



## AGENDA

Eau Claire County Human Services Board Meeting

**Date:** November 4, 2024

**Time:** 5:00 pm

**Location:** Eau Claire County Government Center,  
721 Oxford Ave, 1<sup>st</sup> 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 [terri.bohl@eauclairecounty.gov](mailto:terri.bohl@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 Meeting Link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m94c4e26f530a8d6a6f9c8980e71cf3e2>

### Join From Meeting Number:

Meeting number (access code): 2535 934 8377 Meeting password: SzMTGb8JW28

### Join by Phone:

1-415-655-0001 Access Code: 2535 934 8377

*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 & Committee Clerk
3. Confirmation of Meeting Notice – Chair
4. Public Comment – Chair
5. Review of Meeting Minutes from Human Services Board Meeting on September 30, 2024 – Discussion/Action (pages 2-3) – Chair
6. Professionals with a Purpose – Child Advocacy Center Collaboration Award, Hannah Nash, Child Protective Services Initial Assessment – Discussion (page 4) – Tasha Alexander and Hannah Nash
7. Review of August 2024 Financials – Discussion/Action (pages 5-9) – Fiscal Administrator
8. Budget Meeting Preparation – Discussion – Director
9. Overview of DHS Strategic Planning – Discussion (pages 10-27) – Core Team
10. Human Services Director's Report—Discussion (pages 28-45) – Director
11. Future Agenda Items - Chair
12. Announcements – Chair
13. Adjourn – Chair

Next Human Services Board meeting – December 2, 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, September 30<sup>th</sup>, 2024, at 5:00 pm

**Present:**

**Human Services Board:**

- Chair David Hirsch
- Vice-Chair Katherine Schneider\*
- Supervisor Deirdre Jenkins
- Supervisor Connie Russell
- Supervisor Nick Smiar
- Supervisor Christy Tomczak\*
- Citizen Member Jim Catlin
- Citizen Member Kathleen Clark

**Others:**

- DHS Director Angela Weideman
- DHS Assistant Director Angela Stokes
- DHS Fiscal Services Division Administrator Vickie Gardner
- DHS Economic Support Consortium Administrator Kathy Welke
- DHS Behavioral Health Division Administrator Luke Fedie
- DHS Family Services Division Administrator Melissa Christopherson
- DHS Operations Division Administrator/Human Services Board Committee Clerk Terri Bohl
- DHS Resource Unit Social Work Manager Nicholas Stabenow-Schneider
- DHS Alternate Care Social Worker Kristin Ross
- DHS Clinic Manager Jen Coyne
- County Executive Office Administrator Samantha Kraegenbrink\*

\* Attended virtually

**Members of the Public:**

- Not Present

**Welcome and Call to Order:**

Chair Hirsch called the meeting to order at 5:00 pm.

**Roll Call:**

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

**Confirmation of Meeting Notice:**

Chair Hirsch asked if the meeting had been noticed, and the Clerk said it had been noticed on September 25, 2024.

**Public Comment:**

Chair Hirsch asked if any members of the public wished to speak at the meeting, but no members of the public were present. Chair Hirsch also asked the Committee Clerk if any public comments were received, and the Committee Clerk indicated no public comments were received.

**Review/Approval of Committee Meeting Minutes:**

The Board reviewed meeting minutes from the Human Services Board Meeting on September 9, 2024. Vice-Chair Schneider moved to approve the minutes. There were no revisions identified, so the minutes were approved 8-0.

**Professionals with a Purpose:**

DHS Resource Unit Social Work Manager Nicholas Stabenow-Schneider provided an overview of the DHS Alternate Care Team including statistics and updates on foster care and kinship care, as well as appreciation events such as the summer picnic and holiday celebration. Discussion took place, but no action was taken.

**Review of July 2024 Financials:**

Fiscal Services Division Administrator Gardner gave a review of the July 2024 financials. Discussion occurred on this item. Supervisor Smiar motioned to accept the July 2024 financials. The Human Services Board passed the motion 8-0.

**Review of DHS Proposed 2025 Budget:**

Fiscal Services Division Administrator Gardner gave a review of the DHS proposed 2025 budget. Discussion occurred on this item, but no action was taken.

**Resolution 24-25/074: ABOLISHING 1.0 (FTE) CRISIS SUPERVISOR POSITION AND CREATING 1.0 (FTE) COMPREHENSIVE COMMUNITY SERVICES (CCS) SUPERVISOR POSITION**

Director Weideman provided an overview of the resolution. Discussion occurred. Supervisor Smiar motioned to approve the resolution. The resolution was approved as follows:

8 Ayes: Supervisors Hirsch, Schneider, Jenkins, Russell, Smiar, & Tomczak; Citizen Members Catlin & Clark

2 Absent: Citizen Members Beaulieu & Maulucci

**Future of Mental Health Services:**

Director Weideman introduced the topic including the narrative in the board report provided by Administrator Fedie. Administrator Fedie then provided an overview on gaps in mental health services. The Board had discussion on this item and asked the Department to pursue a joint resolution with other counties and WCA to request funding from the Legislature.

**Human Services Director's Report:**

Director Weideman provided an overview of Department updates. Discussion occurred, but no action was taken.

**Reports from Board Members who Attended Wisconsin Counties Association Meeting:**

Supervisor Jenkins discussed topics such as underfunding of programs, barriers to 988 suicide line services, and innovative long-term care programming. Supervisor Russell noted topics regarding human services were lacking and discussed a child protective services collaborative between Brown and Oconto counties and Sex Trafficking services available through Workforce Resource. Supervisor Smiar shared that he attended sessions on the function of the county board.

**Future Agenda Items:**

- Discussion on Joint Resolution with other counties and WCA to request funding from the Legislature
- Strategic Planning PowerPoint

**Announcements:**

No announcements were made.

**Adjourn**

The meeting was adjourned at 6:55 pm.

Respectfully submitted by,

Terri Bohl

# Professionals with a Purpose

## The Chippewa Valley Child Advocacy Center is Pleased to Present Their 2024 Collaboration Award to Hannah Nash

This award recognizes the collaboration Hannah Nash has demonstrated in referring and collaborating on cases with the Child Advocacy Center (CAC) to investigate and prosecute child abuse and maltreatment. Communication by Hannah regarding cases is clear and comprehensive, and she communicates to families clearly about the array of services at the CAC. Collaboration has also included partnering in abuse awareness activities and events that benefit the local community. Further, Hannah has consistently referred and collaborated on cases for review in the multi-disciplinary process.

The Chippewa Valley CAC (CVCAC) recognizes the commitment of Hannah Nash and the Eau Claire Department of Human Services (ECCDHS) in serving families and keeping children safe, and recognizes that this is a shared and collaborative mission. The CVCAC remains committed to partnering with ECCDHS to provide resources and support to families in ECC who have experienced child abuse or maltreatment.

Thank you for your consistent and compassionate provision of services and for your outstanding collaboration and skill in the provision of those services.

Presented by:  
The Chippewa Valley Child Advocacy Center  
October 3, 2024



**Hannah Nash,  
recipient of the  
2024 CAC  
Collaboration  
Award**



Center: **Hannah Nash** Left of Center: **Tasha Alexander**  
Right of Center: **Angie Weideman** Others: **Staff at CAC** 4



Center: **Hannah Nash** Left of Center: **Tasha Alexander** Right of Center: **Angie Weideman**

# Eau Claire County Human Services Financial Overview

## Preliminary Thru August 2024

### Human Services Board Meeting Held on 11/4/24

The Preliminary August financials indicate a deficit for the Department.

**Estimated Deficit (\$2,268,825)**

***Factors to note impacting budget***

**Revenues:**

Crisis revenue under budget (YTD)	\$879,000
(Increase over last month of \$101,000)	
CRS revenue under budget (YTD)	\$232,000
(Increase over last month of \$34,000)	
JDC revenue under budget (YTD)	\$339,000
(Increase over last month of \$42,000)	
BH Clinic revenue under budget (YTD)	\$189,000
(Increase over last month of \$12,000)	

**Expenses:**

Placement of Children	
Over budget this month	\$133,000
(YTD increase over last month of \$133,000)	
Legally Ordered Hospitalization of Children and Adults	
Over budget this month	\$82,000
(YTD Increase over last month of \$198,000)	
Placement of Adults	
Over budget this month	\$48,000
(YTD increase over last month of \$199,000)	

**NOTE:** Beginning with the June financials, we will be reflecting both Fund 205 and 206

**NOTE:** Beginning in February we are combining the CCS and Non-CCS financials into one report. Finance has also requested that we do not show an excess of revenue for the CCS program due to the \$3.5 million advance payment. Therefore, the monthly balance will show \$0 to indicate the program costs are funded.

Eau Claire County  
Department of Human Services  
Preliminary Financial Statement Estimated for the Period  
January 1, 2024 through August 31, 2024

Revenue	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	Adjusted Total	Net Variance Excess (Deficient)
01-Tax Levy	5,650,605	5,650,605	0	5,650,605	-
04-Intergovernment Grants and Aid (State & Federal Grants)	15,726,013	13,299,533	2,834,718	16,134,250	408,237
05-Intergovernmental Charges for Services (Medicaid & Other Counties)	10,605,315	7,744,770	2,185,837	9,930,607	(674,708)
06-Public Charges for Services (Client Contributions)	474,312	438,606	71,079	509,685	35,373
09-Other Revenue (TAP & Misc.)	110,378	117,303	21,769	139,072	28,694
11-Fund Balance Applied (2024 CCS Est.Reconciliation, Rec'd 2025)	28,582	-	-	-	(28,582)
<b>Total Revenue</b>	<b>32,595,205</b>	<b>27,250,816</b>	<b>5,113,403</b>	<b>32,364,219</b>	<b>(230,986)</b>

Expenditures	Net YTD Budget	YTD Actual Transactions	Estimated Adjustments	Adjusted Total	Net Variance Excess (Deficient)
01-Regular Wages	11,748,885	10,258,522	883,688	11,142,209	606,675
02-OT Wages	-	82,402	-	82,402	(82,402)
03-Payroll Benefits	5,074,270	4,464,083	278,208	4,742,291	331,979
04-Contracted Services	9,805,945	12,245,536	955,317	13,200,853	(3,394,908)
05-Supplies & Expenses	315,383	229,290	-	229,290	86,093
07-Fixed Charges (Liability Insurance)	93,275	138,591	(21,837)	116,755	(23,480)
09-Equipment	86,071	89,243	(9,467)	79,776	6,295
11-Other	5,471,377	5,039,468	-	5,039,468	431,909
<b>Total Expenditures</b>	<b>32,595,205</b>	<b>32,547,135</b>	<b>2,085,909</b>	<b>34,633,045</b>	<b>(2,037,839)</b>

General Ledger Surplus/(Deficiency) of Revenue over Expenditures	\$ (5,296,319)	
Excess (Deficiency) of Revenue over Expenditures		(2,268,826)
Less 2024 CCS Est. Gap Rec'd 2025		(0)
Excess (Deficiency) Net of CCS		(2,268,825)

Estimated August 2023 Surplus / (Deficiency)      \$      (126,923)

Revenue Adjustments Included:

01-Tax Levy	0
04-Grants and Aid	2,834,718
05-Charges for Services	2,185,837
06-Public Charges	71,079
09-Other	21,769
	<u>\$ 5,113,403</u>

Expense Adjustments Included:

01-Regular Wages	883,688
02-OT Wages	
03-Payroll Benefits	278,208
04-Contracted Services	955,317
05-Supplies & Expenses	-
07-Fixed Charges	(21,837)
09-Equipment	(9,467)
10-Other	-
	<u>\$ 2,085,909</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.



**Placements/Hospitalizations of Adults and Children  
For Period Ending 08/31/2024**

<b>Placement of Children</b>					
	<b>2024</b>				
	<b>New Placements</b>	<b>Clients</b>	<b>Budget</b>	<b>Expense</b>	<b>(Over)/Under Budget</b>
FC	0	75	\$ 113,854	\$ 115,483	\$ (1,629)
TFC	0	10	\$ 46,833	\$ 74,445	\$ (27,612)
GH	1	3	\$ 18,750	\$ 35,399	\$ (16,649)
RCC	0	11	\$ 77,500	\$ 164,676	\$ (87,176)
<b>August Total</b>	<b>1</b>	<b>99</b>	<b>\$ 256,937</b>	<b>\$ 390,004</b>	<b>\$ (133,067)</b>
<i>2024 YTD Total</i>	<i>47</i>	<i>139</i>	<i>\$ 2,055,496</i>	<i>\$ 3,336,573</i>	<i>\$ (1,281,077)</i>
<i>2023 YTD Comparison</i>	<i>62</i>	<i>140</i>	<i>\$ 2,112,664</i>	<i>\$ 2,332,671</i>	<i>\$ (220,007)</i>

<b>Legally Ordered Hospitalization of Children and Adults</b>						
	<b>2024</b>					
	<b>New Placements</b>	<b>Clients</b>	<b>Number of Days</b>	<b>Budget</b>	<b>Expense</b>	<b>(Over)/Under Budget</b>
TCHCC	2	3	65	\$ 45,833	\$ 23,075	\$ 22,758
Winnebago/Mendota	8	12	135	\$ 69,800	\$ 174,611	\$ (104,812)
<b>August</b>	<b>10</b>	<b>15</b>	<b>200</b>	<b>\$ 115,633</b>	<b>\$ 197,686</b>	<b>\$ (82,053)</b>
<b>2024 YTD Total</b>	<b>87</b>	<b>89</b>	<b>1306</b>	<b>\$ 925,065</b>	<b>\$ 1,161,667</b>	<b>\$ (236,602)</b>
<i>2023 YTD Total</i>	<i>54</i>	<i>66</i>	<i>1234</i>	<i>\$ 901,483</i>	<i>\$ 1,130,094</i>	<i>\$ (228,611)</i>

<b>Placement of Adults</b>					
	<b>2024</b>				
	<b>New Placements</b>	<b>Clients</b>	<b>Budget</b>	<b>Expense</b>	<b>(Over)/Under Budget</b>
AFH	0	14	\$ 79,125	\$ 147,109	\$ (67,984)
CBRF	0	14	\$ 71,965	\$ 52,100	\$ 19,865
<b>August</b>	<b>0</b>	<b>28</b>	<b>\$ 151,090</b>	<b>\$ 199,208</b>	<b>\$ (48,119)</b>
<b>2024 YTD Total</b>	<b>11</b>	<b>33</b>	<b>\$ 1,208,717</b>	<b>\$ 1,951,353</b>	<b>\$ (742,636)</b>
<i>2023 YTD Total</i>	<i>13</i>	<i>34</i>	<i>\$ 1,397,395</i>	<i>\$ 1,617,332</i>	<i>\$ (219,938)</i>

**ALTERNATE CARE REPORT  
Month Ending August 2024**

Level of Care	July			August			YTD			Ave Cost per Day
	Placements	Clients	Days	Placements	Clients	Number of Days	Placements	Clients	Days	
Foster Care	0	83	2,486	0	75	2,288	29	101	18,478	\$52
Therapeutic Foster Care	3	10	235	0	10	310	5	17	2,126	\$254
Group Home	0	2	62	1	3	72	4	6	775	\$555
Residential Care Center	0	11	341	0	11	299	9	15	2,093	\$675
<b>Total</b>	<b>3</b>	<b>106</b>	<b>3,124</b>	<b>1</b>	<b>99</b>	<b>2,969</b>	<b>47</b>	<b>139</b>	<b>23,472</b>	

Level of Care	Expense							Revenue		
	Adjusted Budget - July	July Expense	July - Percent Used	Adjusted Budget - August	August Expense	YTD Expense	YTD Percent Used	Adjusted Budget	YTD Revenue	Percent Collected
Foster Care	\$ 796,976	\$ 122,605	105.1%	\$ 910,829	\$ 115,483	\$ 953,205	104.7%	\$ 199,768	\$156,321	78.3%
Therapeutic Foster Care	\$ 327,833	\$ 83,357	141.8%	\$ 374,667	\$ 74,445	\$ 539,445	144.0%	\$ 28,000	\$ 22,252	79.5%
Group Home	\$ 131,250	\$ 17,311	301.0%	\$ 150,000	\$ 35,399	\$ 430,422	286.9%	\$ 12,667	\$ 11,893	93.9%
Residential Care Center	\$ 542,500	\$ 268,617	230.2%	\$ 620,000	\$ 164,676	\$ 1,413,500	228.0%	\$ 34,000	\$ 15,465	45.5%
<b>Total</b>	<b>\$ 1,798,559</b>	<b>\$ 491,891</b>	<b>163.8%</b>	<b>\$ 2,055,496</b>	<b>\$ 390,004</b>	<b>\$ 3,336,573</b>	<b>162.3%</b>	<b>\$ 274,435</b>	<b>\$205,930</b>	<b>75.0%</b>

**Notes:** Therapeutic Foster Care is higher than budgeted because of CLTS placements in Therapeutic Foster Care.  
June Group Home expense updated due to removal of \$4,432 non Group Home CST costs.



**Eau Claire County  
Department of Human Services  
YTD Program Expense & Revenue Summary  
Thru August 31, 2024**

Program/Sub-Program	Monthly						YTD						Year End			
	Budgeted		Adjusted Actual Expenses		Adjusted Actual Revenues		Budgeted		Adjusted Actual Expenses		Adjusted Actual Revenues		Annualized		Annualized	
	Expenses & Revenues	Targeted %	Expenses	% of Expenses Utilized	Revenue	% of Revenues Utilized	Expenses & Revenues	Targeted %	Expenses	% of Expenses Utilized	Revenues	% of Revenues Utilized	Expenses	% Annualized	Revenues	% Annualized
Community Care & Treatment of Children and Youth for Wellbeing, Protection, and Safety (CPS & Youth Justice)	\$956,723	8.3%	\$1,024,208	8.9%	\$917,753	8.0%	\$7,653,783	66.7%	\$8,693,882	75.7%	\$7,232,205	63.0%	\$13,040,823	113.6%	\$10,848,308.1	94.5%
Community Care & Treatment of Adults & Children with Mental Health and/or Substance Use Disorder (CSP, Crisis, Treatment Court, CCS, Clinic)	\$2,130,517	8.3%	\$2,771,171	10.8%	\$2,259,486	8.8%	\$17,044,139	66.7%	\$18,466,485	72.2%	\$17,342,744	67.8%	\$27,699,728	108.3%	\$26,014,116.1	101.8%
Financial & Economic Assistance (ES)	\$303,238	8.3%	\$272,613	7.5%	\$296,115	8.1%	\$2,425,907	66.7%	\$2,433,209	66.9%	\$2,739,242	75.3%	\$3,649,814	100.3%	\$4,108,862.6	112.9%
Great Rivers Consortia and BCA Payback	\$683,922	8.3%	\$456,688	5.6%	\$456,688	11.3%	\$5,471,377	66.7%	\$5,039,468	61.4%	\$5,039,468	61.4%	\$7,559,202	92.1%	\$7,559,202.1	92.1%
<b>Total</b>	<b>\$4,074,401</b>	<b>8.3%</b>	<b>\$4,524,681</b>	<b>9.3%</b>	<b>\$3,930,041</b>	<b>8.0%</b>	<b>\$32,595,205</b>	<b>66.7%</b>	<b>\$34,633,045</b>	<b>70.8%</b>	<b>\$32,353,659</b>	<b>66.2%</b>	<b>\$51,949,567</b>	<b>106.3%</b>	<b>\$48,530,489</b>	<b>99.3%</b>



# Eau Claire County Department of Human Services: Strategic Planning

# Why engage in strategic planning?



**Eau Claire**  
C O U N T Y

DEPARTMENT OF HUMAN SERVICES

**We Care. We Act. We Empower.**

# WHY???



- Engages interested, affected and relevant parties to build public trust in the department
- Creates one vision our department
- Creates clear goals and measures of success that can be evaluated across the department
- Supports internal growth and improvement
- Provides a framework to make short-term decisions by all folks within the department

# What is a strategic plan and strategic planning?



**Eau Claire**  
C O U N T Y

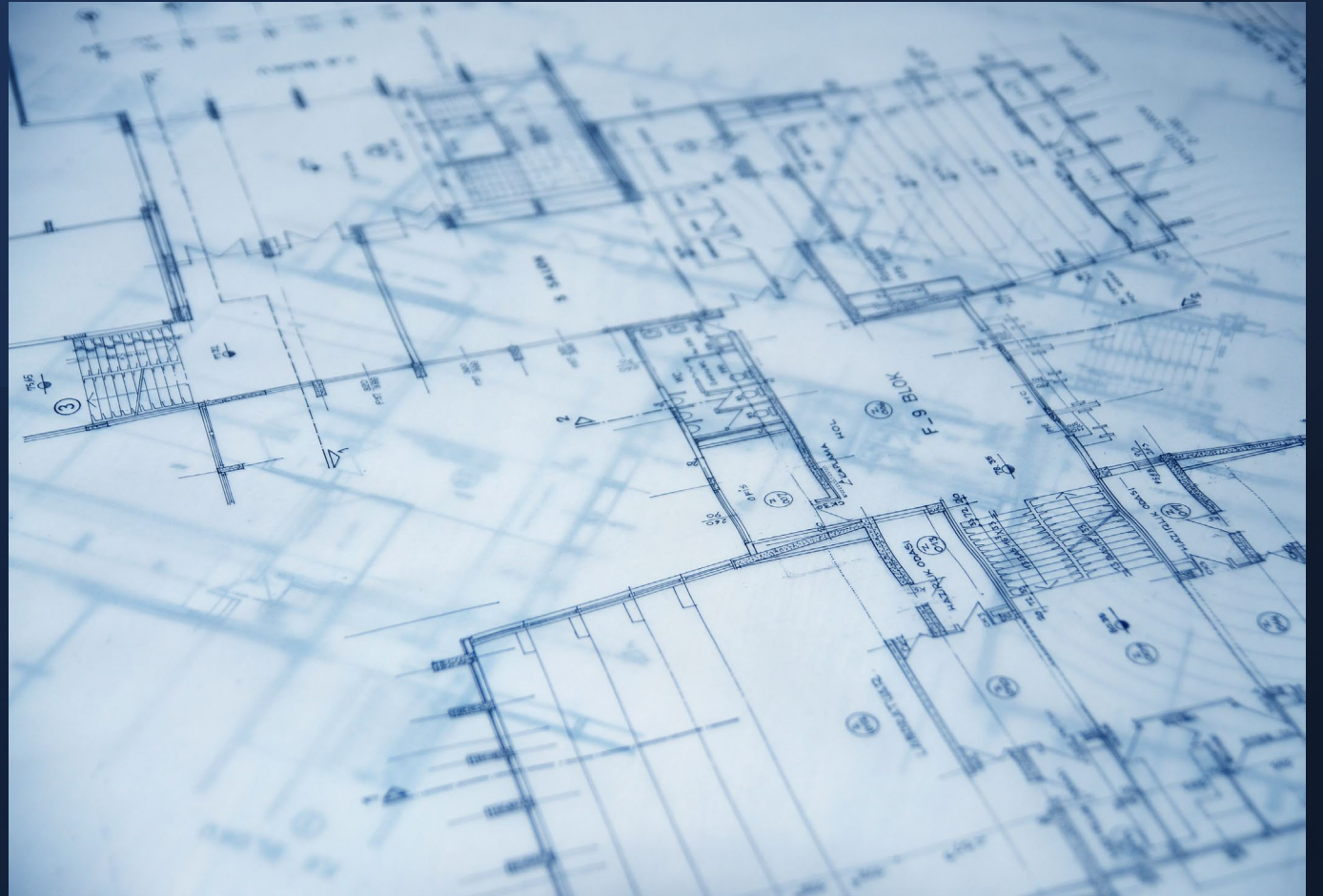
DEPARTMENT OF HUMAN SERVICES

**We Care. We Act. We Empower.**



# A Strategic Plan is:

- a guide for decision making and action
- a document that communicates your goals and plans





## The Strategic Planning Document Includes:

- ✓ Mission
- ✓ Vision
- ✓ Core Beliefs and Values
  - Strategic Priorities
  - Critical Success factors
  - Strategies for Action

**Communicates your goals and plans to internal staff and external professionals**



# Mission, Vision, Core Beliefs and Values Team:

- Angela Weideman
- Matthew Kulasiewicz
- Jen Coyne
- Cinthia Wiebusch
- Jason Rehbein
- Megan Kelley
- David Bernhardt
- John Welch
- Julie Brown



## Strategic Planning is a Process That Involves:

- **Collaborative Communication** and decision making among teams
- Increasing interested, affected, and relevant parties' **engagement** and **ownership** of final plan
- Collecting information from: employees, community partners, and board members



# Mission

- **Who we are, what we do, and why we do it**
- **Our Mission: We Care. We Act. We Empower.**

# Vision

- **Where we hope to go.**
- **Our Vision:** To boldly advocate for a safe, healthy, and caring community.

# Core Beliefs and Values



- **How we do our work.** WE CARE
- **Welcoming Value:** Creating a welcoming and non-judgmental environment where everyone feels safe, understood, and accepted.
- **Ethical Value:** Acting with Integrity, honesty, objectivity, and authenticity.
- **Compassion Value:** Caring for ourselves and connecting with others, compelling us to serve with kindness.



# Core Beliefs and Values

- **Appreciation Value:** Expressing gratitude and building relationships by valuing differences while recognizing and empowering strengths.
- **Respect Value:** Promoting resilience and equity, honoring cultural differences, protecting dignity and self-worth.
- **Excellence Value:** Surpassing professional and operational standards with exceptional adaptability, character, and quality.



**Eau Claire**  
COUNTY  
DEPARTMENT OF HUMAN SERVICES  
We Care. We Act. We Empower.

# Timeline and Phases



## Planning (October-December)

- Information gathering (early December)
- Data analysis (late December)
- Data sharing with department (January)
- Recruit strategic planning teams and leads (January)

## Goal Setting/Plan Writing (February/April)

## Implementation/Revision (April 2025-December 2027)

# Core Team



- **Director:** Angela Weideman
- **Internal Coordinators:**
  - Terri Bohl - Operations Administrator
  - Angie Stokes - Assistant Director
- **Planning Team Members:**
  - Core Work Group - 3 internal staff members
- **Data:** Matthew Kulasiewicz
- **Board Members:**
  - Paul Maulucci
  - Katherine Schneider

Done in Partnership with UW - Extension: Garret Zastoupil



# Core Team Expectations



- Build commitment within the department for the Strategic Planning Process and to the Strategic Plan
- Ensure different perspectives and opinions are included
- Support a culture committed to continuous improvement
- Support clarity and direction by answering questions and ensuring transparency
- Help define planning process and timelines
- Attend meetings every two weeks until plan is written, quarterly after plan is written
- Receive support from Garrett, Angie and Terri

# All Staff Expectations



- Commit to the department's Strategic Planning Process and to the implementation of the Strategic Plan
- Provide honest feedback
- Commit to continuous improvement within your work
- Be adaptable and flexible as change happens, keeping a focus on strategic goals
- Receive support from Supervisors, Managers, Administrators and Leaders

# Staff Involvement and Communication



- Three staff needed for Core team
- Staff feedback will be collected at least once in an in-person meeting and through a survey
- After data analysis, multiple staff will be needed for strategic planning teams as well as leadership of these teams
- Communication will occur at all agency meetings, Friday Human Services Weekly Updates, and in the agency newsletter





What questions do you have?

**EAU CLAIRE COUNTY DEPARTMENT OF HUMAN SERVICES**

**Department Report – Division & Unit Updates**

**Director – Angela Weideman**

**November 4<sup>th</sup>, 2024**

**Operations, Data, and Fiscal Update**

**Strategic Planning**

The Department has created a Core Team for strategic planning purposes and scheduled the first three meetings. The composition of the Core Team will include the following individuals:

Angela Weideman – Director

Angela Stokes – Assistant Director/Strategic Planning Co-Coordinator

Terri Bohl – Operations Administrator/Strategic Planning Co-Coordinator

Matthew Kulasiewicz – Data Specialist

Katherine Schneider – Human Services Board Co-Chair/Supervisor

Paul Maulucci – Human Services Board Citizen Member

Garret Zastoupil – UW-Extension/Strategic Planning Facilitator

Jenna Christianson – CCS Supervisor

Zach Hasbrouck – CCS Service Facilitator

Nicholas Stabenow-Schneider – Family Services Social Work Manager

David Stanley – Peer Support Specialist

Susan Wilson – CCS Resource Specialist

Gao Xiong – Fiscal Quality Assurance Specialist

The planning phase for strategic planning will continue through December. Data analysis will take place in late December with data sharing occurring in January. Additional strategic planning teams will be developed in January. Goal setting and plan writing will go from February through April with implementation scheduled for April.

**Joint Resolution for Placement Funding from Legislature**

At the last Human Services Board meeting, there was an idea brought forward for the Department to look into a possible joint resolution with neighboring counties and the Wisconsin Counties Association to ask the legislature for additional funding for placements. This idea was discussed with the County Administrator who advised that Wisconsin Counties Association (WCA) is already asking for an increase in funding so it might not be the right timing. Director Weideman reached out to Wisconsin Counties Association inquiring about the idea and received a link to the current WCA legislative agenda. Director Weideman and Assistant Director Stokes met with WCA to discuss this further. WCA provided attachments to show the priority funding ask for 2025-2027 related to human services which is attached to this report.

Department Staffing Update				
Total FTE's	Filled FTE's		Vacant FTE's	
262.66	248.16	94.5%	14.5	5.5%

**Family Services Division Update (Melissa Christopherson)**

In Family Services we are preparing a new on call procedure as the previous volunteer-based system is no longer sustainable. Starting in 2025, all Family Services Youth Services and Child Protective Services Staff will be rotating on call. The new procedure is in development, and it is expected the 2025 on call schedule will be released by mid-November.

In the JDC, the leadership team continues to work on program improvements within the 180 program and are preparing a presentation to showcase these changes to our own staff, judges and our referring counties.

In general, we continue to see an influx of older children and youth who have significant needs and who are at risk for residential level placement. We are continuing to partner with Behavioral Health to try to serve these children in the community with CCS services.

This November, Governor Tony Evers is recognizing and celebrating Wisconsin's many outstanding adoptive, guardianship, foster and relative caregivers. In 2024 we are honored that one of our homes was selected for the *2024 Governor's Foster and Adoptive Family Award*.

Michelle and Mike were identified as potential like-kin providers to a sibling group of two children (A.C. and J.H.) who had been placed in an Eau Claire County foster home. At the time, their foster parents had excluded themselves as potential long-term, permanent placement options for the children. Michelle has a like-kin connection to both children through her father. Together with their adult children, Michelle and Mike made the decision to become licensed as foster parents for A.C. and J.H. with the intention and hope of adoption.

From the onset of placement, the Klintworth's allowed the children to settle in their home and routines before setting expectations. Both Michelle and Mike had a natural approach to caregiving through a trauma-informed lens and continually to applied patience, compassion and empathy towards the children, even during challenging times. Mike and Michelle engaged in intensive case management with the Eau Claire County's Intensive Permanency Specialist recognizing and supporting the children's healing through healing relationships with their biological family and previously disrupted relationships.

During the placement and following adoption finalization, Mike and Michelle continued to support the children's contact with their birth parents, extended relatives, siblings and even the former foster parents! They took a day to travel to Green Bay, WI to allow J.H. to have contact with his biological father, who is currently residing in prison awaiting trial for 1<sup>st</sup> Degree Homicide. The time together provided clarity for: the Klintworth's, as they were able to meet J.'s birth father and to see the natural connection between father and son; for J.H. as several mysteries a regarding his father were resolved and for the birth father, as this allowed him the opportunity to become acquainted with the parents who had expressed a willingness to adopt his son. The connection between the Klintworth's and the birth father was strong enough that he would not voluntarily terminate his rights without assurances the Mike and Michelle would be adopting.

Mike, Michelle, and the children participated in a recruitment interview with iHeartRadio that will be broadcast on local radio stations. The intent of the message is twofold: 1) championing the need for more foster parents

willing to accept older children in their home and 2) sharing that lived experience with the larger community about the impact that fostering and adopting has had on their family.

<b>Centralized Access (Julie Brown)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Child Protective Services reports received	153	77	96	105	112
Child Protective Services reports screened in for Initial Assessment	23	18	28	23	24
Child Welfare Service reports received	15	10	14	8	12
Child Welfare Service reports screened in	8	9	13	5	9
Adult Protective Services Reports and requests for Guardianship/Protective Placement	53	50	54	48	74
Birth to Three Referrals	28	17	31	23	25
Outpatient Clinic Referrals	4	6	6	0	2
AODA Referrals	9	6	5	10	13
Comprehensive Community Services (CCS) Referrals	52	37	50	62	57
Children's Integrated Services Referrals (CLTS or Children's CCS)	29	31	20	25	26
Crisis Referrals & 3-Party Petition Requests	7	2	5	6	12
Community Support Program (CSP) Referrals	6	5	8	8	8
Call Intakes	32	28	52	29	45
Pre-admission Screening and Resident Review (PASRR) for Nursing home	44	30	52	34	23

<b>Child Protective Services Initial Assessment (Tasha Alexander)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Initial assessments completed	25	26	18	16	21
Assessments resulting in substantiation	5	7	1	1	4
Assessments completed involving children remaining in home	22	23	15	16	21
Assessments resulting in services opening with Dept	4	3	4	0	0

<b>Child Protective Services Ongoing (Courtney Wick)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Children served in Ongoing Child Protective Services	140	140	137	144	150
Families served in Ongoing Child Protective Services	75	72	74	77	79
Children served in home	48	48	47	50	50

<b>Youth Services (Hannah Keller)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Youth served in Youth Services Program	95	92	105	103	103
Youth being served in their home	70	101	85	83	79
Families served in Youth Services Program	90	89	95	94	94

<b>Intensive Permanency Services (Nicholas Stabenow-Schneider)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Youth receiving Intensive Permanency Services	12	8	9	9	9

<b>Alternate Care (Nicholas Stabenow-Schneider)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Children in out-of-home care at end of month	119	122	116	114	114
Median length of stay in months for children discharged in month	9.7	7.4	8.4	9	7.9

<b>Birth-to-Three (Nicholas Stabenow-Schneider)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Children being served	95	103	95	109	105

<b>Juvenile Detention Center (Kevin Cummings)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Total admissions - number youth	35	26	24	22	29
Total admissions - number days	411	392	358	347	371
Eau Claire County admissions - number days	107	73	47	75	91
Short-term admissions - number youth	27	19	16	15	20
Short-term admissions - number days	205	182	159	130	139
Eau Claire County short-term admissions - number youth	7	5	7	5	7
Eau Claire County short-term admissions - number days	45	13	15	44	44
180 program admissions - number youth	8	7	8	7	9
180 program admissions - number days	206	210	199	217	232
Average daily population youth per day	13.3	13.1	11.5	11.2	12.4
Occupancy rate	57.6	56.8	50.2	48.7	53.8

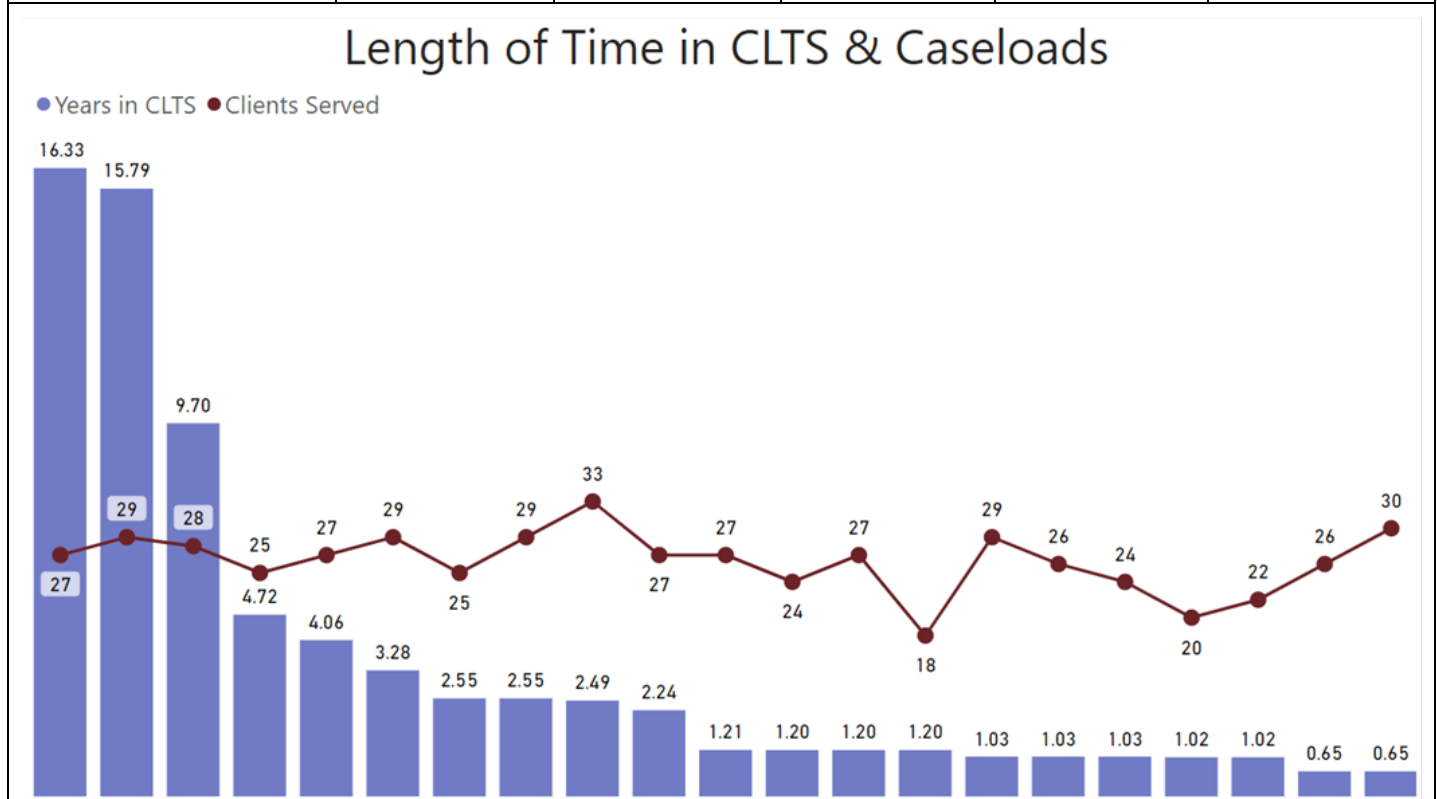
**Behavioral Health Division Update (Luke Fedie)**

The Eau Claire County Department of Human Services is pleased to report that, with the September 2024 data upload, we are now fully compliant with the state’s enrollment expectations for the Children’s Long-Term Support (CLTS) program. This achievement reflects the past six months of data and marks a significant milestone, especially given the waitlist challenges from previous years. Since 2018, the waitlist grew to nearly 260 children, resulting in three-year delays for families seeking services. Now, we are connecting with eligible families within a week, a considerable improvement that underscores the dedication and hard work of our team.

Additionally, related to treatment court goals, we have quantified jail bed days saved for court graduations. Based on data from the sheriff's office, the savings this year amount to \$551,486.02 at a rate of \$112.94 per day per person. This progress exemplifies our commitment to improving lives while achieving financial efficiencies for the county.

<b>Adult Protective Services (Nancy Weltzin)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Investigations requests	52	47	53	47	72
Investigations screened out	10	11	13	15	15
Investigations concluded	17	22	18	5	17
Investigations substantiated	7	7	4	1	2
Allegation of self-neglect	11	21	18	17	28
Allegation of neglect	9	8	12	5	11
Allegation of financial abuse	9	6	14	12	16
Requests for guardianship	8	4	6	4	10

<b>Children's Long-Term Support (Taylor Johnson)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Current enrollment	500	502	514	529	541
Current waitlist	18	N/A	13	17	6
Foster Care	28	28	27	24	31



<b>Clinic (Jen Coyne)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Clients in Med Management	176	183	188	184	186
Clients in Therapy	201	192	198	197	204
Referrals	27	20	35	20	18
Med management waitlist	12	17	17	10	10
Therapy waitlist	21	21	25	20	19



<b>Community Support Program (Jocelyn Lingel-Kufner)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Number participants	113	117	121	117	117
New admissions	2	4	4	0	2
Referral list	16	11	11	18	21

<b>Comprehensive Community Services (Cinthia Wiebusch &amp; Beth O'Brien)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Current case count	263	266	270	268	270
Referrals	42	37	43	53	49
External referrals	32	30	34	42	36
Internal referrals	10	7	9	11	12
Admissions	11	16	17	18	14
Discharges	15	6	13	18	11
Adults waiting for CCS services	2	2	2	5	0
Youth waiting for CCS services	0	0	0	0	1

<b>Crisis Services (Olympia Prochaska)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Crisis contacts	204	229	275	236	269
Emergency detentions	23	24	32	23	24
Clients placed in local hospitals	15	17	18	12	13
Clients placed in IMD's W – Winnebago; M - Mendota	8W	6W 1M	13W 1M	11 W	10 W
Face-to-face assessments completed	18	32	35	30	33
Community Re-Entry Referrals (Eau Claire County Jail)	12	13	25	14	8
Community Re-Entry Booking Contacts (Eau Claire County Jail)	27	24	23	20	46
DHS Mental Health Liaison Contacts (Eau Claire County Sheriff's Department)	28	20	22	18	17
DHS Mental Health Liaison Contacts (3-11 PM Eau Claire Police Department)	13	13	25	30	32

<b>Recovery &amp; Justice Services (Brianna Albers)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Current caseload	27	29	28	27	20
Branch V – Wednesday Court	13	14	13	14	11
Branch VI – Thursday Court (former Mental Health & AIM)	11	12	12	10	7
Veteran's Court	3	3	3	3	2
Referrals	13	10	12	8	9
Deflection Referrals for Law Enforcement	N/A	N/A	N/A	2	1
Deflection Referrals for Overdose	N/A	N/A	N/A	6	16
Deflection Receiving Services	N/A	1	1	1	4

### **Economic Support Services Division Update (Kathy Welke)**

During the month of September, the Great Rivers Call Center received 14,017 calls and answered 92% of calls with an average wait time of 6.68 minutes.

Our Economic Support Services Division is fully staffed.

<b>Economic Support Services (Kathy Welke)</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Calls Received	13,142	12,757	13,772	14,009	14,017
Applications Processed	3,418	3,080	3,617	3,576	3,380
Renewals Processed	3,508	4,255	4,306	4,112	4,369
All Cases	62,602	61,689	61,244	60,307	60,346
Cases in Eau Claire County	13,595	13,370	13,261	13,005	13,031
Active Childcare Cases	1,014	1041	1056	1,051	1,060
Active Eau Claire Childcare Cases	271	288	298	288	293

**BUDGET TOPIC:** State Human Service Aid Programs

**BACKGROUND**

Human services in Wisconsin are funded in a variety of ways, including general state aids for human services, targeted or program-specific allocations, earned revenues such as Medicaid and county financial contributions from local revenue sources.

General state aids for human services can be used for a broad array of services including county human service staff, purchases of services from contractors such as community organizations and treatment providers, residential placement costs and other services provided by counties to consumers of human services. General state aid programs provide counties with flexible funds that can be used to supplement program specific allocations, provide services for which there are no specific funding allocations and serve persons who are not eligible for state programs like Medicaid. General state aid programs also provide property tax relief by limiting the amount of county tax levy revenue needed for human services.

The major state human service aid programs include:

- The Basic County Allocation (BCA) portion of Community Aids can be used for behavioral health and long term support services. BCA funds are administered by the Department of Health Services.
- Income Maintenance Administration (IM Administration) funds can be used for county operation of economic support benefit programs. IM Administration funds are administered by the Department of Health Services.
- Children and Family Aids (CFA) can be used for child welfare services. CFA funds are administered by the Department of Children and Families. The CFA used to be part of Community Aids until the Department of Children and Families was created in 2008 and the portion of Community Aids used for child welfare services was split into a separate aids program.
- Community Youth and Family Aids (Youth Aids) can be used for youth justice services. Youth Aids funds have been administered by the Department of Children and Families since 2016 and were previously administered by the Department of Corrections.

Increases to the human service aid programs have been limited over the years. Increases to Community Aids prior to the BCA/CFA split stopped in the 1990s. The BCA portion of Community Aids has not been increased in almost 30 years. The CFA portion of Community Aids did not receive increases (except for small amounts for foster care rate increases) from

CYs 2009 to 2017. A CFA increase proposed by the state was provided in CY 2018 and a large CFA increase obtained by counties was provided in CY 2020. IM Administration increases have been sporadic and not kept up with the increased cost to administer economic support benefits. A Youth Aids increase proposed by the state was provided in CY 2022, but Youth Aids allocations remain below the historic level due to previous cuts in Youth Aids funding and the state stopping in the 2000s the practice of adding funds to offset juvenile corrections rate increases.

## **CURRENT STATUS**

The limited increases to state human service aids puts more pressure on counties to contribute to the cost of human services. County capacity to contribute local funds are constrained by state limits on county tax levies. The recent change linking Shared Revenue program increases to state sales tax revenues will not benefit human services because the additional Shared Revenue funds cannot be used for human services.

At the county level, most of the state human service aids funds go for staff compensation, either directly for county human service staff or indirectly through purchases of services from contractors for the contractor staff. Even payments for residential placements go mostly for staff at the facilities where human service consumers are placed.

If human services were operated at the state level, as human services are in many other states, additional funding would be provided every year for increased state staff compensation costs. The standard Wisconsin budget practice is to include compensation reserve funds in every state budget to cover increased compensation costs for state employees. Since county human service departments operate human services on behalf of the state, a similar budget practice should be used to cover increased compensation costs at the county level. Additional funding should be added to the major state human service aid programs in every state budget to cover increased compensation costs for county and service provider staff.

## **REQUESTED ACTION**

Based on the assumption that staff compensation costs will increase at least 2% annually, additional funding should be provided for the major state human service aid programs for 2% annual increases. Providing 2% increases in each year of 2025-2027 biennium would require the following amount of state GPR funding.



<b>Aid Program</b>	<b>Base Funding</b>	<b>SFY 26</b>	<b>SFY 27</b>	<b>Biennium</b>
BCA	\$170 million	\$3.4 Mill	\$6.8 Mill	\$10.2 Mill
CFA	\$102 million	\$2.0 Mill	\$4.0 Mill	\$6.0 Mill
Youth Aids	\$92 Million	\$1.8 Mill	\$3.7 Mill	\$5.5 Mill
IM Admin	\$39 Million All Funds (About 40% GPR)	\$0.31 Mill	\$0.63 Mill	\$0.95 Mill
<b>TOTAL GPR</b>		<b>\$7.51 Mill</b>	<b>\$15.13 Mill</b>	<b>\$22.65 Mill</b>

Note: The amounts shown are for the full SFY starting in July. The SFY 27 amounts reflect continuation of the 2% increase for SFY 26 plus additional 2% increase for SFY 27. The additional funding needed would be less if the 2% increases are provided on a CY basis starting 1/2026 and 1/2027.

References

Date: 8/2024

## BIRTH TO THREE FUNDING

The Birth to 3 Program is a statewide early intervention program that serves children under the age of three with developmental delays and disabilities, as well as their families. The program is authorized under the federal Individuals with Disabilities Education Act (IDEA), Part C for Infants and Toddlers, and Wis. Admin. Code DHS 90. The U.S. Department of Education's Office of Special Education Programs (OSEP) is the federal administering agency.

The goals of the Birth to 3 Program are to enhance the capacity of families to meet the special needs of their child, maximize the potential for independent living, and reduce long-term costs through remediating delays with early targeted intervention. This program is often the first service that parents are connected to if their child is diagnosed with a developmental delay and will work to enhance the child's development while supporting the family's knowledge, skills, and abilities.

In Wisconsin, the Birth to 3 Program is administered by the Department of Health Services (DHS) and operated by counties. Part C of IDEA requires that all infants and toddlers with disabilities eligible for early intervention services be identified, located, and evaluated (34 C.F.R. § 303.302), making the program an entitlement.

Funding for the Birth to 3 Program includes a combination of federal, state, and local revenue. State and federal funding for the program has decreased over the last decade, going from \$13 million to \$11 million yet the cost to operate the program has continued to increase year after year. In addition, private insurance companies are increasingly denying coverage for Birth to 3 services. Counties fund the highest percentage of Birth to 3 program costs, over 40% with tax levy and Community Aids. Counties are responsible for covering most of the annual increase in program costs due to flat funding or limited growth in the other funding sources for the program (chart included).

**CURRENT STATUS:** Counties are currently bearing the brunt of the increased costs associated with operating the Birth to 3 program. While private insurance was once a major funding source for this program, denials of claims by insurance companies has reduced the revenue to a small part of the total program funding. Birth to 3 is a federal entitlement and should be funded primarily by state and federal funds.

### REQUESTED ACTION:

- \$4 million GPR annually (\$6 million over 2025-27 biennium with January 2026 as the start date)
- Statutory language specifying state responsibility for future increases in program costs.

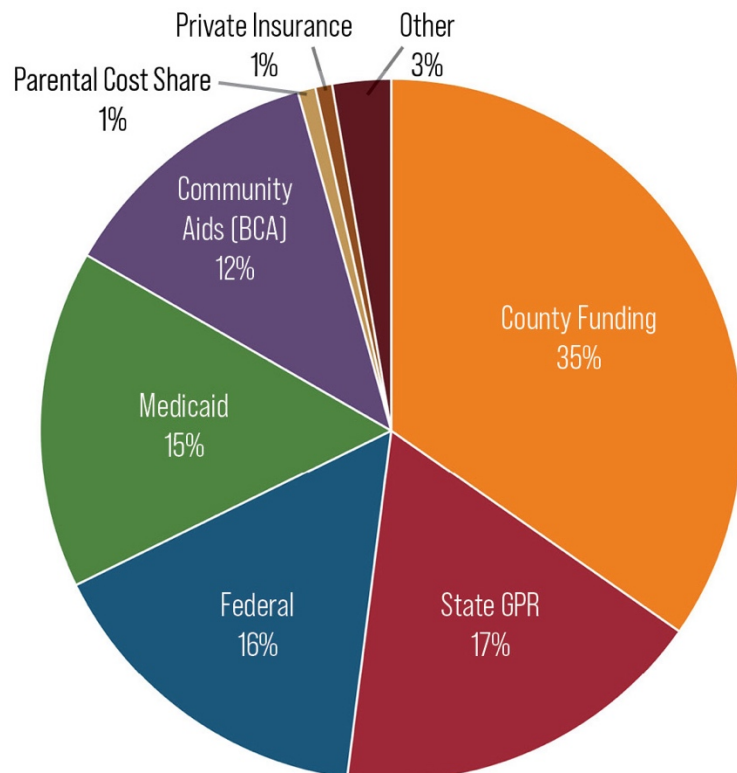


**TALKING POINTS:**

- Counties continue to fund the largest percentage of Birth to 3 program costs.
- In 2010, the state introduced an evidence-based model of practice that greatly enhances a family’s capacity to meet the needs of their child.
  - This model of practice, however, drastically and significantly changed the way Birth to 3 services are provided and has had a dramatic impact on the cost to run this program.
- Insurance carriers are increasingly denying coverage of Birth to 3 services, indicating services in the “natural environment” are not covered.
- Parents can deny access to bill private insurance; however, federal law prohibits a delay or denial of services due to “inability to pay.”
- While costs and enrollments continue to grow, the available funding has decreased.
  - As a result, the size of the provider network continues to shrink as agencies are unable to operate with deficits.
- Since the Birth to 3 program is an entitlement, it is not appropriate for the program to depend primarily on county tax levy revenue which is constrained by state-imposed levy limits as compared with state GPR funds.
- An increase in this program would stabilize the network of providers and ensure that all eligible children and their families can and will be served when they need it.

Contact: Chelsea Shanks, Government Affairs Associate  
608.663.7188 or shanks@wicounties.org

**Birth to Three Program  
by Source (2021)**



## ADULT PROTECTIVE SERVICES

Wisconsin's County Adult Protective Services (APS) are tasked with aiding Elder Adults and Adults-at-Risk who have been abused, neglected, or exploited. Statutorily required protective services include: outreach; identification of individuals in need of services; counseling and referral for services; social services; case management; legal counseling; guardianship referral; and diagnostic evaluation. If vulnerable adults cannot remain safely in their own homes, counties are responsible for finding placements.

Wisconsin's counties and states across the U.S. continue to experience the effects of an increasing aging population, increased social isolation, lack of caregivers, and the need for additional resources. County APS agencies and the Wisconsin Department of Health Services (DHS) have felt the strain of needing additional resources such as additional health care, dementia care, and locations for aging seniors who can no longer care for themselves.

The DHS-Adult Protective Services Office's annual report for 2021 showed 10,712 reports for adults over 60, which is an 84% increase from 2010. In the same time frame, the number of APS incidents for adults with disabilities rose 38%. In Wisconsin, the population is rapidly aging in rural areas and is most pronounced in the northern half of the state. Northern counties face tremendous challenges for their APS programs with greater than average growth in their aging population and tight labor markets creating workforce shortages of persons to provide care.

Along with population growth, there are projected increases in the prevalence of dementia. According to DHS, in 2015, it was estimated that 115,000 persons had dementia. By 2040, that number is expected to increase to 242,000 persons. In addition to the aging and dementia populations, APS also serves young adults with disabilities who have aged out of children's programs.

The increasing APS population has resulted in greater difficulty in finding placements for persons who need long term care. Often facilities, such as nursing homes, assisted living or Community Based Residential Facilities are unwilling to take persons with cognitive limitations if they may also act out with behavior issues. This has resulted in clients with cognition/dementia needs left waiting for a place to reside, creating ethical and dangerous situations for police officers, hospitals, health care facilities, and other care providers who are unable to safely care for these at-risk persons. Counties report in some instances contacting over 40 facilities that have stated they will not accept an elder at risk person.

The enactment of 2021 Wisconsin Act 122 requires counties to investigate claims of abuse, neglect and financial exploitation for people with disabilities under 60. Currently, in Wisconsin, 85% of individuals with disabilities who require direct care for some or all of their support cannot find paid help and 40% of the people are receiving care from unpaid caregivers. The lack

of caregivers results in additional calls of abuse and neglect for people with disabilities. DHS-Adult Protective Services Division's annual report for 2021 showed 2,847 reports of abuse and neglect for people with disabilities which is 21% of all calls to county APS.

Counties currently receive an allocation of \$8 million for APS services, Other than the 2023-25 state budget taking the program from \$7 to 8 million, APS has not been increased since 2006. Counties supplement the APS allocation with Community Aids or county levy funds. The APS allocation to individual counties can be small, under \$20,000 for many counties, which is not sufficient to support county APS staff.

Providing increased funding, support and resources, such as safe placement locations for elder at-risk persons, as well as continued and increased collaboration between DHS and counties related to these issues is imperative for the safety and well-being of some of our most vulnerable populations.

**CURRENT STATUS:** The APS program continues to grow as numbers of elders and adults in need of protection has risen across every county in Wisconsin. The program receives very little state funding, and the problem will continue to get grow as our population ages.

**REQUESTED ACTION:**

1. Provide \$5 million annually for county APS services (\$7.5 million over biennium starting January 2026).
2. Provide \$1 million in FY26 and \$2 million in FY 27 for statewide activities such as: developing a training program for APS staff, a contract for financial investigators to help APS staff with financial exploitation investigations; and develop a statewide central registry of long-term care placement resources that counties can use rather than each county maintaining its own resource list.

**TALKING POINTS:**

- There was a 38% increase in Emergency Protective Placements from 2019-2021 and 58% of the respondents reported they do not have a facility for placement of these individuals.
- There was a 78% increase in people needing a corporate guardian from 2019-2021
- LFB reports a 38% increase of reports of abuse and neglect from 2013 to 2020 for adults with disabilities and a 237% increase for older adults from 2006 to 2020. State APS reports a 170% increase overall since 2006.
- Wisconsin is only one of 4 states that rely on local contact for reporting abuse and neglect reports - 44 states have a shared hotline.

Contact: Chelsea Shanks, Government Affairs Associate  
608.663.7188 or shanks@wicounties.org

## **MENTAL HEALTH COMMUNITY SUPPORT PROGRAM & CRISIS SERVICES**

State law designates counties with the primary responsibility for the well-being, treatment, and care of persons with mental illness. If persons are diagnosed with mental health conditions that require treatment, counties are responsible for serving persons that do not have private insurance coverage. Generally, since mental health and substance abuse services are covered benefits under private health insurance plans, county services are typically provided for those without private insurance or are provided as supportive services not covered by private insurance. In addition, county programs frequently provide mental health care and substance abuse services for those eligible for the state's medical assistance program.

The medical assistance program (MA) covers an array of mental health services, ranging from office-based therapy to inpatient hospitalization, and many of these services are delivered by counties. The financing of county-based mental health services differs from most other MA services. For most MA services, the provider reimbursement payment is split between the federal share (approximately 60%) and state share (approximately 40%.) For county-based mental health services, the county finances the cost of the services up front and receives a reimbursement payment from the MA program equal to the federal share for that service, meaning that the county is responsible for the 40% nonfederal share (as well as any cost that exceeds the reimbursement payment). In addition, for persons who are not MA eligible, counties pay the full cost of mental health services.

In 2013 the state fully funded Comprehensive Community Services (CCS) which led to expansion of community-based services. 2013 Wisconsin Act 20 included a provision that required the Department of Health Services (DHS) to reimburse CCS providers for both the federal and non-federal costs of these services if the services were provided on a regional basis.

### Community Support Program

CSP offers intensive community-based care for adults whose mental illness and functional limitations might otherwise require them to need institutionalized care. Counties use CSP services to keep people out of extended hospitalizations and support people in the community following emergency detentions.

Sixty-five counties operate certified programs under DHS Administrative Rule 63. According to DHS information for CY 2022, counties spent approximately \$50 million on CSP services and received \$30 million in federal MA reimbursement. The state GPR cost to fully fund CSP would be approximately \$20 million per year.

Keep in mind that full funding of CSP services could reduce the utilization of other MA services. For instance, if expanded CSP services would result in a decrease in inpatient hospitalization (one of the primary objectives of CSP), there could be a reduction in MA costs for inpatient hospitalization.

### Crisis Services

Another required function of the county is providing an emergency mental health services program to serve persons in crisis situations. At a minimum, crisis intervention programs must offer 24-hour crisis telephone service and 24-hour in-person response on an on-call basis. For persons who are Medicaid eligible, counties can receive MA reimbursement for Crisis Intervention services. Sixty-five counties operate certified Crisis programs under DHS Administrative Rule 34.

According to DHS information for CY 2022, counties spent approximately \$78 million on MA reimbursable Crisis services. In addition, counties spent at least \$20 million on Crisis services for persons who are not MA eligible. Counties received approximately \$47 million in MA federal reimbursement for Crisis services, leaving \$31 million for the nonfederal share.

Prior to 2020, counties were responsible for the entire nonfederal share of the Crisis services cost similar to the CSP. Since 2020 the state pays a portion of the nonfederal share, provided certified counties participate in shared regional services and meet a maintenance of effort (MOE) requirement, which is equal to 75% of the three-year average of the county's crisis intervention expenditures in calendar years 2016 through 2018. To the extent counties exceed the MOE cap, DHS provides some state GPR reimbursement for the nonfederal share of Crisis services.

For CY 2022, counties received approximately \$10 million GPR reimbursement for the \$31 million nonfederal share, leaving a county cost of \$21 million for MA reimbursable crisis intervention services plus the costs for persons who are not MA eligible. While the 2019 law change providing partial state GPR funding for crisis services was a step in the right direction, the additional state funding has yet to have a substantial impact on reducing the disproportionate county share.

State funding sources available to counties that can be used as match for crisis and CSP services include Community Aids Basic County Allocation and Community Mental Health Allocation. The Community Aids funding has not kept pace over the years with increased county costs for services, resulting in counties bearing a disproportionate share of CSP and crisis service costs from county tax levy. Counties are limited in their capacity to use tax levy revenue due to state levy limits, so the lack of Community Aids increases combined with strict property tax controls makes it difficult for counties to maintain crisis and CSP services.

In addition to the costs to county human service departments, counties and municipalities also incur law enforcement costs to transport and provide security for persons in a crisis. The limited state funding for crisis services makes it difficult for counties to implement new evidence-based services, such as mobile crisis workers that could meet law enforcement officers in the field for crisis calls, that would reduce the need for law enforcement involvement and provide a more trauma-informed response to crisis situations.

**CURRENT STATUS:** The public mental health system in Wisconsin is in need of additional resources to respond appropriately to the needs of individuals with persistent mental illness and those experiencing a mental health crisis. Stagnant state funding results in variations in the extent of services across counties, wait lists for services, and eligible persons receiving limited services.

**REQUESTED ACTION:**

- State GPR be provided at \$20 million annually to fund the non-federal share of MA Community Support Program (CSP) services.
- State GPR be provided at \$21 million annually to fully fund Crisis services statewide and eliminate the MOE requirement for MA reimbursable services

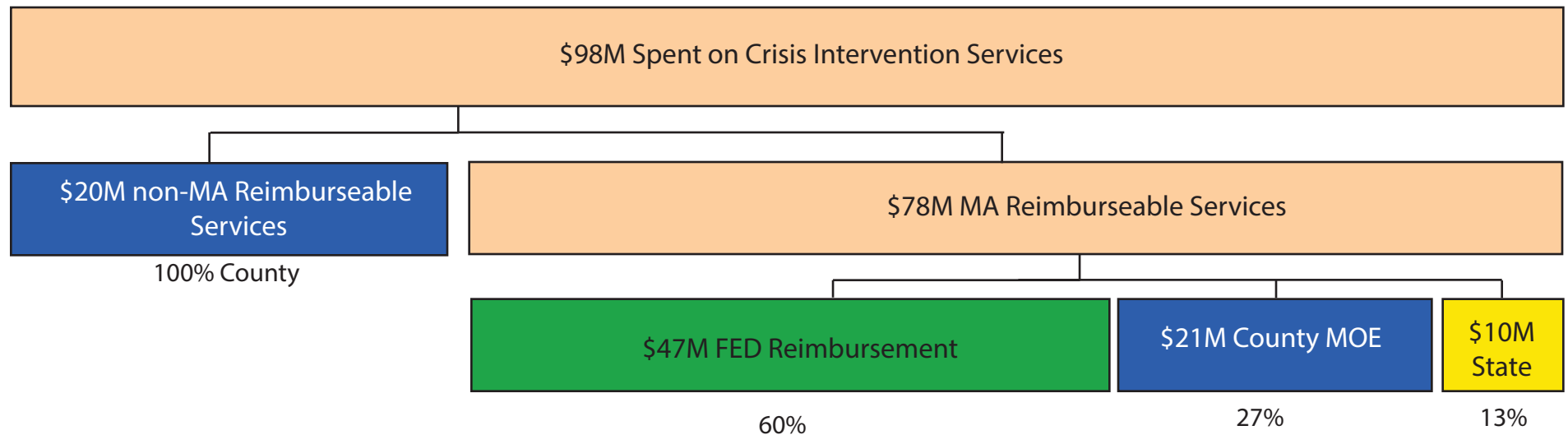
**TALKING POINTS:**

- In 2022 counties spent approximately \$128 million on Medicaid eligible crisis and CSP services.
  - The counties received approximately \$77 million reimbursement from the federal government and state reimbursement for \$10 million for costs exceeding the MOE.
  - \$41 million was Medicaid reimbursable but the counties did not receive dollars.
- If the Medicaid reimbursement for CSP and crisis intervention services is fully state funded, counties will remain responsible for persons that are not Medicaid reimbursable.
  - Counties spent \$20 million on crisis services for non-Medicaid eligible individuals in 2022.
  - Counties provide similar CSP services to the non-MA population such as case management, daily living skills, medication management, etc.
- As of February 2021, 36.4% of adults in Wisconsin reported symptoms of anxiety or depression.
  - This led to 859,000 adults in Wisconsin having a mental health condition with 18.6% unable to get needed treatment.

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## 2022 Crisis Intervention Services Expenditures



WCA requests state funding for the 40% non-federal share of the medicaid eligible costs for crisis and CSP.

If the state funds the non-federal share (**\$41M**), counties will continue to pay for services for non-MA eligible individuals (\$20M for crisis services).

CSP is a Medicaid program, however counties provide similar services to the **non-MA population**.

i.e. case management, daily living skills, medication management

\$128M spent on Medicaid eligible crisis and CSP services  
 =  
 \$77M FED (60%)  
 +  
**\$41M** County (32%)  
 +  
 \$10M State (8%)