

Sauk County, Wisconsin

Sauk County Department of Human Services Annual Report

2016 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.

2016 Vision: With the assistance of our community partners, a coordinated network of trauma informed, comprehensive human services will be available as needed, and easily accessed by county residents.

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 Juvenile Justice 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, and child day care licensing.
- 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 Administrative 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. It will be important to monitor the changes in funding throughout the coming year.

In 2016 the Department was challenged with the growth of alternate care placements for children and adolescents, as well as psychiatric hospitalizations. This challenge appears to be a State-wide dynamic and although Sauk County has a well-established Comprehensive Community Services (CCS) services delivery system, there continues to be an increase in cases with multiple needs, particularly in the area of children and youth. In 2016, operation of the Capital Consortium, a seven county collaboration to provide Economic Support Services has matured into a more efficient delivery system. Expansion of CCS for children and families continues and the service array of contracted services within this program has continued. The development of

Medication Assisted Treatment for individuals addicted to opioids through a large Federal grant is at midpoint and actively delivering services in Sauk County while expanding into Columbia County in year two as planned.

2016 Goals Review

2016 GOALS REVIEW

OBJECTIVE	WAS THIS OBJECTIVE REACHED IN 2016?
	Yes or No (If no, please provide comment)
Finish 2016 within budgeted tax levy	Yes
Increase Crisis and CCS revenues by 20% over 2015	Yes
Successful MAT Grant operation, stay within budget	Yes
Stay within alternate care placement budget	Yes
Continue implementation of Organizational Analysis recommendations	Yes
Redesign Integrated Services Program (CCS/CSP)	Yes

Changes / Accomplishments:

- Increased Crisis Program and Comprehensive Community Services Program revenues.
- Improved Capital Consortium IM performance.
- Continued all-staff meetings and adoption of Trauma Informed Care Charter.
- 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 improvement.
- Six retirements in the Department and leadership transition in three major positions (Director, Deputy Directory, and Juvenile Justice Supervisor).
- Director Activities:
 - ✓ WCHSA Board participation.
 - ✓ Post Reunification Program Advisory Committee.
 - ✓ Safety Services Program.
 - ✓ County Ambassador Program.
 - ✓ Participation in State workgroup: “Children with Challenging Needs.”

In summary in 2016, 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.

Statistical Summary:

OUTPUT MEASURES

DESCRIPTION	2014 ACTUAL	2015 ACTUAL	2016 ACTUAL
Mental Health/Recovery Services (Outpatient) Consumers Served	1582	1446	1594
Youth Services Consumers Served	162	149	148
Child Protective Services, Kinship, Families Come First	618	652	748
Adult Protective Services	376	362	376
Developmentally Disabled, Birth-to-Three Consumers Served	299	310	329
Community Support Program Consumers Served	202	171	164
Average Economic Support	6594	6567	6591

OUTCOME AND EFFICIENCY MEASURES

DESCRIPTION	2014 ACTUAL	2015 ACTUAL	2016 ACTUAL
75% of Community Support Program consumers will live independently in the community	86%	82%	80%
75% of Community Support Program consumers will have structured activity planned outside of the home, which could include employment, volunteering, and/or social/recreational activities	N/A	89%	92%
80% of Children in alternate care placements are reunified within 12 months	82%	78%	83%
90% of initial assessments will be on time as defined by State benchmarks	N/A	61%	95%
70% of Families Come First families will demonstrate progress on goals	84%	90%	92%
75% of Mental Health hospitalizations will have a face to face contact	77%	80%	91%
50% of potential mental health hospitalizations are diverted	79%	80%	74%
100% CST employed/contracted staff will locate and attend service facilitation training	N/A	100%	100%
50% Substance Use staff will locate and attend medication assisted treatment training	N/A	100%	100%
50% of Mental Health contacts will utilize an evidence-based suicide screening tool	N/A	N/A	Deferred to 2017
70% of Youth Services Unit's Assessments will be conducted using an Evidenced Based Tool	100%	100%	Deferred to 2017
CLTS children will have no more than one crisis stay in residential or hospital care	Not Met – 2 Children	Not Met – 2 Children	1 Child
Birth-to-Three staff will use the Primary Coaching Model with at least 50% of families	100%	100%	100%
95% of Income Maintenance applications are processed timely	96%	96%	99%