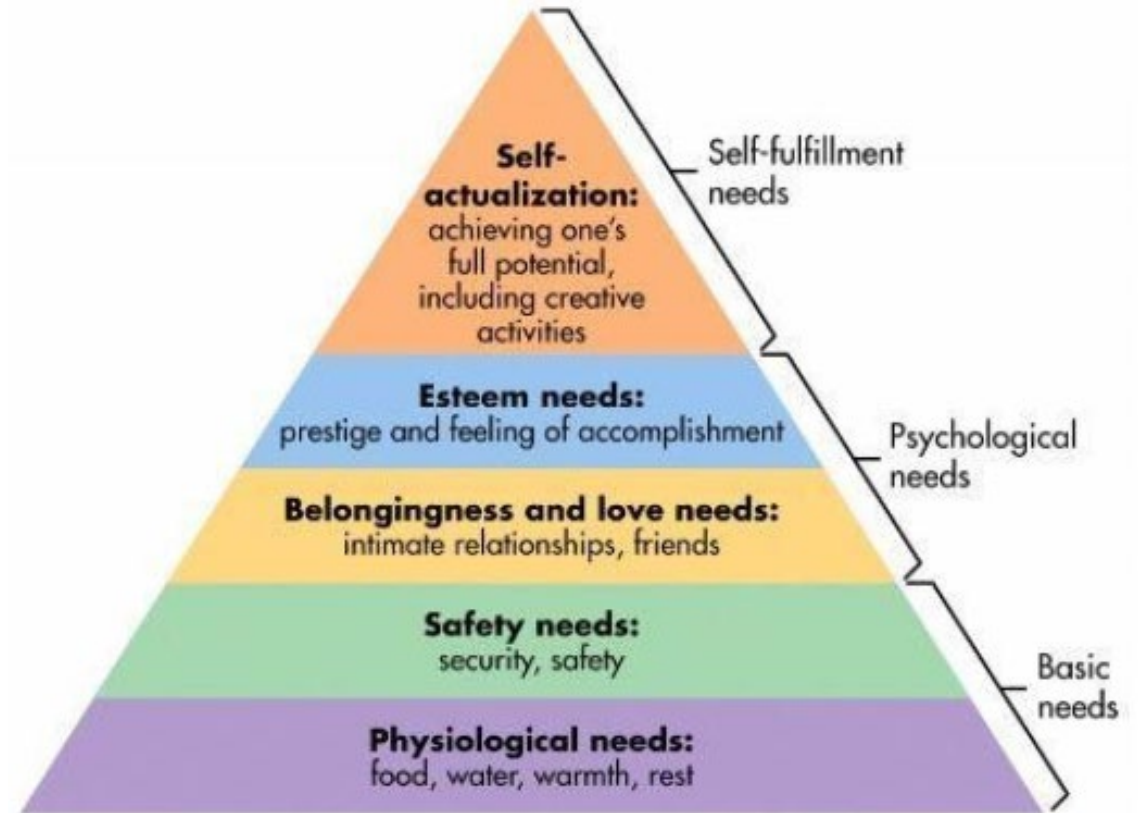
Essential programs administered

Medicaid/BadgerCare Plus

FoodShare

Wisconsin Shares Child Care Subsidy

Caretaker Supplement



Great Rivers Consortium Call Center

1-888-283-0012



- Great Rivers Call Center serves Eau Claire County + all GRC participants:
 - M, T, R, F 8:00 am-4:00 pm
 - W 8:00 am-11:00 am
- Economic Support Specialists from all 10 GRC counties staff the Call Center
- Every day, the Great Rivers Call Center is operational thanks to:
 - 54 Family team staff
 - 12 Child Care team staff
 - 36 EBD team staff
 - 6 Lead workers to provide on-demand support to staff on calls
 - 1+ Managers to monitor activity, manage the queues

GRCC Fact:

In January 2024, GRCC staff received **14,964** calls in the Call Center



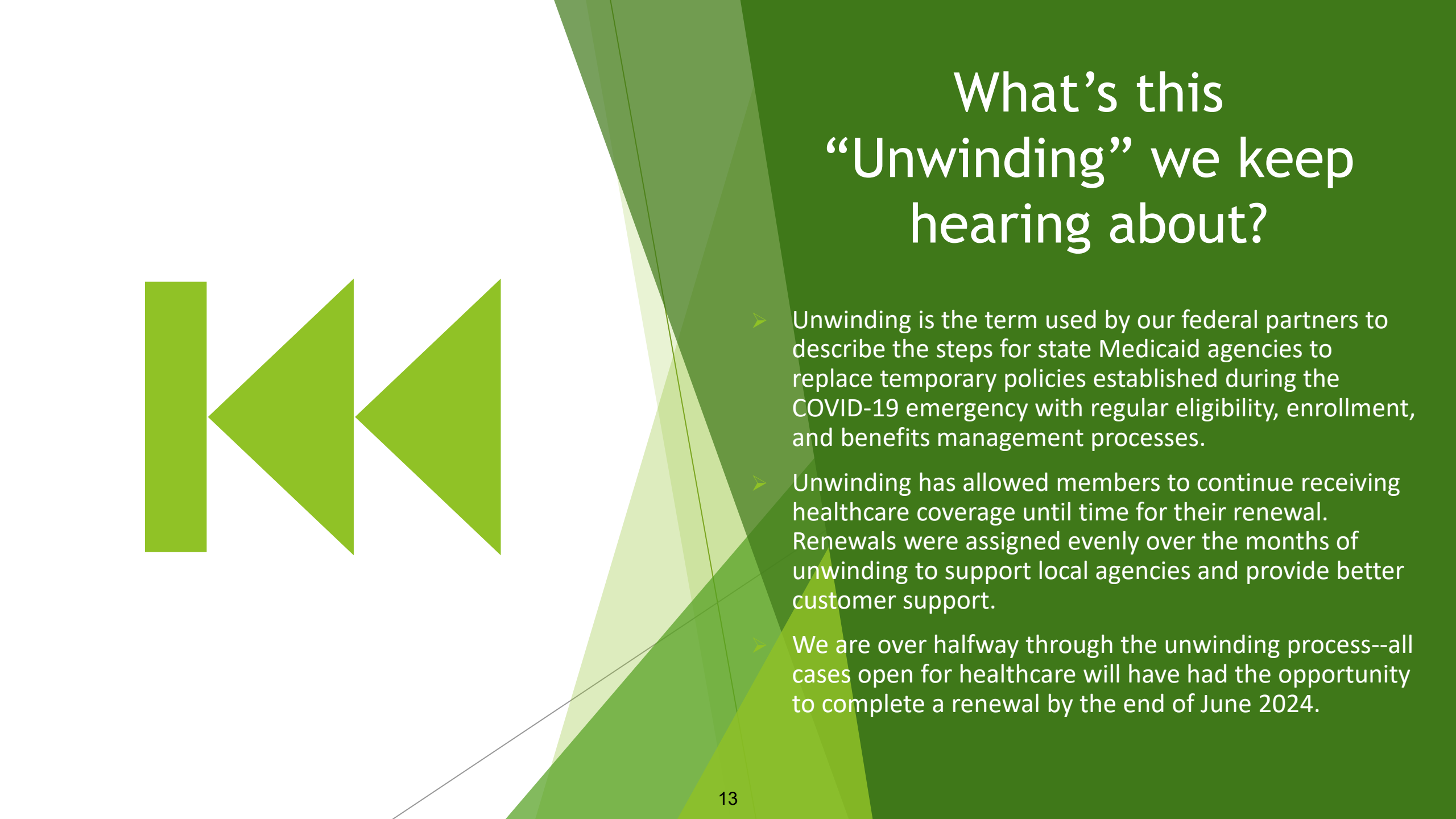
A Typical Day of an Economic Support Specialist

► Call Center 8:00 AM-12:15 PM

- Answering case specific questions
- Responding to changes and updating case information
- Resolving customer concerns, explaining state notices
- Researching & educating members on relevant policies for various programs
- Providing customers resources outside of our programs, including Great Rivers 211
- Referring distressed callers to Crisis intervention when necessary
-

► Desk Work 12:45 PM-4:30 PM

- Prioritizing and completing tasks to meet deadlines
- Processing applications & renewals, documents, data exchange alerts, scanning documents
- Responding to 'SOS' requests for Call Center or providing coverage for an extra hour on M & R's
- Contacting customers, employers, or other agencies via phone or email to clarify information provided
- Reviewing WI DHS emails, State Operations Memos and policy updates and completing mandatory trainings



What's this “Unwinding” we keep hearing about?

- Unwinding is the term used by our federal partners to describe the steps for state Medicaid agencies to replace temporary policies established during the COVID-19 emergency with regular eligibility, enrollment, and benefits management processes.
- Unwinding has allowed members to continue receiving healthcare coverage until time for their renewal. Renewals were assigned evenly over the months of unwinding to support local agencies and provide better customer support.
- We are over halfway through the unwinding process--all cases open for healthcare will have had the opportunity to complete a renewal by the end of June 2024.

How Can ECC Residents Apply for Assistance?

Great Rivers Call Center

- Call 1-888-283-0012

Online ACCESS website

- www.access.wi.gov

Paper Application

- Can be mailed or picked up

In Person at the Local Agency

- Can schedule an appointment
- Can use the lobby phone or computer

How Can Customers Submit Documents?



Central Document Processing Unit (Mail or Fax)



Mail in or drop off at DHS Front Desk or DHS Drop Box



My ACCESS Mobile App (upload documents)

ACCESS.wi.gov (upload documents at time of application)

Serving our community



Currently 22,667 Eau Claire County residents receive either FoodShare, Medical Assistance or both.

These residents represent 20% of our county's total population.



The Great Rivers Consortium currently serves 67,045 cases.

5,715 renewals were processed in January.



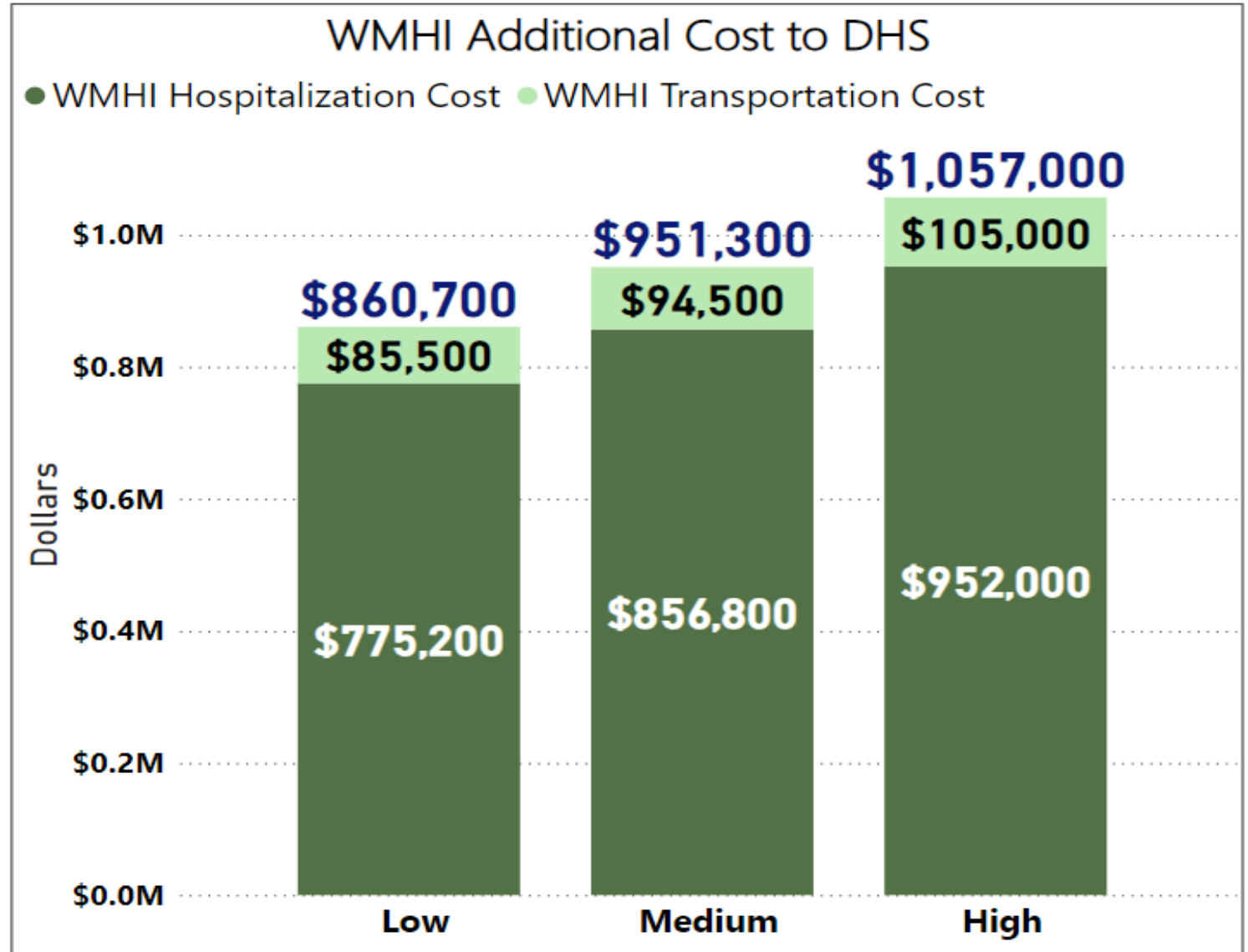
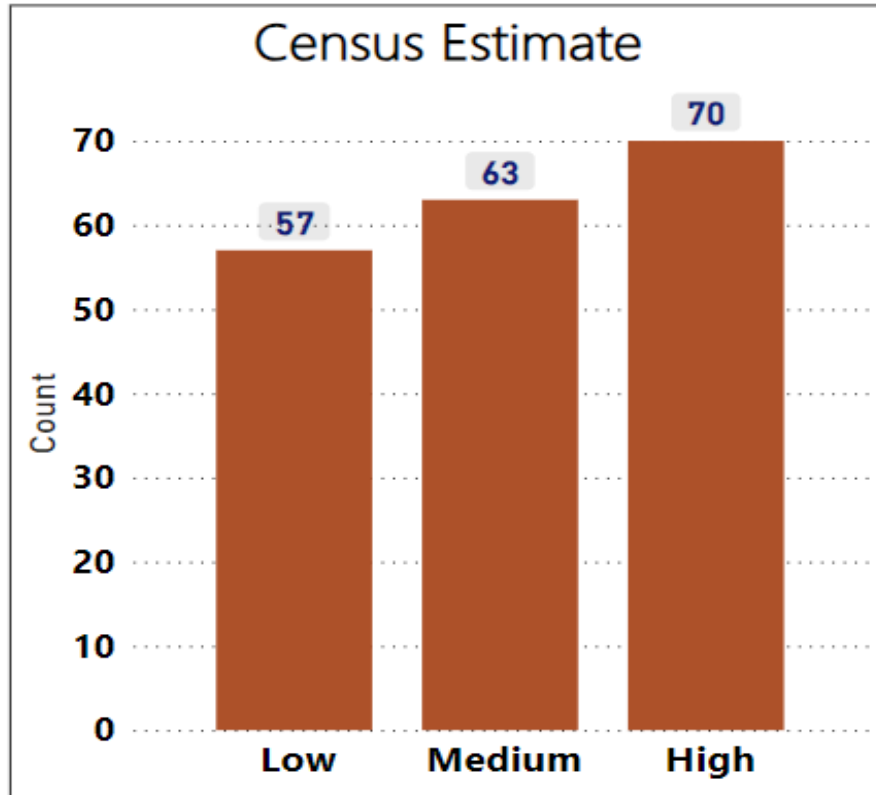
In January 2024, Eau Claire County FoodShare recipients were issued nearly \$1.6M in FoodShare benefits.



Questions?

2024 POTENTIAL FINANCIAL COSTS DUE TO HSHS CLOSURE

WMHI Average Daily Rate
\$1,700



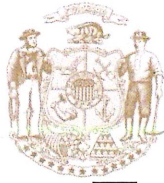
Other Impacts of HSHS & Prevea Closures

Service	Impact
Birth to Three	Currently assessing contracts with another entity that can provide services. Lack of this service could result in families needing more county intervention/involvement. (Prevea)
Adolescent Inpatient Services	Adolescents will be sent further away for stabilization. Resources outside of Eau Claire will be more costly with travel increasing. (HSHS – Sacred Heart)
Medical Detox at LEP	People will have to travel farther for detox, putting lives at risk. Transportation to resources further from Eau Claire will be more costly. (HSHS - St. Joe's)
In-patient SUD Services at LEP	The loss of this resource means less capacity to serve those in need of inpatient level of services to assist with recovery from substance use. (HSHS – St. Joe's)
Medication Management	Children and Adults will not be able to get their medications due to not being able to be seen. We anticipate an increase in ED and placement in Hospital. (Prevea)
Intensive Outpatient Services (IOP)	The appropriate level of service for those in the beginning of their recovery will not get what they need in terms of frequency and intensity of service. (Prevea)
Medication Assisted Treatment (MAT)	MAT is the gold standard for opioid use disorder treatment. Prevea clinics served as primary MAT provider for CJS programs. (Prevea)
School based MH Services	Children will be unable to get the services that they need in school. (Prevea)
Economic Support	Could see an increase of individuals needing more services through ES (Foodshare, Medicaid, etc.) (All)

Legend	
■	Hopeful Solutions
■	Potential Solutions
■	Seeking Solutions

RESPONSES UNDERWAY BY ECC-DHS

State	Regional	County
<ul style="list-style-type: none"> • Contacting legislators • Planning with WI DHS and WI DCF • Support legislation to address unmet need and psychiatric bed losses • Consider exploring congressional-directed funding to create a psychiatric facility in the northwest region 	<ul style="list-style-type: none"> • Meetings between DHS, DCF, and western region counties • Pilot project (2016) to track western region emergency detention trends when psychiatric facilities closed in Cumberland and La Crosse 	<ul style="list-style-type: none"> • Multi department planning to provide ongoing updates on impacts and costs • Human Services Board leading through crisis • Engagement with the City of Eau Claire concerning crisis • Crisis Team planning • Reaching out to Winnebago for mutual data sharing information and asking them what they would do if they are full/unable to staff



Tony Evers

Office of the Governor | State of Wisconsin

February 28, 2024

TO THE HONORABLE MEMBERS OF THE SENATE:

I am vetoing Senate Bill 1014 in its entirety.

This bill would specify that the Department of Health Services must award grants to fund one or more health systems that specifically commit to providing hospital emergency department services in Chippewa County or Eau Claire County and agree to use any grant funds specifically for capital expenditures to aid in providing hospital emergency department services in Chippewa County or Eau Claire County. In addition, the bill would specify that the Department of Health Services must prioritize grant awards to support hospital emergency department services in Chippewa County. Finally, the bill would require: (1) health systems receiving grants to report to the Department of Health Services the amount of funding received, a detailed description of all capital expenditures for which the funding was used, and the impact of the funding on the hospital emergency department services; and (2) the Department of Health Services to report to the Legislature a summary of this information.

I am concurrently approving with improvements Senate Bill 1015, ensuring \$15,000,000 will be available to meet healthcare access needs for Western Wisconsin with the flexibility necessary to address urgent healthcare access needs that well exceed hospital emergency departments. These partial vetoes will broaden the scope of the grants, allowing the Department of Health Services to submit a plan for funding any hospital services meeting the area's pressing healthcare access needs. These crisis resources, due to my partial vetoes, will now also be available to support urgent care services, OB-GYN services, inpatient psychiatric services, and mental health and substance abuse services in the Chippewa Valley.

I am vetoing this bill in its entirety because I object to unnecessarily restricting crisis funding intended to address urgent healthcare access needs in Western Wisconsin. The Hospital Sisters Health System's (HSHS) recent closure announcement will result in a disruption of care for patients with ongoing needs, pregnant women, and those with mental health, behavioral health, and substance use disorders, among others. The state's response to this crisis must consider and be responsive to meeting the entire continuum of healthcare services that will be impacted in communities across the region, not just hospital emergency departments.

Under Senate Bill 1015, which I approved with partial vetoes today, \$15,000,000 in emergency resources are readily available and now have the flexibility necessary to meet the broader healthcare access needs of the Chippewa Valley region. The Department of Health Services has submitted an official request to the Joint Committee on Finance, asking the Committee to release these funds without delay. I urge the Joint Committee on Finance to work expeditiously to do so.

Respectfully submitted,


Tony Evers
Governor



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

February 28, 2024

The Honorable Howard L. Marklein
Joint Committee on Finance, Senate Co-Chair
Room 316 East State Capitol
PO Box 7882
Madison, WI 53707

The Honorable Mark Born
Joint Committee on Finance, Assembly Co-Chair
Room 308 East State Capitol
PO Box 8952
Madison, WI 53708

Dear Senator Marklein and Representative Born:

Summary of Request

Under the provisions of s. 13.101 (4), the Department of Health Services (DHS) requests a transfer of \$15,000,000 GPR from the Committee's appropriation under s. 20.865 (4)(a) to the DHS appropriation under s. 20.435 (1)(bd) in FY 24 to fund a Hospital Services Grant Program. 2023 Act 97 placed funds for this pilot program in the Committee's appropriation pending the Department's submittal of a s. 13.10 request.

Background

Hospitals in rural or underserved areas are key to the health of individuals and the community as a whole, providing patients with life-saving care near where they live. In signing Act 97 into law, Governor Evers recognizes the need to provide additional resources to hospitals serving patients in western Wisconsin, especially those affected by recent hospital closures in Eau Claire and Chippewa Falls. Particularly concerning is the loss of care regarding emergency services and obstetrics services; and access to care for individuals with mental health, behavioral health, and substance use disorders.

To address these needs, the Department will conduct a competitive grant application process for the funds provided under Act 97. Hospitals and hospital services eligible for grant funds will be those that meet the following criteria:

1. Eligible hospital services are those provided in the Western Region¹, with priority for hospitals in Eau Claire and Chippewa Counties.
2. Grantees must agree to expand capacity (capital and operational) at hospitals (defined as entities with DHS 124 license) that accept all payor types (commercial (consistent with

¹ DHS regions are defined [here](#)

existing networks), Medicaid, Medicare, self-pay, and uninsured) including any of the following services:

- a. Increase Emergency Department capacity/service, including accepting patients in crisis in need of potential evaluation under Chapter 51.
 - b. Expand Urgent Care Services
 - c. Expand Inpatient Psychiatric Unit accepting adults and/or adolescents. The unit must accept emergency detentions under s. 51.15 and voluntary admissions.
 - d. Expand Inpatient OB/GYN services.
 - e. Expand mental health and/or substance use services.
 - f. Expand or establish hospital-owned and operated ambulance service to transfer patients to an appropriate patient care setting.
3. Any expansion of services begun on or after January 22, 2024, is eligible for the grant funds.

Through the competitive grant process, the Department will gain information about the number of hospitals and type of services in need of grant support and will make decisions about the size and number of grant awards. Act 97 creates the appropriation under s. 20.435 (1)(bd) as a biennial appropriation, which enables the grant funds to be available through June 30, 2025.

Statutory Criteria

This request for transfer of funds meets the statutory criteria of s. 13.101 (4) in that “legislative intent will be more effectively carried out,” as it enables DHS to award grants as directed under 2023 Act 97.

HJ Waukau, the Department’s Legislative Director, will represent the Department at the s. 13.10 meeting for this issue. Thank you for considering this request.

Sincerely,



Debra Standridge
Deputy Secretary



Tony Evers

Office of the Governor | State of Wisconsin

FOR IMMEDIATE RELEASE: February 28, 2024

Contact: GovPress@wisconsin.gov

Gov. Evers Approves Bill Securing \$15 Million in Crisis Response Resources to Support Healthcare Access in Western Wisconsin After Recent Hospital Closure Announcements

Governor's improvements to bill ensure flexibility for crisis response funding to be used for any hospital services, including urgent care, OB-GYN, and mental health services, among others

MADISON — Gov. Tony Evers today approved Senate Bill (SB) 1015, now 2023 Wisconsin Act 97, securing \$15 million in crisis response resources to support healthcare access in Western Wisconsin in the wake of the recent announcement of HSHS and Prevea Health's [decision to close](#) several locations. In addition to severely impacting healthcare access in the area, according to the Wisconsin Department of Workforce Development (DWD), the closures have been estimated to impact approximately 1,400 workers, among others, in the surrounding region.

Gov. Evers today approved Act 97 with improvements through line-item vetoes that will provide additional flexibility for the \$15 million crisis response investment, enabling the resources to be used to fund any hospital services meeting the area's pressing healthcare needs, including urgent care services, OB-GYN services, inpatient psychiatry services, and mental health substance use services, among others. Without the governor's vetoes, these services would not have been eligible under SB 1015. Gov. Evers first made the announcement today in Madison while speaking with community leaders from the Chippewa Valley region at the Chippewa Valley Rally, an annual event organized by the Chippewa Valley Chamber Alliance, which represents the Chippewa Falls, Menomonie, and Eau Claire Chambers of Commerce.

"Recent hospital closures in Western Wisconsin have disrupted Wisconsinites' ability to access basic, everyday healthcare services and uprooted the lives and livelihoods of hundreds of folks and their families," said Gov. Evers. "My administration and I are working to do everything we can to support those workers and their families, as well as folks across the area who need to be able to access basic and emergency healthcare services alike.

"I'm proud to be securing \$15 million in crisis response funding while using my constitutional veto authority to make improvements to ensure more flexibility so these critical resources can be used for any hospital services to meet the healthcare access needs of the Chippewa Valley region, no matter what they

may be,” Gov. Evers continued. “It’s been clear in my visits to the Chippewa Valley region and my conversations with community leaders that the impacts of these recent closures do not end at hospital emergency doors—these closures are affecting access to critical healthcare services across the board, and we have to be responsive to these challenges to meet Wisconsinites’ and communities’ needs.”

SB 1015, as passed by the Wisconsin State Legislature, included unnecessary restrictions on the \$15 million crisis response funding, limiting the funds to be used only for hospital emergency department services exclusively. The governor’s partial vetoes improve the bill significantly, broadening the scope of the grants that will be available under the bill and allowing the Wisconsin Department of Health Services (DHS) to make the crisis response funds available for any hospital services that meet the needs of the region.

Concurrent with the governor’s announcement today, Gov. Evers also directed DHS to submit an official request to the Wisconsin State Legislature’s Republican-controlled Joint Committee on Finance to immediately release the \$15 million provided for under Act 97. A copy of the request submitted by DHS to the Joint Committee on Finance today is available [here](#). The plan request submitted by DHS reflects the governor’s improvements made to the bill today.

“I’m urging Republicans on the Joint Committee on Finance to approve the department’s request quickly to ensure these resources are immediately available to help stabilize and support healthcare access across the Chippewa Valley region, and to do so without delay,” concluded Gov. Evers. “This investment will go a long way in helping address the very real and pressing healthcare access concerns facing Western Wisconsin, and it is critically important that we get this funding out the door to folks who need it.”

Upon Joint Committee on Finance approval of the DHS’ request, the department will conduct a competitive grant application process for the \$15 million in funding for eligible hospitals and hospital services meeting the following criteria:

1. Eligible hospital services are those provided in the Western Region, with priority for hospitals in Eau Claire and Chippewa Counties.
2. Grantees must agree to expand capacity (capital and operational) at hospitals (defined as entities with DHS 124 license) that accept all payor types (commercial (consistent with existing networks), Medicaid, Medicare, self-pay, and uninsured) including any of the following services:
 - Increase Emergency Department capacity/service, including accepting patients in crisis in need of potential evaluation under Chapter 51.
 - Expand Urgent Care Services.
 - Expand Inpatient Psychiatric Unit accepting adults and/or adolescents. The unit must accept emergency detentions under s. 51.15 and voluntary admissions.
 - Expand Inpatient OB/GYN services.
 - Expand mental health and/or substance use services.
 - Expand or establish hospital-owned and operated ambulance service to transfer patients to an appropriate patient care setting.
3. Any expansion of services begun on or after January 22, 2024, is eligible for the grant funds.

The governor’s veto message detailing his partial vetoes of SB 1015, now Wisconsin Act 97, is available [here](#).

EVERS ADMINISTRATION'S RAPID RESPONSE TO HEALTHCARE CLOSURES IN WESTERN WISCONSIN

While not exhaustive, details regarding the Evers Administration's ongoing rapid response efforts to the HSHS and Prevea health systems closures are available [here](#) and detailed below.

DWD Rapid Response Efforts

- DWD is coordinating rapid response with the local workforce development board. The rapid response support includes assistance with job search and placement, unemployment insurance application assistance, interview preparation, career counseling, and navigation of childcare and health insurance information, among other resources.
- DWD's rapid response teams are continuing to gather critical information, meet with the affected employees and employers, and identify opportunities to connect affected employees with new opportunities that provide family-supporting wages.
- DWD and the local workforce development board hosted community job fairs to assist affected workers and the general public on February 7 and February 20.
- DWD worked with the local rapid response team to offer 11 information sessions in affected communities.
- DWD continues to coordinate with DHS and other state agencies to support continuity of healthcare services in the region.
- Additional services will be made available via DWD's mobile career labs and job centers for affected employees.

DHS Rapid Response Efforts

- DHS has met with both the local leadership and the systemwide leadership of HSHS and Prevea Health, and the department will continue to have regular meetings with these leaders moving forward.
- DHS is facilitating conversations between the leadership of HSHS and Prevea Health and the leadership of other regional healthcare systems, including Marshfield Clinic Health System and Mayo Clinic Health System, and is continuing to urge the three systems to increase transparency in their planning and decision-making.
- DHS will continue to monitor EMS, trauma, and crisis response going forward, in addition to ongoing transition and continuity of care planning, including:
 - Coordination of an agreement to transfer certain patients from HSHS to Mayo Clinic; and
 - Necessary steps to ensure all local OB/GYNs have privileges at all local hospitals so they can continue to provide care locally regardless of the facility at which they are working. This is particularly important given the pre-existing shortages with regard to OB/GYN care in the region.
- DHS's Bureau of Human Resources has notified employees of the department's Northern Wisconsin Center, who mostly use Prevea Health and HSHS, and the bureau is working with them to help them find care.

- DHS is conducting outreach to facilities and organizations to encourage them to have a presence at upcoming job fairs in the region, including long-term care facilities, assisted living facilities, DHS-administered facilities, etc.

Wisconsin Office of the Commissioner of Insurance (OCI) Rapid Response Efforts

- OCI is in communication with Western Wisconsin insurers about their efforts to maintain access and provide timely information for their policyholders.
- OCI continues to be in contact with health insurance enrollment assisters in the region to answer questions and support their efforts to provide clarity for insureds impacted by the closures.
- OCI has been in contact with the Wisconsin Department of Employee Trust Funds (ETF) on State Employee Health Plan issues to monitor the situation.
- OCI has been in contact with the Department of Labor Employee Benefits Security Administration to ensure they are aware of the situation and prepared to support people with employer-based coverage impacted in the area.

ABOUT THE DISLOCATED WORKER PROGRAM

The [Dislocated Worker Program](#) provides transition assistance to workers and companies affected by permanent worker layoffs. The rapid response teams help companies and worker representatives develop and implement a practical transition plan based on the size of the layoff event. Types of services include:

- Pre-layoff workshops on a variety of topics, such as resume writing and interviewing, job search strategies, and budgeting;
- Provision of information about programs and resources through written materials and information sessions; and
- Career and resource fairs.

Workers affected by a permanent layoff may also access basic re-employment services at no charge through the state's Job Centers. Certain services, including training assistance, may be an option for some workers after enrolling in one or more of DWD's workforce development programs. Additional information on the Rapid Response Team process is available [here](#).

Gov. Evers today also vetoed SB 1014. The governor's veto message for SB 1014 is available [here](#).

An online version of this release is available [here](#).

###

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EAU CLAIRE COUNTY DEPARTMENT OF HUMAN SERVICES

Department Report – Division & Unit Updates

Director – Angela Weideman

March 4, 2024

Operations, Data, and Fiscal Update

The closure of HSHS Sacred Heart Hospital, St. Joseph’s Hospital, and Prevea Clinics continues to be at the forefront of leadership meetings and internal discussions at the Department. Numerous services will be impacted by the closures including psychiatric, mental health, substance use, Birth to Three, and Economic Support services. The level of impact varies based on availability of other providers.

Inpatient psychiatric services for both adults and adolescents are a significant concern. The Department is anticipating adults needing inpatient psychiatric services will likely be detained at Winnebago Mental Health Institute (WMHI) at an increased cost of nearly \$1 million for the Department for 2024. The increased cost is due to the Department previously not paying for inpatient services at local community hospitals. Those services are typically covered by private insurance or Medicaid. While the state of Wisconsin operates WMHI, counties are responsible for inpatient costs for their county citizens at that facility. Medicaid pays 60% of costs for adolescents placed at WMHI but does not cover any cost for adult residents.

There are numerous mental health services that will be impacted by the closures of these facilities. With the loss of intensive outpatient services, consumers will likely not receive the frequency and intensity of services needed. There is concern that the availability of Medication Assisted Treatment (MAT) will decrease which is a significant loss in services for opioid use disorder treatment. School based mental health services were previously provided by Prevea but there is hope another provider will step forward to provide this service. Medication management is another service that was provided by Prevea and there is concern some children and adults will not be able to obtain needed prescribed medications. While all these listed services are important, these services are in more of a risk area because there are community providers who are developing plans to fill some gaps for these services.

Substance use services at L.E. Phillips will be another significant loss for the Department. The Department anticipates less resources will lead to fewer individuals receiving the needed services. Individuals who receive detox or inpatient services will need to drive a further distance for services. The closest providers for these services are located in Superior and Madison. The Department will see an increase in the travel expenses for these individuals.

Birth to Three services have previously been provided by Prevea. These services include physical therapy, occupational therapy, and speech therapy. This is an area of optimism for the Department as there are a few contract providers already discussing possible options with the Department which would assure continuity of care, but the Department believes rates will increase with the new providers.

With the loss of jobs in the community, the Department believes there could be an increase in the number of individuals needing services through Economic Support. These services include Foodshare, Medicaid, and other forms of assistance such as Childcare.

In other updates for Operations, the Department continues to work on an Avatar project related to CCS/Community Recovery Services with the goal of allowing providers to directly enter their information into the Avatar system. The Department Data Specialist has created a CCS Dashboard which is near completion and is now designing a

Treatment Courts Dashboard. The Department is working on the Annual Report including finalizing performance management metrics from 2023 in all program areas. The Department will be modifying the format of the annual report in the next few months.

The Department looked into the possibility of staggering term limits for citizen members. At this time, the county is not going to pursue this option as it would require an ordinance change.

The Department has a vacancy rate of 2.7%, which is the lowest rate for the Department in quite some time.

Department Staffing Update				
Total FTE's	Filled FTE's		Vacant FTE's	
262.66	255.66	97.3%	7	2.7%

Family Services Division Update (Melissa Christopherson)

In Family Services, the most emergent focus continues to be on maintaining continuity of care in our B-3 Program. We are currently working with 3 agencies as possible partners for B-3 pediatric therapy. We are in the process of receiving and evaluating proposals. We have also sent letters to all families and referral sources to assure that we are working steadfastly to maintain consistent care.

In the Juvenile Detention Center, an outbreak of Influenza A caused a halt on many new admissions in February. JDC staff worked closely with Public Health, followed recommendations, and the facility is now clear and open. JDC is in the process of making offers on the last 2 remaining open part-time positions, continuing to enhance staff training, increasing enrollment in the 180 program and general population, developing an internal procedure to streamline admission of Eau Claire youth, increasing mental health support, and evaluating body scanning options to increase security.

In Child Protection, the Ongoing Unit and the Resource Unit are participating in a state workgroup to improve case transitions to the adoptions program. The Resource Unit is also planning a major grant-funded recruitment event. The shortage of local resources continues to negatively impact the out of home placement budget. On a positive note, legislation was recently passed expanding the definition of relative. This legislation should provide more support in keeping kids with family or like kin resources,

In Youth Services, interviews for the System of Care Position are complete and negotiations are underway. The Youth Services Team is also participating in a state project related to court ordered conditions.

Centralized Access (Julie Brown)	Sept	Oct	Nov	Dec	Jan
Child Protective Services reports received	125	135	145	127	102
Child Protective Services reports screened in for Initial Assessment	33	27	30	33	20
Child Welfare Service reports received	14	28	15	9	24

Child Welfare Service reports screened in	11	16	14	7	18
Adult Protective Services Reports and requests for Guardianship/Protective Placement	56	54	57	32	51
Birth to Three Referrals	38	32	17	21	39
Outpatient Clinic Referrals	9	11	7	3	3
AODA Referrals	8	2	13	5	10
Comprehensive Community Services (CCS) Referrals	48	50	60	34	45
Children's Integrated Services Referrals (CLTS or Children's CCS)	16	16	13	16	29
Crisis Referrals & 3-Party Petition Requests	8	9	21	6	9
Community Support Program (CSP) Referrals	6	6	8	4	11
Call Intakes	38	24	50	33	33
Pre-admission Screening and Resident Review (PASRR) for Nursing home	28	31	38	29	39

Child Protective Services Initial Assessment (Tasha Alexander)	Sept	Oct	Nov	Dec	Jan
Initial assessments completed	17	19	22	31	34
Assessments resulting in substantiation	5	4	5	3	5
Assessments completed involving child remaining in home	13	15	19	28	31
Assessments resulting in services opening with Department	4	5	4	3	5

Child Protective Services Ongoing (Courtney Wick)	Sept	Oct	Nov	Dec	Jan
Children served in Ongoing Child Protective Services	137	137	135	135	135
Families served in Ongoing Child Protective Services	76	77	75	75	74
Children served in home	60	45	46	46	47

Youth Services (Hannah Keller)	Sept	Oct	Nov	Dec	Jan
Youth served in Youth Services Program	100	98	97	107	110
Youth being served in their home	76	68	75	84	87
Families served in Youth Services Program	90	88	88	94	99

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

Alternate Care (Nicholas Stabenow-Schneider)	Sept	Oct	Nov	Dec	Jan
Children in out-of-home care at end of month	120	115	115	120	114
Median length of stay in months for children discharged in month	7.7	7.2	6.5	6.8	7.8

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

Juvenile Detention Center (Kevin Cummings)	Sept	Oct	Nov	Dec	Jan
Total admissions - number youth	29	28	28	28	26
Total admissions - number days	435	447	399	358	351
Eau Claire County admissions - number days	118	115	100	94	107
Short-term admissions - number youth	24	23	23	24	21
Short-term admissions - number days	285	292	258	234	213
Eau Claire County short-term admissions - number youth	12	14	10	9	8
Eau Claire County short-term admissions - number days	58	53	40	32	45
180 program admissions - number youth	5	5	5	4	5
180 program admissions - number days	150	155	141	124	138
Average daily population youth per day	14.5	14.4	13.3	11.5	11.3
Occupancy rate	63.0	62.7	57.8	50.2	49.2
Climate survey – staff	77%	88%	78%	73%	81%
Climate survey – safety	73%	79%	60%	67%	75%
Climate survey – cleanliness	86%	89%	76%	81%	85%
Climate survey – overall	78%	50%	78%	78%	80%

Behavioral Health Division Update (Luke Fedie)

As we enter into the month of March, we “spring” into action with some of our newer initiatives here on the behavioral health side of DHS. One of the most exciting things to share with this board is the fact that we have brought on Libby Richter as our Deflection Case Worker to serve the position funded by the Sheriff’s grant. Libby has been a social worker and librarian here in Eau Claire for a number of years. She comes with an array of experiences and thorough knowledge of the resources in the Eau Claire community. We are thrilled to have her in our agency and look forward to what she will do in her position.

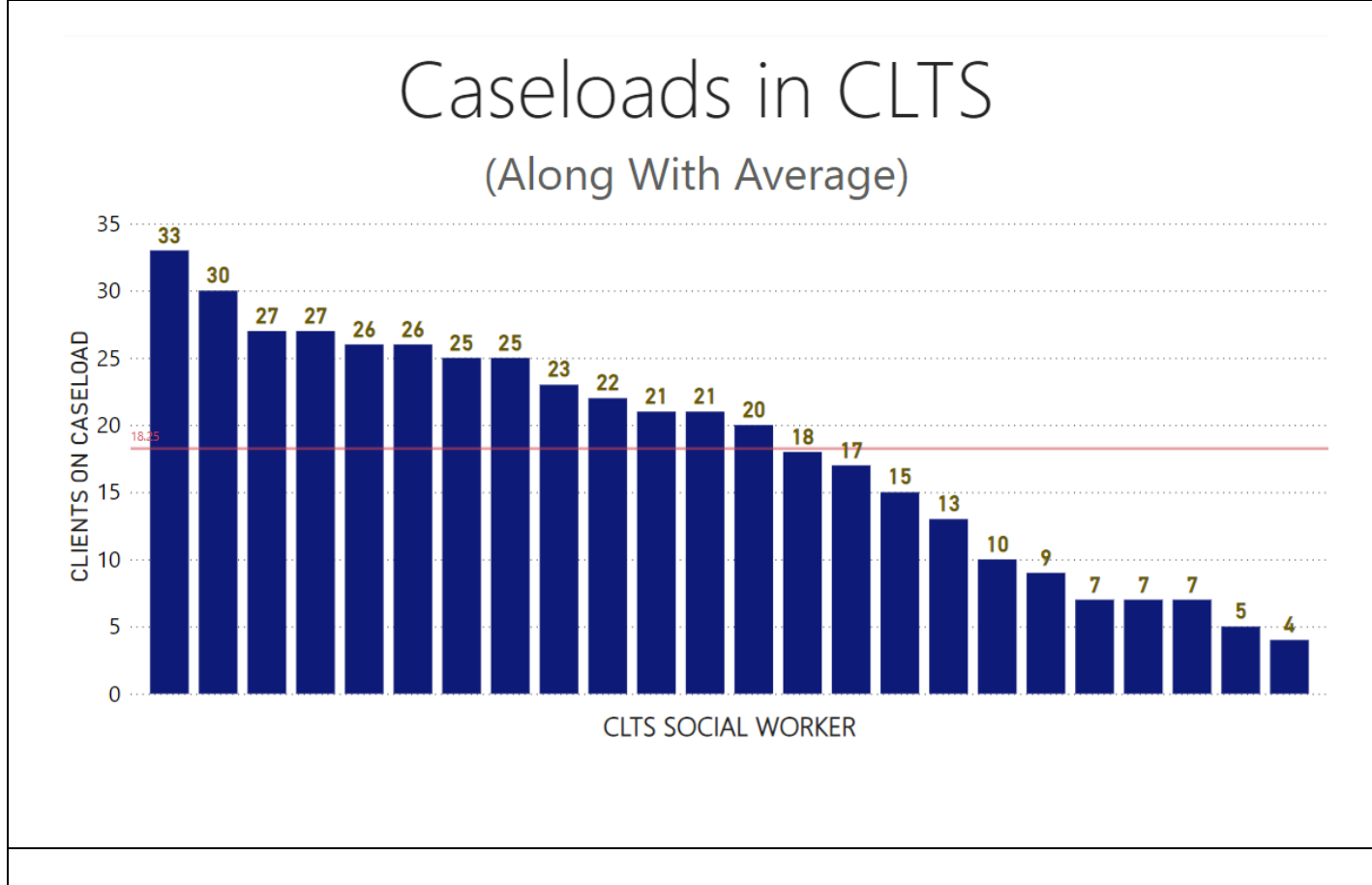
As our adult family home and residential facility placements increase, we have recognized a need to continue to focus on ways that we can offset the costs of those placements. I am pleased to announce that Brenda Roberts, who is an Adult Protective Services worker, will be focusing on enrolling providers and clients into our Community Recovery Services program (CRS). CRS is a funding source that we are able to utilize when someone is placed in an adult family home, or a community based residential facility. While CRS cannot pay for room and board costs for an individual, it can pay for the services that an individual receives in that home.

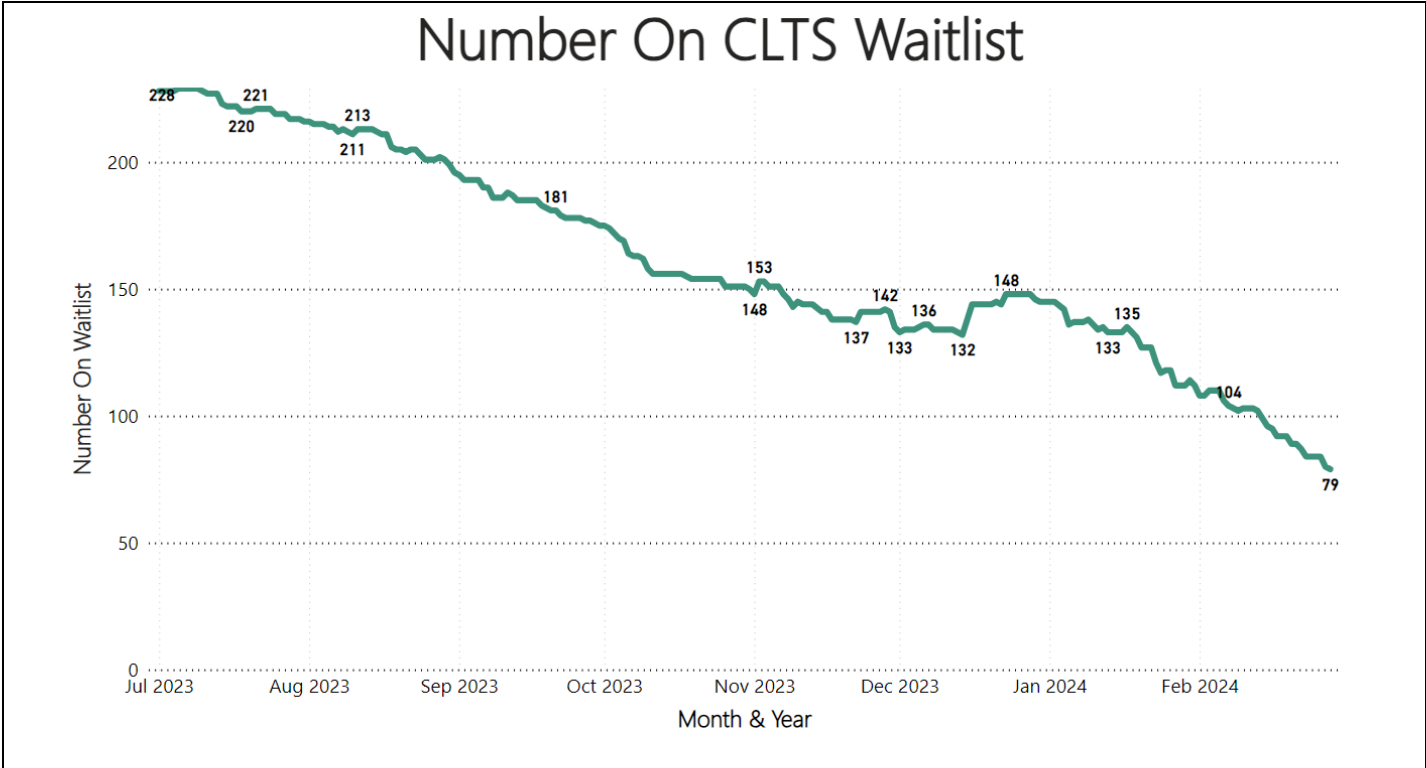
Last, but not least, we continue to think about what we can do to support our community members with the HSHS closures imminently in our future. While we are pleased with the extra latitude afforded to the 15 million allocated for emergency services, it does not solve the issue of the lack of inpatient psychiatric beds here in the Eau Claire area. I was able to travel to Madison on the 28th of February for the “Rally in the Valley” sponsored by the Dunn, Eau Claire, and Chippewa County Chambers. It was an opportunity to talk about a number of issues in the Chippewa Valley and we were able to discuss the ways in which the closures of HSHS will impact the services to community members as well as impact the families of those that are losing their positions. We appreciate the time and attention that is being allocated to this issue by our legislative representatives as well this board.

Adult Protective Services (Nancy Weltzin)	Sept	Oct	Nov	Dec	Jan
Investigations requests	55	52	57	39	48
Investigations screened out	6	6	12	5	12
Investigations concluded	12	14	10	10	12
Investigations substantiated	6	10	6	1	3
Allegation of self-neglect	22	4	21	13	16
Allegation of neglect	3	3	0	0	12
Allegation of financial abuse	10	9	15	5	11
Requests for guardianship	2	10	6	6	5

Children’s Long-Term Support (James LeDuc)	Sept	Oct	Nov	Dec	Jan
Current enrollment	372	384	402	403	413
Current waitlist	166	150	136	145	108
Foster Care	21	20	19	24	24

CLTS Dashboard Information:





Clinic (Jen Coyne)	Sept	Oct	Nov	Dec	Jan
Clients in Med Management	190	196	179	191	195
Clients in Therapy	172	173	179	185	198
Referrals	33	38	29	26	17
Med management waitlist	11	9	9	17	7
Therapy waitlist	6	17	12	13	9

Community Support Program (Jocelyn Lingel-Kufner)	Sept	Oct	Nov	Dec	Jan
Number participants	115	116	115	114	117
New admissions	1	1	1	1	1
Referral list	14	16	17	12	20

Comprehensive Community Services (Cinthia Wiebusch)	Sept	Oct	Nov	Dec	Jan
Current case count	264	259	263	260	271
Referrals	38	40	45	29	44
External referrals	38	30	38	25	37
Internal referrals	0	10	7	4	7
Admissions	18	16	15	13	22
Discharges	21	14	9	15	17
Adults waiting for CCS services	9	2	3	5	6
Youth waiting for CCS services	0	0	1	1	1

Crisis Services (Santana Rothbauer)	Sept	Oct	Nov	Dec	Jan
Crisis contacts	221	206	273	204	218
Emergency detentions	10	21	30	10	16
Clients placed in local hospitals	8	15	14	5	6
Clients placed in IMD's W – Winnebago; M - Mendota	2 W	6 W	16W	5W	10 W
Face-to-face assessments completed	10	11	25	8	3
Community Re-Entry Referrals (Eau Claire County Jail)	24	22	21	29	15
Community Re-Entry Booking Contacts (Eau Claire County Jail)					23
DHS Mental Health Liaison Contacts (Eau Claire County Sherriff's Department)	13	14	13	18	8
DHS Mental Health Liaison Contacts (3-11 PM Eau Claire Police Department)	13	8	9	5	16

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

Economic Support Services Division Update (Kathy Welke)

All Economic Support positions for Eau Claire are filled. Great Rivers Consortium has a total of 129 total positions in our 10-County region. Collectively in the Consortium, there are currently three vacancies and two staff in training.

Economic Support Services (Kathy Welke)	Sept	Oct	Nov	Dec	Jan
Calls received	14,025	13,856	12,825	13,066	14,964
Applications processed	3,254	3,447	3,911	4,224	4,637
Renewals processed	4,294	4,302	4,665	4,340	5,715
All Cases	70,543	68,781	67,998	67,211	66,304
Cases in Eau Claire County	16,063	15,073	14,872	14,671	14,432
Active Childcare Cases	1,067	1,039	1,035	1,015	1,019
Active Eau Claire Childcare Cases	282	274	273	273	273

Eau Claire County Human Services Financial Overview
Preliminary Thru December
Human Services Board Meeting
Held on 3/4/2024

The Preliminary December financials indicate a deficit for the Department.

Estimated Deficit: **(\$906,223)**

Factors to note impacting budget

Revenues:

Medicaid Revenue down YTD \$623,000

Expenses:

Alternate Care placements – Over budget this month \$170,000

High Cost Institutional Placements – Over budget this month \$50,000

High Cost Placements – Over budget this month \$186,000

Eau Claire County
 Department of Human Services
 Preliminary Financial Statement w/o CCS Estimated for the Period
 January 1, 2023 through December 31, 2023

Revenue	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	YTD Estimated Adjusted Transactions	Estimated Net Variance Excess (Deficient)
01-Tax Levy	8,575,907	8,575,907	0	8,575,907	-
04-Intergovernment Grants and Aid (State & Federal Grants)	14,313,717	13,399,836	2,282,215	15,682,051	1,368,334
05-Intergovernmental Charges for Services (Medicaid & Other Counties)	4,578,022	3,768,351	187,042	3,955,393	(622,629)
06-Public Charges for Services (Client Contributions)	782,076	741,933	13,376	755,308	(26,768)
09-Other Revenue (TAP & Misc.)	172,995	240,123	6,660	246,783	73,788
11-Fund Balance	32,375	-	-	-	(32,375)
Total Revenue	28,455,092	26,726,151	2,489,292	29,215,442	760,350

Expenditures	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	YTD Estimated Adjusted Transactions	Estimated Net Variance Excess (Deficient)
01-Regular Wages	11,455,079	11,274,006	-	11,274,006	181,073
02-OT Wages	-	91,709	-	91,709	(91,709)
03-Payroll Benefits	5,106,134	4,734,991	-	4,734,991	371,143
04-Contracted Services	11,167,317	13,143,519	177,866	13,321,385	(2,154,068)
05-Supplies & Expenses	446,208	421,999	-	421,999	24,209
07-Fixed Charges (Liability Insurance)	137,753	137,796	-	137,796	(43)
09-Equipment	142,601	139,779	-	139,779	2,823
10-Other	-	-	-	-	-
Total Expenditures	28,455,092	29,943,798	177,866	30,121,665	(1,666,573)

General Ledger Surplus/(Deficiency) of Revenue over Expenditures \$ (3,217,648)

Estimated Surplus/ (Deficiency) of Revenue over Expenditures ** \$ (906,223)

Estimated December 2022 Surplus / (Deficiency) \$ (267,832)

Estimated Revenue Adjustments Included:

01-Tax Levy	0
04-Grants and Aid	2,282,215
05-Charges for Services	187,042
06-Public Charges	13,376
09-Other	6,660
	<u>\$ 2,489,292</u>

Estimated Expense Adjustments Included:

01-Regular Wages	-
02-OT Wages	-
03-Payroll Benefits	-
04-Contracted Services	177,866
05-Supplies & Expenses	-
07-Fixed Charges	-
09-Equipment	-
10-Other	-
	<u>\$ 177,866</u>

** This reflects an estimate as of the point in time of the current month's financials. This is not reflective of a year-end estimate.

Eau Claire County
Department of Human Services
CCS Preliminary Financial Statement Estimated for the Period
January 1, 2023 through December 31, 2023

Revenue	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	YTD Estimated Adjusted Transactions	Estimated Net Variance Excess (Deficient)
01-Tax Levy	-	-	-	-	-
04-Intergovernment Grants and Aid (State & Federal Grants)	57,000	19,329	-	19,329	(37,671)
05-Intergovernmental Charges for Services (Medicaid & Other Counties)	10,397,659	10,193,357	(189,633)	10,003,725	(393,934)
06-Public Charges for Services (Client Contributions)	21,500	8,376	(8,376)	-	(21,500)
09-Other Revenue					
11-Fund Balance Applied (2022 CCS Est. Reconciliation, Rec'd 2023)	324,901		-	-	(324,901)
Total Revenue	10,801,060	10,221,062	(198,008)	10,023,054	(778,006)

Expenditures	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	YTD Estimated Adjusted Transactions	Estimated Net Variance Excess (Deficient)
01-Regular Wages	3,988,995	3,779,857	-	3,779,857	209,138
02-OT Wages	-	1,406	-	1,406	(1,406)
03-Payroll Benefits	1,516,549	1,336,120	-	1,336,120	180,429
04-Contracted Services	4,626,604	4,108,248	(167,286)	3,940,962	685,642
05-Supplies & Expenses	38,000	34,882	-	34,882	3,118
09-Equipment	34,500	50,320	-	50,320	(15,820)
AMSO Allocation	596,412	602,715		602,715	(6,303)
Total Expenditures	10,801,060	9,913,548	(167,286)	9,746,262	1,054,798

General Ledger Surplus/(Deficiency) of Revenue over Expenditures \$ 307,514 **

Estimated Surplus/ (Deficiency) of Revenue over Expenditures \$ 276,792

Note: Any deficit at year end will be received after Reconciliation in December 2023

Estimated November 2022 Surplus / (Deficiency) \$ (213,337)

Estimated Revenue Adjustments Included:

01-Tax Levy	
04-Grants and Aid	
05-Charges for Services	(189,633)
06-Public Charges	(8,376)
09-Other	
	\$ (198,008)

Estimated Expense Adjustments Included:

01-Regular Wages	-
02-OT Wages	
03-Payroll Benefits	-
04-Contracted Services	(167,286)
05-Supplies & Expenses	
09-Equipment	-
10-Other	
	\$ (167,286)

DHS Child Alternate Care and Adult Institutions
For Period Ending 12/31/2023

Children in Foster Care (FC) /Treatment Foster Care (TFC)/Residential Care Centers (RCC)/Group Homes (GH)

2023					
	New Placements	Clients	Budget	Expense	(Over)/Under Budget
FC	5	75	\$ 109,000	\$ 116,290	\$ (7,290)
TFC	0	13	\$ 48,000	\$ 85,524	\$ (37,524)
GH	0	3	\$ 21,250	\$ 70,586	\$ (49,336)
RCC	2	10	\$ 85,833	\$ 161,455	\$ (75,622)
December Total	7	101	\$ 264,083	\$ 433,855	\$ (169,772)
<i>2023 YTD Total</i>	<i>89</i>	<i>167</i>	<i>\$ 3,168,996</i>	<i>\$ 3,945,352</i>	<i>\$ (776,356)</i>
<i>2022 YTD Comparison</i>	<i>78</i>	<i>166</i>	<i>\$ 2,782,812</i>	<i>\$ 3,147,636</i>	<i>\$ (364,824)</i>

Institute for Mental Disease

2023					
	New Placements	Clients	Budget	Expense	(Over)/Under Budget
TCHCC	2	2	\$ 50,185	\$ 7,975	\$ 42,210
Winnebago/Mendota	7	12	\$ 62,500	\$ 155,207	\$ (92,707)
December Total	9	14	\$ 112,685	\$ 163,182	\$ (50,497)
2023 YTD Total	89	114	\$ 1,352,225	\$ 1,528,728	\$ (176,503)
<i>2022 YTD Total</i>	<i>113</i>	<i>127</i>	<i>\$ 926,897</i>	<i>\$ 1,761,855</i>	<i>\$ (834,958)</i>

Adult Family Homes (AFH) & Community Based Residential Facility (CBRF)

2023					
	New Placements	Clients	Budget	Expense	(Over)/Under Budget
AFH	0	12	\$ 80,500	\$ 169,534	\$ (89,034)
CBRF	2	14	\$ 94,174	\$ 191,190	\$ (97,015)
December Total	2	26	\$ 174,674	\$ 360,723	\$ (186,049)
2023 YTD Total	21	42	\$ 2,096,092	\$ 2,895,489	\$ (799,397)
<i>2022 YTD Total</i>	<i>21</i>	<i>43</i>	<i>\$ 2,582,634</i>	<i>\$ 2,173,648</i>	<i>\$ 408,986</i>

**ALTERNATE CARE REPORT
Month Ending December 2023**

Level of Care	November			December			YTD			Ave Cost per Day
	Placements	Clients	Days	Placements	Clients	Number of Days	Placements	Clients	Days	
Foster Care	6	71	2,071	5	75	2,196	63	126	24,729	\$56
Therapeutic Foster Care	4	13	381	0	13	403	13	20	3,173	\$197
Group Home	0	4	99	0	3	93	3	6	1,136	\$483
Residential Care Center	1	8	221	2	10	240	10	15	2,285	\$611
Total	11	96	2,772	7	101	2,932	89	167	31,323	

Level of Care	Expense						Revenue			
	Adjusted Budget - November	November Expense	November - Percent Used	Adjusted Budget - December	December Expense	YTD Expense	YTD Percent Used	Adjusted Budget	YTD Revenue	Percent Collected
Foster Care	\$ 1,199,000	\$ 113,074	105.0%	\$ 1,308,000	\$ 116,290	\$ 1,375,154	105.1%	\$ 335,300	\$ 247,072	73.7%
Therapeutic Foster Care	\$ 528,000	\$ 73,990	102.1%	\$ 576,000	\$ 85,524	\$ 624,575	108.4%	\$ 37,000	\$ 29,059	78.5%
Group Home	\$ 233,750	\$ 48,391	204.5%	\$ 255,000	\$ 70,586	\$ 548,596	215.1%	\$ 30,000	\$ 14,509	48.4%
Residential Care Center	\$ 944,167	\$ 141,157	130.9%	\$ 1,030,000	\$ 161,455	\$ 1,397,027	135.6%	\$ 61,000	\$ 32,133	52.7%
Total	\$ 2,904,917	\$ 376,612	120.9%	\$ 3,169,000	\$ 433,855	\$ 3,945,352	124.5%	\$ 463,300	\$ 322,773	69.7%

**Eau Claire County
Department of Human Services
YTD Program Expense & Revenue Summary
Thru December 31, 2023**

Program/Sub-Program	Monthly						YTD					
	Budgeted		Adjusted Actual Expenses		Adjusted Actual Revenues		Budgeted		Adjusted Actual Expenses		Adjusted Actual Revenues	
	Expenses & Revenues	Targeted %	Expenses	% of Expenses Utilized	Revenue	% of Revenues Utilized	Expenses & Revenues	Targeted %	Expenses	% of Expenses Utilized	Revenues	% of Revenues Utilized
1. Community Care & Treatment of Children and Youth for Wellbeing, Protection, and Safety (CPS & Youth Justice)	\$801,479	8.3%	\$1,063,041	11.1%	\$810,663	8.4%	\$9,617,745	100.0%	\$10,503,673	109.2%	\$9,269,228	96.4%
2. Community Care & Treatment of Adults & Children with Mental Health and/or Substance Use Disorder (CSP, Crisis, Treatment Court, CCS, Clinic)	\$1,630,451	8.3%	\$1,592,509	8.1%	\$601,527	3.1%	\$19,565,411	100.0%	\$19,511,685	99.7%	\$19,307,739	98.7%
3. Community Care & Treatment of Children who are Developmentally or Physically Disabled, Delayed, or have a Social Emotional Disturbance (B3, CLTS, & CST)	\$330,847	8.3%	\$343,192	8.6%	\$317,806	8.0%	\$3,970,164	100.0%	\$3,824,941	96.3%	\$3,930,303	99.0%
4. Secure Detention Services for Youth Offenders (JDC)	\$136,631	8.3%	\$139,971	8.5%	\$126,678	7.7%	\$1,639,573	100.0%	\$1,648,659	100.6%	\$1,533,642	93.5%
5. Protection of Vulnerable Adults (APS)	\$92,007	8.3%	\$102,088	9.2%	\$67,321	6.1%	\$1,104,079	100.0%	\$1,131,607	102.5%	\$1,187,045	107.5%
6. Financial & Economic Assistance (ES)	\$279,932	8.3%	\$235,928	7.0%	\$576,733	17.2%	\$3,359,180	100.0%	\$3,247,362	96.7%	\$4,010,538	119.4%
Total	\$3,271,346	8.3%	\$3,476,729	8.9%	\$2,500,728	6.4%	\$39,256,152	100.0%	\$39,867,927	101.6%	\$39,238,496	100.0%