2019 Annual Report

Human Services Department

Human Services Department

Bill Topel, Director

Dear County Board Members:

I am pleased to present to you the Human Services Department Annual Report of Services for 2019. We feel that it is a valuable report of services provided to county residents. Our goal is to provide a brief summary of some of the services, goals and accomplishments from each division of the Department. We very much appreciate the County Board's support and financing of this important safety net service array.

We appreciate your feedback and questions going forward as we want to further refine this report in the years to come.

If you wish to discuss any of this with me further, please feel free to contact me at 920-236-1195 or at my email address: btopel@co.winnebago.wi.us.

Respectfully,

Dr. L. William Topel
Human Services Director

2019 Human Services Board

Jerry Finch 515 Shreve Lane Neenah, WI 54956 Phone: 725-6170 (home) 213-2252 (cell) Jerry.Finch@co.winnebago.wi.us **Term exp. 12/31/2021**	**Michael Norton (Secretary)** 1029 S. Main St., Apt. B Oshkosh, WI 54902 Phone: 203-7785 (home) Michael.Norton@co.winnebago.wi.us mjn304@hotmail.com **Term exp. 12/31/2020**	**Jim Koziczkowski (Chair)** 104 Lexington Ct. Neenah, WI 54956 Phone: 725-5575 (home) jimcricket7@aol.com **Term exp. 12/31/2021**

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Larry Lautenschlager 1215 Carr Place Oshkosh, WI 54901 Phone: 379-0795 (home) Larry.Lautenschlager@co.winnebago.wi.us Lauts4@aol.com **Term Exp. 12/31/2021**	**Karen Powers** 2510 Village Lane Oshkosh, WI 54904 Phone: 232-0020 (home) Karen.Powers@co.winnebago.wi.us kpowers1@new.rr.com **Term Exp. 12/31/2021**	**Donna Lohry (Vice-Chair)** 511 W. Bent Ave. Oshkosh, WI 54901 Phone: 235-8553 (home) 376-2699 (cell) DonnaLohry@gmail.com **Term Exp. 12/31/2019**

Mission Statement

To serve our clients with professional, quality, and cost-effective services that focus on prevention, protection, mental health, family integration, self-determination and recovery with respect for, and in partnership with individuals, families, caregivers and the community.
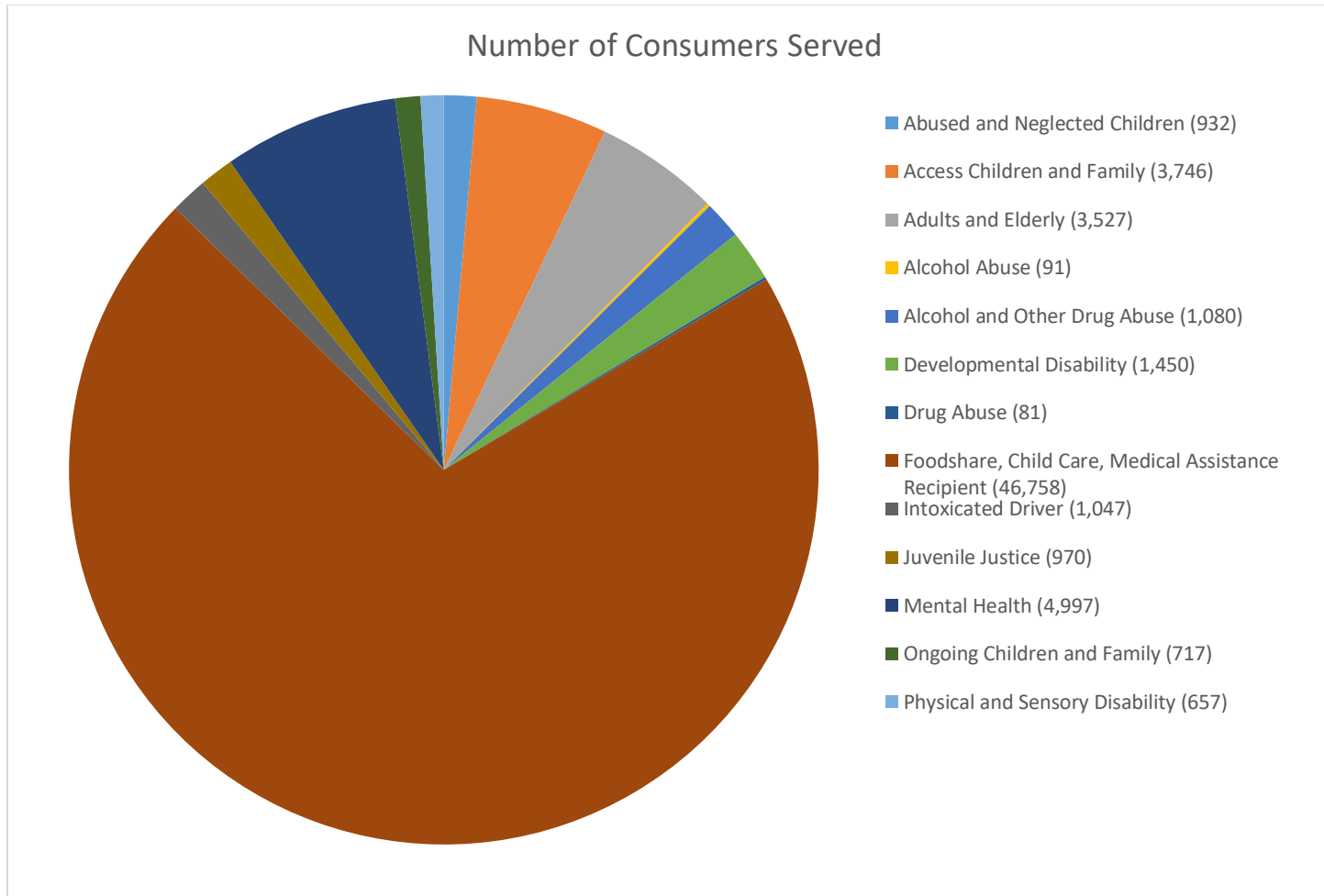
Performance Targets

- Improve the quality of care, support and service to our clients
- Improve the publics' access to appropriate and available services and supports
- Promote desirable choices and practices that will improve health or social conditions
- Strive to ensure that support and care are received in the most appropriate, cost-effective manner
- Improve the level of functioning of our clients through rehabilitation and recovery
- Assure clients have choices and become true members of our community by fully participating in our community

Outcomes

- Promote recovery
- Strengthen individuals and families
- Encourage socially responsible behaviors
- Promote community responsibility
- Provide services of value to taxpayers
- Protect vulnerable children, adults and families
- Alleviate individual and social problems

Administrative Services Consumers Served by Target Group

Number of Consumers Served

- Abused and Neglected Children (932)
- Access Children and Family (3,746)
- Adults and Elderly (3,527)
- Alcohol Abuse (91)
- Alcohol and Other Drug Abuse (1,080)
- Developmental Disability (1,450)
- Drug Abuse (81)
- Foodshare, Child Care, Medical Assistance Recipient (46,758)
- Intoxicated Driver (1,047)
- Juvenile Justice (970)
- Mental Health (4,997)
- Ongoing Children and Family (717)
- Physical and Sensory Disability (657)

Human Services tracks numbers of people served by target group.

- Individuals may participate one or many times, and may receive one or multiple services
- The largest group of people served are Foodshare, Childcare, Medical Assistance recipients served in Winnebago County
- The next three largest groups of individuals served::
    o Mental Health
    o Access Children and Families(Calls reporting allegation of Child abuse and neglect)
    o Adults and Elderly (primarily Aging and Disability Resource Center)

    o
    An individual is counted once within a target group, though may be counted in more than one target group.
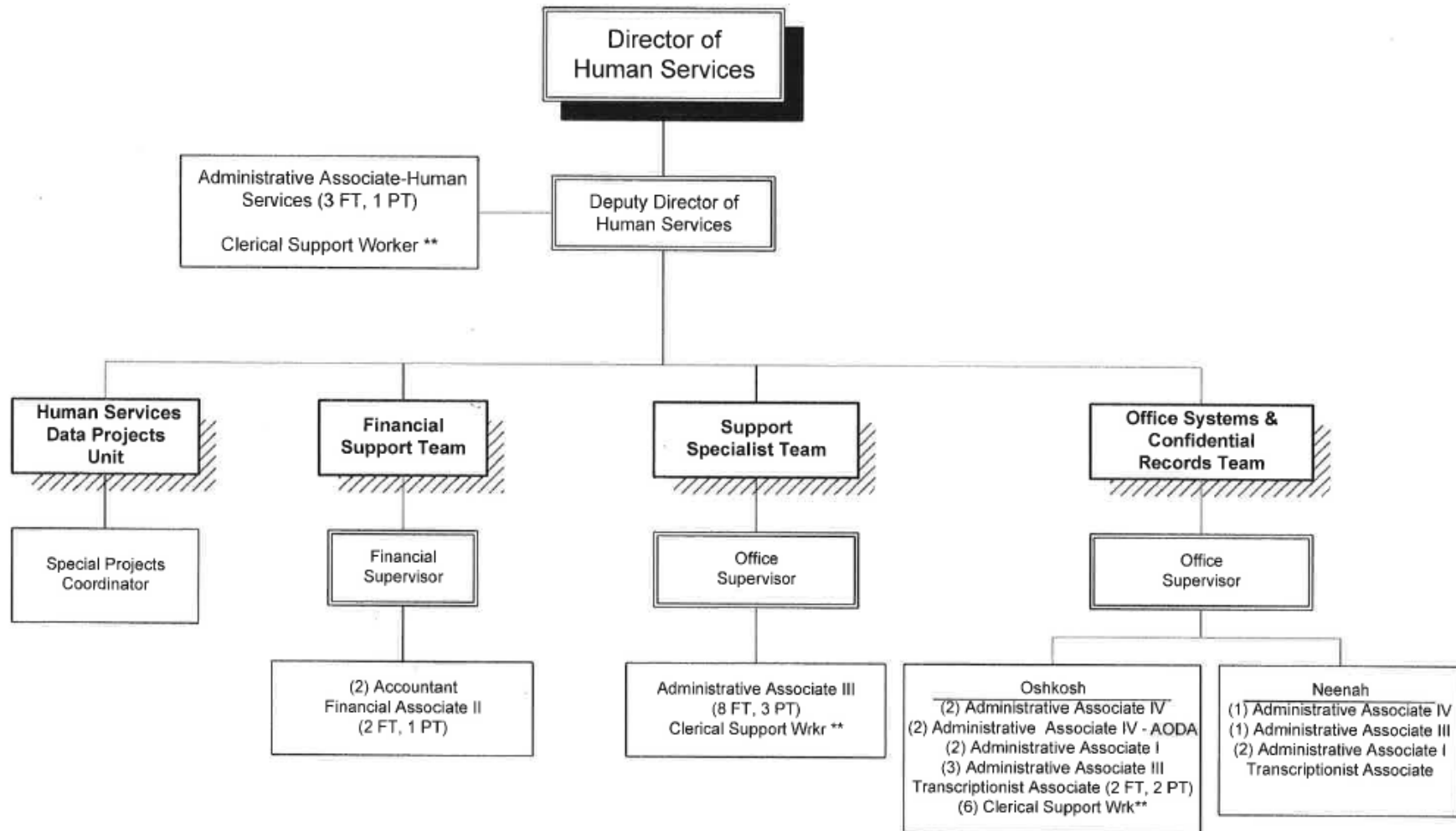
Administrative Services

To provide Department-wide leadership including strategic planning and support services in the budgeting, contractual, financial, electronic, and data processing systems and service delivery program areas. Our goal is to ensure that all services delivered by the Department are in accordance with established federal, state and local requirements at minimal cost to the taxpayer. We strive to provide timely cost-efficient and effective services to all consumers that will enhance the quality of their lives.

- Provide leadership, support and guidance within the department, regionally and statewide
- Manage staff security to client database tracking system
- Phone, field, clerical and managerial support
- Create annual contracts with service providers
- Maintain staff database to include trainings and staff updates
- Customer service and reception in six (6) locations
- Facilitate ongoing development of client database
- Provide for current and ongoing employee training
- Address Client Rights and Complaint & Grievances
- Fulfill record requests
- Provide timely and accurate state, federal and internal reporting
- Facilitate internal employee workgroups
- Assure HIPAA compliance and training
- Billing insurance and Medicaid
- Accounts Payable and Receivable
- Transcription

HUMAN SERVICES
Administrative Services

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                    │   Director of   │
                    │ Human Services  │
                    └─────────────────┘
                            │
┌──────────────────────────┐   ┌──────────────────┐
│ Administrative Associate- │   │ Deputy Director of│
│ Human Services (3 FT, 1 PT)│──│  Human Services  │
│                           │   └──────────────────┘
│ Clerical Support Worker **│
└──────────────────────────┘
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Human Services Data Projects Unit	Financial Support Team	Support Specialist Team	Office Systems & Confidential Records Team
Special Projects Coordinator	Financial Supervisor	Office Supervisor	Office Supervisor

| | (2) Accountant Financial Associate II (2 FT, 1 PT) | Administrative Associate III (8 FT, 3 PT) Clerical Support Wrkr ** | |

Oshkosh
(2) Administrative Associate IV
(2) Administrative Associate IV - AODA
(2) Administrative Associate I
(3) Administrative Associate III
Transcriptionist Associate (2 FT, 2 PT)
(6) Clerical Support Wrk**

Neenah
(1) Administrative Associate IV
(1) Administrative Associate III
(2) Administrative Associate I
Transcriptionist Associate

** Unclassified Position

Accomplishments for 2019

Administrative Services Division

- Agency completed the multi-year Crisis Collaboration training activities, and four agency wide training modules with Jonathan Cloud, all with inclusion of Trauma Informed Care.

- Initiated agency (BH/CW/LTS) record request process, streamlining and consolidating the process with the Administrative Division.

- Created the framework for an agency-wide inventory of client-based computer systems with management of staff security to the systems.

- Created a workgroup that continues to focus on streamlining administrative support. Implemented change in Assistance Authorizations process, including purchasing and distribution of consumer items; simplified internal PAF process; formalized employee electronic equipment, office security passes, key returns and transfers.

- Created a process for prioritizing changes/corrections/update requests of Information Services (IS) Department for our LUNA, client tracking database. Ongoing work with IS, including testing before roll-out of new versions.

- Created a format for gathering and recording new contract information, including the various parties with the information they each need to know, prior to service delivery and confirmation of required contract components.

- Created administrative workgroups to address identifying and addressing needs within DHS, including issues related to financial and employee/consumer stats, support needs, computer assist, physical space needs, building and grounds safety, new employee orientation and on-boarding.

- Preparing for streamlining the claims denial process, using both internal and available resources to focus on increasing our claims acceptance, creating written financial policies and procedures.

- Increased the capacity of the vast amount of past record imaging, while keeping up to date with the current consumer records by cross training Administrative Associates.

- Facilitated and created the departments' Strategic Plan, Plan 2023, by input from all employees. Created division specific plan responsibilities documents. For Administrative Division, created a process for employee volunteers to participate in the implementation plan for ongoing plan components.

Goals for 2020

Administrative Services Division

- Use the practice of Reflective Supervision which focuses on strengths and skills. Provide supervisors with learning opportunities to enhance their abilities.

- Assure people have the information they need and keep people up to date when introducing major initiatives, and when possible, provide training in advance through Communication Plan, Division Manager, and all staff meetings. We recognize: Information is Power.

- With management team, create reliable and easy access reports for managers to best manage their division and "dashboard" to use and share data related to providing effective, efficient service delivery.

- Explore changes and updates in technology and equipment and how we use it to our advantage, including cell phones that allow for easy texting. Record recommendations and share with Admin.

- Explore ergonomic equipment for employees. Make recommendations as to cubicles/offices and space for file storage, and to configure escape routes.

- Work with the Training Workgroup to provide: Mediation Training; Dealing with Difficult People; Personal Safety/Self Defense training; and Self-care, for all employees.

- Explore our workloads and provide for cross trainings within the division for increased efficiencies and effectiveness.

- Regularly communicate Human Services happenings with employees. Identify a plan to include methodology, timeframes.

- Update the Human Services website.

- Promote and enhance resiliency and trauma informed care agency culture, providing for training, as needed, to achieve better partnering and outcomes for our customers, community and staff.

- Make wellness activities a normal part of our work life, such as posters in waiting areas with information everyone could use: nutrition, exercise, mindfulness; encourage movement breaks; measured distances within our buildings.

- Create a process to update the overall Human Services Mission/Vision and for each division to update their divisions' Mission/Vision.

- Personalize consumer appointment when possible, to deliver personalized service such as, record special events for consumers when scheduling an appointment near their birthday, and put in the comments to be sure to wish them a Happy Birthday.

Administrative Services Imaged Documents

## Number of Documents Imaged
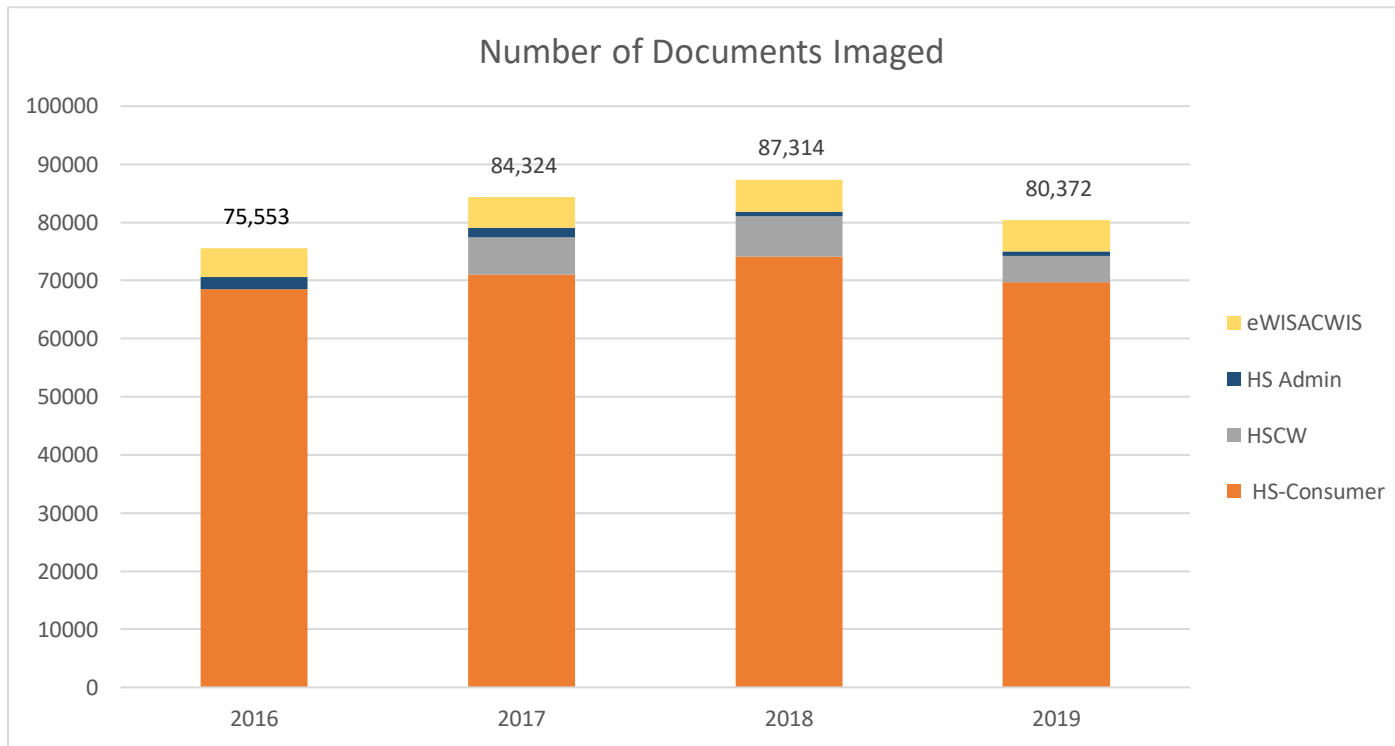
The administrative Division is responsible for the imaging of many types of documents for all Divisions of Human Services. We image documents in our IMS21 system and into the CW eWISACWIS System

- HSConsumer - Imaged documents for LTS, MH & JI Consumers in Luna
- HSCW -Imaged documents for Child Welfare Consumers Closed Paper Files which we began to image in our IMS21 system in 2017
- HSAdmin - Imaged documents for Administrative Contracts, etc.
- eWISACWIS – Imaged documents for Child Welfare into eWISACWIS state System

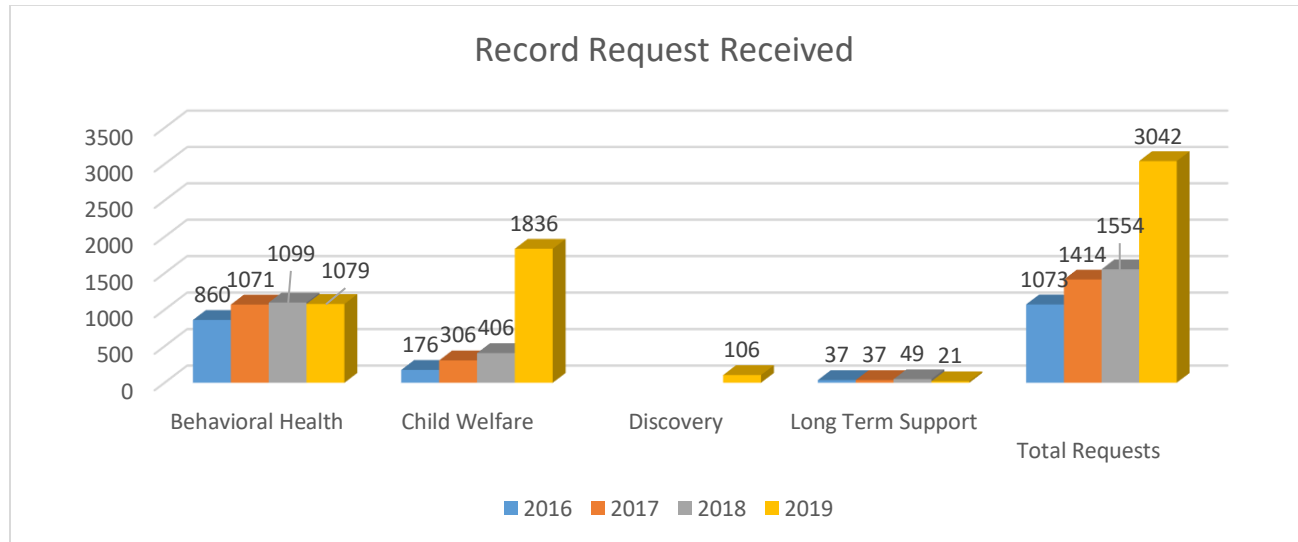# Administrative Services Insurance Claims Processed
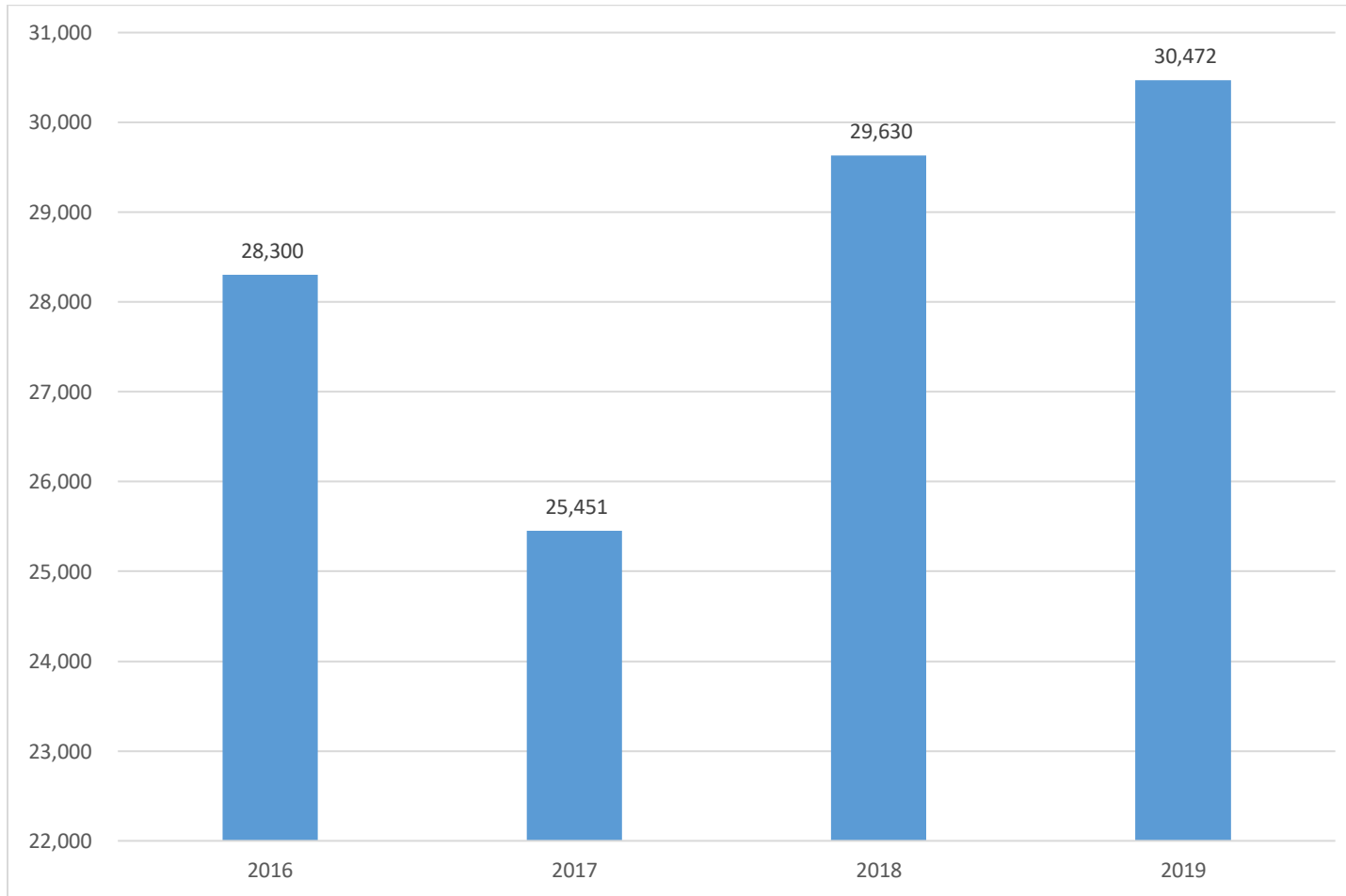
CLAIMS PROCESSED INCLUDE:

- Medicaid
- Medicare
- Commercial Insurance

Administrative Services Records Requests

Record Request Received

Bar chart showing Record Request Received by category for years 2016, 2017, 2018, 2019:
- Behavioral Health: 860, 1071, 1099, 1079
- Child Welfare: 176, 306, 406, 1836
- Discovery: 106
- Long Term Support: 37, 37, 49, 21
- Total Requests: 1073, 1414, 1554, 3042

Legend: ■ 2016 ■ 2017 ■ 2018 ■ 2019

2019 Records Requests by Division

Legend: ■ Behavioral Health ■ Child Welfare ■ Discovery ■ Long Term Support

Law Changes in 2019 resulted in more Discovery Demands to be processed. Originally, Supervisors and Workers processed these demands. Discovery demands are a court order granting an attorney for the parent or the child access to the child welfare records for that case. These records are then reviewed, redacted based on the requestor and approved by Supervisor and Corporate Counsel.
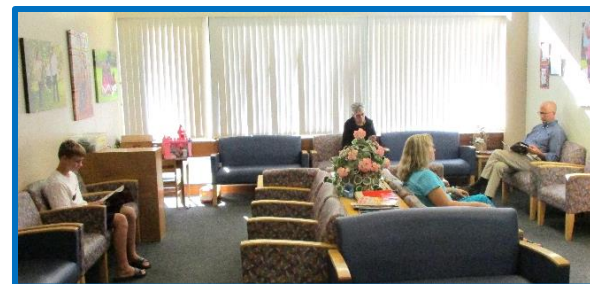
Also, in 2019 we began to receive CW Record Reviews from outside agencies such as Day Care Centers, CPS Agencies, Adoption Agencies, and State Agencies, etc. In 2019, we received approximately 1400 requests
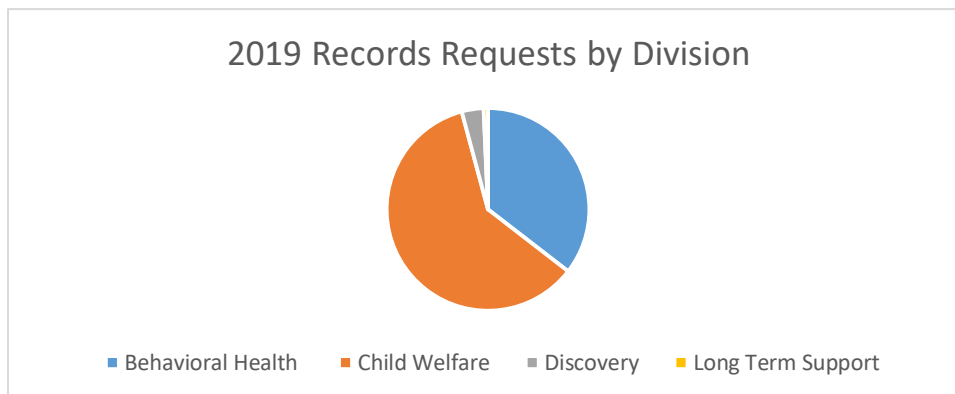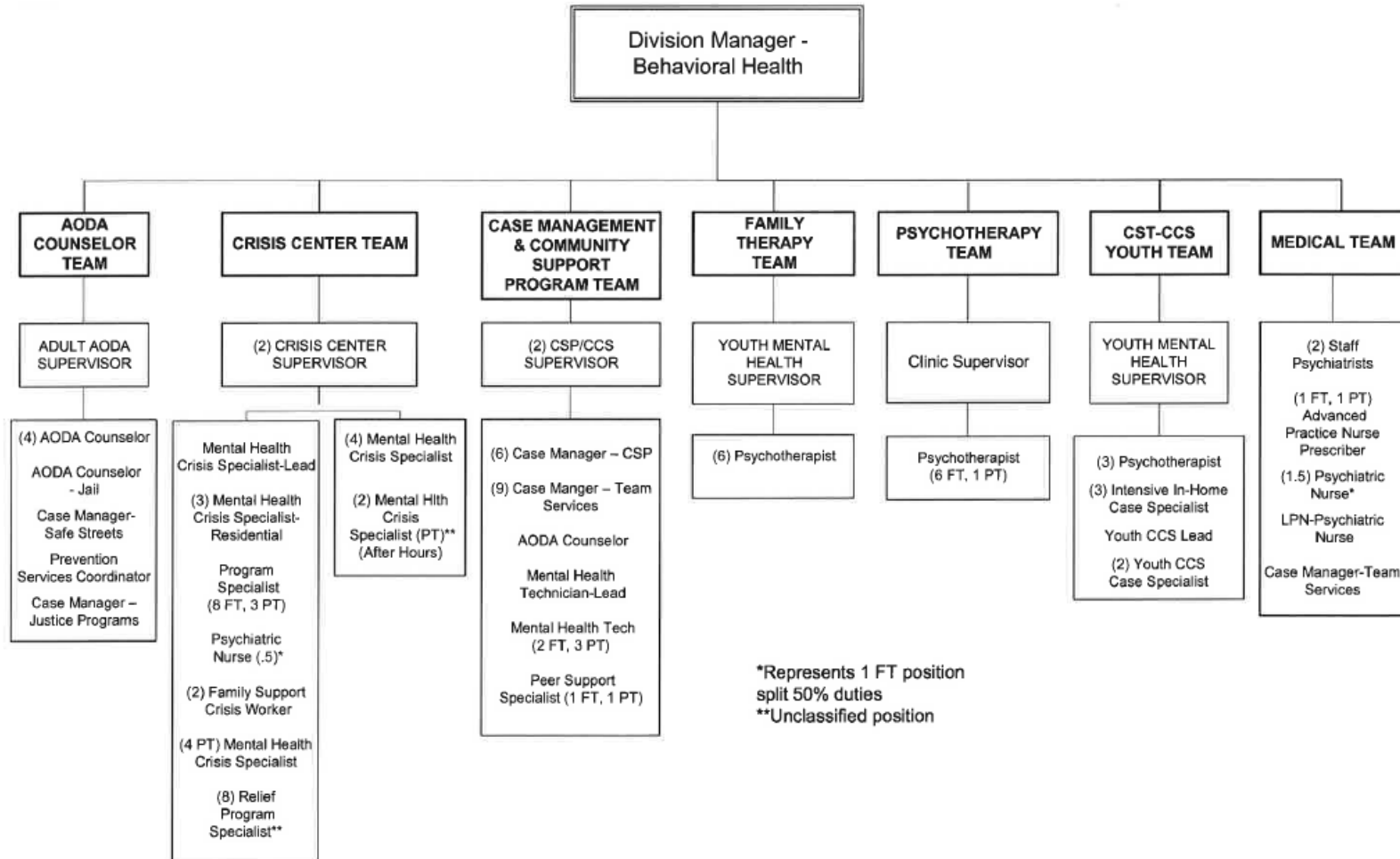
Behavioral Health Services

To develop a comprehensive range of services offering continuity of care for persons with substance use disorder and/or mental illness. These services shall focus upon prevention, community-based treatment and shall strive to enhance the individual's independence and recovery. Services are provided based on individual needs, utilizing the most normalized, cost efficient and least restrictive settings whenever possible.

- Alcohol and other Drug Abuse Services
  - Prevention (Education and Connection to Services)
  - Assessment and Intervention
  - Outpatient Therapy/Counseling
  - Treatment Diversion Court (reduces incarceration with alternative programs)
- 16 bed Crisis Stabilization Center
  - 24/7 Group Home
  - Reduces emergency hospitalization
    - Provides a transition for those discharging from the hospital
  - On-site psychiatric assessment and medication management

- Mental Health Services
  - Community Support (services aimed for the individual to remain in their homes or a community setting)
  - Family Therapy based in the consumer's home
  - Psychotherapy/Counseling
  - Case Management (assistance to improve functioning and quality of life)
  - Medication Management
  - Crisis Services (emergency mental health assessment and service connection)

HUMAN SERVICES
Behavioral Health Services

Division Manager - Behavioral Health

AODA COUNSELOR TEAM

ADULT AODA SUPERVISOR

- (4) AODA Counselor
- AODA Counselor - Jail
- Case Manager-Safe Streets
- Prevention Services Coordinator
- Case Manager – Justice Programs

CRISIS CENTER TEAM

(2) CRISIS CENTER SUPERVISOR

- Mental Health Crisis Specialist-Lead
- (3) Mental Health Crisis Specialist-Residential
- Program Specialist (8 FT, 3 PT)
- Psychiatric Nurse (.5)*
- (2) Family Support Crisis Worker
- (4 PT) Mental Health Crisis Specialist
- (8) Relief Program Specialist**

- (4) Mental Health Crisis Specialist
- (2) Mental Hlth Crisis Specialist (PT)** (After Hours)

CASE MANAGEMENT & COMMUNITY SUPPORT PROGRAM TEAM

(2) CSP/CCS SUPERVISOR

- (6) Case Manager – CSP
- (9) Case Manger – Team Services
- AODA Counselor
- Mental Health Technician-Lead
- Mental Health Tech (2 FT, 3 PT)
- Peer Support Specialist (1 FT, 1 PT)

FAMILY THERAPY TEAM

YOUTH MENTAL HEALTH SUPERVISOR

- (6) Psychotherapist

PSYCHOTHERAPY TEAM

Clinic Supervisor

- Psychotherapist (6 FT, 1 PT)

CST-CCS YOUTH TEAM

YOUTH MENTAL HEALTH SUPERVISOR

- (3) Psychotherapist
- (3) Intensive In-Home Case Specialist
- Youth CCS Lead
- (2) Youth CCS Case Specialist

MEDICAL TEAM

- (2) Staff Psychiatrists
- (1 FT, 1 PT) Advanced Practice Nurse Prescriber
- (1.5) Psychiatric Nurse*
- LPN-Psychiatric Nurse
- Case Manager-Team Services

*Represents 1 FT position split 50% duties
**Unclassified position

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Accomplishments for 2019

Behavioral Health Division

- The "On Demand" system for scheduling outpatient psychotherapy appointments in the Neenah office was piloted for a six (6) month time period from late 2018 into early 2019. As expected, this different way of scheduling significantly reduced the number of missed therapy appointments and allowed clients an appointment within a day (either that same day, or the next). Moreover, the therapists involved in the pilot liked their new ability to respond promptly and consistently to client need and felt that clients who came in were now more engaged and active in the therapeutic change process. Unfortunately, this different way of handling appointments proved very confusing for both clients and receptionists, necessitating tweaks to the system and educational outreach to clients. Alas, the changes were still deemed too difficult for clients and some department staff. As a result, we ended the pilot and returned to the previous scheduling system. For the most part, this return to the old system seems to have been welcomed and therapist schedules are again filling with client appointments. Unfortunately, the problem of cancelled and missed appointments has also returned. We are glad to have tried new ways, however the "On Demand" scheduling system simply doesn't work in our setting

- Our "system change" effort is underway involving the Behavioral Health, Child Welfare and Long Term Support divisions. The aim is to streamline services for children, youth and families by removing service provision barriers. We have changed our referral process to include a central point of contact that includes a supervisor from each division (after a determination of general eligibility, such as county resident, income level, etc.). All referrals are discussed in person with supervisors. Supervisors then determine what services would best meet the identified needs. This part is working well. Divisions continue to collaborate when there is a wait for internal intensive services and determining what community options are available. We anticipated an increase in voluntary referrals (meaning the child is not involved in the court system) yet limited staff resources as barriers to expanding mental health services. Human Services staff are shifting their thinking of family "change" vs "family support" and this has been evident in our wrap around teaming efforts. We continue to assess and act on effective service provision. Overall, it bridges our large internal systems and improves service delivery.

Goals for 2020

Behavioral Health Division

- Currently our substance disorder services mostly provide assessment and referrals. We are working on expanding treatment services, beginning with existing counseling staff. The main target of in-house services are consumers that have continued to relapse after outpatient and/or inpatient services. Our clinic certification allows for county services provision however, there are regulations around referring consumers to ourselves. We have seen significant increase in addiction and those needing in-patient residential services. Our efforts to provide additional services aims to reduce the number of in-patient placements and increase community intensive services.

- Our division plans to provide agency based Dialectal Behavioral Therapy (DBT) training to all behavioral health staff. DBT is an evidence-based psychotherapy designed to help people suffering from borderline personality disorder. It has also been used to treat mood disorders as well as those who need to change patterns of behavior that are not helpful, such as self-harm, suicidal ideation, and substance abuse. This approach is designed to help people increase their emotional and cognitive regulation by learning about the triggers that lead to reactive states and helping to assess which coping skills to apply in the sequence of events, thoughts, feelings, and behaviors to help avoid undesired reactions. While a few of our therapists have been trained, evidence based research supports that crisis staff, case management staff, social workers, and administrative staff can also greatly benefit from training. Given the size of our agency and the many different roles, we are tailoring specific training given the employee's role within our division and potentially agency wide. An additional benefit of learning skills is enhancement of professional practice by teaching strategies that all can use to improve their own mindfulness practice, tolerance for distress, emotion regulation and interpersonal effectiveness.

Behavioral Health Division

Adult Community Services Program Clients
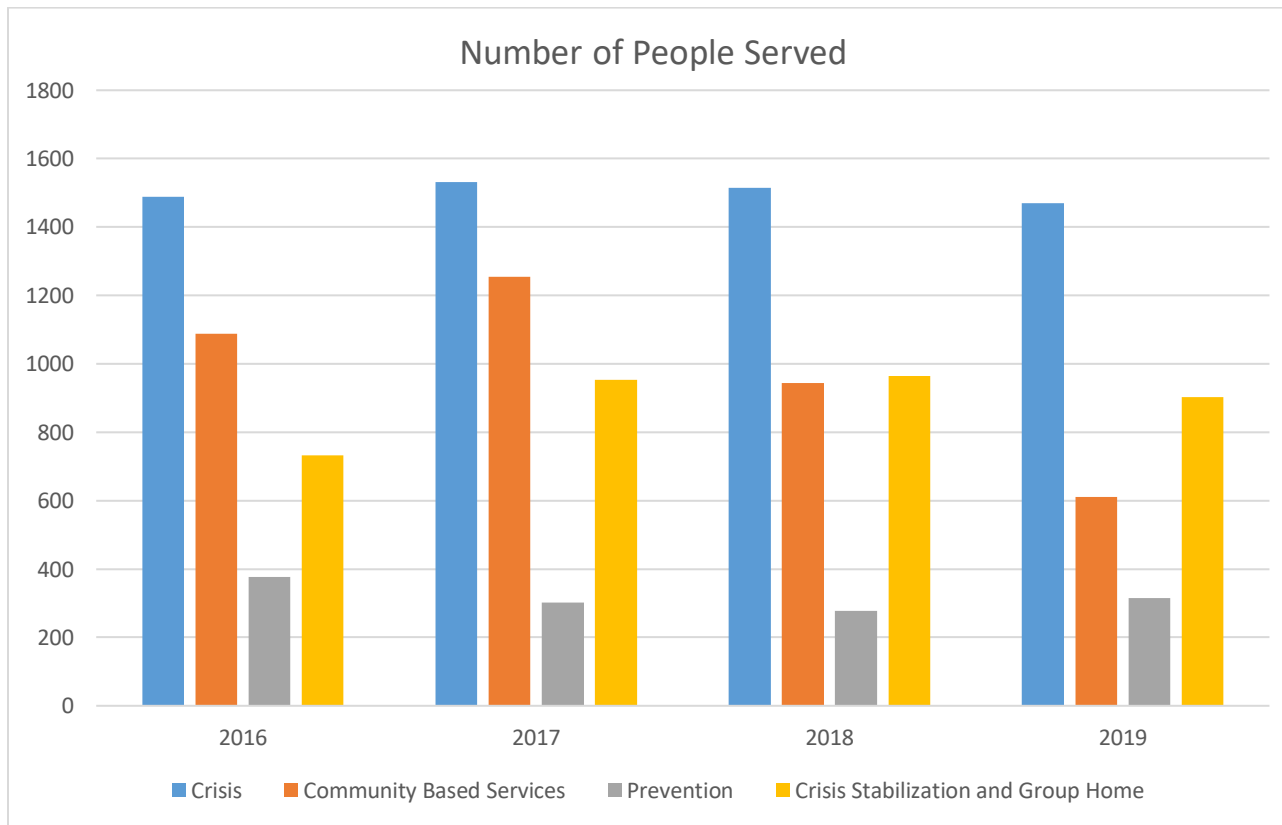
- Serves people of all ages with mental health and or substance use disorders
- Assist individuals with recovery and rehabilitation services
- Improves day to day functioning and quality of life
- Community-based care in the least restrictive environment possible
- Consumer driven care with the individual determining goals and treatment planning
- Crisis Stabilization Facility (Adult)

Behavioral Health Division
Child and Family Clinical Services

Number of Families Served
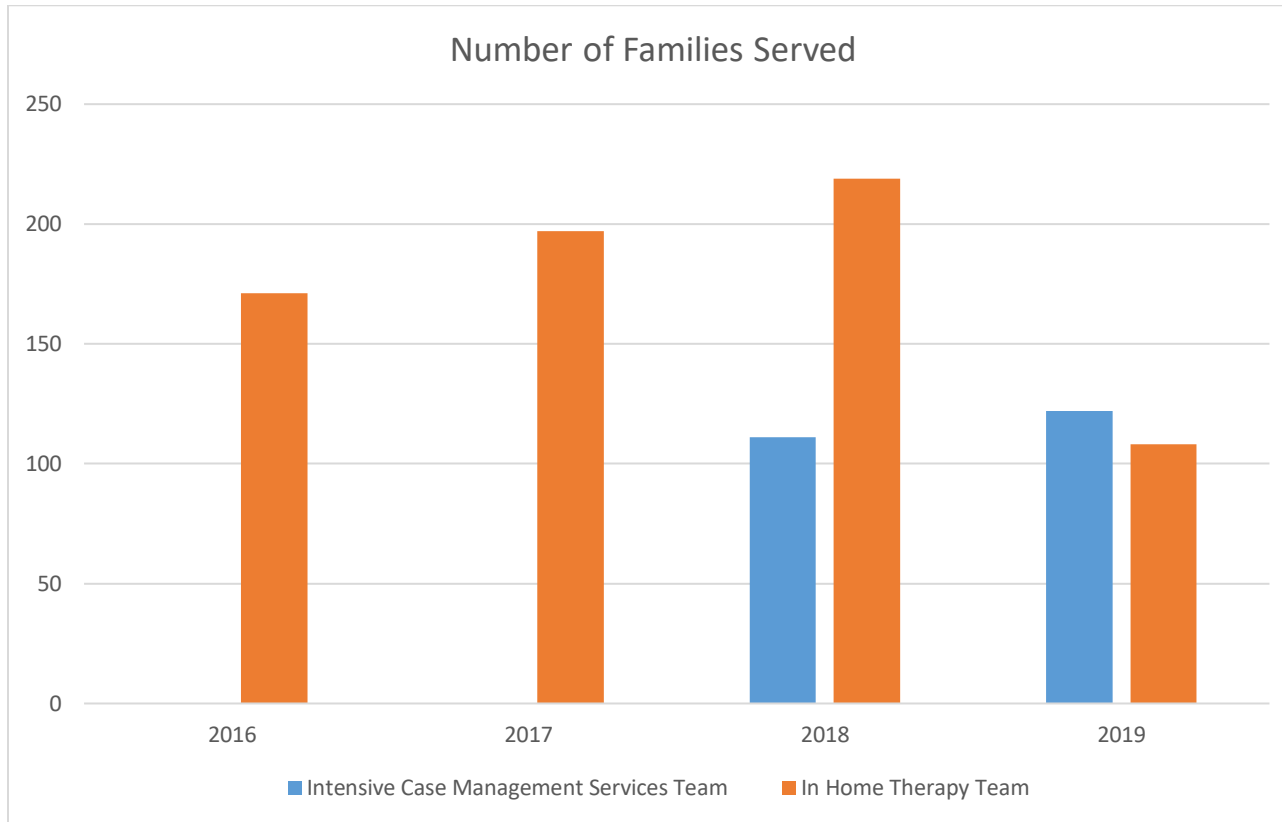
- Providers meet with families in their homes instead of coming to the office
- Serves children and youth at risk of being placed outside of the home and/or in efforts to return children from out of home care
- Promotes families staying together and family driven goals (the consumer decides on their goals and treatment planning)
- Builds on natural and community supports with the family identifying people in their lives rather than agency staff
- Improves self-sufficiency to rely less on agency staff and services
- Builds on family's strengths
- Outcome-oriented as defined what the family considers success and/or improvement

Behavioral Health Division
Outpatient Mental Health & Alcohol/Drug Services

Outpatient Clients Served
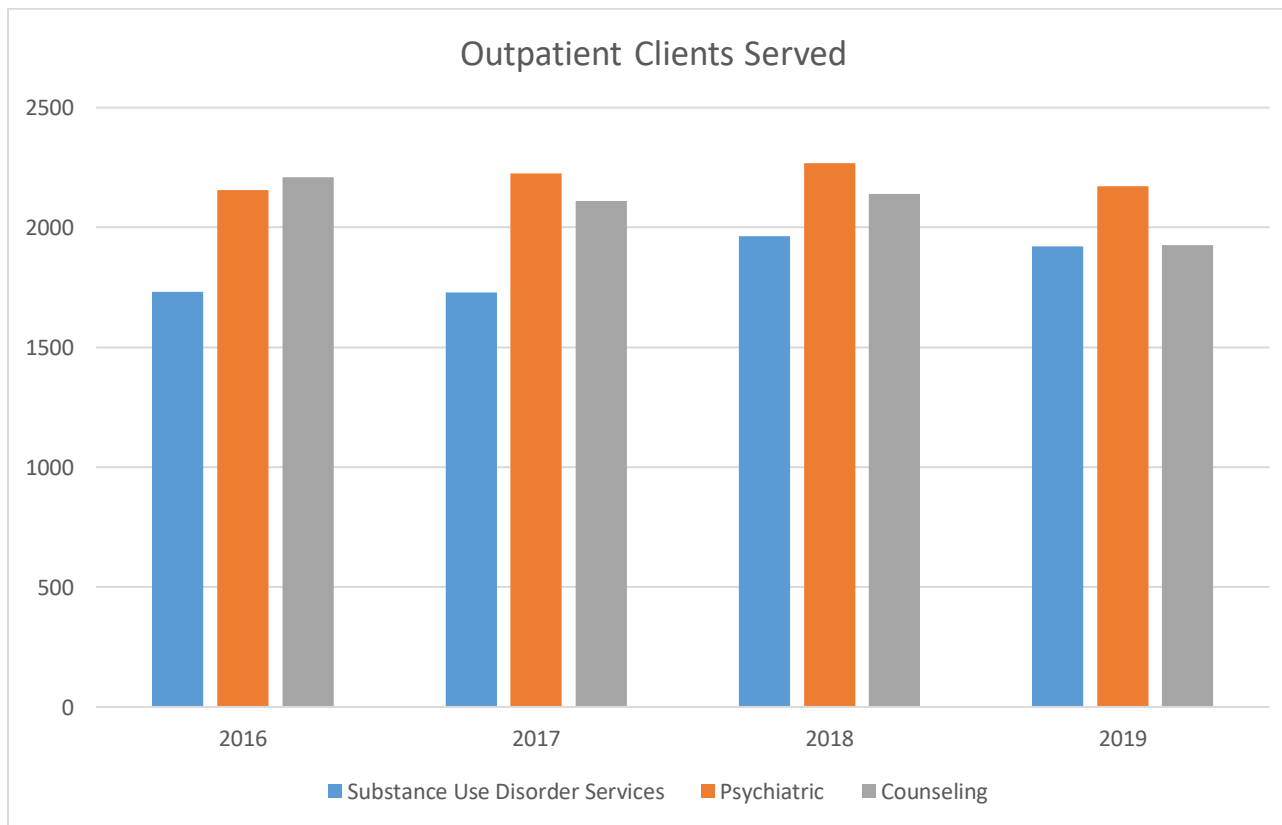
- Information/Referral (consumers turn to us for "where to start")
- Psychiatric Evaluation and Assessment
- Medication Management
- Group Counseling
- Individual Counseling
- Substance Use Disorder Counseling
- 24/7 Crisis Services
- Clinic offers "same day" services with ability to talk with a licensed professional within that business day
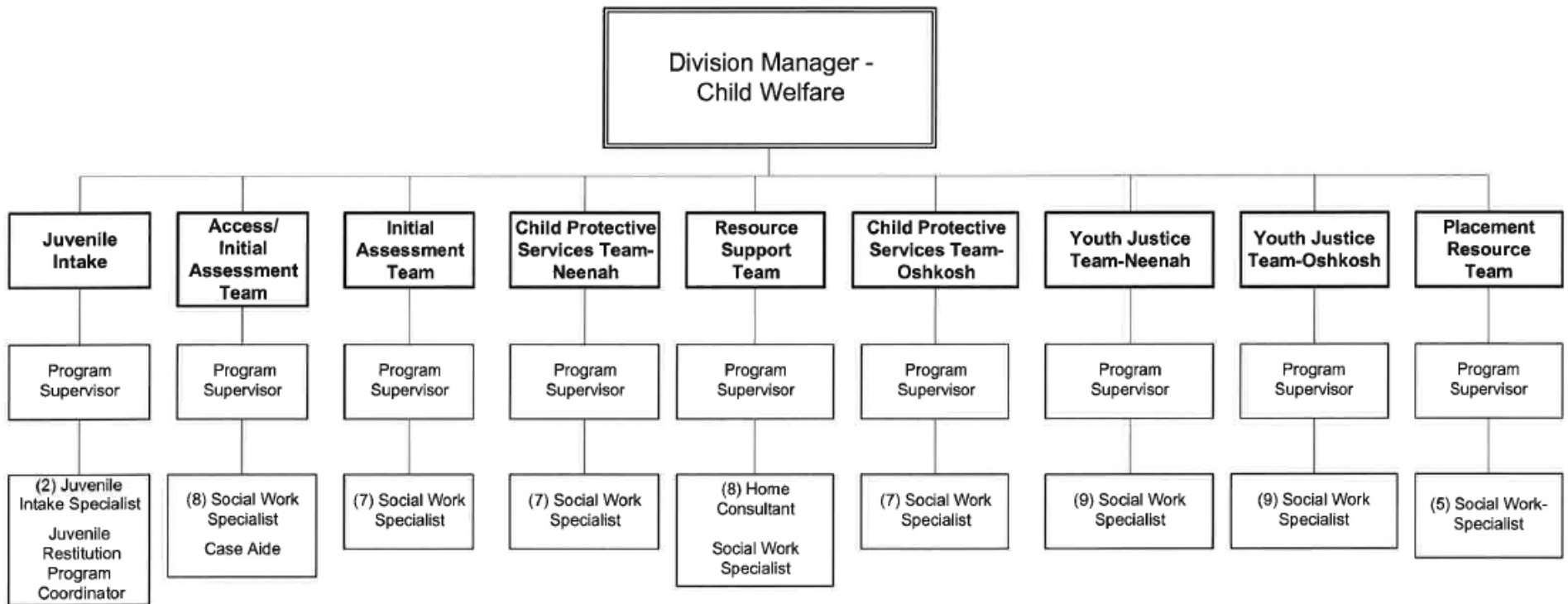
Child Welfare

Through active partnering and respectful, trauma sensitive interactions, Child Welfare empowers families to utilize their strengths and overcome barriers to achieve enhanced safety, well-being, resiliency, and self-sufficiency. Child Welfare works together with families to heal and grow through the development of positive, effective skills and healthy interpersonal connections and to provide safe and supportive care for their children.

- Access/Initial Assessment Services
- Child Protective Services
- Juvenile Intake Services
- Youth Justice Services
- Placement Resource Services
- Resource Support Services

HUMAN SERVICES
Child Welfare Services

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                            Division Manager -
                            Child Welfare
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Juvenile Intake	Access/ Initial Assessment Team	Initial Assessment Team	Child Protective Services Team- Neenah	Resource Support Team	Child Protective Services Team- Oshkosh	Youth Justice Team-Neenah	Youth Justice Team-Oshkosh	Placement Resource Team
Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor	Program Supervisor
(2) Juvenile Intake Specialist Juvenile Restitution Program Coordinator	(8) Social Work Specialist Case Aide	(7) Social Work Specialist	(7) Social Work Specialist	(8) Home Consultant Social Work Specialist	(7) Social Work Specialist	(9) Social Work Specialist	(9) Social Work Specialist	(5) Social Work- Specialist

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Accomplishments for 2019

Child Welfare Division

- A third regular full time Access social work level phone worker was added.
- We have one social worker from each Child Welfare team that specializes in our youth Human Trafficking initiative and service provision.
- Increased support of foster homes and skill of foster parents to meet child/youth needs while partnering with families. We are offering foster parent mentors to new foster parents as well as other supportive services.
- After an assessment of our use of short-term detention services, we have revamped our services to support youth success and greatly reduced our use of detention services.
- We continue to maintain low placement numbers with the majority of those in placement in family foster homes, and in the community.
- We have assessed the division's on-call work needs and changed the compensation plan, improved training, and expanded the number of staff who provide the service.
- We have worked with Child Protective Services Legal Partners and offered training as well as worked on plans for addressing Termination of Parental Rights. A workgroup revamped the Conditions of Return.
- More Initial Assessment social workers have been trained in Advanced Forensic Interviewing.
- We continue to partner with parents and provide services in a trauma informed manner. We continue to offer training to all staff related to trauma informed care.
- Shelter care programming and services were, and will continue, to be evaluated and reformed as needed.

Goals for 2020

Child Welfare Division

- With the guidance of the recruitment committee, continue to increase the number and skill of foster homes via additional and targeted recruitment efforts, along with additional training and support related to partnering with birth parents and managing through the child welfare system.
- Focus on innovative and creative ideas to best assist and support children, youth and families to improve and enhance their functioning.
- Develop and implement a more intensive Family Find and Engagement program. Continue to increase the use of relatives and informal supports for assistance and support for children, youth and families.
- Continue to promote and enhance resiliency, trauma informed care culture to achieve better partnering and outcomes for our families, community, and staff.
- Expand our abilities and skills to develop family-driven case plans and employ more family driven meetings.
- Continue to educate and strengthen relationships with our community partners as well as within our agency and own division.
- Implement additional AODA services specialized for child welfare families, including Recovery Specialists and a psychotherapist.
- Develop a workgroup to review data on racial disparity in child welfare and implement new ideas and solutions to address the disparity.

Child Welfare Division Referrals

Total Number of Calls and Referrals for Services
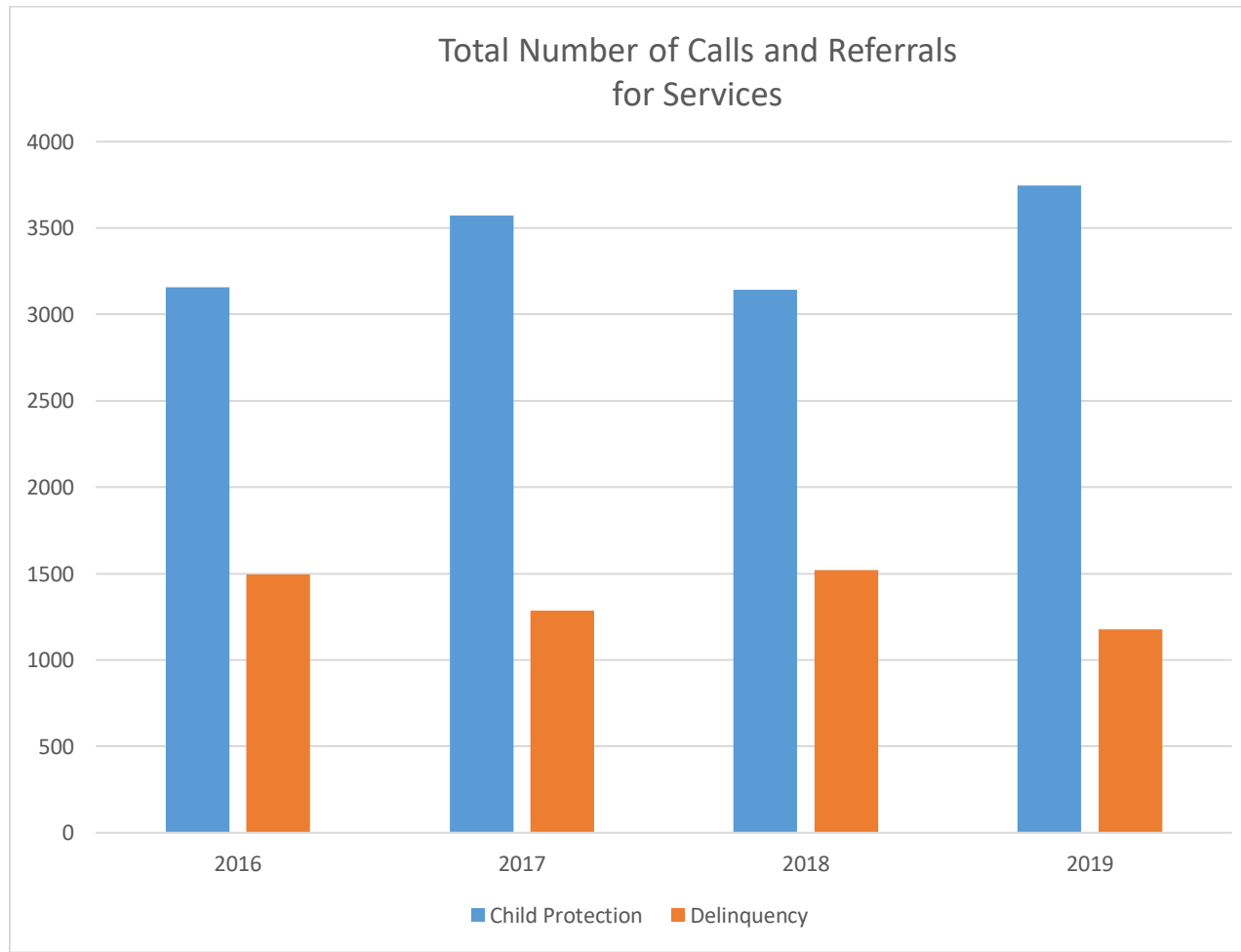
Total number of phone calls from the community and referrals for child welfare services

- Child Abuse and Neglect reports (Child Protection)
- Youth justice law enforcement and non-law enforcement referrals (Delinquency)

Child Welfare Division
Out of Home Care Total

Average Number of Children in Out-of-Home Care - CPS & YJ
2016 - 2019

■ # of Children in OHC
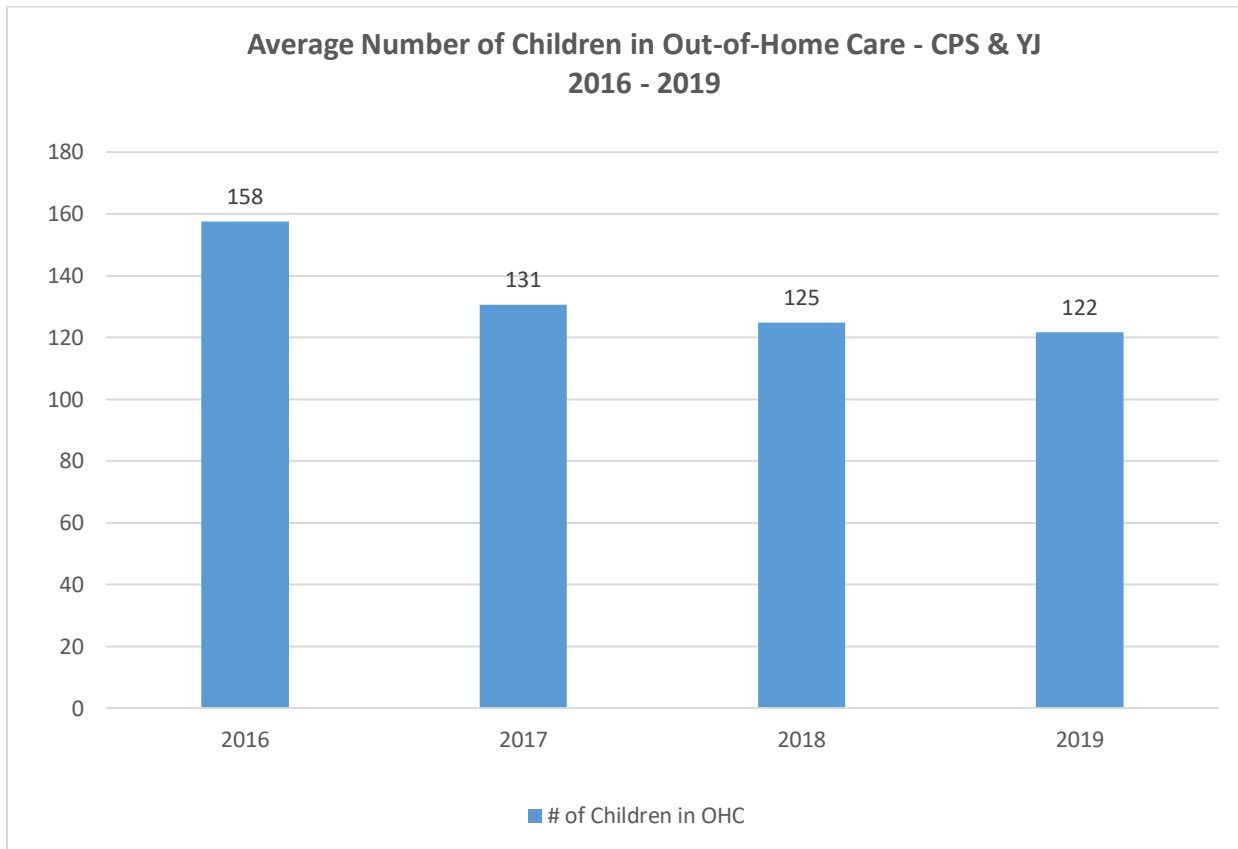
Yearly total number of children and youth in out of home care. Children and youth are placed by juvenile court due to safety concerns for the child or youth and/or the community. Placements under CPS (Child Protective Services) orders are made due to child abuse or neglect safety concerns. Placements under YJ (Youth Justice) orders are due to safety concerns for the youth and the community.

During this time period, Winnebago County Child Welfare placements decreased about 30% while the other counties in the state saw an increase in placements (as reported by the Department of Children and Families)..

Child Welfare Division
Foster Care Placements

Average Number of Children in Foster care
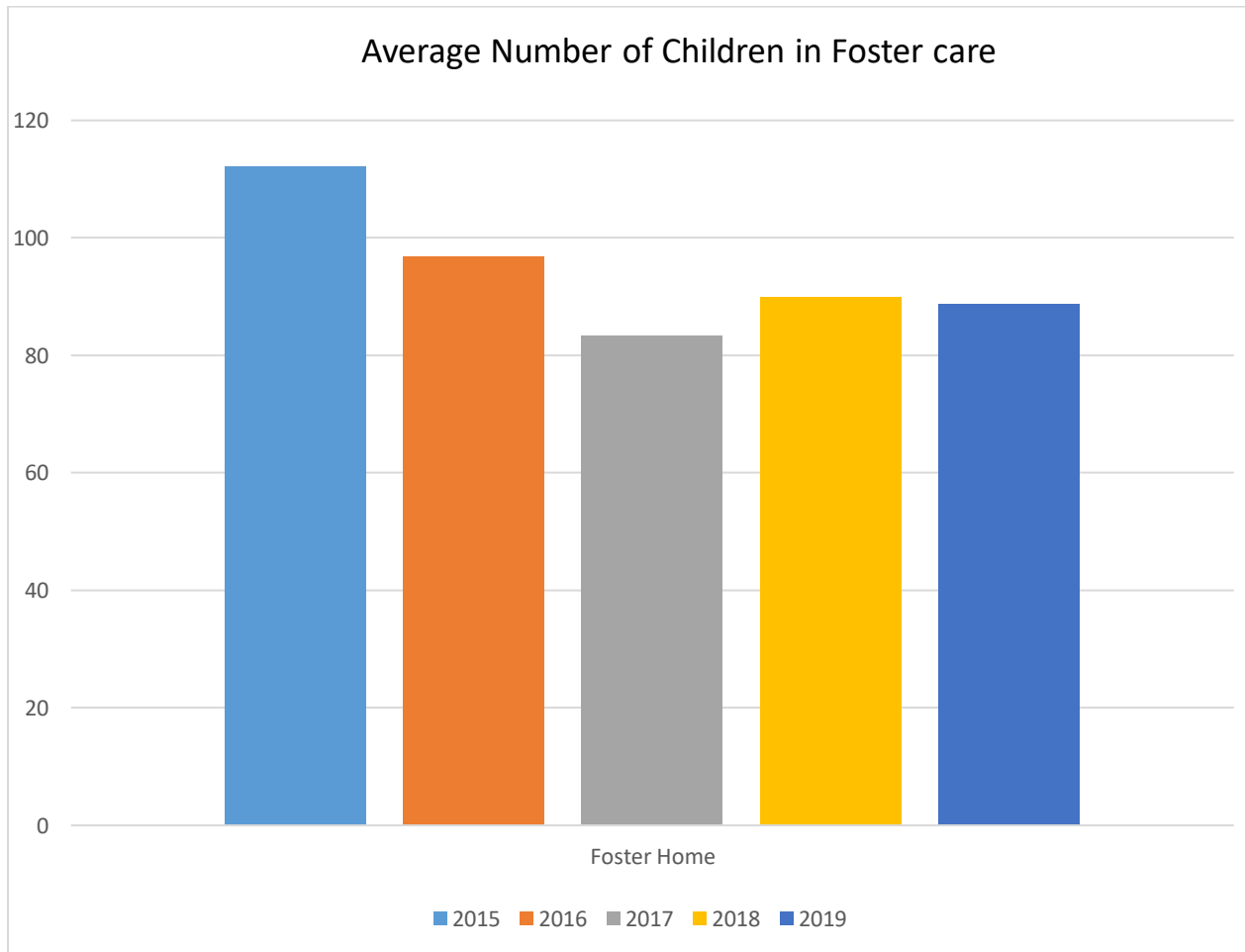
Foster homes are utilized for the majority of the Child Welfare placements. This graph depicts the average number of children in a foster home on any given day during each year.

Winnebago County continues to work with families and the community to decrease the number of children in foster care, as well as all placements, in order to reduce the trauma children, youth and families may experience.

Child Welfare Division Placement Types

Placement Types: Monthly Average
July - December 2019

- Foster Home — 57%
- Relative — 33%
- Group Home — 2%
- Residential — 2%
- Trial Reunification — 4%
- Other — 2%
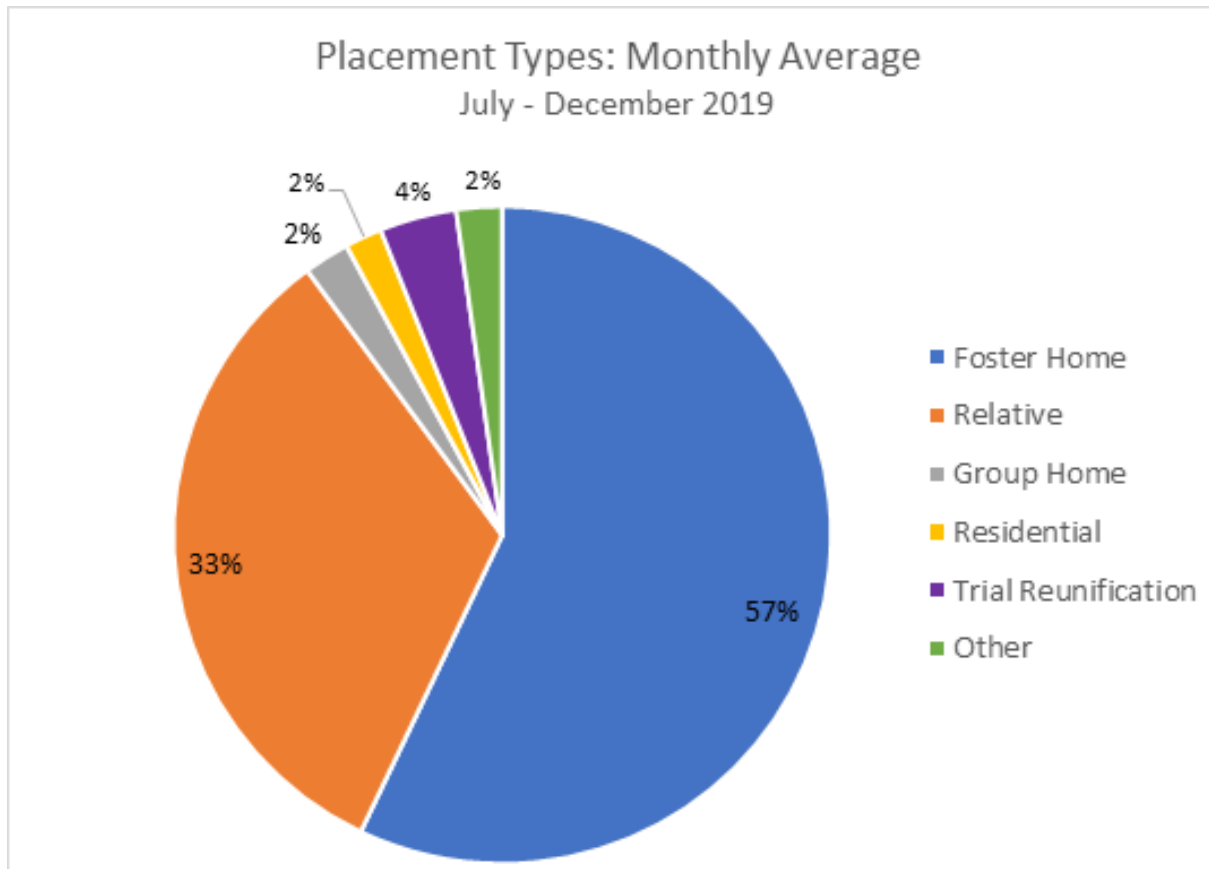
Winnebago County uses several different settings for out of home care for children and youth. The graph depicts the percentages for each of the different out-of-home settings used

- Foster homes
- Group homes
- Residential Care Centers
- Relative care
- Trial reunification
- Other

Economic Support

To provide services and benefits to all residents of Winnebago County as part of the East Central Income Maintenance Partnership (ECIMP) as promptly, accurately and as efficiently as possible. ECIMP is comprised of Calumet, Green Lake, Kewaunee, Manitowoc, Marquette, Outagamie, Waupaca, Waushara and Winnebago Counties.

- Childcare Assistance (Wisconsin Shares Program) – pays part of the cost for regulated day care providers while the parents work or participate in job search activities. Determined by income.

- FoodShare – A supplement for low income households used to purchase food.

- Medicaid/Badger Care – Health insurance for low income individuals and families.

HUMAN SERVICES
Economic Support Services

**Division Manager –
Economic Support**

**ECONOMIC SUPPORT
SUPERVISOR**

STAFF DEVELOPMENT	QUALITY ASSURANCE	LONG TERM SUPPORT TEAM	FAMILY TEAM
STAFF DEVELOPMENT SPECIALIST	PROBLEM RESOLUTION SPECIALIST	ECONOMIC SUPPORT SPECIALIST LEAD (LTS Team) ECONOMIC SUPPORT SPECIALIST LEAD (Family Team) ECONOMIC SUPPORT SPECIALIST II (7 FT, 2 PT) ECONOMIC SUPPORT SPECIALIST I (3 FT)	ADMINISTRATIVE ASSOCIATE I (2 FT) ECONOMIC SUPPORT SPECIALIST II (14 FT, 1 PT) ECONOMIC SUPPORT SPECIALIST I (9 FT, 1PT)

Accomplishments for 2019

Economic Support Division

- Provided more in-house refresher trainings for staff. With a third lead worker, we are more able to offer in-house training. We have already covered a number of topics and are working on more.

- We are not yet current on our discrepancy work, but are working our way towards it. We are utilizing overtime and an outside agency.

Goals for 2020

Economic Support Division

- Continue to work on the discrepancies to finish cleaning up the backlog and stay current.

- Work with our consortium partners to track case errors and ensure that staff are properly trained to avoid the errors in the future. Our goal is to have error rates at or below state and federal acceptable levels.

Economic Support
Total Healthcare Recipients

Number of recipients by year (stacked bar chart):

Year	Gray (upper)	Green (lower)
2015	21,244	5,149
2016	20,983	5,197
2017	22,635	5,214
2018	18,945	5,398
2019	19,034	5,646

Y-axis: NUMBER OF RECIPIENTS (0 to 28,000)
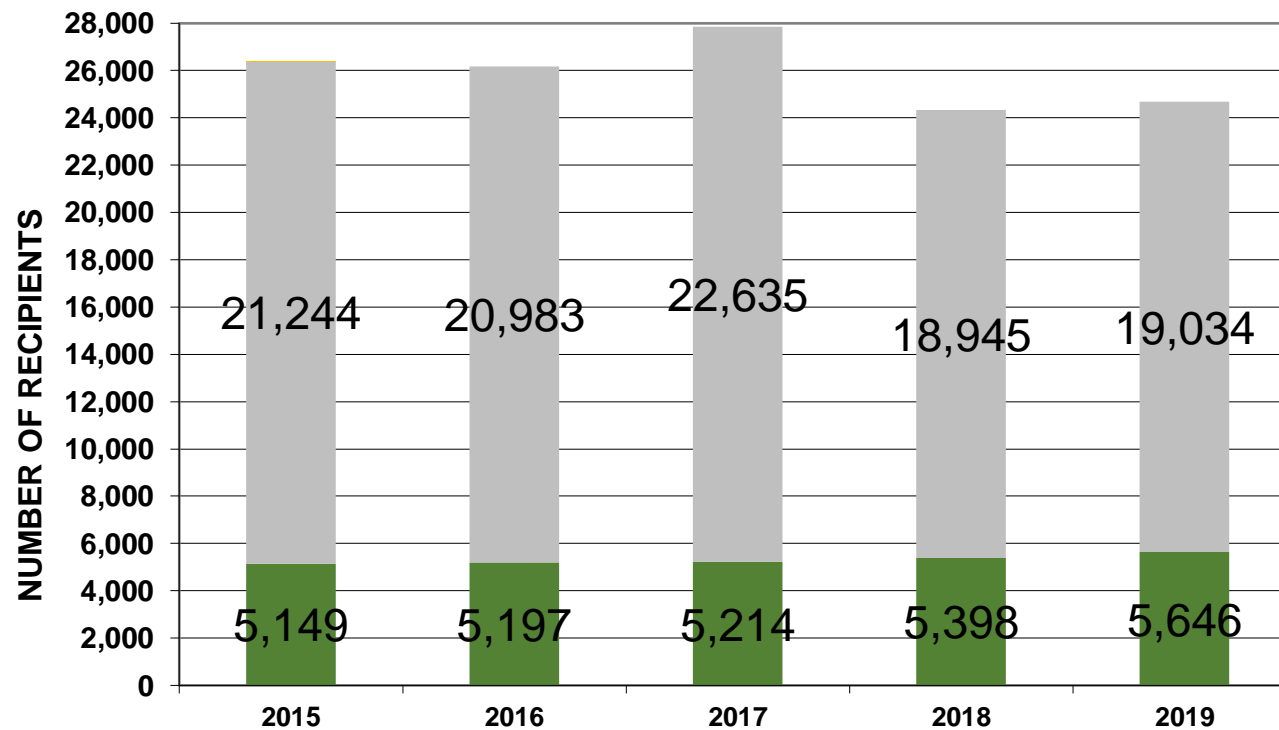
Wisconsin Medicaid is a joint federal and state program that provides high-quality health care coverage, long term care, and other services to Wisconsin residents. There are many types of Medicaid programs. Each program has different rules, such as about age and income that must be met to be eligible for the program.

- Badger Care Plus is for families with children and pregnant women
- Badger Care Plus for Childless Adults is for adults with no dependents who are not disabled.
- Long term care programs like Family Care and IRIS strive to keep people in their homes

Economic Support
Total FoodShare Program Recipients
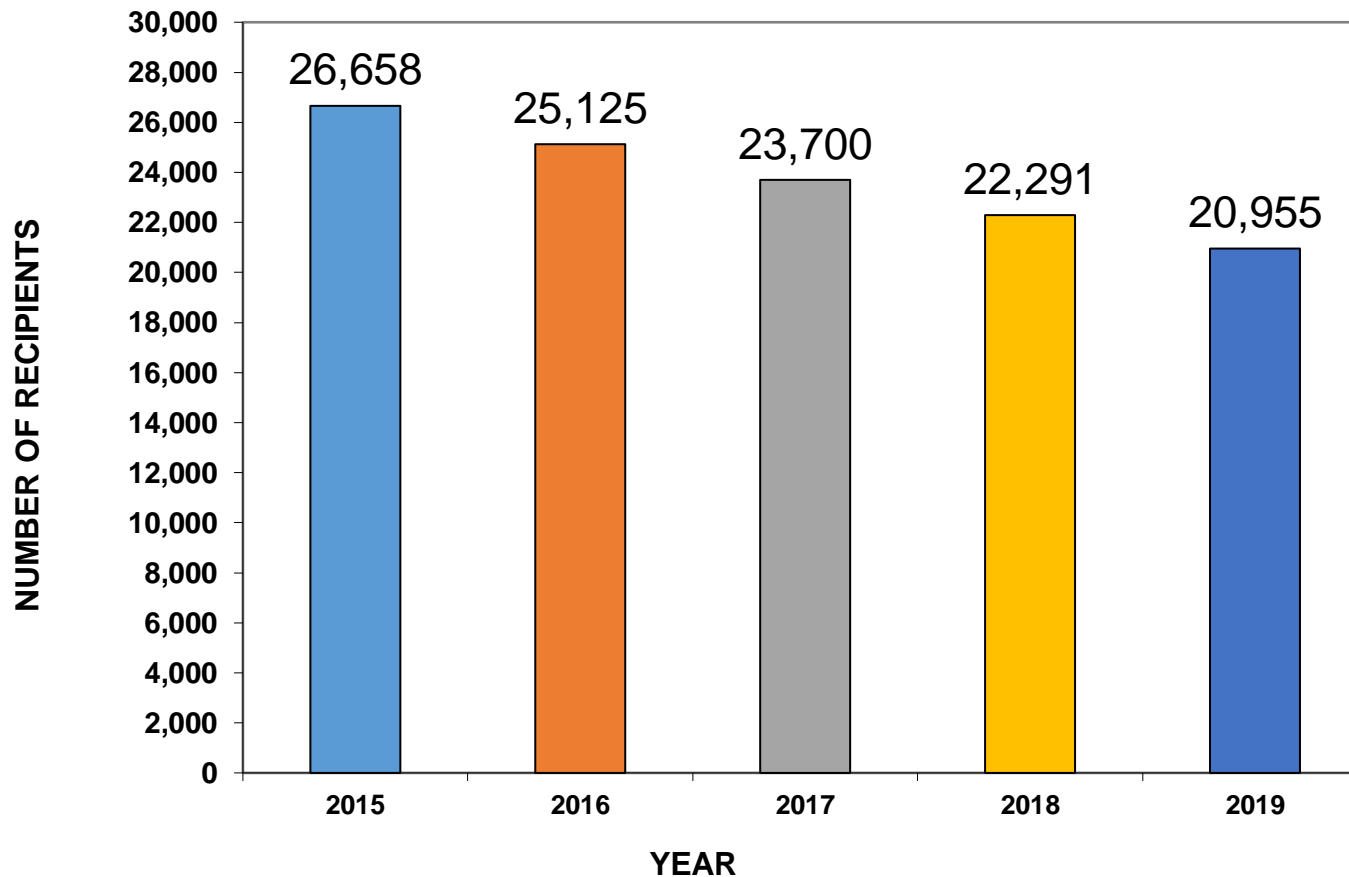
FoodShare formerly known as FoodStamps is part of the Federal SNAP program to improve nutrition and health. Income guidelines and work requirements for certain populations are required.

- Each month benefits are placed on a debit card
- Only food can be purchased with the benefit.
- Recipients are of all ages who have a job but have low incomes, are living on small or fixed incomes, have lost their job, and are retired or disabled and not able to work.

Economic Support
Total Childcare Program Recipients
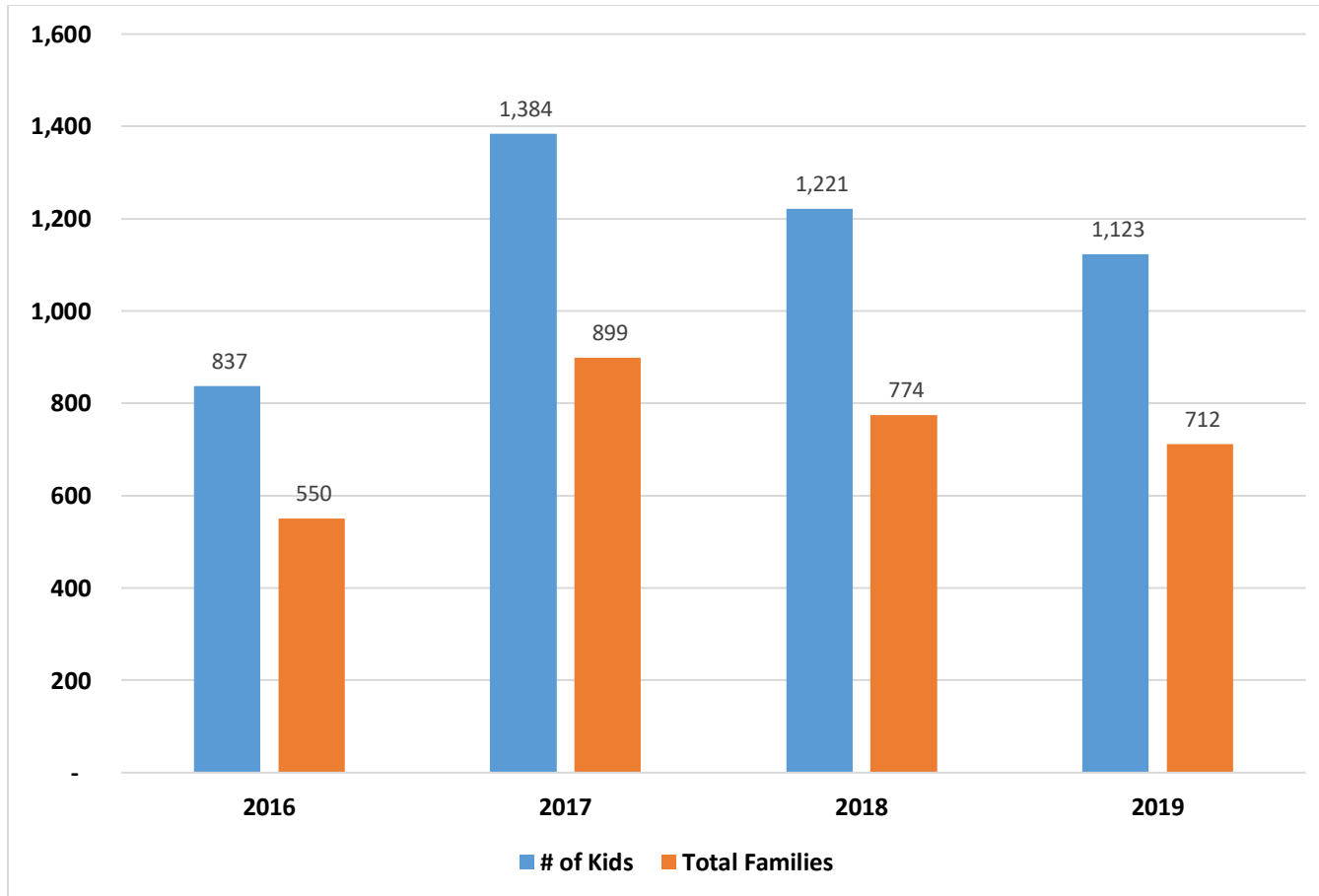
The Wisconsin Shares Child Care Subsidy Program supports low-income working families by subsidizing a portion of the cost of quality child care so that parents may go to work, school or participate in approved work training programs.

- For families with children under 13 or under 19 if special needs
- Parents must be working or in an approved activity.
- Providers must be licensed or certified
- Parents must pay a copayment

Long Term Support

To develop, promote and provide for supports and services that meet identified outcomes for Winnebago County citizens with long term support needs.

AGING & DISABILITY RESOURCE CENTER (ADRC)

The mission of the Aging & Disability Resource Center of Winnebago County is to empower and support seniors, people with disabilities and their families, by providing useful information and finding the help people seek so they may live with dignity and security, and achieve maximum independence and quality of life.

Long Term Support Services

- Family Support Services

- Long Term Care Options Counseling

- Prevention and Early Intervention

- Benefit Services Counseling

- Access to the Family Care Benefit Assessment and Eligibility

- Information and Assistance to the general public

- Elder and Adult at Risk investigations

- Dementia Care Services

- Adult Protective Services such as guardianship and protective placement

HUMAN SERVICES
Long Term Support Services

**Division Manager
Long Term Support**

**Family Support
Team**

**Adult/ADRC
Team**

Program Supervisor-
Family Support

Program Supervisor-
ADRC

Program Supervisor-
Aging and Resources

(7) Social Work Specialist

(10) ADRC Specialist

Dementia Care Specialist

(2) Elder Benefit Specialist
(4) APS Specialist
(2) Disability Benefit Specialist
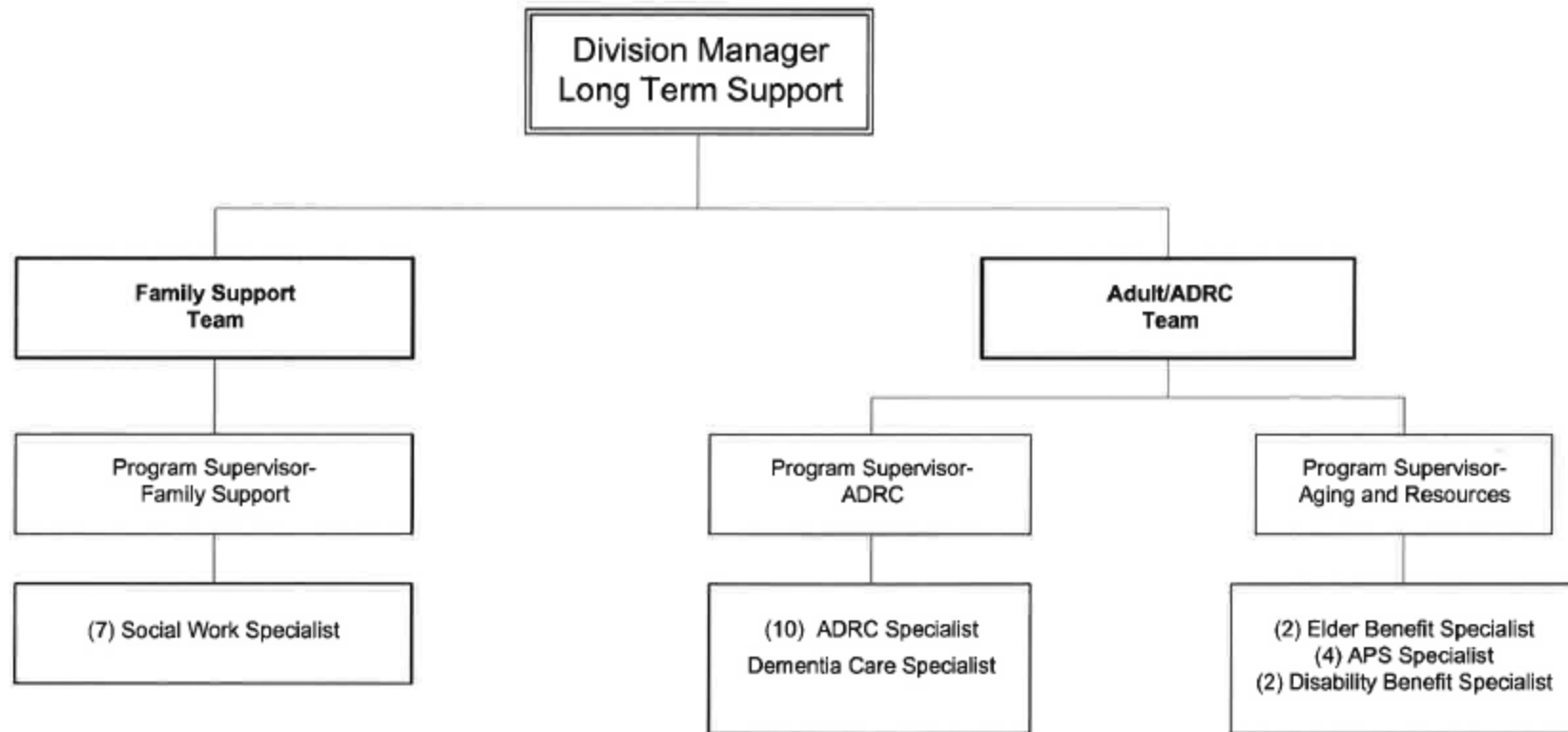
Accomplishments for 2019

Long Term Support Division

- The ADRC website was updated and we added an easy to access calendar with all local events for people with dementia. The free respite program for caregivers of people with memory loss was expanded to Oshkosh. A Dementia Summit was held with over 60 attendees. SPARK and Active Minds started in Winnebago County.

- Training on Elder and Adult at Risk was provided by Adult Protection Services and the District Attorney's Office to Police Departments in the county. This training will also be available on video. ADRC will work with the Oshkosh Fire Department and Public Health Department to develop a Falls Prevention program and engage Adult Protection Services as needed. The Oshkosh Police Department attended several trainings and meetings to promote Project Lifesaver.

- Winnebago County Wellness Coalition has expanded to offer five different types of regularly scheduled evidence based classes, some coordinated by the leaders of the class. These classes will occur in Oshkosh, Neenah, Menasha and Omro. Powerful Tools for Caregivers will be added as a class.

- Referrals come through Long Term Support rather than ACCESS. Weekly consultations occur with Behavioral Health Division for referrals for children with mental health needs. The Department is not yet streamlining referrals for all children. Formal teaming will be utilized when a child is involved in Coordinated Service Team. Informal teaming and wraparound service will also be used whenever possible.

- A Resource guide was developed in conjunction with Child Welfare guide, 2-1-1, ADRC Resource Directory and Parent Outlet guide. The Parent Outlet is still the main place to find resources for parents and children.

Goals for 2020

Long Term Support Division

- Family Support will work with Oshkosh Area School District and several community agencies to reduce truancy.
- Options for quality of child care options in the community will increase for children with disabilities.
- The number of volunteer guardians will increase and support for the volunteer guardians will be provided.
- Targeted outreach will be analyzed and then coordinated to include under represented populations referred to the ADRC.
- A Caregiver Coalition will be developed to support caregivers of all ages.

Long Term Support Elder Abuse Reports

Number of Reports
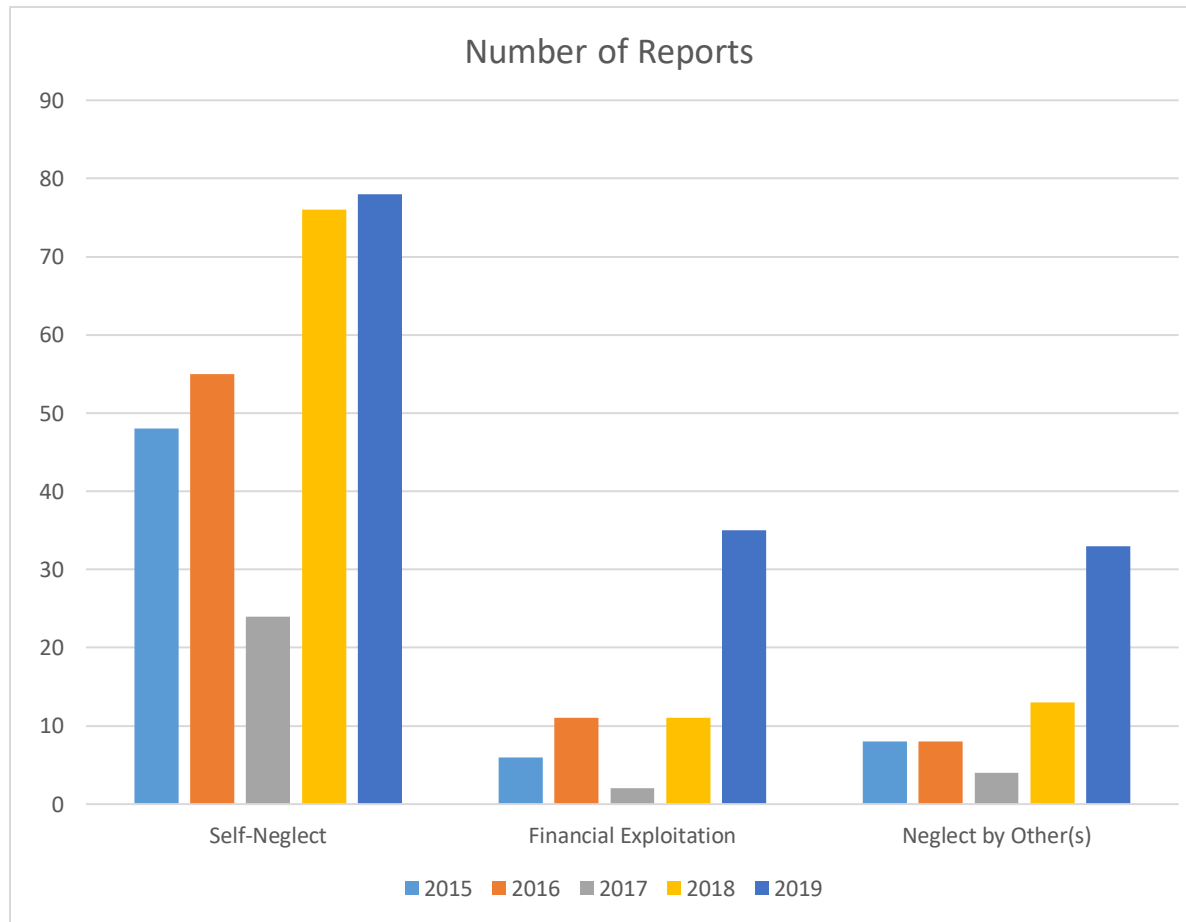
- An Elder Adult at Risk is any person age 60 or older who has experienced, is experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation. (Wis. Stat. §46.90(br)
- Information is obtained from Wisconsin Incident Tracking System
- Self-Neglect - a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.
- In 2019, Self-Neglect is the most prevalent in Elder Adults.

Long Term Support
Adult under age 60 at Risk Reports

Number of Reports
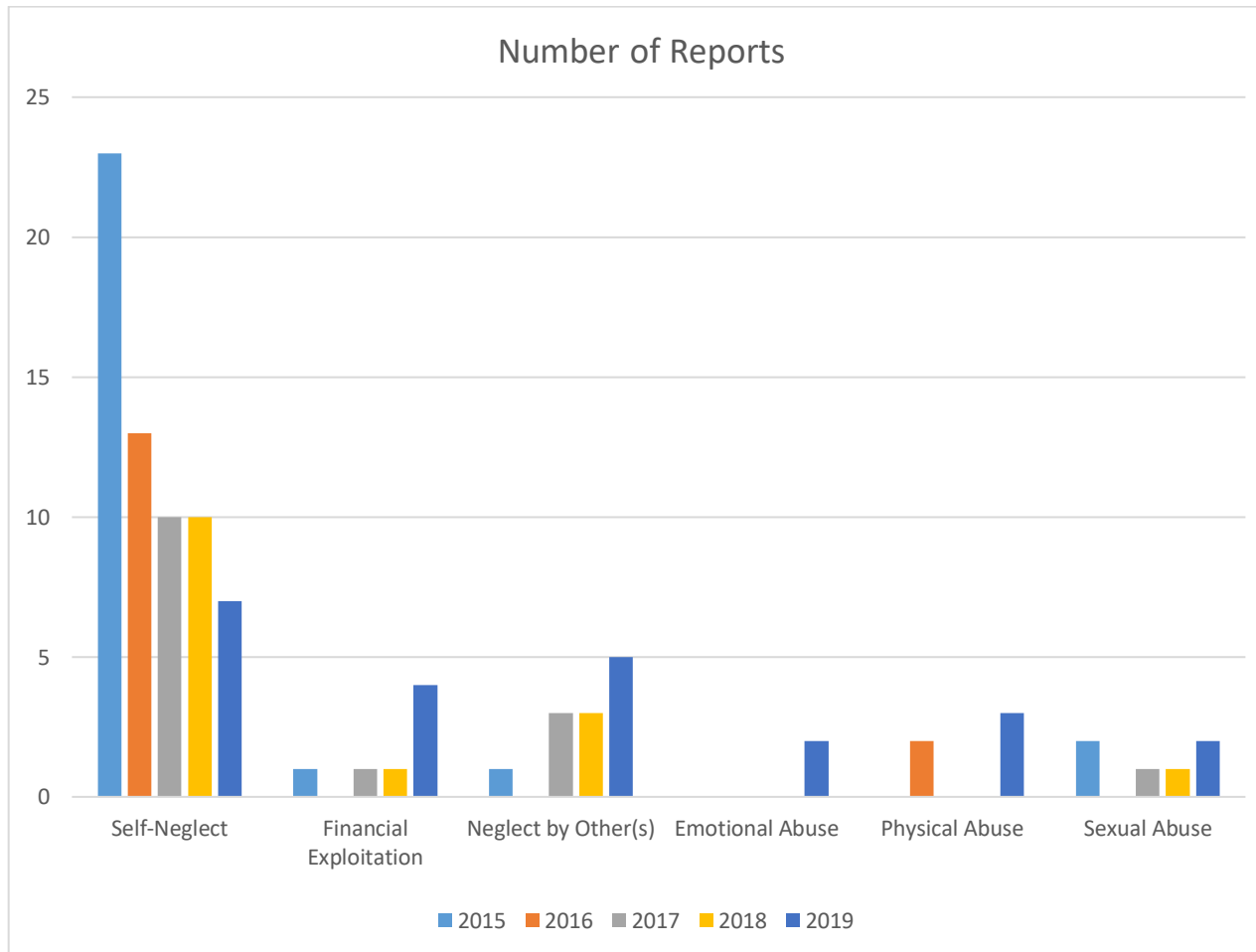
- An Adult at Risk is defined as an adult under age 60 who has a physical or mental condition that impairs the ability to care for their needs
- Information obtained from Wisconsin Incident Tracking System
- Self-Neglect - a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.
- In 2019, Self-Neglect is the most Prevalent in Adults at Risk but all forms of neglect from other rose significantly.

Long Term Support
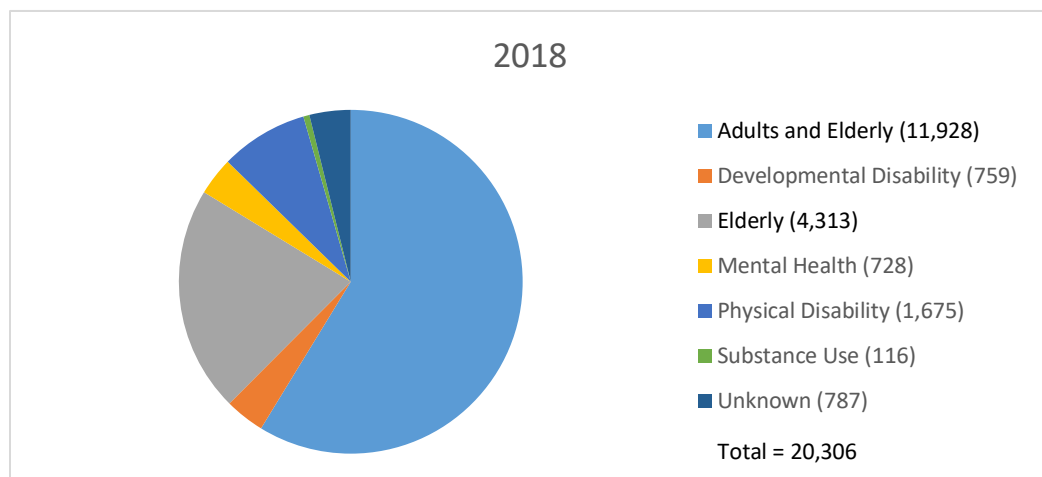# Birth to Three Program Referrals
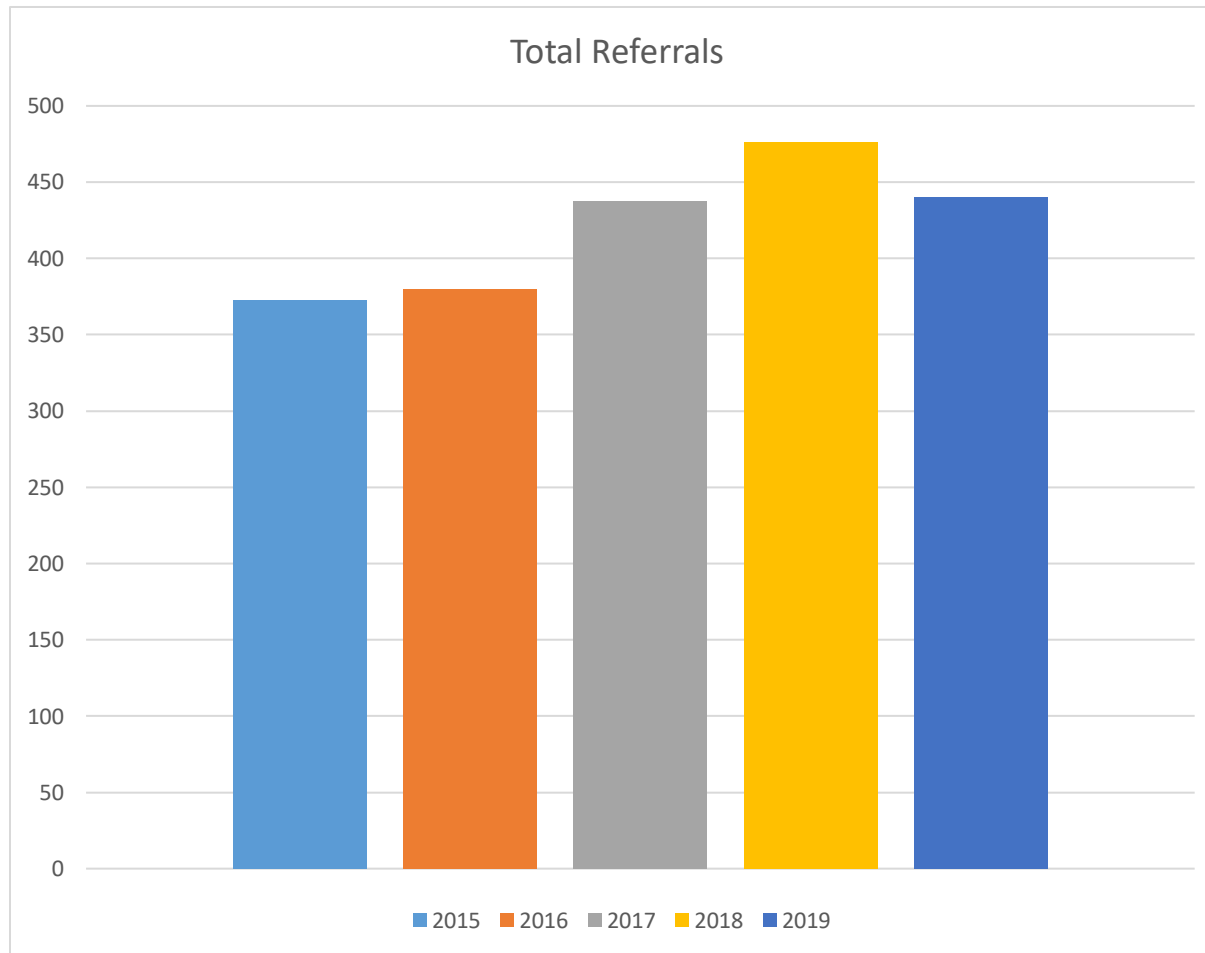
Total Referrals

This report includes all referrals for Early Intervention Services in Winnebago County.

- Not all of the children referred were eligible and some chose not to participate and develop an Individual Family Support Plan.
- The percentage of children referred but not enrolled decreased in 2019.
- Some of the children were referred more than once due to closing services and then having additional needs, moving or not responding to correspondence.
- Approximately 63% of the referrals were initialed by a doctor or hospital

Long Term Support
# Aging and Disability Resource Center Contacts

2018

- Adults and Elderly (11,928)
- Developmental Disability (759)
- Elderly (4,313)
- Mental Health (728)
- Physical Disability (1,675)
- Substance Use (116)
- Unknown (787)

Total = 20,306

2019

- Adults and Elderly (10,350)
- Developmental Disability (915)
- Elderly (8,092)
- Mental Health (2,209)
- Physical Disability (3,129)
- Substance Use (341)
- Unknown (366)

Total = 25,402

This includes any calls, emails and direct contacts with people.

- There is often more than one contact for each person being referred.
- Information is obtained from contacts entered in consumer-based data system (LUNA).
- Categories were separated by the first target group listed, so there is no duplication for people who are dually diagnosed.
- There were fewer unknown categories in 2019.
- The numbers for Mental Health and Substance Abuse grew quite a bit in 2019.
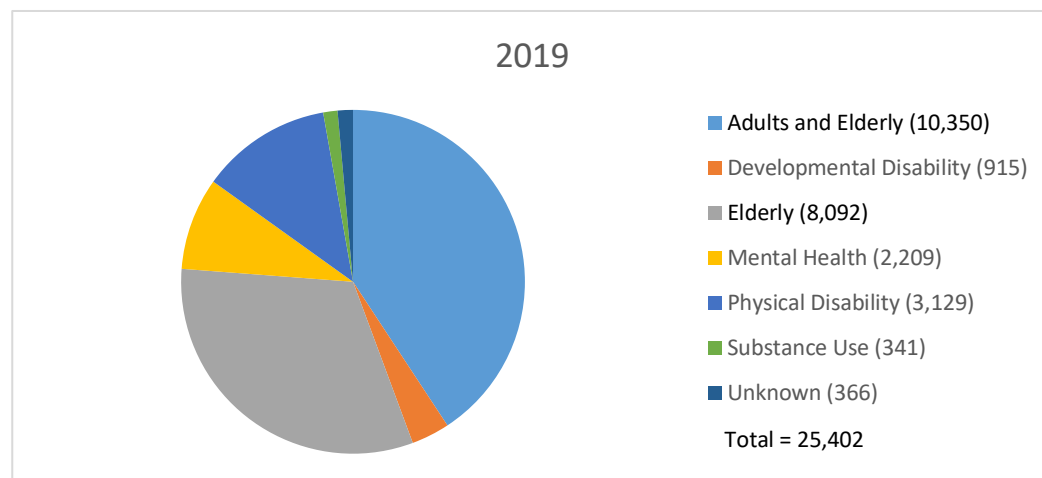
Long Term Support
Number of Children Served by Family Support

Total Number of Children Served
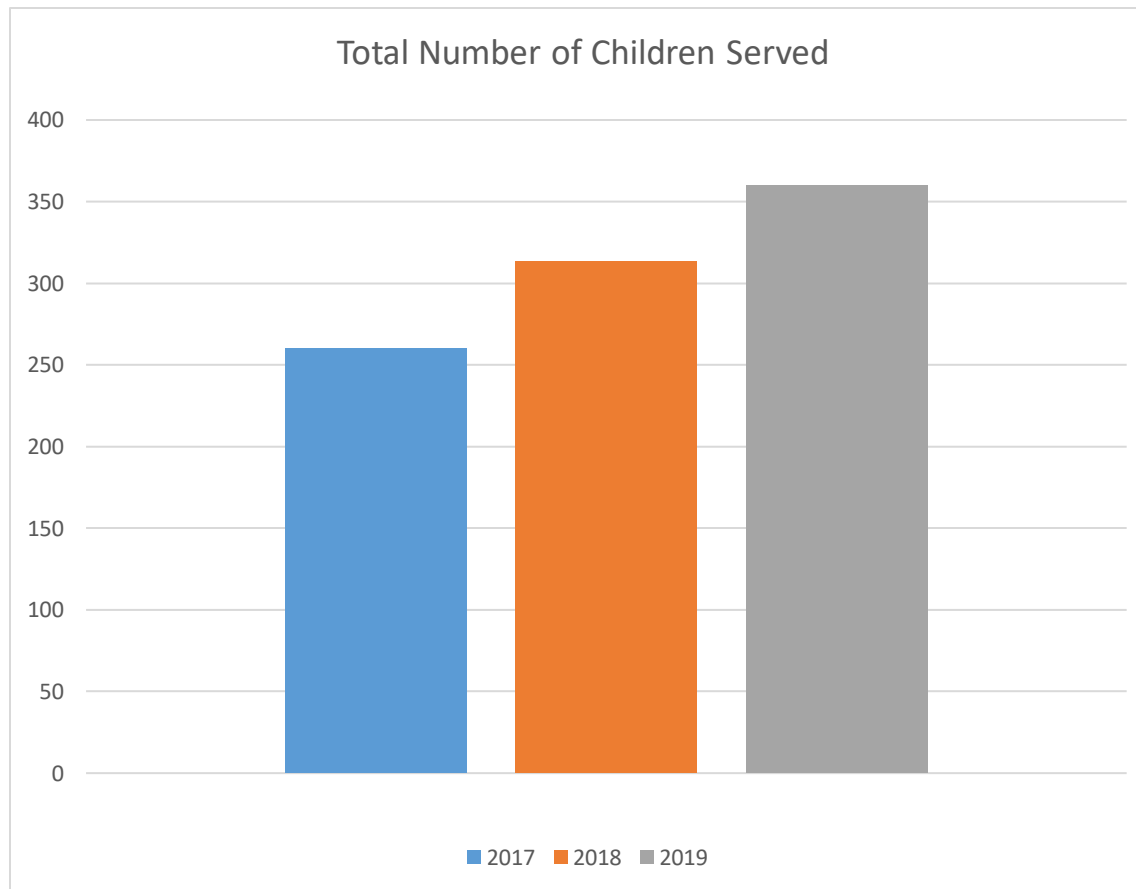
This is graph shows the number of children supported with Children's Long-Term Support funding. These children may be supported by other programs as well. There were children who started and ended during the year, so they were not necessarily served the entire year.

- Percentages by target group have remained pretty much the same, with the exception of the Mental Health target group decreasing slightly in 1019 due to more kids receiving services through Comprehensive Community Services only.
- Though we continue to receive new referrals, the waiting list for children is being eliminated and the number of children served continues to go up.

Long Term Support
# Monetary Impact of Benefit Specialists
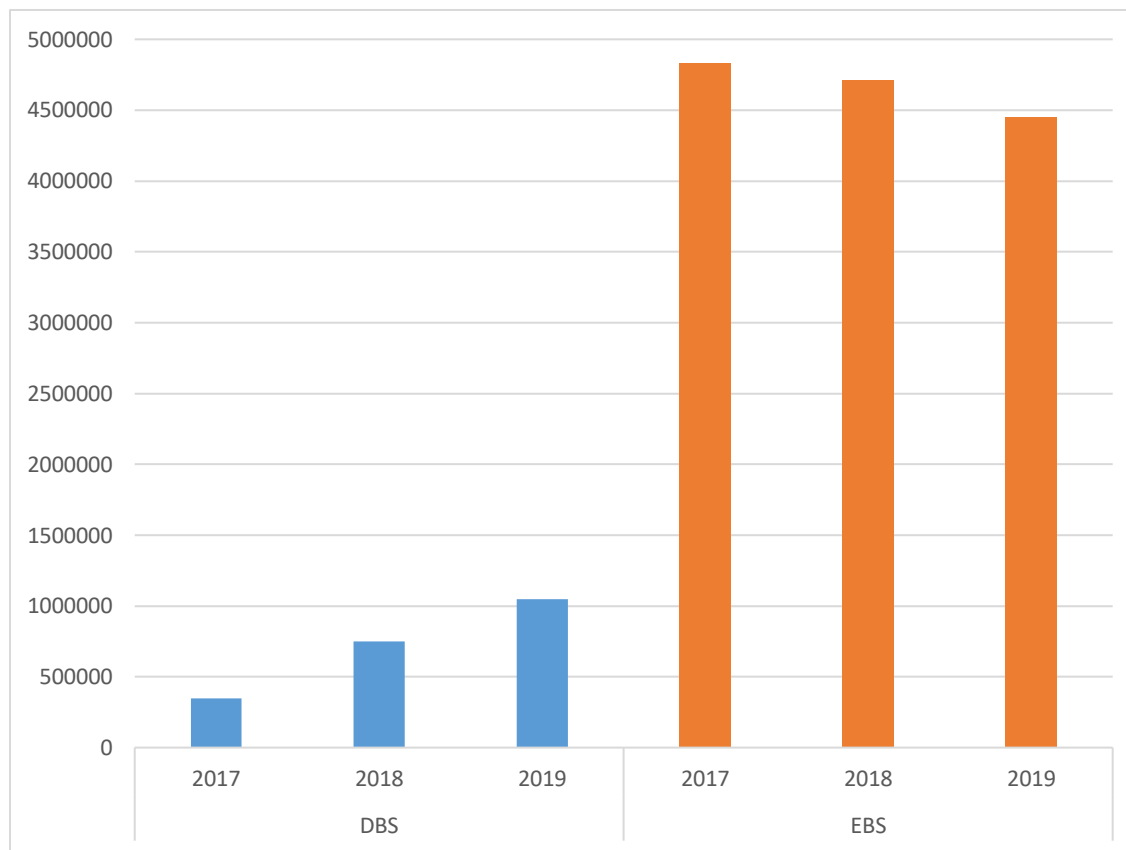
Monetary impact is defined as the value of benefits or services that are obtained or maintained for a client, as well as money that is saved or recovered for a client, with the help of a benefit specialist.

- Elderly Benefits (EBS) information is entered in the Social Administration Management System (SAMS).
- The reporting system changed in 2019, which affected the numbers for EBS monetary impact.
- Disability Benefits information is tracked in the DBS database.
- There was a transition of two new Disability Specialists in 2017.

Financial

2019
WINNEBAGO COUNTY HUMAN SERVICES DEPARTMENT
FUNDING SOURCES

County Tax Levy
35%
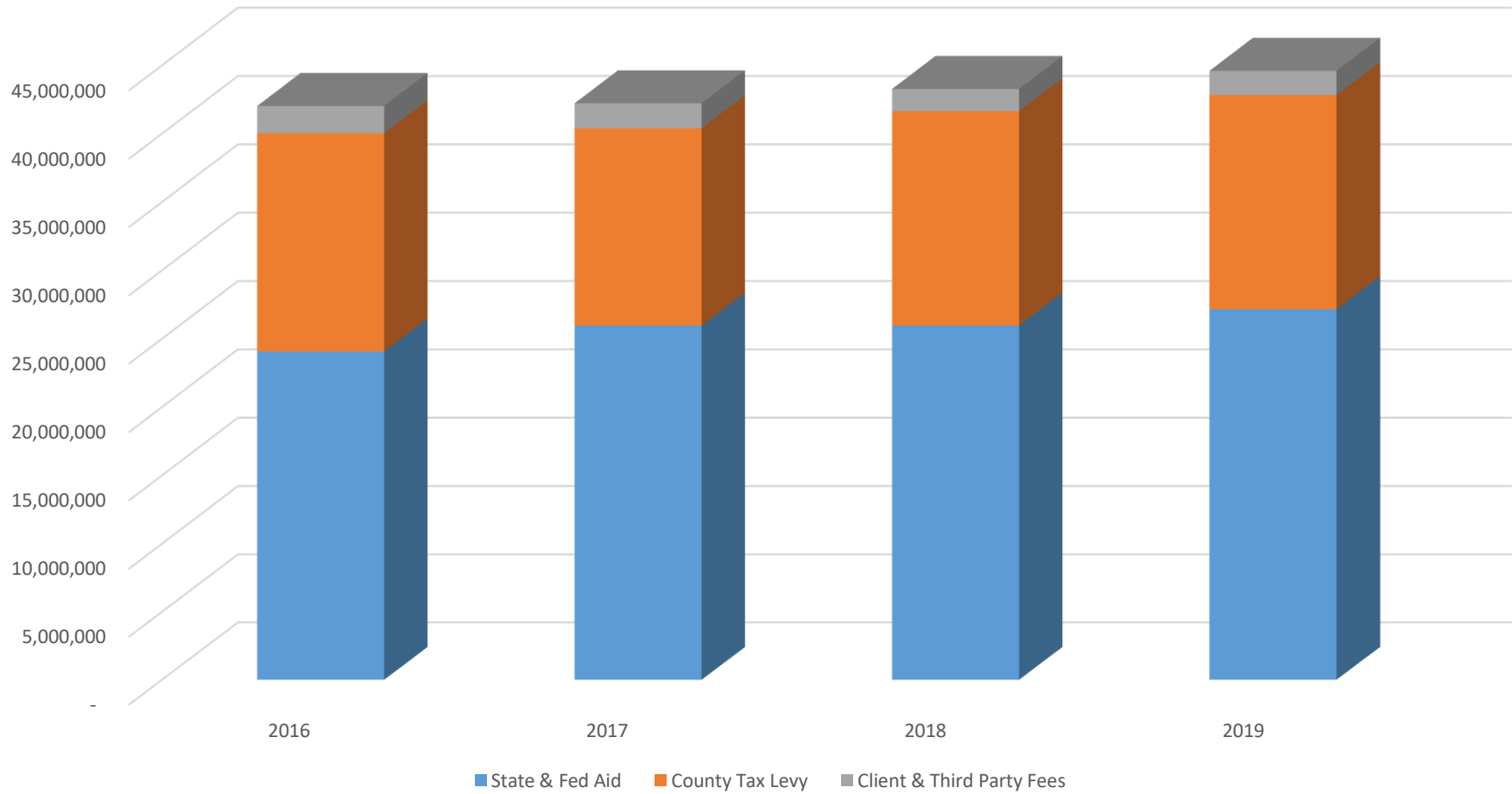
State & Federal Aid
61%

Client & Third Party
Fees
4%
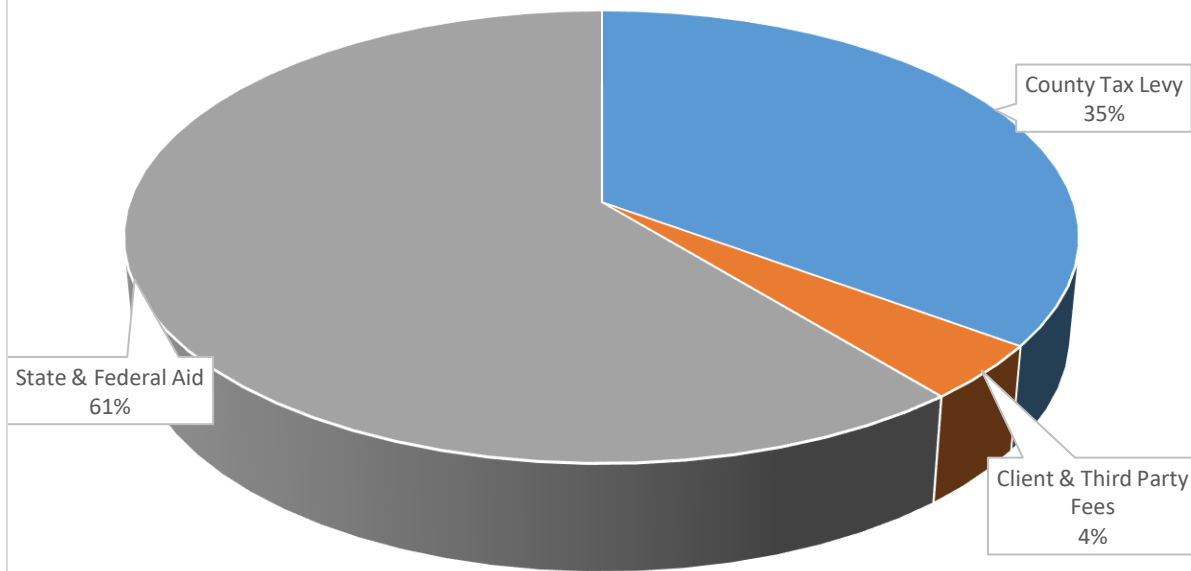
STATE & FEDERAL AID INCLUDES:

- Grants
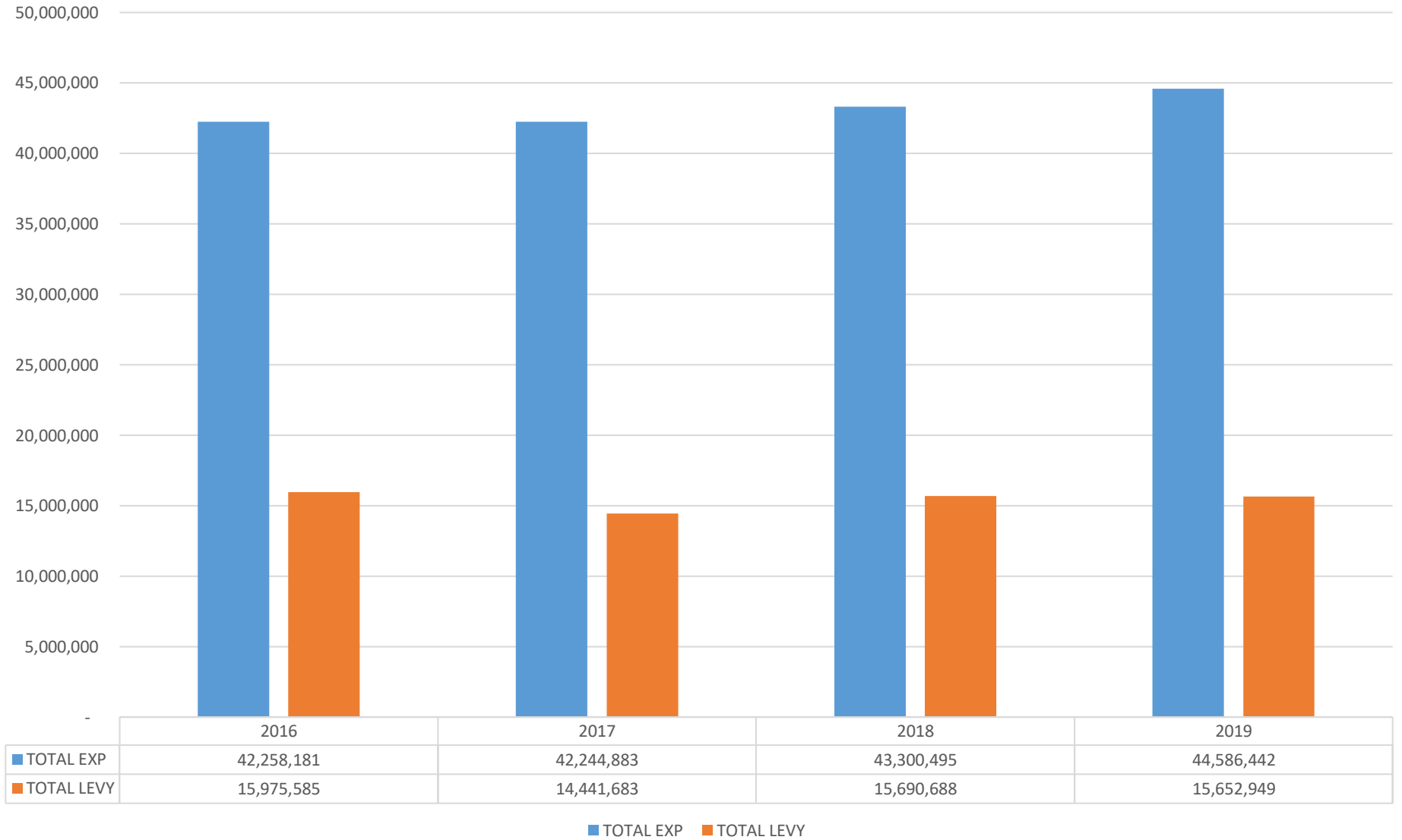- Medical Assistance
- Income Maintenance

CLIENT & THIRD PARTY FEES
INCLUDES:

- Third Party Insurance
- Client Cost Shares
- Child Support
- Collections

WINNEBAGO COUNTY HUMAN SERVICES DEPARTMENT FUNDING SOURCES

Winnebago County Human Services Department
Total Expense to Tax Levy Comparison

	2016	2017	2018	2019
TOTAL EXP	42,258,181	42,244,883	43,300,495	44,586,442
TOTAL LEVY	15,975,585	14,441,683	15,690,688	15,652,949

■ TOTAL EXP ■ TOTAL LEVY

2019
Winnebago County Human Services Department
Expenditures by Division

Admin 7%
Behavioral Health 32%
Child Welfare 28%
Economic Support 8%
Long Term Support 25%

Legend: Admin, Behavioral Health, Child Welfare, Economic Support, Long Term Support