

Management Report  
to DHHS Board

To: DHHS Board  
From: Ted Phernetton, Director  
Date: May 27, 2021

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**Purpose of Report**

The purpose of this report is to provide a brief overview of operations of the Waupaca County DHHS as well as a primer for the monthly board meeting. It will also be used as the foundation of creating in the future an ongoing dashboard to act as a cover to this report.

**Presentation**

There will not be a presentation this month as there will be a review of the department's financial performance for 2020.

**Action Items**

Release of WHEAP Energy Assistance Program per State option.

The Wisconsin Home Energy Assistance Program (WHEAP). WHEAP provides financial assistance to help eligible households pay a portion of their heating and electric energy costs. Eligible households may receive a benefit payment once per heating season (October 1 through May 15), and crisis assistance funds and help for non-operating furnaces and heating systems may also be available. The amount of the benefit payment depends on household size, income level, and energy costs. WHEAP is administered locally through county social services offices, tribal governments, and private non-profit agencies in each county in Wisconsin.

Per Low Income Energy Assistance Program (LIHEAP) guidelines and Wisconsin statute, the Division of Energy, Housing, and Community Resources (DEHCR) develops housing policy and offers a broad range of program assistance and funds to address homelessness and support affordable housing, public infrastructure, and economic development opportunities contracts with counties, tribes, and other non-profit agencies to administer WHEAP.

The Waupaca County DHHS received an email stating that DEHCR could contract WHEAP directly with our subcontractor to reduce administrative cost for our agency. Waupaca currently subcontracts this service out to Energy Services, Inc. (ESI) and has done so since 1992. ESI's mission is to provide limited income families with the services and assistance necessary to prevent

and or alleviate energy-related emergencies from occurring. This contract adjustment is intended for the 2021-2022 WHEAP Contract period and could transition sooner if all parties are interested. Allowing the direct contracting with ESI has no financial or service delivery impact on Waupaca County.

It is recommended and requested that the DHHS board approve the “release” of the WHEAP Energy Assistance Program.

**Financial Services – Erica Becker, Fiscal Administrator**

The Fiscal team consists of the administrator, assistant manager, 1 accountant, 1 CCS support technician, 1 account technician, and 2 account clerks.

In review of the income statement through April 2021, the financial position reflects a negative balance. At this point in time, both expenses and revenues are approximately 7% below the projected targets. Due to a system error, portions of billable services for February and March were not processed for submittal to Medicaid; the Fiscal team is working to manually fix this error and these revenues should be received in June 2021.

2021

- Revenues \$2,760,550.07
- Expenses \$3,974,189.28
- Financial Position (\$1,213,639.21)

**Family and Community Services – Shawna Hansen, Manager**

The Family and Community Services Unit serves children with special needs; we created a new referral form and process to ensure easy and readily access information to the public, this process is going very well.

**Children’s Long-Term Support Waiver – CLTS**

The CLTS team has 5 case managers

- 100 open cases
- 3 new cases
- 1 cases closed
- No waitlist (the State no longer allows a waitlist for this program)

The CLTS Program is available to children and youth under age 22 who have a developmental disability, physical disability, or mental health diagnosis.

**Children’s Community Options Program – CCOP**

CCOP cases are handled by the CLTS case managers

- 106 open cases
- 2 new cases
- 1 Case Closed
- No waitlist

CCOP is for families who have a child under age 22 who has a developmental delay or diagnosed condition; this program provides service coordination and financial support to assist eligible families to care for their children within the home and community.

### **Coordinated Services Teams – CST**

The CST team has 1 CST case manager and 4 CCS/CST case managers

- 21 open cases
- 0 new cases
- 0 cases closed
- No waitlist

The county separated employment with 1 full-time CST case manager; because of this, the person who was going to Behavioral Health will stay with the CST program, Behavioral Health will hire 1 full-time CCS case manager. CST Initiatives are for children who are involved in multiple systems of care such as mental health, substance use, child welfare, juvenile justice, special education, or developmental disabilities. CST Initiatives develop a comprehensive, individualized system of care for children with complex behavioral health needs. The CST itself is a group that includes family members, service providers, and others that work to design and carry out a coordinated services plan for the child.

### **Mentor Program**

There Are 2 mentors on staff

- 17 open cases
- 0 new cases
- 0 case closed
- No waitlist

A full-time mentor started with Waupaca County on May 10, 2021. The mentor provides youth with experiences in peer interaction, social and recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing the child or youth in the community while practicing and modeling interaction skills. The mentors have created a system to track progress within the mentor program; this system focuses on pre and post self-assessments for the mentee and family.

### **Birth to Three**

Birth to Three consists of 1 manager, 3 case workers, and contracted services for Occupational, Physical, and Speech Therapy.

- 71 open cases
- 6 new cases
- 1 cases closed
- Birth to Three does not allow waitlists

Birth to Three services have transitioned primarily back to in person visits, however, virtual remains the service of choice for some families due to both COVID as well as goodness of fit. Our student teacher will be ending her

placement with us June 3<sup>rd</sup>. Work continues on our social-emotional grant with emphasis remaining on implementing regulation strategies and supporting staff and families when there are mandated Child Protective Referrals as a result of substantiated abuse.

### **Economic Support Services – Thiago, Manager**

The Economic Support Unit consists of 1 manager, 2 lead workers, 3 EBD workers, 1 ES Assistant, 11 Family workers, and 1 pre-screener.

- Medical Assistance – Total – 5,755 cases
  - 3,745 cases – BadgerCare and Family Planning (185)
  - 1,161 cases – EBD and Long Term Care (849)
- FoodShare – 5,359 recipients as of April 2021 (up to date)
- Caretaker Supplement – 21 cases
- Child Care cases – 56 cases
- New requests in the month of April – 249 new applications
- Cases closed in the month of April - 82
- No Waitlist
- Federal Pandemic policies continue in effect such as households receiving additional emergency FoodShare benefits and rules requiring Medical Assistance closures to be put on hold.

Approval of emergency supplemental FoodShare benefits is approved on a month to month basis.

### **Children and Family Service**

#### **Access/IA/Foster Care – Cristin Czerwonka, Manager**

The Access/IA/Foster Care units consist of 8 social workers along with the secretary that assists both this unit and the ongoing services unit.

- Access Reports: 53
- Neglect: 22
- Physical abuse: 20
- Sexual Abuse: 10
- Initial Assessment: 24 IAs were completed, 15 were opened in the month. In the last 30 days, there have been 9 cases unsubstantiated and 7 substantiated cases. 8 cases of services not needed, 0 cases services needed.

#### **Ongoing Services – Crystal Farrell, Manager**

The ongoing services unit consists of 6 social workers, 1 parent mentor, and 2 parent aides.

#### **Child Protective Services**

- Open cases: 30 cases currently open with 52 children
- Home with Parents: 21
- Foster Home: 11 non-relative; 13 relative
- Kinship: 8

- Reunifications: 3

**Youth Justice**

- Open cases: 42
- 1 Voluntary Services Case open
- Foster Home: 4
- Kinship: 1
- Residential:2
- With Parents or Guardians: 31
- Supervised Independent Living: 1

**Parent Aides**

- Are currently working with 15 active and participating families

**Behavioral Health Services - Kay Saarinen-Barr, Manager**

The Behavioral Health unit consists of 4 clinical social workers, 2 psychiatric nurse, 1 AODA counselor, 1 psychologist, 4 crisis workers (1 vacancy), 2 secretaries, 2 CSP social workers, 1 CSP nurse, 2 CCS facilitators, and 3 CSS technicians.

**Outpatient**

The Behavioral Health Outpatient clinic continues to be very busy. We are starting to increase our face to face contact with consumers and for some this has been a big relief. For others they have found a new way to connect through Tele-health that at times is less anxiety provoking for them and they enjoyed this alternative.

**Community Support Program (CSP):** This program is supported by 2 Case Managers, 1 RN, and 3 Community Support Specialists.

- We have hired Linda Steffes to fill the position of CSP Case Manager vacated by Kate Schmidt on 5-4-21. Linda has been a Community Support Specialist with us for several years and will step in this role on 6-14-21.
- CSP continues with 24 cases.

**Comprehensive Community Services (CCS):** This program has 2 full time service facilitators in the BH Unit and 4 others from the Family and Community Services Unit that do CCS work part-time. We are in the process of hiring another CCS Service Facilitator at this time. We are continuing to see more and more referrals for this program.

**Crisis:** The Crisis Program has 4 full-time workers. We just lost the 5<sup>th</sup> worker who just graduated with her Master’s Degree and took the therapist role vacated by Sandy Gallow. We hope to be able to fill the 5<sup>th</sup> position on a full-time basis. The Crisis Unit responded to 94 crisis calls in April with 15 emergency detentions and 13 voluntary admissions.

**ADRC – Melissa Anderson, Manager**

The ADRC consists of the unit manager, 1 aging programs manager, 1 APS lead social worker, 2 APS social workers, 4 I&A specialists, 1 benefit

specialist, 1 transportation coordinator, 1 volunteer coordinator, 1 ADRC assistant, 1 clerk typist, and 4 nutrition site managers

**Aging and Disability Resource Center**

- June 1, 2021 ADRC will be open to the public, walk ins are welcome. Staff are able to schedule face to face visits or meetings by phone whichever the individual is most comfortable with.
- 546 calls to the ADRC were received in the month of May.

**EBS (Elderly Benefit Specialist) serves persons age 60+**

- 19 referrals in the month of May, 7 open cases.

**DBS (Disability Benefit Specialist) serves persons 18-59**

- 9 referrals in the month of May.

**Volunteer Transportation Program-**

- Ride restrictions continue to be riders 65+, essential trips only. Essential trips: medical appointments, grocery stores and vaccine clinics
- 592 one ways rides provided in the month of May
- 13 New Riders

**Adult Protective Services, serves adults ages 18+**

- Vacant Adult Protective Services social worker posted May 10-June 1. Interviews scheduled for early June.
- Elder Abuse Awareness Day June 15, 2022. DHHS staff will recognize the day by wearing purple, educational material on display at the Waupaca library as well the lobby of the courthouse. Banner and pinwheels displayed outside the Sherriff's department the pinwheels represent the number of elder abuse cases in 2020.
- New APS Cases
  - November, 2020 = 15
  - December, 2020 = 34
  - January, 2021 = 22
  - February, 2021= 33
  - March, 2021= 37
  - April, 2021= 37
  - May, 2021= 17

**Elderly Nutrition Program-**

- Voucher restaurant style senior dining set to begin July 6, 2021
- New Home Delivered Meal Assessments
  - January- 24 ( 3 individual were found ineligible)
  - February- 12 ( 3 individual withdrew request for meals)
  - March-18 ( 7 individuals were found ineligible)
  - April- 12 (0 individuals were found ineligible)

- May- 13 (0 individuals were found ineligible)

### **Public Health – Jed Wohlt, Health Officer**

Public Health consists of 1 health officer, 1 public health nurse supervisor, 3 public health nurses, 3 healthy beginnings case managers, 1 WIC project director, 2 nutrition educators, 3 environmental health specialists, 1 community health educator, and 1 program assistant.

### **Pandemic Response:**

- The last 7 day trend included an average of 2 new cases per day.
- Over 39% of county residents have received at least 1 dose of vaccine
- More COVID-19 updates and details will be provided by the Health Officer at the June meeting.

### **Environmental Health**

- As of May 26, conducted 39 inspections of licensed facilities
- Processed 46 water samples in April
- Investigated 1 complaint in May

### **Healthy Beginnings**

- Visited with over 30 clients in May

Vacant HB position was posted in May, interviews are scheduled for early June.

### **Public Health Nursing, Community Health/PHEP Coordinator, & Program Assistant**

- Extensive time continues to be dedicated to COVID-19 work, primarily providing weekly walk-in vaccination clinics and pop-up walk-up clinics in the community.

### **WIC**

- 585 Participants served in the month of May.
- Starting June 1<sup>st</sup>, the WIC Program will be offering \$30 per qualifying individual to use at the local Farmers Market and Farm Stands. Individuals have from June 1<sup>st</sup> to October 31<sup>st</sup> to use the vouchers.

### **Personnel and Staffing Issues**

As is typical of each month, the board is provided with a detailed spreadsheet outlining staffing changes. That document is found in the board's monthly meeting packet. As you will notice there is more staff turnover to report this month than there has been in the past several months. There are a number of reasons for the turnover that are addressed in the resignation letters that were sent to board members. There was one staff termination.

### **Client Grievances**

The client grievances that have been mentioned in the past couple of reports have made their way through the first two stages of the process. Those stages are handled internally at the DHHS. Both of those grievances are in the hands for State personnel who continue to review those cases at this time. It is noted that both of these cases continue to receive services through our CCS program. It is anticipated that the department should hear soon regarding these complaints.

One additional client rights grievance has made its way through the first stage of the three-stage process. It is assumed that the grievance is over at this point, as the client has not requested that the complaint go to the second stage within the statutory guidelines. The issue of this grievance relates to the clients belief that they were not part of a decision that was made in their desired direction of their case.

As was reported last month, there are two appeals of a substantiate child abuse finding outstanding. However, one appeal has closed, but another has presented itself. It was reported last month that one appeal had moved beyond the director's review and a request for State review has been made. The client recently asked for a dismissal of the State review.

This month there have been a couple of concerns raised by a law enforcement agency that relate to two child protective services cases. Follow up to those concerns has occurred. There probably continues to be concern over those cases, but the DHHS followed state standards and protocols in those cases and the concerns bump up against what the department really can do versus what folks think should be done. Regardless, feedback from all community partners is welcome.

### **Structural and Operational Adjustments within the Department**

There is little to add to this month's report. As noted in a past reports, there are certain areas that are being focused on outside of getting the day-to-day duties of the department completed. Some of that focus is on the review of certain policies and procedures that influence the department's workings.

### **General Update**

There continue to be a few organizational hiccups here and there that once discovered have had to be addressed, some needing a longer-term strategy that will not produce fruit for some time. As has been stated in prior reports, it is difficult to address things that are not brought forward in a clear way with specific issues or if they are not brought forward at all. It is requested of our board members that if they are aware of issues that they be brought forward with specifics so they can be assessed and responded to if truly needed.



We continue to experience an uptick in an uptick in placements of adolescents in high level/high-cost residential settings. As reported before, this board knows those placements ebb and flow based on activities and needs of adolescents and the inability to meet those needs in the community. One of the things got challenge ourselves on is whether or not a more intensive lesser restrictive setting may have been appropriate earlier in these cases. In other words, did we miss an opportunity earlier to address the needs of these children by not looking into a lesser placement setting earlier?

A stated in an earlier report, a review of CCS rates is underway. This writer is aware of concerns with the CCS program steering committee and the need to restructure the way in which those meetings are conducted to ensure and active and appropriate process. In addition, this writer has had recent conversations with Lori Martin from White Pines Consulting that provides regional oversight to the multi-county CCS consortium about our program. There are several recommendations to strengthen the program that we will need to look at in the near future.

DHHS Finance Administrator, Erica Becker and this writer met with two investigators from the Eau Claire County Sheriff's Department regarding our experience with the Alia organization. The interview with the investigators was fairly high level without much request for detail.

A reminder for the DHHS board is that a resolution recognizing Public Health for their excellent performance is being drafted and will be presented to the Executive Committee and the County Board in June.

Like many counties, we continue to look at remote work for some staff as a real option to explore. An ongoing policy for the county will be presented to the County's Personnel Committee.