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

2014 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.

2014 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 dispositon.
- 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 Recovery Services Unit provides office, home and community based 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 2014 the Department continued to focus on slowing the growth of alternate care placements for children and adolescents, as well as psychiatric hospitalizations. The major challenges in 2014 were continuing to refine operation of the Capital Consortium, a seven county collaboration to provide Economic Support Services and expanding Comprehensive Community Services for children and families.

2014 Goals Review

OBJECTIVE	WAS THIS OBJECTIVE REACHED IN 2013? Yes or No (If no, please	
	provide comment)	
Finish 2014 within budgeted tax levy	Yes	
Increase Crisis and CCS revenues by 20% over 2013	Yes	
Successful Crisis Grant operation, stay within budget	Yes	
Stay within alternate care placement budget	Yes	
Continue implementation of Organizational Analysis	Yes	
recommendations		
Redesign Integrated Services Program	Yes	

2014 GOALS REVIEW

Changes / Accomplishments:

- Increased Crisis Program and Comprehensive Community Service Program revenues.
- Improved Capital Consortium IM performance.
- Continued all-staff meetings.
- COMPAS implementation in the Juvenile Justice Unit.
- Reduced FPI utilization and expanded Comprehensive Community Services for children and families.
- Transition to Electronic Records.
- Continued implementation of Departmental Organizational Analysis.
- Continued membership in the Mississippi Valley Health Services Commission and the Marsh Country Health Alliance Commission.
- Active participation in statewide Human Services system.
 - ✓ WCHSA Children Youth and Families Policy Advisory Committee
 - ✓ WCHSA Behavioral Health Policy Advisory Committee
 - ✓ Quarterly DCF/DHS Secretarys' meetings.
 - ✓ Post Reunification Program Advisory Committee.
 - ✓ Out of Home Care/Foster Care Licensing Committee.
 - ✓ Statewide Professional Development System Executive Committee.
 - ✓ Secretary's Child Welfare 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 2014, 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. 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.

<u>Statistical Summary:</u> Click here to insert statistical data

OUTPUT MEASURES					
DESCRIPTION	2012 ACTUAL	2013 ACTUAL	2014 ACTUAL		
Outpatient Clients Served	1477	1466	1582		
Youth Services Clients Served	219	202	162		
CPS, Kinship, Resource, CSSW	650	636	618		
Clients Served					
Long Term Support Clients	380	378	376		
Developmentally Disabled,	307	295	299		
Birth-to-Three Clients Served					
Community Support Clients	213	209	202		
Served					
Average Economic Support	5882	6236	6594		

OUTPUT MEASURES

OUTCOME AND EFFICIENCY MEASURES

DESCRIPTION	2012	2013	2014
	ACTUAL	ACTUAL	ACTUAL
75% of Community Support Program	84%	85%	86%
consumers will live independently in the			
community			
80% of Children in alternate care	71%	81%	82%
placements are reunified within 12 months			
70% of Families Come First families will	94%	90%	84%
demonstrate progress on goals			
75% of Mental Health hospitalizations will	81%	80%	77%
have a face to face contact			
60% of Outpatient consumers will report	79%	75%	75%
progress on goals	7770	7370	15/0
50% of potential mental health	80%	80%	79%
hospitalizations are diverted	0070	0070	1770
70% of Youth Services Unit's Assessments			
will be conducted using an Evidenced	98%	98%	100%
Based Tool			
CLTS Children will have no more than one	Met	Not Met -2	Not Met -2
crisis stay in residential or hospital care	WICt	Children	Children
Birth-to-Three Staff will use the Primary	82%	100%	100%
Coaching Model with at least 50% of			
families			
90% of Income Maintenance applications		93%	96%
are processed timely			