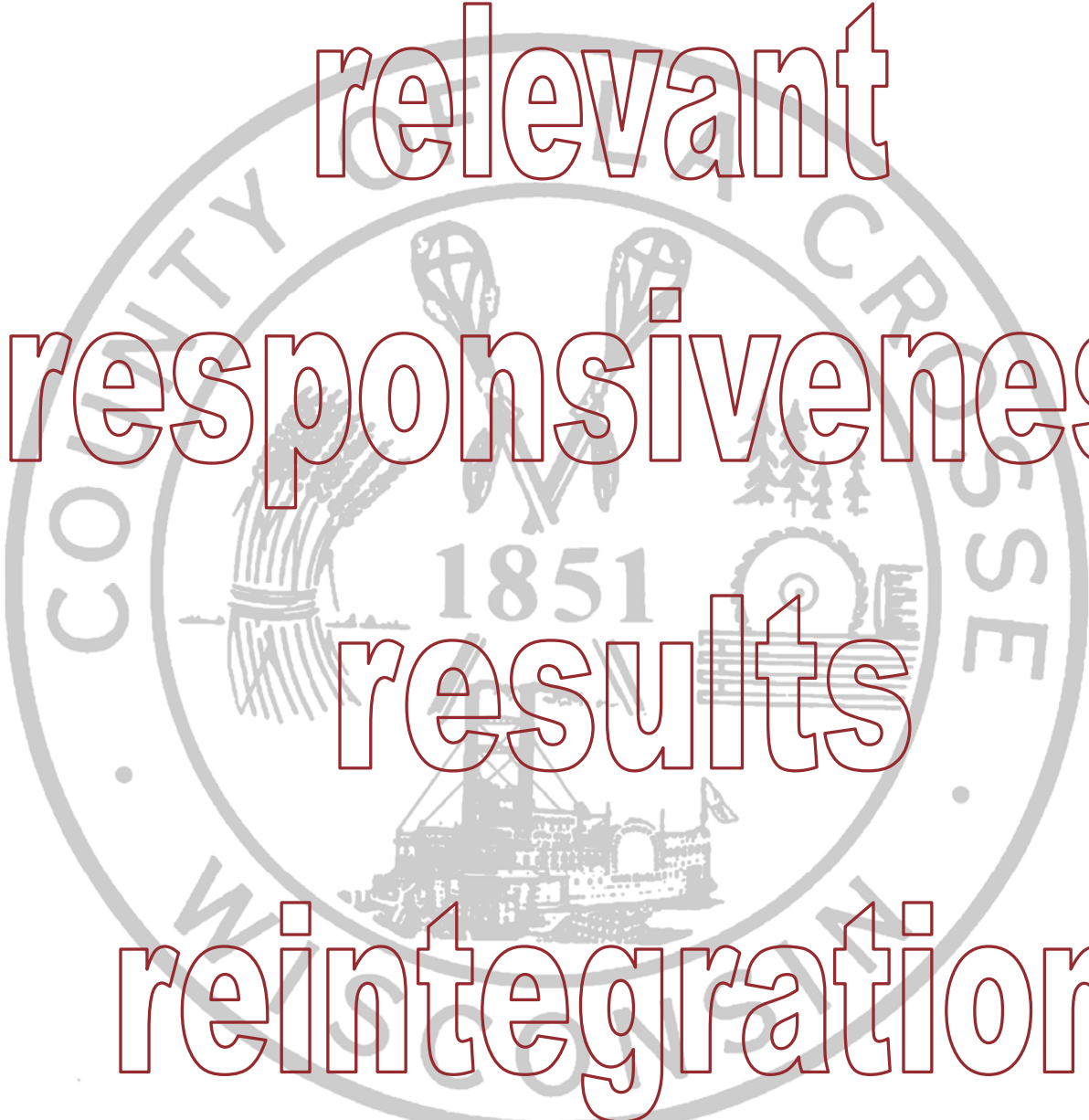


Human Services Department

2010

Annual Report



relevant
responsiveness
results
reintegration

www.co.la-crosse.wi.us/humanservices/

County of La Crosse,
Wisconsin

Mission Statement Human Services Of La Crosse County

*Enhancing self-sufficiency
and
quality of life
with respect
for the dignity
of the person served.*

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of Western Wisconsin

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Director's Executive Summary

Hardship related to the "Great Recession" lingered in calendar year 2010. It became clear that 2010 and 2011 would be years where the Human Services Department would need to work extra hard to position itself to continue to successfully fulfill its mission in light of what likely would be a major restructuring of government funding. The State of Wisconsin was able to mostly keep dollars for local Human Services Departments stable in 2010 through the use of federal stimulus dollars. But with those dollars going away in July of 2011, and with both the federal and state governments facing enormous deficits, major changes were on the horizon.



June 2010 marked an end to an era for the Human Services Department with the departure of Director Jerry Huber. After twelve years leading La Crosse County Human Services, Jerry returned to his roots on the East Coast for an excellent job opportunity. Operations Administrator Dean Ruppert stepped in as Interim Director and ably led the Department through the 2011 budget process. His focus on bringing section managers together under a "team approach" to budget development, eliminating "silos" and careful service prioritization kept the Department on the right track to face upcoming challenges.

The full 2010 report gives a nice overview of La Crosse County Human Services, program changes, finances and service usage. The summary below highlights examples of progress in 2010 categorized by three important strategic areas: (1) sharing resources with regional partners; (2) staying on the cutting edge of effective practice; and (3) developing less costly and restrictive community care options. All three of these strategies hold the key to securing a solid future for La Crosse County Human Services.

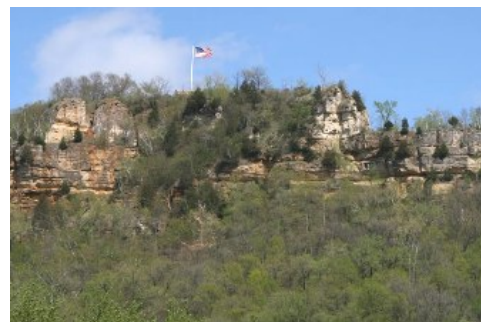
Sharing Resources with Regional Partners

Economic Support Services (ESS) Regional Call Change Center

In July 2010, La Crosse County's ESS Section, utilizing "seed money" provided by the State of Wisconsin, began a pilot program to provide Change Center services to seven regional partner counties. Partner counties include: Buffalo, Clark, Jackson, Monroe, Pepin, Trempealeau and Vernon. The Change Center provides a way for ESS customers to call and talk to an eligibility worker immediately in order to update their case and report changes that may impact their income maintenance benefits. It was developed to improve customer service and create workload efficiencies by providing customers a direct connection to a Financial Employment Planner and real-time updates to program information for the most accurate benefit determinations.

If the pilot proves successful, La Crosse and its partner counties would contribute to fully fund Change Center operations after July 1, 2011. The partnership is an opportunity for counties to share resources to provide ESS services both more effectively and at a lower cost.

For more information on the programs provided in Economic Support, please view our entire report on line or visit the web site for this section at <http://www.co.la-crosse.wi.us/HumanServices/es/index.htm>



Director's Executive Summary

Aging and Disability Resource Center of Western Wisconsin (ADRC-WW) –Sharing Resources

In 2010, the ADRC of Western Wisconsin continued to grow within this regional concept by continuing efforts toward building awareness of the assistance available in the four counties served. In 2010, the ADRC-WW received 11,128 referrals, a significant rise from the 9,005 referrals of the previous year.

For more information on the programs provided in the Aging and Disability Resource Center of Western Wisconsin, please visit the web site for the ADRC-WW at <http://adrcww.org/>.



Staying on the Cutting edge of Effective Practice

Child Protective Services (CPS) Alternative Response

On July 1, La Crosse County CPS officially began as one of five pilot counties for Alternative Response. La Crosse was awarded a grant to implement this two track system to respond to allegations of child abuse and neglect, combining the existing system of traditional investigation with alternative response to assess and work with families in moderate to low-risk cases.



Traditional child protective services focus on investigations of possible maltreatment to determine if children have been or are at risk of being harmed. They are generally governed by legal requirements. Alternative responses allow child welfare agencies to intervene with families in more supportive ways, often by focusing on assessing families' strengths and needs and providing services.

Alternative Response has been implemented in a number of states and counties across the nation. Research has shown that Alternative Response results in:

- Increased child safety and well-being.
- Fewer repeat cases of abuse and neglect.
- Lower placement rates of children in foster care.
- Reduced costs over time.
- Increased satisfaction, both by families involved with the child welfare system and child welfare workers.

Implementation of Alternative Response in La Crosse County continues to evolve as staff participates in intensive trainings and feedback and practice sessions with state personnel to develop practice and policy for statewide implementation.

Please visit the Family & Children's website at <http://www.co.la-crosse.wi.us/HumanServices/fc/index.htm>.



Chemical Health & Justice Sanctions Evidence Based Practices (EBPs)

A request for proposal was distributed in October 2010 in all areas of contracted services, with a focus on adding requirements related to the use of evidence based practices and attaining specific outcomes. Proposals were received and the following vendors were chosen for services to begin March 1, 2011:

1. Specialized Education/Alternative Education: Hiawatha Valley Mental Health Clinic and Coulee Council on Addictions
2. Outreach: Coulee Youth and Adult Services
3. Supported Housing: Coulee Youth and Adult Services

Director's Executive Summary

CHJS also continued to focus more on outpatient, outreach and supported housing services as opposed to residential services. Several studies conducted in the mid- 1980's concluded that outcomes were the same for both residential and outpatient treatment settings, making the appropriate use of outpatient treatment more cost-effective (<http://www.oas.samhsa.gov/HRS/ch5.htm>). This shift allows more people to be served over a longer period of time. 2,170 services were funded in 2010, ranging from detoxification at the hospital to outreach services.

For more information on all the services provided through our Chemical Health & Justice Sanctions Section please go to our web site at: <http://www.co.la-crosse.wi.us/HumanServices/JS/index.htm>.

Developing Less Costly and Restrictive Community Care Options

Mental Health Recovery Services (MHRS) CARE Center
A Crisis Diversion Center was added to the array of MHRS services on May 18, 2010. The CARE Center is a crisis assessment and non-medical detoxification center that is intended to provide more cost effective triage and intervention for individuals undergoing distress due to mental health and/or substance abuse concerns. 24 hour awake staff collaborate with La Crosse County Mobile Crisis staff to rapidly assess individuals in distress to determine if an alternative to more restrictive care can be offered. CARE Center staff and affiliated Community Bridges staff also assist consumers as needed to connect and/or reconnect with natural, community and professional supports in the community.



These elements are all in motion and making a difference for individuals in the community as evidenced by the outcomes achieved for the 275 consumers served during 2010:

- Extremely high consumer satisfaction
- Local hospital admission and readmission rates reduced as much as 32%
- La Crosse County funded mental health inpatient admission and readmission rates reduced as much as 47%
- Chapter 51 Emergency Detention rates dropped an additional 12% in 2010

For more information on the programs provided in Mental Health Recovery Services, please visit the web site for this section at <http://www.co.la-crosse.wi.us/HumanServices/cs/index.htm>



November brought the arrival of Jason Witt as the new Human Services Director. Jason, a La Crosse native, came back to his home town from his most recent position as Deputy Director of Human Services in Rock County, Wisconsin. November also saw pivotal elections, with Republicans gaining majorities in both of Wisconsin's legislative chambers and taking control of the Governor's mansion. With area need for human services continuing to grow, against a much changed fiscal and political landscape, 2011 will surely prove to be a year of great challenge for human services, but hopefully also one of opportunity.

Feel free to email us anytime at <http://www.co.la-crosse.wi.us/HumanServices/hsfeedback.htm>. Please review the entire annual report at <http://www.co.la-crosse.wi.us/HumanServices/reports.htm>.

Jason Witt, Director

Contracted Services* 2010

Abby Vans	Gundersen Lutheran Medical Center
Adams & Associates LLC	Health Professionals LTD
Aramark Services Inc	Independent Living Resources
Assisted Care, Inc	Lily Lake
Attic Correctional Services	Londre, Dr. Karen
Behavioral Interventions	Lori Knapp Inc
Blaschke and Schneider	Lutheran Social Services
Caring Hearts Home Care & Transportation	Lutheran Social Services of WI and Upper MI, Inc.
Catholic Charities	Midwest Monitoring
Chileda Institute	New Vision Wilderness
Clinicare Corporation	Nexus
Coulee Children's Center	Northwest Passage
Coulee Council on Addictions	Positive Alternatives
Coulee Region Cremation	River Valley Guardian
Coulee Youth Centers	Riverfront Inc.
Data Resource Inc	Satellite Tracking
Dickinson Funeral Home	Schumacher Kish
Discovery Counseling by Ray Pavelko	Siemens Healthcare Diagnostics
Domestic Violence Intervention Project	St. Clare Health Mission
Eau Claire Academy	St. Amelian Lakeside
Elmore Academy	Stein Counseling and Consulting
Family & Children's Center	Tellurian UCAN Inc
Family Resources	Tomorrow's Children Inc
Family Works Program Inc	Top Hat, Inc
Fly Horse Stables/Dawn Swenson	Woodruff Jandt
Franciscan Skemp Healthcare	Workforce Connections inc
Gemini Cares	YWCA of the Coulee Region
Goodwill Industries	

* Services over \$25,000

Mission Statement
Mental Health Recovery Services
of La Crosse County

Collaborating with the community to ensure
a continuum of effective Recovery orientated mental
health services for La Crosse County residents.

Matthew Strittmater, Manager



Mental Health
Recovery Services

300 fourth street north . La Crosse WI 54601

We often hear about changing lives in Human Services. Bill is a living example of this transformation. Bill had been living in the woods behind a grocery store when winter was approaching. He came to us at the CARE Center, frightened and paranoid. Bill was stabilized at the CARE Center with medication started by our county prescriber. He was referred to Carding Bridges with Independent Living Resources who assisted him in filling out a TIBRA (Transitional Housing to Prevent Homelessness) housing application. Bill also received therapy to address some of the destructive patterns in his life.

Over the past winter, Bill did receive his TIBRA housing. With TIBRA and his medication, he has grown in many areas. Bill has reconnected with his family, including his son. He is beginning to make music again and is stable on his psychiatric medication. He is still waiting for his disability determination and is working with a social worker in the Aging and Disability Resource Center of Western WI. He continues to come to the county and meet with his counselor and receives medication through our patient assistance program. With his start at the CARE Center and connection with needed services, Bill's life is profoundly improved today.

The Mental Health Recovery Services section is responsible for the planning, implementation, and coordination of a comprehensive array of services for persons with mental illness. In some instances these are provided by agency staff, but the majority of services are provided via contracts with a number of community agencies, such as hospitals, sheltered workshops, rehabilitation agencies, and private counseling agencies. The section also collaborates with other sections in the provision of protective services to adults who are elderly or disabled.



In both programmatic and client specific issues we utilize Recovery oriented philosophy to guide our thinking. This includes an emphasis on community versus institutional services, care and treatment in the least restrictive setting, early identification and crisis intervention, consumer empowerment, and the right of persons with disabilities to live a life experience fully integrated with others.



The MHRS section is organized into three units:

- Short Term Services / Crisis
- Outpatient Mental Health Clinic
- Case Management Programs

Mental Health Recovery Services

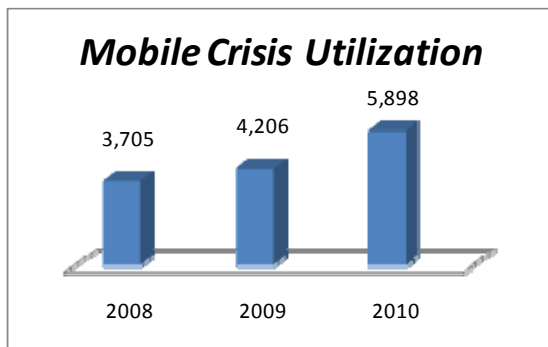
608.785.6101

SHORT TERM SERVICES / CRISIS

Short Term Services

The short term unit offers up to 90 days of service to individuals who are new to the system and may not need longer term programs. They also address the various needs of other consumers that do not fit into standard programs. Other services provided by these staff include Liaison with hospital psychiatric units and Crisis Program on-call and follow-up services. These services are delivered by two social workers and a social service specialist.

Crisis Program: The Crisis Program is for consumers of any age range or population 24 hours a day, 7 days per week. Some of these services include telephone counseling, mobile crisis intervention, follow up counseling with linkage to resources, mental health services in the county jail, crisis stabilization at various locations and hospitalization. The program also provides on call services for the Community Support Program and Western Wisconsin Cares. There are two crisis therapists, two social workers, and a number of evening responders that deliver these services. Demand for crisis service continues to increase.



CARE Center: A Crisis Diversion Center was added to the array of services on May 18, 2010. The CARE Center is a crisis assessment and non-medical detoxification center that is intended to provide more cost effective triage and intervention for individuals undergoing distress due to mental health and/or substance abuse concerns. Twenty-four hour awake staff collaborate with La Crosse County Mobile Crisis staff to rapidly assess individuals in distress to determine if an alternative to more restrictive care can be offered. CARE Center staff and affiliated Community Bridges staff also assist consumers

as needed to connect and/or reconnect with natural, community and professional supports.

These elements are all in motion and making a difference for individuals in the community as evidenced by the outcomes achieved for the 275 consumers served during 2010:

- Extremely high consumer satisfaction
- Local hospital admission and readmission rates reduced as much as 32%
- La Crosse County funded mental health inpatient admission and readmission rates reduced as much as 47%
- Chapter 51 Emergency Detention rates dropped an additional 12% in 2010

Perhaps the strongest outcome/impacts are captured by the following anonymous consumer responses to CARE Center service recipient surveys in 2010:

- *"It's not very often you find a bunch of people that actually want to help people they don't even know...it's really nice to know there are people out there that really care."*
- *"Thank you for the layover in my journey; making recovery an ART."*



OUTPATIENT MENTAL HEALTH CLINIC

Outpatient Therapy

The section is certified to provide outpatient therapy for persons with mental health needs. The staff consists of one clinical psychologist and one therapist. In addition to assessments and therapy for consumers, these staff also provide considerable consultation for other Human Services sections and county departments.

Medication Prescription

In 2010 one part time psychiatrist and a full time advance practice nurse prescriber provided evaluation and medication management to consumers.



Mental Health Nursing

Two nurses in Mental Health Recovery Services provide assistance to prescribers in the medical management of consumers. They provide a system of monitored medication based on individual need, collaborate in the Patient Assistance Program for consumers followed by our prescribers, evaluate consumers for increased symptoms or side effects, provide physical assessments, and provide nursing expertise among the various interdisciplinary teams within the section.

CASE MANAGEMENT PROGRAMS

Targeted Case Management (TCM)

This is the least intense model of case management that is available for individuals that need assistance meeting the challenges presented by a mental illness. Case managers can provide or arrange for advocacy, benefits assistance, medication management, support, and connection with needed services to allow a person to reside in the community. The program served approximately 80 consumers per month in 2010.

Comprehensive Community Services (CCS)

CCS is a mental health recovery and empowerment based program for individuals with higher levels of need for assistance. Consumers and their natural supports are active participants in planning the supports and services needed by the consumer to move forward in their journey of recovery. County staff facilitate the planning process. The consumer's Recovery Team designs a plan of support for the consumer that draws upon psychosocial support services from a wide array of community providers. In 2010, the program served approximately 120 consumers per month.

Community Support Program (CSP)

This mental health program is available for individuals with the highest levels of need. This program has been contracted out to Family & Children's Center of La Crosse since the beginning of 2007. The CSP model closely follows the national Assertive Community Treatment (ACT) model. A multi-Disciplinary team coordinates and provides all needed mental health services to include: in-house psychiatry, nursing, vocational, Alcohol and Other Drugs Assessment (AODA), case management, and assistance with daily living skills. The program served approximately 90 consumers per month in 2010.

MENTAL HEALTH RECOVERY SERVICES

PROGRAM AREAS

SHORT TERM SERVICES

CRISIS PROGRAM

OUTPATIENT THERAPY

MENTAL HEALTH
NURSING

MEDICATION
PRESCRIPTION

TARGETED CASE
MANAGEMENT

COMPREHENSIVE
COMMUNITY SERVICES

COMMUNITY SUPPORT
PROGRAM

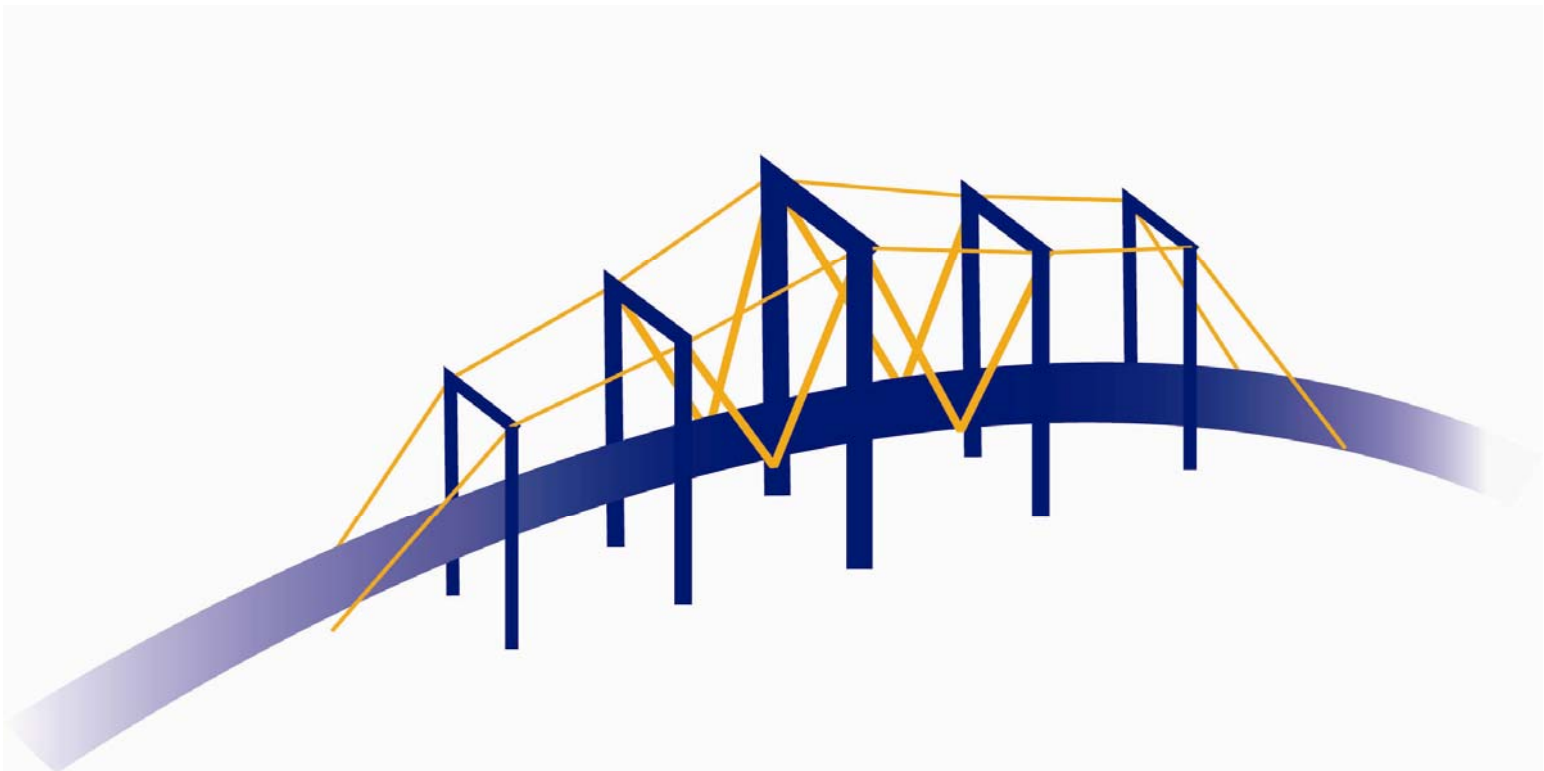
Visit the Mental Health Recovery Services
WEB site at:

<http://www.co.la-crosse.wi.us/>

Mission Statement
The Aging & Disability Resource Center of
Western Wisconsin
La Crosse County

Providing information and assistance in accessing benefits and services to adults and families relating to aging, disability, mental health or substance abuse.
Promoting the rights, dignity and preferences of the individual to enhance self-sufficiency and quality of life.

Dean Ruppert, Operations Administrator



ADRC-ww

The Aging & Disability Resource Center of Western Wisconsin

608.785.5700

800.500.3910

Much of the benefit of working with the ADRC can be evidenced through the outcomes of the individuals receiving assistance.

Mark is an individual with severe physical pain issues who lives on a limited income. He needed to relocate from his accessible apartment quickly due to the damage done to it during the floods of recent years. When his landlord asked him to relocate, the new location Mark was able to find that he could afford did not meet his physical need for accommodation. During 2010, ADRC staff assisted Mark to locate housing that would be affordable to him, on a bus route and in the area of the community he preferred to live. Mark has been able to maintain close friendships and relationships with businesses and continue using the healthcare facilities he chooses that are nearby so that his physical condition is least affected by his change in address.

Susan, a middle-aged woman with a physical disability, had applied for disability on her own in the past and was denied. Her medical care provider referred her to the ADRC to get help in re-applying for benefits. ADRC staff assisted Susan in submitting an application that thoroughly explained her condition and how her disability affects her daily living. They also assisted in getting supportive statements from those who know Susan, including past employers, teachers and people she volunteers with who verified Susan's need for accommodation and support. ADRC staff assisted Susan through some of the meetings she needed to attend as part of her application. Susan was subsequently approved for benefits.

A 17 year old young woman with a developmental disability would need support as she aged out of the high school setting. Her parents requested assistance from the Aging and Disability Resource Center first to get information about guardianship processes. They also received support in applying for adult benefits and services that could assist her as she turned 18.

Aging and Disability Resource Centers (ADRCs) are welcoming and accessible places where older individuals and people with disabilities can obtain information and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad range of programs and services and help people understand and evaluate the various options available to them. By helping people find resources and make informed decisions about long term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for more intensive long term care services. ADRCs serve as the single access point for publicly funded long-term care, provide eligibility determination and enrollment counseling for the state's managed long-term care and self-directed supports programs.

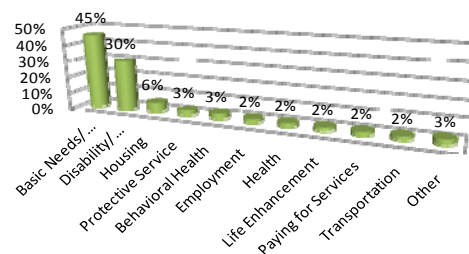
Aging & Disability Resource Center of Western Wisconsin



Serving four counties:
Jackson, La Crosse
Monroe & Vernon

In La Crosse County, the Aging and Disability Resource Center of Western Wisconsin is available to provide the assistance needed by individuals to make these choices about their lives and support. The ADRC of Western Wisconsin serves a regional area also including Jackson, Monroe and Vernon Counties. In 2010, the ADRC of Western Wisconsin continued to grow within this regional concept by continuing efforts toward building awareness of the assistance available in the four counties served. In 2010, the ADRC-WW received 11,128 referrals, a significant rise from the 9,005 referrals of the previous year.

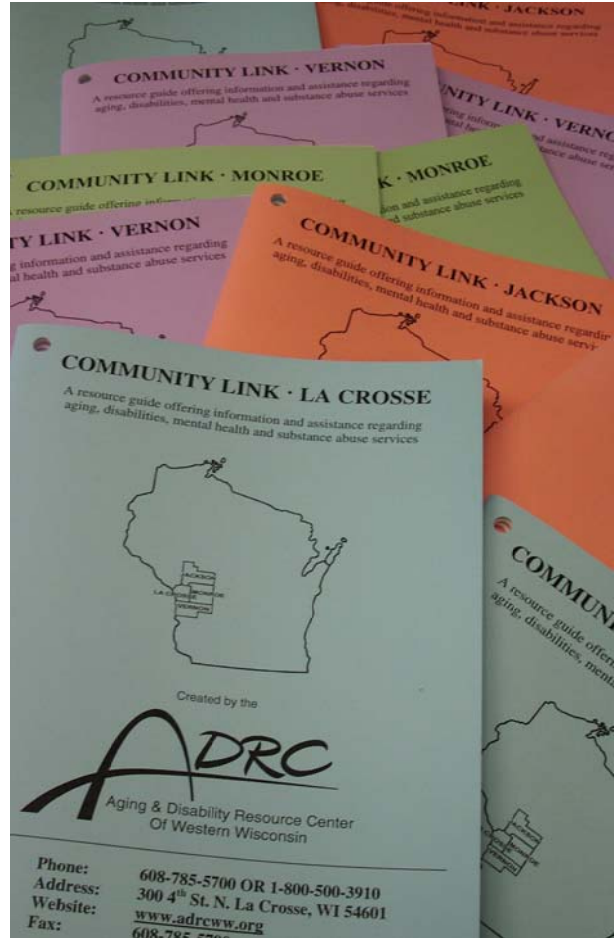
ADRC-WW Referrals 2010



The Aging & Disability Resource Center of Western Wisconsin

608.785.5700

800.500.3910



The Aging and Disability Resource Center of Western Wisconsin offers the following primary services in our four county area:

- Information and Assistance
- Benefits Counseling
- Long Term Care Options Counseling
- Health and Wellness
- Connections to response for urgent situations
- Help paying for Long Term Care

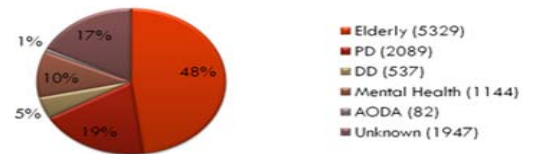
Visit the Aging and Disability Resource Center of Western Wisconsin's WEB site at:

<http://www.adrcww.org>



ADRC By The Numbers

11,128 Referrals to 4 county ADRC in 2010
(927/month average)*



*2,211 were required Pre-Admission Consultation (PAC) referrals, 8,917 were self or community referred (non-PAC).

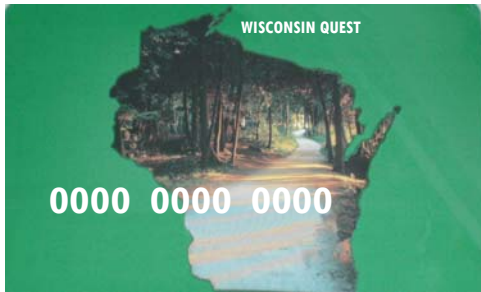
Mission Statement
Economic Support
of La Crosse County

Administering public assistance programs timely and accurately, assisting individuals in the eligibility process as necessary, assisting individuals in moving toward self-sufficiency and treating all customers with dignity and respect.

Lorie Graff, Manager

Economic
Support





Jim and Donna came to Economic Support seeking assistance after both lost employment. Jim had just been laid off from his manufacturing job, while Donna had been out of work for the last several months. The couple had six children, ranging in age from 17 to 5 years old.

The Financial and Employment Planner (FEP) that Jim and Donna met with suggested that they apply for the Wisconsin Works (W-2) program. Under W-2, Jim and Donna could receive assistance with finding new employment. In addition to receiving help from the Financial and Employment Planner, the agency's Job Developer would also provide individualized services to Jim and Donna.

The FEP determined there were few opportunities for Jim in the same career field he had been working in. The FEP guided Jim through several skill assessments and a career assessment. The assessments helped identify a field Jim was interested in, and that he had previously taken classes in. Jim hadn't pursued a change in careers after receiving the education, but now the education led the Job Developer to find a Skills Site where Jim could gain current experience related to his education. The employer participating as a Skills Site also expressed interest in hiring Jim directly if he worked out.

Donna was very motivated to find employment and became very actively involved in workshops and other W-2 activities to advance her job search skills. Donna was especially interested in working with children. The FEP was able to assist Donna with transportation funding, and the Job Developer assisted Donna with focusing her job search on daycare centers. It wasn't long before Donna was offered a full-time position as a daycare teacher, with a large daycare center. Both Jim and Donna continue to do well in their employment positions.

Income Maintenance

The Income Maintenance (IM) Unit performs responsibilities related to the administration of Wisconsin's IM programs which are defined as: the FoodShare Program and Medicaid. The IM Unit also administers W-2, Emergency Assistance, the Wisconsin Home Energy Assistance Program and the Child Care Subsidy Program. All of these programs are funded with federal and state dollars.

FoodShare

FoodShare Wisconsin is a federal program for families and single people with little or no income. FoodShare benefits are received monthly and used to buy food at stores using a debit card called the Wisconsin QUEST card. FoodShare Wisconsin is a food and nutrition program designed to help create a healthier Wisconsin.



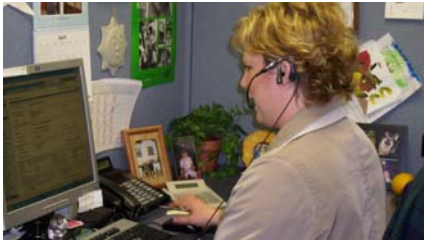
Medicaid

Medicaid is a federal/state program that pays health care providers to deliver essential health care and long-term care services to elderly individuals, people with disabilities, low-income families with dependent children, and certain other children and pregnant women. The Medicaid programs in Wisconsin include Elderly/Disabilities Medicaid, BadgerCare Plus and Family Care.



W-2

W-2 began in 1997 as a replacement program for Aid to Families with Dependent Children. The goal of the W-2 program is to provide necessary and appropriate services to prepare individuals to work. Individuals eligible to receive W-2 may receive cash assistance for a maximum of five years. Case management provides services to assist the individual in obtaining and maintaining self-sustaining employment.



Wisconsin Energy Assistance Program

This is a federally funded program that provides low income households with an annual payment to assist with their energy bills. In addition, the program provides for emergency furnace repair and replacement, emergency fuel assistance, counseling for energy conservation and energy budgets and pro-active co-payment plans.



Emergency Assistance

Emergency Assistance (EA) is designed to meet the immediate needs of eligible persons facing a current emergency. The emergency must be due to fire, flood, natural disaster, energy crisis, homelessness or impending homelessness. EA is intended to avoid destitution of a child and provide living arrangements for the child in a home.

ECONOMIC SUPPORT PROGRAM AREAS

FOODSHARE

MEDICAID

WISCONSIN SHARES
CHILD CARE SUBSIDY
PROGRAM

W-2

WI ENERGY
ASSISTANCE PROGRAM

EMERGENCY
ASSISTANCE

Visit the Economic Support's WEB site at:
[http://www.co.la-crosse.wi.us/
HumanServices/ES/index.htm](http://www.co.la-crosse.wi.us/HumanServices/ES/index.htm)

Mission Statement
Chemical Health & Justice Sanctions
of La Crosse County

Enhancing individual recovery and public safety
through effective community collaboration.

Jane Klekamp, Manager



Chemical Health &
Justice Sanctions

333 vine street . La Crosse WI 54601

Jared is a 25 year old OWI Treatment Court participant who has four drunken driving convictions with the most recent conviction occurring in 2010. Common among those participating in OWI Treatment Court, Jared has had no other contact with the law besides convictions for drunk driving. He has a good job and family support to remain clean and sober - significant assets for someone involved in the criminal justice system.

When Jared was asked if he plans on remaining alcohol free upon commencement from the OWI Treatment Court, he indicated he doesn't "want" to drink again but also knows he may succumb to peer pressure in the future. This is not an uncommon belief of people Jared's age as alcohol use is common in the culture. Alcoholism runs in his family and he understands the importance of remaining vigilant regarding issues of substance abuse.

Jared's perception of fairness regarding the OWI Treatment Court indicated the program has requirements that are fair, but he would like to see staff more accessible for client needs. Two case managers and a substance abuse treatment provider work together with the treatment court team to provide the screening, assessment and case plan for each participant.



OWI Treatment Court is designed to provide intervention and supervision for a minimum of one year with people who have been convicted of two intoxicated driving convictions. A recidivism review was completed of those who participated in the program between 2006 and 2008. Of those who successfully completed the program, 8% were convicted of another OWI offense. Of those who were not successful, 20% were convicted of another OWI offense.

Interaction Between Treatment and the Court System

Jared is a good example of how the La Crosse County system has been enhanced over the last few years. Historically, when Jared was convicted of an OWI offense, he would have been referred for an assessment and to follow through with treatment. There was no communication between the court system and the assessors at La Crosse County Human Services, who provided information to the Wisconsin Department of Transportation regarding the status of Jared's driver's license. Jared would have completed the jail time and gone on with his life.

After the implementation of the OWI Treatment Court in 2006, an incentive was provided to people (less jail) participating in the OWI Treatment Court to receive an assessment and follow through with treatment in a more timely manner. A separate assessment was completed by Justice Sanctions' staff and by substance abuse assessors. Both sat on the treatment court team, but there were two plans in place for each participant.

Integrating the chemical health staff and Justice Sanctions' staff allowed for better service provision for the clients. Treatment court staff and the assessor combine information to develop one plan for the person which is shared with the team. Conditions must be met for an OWI Treatment Court participant to progress in the treatment court process. In 2010, the process was streamlined so that the OWI Treatment Court Coordinators supervise people charged with an OWI offense on bond. This allows the coordinators to work with the potential clients at an earlier stage in the process and encourage participation in the program.



Chemical Health

Chemical health services continue to change and grow. A request for proposal was distributed in October 2010 in all areas of contracted services including prevention, specialized education/alternative education, outreach, and supported housing/harm reduction. Proposals were received and the following vendors were chosen for services to begin March 1, 2011:

Chemical Health & Justice Sanctions

608.789.4895

1. Specialized Education/Alternative Education: Hiawatha Valley Mental Health Clinic and Coulee Council on Addictions
2. Outreach: Coulee Youth and Adult Services
3. Supported Housing: Coulee Youth and Adult Services

Several studies conducted in the mid- 1980's concluded that outcomes were the same for both residential and outpatient treatment settings. As outpatient treatment is less costly it is more cost-effective (<http://www.oas.samhsa.gov/HRS/ch5.htm>). As a result of that information, La Crosse County has directed funding toward outpatient, outreach and supported housing services. This allows more people to be served over a longer period of time. A total of 2,170 services were funded in 2010, ranging from detoxification at the hospital to outreach services.



Transition from Jail to Community (TJC) Initiative

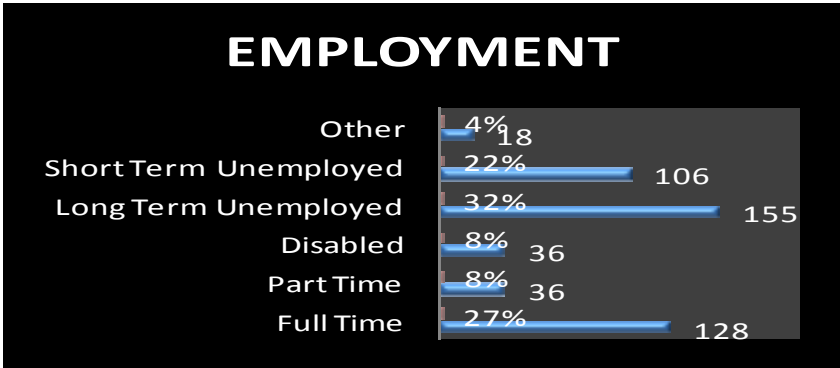
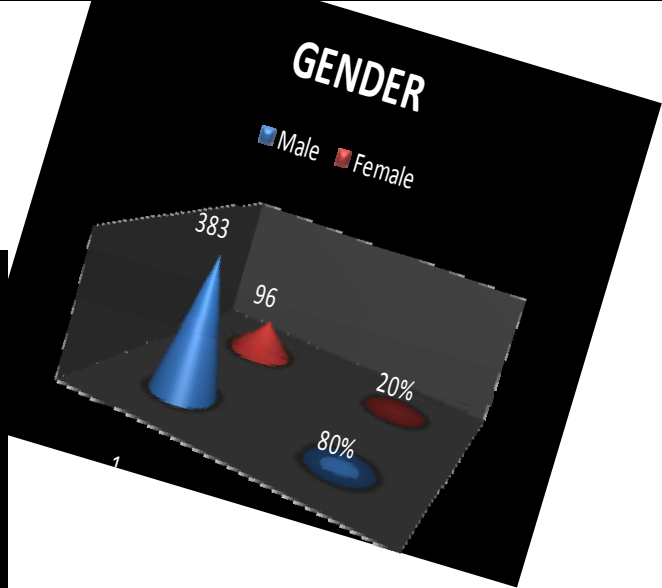
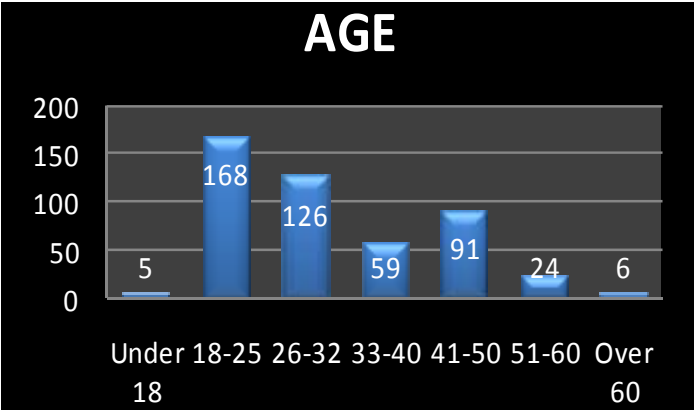
The TJC Initiative began in 2009 as a technical assistance grant from the Urban Institute and the National Institute of Corrections. Community partnerships continue to expand to focus on serving people as they are released from the jail. Over 20 staff and community members were trained in "Thinking for a Change" (T4C), a cognitive behavioral program designed for people involved in the criminal justice system. T4C Groups for men and women were initiated in the jail, the community, and at Chemical Health and Justice Sanctions (CHJS), which allows people to be involved in the same group, whether incarcerated or in the

community. Cognitive behavior groups are an evidence based practice designed to reduce recidivism and increase social skills for the participants.

Due to the TJC Initiative, some staff members are receiving 160 hours of Offender Workforce Development Specialist training in 2011.

AIM (Assess, Inform, and Measure) Project

The AIM Project is supported by the Supreme Court of Wisconsin to assist counties in developing a feedback loop regarding judicial decisions. In 2010, Justice Sanctions completed more than 1500 screenings and assessments for people in the criminal justice system. Of those screened/assessed 479 people had not been screened or assessed in the last 12 months, which directs the social workers to complete an assessment. The demographics of the 479 referrals are as follows:



2010 Statistics

CHEMICAL HEALTH

&

JUSTICE SANCTIONS

PROGRAM AREAS

BAIL MONITORING

AODA SERVICES

DRUG TESTING

TREATMENT COURTS

DOMESTIC VIOLENCE
COURT

WOMEN'S COMMUNITY
BASED PROGRAM

SENTENCED CLIENTS

CHEMICAL HEALTH

Bail Monitoring	2010 Annual Total
New Screenings	769
Successful Complete	429
Unsuccessful	328
Did Not Participate	144
Bed Day Saved Total	51,523
Average clients/day	114

OWI Irresponsible Users	2010 Annual Total
Total Participants	205
Successful Completion	86
Unsuccessful	8
Did Not Participate	23
Total EM Days	1,341
Avg bed days saved/day	4

OWI Treatment Court	2010 Annual Total
New Screenings	142
Successful Complete	52
Unsuccessful	48
Bed Days Saved	1,218
Avg bed days saved/day	33

Sentenced	2010 Annual Total
New Screenings	350
Successful Complete	270
Unsuccessful	130
Bed Days Saved	19,042
Average clients/day	54

DOC/Child Support/Community Service	2010 Annual Total
Total Bed Days saved	1,353
Average clients/day	4

Overall Total	2010 Annual Total
Total Days saved/month	85,440
ADP-Jail Reduction	234

Visit the Chemical Health & Justice Sanction's WEB site at:
<http://www.co.la-crosse.wi.us/HumanServices/js/index.htm>

Mission Statement
Family & Children's
of La Crosse County

Identifying and responding to safety concerns and needs of children, families and community utilizing a family's strengths and team process along with formal and informal supports to improve child, family and community quality of life.

Nancy Pohlman, Manager



300 fourth street north . La Crosse WI 54601

Kate and John have five children which Kate single parents in her home along with two additional children. She expressed a sense of relief and was open to services when the Department became involved after numerous police contacts/welfare checks and referrals for reasons such as neglect, physical abuse and sexual abuse over the last two years. The condition of the home, lack of supervision, domestic situation between Kate and John, lack of follow through with recommended services as well as medical and education care for the children were all concerns.

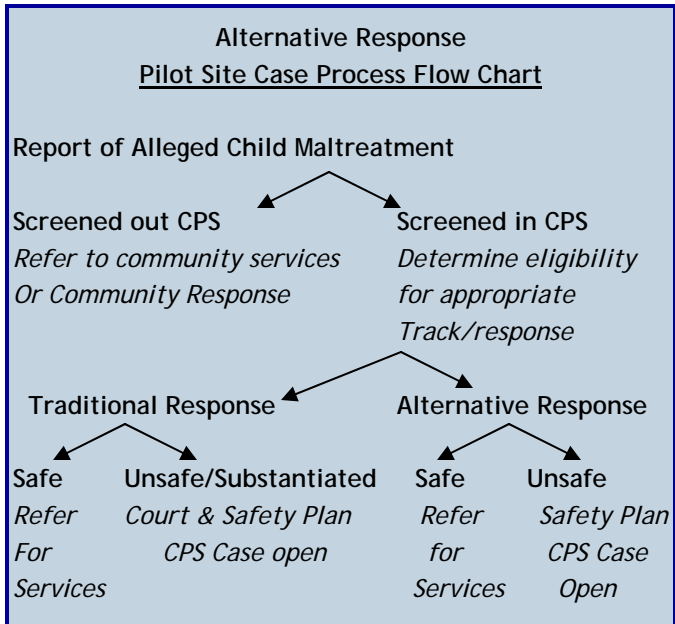
The primary focus offered to Kate by the Department was parent education and support to be better equipped to control the activities in the home, maintain a clean, stable and safe home, and create consistent routine home rules and support for the children. It was also recommended she take an active role in the medical, educational and therapeutic care of the children.

Kate has made tremendous progress towards the goals she agreed to and the court ordered conditions. The changes in her parenting and overall environment in the home have been positive. She is actively involved in all aspects of the children's lives, provides adequate supervision and has successfully established routine and cohesion. She has implemented daily schedules, chores, activities, rewards and consequences for the children. More importantly, she has followed through with these things over a period of time.

Kate has been working with service providers and she is more involved in meeting her children's needs. She actively communicates with school and encourages the children to be involved in extracurricular school activities. Additionally Kate sought and secured a restraining order against John and actively pursued ongoing divorce proceedings. Doing so has empowered Kate and enabled her to focus on her children.



Family & Children's Section provides services to children and families that are encountering significant difficulty in their daily living. The section provides Child Protection Services, Juvenile Justice Services, Children's Mental Health Services, and services to children with physical, emotional and developmental disabilities. We continue to be one of the few counties in the state that has all of children's services under one umbrella. Services are provided within the context of state and federal mandates, Wisconsin Statutes, and the mission of the Department.



Alternative Response

La Crosse County Child Protective Services (CPS) officially began as 1 of 5 pilot counties for Alternative Response on July 1, 2010. La Crosse was awarded a grant to implement this two track system to respond to allegations of child abuse and neglect, combining the existing system of traditional investigation with Alternative response to assess and work with families in moderate to low-risk cases.

Implementation of Alternative response continues to evolve as staff participates in intensive trainings, and feedback and practice sessions with state personnel to develop practice and policy for statewide implementation. Staff is also working with the Department of Children and Families to gather information and data to evaluate implementation and



Family & Children's

608.785.6054

La Crosse County Family and Children's Section, Comprehensive Child Protective Service System

	Assess for Services	CPS Initial Assessment and Referral	CPS Ongoing Case Management
Child Welfare: Referral was not alleging child abuse and/or neglect (CAN) but was a request for services or Alternative Response on select screened out cases	Refer to Community Resources: Domestic Violence Services, Family Resource Center, St. Clare's Health Mission, Place of Grace, Salvation Army, Private Mental Health Providers or AODA counselors, Children's Miracle Network, Healthy Families; Housing Programs/HUD/CAP, Food Pantries; Refer to Specific Programs: Birth to Three, Family Support, Integrated Services Program, Children with Disabilities (COP/CIP), Juvenile in Need of Protection/ Services (JIPS), WIC, W-2 TAB Respite - G/L, Wrap Around funding.		
Low Risk: A CAN referral, unsubstantiated, not open for ongoing	All of the above services and/or programs are possible plus potential short term safety or risk management services	Alternative Response might get involved to link to community/private provider services	
Moderate Risk: A CAN referral may have been unsubstantiated or substantiated with protective parent	All of the above services and/or programs are possible plus potential short term safety or risk management services	Potential short term: Child At Risk Monitoring (Charm), Respite, Child Care, Kinship placement and funding, Wrap around funding during assessment phase only	
Parent Requests Placement	Services may already be provided by Children's Special Needs	Could be opened as a Voluntary Placement	Transferred to ongoing for 6 months of monitoring or formal CHIPS
Significant Risk: CAN case with injuries or safety issues, substantiated with need for control of safety issues	All of the Above ↔	All of the Above ↔	Refer to Specific Programs: In-home Family Counseling, Parent Visitation Monitor, Parent Support Worker, Transportation, Parenting groups, Alternate Care Placement, Court Services (CHIPS), Mediation
High/Severe Risk: CAN case with injuries, multiple uncontrolled safety issues	All of the Above ↔	All of the Above ↔	All of the Above most likely looking at long-term placement and possible alternative permanency plan.



effectiveness of this process. Feedback from both staff and families has been positive in these first months of the pilot, and workers look forward to continuing to develop this exciting shift in CPS practice.

Family Advocate

La Crosse County Human Services contracts with Wisconsin Family Ties for the Family Advocate. The Family Advocate is available to all who request her support in La Crosse County. Families do not need referral from the Department to access her services.

Referrals can come from the families, schools, medical providers, and service providers. Practice areas include education issues, applying for benefits and parenting issues. The Family Advocate is a mother of three boys on the autism spectrum. Her knowledge base has been developed from parenting her three boys along with intensive research to ensure that her family has the access to services that will benefit each of them based on their needs. The Family Advocate also is available in the evenings and weekends when families have more time to talk and other service providers are not available.

**CHILDREN'S ALTERNATE CARE
PROGRAM AREAS**

ALTERNATE CARE

RESPIRE

FOSTER CARE-EMERGENCY ON CALL

FOSTER CARE TRAINING

KINSHIP

CHILD CARE PROTECTION

SUSTAINING CARE

TREATMENT FOSTER CARE

PARTNERS IN ALTERNATE CARE

EDUCATION (PACE) - FOSTER PARENT

TRAINING

**CHILDREN'S DISABILITY SERVICES
PROGRAM AREAS**

BIRTH TO THREE INITIATIVE

FAMILY SUPPORT PROGRAM

CHILDREN'S CRISIS PROGRAM

COMPREHENSIVE COMMUNITY SERVICES

CHILDREN'S LONG TERM SUPPORT

WAIVERS

FAMILY ADVOCATE

FAMILY RESOURCE LIAISON

IN-HOME AND INDIVIDUAL COUNSELING

CHAPTER 51 & THREE PARTY PETITION

SERVICE COORDINATION

COORDINATED SERVICES TEAM INITIATIVE/

INTEGRATED SERVICES PROGRAM



**DELINQUENCY & JUVENILES
IN PROTECTIVE SERVICES
PROGRAM AREAS**

HOME DETENTION & GLOBAL POSITIONING
SYSTEM (GPS)

ELECTRONIC MONITORING PROGRAM

ASSESSMENT FOR JUVENILE DETENTION
FACILITY

TRANSPORT FOR ADOLESCENT SERVICES

COMMUNITY SERVICE

RESTITUTION

RUNAWAY BRIDGE

YOUTH AIDS—AODA

FAMILY TRACKING

IN HOME DELINQUENCY

ACUTE PROTECTIVE SUPERVISION
PROGRAM (APSP)

THINK AHEAD PROGRAM CONNECTIONS

TOUGH CHOICES

SEX OFFENDER ASSESSMENT TREATMENT

LA CROSSE COMMUNITY CONFERENCING

GIRL'S CIRCLE GROUP

RESPIRE

EXCESS ABSENCES

REALITY CHECK

DELINQUENCY PREVENTION EDUCATION

Family & Children's

608.785.6054

JUVENILE JUSTICE ACUTE PROTECTIVE SUPERVISION PROGRAM (APSP)

A five year summary of the APSP found it to be successful at reducing delinquency and saving La Crosse County substantial dollars in alternate care funds. This program was implemented to service youth who are adjudicated delinquent and are considered moderate to high-risk for out-of-home care, correctional placements or unable to remain in placement within La Crosse County.

A review of the outcomes suggest both youth and community benefitted from the program. Intervention by law enforcement, social workers and the courts was reduced, which saved time and money that would be required to process these cases. The community profited by having less crime (repair, restitution and taxes) as well as less victims (injury and harm).

The youth improved educationally, socially and personally. Their competency increased providing a healthier and more productive lifestyle.

The Wisconsin Children's Code specifies legal parameters for involvement in families and jurisdiction over children alleged to be in need of protection and services (Chapter 48.13). In addition there are times that we provide services to children, youth and families on a voluntary basis when the child/youth has significant special needs. In order for a child or family to be eligible for services, there must be a concern of abuse or neglect to a child. The Statutory Definition of "abuse" can be found in Chapter 48.02. We provide services to all residents of communities, cities and towns within La Crosse County.



Western Regional Adolescent Center

The Western Regional Adolescent Center (W.R.A.C.) was opened in January of 2009 with a mission to "provide a safe, structured, strength based environment that ensures children are treated with dignity and respect". The W.R.A.C. is licensed as a small 8 bed shelter facility available to provide services to children in need of protection (CPS), youth with delinquent behaviors (juvenile justice) and children with special needs. The facility can also be utilized to provide respite for foster care providers. The W.R.A.C. is a Chapter 34 crisis stabilization site which enables the diversion of children from psychiatric hospitalizations under Chapter 51.

The Western Regional Adolescent Center serves both males and females that are 10 to 17 years old. In 2010 services were provided to youth with an average age of 14, 60% male and 40% female. The average length of stay is approximately 4 days. On average the facility was utilized to serve 70% delinquent youth, 18% CPS, 10% children with special needs/crisis, and 2% respite/other.

CHILD PROTECTION AND OTHER CHILD WELFARE SERVICES PROGRAM AREAS

DOMESTIC VIOLENCE LIAISON/PROGRAMS

ADULT AODA SCREEN

W-2 LIAISON

CHILD AT RISK MONITOR (PATH)

FIT (FAMILY INTERVENTION TIME)

PARENT SUPPORT WORKER

INTENSIVE IN-HOME

FAMILY INTERACTION PROGRAM

INDEPENDENT LIVING

SERVICES TO PERSON IN TREATMENT

PARENT SUPPORT WORKER (PSW)

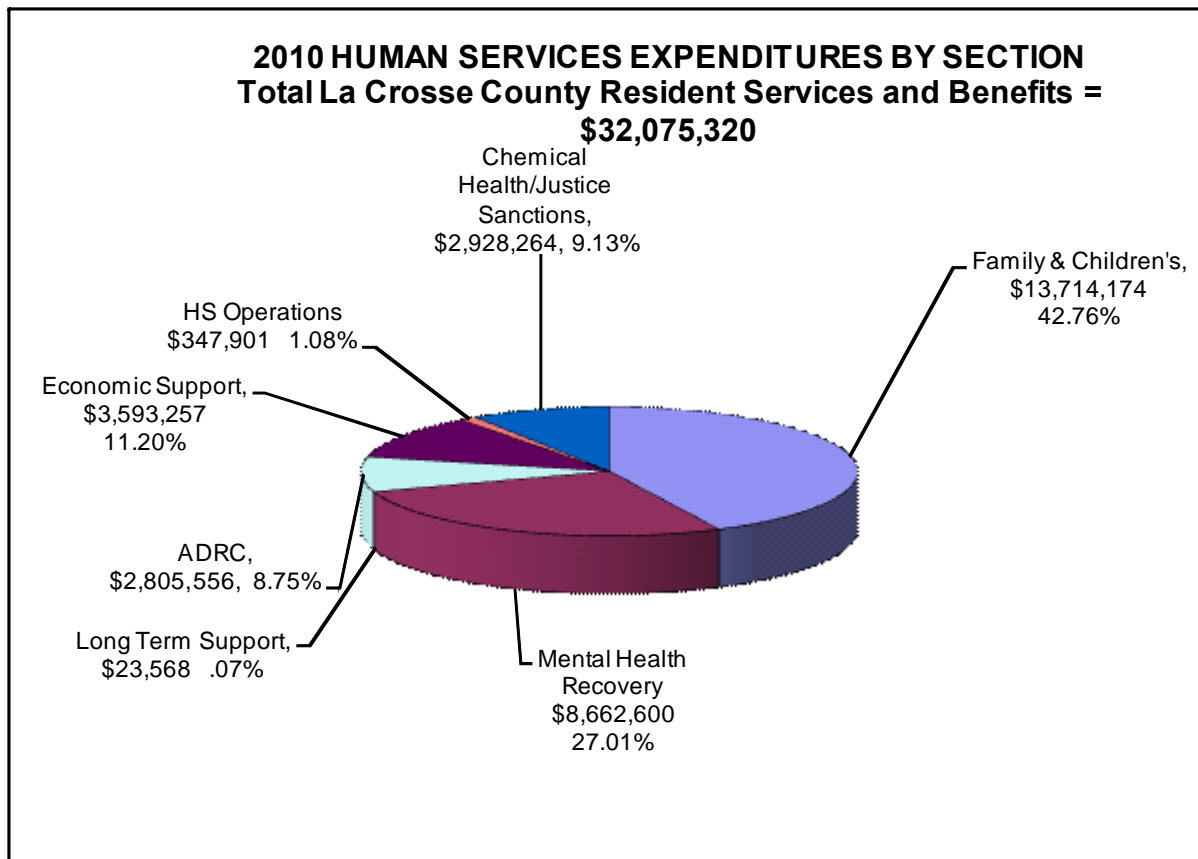
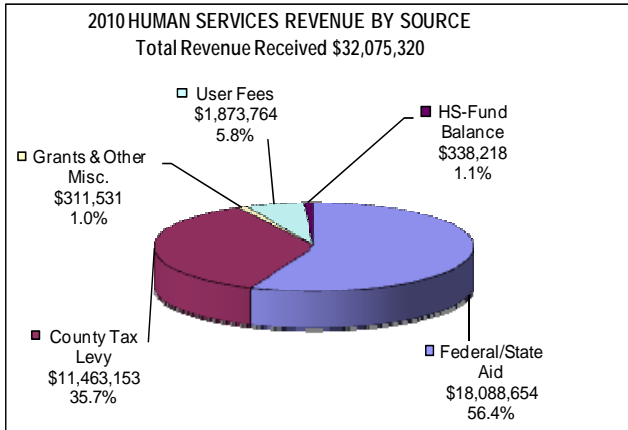
Visit the Family & Children's WEB site at:

[http://www.co.la-crosse.wi.us/
HumanServices/FC/index.htm](http://www.co.la-crosse.wi.us/HumanServices/FC/index.htm)

Conclusion

In this full version of our 2010 Annual Report, each Human Services Section reported on their primary services. Reflected in our Revenue and Expenditures Charts are the resources by Section for the provision of these services for La Crosse County residents. To view the full version of the 2010 Annual Report, please visit our web site at <http://www.co.la-crosse.wi.us/HumanServices/reports.htm>.

The Human Services Department is proud of its numerous accomplishments and quality services while being an excellent steward of public resources. We will need to continue our leadership in government and community/regional partnerships, built upon trust, while we enhance the self sufficiency and quality of life for those we serve.



"Unaudited"

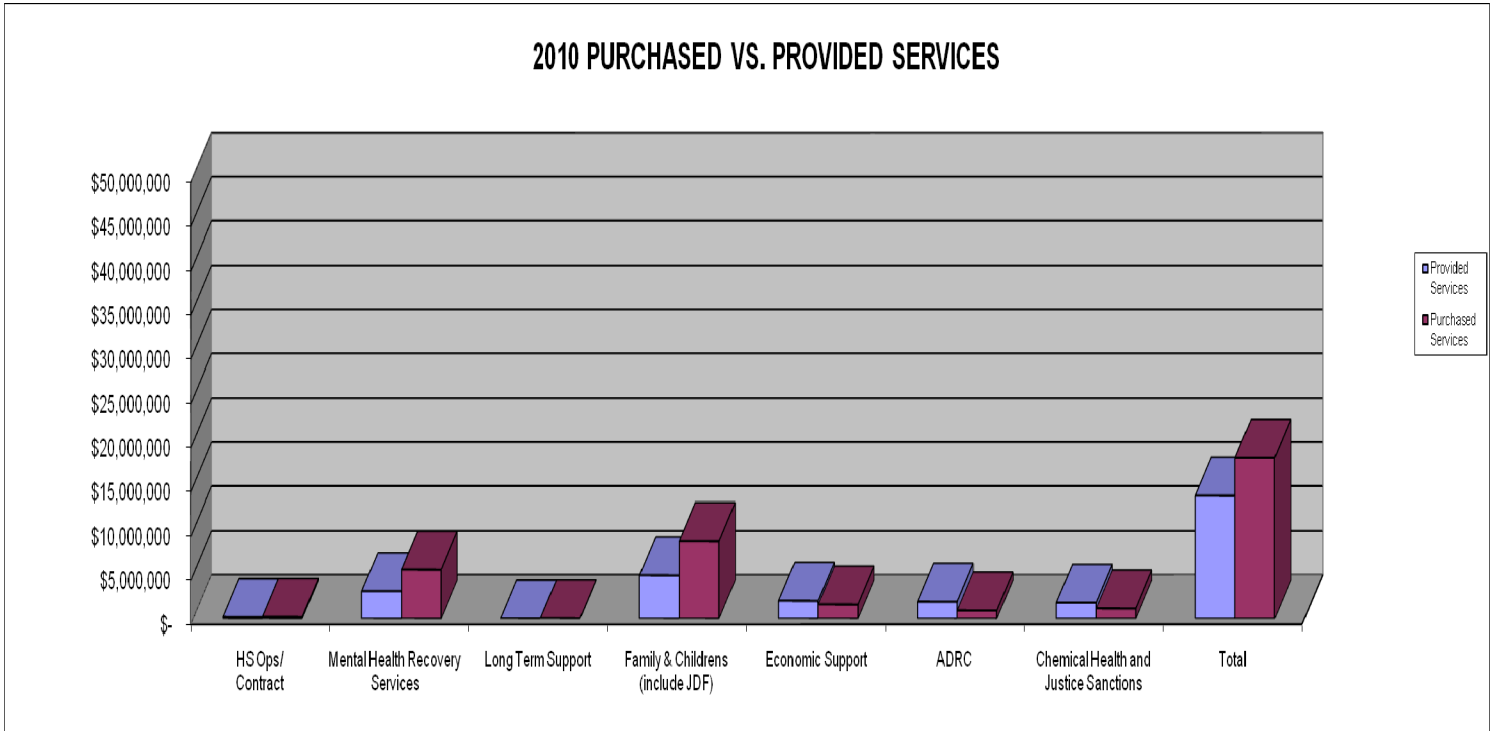
Conclusion

In looking at all that is accomplished through the La Crosse County Human Services Department, one can see that we have a tremendous effect not only with the people we serve, but also on the economy of La Crosse County. Since 56.7% of our services are purchased, businesses benefit from these contracts as do the persons they employ to carry out quality services for our clients.

Of course, little of what we do could occur without the resources from all levels of government, insurances, and the clients themselves. Many of these revenues are the result of federal and state mandates that our Human Services Department is required to perform for

the people we serve. By far, the greatest sources of revenue are from the federal and state levels of government. We will face increased challenges in accomplishing our mission as cuts in federal, state and local budgets occur. This will make our work of providing and purchasing of services for the most vulnerable citizens even more difficult. However, true to our mission, we will enhance self-sufficiency and quality of life with respect for the dignity of the person served.

Dean Ruppert,
Operations Administrator



	HS Ops/ Contract	Mental Health Recovery Services	CCO Long Term Support	Family & Children's (incl JDF)	Economic Support	ADRC	Chemical Health & Justice Sanctions	Total
Provided Services	\$ 27,848	\$ 3,426,564	\$ 3,080	\$ 6,020,767	\$ 2,176,057	\$ 1,636,868	\$ 1,540,567	\$ 14,831,751
Purchased Services	\$ 111,685	\$ 5,159,388	\$ 64,836	\$ 7,326,710	\$ 1,221,618	\$ 803,461	\$ 1,112,324	\$ 15,800,022
	\$ 139,533	\$ 8,585,952	\$ 67,916	\$ 13,347,477	\$ 3,397,675	\$ 2,440,329	\$ 2,652,891	\$ 30,631,774