

Sauk County, Wisconsin
Sauk County Department of Human Services Annual Report

2018 Mission: The Sauk County Department of Human Services is dedicated to providing high quality, caring, effective and efficient services for all county residents according to need and eligibility. Priorities include treating everyone with dignity and respect, enhancing self-reliance, protecting the vulnerable, and promoting healthy families, relationships and lifestyles.

Departmental Program Summary:

Sauk County Department of Human Services continued a high level of service delivery to Sauk County residents throughout 2018. Most notably, the Department continued to serve opiate addicted clients with the Medically Assisted (MAT) developing an internally staff system of care which allowed for seamless service after the MAT grant expired. This system is staffed by project positions and funded by a State grant. There have been enhancements to the electronic medical record and staff have increased comfort with this format. CCS programs for children and adults have continued to grow.

2018 Goals Review

2018 GOALS REVIEW

| OBJECTIVE | WAS THIS OBJECTIVE REACHED IN 2018? |
|---|---|
| | Yes or No (If no, please provide comment) |
| Finish 2018 within budget | Undetermined at this time |
| MAT services started internal to the Department | Yes |
| Stay within Alternative Care placement budget | Undetermined at this time |
| Redesign Integrated Services Program (CCS/CSP) | Continued |
| State CLTS waitlist elimination plan | Started/ Goals per State/met |
| Economic Support Consortium performance goals | Yes-goals met |

Changes / Accomplishments:

- Increased Crisis Program and Comprehensive Community Services Revenues
- Continued Trauma Informed Care agency development-management group focus
- Continued electronic medical record enhancements
- Continued implementation of Department Organizational Recommendations: lead workers
- Continued membership in the Mississippi Valley Health Services Commission, Marsh Country Health Alliance Commission, and joined Woodland Commission (Clark Co.)

- Change in Leadership Economic Support Unit
- Director Activities:
 - WCHSA Board participation
 - Safety Services Pilot Proposal (five County area)
 - WCA County Ambassador Program
 - Participation in WCHSA workgroup; CPS caseload analysis

In summary, in 2018 the Department provided a consistent level of high quality and effective services. Department staff continue to provide strong leadership at the county, regional and State levels. Challenges continue to build with an increase in out-of-home placements in part driven by the opiate problem seen statewide. We have continued to grow community provider relationships in CCS and this allows the Department to keep children out of costly out of home placements. There continues to be workforce challenges with retirements and the aging workforce. Specifically it is getting harder to hire experienced AODA and Masters prepared Social Workers, an issue, which is projected by many to continue into the near future.

Statistical Summary:

[Click here to insert statistical data](#)

OUTPUT MEASURES

| DESCRIPTION | 2013 ACTUAL | 2014 ACTUAL | 2015 ACTUAL | 2016 ACTUAL | 2017 ACTUAL | 2018 ACTUAL |
|---|----------------|----------------|----------------|----------------|----------------|----------------|
| Mental Health and Recovery Services | 1466 | 1582 | 1446 | 1594 | 1621 | 1668 |
| Youth Justice | 202 | 162 | 149 | 148 | 152 | 234 |
| Child Protective Services, Kinship, Families Come First | 636 | 618 | 652 | 748 | 676 | 663 |
| Adult Protective Services | 378 | 376 | 362 | 376 | 384 | 426 |
| Children's Long Term Support and Birth to Three | 295 | 295 | 310 | 329 | 328 | 501 |
| Community Support Program | 209 | 202 | 171 | 164 | 168 | 161 |
| Average Economic Support | 6000 | 6594 | 6567 | 6591 | 6566 | 6576 |

OUTCOME AND EFFICIENCY MEASURES

| DESCRIPTION | 2013 ACTUAL | 2014 ACTUAL | 2015 ACTUAL | 2016 ACTUAL | 2017 ACTUAL | 2018 ACTUAL |
|--|----------------|----------------|----------------|----------------|----------------|---|
| Ensure least restrictive environment for consumers by ensuring that 100% of CSP consumers placed in CBRF's, AFH's or RCAC's were only placed after demonstrating a clear risk of; continuing involvement with law enforcement, institutionalization and/or excessive utilization of crisis services. As evidenced by at least two of the following in a one month period: multiple contacts with law enforcement, one or more arrests, one or more stays in jail, one or more hospitalizations, multiple ER visits and/or 20 or more crisis calls. | Not measured | Not measured | Not measured | Not measured | Not measured | 90% |
| Reduce the amount of time elapsed between referral date and date of admittance or referral elsewhere, from 70 days in 2017 to less than 60 days in 2018. | Not measured | Not measured | Not measured | Not measured | 70 days | Met – 51 days |
| Establish written suicide procedures and implement use of formal suicide screening tools by the end of 2018 in order to reduce the average yearly hospitalizations due to suicidality to 3 or less total by the end of 2019. | Not measured | Not measured | Not measured | Not measured | Not measured | Suicide procedures were completed and implemented the use of the Columbia tool. |
| 95% of Income Maintenance applications are processed timely. | 93% | 96% | 96% | 98.87% | 98.83% | 98.54% |

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|--|----------------------|----------------------|----------------------|----------------------|----------------------|---|
| 100% face to face contact compliance for CPS cases. | Not measured | Not measured | Not measured | Not measured | 100% | 99.13% |
| 80% of initial assessments will be on time as defined by State benchmarks. | Not measured | Not measured | 61% | 60% | 59% | 66.8% |
| Juvenile Justice Unit Restorative Justice Program begins to track initial participant numbers in 2016. | Not measured | Not measured | Not measured | Not measured | On hold | On hold |
| 70% of Juvenile Justice Unit's Assessments will be conducted using an Evidenced Based Tool. | Not measured | Not measured | 100% | Continuing | Continuing | New tool to be implemented in 2019 |
| SCAN social worker will reduce the amount of time physically spent at SCAN by 50%. | New outcome for 2018 | New outcome for 2018 | New outcome for 2018 | New outcome for 2018 | New outcome for 2018 | SCAN Social worker was reduced to 50% |
| 80% of potential mental health hospitalizations are diverted to alternative settings | 80% | 79% | 80% | 79% | 80% | 80% |
| 75% of all B-3 children will be screened for social/emotional development utilizing a social/emotional development screening tool. | Not measured | Not measured | Not measured | Not measured | Not measured | 78% |
| 100% of all CLTS children will have no more than one crisis stay in residential or hospital care. | 100% | Not met – 2 children | Not met – 2 children | Not met – 2 children | Not met | Not met – one child had multiple hospital stays |
| 90% follow-up crisis outreach to consumers within 48 hours. | Not measured | Not measured | 90% | 86% | 90% | 90% |

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|--|--------------|--------------|--------------|--------------|--------------|--|
| 75% of individuals who present with an urgent substance use concern will be offered a screening appointment within one week of contact | Not measured | Not measured | Not measured | Not measured | Not measured | 85% |
| 100% of new consumers will be offered an intake appointment within three weeks of the date their triage episode is closed. | Not measured | Not measured | Not measured | Not measured | Not measured | 95% |
| A packet of screening tools will be developed and 80% of consumers will be administered at least one screening tool at intake. | Not measured | Not measured | Not measured | Not measured | Not measured | Not measured – packet developed but still implementing |
| 80% of children referred for services will be screened for trauma and referred for a trauma appropriate assessment. | Not measured | Not measured | Not measured | Not measured | Not measured | 90% |
| 90% of consumers will have an individualized, person-centered recovery plan. | Not measured | Not measured | Not measured | Not measured | Not measured | 90% |
| 100% of individuals on a mental health settlement agreement will have at least one follow-up contact by the chapter 51 coordinator (or designee) during the period of agreement. | Not measured | Not measured | Not measured | Not measured | Not measured | 100% |
| Expand Integrated Service Programs | Not measured | Not measured | Not measured | Not measured | Not measured | 33% |
| 100% of youth consumer requests for integrated services will be through one coordinated point of access | Not measured | Not measured | Not measured | Not measured | Not measured | 100% |

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| 100% of individuals requesting services will be assessed and offered services based on needs and preferences rather than program definition. | Not measured | Not measured | Not measured | Not measured | Not measured | 100% |
| Increase service provision to consumers with co-occurring substance use and mental health disorders by 25%, | Not measured | Not measured | Not measured | Not measured | Not measured | 61% |
| 100% of Service Facilitators serving consumers with substance use or co-occurring disorders will have training specific to substance use. | Not measured | Not measured | Not measured | Not measured | Not measured | 100% |
| 100% of CCS consumers with substance use diagnoses will be assessed with standardized SU assessment/level of care placement tool. | Not measured | Not measured | Not measured | Not measured | Not measured | 100% |