

Rock County
Human Services Department
2017 Annual Report



Mailing Address
PO Box 1649, Janesville WI 53547

Main Address
3530 N County Road F, Janesville WI 53545

608-757-5200

www.co.rock.wi.us/hsd

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Human Services Department

Mission Statement

Building upon the strengths of clients
to encourage independence by providing quality services
with respect for the dignity of all persons served.

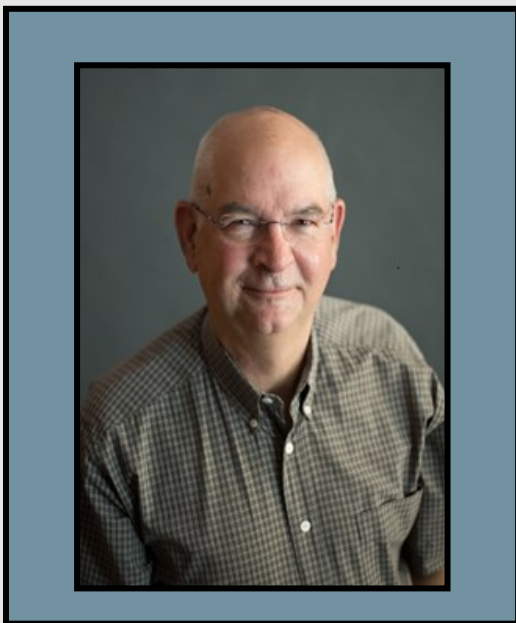
Message from the Director

The following pages provide highlights of the efforts and outcomes of the Rock County Human Services Department in 2017. These results reflect the efforts of a strong and committed Human Services workforce, enhanced by key collaborations with community partners and supported by a dedicated Human Services Committee and County Board.

Key challenges in 2017 continued to be connected to the ongoing opiate epidemic that threatens the life and wellbeing of too many individuals and families in Rock County. Rates of out-of-home placements for children and youth continued to increase and this presented extraordinary fiscal and operational challenges. The Human Services Department responded by working to expand best practice interventions to serve families in our Children Youth and Families Division while enhancing access to evidence based treatment approaches like those offered through our recently implemented OTP program. The Human Services Department continues to commit resources to prevention efforts by funding the Rock County Heroin Task Force which engages community coalitions and stakeholders to apply county-wide prevention and early intervention strategies.



Kate Luster, Director



Phil Boutwell, Deputy Director

Many of the underlying drivers of the difficulties faced by HSD clients are systemic, and rooted in complex social and economic variables that continue cycles of poverty and its consequences. One example of the systemic nature of the challenges experienced by our client populations is reflected in data regarding Adverse Childhood Experiences (ACES), which reveal that Rock County has the highest rates of childhood trauma in the state. These ACES correlate with significantly higher risk for poor outcomes later in life in the areas of physical and mental health, risky behaviors, problems with employment and workplace productivity. The Human Services Department is committed to understanding and responding to this reality by prioritizing Trauma Informed policies and practices across the Department which recognize and respond to the experiences of our client populations. Through partnerships with community efforts such as Safe and Stable Families and the Rock County Trauma Taskforce, HSD participated in efforts to prevent childhood trauma and promote hope and resilience for Rock County children and families.

The HSD staff make significant contributions to our community every day and their dedication and commitment inspire me. In order for our workforce to continue to be successful, we must sustain an organizational culture that effectively supports them to do this hard work. Toward this end, HSD took significant steps in 2017 to enhance workplace culture. Strategic training and planning focused on improved integration of diversity and inclusion principles, supports for staff related to secondary trauma, and an ongoing commitment to communication and authentic trust at all levels of the Department.

I am very proud of the accomplishments of the Human Services Department in 2017 and I am sincerely grateful for the opportunity to provide leadership in this challenging and important work. If you have any questions about the information provided in regard to our work or about the information included in this report, I invite you to contact me.



Katherine Luster, LCSW
Human Services Director
Katherine.Luster@co.rock.wi.us
608-757-5270



Human Services Board

Brian Knudson, Chair

Karl Dommershausen

Terry Fell

Linda Garrett

Ashley Kleven

Kathy Schulz

Terry Thomas

Sally Jean Weaver-Landers

Shirley Williams

The Human Services Board meets
the second and fourth Wednesdays
of every month at 4:30 p.m.

Meeting Location:
Health Care Center
3530 N County Road F
Janesville, WI 53545

For additional information:

www.co.rock.wi.us/human-services-board



Jennifer Thompson
Division Manager

1900 Center Avenue
Janesville WI 53546
Phone: 608-741-3684
Jennifer.Thompson@co.rock.wi.us

ADRC Contact Information:

1900 Center Avenue
Janesville WI 53546
608-741-3600 / 855-741-3600
ADRC@co.rock.wi.us

If you or someone you know
is at risk for adult or elder abuse,
please contact the ADRC of Rock County
at 608-741-3600.

Aging & Disability Resource Center and Adult Protective Services

The Aging & Disability Resource Center (ADRC) offers the general public a single source (one-stop-shop) for information and assistance on issues affecting older people and people with physical and developmental disabilities regardless of their income.

3,726 individuals served by the ADRC

20,175 contacts were made with individuals with varying types of medical, physical, social, and basic needs by the Information and Assistance (I&A) Specialists at the ADRC of Rock County. I&A provided customers with information on where to find adaptive aids, transportation, how to obtain public-funding, in-home services, dementia resources and much more.

571 people were assisted by the Disability Benefit Specialists (DBS) at the ADRC in 2017. The value of benefits obtained, retained, or increased by the two staff was over \$1.5 million dollars.

233 outreach events

ADRC Impact Story

After the hurricane disasters in Puerto Rico in the fall of 2017, a couple who relocated to Rock County from Puerto Rico came to the ADRC for assistance. The gentleman, who had survived a brain aneurysm three years earlier, required significant help in the home. Most recently, he was experiencing increased falls and was having difficulty accessing needed medical care. As a result, his wife, and primary caregiver, was feeling a high degree of “caregiver burn-out” due to the recent relocation, having limited supports in the community, and her husband’s extensive care needs. The ADRC connected the couple with transportation services for medical appointments and assisted in scheduling those appointments. The ADRC also screened this man and found him eligible for a long term care program. The long term care program provided care to him in his desired setting and significantly relieved his wife of some caregiving responsibilities. With the in-home assistance, she was now able to leave the house for periods of time; whether it be to run errands or just take a break. She felt such relief that she began talking about joining a church and connecting with the Puerto Rican community to build additional natural supports for herself and her husband.

Transitional Services

The ADRC Transition Specialist works with youth (beginning at age 17½) who have intellectual/developmental or physical disabilities, and their families/guardians, to help *promote independence* as they transition from children’s programs to adult programs. The Transition Specialist has a *vital role to educate and create awareness* of the many different services, opportunities, and programs available to young adults with disabilities. In 2017, the Transition Specialist provided a great deal of outreach in the community including: participated on the Rock County Transition Network, held informational meetings for students at area high schools (which resulted in community conversations pertaining to employment and transportation in the Beloit Area), hosted a Transition Fair for families to meet 30+ service providers, and sat on the Project SEARCH steering committee which provides opportunities to gain work experience through different internships and enhance future employment opportunities.

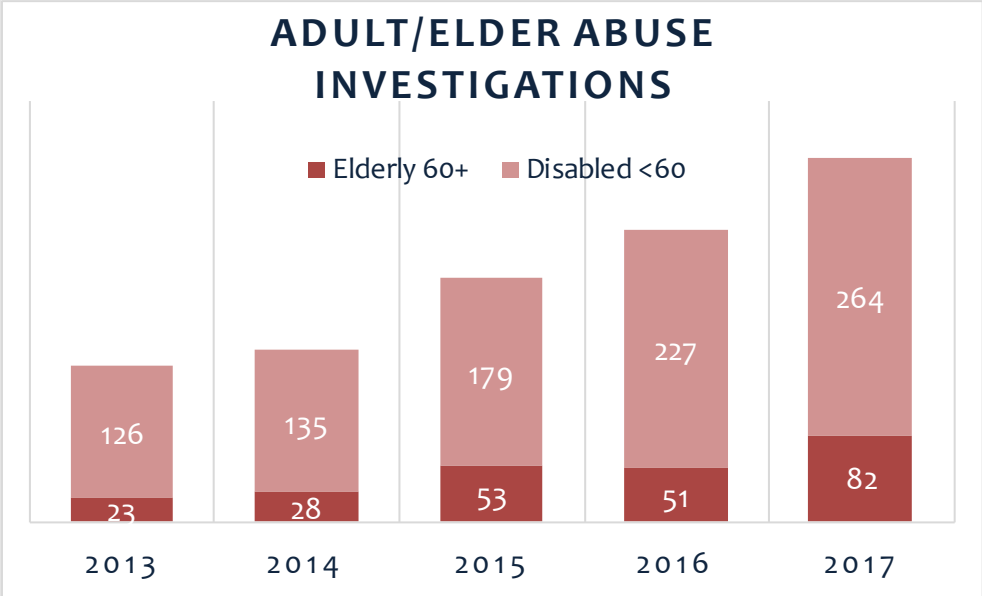
Family Care Implementation

399 = People on the waitlist
as of 12/31/2017

2017 was the first full year of Family Care implementation. Information and Assistance (I&A) Specialists continued to work with individuals from the 400+ waiting list by screening them and providing enrollment counseling. Over 200 elderly, physically disabled and/or developmentally disabled adults were enrolled into a Family Care or IRIS program in 2017. Despite the substantial number of enrollments, the waiting list continues to grow at a faster rate than what are removed and enrolled each month. Following State guidelines, the ADRC enrolls on average 17 members per month, whereas the waitlist increases on average 25 people per month. As we work through 2018 and into 2019, inevitably, the long-term care waitlist will be, and MUST be, eliminated by June 2019 and anyone who seeks services will be entitled to do so immediately.

Adult Protective Services

Just like in previous years, the number of **abuse and neglect reports increased** again in 2017—this time by 22%. In addition, as implementation of Family Care launched into 2017 and with the closure of the Developmental Disabilities Board, the Adult Protective Services (APS) unit began assuming the role of investigators of abuse and neglect for Developmentally Disabled adults as well as conducting the annual WATT’s reviews for those protectively placed. Moreover, the abuse and significant neglect or hardships being reported were substantial in 2017. APS staff investigated cases involving neglect by caregivers, self-neglect due to the inability to care for one’s own personal needs, uninhabitable living environments and numerous financial exploitation situations.



128
Guardianship and/or
Protective Placement
Referrals

APS In Action

A recently widowed gentleman was referred to Adult Protective Services (APS) due to his inability to care for himself, wasn’t taking his medications, lack of hygiene and unable to perform activities of daily living. When the APS worker assessed the home, she found it in unspeakable condition and with the assistance of Code Enforcement, the home was deemed uninhabitable. Knowing he needed help and with no place to go, the gentleman was agreeable to services and actively engaged with the ADRC and APS. APS was able to use elder abuse funds to assist him with a respite stay at a facility while applications for permanent housing were completed. In addition, the ADRC screened the man and provided enrollment counseling for publicly funded programs. When an apartment was found in Walworth County, APS also used funds to purchase housing start-up items such as kitchen supplies, a microwave, bathroom necessities, and a new bed and bedding. He was able to enroll in a Family Care program in Walworth County and is currently very happy living in his new place with his two cats. In addition, he has made acquaintances with his neighbors and states that he likes the new town that he lives in.

Help for a Family

A very over-whelmed elderly man, met with the Dementia Care Specialist (DCS) during open office hours at a local agency. He came in with a prepared list of questions to ask the DCS regarding his wife, who had dementia. Although she answered his questions, the DCS could see and hear the stress he was baring due to caring for his wife. After meeting with him for an extended period of time, she encouraged him to contact her in the future if he had additional questions or concerns. He attended several DCS presentations, but eventually did reach out to her to schedule a larger family meeting.

While talking with the family, the DCS was able to identify specific concerns with regard to the well-being of both him and his wife, as he was developing his own health concerns as well. Knowing that caregiving is both physically and emotionally challenging, a discussion was had about the importance of taking care of himself. He was encouraged to think about what he needed most and to share that with his children. In addition, the DCS encouraged an honest conversation about whether he could meet the needs of his wife safely at home any longer.

As his health concerns worsened, the family decided that both their father and mother should move to an assisted living facility. Despite not wanting to move, he agreed so he could be near his wife and began touring facilities, looking for one that would be right for both he and his wife. While going through this process, he shared with his family the gratitude he had for the DCS. ***Not only did he feel she was helpful, but he appreciated being told that he had done a great job taking care of his wife and helped him recognize that it might be time to allow others to help him out.***

Unfortunately, he passed away two days before moving into the assisted living facility. Even though he passed, the family was relieved that their father was very much involved with the care of their mother and they had his blessing as to which facility to move her to. The family has also reported that their mother has settled nicely into her new home.



As the number of individuals with Alzheimer's disease increases, so does the need for positive emergency interventions. The Purple Tube Project began development in 2017 to aid in the safety of individuals with dementia during a crisis. This project, in collaboration with law enforcement and EMS, provides families and first responders with information that may be helpful in the event of a medical or behavioral emergency. The person-specific safety plan and other important information is all retained in (literally) a purple tube and is shared with the 911-Communications Center as well as Crisis to aid in emergency response. Purple Tubes will be made available to families in 2018.

Dementia Training for Rock County First Responders

The DCS created and provided a 2½ hour dementia training for Rock County Law Enforcement agencies as well as Emergency Medical Response (EMS) teams in 2017. This training provided them information about the disease, how to communicate with dementia patients and their families, where to go for additional assistance (Purple Tube Project, see above) as well as provided them with a "simulated dementia experience" where they *felt* the symptoms of dementia. It is anticipated this training provided our first responders the tools they need to respond appropriately to individuals with dementia.



Greg Winkler
Division Manager

3530 N County Road F
Janesville, WI 53545
Phone: 608-757-5211
Greg.Winkler@co.rock.wi.us

Mailing Address:

PO Box 1649
Janesville, WI 53547

Key Contacts:

Behavioral Health Intake
608-757-5229

Crisis Intervention
608-757-5025

Behavioral Health

The Behavioral Health Division works to create and sustain a welcoming system of high quality care focused on respect for the dignity of each person served. Evidence-based treatment, trauma-informed care, and person-centered recovery are the grounding principles that underlie the Division's culture of care. A continuum of services is organized into 5 program areas:

Children's Long Term Support

Community Support Program

Comprehensive Community
Services

Crisis Intervention & Stabilization

Outpatient Clinics

Children's Long Term Support (CLTS) Program

Over **250** children were served in 2017

The CLTS program provides case management services to children with disabilities (physical, intellectual, behavioral, and emotional) and their families. Case managers assist the children to get and stay connected with services and supports that allow them to remain in the community rather than being placed in institutions. In the last months of 2017, the CLTS program implemented steps to double its capacity in response to a state-wide mandate to improve access to services for children. As a result, the program is poised to dramatically increase access to care for many more children in Rock County in 2018.

Providing Support to Children and Their Families

A four year old boy was enduring severe physical health problems that required multiple hospitalizations per year. He was also involved with Child Protective Services because his medical team was concerned that he was being neglected by his parents. CLTS admitted him to the program early in 2017 and began providing case management to assist with respite care, and adaptive aids. This proved to be a pivotal moment in his life, one that would begin to turn things around for him and his family.

Today, one year later, he is able to walk independently and, while he still has a feeding tube, he has started eating pureed foods. He no longer needs in-home school services because he is now healthy enough to attend pre-school and will start kindergarten in the fall of 2018. He is hearing impaired and has resumed his sign language lessons and has started going to the YMCA regularly to swim, an activity that he loves.

Due to this progress, Child Protective Services is no longer involved with him and his family and he has avoided all hospitalizations for the last year! While he will always have complex medical needs, he is, as his parents now say, “thriving” at home, at school, and as a growing boy.



Birth to Three

More than **500** children were referred to Rock County's Birth to Three Program in 2017. These services are provided through a partnership with CESA 2. The Birth to Three Program is an early intervention program that serves children with developmental delays and disabilities and their families from birth up to the age of three.

Community Support Program (CSP)

served over **230** clients in 2017

The Community Support Program provides services to adults with severe and persistent mental illness. The CSP program strives to keep individuals in the community and out of institutional settings, such as jails, prisons and state hospitals. During 2017, over 94% of CSP clients were able to remain in the community without any institutional placement.

172,670

Services/
Contacts with
Clients

30%

Decrease in adult
state Institution
admissions since
2011

TRIPLED

CCS Client
Access to
Vocational
Opportunity

“Joe” has struggled with severe mental illness and alcohol dependence since before his admission to CSP nearly 20 years ago. The CSP staff had stuck with him for years, encouraging him to get treatment for his alcohol problem. Then, two years ago, he suddenly decided to go. The CSP case manager arrived at Joe’s home for a routine visit and Joe was there, with a bag packed, and he said, “I’m ready to go to treatment.” Lindsey started making phone calls, collaborated with the Rock County Walk In Clinic, and was able to develop a plan for Joe. He went to detox at a local hospital and then to a residential treatment facility in Madison, funded by the AODA Block Grant through Rock County. After five weeks in the treatment center, Joe was able to return to Rock County and continues to live in a safe, sober-living home. With almost two years of sobriety under his belt, he has made tremendous progress. He attends AA meetings every day and sometimes even leads the meeting. He has been able to keep the job that he has had for 15 years. He goes to church and has significantly improved relationships with his family, which has been a strong desire of his for years. He has lost 100 pounds which has, in turn, allowed him to reverse his pre-diabetes diagnosis and discontinue his blood pressure medication. Joe is happier than ever and no longer carries the burden of drinking every day. He continues to focus on managing his mental illness while making new friends and building a satisfying social life.

Comprehensive Community Services

served over **100** individuals during 2017 through more than **12,000** service contacts.

The CCS Program provides individuals six years of age and older with service facilitation (similar to case management) and a network of flexible services to meet each individual's unique needs. This program has seen tremendous growth since its 2014 inception and 2017 is no exception. In 2017, the CCS program moved its operations from multiple locations to the Rock County Job Center.

CCS added an employment specialist in 2016 and the results of this service are evident throughout 2017. Through these efforts we have seen a significant increase. The percentage of interested CCS clients who are working and/or volunteering doubled from late 2016 through 2017 and many other clients are involved in searching for similar opportunities..

“John” is a young adult who has a severe mental illness. He first experienced symptoms during his college years and this impacted his functioning to the point that he had multiple hospitalizations and had to drop out of college. This experience was devastating for John, and over time Rock County Crisis Services worked closely with him to eventually connect him to CCS. John engaged with CCS and began talking with his Service Facilitator about wanting to find a job. John was connected with the CCS Employment Specialist and they partnered together to identify opportunities, complete applications, meet employers, and interview for jobs. Through coaching and practice, the Employment Specialist helped him feel confident in having independent interactions with potential employers. He accepted a job at a fast food restaurant and the Employment Specialist helped him coordinate his work with the bus schedule so that he would have independent transportation. CCS was able to provide him with bus tokens to help him until he got his first pay check. The Employment Specialist then helped John talk with a benefit specialist so he could understand how his income would affect his benefits. John later decided he enjoyed working, but that this particular job was not the best fit. The Employment Specialist then helped John determine what a better fit would be. Ultimately, he found another job with a catering company where he is much more satisfied. John is still employed there and feels a sense of accomplishment. During a discussion about his recovery, John said “motivation is the key to success and YOU are the only one who can ignite that inner spark.”

CCS consumer satisfaction results indicate that consumers feel in control of their recovery plans and are seen as a whole person. They believe that their right to choose their own treatment options is respected and that they are supported in making informed decisions. Youth and families specifically indicate they receive services in a way that is convenient for their schedules.

Consumers in the CCS program are consistently working towards and achieving goals that they set for themselves. This is the essence of CCS as a person-centered program.

58% of all goals created by CCS consumers were met
89% of CCS consumers met at least one of their recovery goals

CCS hired the first full time **Peer Specialist** in the Human Services Department in 2017

This staff person has helped consumers attend medical appointments, participate in therapy groups, and make informed medication decisions. “Jane” has worked with the peer specialist for the past year. She has many challenges and is proud of herself because she has completed one year of sobriety from alcohol and marijuana. Her goal is to make it to five years of sobriety. Jane says, “I feel blessed with what I have today, and find peer support to be very helpful.”

Rock County Crisis Intervention and Stabilization

provides services to individuals with emergency mental health needs and short-term stabilization needs.

Rock County Crisis Intervention and Stabilization programs provide services to individuals with emergency mental health needs and short term stabilization needs.

The Crisis Services program also oversees the **Jail Reentry Program**. This program includes a Case Manager who works with Rock County Jail inmates who have a mental illness. This position started in 2015 and has become extremely valuable as a way to assist with housing, employment, and other areas that are critical to the success of someone returning to the community. In 2017, Rock County renewed its commitment to this program that served over 100 clients.

Harpers Place is a Crisis Stabilization facility in Rock County that provides an alternative to hospitalization. This is a much more accessible, community-based, and economical option compared to a hospital or institutional setting. In 2017, Harpers Place admitted 142 individuals and we have worked collaboratively to develop a plan to increase this capacity for 2018.

“Kyle” had been struggling with alcoholism and homelessness for decades when he came to the attention of the Crisis Intervention staff. An assessment of Kyle’s safety and immediate needs revealed that he was at risk for withdrawal, had no income or social support, and that he was dealing with a significant heart condition. Crisis started the process of helping Kyle by connecting him to resources and partnering with community agencies including NAMI (National Alliance on Mental Illness), Substance Abuse Treatment agencies, and the ADRC (Aging and Disability Resource Center). Through a collaborative process with Kyle, Crisis and the partner agencies linked him with temporary housing, health care, and treatment for alcohol dependence. As a result, Kyle has received treatment, including surgery for his heart condition, and has significantly reduced his alcohol use. He is in stable, independent housing for the first time in 30 years, and expresses hope about turning his life around. Kyle’s story is representative of how the Crisis Intervention staff approach the complex situations that arise every day in Rock County. This combination of assessment, safety planning, and connection to resources is the hallmark of the Crisis program.



Outpatient Mental Health and Substance Abuse Services

Includes broad mental health and substance abuse services delivered at **THREE** Rock County Counseling Center clinic locations.

Outpatient Mental Health and Substance Abuse Services

The Outpatient Program has worked towards enhancing and adding services to address the increase in opiate use in Rock County. The Outpatient Services area implemented a new Opiate Treatment Program in 2017 that has filled a gap in services. OTP provides clients with counseling as well as rapid access to medication-assisted treatment, a vital component of safely helping individuals stop using opiates. This program was possible due to government grants and, as 2018 rolls around, the program is poised to continue to receive this grant funding.

Rock County operates the treatment components of two Treatment Court programs, Drug Court and OWI Court. These innovative programs, which served 95 and 39 clients respectively in 2017, include close collaboration with a team of criminal justice professions and a Rock County judge. These programs are critical to providing treatment for clients who have a substance abuse problem that has led to involvement in the criminal justice system.

“Linda” entered the Rock County Drug Treatment Court program early in 2017 at 25 years old. She came to the program after seven years of opiate addiction and criminal charges such as battery and theft that arose from her drug use. Linda had participated in multiple treatment programs both in prison and in community treatment centers and was an inmate at the jail when she started in Treatment Court. While it was clear that Linda struggled with drug use, the assessment revealed that she also struggled with issues related to her family, finances, and employment. Linda participated in the development of her treatment plan which included group sessions, individual therapy, urine screens, and medication to reduce cravings for heroin. While treatment initially helped Linda to maintain sobriety, she also took the opportunity to make more significant changes in her life. She has been able to repair a broken relationship with her mother which is now stronger than ever. She is also working on rebuilding relationships with other important family members. Linda has maintained employment and plans to attend college in the near future. Linda has been sober from all substances for five months, has a sponsor, and is a regular attendee of community support meetings. Linda successfully graduated from the Drug Treatment Court Program early in 2018 and she is very proud of the progress that she has made and maintained.

Janesville Counseling Center
113 S Franklin St
Janesville, WI 53547

Beloit Counseling Center
64 Eclipse Center
Beloit, WI 53511

Treatment Court Services
303 W Court St
Janesville, WI 53548

In 2013, Rock County started the Walk In Clinic, a screening service for individuals with concerns about their substance abuse. This has been a popular service as it does not require an appointment and individuals get immediate guidance about what next steps to take. The Walk In Clinic is also able to authorize funding through the AODA Block Grant to assist individuals to access needed treatment programming. In 2017, Walk In Clinic staff assisted 340 individuals to identify and/or connect with appropriate treatment resources.

The risk of overdose death for individuals who use opiates is considerable, and the clinics have been able to provide overdose prevention education to approximately 150 individuals who are at risk of overdose. We partner with community agencies in this effort to both educate individuals and their families as well as to connect them with Naloxone, an overdose reversal medication that saves lives.

The Rock County Counseling Centers also operate mental health clinics in Janesville and Beloit. These clinics have been in existence for decades and provided counseling, nursing, case management, and/or psychiatry services for over 800 individuals during 2017.

“Bob,” a client of Outpatient Services, had been participating in outpatient treatment for several years to address symptoms of a severe mental illness. After living with his mother most of his life, he was forced into a stressful situation when she had to move into a nursing home and they lost their housing. His case manager assisted Bob to work with community resources, landlords, and Bob’s out-of-town family members to avoid the impending homelessness. This work and partnership paid off! Bob is now in safe and stable housing and living independently for the first time in decades. Even better, he is thriving as an independent adult functioning in the community!



Improving Suicide Care in Rock County

The Behavioral Health Division continues to implement and refine a Zero Suicide model of care. Simply stated, this model is a framework of suicide screening, assessment, safety planning, and treatment that is consistently applied across all of our programs. After initial implementation of suicide screening in 2016, we have continued to build upon the success of this effort. In 2017, we conducted extensive training on screening and assessing for suicide risk and developing safety plans. Momentum for this effort continues to grow as it becomes more fully integrated into our daily routines.





Lance Horozewski
Division Manager

3530 N County Road F
JANESVILLE WI 53545

Lance.Horozewski@co.rock.wi.us

608-758-8430

Mailing Address

PO Box 1649
Janesville, WI 53547

To Report Abuse or Neglect:

608-757-5401

Children, Youth and Families

The Children, Youth and Families Division (CYF) is composed of Child Protective Services (CPS), Juvenile Justice and the Youth Services Center (YSC). The Division's work is guided by the need to protect children from maltreatment and ensure public safety and juvenile accountability by using evidenced-based programs and practices to increase the skills and competencies of clients to promote positive behavior change.

CYF Mission

The mission of the Children, Youth and Families Division is to empower families and youth by building upon strengths through services and relationships that center on family, encourage hope and establish a supportive team that ensures safety within the family and community.

Child Protective Services

CPS receives reports of child abuse or neglect, initiates assessments when reports meet legal standards and provides case management of families in need of child protective services. In 2017 CPS removed **150** children from their homes. A major driver of the increase in children having to be removed from their homes was parental substance abuse. A point-in-time survey identified **39%** of open cases had heroin abuse as the primary reason for removal from home.



Early in 2017, CYF Management identified CPS worker turnover as an area of needed improvement. This identified need was reflected in 2016 with over 57% of Initial Assessment and Ongoing workers leaving CPS. An in-depth study was conducted looking at the root causes of CPS worker turnover. The study included reviewing literature on the major causes of CPS worker turnover, conducting focus groups and surveys, and reviewing exit surveys. As a result of this project there were three significant findings. The first being that workload was the most significant contributing factor for leaving CPS. The second being workers did not feel their direct supervisor had sufficient time to provide adequate guidance. The third being that training was not adequate making workers feel unprepared to do the work. As a result of the study, CYF Management sought a three pronged approach to address turnover. The first being to establish a contract for paraprofessional services to help relieve workload stress. A contract was established in late 2017 with Professional Services Group for a January 2018 start date. Another action step taken was the CPS training position was upgraded to a Supervisory position. This change created another unit to bring down the supervisor-to-worker ratio. The upgrading of the trainer position also addressed the need to improve training of new workers. As a result of significant attention being paid to this critical issue, the turnover percentage went from over **57% to 13% in 2017**.

Juvenile Justice Continues Reduction of Reliance on Secure Detention

Rock County Juvenile Justice Services provides supervision and case management to youth and their families. In 2017, there continued to be historic lows in the use of secure detention. Over a six year period there was a 45 percent decrease in the use of secure detention, all while the juvenile arrest rate has gone down by 14 percent. A challenge continues to be the racial disparities that exist in the juvenile justice system. In 2016 (most recent arrest data), African American youth were arrested at five times the rate as white youth.



In-Home Safety Services (IHSS) and Post Reunification Services (PS) Programs

Both IHHS and PS are programs partially funded by the Wisconsin Department of Children & Families. IHHS funding supports safety services to prevent the removal of children from their home. The majority of funding pays the salaries of staff who work directly in the homes with families providing safety intervention services and ensure compliance to safety plans. In 2017, IHHS prevented the removal of 52 children from their parent’s care and reduced the traumatic experience that is associated with having to enter foster care. The PS program provides flexible funding to families in order to stabilize children when reunified with their parents and prevent the children from coming back into foster care. In 2017, the PS Program served nine children. The rate of children having to be placed back into foster care after reunification in 2017 was 6.4% as compared to the statewide re-entry rate of 11.28%.



CPS In-Home Safety Services: Saving Lives Without the Trauma of Foster Care

After graduating high school “Dave” enlisted in the military and served in both the Marine Corps and the Army. He performed many tours while on active duty and sustained a significant amount of trauma through his service. In order to deal with his trauma, he began drinking and developed an addiction to alcohol. Dave has maintained short periods of sobriety over the years. In addition to drinking alcohol, he used THC to help manage his mental health brought on by his traumatic experiences.

In 2017, Dave awoke to find his wife passed away, with his daughter in her arms. Dave blamed himself for not knowing and thought he could have prevented his wife’s death. As a result, Dave turned to alcohol heavily, and noted that he was drinking a pint of tequila a day prior to CPS involvement. CPS intervened and put a protective plan in place which included having Dave’s daughter voluntarily stay at her aunt and uncle’s home. The family expressed a lot of anger towards Dave for his drinking and lack of care for his daughter.

Dave initially struggled with CPS involvement and blamed his relatives for lying and making these reports. Walls were built between him, his family, and his late wife’s family. Because of Dave’s trauma, it was hard for him to trust. Dave quickly learned that something had to change. He realized losing his daughter was the last thing he wanted.

Dave’s behaviors are easily judged, and historically CPS would have removed a child from this situation and placed the child in foster care. Dave would have had to engage in multiple services and demonstrate significant change for at least a period of a year. The initial assessment worker, Sam, partnered with Dave and wanted to ensure he had a chance to keep his daughter. Sam took the time to learn Dave’s trauma history and seen motivation in him and felt Dave would be successful working with In Home Safety Services.

Through engagement, Dave quickly became motivated to make small changes. While his daughter was out of the home for a short time, he ripped his home apart and remodeled. He completed treatment for his AODA issues, and has remained engaged in groups the entire time his case was open. IHHS helped link him to mental health treatment to work on his PTSD and trauma. Dave has remained sober. Dave is noted to be a great cook and keep a clean home. He has consistently demonstrated how to meet his daughter’s needs, and was noted by many to be a great parent.

When interviewed Dave stated, “I would not have made it if I lost my child to foster care.” He admitted at first his hesitation to the program was due to what his family was saying about him. He knows now that he was in a bad place. He never grieved his wife’s death and “hit the bottle again.” Dave stated, “I had absolutely no problem with any CPS staff. I enjoyed their company.” Dave further noted that he really appreciated Janella, the IHSS parenting coach. He said, “She is a wonderful woman and has a great personality. When I was down, she really brought my mood up.” Dave also complemented social worker Patricia Lawrence for her service. He stated, “Patti is a straight shooter. I always knew what to expect regarding the program from her, she is a great communicator, and does well at her job.” He stated, “That was the most horrible thing I have been through in my life.”

Dave indicated that being in this program helped him open his eyes and feelings toward his family. Since the department became involved he has had his parents over weekly for dinner, as well as invited his late wife’s sister over to spend time with his daughter. He developed a far more positive outlook on life and no longer takes things for granted. He stated he felt so alone and had so many regrets. He knows now that he cannot live in regret, and he is “happy to have my little angel with me.” He did not realize how hard it was going to be when he became a single parent and it was helpful to have the support from the staff in the IHSS program. He noted that he felt their compassion and knew they were there to help.

Organizational Effectiveness Team Helping Improve Child Welfare Practice

The Organizational Effectiveness (OE) Team is a cross division practice improvement workgroup that is led by direct service staff. The OE team was organized in 2015 to lead the integration of CPS and Juvenile Justice into a single division. Each year the OE team takes on several projects to improve the practice in either CPS or Juvenile Justice. In 2017, the OE team had three major project accomplishments. The After Hours On-Call Enhancement Project made simple changes to the On-Call process to help reduce worker burnout due to being on-call. Another project accomplishment was the development of a Rock County specific Family Interaction Policy and Procedure. The OE Team spent a great deal of time developing and then writing a comprehensive family interaction policy that now incorporates best practices to guide child and parent interactions when children are in foster care. The final OE project was to develop a drug testing policy manual that follows best practices.

Co-Worker Support Program Helping Reduce Secondary Trauma Critical Incident Response Team (CIRT)

CIRT is a Peer-to Peer support program based on the Critical Incident Stress Management evidenced based program. In 2017, the Critical Incident Response Team (CIRT) members provided fifteen peer-to-peer supportive consultations with workers. CIRT members facilitated three group debriefings within the Children, Youth and Families Division. Two of these occurred at the Youth Services Center along with a follow up listening and support session.

Additional support CIRT provided across the division included a three-part series about mindfulness and self-care, two viewings of the documentary Paper Tigers, and teamed up with the Janesville Police Department for a Safety in the Field training for social workers. The CIRT team continues to expand and train new staff to provide peer support.

Making Education A Cornerstone For Youth Placed At The Youth Services Center

During the 2016/17 school year, the Janesville School District made significant investments in improving the quality of education for students at the YSC. The District provides four full-time teachers, including a math, history, physical education, and special education teacher. In addition to the core team, a full-time School Counselor and part-time paraprofessional are part of the educational team. Every student at YSC receives personalized education through either on-line or traditional teacher instruction. The paraprofessional assists with special education plans for identified special education students. The School Counselor offers academic and career planning for all students. For the 2016/17 school year, 78% of the students at the YSC had Individual Education Plans. In addition, collectively, students earned 40 school credits while placed at the YSC.



April Heim
Division Manager

1900 Center Avenue
Janesville WI 53546
April.Heim@co.rock.wi.us
608-741-3491

Mailing Address:
PO Box 1649
Janesville, WI 53547

Southern Consortium Call Center
888-794-5480

Online Applications:
www.access.wi.gov

Economic Support

The Economic Support (ES) Division of Rock County establishes eligibility for state programs, assisting many individuals with food and health care benefits. Recipients rely upon these programs to meet various needs within the community from supplemental food assistance to medical concerns. Each program serves various populations and incorporates different income guidelines and requirements. Requests for assistance can be made by coming into the Job Center and obtaining an application, receiving an application in the mail, calling the Southern Consortium Call Center at 1-888-794-5780, or applying on line at Access.WI.Gov.

Average Monthly Recipients

36,450



The ES Division requires a number of dedicated individuals trained in various responsibilities and accomplishing many tasks. The ES division has a total of 55 positions dedicated to the intricate state and federal requirements of establishing eligibility and informing clients of their options. All of the ES Specialists spend 50 percent of their time on the phones dedicated to the call center.

SOUTHERN CONSORTIUM CALL CENTER

The Southern Consortium Call Center (SCC) encompasses Economic Support Specialists from seven counties - Crawford, Grant, Green, Iowa, Jefferson, Lafayette, and Rock. The Southern Consortium is one of 11 consortia in the State of Wisconsin. The call center is the central point of contact for all customer business within the consortium. The SCC continues their “one-touch process,” meeting all customer needs while they are on the phone from beginning to end. In 2017, the Southern Consortium Call Center agents answered and helped **156,018** callers. SCC is continuing to meet state requirements regarding various contracted performance requirements. SCC agents are performing at an exceptionally high rate, consistently meeting or exceeding the performance standards. Call volume remains high with various specialties each caller can select when they begin their call. SCC has had a surge in call center activity.

(Data obtained from the monthly Income Maintenance (IM) Project report through December 31, 2017.)



The SCC had a ranking of
1st or 2nd in **10 out of 12**
months in 2017
(11 total consortia in WI)

ECONOMIC SUPPORT PROGRAMS

DHS.Wisconsin.Gov

[Medical Assistance](#)

[FoodShare WI](#)

[Badger Care Plus](#)

[Wisconsin Shares Childcare](#)

[Elderly, Blind and Disabled Medicaid](#)

[Wisconsin Home Energy Assistance Program](#)

Medical Assistance

Medical Assistance, or Medicaid, is the broad-based categorical name for the state and federally funded healthcare programs administered by the local county offices. The individual programs included under this umbrella are:

- BadgerCare Plus
- BadgerCare Plus Prenatal
- Elderly, Blind, and Disabled (EBD)
- Medicaid
- Emergency Services Medicaid
- Family Planning Only Services

Each program has different eligibility criteria to become qualified and receive benefits. The eligible customer may receive a Forward Health card depending on their program of eligibility. Those who receive a card may present it to healthcare providers to begin the process of verifying they are eligible for medical assistance benefits. Part of the process of becoming eligible for certain Medicaid programs requires the individual to select a Health Management Organization (HMO) within 30 days.

Medicaid Case
Count

26,497

Medicaid
Eligible
Individuals

45,136

Expenditure
Amount

\$211,487,576

BadgerCare Plus

BadgerCare Plus is a low income health care program meeting the needs of children, parents, caretakers, and childless adults throughout Wisconsin. Using Modified Adjusted Gross Income rules and IRS tax filing status, individuals navigate a complex system to qualify for benefits. If found ineligible, their application is transmitted to the Federally Facilitated Marketplace (FFM) to determine what insurance benefits and premium tax credits are available to them. If they begin at the FFM and their income is below the respective threshold for BadgerCare Plus, their application is electronically transferred to the local agency to determine eligibility for benefits. The Southern Consortium additionally establishes eligibility for “gap” cases. BadgerCare Plus program categories include families, childless adults, and Family Planning Only Services.

Long Term Care—Medicaid

Beginning in July of 2017, Rock County welcomed the Family Care and Iris programs as part of their programs of eligibility. Family Care, Community Waiver, Iris, nursing home, and institutional cases navigate a complex web of policy and assets. The eligibility for all of these programs requires assessing an individual’s assets as well as income and other non-financial criteria. In addition to working with the clients and families, the EBD/LTC Specialists work in collaboration with the Aging and Disability Resource Centers, Children’s Long Term Support, and two managed care organizations to gather information for applications.

Elderly, Blind and Disabled Medicaid

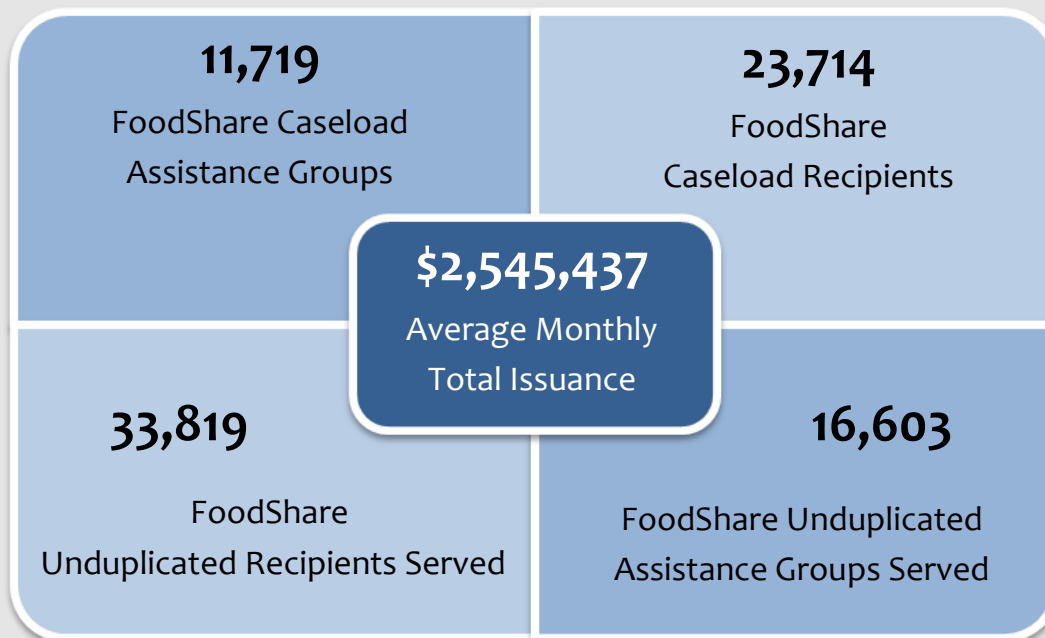
The Elderly, Blind, and Disabled (EBD) Medicaid programs encompass:

- Medicaid
- Medicaid Deductibles
- Medicare Savings Plan
- Medicaid Purchase Plan (MAPP)

These programs offer a varying degree of eligibility based on income.

FoodShare

Wisconsin's FoodShare program is federally funded by the United States Department of Agriculture (USDA). The program provides assistance to low income households to purchase food under the Supplemental Nutrition Assistance Program or SNAP. A number of factors determine eligibility including household size, income, and expenses. Once eligible, new members receive a QUEST card to purchase food from vendors approved to accept benefits. Rock County issued a total of \$30,545,241 in FoodShare benefits for the 2017 year.



ChildCare

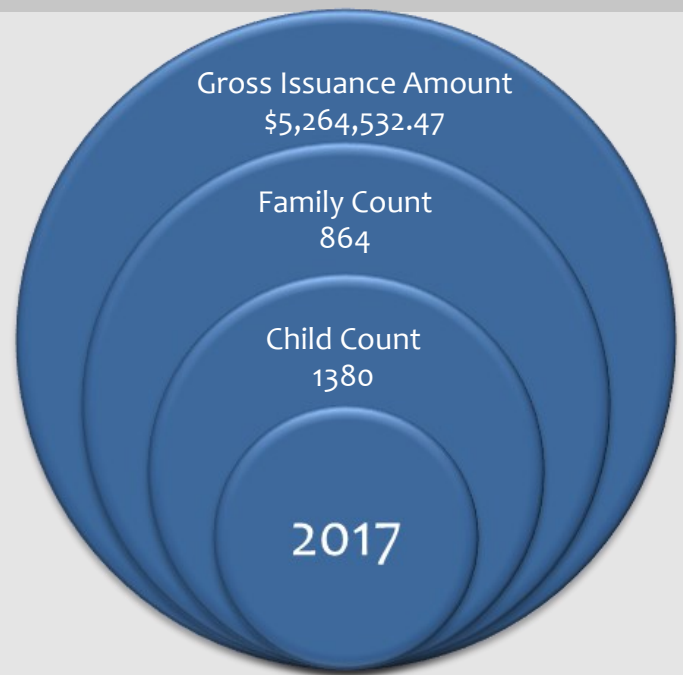
The Wisconsin Shares ChildCare program is funded by both the state and federal government. This program provides subsidies for working families, foster parents, and kinship care relatives to assist in the payment of child-care expenses. The childcare team saw the roll out of the MYWICHILDCARE debit cards in 2017. These are debit cards containing the monthly benefits. This was started so parents have more control over their childcare benefits and paying their providers. The Department of Children and Families (DCF) Wisconsin Shares ChildCare has completed its conversion of all authorizations being established in its new system (EBTCSAW). More updates will continue to occur throughout the 2017-2018 calendar year to EBTCSAW, including the introduction of a parent portal and provider portal.

Since 2010, the total number of children served Statewide has decreased, however the verification requirements have increased making the time spent working on a child care case longer. The child care team staffs the Child-Care queue on the Southern Consortium Call Center where they take changes, update authorizations, and process new requests for ChildCare.

Rock County oversees the subcontract with 4Cs for management of these providers. There are a total of:

- 13 regular certified providers
- 3 provisionally certified providers
- 32 licensed family providers
- 71 licensed group providers

4Cs completes regular outreach and education to providers to recruit new individuals for certification and update existing providers as well. Rock County assists with education efforts for new policy roll outs such as the MYWICHILDCARE debit card roll out for 2017.



Wisconsin Home Energy Assistance Program

WHEAP (also called LIHEAP) is a program funded by federal and state resources which assists low income recipients during the heating season with many services. Services range from heating payments directly paid to the provider, LP gas refills, and heating unit repairs. Rock County oversees the subcontract of these services with Energy Services. Energy Services assisted many households with their utilities in the prior heating seasons.

Front End Verification and Fraud

The Wisconsin Department of Health Services has shifted its focus in recent years to fraud prevention. As part of these efforts, the agency receives electronic residency verification reports listing individuals who may be residing out of state. Each lead is investigated to determine if they are out of state and residency is questioned, if necessary.

The Southern Consortium and Rock County follow the Income Maintenance policy regarding Front End Verification for certain error prone profiles. Common error prone profiles would be expenses met without any income, frequently mobile families, individual with income leaves the home after impacting benefits, etc. Cases are referred to a provider which meet the criteria for needing “eyes in the home” to verify information that cannot be obtained through other means. The Southern Consortium made a total of 231 referrals last year to O’Brien and Associates, of which 180 were made by Rock County agents.

In Rock County, a dedicated overpayment specialist works to complete overpayments referred by agents from SWICAs, client errors, agency errors, or quality control reviews. She receives referrals continuously through the year. In 2017, the overpayment specialist received a total of 2,557 overpayment referrals. She was able to complete 1,483. The total dollar amount of claims established in 2017 was \$1,098,730.37. When claims are repaid, the county gets back a percentage of these funds.



Sara Mooren
Division Manager

3530 N County Road F
Janesville, WI 53545
Phone: 608-758-8431
Sara.Mooren@co.rock.wi.us

Mailing Address:
PO Box 1649
Janesville, WI 53547

Administrative Services

The Administrative Services Division provides a wide array of support and fiscal oversight for the entire Department. The Division is broken into three main units:

Budget, Procurement & Program Monitoring

- Fiscal monitoring and budget development
- Contract management and provider monitoring
- Program and outcome tracking
- Data analysis

Accounting

- Grants management
- Accounts payable and receivable
- Third party and client billing
- Financial reporting and reconciliation
- HSD purchasing

Technology, Records and Quality Management

- Paper and electronic records management
- Administrative support
- Data management and analysis

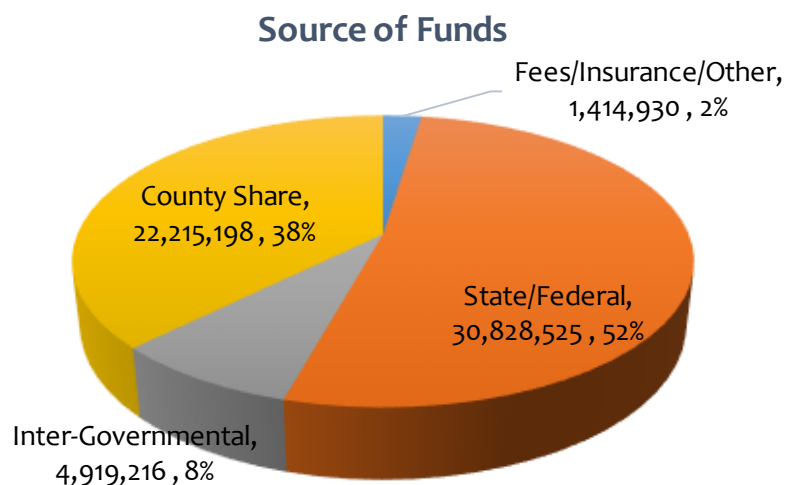
2017 RCHSD Financial Overview

As of May, 2018, Human Services Department 2017 unaudited expenditures totaled \$59,377,868. The portion of HSD services funded with county levy was \$22,215,198. The table below breaks out 2017 expenditures and revenue for each of the main HSD program areas.

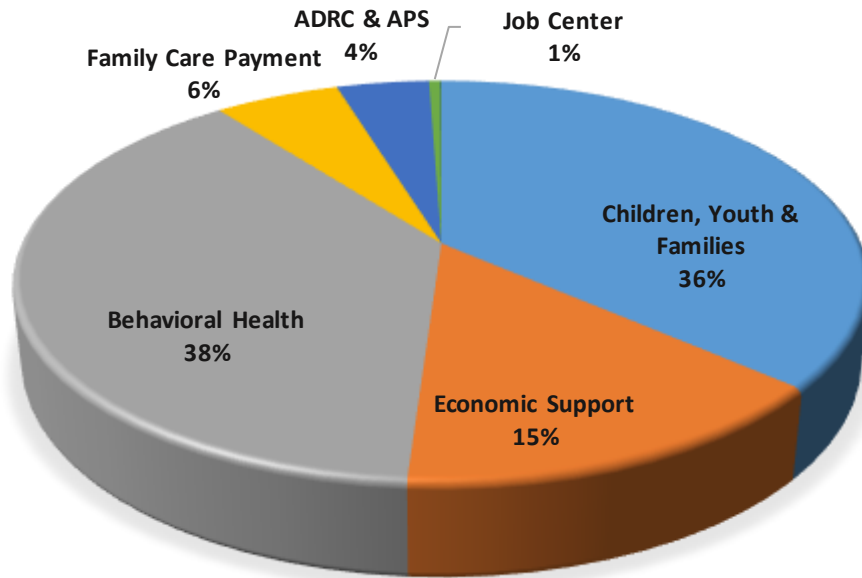
	Agency Management, Support and Overhead	Children, Youth & Families	Economic Support	Behavioral Health	ADRC & APS	Job Center	Family Care Payment	Total HSD
FTE Positions	35.0	135.0	55.0	146.0	22.0	2.0		395.0
Salaries & Fringe	2,514,338	10,631,580	3,445,212	11,290,668	1,793,784	103,908	0	29,779,490
Operating Expenses	729,494	2,407,160	244,479	3,455,033	139,531	199,210	0	7,174,907
Program/Contracted	26,480	7,287,346	4,233,150	6,975,496	286,523	7,559	3,367,990	22,184,544
Capital Outlay	22,020	22,649	22,220	160,960	7,371	543	0	235,763
Allocation of Services	(3,267,805)	1,310,584	716,119	976,542	267,724	0	0	3,164
Total Expenses	24,527	21,659,319	8,661,180	22,858,699	2,494,933	311,220	3,367,990	59,377,868
Revenues	11,597,237	4,947,549	8,080,916	9,979,962	1,919,760	637,246	0	37,162,671
County Share	(11,572,710)	16,711,770	580,264	12,878,738	575,172	(326,026)	3,367,990	22,215,198

Agency Management Support and Overhead (AMSO) includes Administrative staff; the Administrative Services Division, which provides support to the entire Department; and Department overhead costs. Costs that fall under AMSO are allocated out to each program division based on the number of full-time equivalent (FTE) staff. AMSO revenue includes State Community Aids and Wisconsin Medicaid Cost Reporting (WIMCR) revenue. The Job Center's county share reflects excess revenue which will be used for future capital projects and maintenance.

State & Federal revenue (52%) includes State Community Aids, other State/Federal program allocations, WIMCR, and various State and Federal grants. Inter-governmental revenue (8%) primarily includes Medicaid and Medicare billing revenue, and funds from other Wisconsin Counties. Fees/Insurance/Other (2%) includes client fees, Job Center rent, private and insurance payments, and any non-governmental grants. County funds provided 38% of Human Services Department funding in 2017.



Use of Funds



The two largest HSD Divisions in terms of staff and expenditures are the Behavioral Health and the Children, Youth and Families Divisions. The graph above does not include AMSO expenses as a separate category as those expenditures are allocated to each program area based on FTE count.

Number of Full Time Equivalent (FTE) Positions By Division

