

Sauk County, Wisconsin  
**Human Services Annual Report**

**2012 Mission:** The Sauk County Department of Human Services is dedicated to providing high quality, 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 life styles.

**2012 Vision:** With the assistance of our community partners, a coordinated network of comprehensive human services will be available and easily accessed by county residents as needed.

**Departmental Program Summary:**

The Human Services Department operates a broad range of services for the residents of Sauk County in the following program areas:

- The Child Protective Services Unit is responsible for investigating alleged cases of child abuse and neglect, and when necessary placing youth in alternate care to provide them safety.
- The Youth Services Unit assesses the circumstances of alleged juvenile offenders and makes recommendations to the juvenile court as to the most appropriate disposition.
- The Economic Support Unit completes applications for Medical Assistance, Food Stamps, Energy Assistance Program, child day care and the Wisconsin Works Program (W-2).
- The Outpatient Unit provides mental health and substance abuse counseling along with emergency services.
- The Community Support Unit provides intensive services to individuals with serious mental illness in order to support them in the community whenever possible.
- The Adult Protective Services Unit is responsible for providing adult protective services and purchasing services which help vulnerable adults remain safe.
- The Children's Long Term Support Unit provides home based assistance to disabled children and includes the Birth-to-Three and Family Support programs.

These units are supported by the Business and Administration Services Units.

The major departmental challenge continues to be maximizing the use of limited federal, state, and local funding. While this funding is never adequate to meet all the needs of county residents, it does support a wide array of quality services which meet many of the needs of county residents. In 2012 the Department continued to focus on slowing the growth of alternate care placements for children and adolescents, as well as psychiatric hospitalizations. The major challenge in 2012 was beginning operation of the Capital Consortium, a seven county collaboration to provide Economic Support Services.

## 2012 Goals Review

### 2012 GOALS REVIEW

OBJECTIVE	WAS THIS OBJECTIVE REACHED IN 2012?
	Yes or No (If no, please provide comment)
Finish 2011 within budgeted tax levy.	Yes
Increase Crisis and CCS revenues by 20% over 2011	Yes
Successful Crisis Grant operation, stay within budget	Yes
Stay within alternate care placement budget	Yes
Local and Regional Income Maintenance Change Centers operate successfully	Yes
Continue implementation of Organizational Analysis recommendations	Yes

### Changes / Accomplishments:

- Increased Crisis Program and Comprehensive Community Service Program revenues.
- Continued successful W-2 and Income Maintenance Capital Consortium operation.
- Continued all-staff meetings.
- Redesigned Families Come First Program and expanded Comprehensive Community Services for children and families.
- Implementation of Departmental Organizational Analysis.
- Continued membership in the Mississippi Valley Health Services Commission and the Marsh Country Health Alliance Commission.
- Continued reviewer certification and mentor status in the Quality Service Review process.
- Provided post Quality Services Review consultation to counties.
- Active participation in child welfare system changes.
  - ✓ WCHSA Children Youth and Families Policy Advisory Committee
  - ✓ Out of Home Care/Graduated Foster Care Licensing Committee.
  - ✓ Statewide Professional Development System Advisory Council.
  - ✓ Secretary's Child Welfare Advisory Council.
  - ✓ eWiSACWIS Advisory Committee.
  - ✓ County Ambassador Program
  - ✓ Immigrant/Refugee Services Committee
  - ✓ Human Services Redesign Committee
- Continued membership on the Workforce Development Board.

In summary in 2012, the Department provided a consistent level of high quality effective services guided by the priorities established in our mission statement. Department staff provided strong leadership at the county, regional, and state levels in a number of important program areas. Identified challenges related to the cost of managing increasingly complex individual and family difficulties, and maintaining effective program operations with declining revenues are in the forefront of ongoing Department planning efforts.

**Statistical Summary:** \_\_\_\_\_

**OUTPUT MEASURES**

<b>DESCRIPTION</b>	<b>2010 ACTUAL</b>	<b>2011 ACTUAL</b>	<b>2012 ACTUAL</b>
Outpatient Clients Served	1523	1442	1477
Youth Services Clients Served	228	230	219
CPS, Kinship, Resource, CSSW Clients Served	764	721	650
Long Term Support Clients	311	395	380
Developmentally Disabled, Birth-to-Three Clients Served	242	289	307
Community Support Clients Served	188	213	213
Average W-2 Caseload	19.25	36.33	44
Average Economic Support	4580	4874.33	5882

**OUTCOME AND EFFICIENCY MEASURES**

<b>DESCRIPTION</b>	<b>2010 ACTUAL</b>	<b>2011 ACTUAL</b>	<b>2012 ACTUAL</b>
75% of Community Support Program consumers will live independently in the community	82%	84%	84%
80% of Children in alternate care placements are reunified within 12 months	82%	100%	71%
70% of Families Come First families will demonstrate progress on goals	89%	88%	94%
75% of Mental Health hospitalizations will have a face to face contact	81%	82%	81%
60% of Outpatient consumers will report progress on goals		65%	79%
50% of potential mental health hospitalizations are diverted		79%	80%
70% of Youth Services Unit's Assessments will be conducted using an Evidenced Based Tool			98%
CLTS Children will have no more than one crisis stay in residential or hospital care			Met
Birth-to-Three Staff will use the Primary Coaching Model with at least 50% of families			82%