

AGENDA
HEALTH AND HUMAN SERVICES AD HOC COMMITTEE

DATE: June 19, 2018

TIME: 12:00 P.M.

LOCATION: Health Department EOC Conference Room, River Block

1. Call meeting to order.
2. Public comments.
3. Approve minutes of the previous meeting.
4. Discuss Ad-Hoc Committee recommendations to the Health and Human Services Committee.
5. Assign tasks, if any, to be assigned between meetings.
6. Set date, time, and location of the next meeting.
7. Future Agenda items for next meeting.
8. Adjourn.

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: June 12, 2018

TIME: 1 pm

PLACE: Wood County River Block, Auditorium 206

PRESENT: Adam Fischer, Al Breu, Dawn Schmutzer, Lori Slattery-Smith, Beth Ferdon, Tom Buttke, Tim McNaughton

OTHERS PRESENT: Katie Czys, Bill Clendenning, Sue Kunferman, Erica Sherman, Mark Holbrook

Meeting called to order at 1 pm by Chairman Fischer.

Public Comment: None.

Minutes: motion by Breu to approve minutes, second by Buttke. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Health Dept Presentation: Sue and Erica gave overview of their current program that targets prenatal and post-partum in-home services and a second program that they are looking to incorporate in the future.

Adolescents in Crisis Presentation: Katie discussed the statistics on the number of assessments completed on youth, the cost of hospitalization, and possible cost savings if there were a youth crisis stabilization unit in Wood County to use. She then went through various case studies that included which people could have used a crisis stabilization unit.

Discussion: Review of data presented. Discussion around how Crisis, Health Dept and Family Services work together and what possible connections could be made.

Assign Tasks: Review all data from inception of this Ad Hoc Committee. Gather ideas on what recommendations to present to HHSC.

Next meeting: June 19, 2018 at 12 pm (noon), River Block, Health Dept EOC 3rd floor

Future Agenda Items: Begin recommendations.

Adjourned: meeting was adjourned at 2:08 pm.

Recorder: Dawn Schmutzer

6-12-18

Adam Fischer WCB #5

AL BREU " #6

Tom Buttker HHS

Bill Clandenny WCB #15

MARK Holbrook WCB #10 HHS

Joe Lunferman Wood Co. Health Dept

Eric Sherman "

Elizabeth Feen WCHSD

Tim McLaughlin WCHSD

Kate Cus WCHSD

Lori Slattery Smith HHS

Dawn Schy WCHSD

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: October 17, 2017

TIME: 1:00pm

PLACE: Wood County River Block, Health Dept EOC

PRESENT: Adam Fischer, Brad Kremer, Beth Ferdon, Jordon Bruce, Lori Slattery-Smith, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink.

EXCUSED: Tom Buttke

OTHERS PRESENT: Bill Clendenning

Meeting called to order at 1:02pm by Chairman Fischer.

Public Comment: None

Review committee purpose and structure: There are four voting members on the committee. The purpose of the committee is to review all options for out of home care, the cost involved, and the best outcomes possible and then provide recommendations to the HHS Committee.

Election of officers: Vice Chair is Brad Kremer. Secretary is Lori Slattery-Smith.

Out of home placement presentation and discussion: Beth Ferdon provided a handout (on file) listing the various types of out of home placements. Discussion was held regarding each type. After discussion and questions, group decided focus of our committee needs to include an education piece for youth and parents and to research various treatment facilities.

Assign tasks: Data to be collected includes five years' worth of data on the types of treatments, number of clients, cost per type, numbers of foster care homes by type/level, causes of out of home care, a copy of the Positive Alternatives contract, daily rates of various treatment homes in County/State and success rates of types of out of home care. Dawn, Beth and Tim will gather this information.

Next meeting: November 14, 2017 at 12pm (noon) or after County Board in the Health Dept EOC room at River Block.

Agenda items: review of all data provided.

Adjourned: meeting was adjourned at 2:53pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: October 17, 2017

TIME: 1:00pm

PLACE: Wood County River Block, Health Dept EOC

PRESENT: Adam Fischer, Brad Kremer, Beth Ferdon, Jordon Bruce, Lori Slattery-Smith, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink.

EXCUSED: Tom Buttke

OTHERS PRESENT: Bill Clendenning

Meeting called to order at 1:02pm by Chairman Fischer.

Public Comment: None

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Agenda items: review of all data provided.

Adjourned: meeting was adjourned at 2:53pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: November 14, 2017

TIME: 12:00pm

PLACE: Wood County River Block, Health Dept EOC

PRESENT: Adam Fischer, Brad Kremer, Beth Ferdon, Lori Slattery-Smith, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink, Tom Buttke.

EXCUSED:

OTHERS PRESENT: Bill Clendenning, Stephanie Wanserski, Doug Machon

Meeting called to order at 12:10pm by Chairman Fischer.

Public Comment: None

Minutes: motion by Kremer to approve minutes, second by Buttke. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Review data collected: Discussion in regards to data presented to committee brought up clarification questions. Definition of Kinship Care vs Foster Care and the difference in costs was discussed. Prevention model talked over. Concerns about what barriers and challenges the staff encounter was questioned. Positive Alternatives contract reviewed; renegotiation may be needed.

Assign tasks: Data to be collected for next meeting to include: case studies of prior cases, what could have been more helpful if service was provided; survey workers to determine what they need to effectively serve the clients to reduce out of home care options (ranked/prioritized); have Fiscal break out the costs for Foster Care and Kinship Care; track reasons/causes for Foster Care, Kinship Care, Residential Treatment, Group Home and Corrections stays; find out what other counties are doing as it pertains to these services; delve into what surrounding counties interest or needs for services are; research the Alternative Response Model.

Next meeting: January 16, 2017 at 12pm (noon) in the Health Dept EOC room at River Block.

Agenda items: review of all data provided.

Adjourned: meeting was adjourned at 1:40pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: January 16, 2018

TIME: 1:00pm

PLACE: Wood County River Block, Health Dept EOC

PRESENT: Adam Fischer, Brad Kremer, Lori Slattery-Smith, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink, Tom Buttke.

EXCUSED: Beth Ferdon

OTHERS PRESENT: Bill Clendenning, Stephanie Wanserski, Doug Machon, Jodi Liegl

Meeting called to order at 1:01pm by Chairman Fischer.

Public Comment: Chairman Fischer noted that the Governor has announced the closing of Lincoln Hills youth prison. He met with Rep Kulp & Spiros and they noted the date may be moved from 2019 to 2018 for the closure and transition to an adult prison.

Minutes: motion by Buttke to approve minutes, second by Slattery-Smith. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Review data collected: Discussion of survey data presented. Respondents were 26 of the 38 Family Services staff. Discussion around AODA services (cost, waiting list, willingness to use services provided) in regards to youth and parents occurred. Discussion around treatment vs prevention: barriers, mentoring, parental training, therapy, skill building, what workers need to be successful, lack of structure and socialization, peer pressure. Reasons for out of home placement reviewed. Basic overview of Alternative Response Model given by Brandon. Partnering with others within Wood County, such as YMCA, Boys & Girls Club and faith based entities within the community.

Assign tasks: Research what the Alternative Response Model would look like for Wood County. Research how the closing of Lincoln Hills will affect the county; how will regional correction centers be utilized by county. Research what education, coaching and mentoring of youth and parents looks like now and what it could be changed into.

Motion: Kremer made motion for HHSC recommendation, seconded by Buttke: Mentoring of youth and parents is a major concern and needs to be addressed.

Next meeting: February 20, 2018 at 12pm (noon) in the Health Dept EOC room at River Block.

Agenda items: review of all data provided, Alternative Response Model.

Adjourned: meeting was adjourned at 2:53pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: March 6, 2018

TIME: 12:00pm

PLACE: Wood County River Block, Conf Room 231A

PRESENT: Adam Fischer, Brad Kremer, Lori Slattery-Smith, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink, Tom Buttke, Beth Ferdon.

OTHERS PRESENT: Bill Clendenning, Stephanie Wanserski, Jodi Liegl

Meeting called to order at 12:04pm by Chairman Fischer.

Public Comment: None.

Minutes: motion by Kramer to approve minutes, second by Buttke. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Alternate Response: Alternate Response is a different way to approach families in crisis/need of our services. It works on engaging services with clients prior to actions taken (ie: removal of children from the home). Wisconsin has select counties included in an Alternative Response Study that will be ending this year. Wood County is in that study as a non-Alternative Response county. Family Services works toward the result of reunification with family if at all possible. Using the Alternative Response method can reduce costs and possibly the number of children in out of home placement.

Task Report: The closing of Lincoln Hills/Copper Lake will take place in 2021. The State will create smaller regional corrections facilities throughout the state. No locations set yet. Portage and Marathon counties have juvenile detention centers currently. Discussion about if Wood County would be interested in a facility in our county. There was a discussion around treatment vs corrections options/services.

Ongoing Unit Out of Home Placement: The standard goal for children in out of home placement is reunification with the family. Stephanie gave an overview of one case in the Ongoing Unit. Discussion about different facilities and how foster parents can decide to not provide care for child occurred. Discussion regarding early intervention, prevention, treatment options, partnerships (private/public), services that are voluntary for clients and need for more 1-on-1 parent teaching services. Discussion around making use of unused space at Norwood for a Residential Care Center. State sets the daily rate for the RCCs. Idea of kids using their social media skills on a safe Facebook page or chat room; how could this be implemented?

Motion: Kremer made motion to explore the options and have a cost analysis done for possible group home or RCC at Norwood. Slattery-Smith seconded. All Ayes. Motion passed.

Assign Tasks: Provide possible options and a cost analysis of group home or RCC at Norwood using TBI space/unused space.

Next meeting: April 17, 2018 at 12pm (noon), Wood County River Block, Conf Room 130.

Agenda items: group home, RCC and corrections placement at the Juvenile Justice level.

Adjourned: meeting was adjourned at 1:51pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: May 4, 2018

TIME: 9:00 am

PLACE: Wood County River Block, Health Dept EOC

PRESENT: Adam Fischer, Al Breu, Dawn Schmutzer, Tim McNaughton, Brandon Vruwink, Tom Buttke, Beth Ferdon.

OTHERS PRESENT: Jodi Liegl, Craig Rasmussen

Meeting called to order at 9am by Chairman Fischer.

Public Comment: None.

Minutes: motion by Buttke to approve minutes, second by Breu. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Elections: Adam Fischer, Chair; Al Breu, Vice Chair; Lori Slattery-Smith, Secretary.

Juvenile Justice Case Review: Craig presented two cases currently active in Wood County. One was a youth who had no prior history with the department. First offense was at 16 years old. The case has a good prognosis even though first offense was intense. Second case was a youth with a long history with the department starting at the age of 11. This youth had 38 referrals within four years. Craig stated that the complexity of the cases has increased. Many have a family history of AODA and mental health issues.

Possible Residential Treatment Facility in Wood County: Beth went through the handout. Handout is attached. After review, the fiscal feasibility of this is not within our scope. One of the main issues other locations have had is retaining staff.

Discussion: Question of what can the County/Human Services do to help prevent youth from needing out of home placement. Discussion around intensive in-home services was had. Family Services in restructuring to include an Intensive Services Unit. These staff will try to intervene earlier.

The idea of a crisis stabilization unit vs a RCC was discussed.

Assign Tasks: Gather more information on what an 8-bed Crisis Stabilization facility would look like at Norwood. Is it sustainable? State has in budget for one 8-bed facility and will fund it fully. No rules set yet.

Next meeting: May 15, 2018 at 12pm (noon), Courthouse, Safety Conf Room.

Adjourned: meeting was adjourned at 10:30 am.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: May 15, 2018

TIME: 12 pm

PLACE: Wood County Courthouse, Safety Training Room

PRESENT: Adam Fischer, Al Breu, Dawn Schmutzer, Jordon Bruce, Lori Slattery-Smith, Beth Ferdon.

OTHERS PRESENT: Jodi Liegl, Katie Czys

Meeting called to order at 12 pm by Chairman Fischer.

Public Comment: None.

Minutes: motion by Breu to approve minutes, second by Slattery-Smith. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Crisis Stabilization Presentation: Katie gave overview of the process for crisis stabilization/Bridgeway use at this time. She provided the difference between crisis stabilization and residential treatment. Katie went through the four basic types of clients that use crisis stabilization. She is on a workgroup to help write the law/bill regarding youth crisis stabilization facilities. The State will provide an initial \$1 million for a crisis CBRF, but then the facility will need to be funded on its own. The cost of Wood County's use of group homes and residential care centers would offset the cost of the youth crisis CBRF. Some services can be billed to client.

Discussion: after presentation, discussion about feasibility of a youth crisis stabilization facility in Wood County occurred. Will have a follow-up meeting about ideas for this.

Assign Tasks: think about long range plan for youth crisis stabilization facility; do we want to provide this service; is it fiscally responsible; prepare for making recommendation to HHSC at July meeting.

Next meeting: May 31, 2018 at 12 pm (noon), Norwood Classroom.

Future Agenda Items: tour Bridgeway and discuss long range plan regarding a possible Crisis Stabilization unit in Wood County.

Adjourned: meeting was adjourned at 12:40 pm.

Recorder: Dawn Schmutzer

HHS Ad Hoc Committee on Out of Home Care Meeting Minutes

DATE: May 31, 2018

TIME: 12 pm

PLACE: Wood County Annex & Health Center, Classroom

PRESENT: Adam Fischer, Al Breu, Dawn Schmutzer, Jordon Bruce, Lori Slattery-Smith, Beth Ferdon, Tom Buttke, Brandon Vruwink

OTHERS PRESENT: Jodi Liegl, Katie Czys, Marion Hokamp, Bill Clendenning, Angie Heiki

Meeting called to order at 12 pm by Chairman Fischer.

Public Comment: None.

Minutes: motion by Breu to approve minutes, second by Slattery-Smith. All ayes. Note: minutes for the Ad Hoc meetings will not be in the Supervisors dropbox, they will only be available on the County website.

Bridgeway Tour: Katie gave overview of the process for crisis stabilization/Bridgeway use, clients served and then gave a tour of the physical space.

Discussion: after presentation, discussion about feasibility of a youth crisis stabilization facility in Wood County occurred. Items to consider would include: transportation for clients, education for youth, room setup/atmosphere, visitations, security and law enforcement presence. Katie is on the team working on new legislation regarding youth crisis stabilization.

Assign Tasks: Katie and Beth to get data on number of youth in crisis/year, number of youth that were hospitalized/year, number of youth in RCC, and number of youth not able to be provided services. Katie will provide a case study. Brandon will reach out to the Counties Association and invite them to our next meeting. Dawn to add Ch 83 and DHS 34 into next meeting packet.

Next meeting: June 19, 2018 at 12 pm (noon), River Block, Health Dept EOC 3rd floor

Future Agenda Items: Review data and begin transitional plan.

Adjourned: meeting was adjourned at 1:08 pm.

Recorder: Dawn Schmutzer

Year	# in Kinship Care	Kinship Voluntary	Kinship Court Ordered	# in Foster Care	# in Trmt Foster Care	# in Group Home	# in Residential Treatment	# in Corrections	# juveniles in secure detention	# days of secure detention use	Juvenile Intake referrals	TPRs	Pos. Alt. intakes	# lic foster homes/# specialized
2017 (as of 10/1)	73	16	57	48	1	10	6	3	na	na	na	14	na	60/2
2016	83	na	na	49	na	10	6	4	21	154	575	na	97	60/2
2015	179	na	na	134	na	18	16	4	27	339	553	26	70	72/3
2014	111	na	na	171	na	8	19	2	25	212	624	6	na	62/4
2013	121	na	na	137	na	6	16	1	29	327	571	22	na	57/4
2012	140	na	na	119	na	9	18	na	na	219	611	na	na	55/4
Mar-Oct 2017 only														

A Referrals by Type				
year	physical abuse	sexual abuse	neglect	emotional abuse
2016	182	80	364	11
2015	173	82	315	2
2014	191	87	340	8
2013	186	75	306	5
2012	152	70	236	4

B Referrals by Type						
year	truancy	runaway	delinquencies	behavior	Info only	total #
2016	11%	19%	64%	5%	1%	537
2015	8%	22%	64%	5%	1%	553
2014	9%	13%	64%	5%	9%	624
2013	7%	16%	64%	6%	7%	571
2012	6%	16%	68%	10%		611

Current Foster Care Data					
Level	# South	# North		# Homes w/Active Placement North	# Homes w/Active Placement South
1	0	0		14	23
2	34	26			

Year	Foster Care cost	Group Home cost	Residential Treatment cost	Corrections cost	total year
2016	\$660,457	\$793,496	\$905,570	\$454,450	\$2,813,973
2015	\$634,412	\$625,229	\$1,331,305	\$265,364	\$2,856,310
2014	\$788,467	\$177,978	\$1,132,219	\$81,480	\$2,180,144
2013	\$526,372	\$194,392	\$906,188	\$96,140	\$1,723,092
2012	\$569,184	\$254,681	\$1,073,243	\$91,610	\$1,988,718

Year	Type of Care	Daily Rate
2017	Correctional	\$292.00
2016	Correctional	\$292.00
2015	Correctional	\$284.00

WISCONSIN DEPT OF CORRECTIONS
JUVENILE SERVICES

MONTH	YEAR				
	2013	2014	2015	2016	2017
January	\$ 10,982.00	\$ 9,774.00	\$ 18,662.00	\$ 38,402.80	\$ 32,369.49
February	8,092.00	8,828.00	16,856.00	35,925.20	28,292.04
March	8,959.00	9,774.00	18,662.00	38,402.80	31,901.33
April	8,670.00	9,458.00	18,060.00	38,016.00	31,592.10
May	8,959.00	9,774.00	18,662.00	39,019.60	32,645.17
June	8,670.00	9,458.00	18,060.00	39,425.60	26,720.34
July	9,114.00	9,774.00	17,608.00	41,141.84	27,902.48
August	9,166.00	3,153.00	18,778.00	40,202.26	26,234.00
September	9,597.00	-	19,966.00	38,596.88	23,517.20
October	9,917.00	-	30,137.00	37,237.08	
November	9,597.00	-	31,674.00	33,254.70	
December	9,917.00	11,438.00	38,239.00	32,825.38	
	<u>\$ 111,640.00</u>	<u>\$ 81,431.00</u>	<u>\$ 265,364.00</u>	<u>\$ 452,450.14</u>	<u>\$ 261,174.15</u>

POSITIVE ALTERNATIVES

2015	Resident Fees Billed Beds	Guaranteed Beds Billing	Remodeling Costs	Start Up Costs	TOTAL
January	\$ -	\$ -	\$ -	\$ -	\$ -
February	-	-	-	-	-
March	12,328.00	14,996.00	2,916.67	-	30,240.67
April	34,040.00	3,220.00	2,916.67	3,852.24	44,028.91
May	40,664.00	-	2,916.67	-	43,580.67
June	31,464.00	5,796.00	2,917.00	1,284.08	41,461.08
July	31,280.00	7,222.00	2,917.00	1,284.08	42,703.08
August	39,744.00	-	2,917.00	1,284.08	43,945.08
September	35,144.00	2,116.00	2,917.00	1,284.08	41,461.08
October	36,984.00	1,518.00	2,917.00	1,284.08	42,703.08
November	27,232.00	10,028.00	2,917.00	1,284.08	41,461.08
December	18,216.00	20,286.00	2,917.00	1,284.08	42,703.08
TOTAL	\$ 307,096.00	\$ 65,182.00	\$ 29,169.01	\$ 12,840.80	414,287.81

POSITIVE ALTERNATIVES

2016	Resident Fees Billed Beds	Guaranteed Beds Billing	Remodeling Costs	Start Up Costs	TOTAL
January	\$ 28,952.00	\$ 10,387.00	\$ 3,296.60	\$ 1,284.08	\$ 43,919.68
February	35,908.00	893.00	3,296.60	1,284.08	41,381.68
March	37,788.00	1,551.00	3,296.60	1,284.08	43,919.68
April	42,488.00	-	3,296.60	1,284.08	47,068.68
May	46,624.00	-	3,296.60	1,284.08	51,204.68
June	38,352.00	-	3,296.60	1,284.08	42,932.68
July	37,412.00	1,927.00	3,296.60	1,284.08	43,919.68
August	29,704.00	9,635.00	3,296.60	1,284.08	43,919.68
September	28,388.00	9,682.00	3,296.60	1,284.08	42,650.68
October	35,760.00	7,379.00	3,296.60	1,284.08	47,719.68
November	43,112.00	658.00	3,296.60	1,284.08	48,350.68
December	38,038.00	7,191.00	3,296.60	1,284.08	49,809.68
TOTAL	\$ 442,526.00	\$ 49,303.00	\$ 39,559.20	\$ 15,408.96	546,797.16

POSITIVE ALTERNATIVES

2017	Resident Fees Billed Beds	Guaranteed Beds Billing	Remodeling Costs	Start Up Costs	TOTAL
January	\$ 48,327.00	\$ 1,924.00	\$ 3,296.60	\$ 1,284.08	\$ 54,831.68
February	48,716.00	-	3,296.60	1,284.08	53,296.68
March	51,239.00	-	3,296.60	1,284.08	55,819.68
April	38,958.00	9,672.00	3,296.60	1,284.08	53,210.68
May	45,415.00	4,836.00	3,296.60	1,284.08	54,831.68
June	45,406.00	3,224.00	3,296.60	1,284.08	53,210.68
July	44,593.00	884.00	3,296.60	1,284.08	50,057.68
August	45,552.00	-	3,296.60	1,284.08	50,132.68
September	37,856.00	4,264.00	3,296.60	1,284.08	46,700.68
October	-	-	-	-	-
November	-	-	-	-	-
December	-	-	-	-	-
TOTAL	\$ 406,062.00	\$ 24,804.00	\$ 29,669.40	\$ 11,556.72	472,092.12

2017 Rates

Group Homes

eWISACWIS	Parent Agency Name	Group Home Name (Per eWISACWIS)	Rate
8032507	Anders Developmental & Transition Home	Anders Develop & Transition Home LLC	\$190.28
8003343	Beginnings Group Foster Home Inc	Beginnings Group Home	\$204.40
8036548	Bella's Group Home	Bella's Group Home	\$206.12
8035497	Butterflies Home For Teen Girls LLC	Butterflies Home for Teen Girls	\$217.91
6205743	Choices To Change, Inc	Changes Group Home	\$201.36
8004666	Choices To Change, Inc	Choices Group Home for Girls	\$201.36
8005405	Connecting Youth Inc	Connecting Youth Inc	\$198.60
7247909	Marinette Co. Group Home Association Inc	Crossroads-Marinette Co Group Home	\$143.39
1602518	Deland Receiving Home Inc.	Deland Receiving Home	\$165.55
6205745	Choices To Change, Inc	Eagles Nest Group Home	\$201.36
6205747	Ethan House Inc	Ethan House II	\$212.25
8027478	Eyes Wide Open Seeing Beyond Today	Eyes Wide Open Seeing Beyond Today,	\$204.60
8058834	Eyes Wide Open Seeing Beyond Today	Eyes Wide Open Seeing Beyond Today 2	\$204.60
8057543	Forward Home for Boys LLC	Forward Home for Boys	\$204.61
1602509	Friendship House Inc.	Friendship House	\$220.87
8059657	Grateful Girls, Inc.	Grateful Girls Safe Haven	\$245.01*
8010503	Nehemiah Project, Inc	Harper House of Nehemiah Project	\$210.93
8036556	Butterflyz Inc	Home Away From Home Living Center	\$206.54
8025916	Home Four the Heart, Inc	Home Four the Heart, Inc.	\$213.89
8048525	Home Four the Heart, Inc	Home Four The Heart Inc Site Two	\$213.89
8062166	Home Four the Heart, Inc	Home Four the Heart Inc Site Three	\$213.89
8039548	Willie Hopgood Social Services	Hopgood Youth Home	\$216.04
8053332	The House of Kings and Priests	The House of Kings and Priests	\$207.51
8059326	House of Love Youth Homes, Inc	House of Love	\$200.85
8024654	House of Love Youth Homes, Inc	House of Love II	\$200.85
8028223	Inspiring Young Women Inc	Inspiring Young Women Inc	\$197.55
8036570	AKNU Directions LLC	Keys to Life Living Center	\$197.55
6929212	Fond Du Lac Co Dept of Social Svcs	Lawrence Galow Memorial Group Home	\$226.05
8028378	Longview Home For Boys LLC	Longview Home for Boys LLC	\$207.39
6655718	Lutheran Social Services WI UP Inc	LSS Group Home	\$181.69
8015580	Moe's Transitional Living Center, Inc	Moe's Transitional Living Center I	\$223.23
8031115	Moe's Transitional Living Center, Inc	Moe's Transitional Living Center II	\$223.23
8008116	Monroe County Sheltercare Inc	Monroe County Sheltercare Inc	\$136.00
8036201	Next Chapter Living Center, Inc	Next Chapter Living Center	\$221.54
8047336	Next Chapter Living Center, Inc	Next Chapter Living Center II	\$211.12
8035503	Longview Home For Boys LLC	North Ridge House	\$207.39
8040028	Northwest Passage LTD	Northwest Oasis Group Home	\$190.44
8006279	Orion Family Services Inc	Orion Group Home (Monroe)	\$217.43
6429304	Orion Family Services Inc	Orion Group Home (Platteville)	\$217.43
8033326	Pathways Group Home of Rock Co LLC	Pathways Group Home	\$198.00
8051103	Positive Alternatives Incorporated	Positive Alternatives - Amery	\$217.00
6327127	Positive Alternatives Incorporated	Positive Alternatives - Menomonee	\$217.00
8022106	Positive Alternatives Incorporated	Positive Alternatives - River Falls	\$217.00
8056944	Positive Alternatives Incorporated	Positive Alternatives - Wood County	\$208.00
6447484	Prentice House Inc	Prentice House I	\$198.00
6797517	Prentice House Inc	Prentice House II	\$198.00
6526701	Prentice House Inc	Prentice House III	\$198.00



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2017 Rates

Group Homes

eWISACWIS	Parent Agency Name	Group Home Name (Per eWISACWIS)	Rate
8011645	Rawhide Inc.	Rawhide Group Foster Home	\$231.04
6424800	Family and Children's Center	Residential Youth Home - Weston	\$203.39
8065786	Thrive	REVERE Residence	\$212.73
8048584	Revive Youth & Family Services LLC	Revive Transitional Living Center	\$221.01
8035461	Revive Youth & Family Services LLC	Revive Youth and Family Center	\$221.01
8040866	Revive Youth & Family Services LLC	Revive Youth and Family Center II	\$221.01
8016180	Right Turn Inc	Right Turn Inc	\$190.28
8023979	Right Turn Inc	Right Turn II	\$190.28
8064483	Rita's Place LLC	Rita's Place	\$217.47
8014061	St Charles Youth and Family Svcs, Inc.	Roads To Independence I	\$216.69
8008728	Servant Manor, Inc.	Servant Manor	\$215.42
6205841	Sierra Group Home, Inc	Sierra Group Home	\$199.60
6205858	Family Svcs of Northeast WI Inc	Silvercrest Group Home	\$203.54
8043332	Orion Family Services Inc	Spohn Avenue House for Girls	\$207.00
6929213	Fond Du Lac Co Dept of Social Services	Susan M Lopau Memorial Shelter Care	\$222.55
8019268	Mt Castle Transitional Living LLC	T and H Group Home for Males	\$210.00
8032479	The Best Is Yet To Come LLC	The Best Is Yet to Come Group Home	\$215.83
8025441	The LIFE House of WI LLC	The LIFE House of WI LLC	\$209.30
8015731	Tomorrow's Future LLC	Tomorrow's Future LLC	\$208.20
8010507	Nemehiah Project Inc	Trans Center of Nehemiah Project	\$210.93
8015797	Servant Manor, Inc.	Trotter House	\$215.42
8029644	Verlee Home For Girls	Verlee Home for Girls	\$221.20
8033323	Vision Youth Development Center Inc	Vision Youth Development Center Inc	\$190.90
8004004	Choices To Change, Inc	Washington House	\$201.36
8058833	Willow Heart Respite and Care Center Inc	Willow Heart Respite and Care Center Inc	\$201.84
8008122	Wisniewski Group Home	Wisniewski Group Home LLC	\$178.50

	Pregnant or Parenting Teen		
8020629	Adulthood's Path II LLC	Adulthood's Path II LLC	\$243.21
8065564	Butterflies Home for Teen Moms	Butterflies Home for Teen Moms	\$242.04
8029419	This House Is A Home LLC	This House is a Home LLC	\$223.64
8036564	Tomorrow's Future LLC	Tomorrow's Future LLC Phase II	\$243.05
8000354	V.I.C. Living Center LLC	VIC Living Center	\$249.46

*Grateful Girls may still choose to appeal their rate (until 01/13/2017)



Treatment Foster Care

2017 Rates

Child Placing Agencies

eWISACWIS	Agency Name	Program Name	Rate
8038182	Advocates Healthy Transitional Living	Foster Care Academy	\$65.56
8004685	American Foundation Counseling Inc	American Foundation of Counseling Services	\$70.02
303167	Anu Family Services Inc	Anu Family Services, Inc.	\$70.02
8019565	Benevolence First Inc	Benevolence First, Inc.	\$68.71
2000442	Children's Service Society of Wisconsin	Children's Service Society of Wisconsin	\$70.02
22566	Community Care Resources	Community Care Resources, Inc.	\$70.02
6345926	Family & Children's Center	Family & Children's Center, Inc.	\$60.70
8011542	Family Care Specialists Inc	Family Care Specialists, Inc.	\$64.90
8000327	Family Works Programs Inc	Family Works Programs, Inc.	\$68.73
8015571	Fresh Start Family Services	TFC / BMCW	\$69.93
8028253	Harmony Social Services CPA Inc	Harmony Social Services CPA Inc	\$70.02
8023481	Hopeful Haven Inc	Hopeful Haven, Inc.	\$66.59
6240721	Kenosha Human Development Services	Kenosha Human Development Services	\$62.91
8019839	La Causa Incorporated	La Causa Treatment Foster Care Program	\$63.50
6205925	LSS Of WI / Upper MI	Treatment Foster Care	\$60.50
8031721	Macht Village Programs Inc	Macht Village Programs Inc	\$70.02
8020651	New Horizon Center Inc	Child Placing Agency	\$65.56
2001714	New Visions Treatment Homes Of WI	New Visions Treatment Homes of WI, Inc	\$66.00
8049491	Pillar and Vine	Pillar and Vine	\$63.00
7067336	Rawhide Inc	Rawhide Catch Program	\$70.02
13466	SaintA Inc	Treatment Foster Care	\$66.85
6729159	St. Charles Youth & Family Services Inc	Treatment Foster Care	\$63.11
8008094	Thrive Treatment Services LLC	Thrive Treatment Services LLC	\$66.26

2017 Rates

Residential Care Centers

eWISACWI	Parent Agency Name	RCC Facility Name	RCC Program Name	Rate
2000378	Allendale Association	Benet Lake Child & Adol Treatment	Child & Adol Intensive Center	\$358.73
22516	Camelotte Home Inc	Camelotte Home Inc	Main Program	\$350.00
22536	Chileda Institute Inc	Chileda Institute	Main Program	\$499.71
22521	Clinicare Corporation	Eau Claire Academy	Residential Care	\$354.90
22521	Clinicare Corporation	Eau Claire Academy	Willow	\$362.38
22521	Clinicare Corporation	Eau Claire Academy	STOP Program (aka West Unit)	\$363.13
6205730	Family Services of NE Wisconsin	Family Services	Residential Care	\$326.73
8008846	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Casey House	\$364.11*
8008846	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Casey House Intensive Program	\$439.34*
8010165	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Cheryl House	\$364.11*
8010165	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Cheryl House Intensive Program	\$439.34*
22534	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Main Program	\$364.11*
22534	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Main Program Intensive	\$439.34*
8019480	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Sawyer House	\$364.11*
8019480	Oconomowoc Dev Tmg Ctr	Genesee Lake School	Sawyer House Intensive Program	\$439.34*
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Acceptance	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Acceptance Type II (Com/DLQ)	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Alliance	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Alliance Type II (Com/DLQ)	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey Quest	\$434.03
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey Quest Type II (Com/DLQ)	\$434.03
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey South	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey South Type II (Com/DLQ)	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey West	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Journey West Type II (Com/DLQ)	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Nelson Hall	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Nelson Hall Type II (Com/DLQ)	\$372.04
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Pathway	\$444.66
22519	Lutheran Social Services WIUP Inc	Homme Youth and Family Programs	Pathway Type II (Com/DLQ)	\$444.66
22520	Lad Lake	Lad Lake	Main Program	\$356.18
22520	Lad Lake	Lad Lake	Female Residential	\$478.23
2001015	Clinicare Corporation	Milwaukee Academy	Residential Care	\$352.23
8041737	Mother Kathryn Daniels Center	Mother Kathryn Daniels Center	Residential Care	\$304.01
22524	Norris Adolescent Center	Norris Adolescent Ctr	Residential Care	\$363.19
6205733	Northwest Passage LTD	Northwest Passage I (Riverside)	Standard Residential Program (Boys)	\$351.76
6205732	Northwest Passage LTD	Northwest Passage III (Prairieview)	90 Day for Girls (Resid Prog Girls)	\$367.35
22539	Rawhide Inc	Rawhide	About face 120 Day Program	\$361.81
22539	Rawhide Inc	Rawhide Inc	Standard Program	\$361.81
12530	SaintA Inc	SaintA	60 Day Residential Assessment	\$371.31
22527	St. Charles Youth & Family Svcs Inc	St. Charles Inc - F Bldg	Focus Milwaukee	\$378.97
22528	Lad Lake (St Rose Y&F Center)	St. Rose Youth & Family Ctr Inc	St. Rose Youth & Family Center	\$355.60
8058232	Prader-Willi Homes of Oconomowoc	Starlight	Starlight	\$405.30
6205738	Tomorrows Children Inc	Tomorrows Children Inc	Main Program	\$321.00
6506314	Lutheran Social Services WIUP Inc	Washington Co Youth Treatment Ctr	Washington County Tx Center	\$266.53

*Genesee Lake School may still choose to appeal their rate (until 01/26/2017)

Group Home	Ashland	Prentice House I	Ashland	8	11Y-17Y	M
Group Home	Ashland	Prentice House II	Ashland	8	11Y-17Y	M
Group Home	Ashland	Prentice House III	Ashland	8	11Y-17Y	M
Group Home	Brown	Ethan House II	Green Bay	8	11Y-20Y	M
Group Home	Clark	Eagles Nest Group Home	Granton	8	12Y-17Y	M
Group Home	Dane	Briarpatch Youth Shelter	Madison	8	12Y-17Y	M/F
Group Home	Dane	The Respite Center Group Home	Madison	7	0Y-14Y	M/F
Group Home	Dodge	LSS Group Home	Beaver Dam	8	10Y-17Y	M/F
Group Home	Dunn	Positive ALternatives - Menomonie	Menomonie	8	12Y-17Y	M/F
Group Home	Fond Du Lac	Lawrence Galow Memorial Group Home	Fond Du Lac	8	14Y-17Y	M
Group Home	Fond Du Lac	Susan M Lopau Memorial Shelter Care	Fond du Lac	8	10Y-20Y	M/F
Group Home	Grant	Orion Group Home-Platteville	Platteville	8	12Y-17Y	M
Group Home	Green	Orion Group Home-Monroe	Monroe	6	12Y-17Y	F
Group Home	La Crosse	Residential Youth Home- Weston	La Crosse	8	12Y-21Y	M/F
Group Home	Langlade	Sierra Group Home	White Lake	8	12Y-17Y	M
Group Home	Marathon	Positive Alternatives - Marathon	Wausau	8	12Y-21Y	M/F
Group Home	Marathon	Rita's Place LLC	Mosinee	8	12Y-20Y	F
Group Home	Marathon	Tylers Home for Kids	Wausau	8	0Y-17Y	M/F
Group Home	Marinette	Crossroads-Marinette Co Group Home	Peshtigo	8	10Y-17Y	M/F
Group Home	Monroe	Monroe County Sheltercare Inc	Sparta	8	10Y-17Y	M/F
Group Home	Outagamie	Willow Heart Respite and Care Center Inc	Little Chute	8	0Y-17Y	M/F
Group Home	Polk	Positive Alternatives - Amery	Amery	8	12Y-21Y	F
Group Home	Portage	Choices Group Home for Girls	Stevens Point	7	12Y-17Y	F
Group Home	Portage	Washington House	Plover	8	12Y-17Y	M
Group Home	Racine	Safe Haven Youth Shelter	Racine	8	10Y-17Y	M/F
Group Home	Richland	Forward Home for Boys LLC	Richland Center	8	12Y-19Y	M
Group Home	Rock	Beginnings Group Home	Janesville	8	11Y-17Y	M
Group Home	Rock	Pathways Group Home	Whitewater	8	12Y-17Y	F
Group Home	Saint Croix	Positive Alternatives - River Falls	River Falls	8	12Y-17Y	M/F
Group Home	Sawyer	Northwest Oasis Group Home	Hayward	8	12Y-17Y	M
Group Home	Sheboygan	Deland Receiving Home	Sheboygan	8	3Y-17Y	M/F
Group Home	Sheboygan	Friendship House	Sheboygan	8	13Y-17Y	M
Group Home	Vernon	Longview Home for Boys LLC	Viroqua	8	12Y-21Y	M
Group Home	Vernon	North Ridge House	Genoa	6	12Y-21Y	M
Group Home	Waupaca	Changes Group Home	New London	8	12Y-17Y	M
Group Home	Waupaca	Rawhide Group Foster Home	New London	8	13Y-17Y	M
Group Home	Winnebago	Covey House-Oshkosh	Oshkosh	8	7Y-17Y	M/F
Group Home	Winnebago	Silvercrest Group Home	Neenah	8	13Y-17Y	M
Group Home	Wood	Positive Alternatives - Wood County	Wisconsin Rapids	8	12Y-21Y	M/F

Agency	County	Agency	County	Capacity	Low_High_Age	Gender
Residential Care Center	Kenosha	Benet Lake Child and Adol Trtmnt Ctr	Bristol	20	12Y-17Y	M
Residential Care Center	La Crosse	Chileada Institute Inc	La Crosse	44	6Y-17Y	M/F
Residential Care Center	La Crosse	Family and Children's Center	La Crosse	24	6Y-17Y	M/F
Residential Care Center	Milwaukee	Adolescent Recovery Program	Milwaukee	8	12Y-17Y	M/F
Residential Care Center	Milwaukee	Milwaukee Academy	Wauwatosa	24	10Y-18Y	F
Residential Care Center	Milwaukee	St. Charles Youth & Family Services	Milwaukee	45	12Y-17Y	M
Residential Care Center	Milwaukee	St. Rose Youth & Family Center Inc.	Milwaukee	28	10Y-17Y	F
Residential Care Center	Washington	Washington Co Youth Treatment Ctr	West Bend	20	10Y-17Y	M/F
Residential Care Center	Waukesha	Casey House	Oconomowoc	8	12Y-20Y	M
Residential Care Center	Waukesha	Cheryl House	Oconomowoc	8	12Y-20Y	M
Residential Care Center	Waukesha	Delafield A - RCC	Oconomowoc	8	12Y-17Y	M/F
Residential Care Center	Waukesha	Genesee Lake School	Oconomowoc	99	7Y-20Y	M/F
Residential Care Center	Waukesha	Rogers Mem Hosp-Turtle Pond Recov	Oconomowoc	30	12Y-17Y	M/F
Residential Care Center	Waukesha	Sawyer House	Dousman	8	7Y-20Y	M/F
Residential Care Center	Waukesha	Starlight	Oconomowoc	8	7Y-17Y	M/F
Residential Care Center	Waukesha	The Adolescent Center	Oconomowoc	42	8Y-17Y	M/F
Residential Care Center	Waupaca	Tomorrows Children Inc	Waupaca	35	5Y-17Y	M/F
Residential Care Center	Brown	Family Services	Green Bay	22	10Y-17Y	M/F
Residential Care Center	Burnett	Northwest Passage Riverside	Webster	26	12Y-17Y	M
Residential Care Center	Eau Claire	Eau Claire Academy	Eau Claire	135	10Y-17Y	M/F
Residential Care Center	Milwaukee	Carmelite Home Inc.	Wauwatosa	40	11Y-17Y	M
Residential Care Center	Polk	Northwest Passage Prairieview	Frederic	47	6Y-17Y	M/F
Residential Care Center	Shawano	Homme Youth & Family Programs	Wittenberg	60	10Y-17Y	M/F
Residential Care Center	Waukesha	Lad Lake	Dousman	77	7Y-17Y	M/F
Residential Care Center	Waukesha	Norris Adolescent Center	Mukwonago	55	12Y-17Y	M
Residential Care Center	Waupaca	Rawhide Inc.	New London	64	11Y-17Y	M

WOOD COUNTY HUMAN SERVICES DEPARTMENT

PURCHASE OF SERVICE CONTRACT

*Full
Positive
Alternative*

I. PARTIES AND CONTRACT PERIOD

This contract covers a five year service agreement between Wood County Human Services Department, whose business address is P.O. Box 8095, Wisconsin Rapids, WI 54495-8095, hereinafter referred to as Purchaser, and Positive Alternatives, Inc, 603 Terrill Road, Menomonie, WI 54751, and hereinafter referred to as Provider. Each of the five service periods covered by this contract will run from January 1 through December 31 of the five calendar years. The first service period will be January 1, 2015 through December 31, 2015.

The Purchaser employee responsible for day-to-day administration of this contract will be Chris Hanten, Family Services Division Manager, whose business address is P.O. Box 8095, Wisconsin Rapids, WI, 54495-8095, 715-421-8563. In the event that the administrator is unable to administer this contract, Purchaser will contact Provider and designate a new administrator.

The Provider employee responsible for day-to-day administration of this contract will be Kelli Kamholz, Executive Director, 715-235-9552 whose business address is 603 Terrill Road, Menomonie, WI 54721. In the event that the administrator is unable to administer this contract, Provider will contact Purchaser and designate a new administrator.

II. SERVICES TO BE PROVIDED

Subject to the terms and conditions set forth in the State/County Contract Covering the Administration of Income Maintenance Programs, Social and Mental Hygiene Services Program, Community Youth and Family Aids Programs, Child and Spousal Support, Establishment of Paternity Program, and Medical Support Liability; Purchaser agrees to purchase for, and Provider agrees to provide to eligible clients the services as described in detail in this contract and attached appendices. (Appendix B) Said services related to providing a youth group home will be provided at facilities located at 110 24th Street South, Wisconsin Rapids, Wisconsin.

For all contracts between a County agency administering programs supervised by the Departments of Health Services and Department of Children & Family, and a Provider, the services to be provided for agency clients shall be stated.

III. PAYMENT FOR SERVICES

- A. The total amount to be paid to Provider by Purchaser for services, start-up costs, and remodeling of space provided in accordance with this Contract shall not exceed the dollar amount as determined in Appendix A and which, for 2015, is \$505,077.00. The Provider agrees that the total cost for services provided, the rate per unit, and the number of units of services for each of five successive years is as printed in Appendix A. Purchaser agrees to purchase an average monthly minimum of 6.75 beds per day and shall pay for placements in excess of the 6.75/day/month average at the annual rate agreed by the parties.
- B. Provider shall return to Purchaser funds paid in excess of the allowable costs of services. If the Provider fails to return funds paid in excess of the allowable cost of standard program categories/clusters provided, Purchaser shall recover from Provider any money paid in excess of the allowable costs from subsequent payments made to the Provider. The allowable cost of standard programs shall be determined pursuant to the Allowable Costs Policy Manual.

- C. If the Provider requests an advance payment in excess of \$10,000, the Provider agrees to supply a Surety Bond per §46.036(3) (f), Wis. Stats. The Surety Bond must be for an amount equal to the amount of the advance payment applied for. The advance payment may be up to one-twelfth (1/12) of an annual contract. If the contract period is less than 12 months, the contract amount may be adjusted in amounts no greater than the amount determined by dividing the contract amount by the number of months in the contract period.
- D. Provider agrees to furnish a monthly statement to Purchaser by the 10th of each succeeding month for services rendered in the previous month. Purchaser will issue payment the month the statement is received if the statement is received by the 10th.
- E. It is understood that each year the service rate will be reviewed by the Department of Children and Families. This annual review of the Provider's actual expenses may result in adjustment to the daily rate charged to the Purchaser by the Provider.

IV. BILLING AND COLLECTION PROCEDURES

- A. The Provider shall charge a uniform schedule of fees as defined in §49.343, Wis. Stats., unless waived by the Purchaser with written approval of the Department of Children & Family Services.
- B. Provider shall furnish Purchaser with case notes, service units, census data, and any other information necessary for billing Crisis Stabilization services provided each month by the 10th of the month following service month just ended. Purchaser shall be responsible for billing residents and applicable third party payers for Crisis Stabilization services.

V. ELIGIBILITY STANDARDS FOR RECIPIENTS OF SERVICES

- A. Provider and Purchaser understand and agree that the eligibility of individuals to receive the services to be purchased under this Agreement from Provider will be determined by Purchaser with the initial selection by Purchaser subject to the approval by Provider. An individual is entitled to the right of an administrative hearing concerning eligibility and the Purchaser shall inform individuals of this right.
- B. Provider agrees that Purchaser shall be the exclusive placing agency to place eligible clients with Provider at 110 24th Street South, Wisconsin Rapids, Wisconsin.

VI. INDEMNITY AND INSURANCE

- A. Provider agrees that it will at all times during the existence of the Contract, indemnify Purchaser against any and all loss, damages, and costs or expenses which Purchaser may sustain, incur, or be required to pay by reason of any eligible client's suffering, personal injury, death, or property loss resulting from participating in or receiving the care and services to be furnished by the Provider under this Agreement; however, the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by Purchaser.
- B. Provider agrees that, in order to protect itself as well as Purchaser under the indemnity provision set forth in the above paragraph, Provider will at all times during the terms of this Contract, keep in force a liability insurance policy issued by a company authorized to do business in the State of Wisconsin and licensed by the Wisconsin Insurance Department. Upon the execution of this Contract, Provider will furnish Purchaser with written verification of the existence of such insurance. In the event of any action, suit, or proceedings against Provider upon any matter herein indemnified against, Provider shall, within ten working days, cause notice in writing thereof to be given to Purchaser by certified mail, addressed to its post office address.

- C. Provider hereby expressly agrees to carry Worker's Compensation insurance for the benefit of its employees engaged in work under this Contract, in an insurance company duly licensed to transact the business of Worker's Compensation insurance in the State of Wisconsin.
- D. Provider shall pay, when due and owing, the Social Security and unemployment taxes imposed on it by law.

VII. AFFIRMATIVE ACTION/CIVIL RIGHTS COMPLIANCE

- A. The Provider agrees to submit to the Purchaser a current copy of the Sub-recipient Civil Rights Compliance Action plan for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981, and the Americans with Disabilities Act (ADA) of 1990. The Provider shall attach its individual CRC Action Plan as part of this contract. If an approved plan has been received during the previous calendar year, a plan update is acceptable. The plan may cover a two-year period.
- B. The Provider agrees to the following provisions:
 - 1. No otherwise qualified person shall be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination in any manner on the basis of race, color, national origin, religion, sex, disability, or age. This policy covers eligibility for and access to service delivery, and treatment in all programs and activities.
 - 2. No otherwise qualified person shall be excluded from employment, be denied the benefits of employment, or otherwise be subject to discrimination in employment in manner or term of employment on the basis of age, race, religion, color, sex, national origin, or ancestry, handicap (as defined in Section 504 and the ADA), physical condition, developmental disability (as defined in §51.05(5)), arrest or conviction record (in keeping with §111.32), sexual orientation, marital status, or military participation. All employees are expected to support goals and programmatic activities relating to non-discrimination in employment.
 - 3. The Provider shall post the Equal Opportunity Policy, the name of the Equal Opportunity Coordinator, and the discrimination complaint process in conspicuous places available to applicants and clients of services, and applicants for employment and employees. The complaint process will be according to Purchaser's standards and made available in languages and formats understandable to applicants, clients, and employees.
 - 4. The Provider agrees to comply with the Purchaser's civil rights compliance policies and procedures.
 - 5. The Provider agrees that through its normal selection of staff, it will employ staff with special language skills or find persons who are available within a reasonable time and who can communicate with non-English speaking or hearing-impaired clients; train staff in human relations techniques, sensitivity to persons with disabilities, and sensitivity to cultural characteristics; and make the programs and facilities accessible, as appropriate, through outstations, authorized representatives adjusted work hours, ramps, doorways, elevators, or ground floor rooms, and Braille, large print, or taped information for the visually-impaired. Informational materials will be posted and/or available in languages and formats appropriate to the needs of the client population.
- C. The Purchaser will take constructive steps to ensure compliance of the Provider with the provisions of these subsections. The Provider agrees to comply with Civil Rights monitoring reviews performed by the Purchaser, including the examination of records and relevant files maintained by the Provider. The

Provider further agrees to cooperate with the Purchaser in developing, implementing, and monitoring corrective action plans that result from any reviews. The Purchaser will work cooperatively with the Provider to ensure compliance.

VIII. CONFIDENTIALITY AGREEMENT

The following conditions must be met to allow electronic transfer of confidential information between WCHSD and other agencies:

- A. Provider of services agrees that access to electronic transfer of confidential information will be limited to authorized staff members.
- B. Provider of services agrees that once received, the information will be copied into the case files and subsequently erased from the email system.
- C. If the information is maintained electronically, receiving agency will protect it from unauthorized access.
- D. Failure to maintain confidentiality of electronic information would be considered a breach of contract.
- E. Transfer of information must be in an attached password protected Word or Excel file. The password will be supplied by WCHSD, and changed on an annual basis.

IX. RENEGOTIATION

This contract or any part thereof may be renegotiated if Department of Children and Families (DCF) service rates change and are released as approved rates.

X. CONTRACT REVISIONS AND/OR TERMINATIONS

- A. Failure to comply with any part of this contract may be considered cause for revision, suspension, or termination.
- B. Revisions of this contract must be agreed to by Purchaser and Provider by an addendum signed by the authorized representatives of both parties.
- C. Provider shall notify Purchaser whenever it is unable to provide the required quality or quantity of services. Upon such notification, Purchaser and Provider shall determine whether such inability will require a revision or cancellation of this contract.
- D. If Purchaser finds it necessary to terminate the contract prior to the contract expiration date for reasons other than non-performance by the Provider, actual costs incurred by the Provider may be reimbursed or Purchaser shall pay an amount determined by mutual agreement of the parties.
- E. If contract is cancelled or terminated for cause by Purchaser, Purchaser will be reimbursed for start-up and remodeling costs pre-paid to Provider under five year payment plan for start-up and remodeling costs. Reimbursement will be based upon pro-ratio of actual contract months of usage if less than 60 months.
- F. This contract can be terminated by a 90-day written notice by either party. If this contract is cancelled by Purchaser for other than cause, within 60 days of the notice of termination Purchaser shall pay to Provider the balance if any of start-up and remodeling costs which otherwise would have been payable over the entire 60-month term of this contract.
- G. Termination for cause is termination based on a breach of contract by the other party, which breach undermines an essential term of this contract making fulfillment of the contract by the breaching party impractical or impossible.

XI. RESOLUTION OF DISPUTES

The Provider may appeal decisions of the Purchaser in accordance with the terms and conditions of the contract and Chapter 68, Wis. Stats.

XII. RECORDS

- A. Provider shall maintain such records and financial statements as required by state and federal laws, rules, and regulations.
- B. Provider will allow inspection of records and programs, insofar as it is permitted by state and federal laws, by representatives of the Purchaser, the Department of Health and/or the Department of Children & Family, and its authorized agents, and Federal Agencies, in order to confirm the Provider's compliance with the specifications of this contract.
- C. The use or disclosure by any party of any information concerning eligible clients who receive services from Provider for any purpose not connected with the administration of Provider's or Purchaser's responsibilities under this contract is prohibited except with the informed, written consent of the eligible client or the client's legal guardian.

XIII. REPORTING

Provider shall comply with the reporting requirements of Purchaser.

XIV. PROVIDER RESPONSIBILITIES

Provider agrees to meet state and federal service standards and applicable state licensure and certification requirements as expressed by state and federal regulations applicable to the services covered by this contractual agreement. In addition, Provider shall:

- A. Cooperate with the Purchaser in establishing costs for reimbursement purposes.
- B. Adhere to the following audit requirements:
 - 1. Wood County has been granted a waiver by DHFS, Wis. Stat 46.036(4) (c), such that audit requirements may be waived for contracts greater than \$25,000 but less than \$100,000. Such a waiver applies to this contract. This provision does not absolve the Provider from needing to meet any federal audit requirements that may be applicable or any audit requirements of other contracts.
 - 2. If Provider has contracts with other public entities the total of all contracts determines contract total for audit requirement.
 - 3. Contracts \$100,000 and greater: "Audits of states, local government, and non-profit organizations" (on-line at www.whitehouse.gov/omb/circulars). The audit shall be in accordance with the requirements of OMB Circular A-133 if the provider meets the criteria of that Circular for needing an audit in accordance with that Circular. The audit shall also be in accordance with:
 - The *State Single Audit Guidelines* (on-line at www.ssag.state.wi.us) if the provider is a local government that meets the criteria of OMB Circular A-133 for needing an audit in accordance with that Circular or
 - The *Provider agency Audit Guide* (on-line at www.dhfs.state.wi.us) for all other providers.

4. Submitting the Reporting Package: The Provider shall submit the required reporting package to the Purchaser within 180 days of the end of the Provider's fiscal year.

5. Access to auditor's work papers: When contracting with an audit firm, the Provider shall authorize its auditor to provide access to work papers, reports, and other materials generated during the audit to the appropriate representatives of the Purchaser. Such access shall include the right to obtain copies of the work papers and computer disks, or other electronic media, upon which records/ working papers are stored.

6. Failure to comply with the requirements of this section: In the event that the Provider fails to have an appropriate audit performed or fails to provide a complete audit report to the Purchaser within the specified timeframes, the Purchaser may:

- i. Conduct an audit or arrange for an independent audit of the Provider and charge the cost of completing the audit to the Provider;
- ii. Charge the Provider for all loss of Federal or State aid or for penalties assessed to the Purchaser because the Provider did not submit a complete audit report within the required time frame;
- iii. Disallow the cost of audits that do not meet these standards; and/or
- iv. Withhold payment, cancel the contract, or take other actions deemed by the Purchaser to be necessary to protect the Purchaser's interests.

- C. Maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems. (See Allowable Costs Policy Manual.) Refer to Section VI of instructions for exceptions on small residential providers.
- D. Transfer a client from one category of care or service to another only with the approval of the Purchaser.
- E. The Provider may subcontract for any of the services described in the contract with prior written approval of Purchaser. Any such subcontract must contain all of the provisions in this contract. The Provider is responsible for fulfillment of the terms of the contract and must obtain Purchaser approval of any subcontracts.

XV. CONDITIONS OF THE PARTIES' OBLIGATIONS

- A. This contract is contingent upon authorization of Wisconsin and United States laws and any material amendment or repeal of the same affecting relevant funding or authority of the Department of Health and/or the Department of Children & Family Services shall serve to terminate this Agreement, except as further agreed to by the parties hereto.
- B. Nothing contained in this contract shall be construed to supersede the lawful powers or duties of either party.
- C. It is understood and agreed that the entire contract between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.
- D. Purchaser shall be notified in writing of all complaints filed, regarding services provided to Wood County clients, in writing against the Provider. Purchaser shall inform the Provider in writing with their understanding of the resolution of the complaint.

- E. Provider will supply Purchaser with a copy of the most recent licensing or certification report concerning the Provider and maintain licensing and certification to continue to provide services. Provider needs to immediately inform Purchaser if certification or license is amended or terminated.
- F. To the extent applicable, the Provider agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) with respect to the services the Provider provides or purchases with funds provided under this contract.

XVI. SIGNATURES

- A. This contract is agreed and approved by the authorized representatives of Wood County Human Services Department and as indicated below.
- B. This contract becomes null and void if the time between the Purchaser's authorized representative signature and the Provider's authorized representative signature on this contract exceeds 60 days.

For Purchaser:

Kathy Roetter
Kathy Roetter, Director

11-6-2014
Date

For Provider:

Kelli Kamholz
Kelli Kamholz, Executive Director

11-11-14
Date

Appendix A
Annual Purchase Schedule

Wood County Human Services Department
Positive Alternatives, Inc.
603 Terrill Rd
Menomonie, WI 54751

	<u>Service</u>	<u>Funding</u>	<u>No. Units</u>	<u>Units</u>	<u>Rate</u>	<u>Total</u>
1.	Group Home Care For Adolescents (**Estimated rate of \$184 per day) Projected First Year Contract period 01-01-15 through 12-31-15 *Payment schedule to commence on day group home is licensed and open for placements. **Daily rate not to exceed rate established annually through the rate regulation process through the Department of Children and Families. Purchaser agrees to pay daily rate for 6.75 placements if average census for that month falls below this number.		2,463.75	Days	\$184	\$453,330.00*
2.	Startup costs		12	Months	\$ 1395.58	\$ 16,746.96
3.	Remodeling costs		12	Months	\$2,916.67	\$ 35,000.04
	Total					<u>\$505,077.00</u>

Appendix B
Wood County Human Services Department

Vendor: **Positive Alternatives, Inc.**
603 Terrill Road
Menomonie, WI 54751

Service: **Adolescent Group Home**
110 24th Street South, Wisconsin Rapids, Wisconsin

I. Definition of Service:

- A. The provision of services in a community based group living setting for whom an out of home living arrangement is required in order to provide short term or long term care in keeping with the child's needs.
- i. Short Term: Services to the clients may include short term placement for youth in an acute crisis situations with overnight placement for up to 30 days. Child will attend group and participate in appropriate activities.
 - ii. 72 Hour Holds: Short term stays can be used as a consequence for an identified youth. The youth may complete community service, packet work and daily homework. The child has no privileges during his/her stay.
 - iii. Crisis Stabilization Services-Up to 2 beds may be used to provide crisis stabilization services and document services as described in Department of Health Services (DHS) 34.
 - iv. Respite Care: Program to assist caregivers by providing a healthy break in order to maintain a positive home environment. Respite occurs through a voluntary placement on a regularly scheduled or as-needed basis. Child participates in groups and recreation as appropriate.
 - v. Long Term Care: Child that requires 24 hour supervision in excess of 30 days in a highly structured setting to maintain safety to the community and the child. Long term care placements include treatment planning, a level and phase system, positive recreation, community service, education, independent living skills, and an after-care service component.
 - vi. After Care: A program in which group home staff members link youth with appropriate services before and after they leave the group home. This service is a component of all long term group home placements.
- B. The adolescent group home is an agency run home that is licensed by the State of Wisconsin for eight youth and employs shift staff. This home is licensed under the Wisconsin Administrative Code Chapter DCF 57 and is subject to all rules and regulations as outlined by the Department of Children and Families. The purpose of DCF 57 is to protect and promote the health, safety and welfare of children placed in group homes and promotes efficient provision of services.

II. Program Needs Statement

- A. When a youth is adjudicated delinquent or found to be a juvenile or child in need of protection and services (JIPS/CHIPs) and presents with uncontrollable behavior in his/her family or foster home, a more restrictive setting such as a group home may be required in order to meet the youth's treatment needs. Youth placed in a more restrictive setting such as residential care may exhibit progress in addressing their treatment needs but are not able to return to a caregiver's home without continuing to address these needs in a community setting such as a group home.

III. Target Population:

- A. Male and Female youth between the ages of 12-17 years old with mental health, behavioral, delinquent, and/or other issues that prevent them from living successfully in their natural or foster care families are placed in group care for the support, structure, and therapeutic services. Youth residing in the group home may not be more than 4 years apart in age without an exception from state licensing.
- B. The target youth's problems are assessed to require a high level of care, supervision, and structure that cannot be met in a family home.

IV. Program Staffing

- A. Vendor should meet or exceed all requirements under Wisconsin Administrative Code Chapter DCF 57 for licensing of group homes.

V. Service Delivery Descriptions

A. Referral Process

Referrals will be provided to vendor with sufficient information to assess appropriateness of placement. In the instances of a disagreement regarding appropriateness of a placement, a phone conference/meeting will be held with the Family Services Division Administrator and Executive Director to discuss the referral within one week.

B. Assessment

1. Group Home staff will conduct a thorough assessment to establish appropriate treatment plan within 30 days of placement. Assessment process should meet best practice and evidence based practice standards.
2. Purchaser will provide information as appropriate and within ability to assist in this process.
3. Assessment recommendations/results will be made available to Purchaser.

C. Where Services are Provided

Group home, Community, and as otherwise identified in the treatment plan.

D. Minimal Amount of Contact

1. Written information as to progress will be made available to the Purchaser on at least a monthly basis.
2. Purchaser will be given the opportunity to participate in all scheduled staffings.
3. Family members of the child/juvenile will be offered the ability to attend scheduled staffings at the discretion of the Purchaser.
4. Family visitations shall occur on a regular basis at the group home or the child's family residence in order to foster family relationships in anticipation of the child's return home. Withholding the privilege of visitation with family shall not be used as punishment for negative behavior.
5. Regular family counseling will be made available at the group home or in the child's family home.

E. Treatment Planning

1. Treatment planning to be completed with input from Purchaser, family and child/juvenile.
2. Treatment plan will be in writing and made available to Purchaser.
3. Treatment plan shall be completed within the assessment period.
4. Treatment services should follow standards for best practice and evidence based practice.

F. Termination

1. Discharge planning shall be a mutual process with latitude given to the Provider reflective of the treatment plan timelines.
2. Purchaser reserves the right to affect discharge at their discretion.
3. Notice of discharge shall be provided to Purchaser at least 30 days in advance.
4. Transition recommendations post-discharge will be provided at least 5 business days prior to discharge.
5. A written discharge summary and plan shall be provided to the Purchaser within 30 days of discharge.
6. Purchaser shall be responsible for affecting discharge plan with the support of the Provider.

G. Purchaser Expectations include:

1. Confidentiality as per state statute.
2. Purchaser will provide provider with information as requested.
3. Purchaser will participate in phone calls and meetings as agreed upon through treatment planning.
4. Purchaser will provide/coordinate services in the community as identified in treatment plan.
5. Group Home shall provide Independent Living Program services to the child. The group home will provide services and training to meet the objectives of the ILS service plan.

ILS service plan objectives should include:

- 1) self-sufficiency in daily living skills,
- 2) adequate academic skills,
- 3) adequate employment skills,
- 4) knowledge of adult rights and responsibilities and criminal justice system,
- 5) knowledge of community support network, and
- 6) decision making skills

VI. Performance Outcome Measures:

75 % of all youth will be discharged to a less restrictive setting.

75% of all youth discharged to a family home will remain in a family or caregiver's home at 6 months after discharge.

Q1 Other Responses:

More AODA groups, perhaps parenting groups, perhaps protective capacities group, pet therapy groups

Staff need more time allotted to be able to model and coach and help teach parents for a longer period of time.

Art and music therapy, and also introducing a restorative parenting (restorative justice type) model to practices to bring healing to children affected by abuse or neglect.

Art therapy

Affordable housing options or family shelters Crisis respite day care Child psychiatry services AODA
Detox options AODA in-patient services

Community services like Day Care with varying shift times for single parents with limited supports who work non-traditional/day time hours. *AR and more Services Reports/Outreach/Preventative Community involvement. *Healthy Beginnings Program *Weekend Safety Checks and Supervised visits *In-home and community parenting education and services for lengthy periods of time, as in several hours, overnights or adults w/children foster care like services

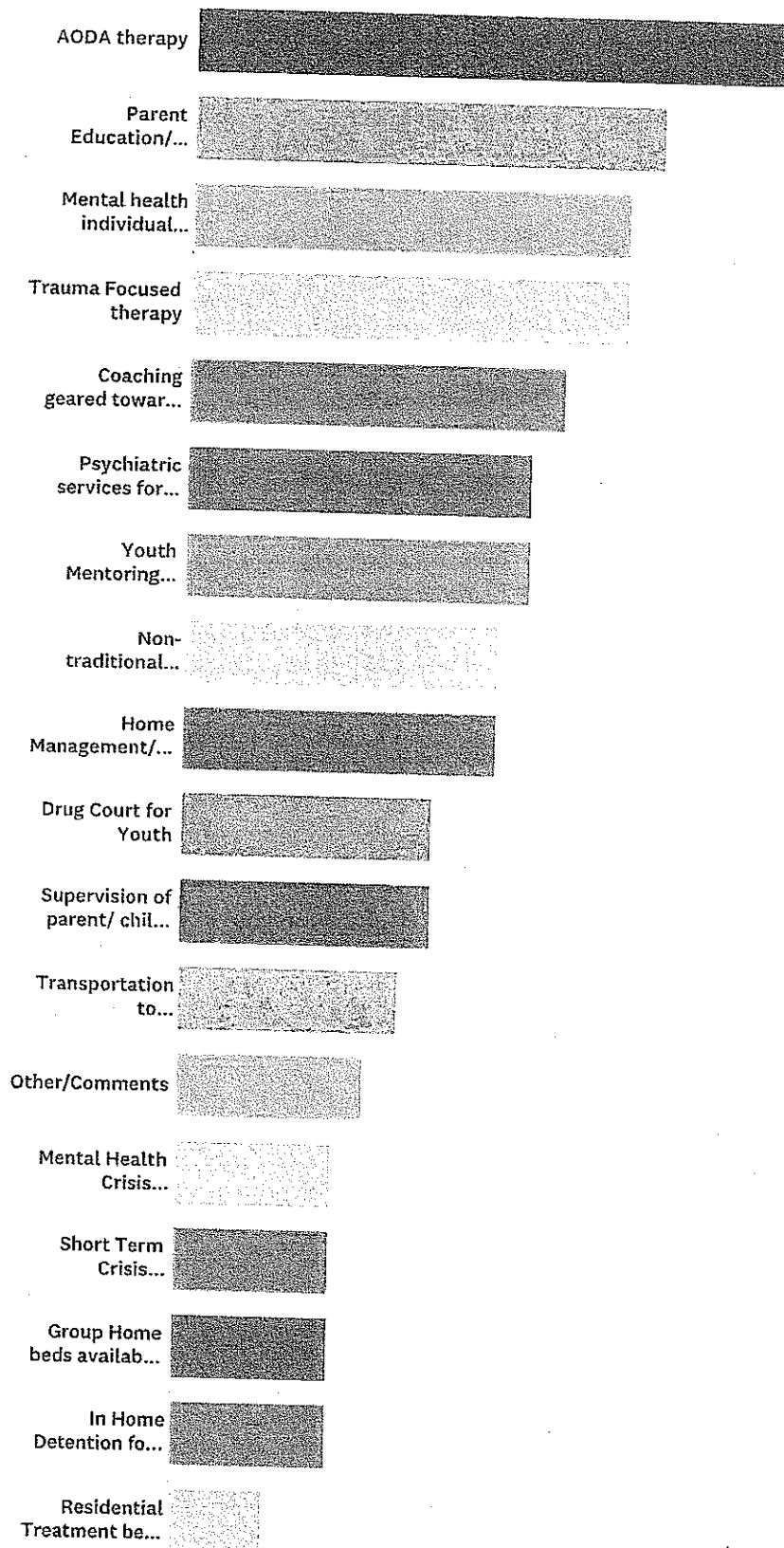
Our county is technologically behind the times and other counties. More often than not our clients only have phones for texting. Counties such as Dane, Monroe, and Columbia all have iphones and ipads. They know that the world is going paperless, it creates work efficiency, and have found to increase retention of skilled and qualified workers. Technological support is something that the newer generations of social workers are looking for in a work place. Going green and paperless is also cost effective. There is a major gap for in-home services for children with severe cognitive and physical disabilities. However, these same children as they transition into adult services suddenly seem to have several more services to help them live as independent as possible. Intense, skilled, in-home staff, that can rotate shifts are needed to keep these children out of residential facilities, group homes, and treatment foster care. Alternative in-home schooling programs and/or alternative educational options in general. Social workers hired to work non-traditional office hours. Affordable Child care and/or early education services in general and for respite purposes. Thank you for your consideration.

Public Transportation

Any kind of alternative therapy to talk therapy would be good, play, art, equine, music, etc.

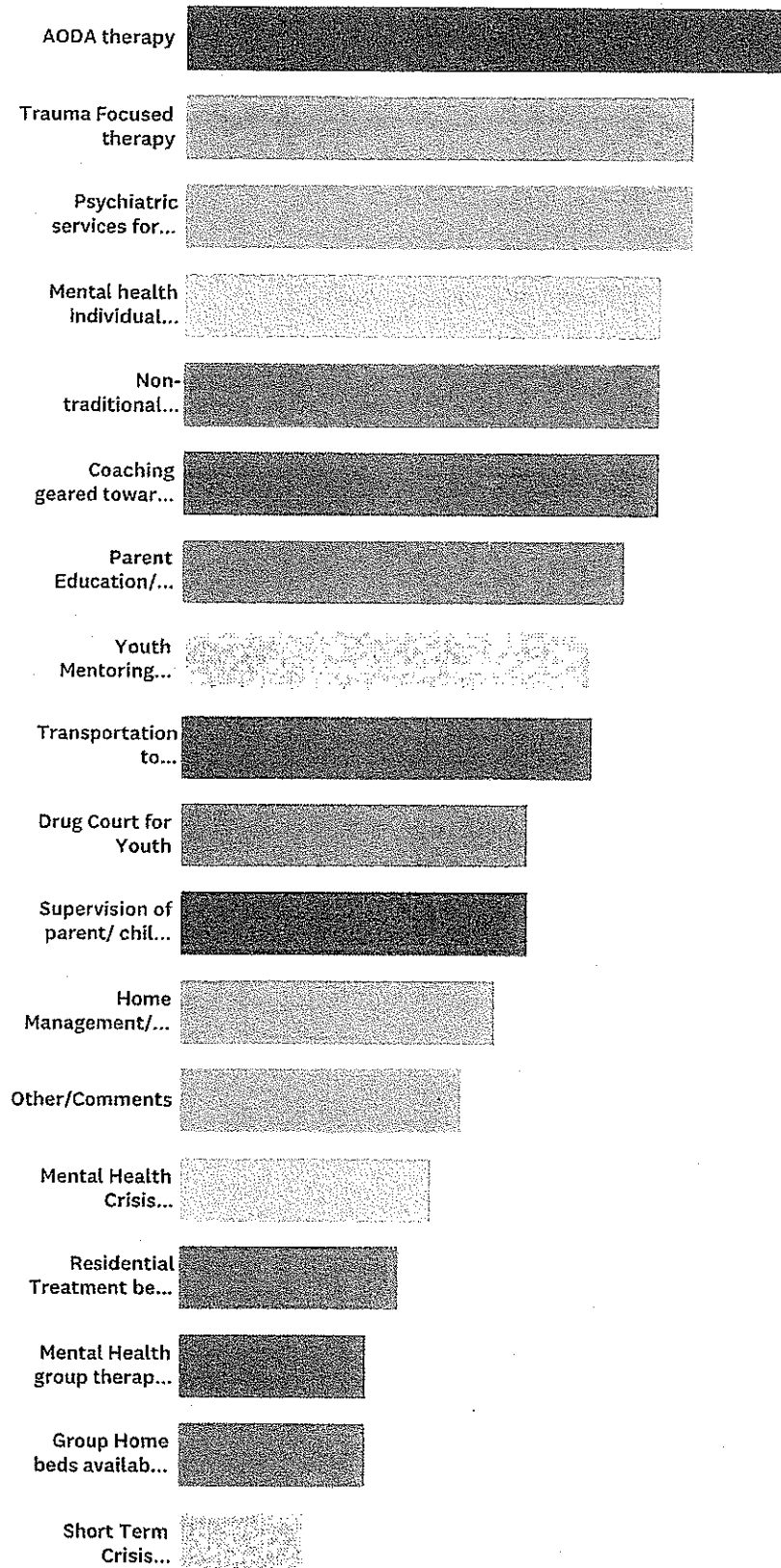
Q2 What services do you believe would be most effective in preventing out of home placement or in supporting reunification efforts?

Answered: 26 Skipped: 0

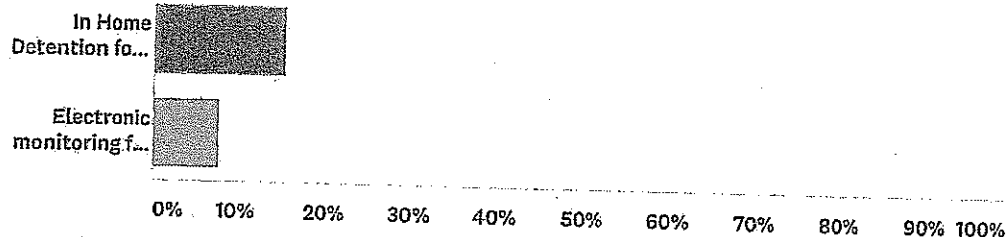


Q1 What services need to be developed or made more available in order to provide better services to the youth and family you work with?

Answered: 26 Skipped: 0



Needs Survey for Services to Support Case Management



ANSWER CHOICES

RESPONSES

AODA therapy	73.08%	19
Trauma Focused therapy	61.54%	16
Psychiatric services for medication or medication monitoring	61.54%	16
Mental health individual therapy	57.69%	15
Non- traditional therapy (i.e. art, music therapy, equine or pet therapy, etc. Please specify below)	57.69%	15
Coaching geared towards skill building; either practical or emotional skills	57.69%	15
Parent Education/ Coaching	53.85%	14
Youth Mentoring Services	50.00%	13
Transportation to appointments/ Visits	50.00%	13
Drug Court for Youth	42.31%	11
Supervision of parent/ child visits	42.31%	11
Home Management/ Organization	38.46%	10
Other/Comments	34.62%	9
Mental Health Crisis Intervention	30.77%	8
Residential Treatment beds available within Wood County	26.92%	7
Mental Health group therapy (please specify type of groups below)	23.08%	6
Group Home beds available within Wood County	23.08%	6
Short Term Crisis Stabilization Services	15.38%	4
In Home Detention for youth/ In Home Supervision	15.38%	4
Electronic monitoring for youth	7.69%	2
Total Respondents: 26		

Q2 Other Responses:

Anger management classes, marriage counseling and teaching effective communication

Art and music therapy, and also introducing a restorative parenting (restorative justice type) model to practices in order to bring healing to children affected by abuse or neglect.

following through with court orders for parenting and AODA orders

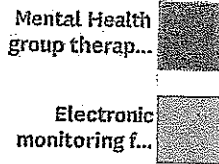
Affordable housing options or family shelters Crisis respite day care Child psychiatry services AODA Detox options AODA in-patient services

AR and more Services Reports/Outreach/Preventative Community involvement. *Healthy Beginnings Program *Weekend Safety Checks and Supervised visits *In-home and community parenting education and services for lengthy periods of time, as in several hours, overnights or adults w/children foster care like services

Our county is technologically behind the times and other counties. More often than not our clients only have phones for texting. Counties such as Dane, Monroe, and Columbia all have iphones and ipads. They know that the world is going paperless, it creates work efficiency, and have found to increase retention of skilled and qualified workers. Technological support is something that the newer generations of social workers are looking for in a work place. Going green and paperless is also cost effective. There is a major gap for in-home services for children with severe cognitive and physical disabilities. However, these same children as they transition into adult services suddenly seem to have several more services to help them live as independent as possible. Intense, skilled, in-home staff, that can rotate shifts are needed to keep these children out of residential facilities, group homes, and treatment foster care. Alternative in-home schooling programs and/or alternative educational options in general. More treatment foster care homes and/or specialized foster care homes locally and in Wood County. Affordable Child care and/or early education services in general and for respite purposes. In-home medication monitoring/disbursement, mental health therapy and AODA therapy. More social workers for higher quality worker. Affordable housing for all...even with history or criminal activity on their records. Family shelters. Fatherhood initiatives. Father's seem to get left out. Alternative child support agreements. Or suspended child support orders while children are placed in out-of-home care. Develop working relationship with Child support and social security office. Batters treatment. Thank you for your consideration.

Needs Survey for Services to Support Case Management

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0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

ANSWER CHOICES

RESPONSES

AODA therapy	Treatment	73.08%	19
Y Parent Education/ Coaching		57.69%	15
Y Mental health individual therapy	Tx	53.85%	14
Y Trauma Focused therapy	Tx	53.85%	14
Y Coaching geared towards skill building; either practical or emotional skills		46.15%	12
Y Psychiatric services for medication or medication monitoring	Tx	42.31%	11
Youth Mentoring Services		42.31%	11
Non- traditional therapy (i.e. art, music therapy, equine or pet therapy, etc. Please specify below)		38.46%	10
Home Management/ Organization	Prevention	38.46%	10
Drug Court for Youth	Tx	30.77%	8
Supervision of parent/ child visits		30.77%	8
Transportation to appointments/ Visits		26.92%	7
Other/Comments		23.08%	6
Y Mental Health Crisis Intervention		19.23%	5
Y Short Term Crisis Stabilization Services		19.23%	5
Y Group Home beds available within Wood County		19.23%	5
Y In Home Detention for youth/ In Home Supervision		19.23%	5
Y Residential Treatment beds available within Wood County	Treatment	11.54%	3
Y Mental Health group therapy (please specify type of groups below)		7.69%	2
Electronic monitoring for youth		7.69%	2
Total Respondents: 26			

Q3 What services do you hear are being provided on other counties in Wisconsin, or other States, that you wish we could offer?

Answered: 15 Skipped: 11

#	RESPONSES	DATE
1	mentoring, coaching	1/3/2018 1:31 PM
2	In some Human Services Depts. the behavioral/mental health division offer trainings to social workers, biological parents and foster parents about mental health diagnosis and issues(what it is, what it may look like, how to de-escalate, what medications are usually used and what side effects, etc. may be caused by the medication; as well as early signs that the person is no longer taking their medication appropriately.) Some behavioral health divisions have offered semi-annual or quarterly training to foster parents to teach them how to deal with a child's behaviors when they have mental health, AODA, abuse/neglect or other trauma issues.	1/2/2018 2:14 PM
3	Group parenting (classes or mini sessions)	12/18/2017 12:52 PM
4	Anger management group classes offered to parents, with the aim of making portions of the program specific to how anger can affect parenting as well as how to develop positive parenting skills.	12/18/2017 12:35 PM
5	foster parenting for mom and child together	12/18/2017 8:07 AM
6	Teen Drug Court	12/18/2017 7:57 AM
7	sex ed; protective payee; therapist trained to work with specific age groups like, birth to 3, adolescents, ect...Do not use adult therapy strategies for children.	12/15/2017 5:18 PM
8	Alternative response	12/15/2017 4:33 PM
9	AODA Inpatient Treatment/CBRF	12/15/2017 1:54 PM
10	*Parenting Education/Coaching with more flexibility *More housing programs *Alternative Response *More preventative Outreach Programs/Services Reports *No waitlists *Inpatient and Outpatient AODA treatment *Shelters for homeless *Animal-based therapies for children with particular issues *Healthy Beginnings Program *Day care services with varying shift availability *Bus system *Hosting Groups for Parents who aren't together but want to successfully co-parent *Separate crisis response staff for CPS after hours/on call	12/15/2017 11:40 AM
11	In home medication monitoring/disbursement services...including non-traditional office hours. 2nd shift social workers. Wrap around services. Intensive in-home services. Family shelters Affordable housing...even if you have a criminal record. Employment services that hire felons or people with criminal records. Cell phones...preferable smart phones to have e-mail function and ipads/laptops...seriously...we might be one of the few counties that don't have this for workers. In the world we live in it is critical for the work we do.	12/15/2017 11:25 AM
12	unknown	12/15/2017 11:23 AM
13	Public transportation No waiting lists for those on CHIPS/JIPS orders Child psychiatry	12/15/2017 11:17 AM
14	The photography program at Northwest Passage would be awesome to try and duplicate.	12/15/2017 11:00 AM
15	home detention services, parent-teen groups, parenting groups focusing on teen issues	12/15/2017 10:55 AM

Data Regarding Out of Home Placements (Group Home, Residential Treatment and Corrections)

As of 12/31/17;

Corrections- 2

Residential Treatment – 7

Group Home- 8

Total= 17

Reason for placement in a restrictive setting;

Sex offender- 3

Autism/ Developmental Disability- 1

Mainly due to criminal behaviors that affect community safety- 3

Combination of Mental Health, AODA, criminal/ out of control behaviors, school problems, past trauma and attachment issues/ ineffective parenting and dysfunctional family issues –10

The underlying factor common to all the restrictive placements excepting the Autism case is parents with not enough skills and/or support to effectively manage the young person's behaviors. Often this leads to them giving up and otherwise having lack of motivation which then leads to increasing negative behaviors.

Kinship and Foster care figures for 2017

Kinship care payments – total \$428, 974.82 (pass through from the State = 206,866.93) total county expense = 222,107.89

Foster Home payments- total \$561, 627. 60

Child welfare= 469,225.17 (child protection)

Youth Aids= 102,402.43 (juvenile justice)

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**PROGRAM DESCRIPTION:
CHILD PROTECTIVE SERVICES ALTERNATIVE RESPONSE
PILOT PROGRAM**

What is Alternative Response?

Alternative Response is an approach to child protective services (CPS) that is family focused and strengths-based in supporting child and family well-being. Key principles to an alternative CPS response approach are:

- Child safety is the first goal of intervention;
- Families are fully informed about the child protective services process and the legal rights of parents and children are protected throughout the case process;
- Parents have primary responsibility and are primary resources for their children;
- Families and communities are responsible for assuring that children are safe and protected;
- Families natural supports are included in the intervention process;
- Interventions are based on family needs rather than service driven;
- Case planning is a collaborative, team process that is based on the strengths and needs of families; and
- Services are community based and culturally responsive.

Nationally, there is increased concern that the traditional investigative response to child maltreatment reports is inflexible and adversarial. While this approach is usually viewed as intrusive intervention, it is used effectively to gather evidence in serious cases of child maltreatment to support a court case. An alternative response approach typically delineates two separate pathways or responses to CPS reports: an investigation and an assessment response. Some states also employ a third pathway that serves cases through the provision of community services when a report is identified as not meeting the state's criteria for abuse or neglect.

Initial pathway assignment depends on an array of factors (e.g., presence of imminent danger, level of risk, the number of previous reports, the source of the report, and/or presenting case characteristics such as type of alleged maltreatment and age of the alleged victim). Initial pathway assignment can change based on new information that alters safety threats or levels of risk. Reports assigned to receive an alternative CPS response are CPS cases and are to receive the same prompt and active attention as a traditional investigative response. These are not low priority cases; rather they can just be served more effectively in a supportive, collaborative approach.

The purpose of the program is to allow the development of improved procedures for the response to reports of child maltreatment. National data for existing alternative response models shows that for lower to moderate risk cases, a non-adversarial, non-threatening family assessment approach enhances parental engagement and increases the likelihood of voluntary participation in services; when parents feel less under CPS surveillance and experience less stigma, they typically engage more positively in the change process.

A central tenet of alternative response is that many children and families that come to the attention of CPS are better served using a supportive and collaborative approach that focuses on strengths and needs of a family and is free of the constraints and stigma of an investigation. By redesigning the ways in which CPS responds to screened-in reports of alleged child maltreatment, an alternative response approach may create more flexibility for agencies and their staff in identifying and addressing family needs.

Introduction to an Alternative CPS Response in Wisconsin: Pilot Program

While in Wisconsin all CPS cases require a comprehensive assessment in order to assure that children are safe and protected, not all cases need a maltreatment and maltreater determination for the family to receive services. In fact, these determinations may interfere with service provision by creating an atmosphere that feels adversarial for families.

To develop the most appropriate, most effective, and least intrusive response to reports of child abuse or neglect, the legislature has authorized a pilot of an alternative response approach to child protective services in a limited number of counties. The legislature specifically identified Milwaukee as one of the pilot program sites and has authorized a maximum of four additional county departments to pilot an alternative response child protection services program.

In implementing an alternative response approach, current CPS policy will need to be adapted to fully support the two pathways to child protective services. Most states that have introduced an alternative response approach to their CPS system have historically employed an investigative response only. In Wisconsin, we have combined both types of responses since 1994 to CPS cases. Wisconsin's current approach already requires a comprehensive initial assessment process that focuses on family strengths and needs. Therefore, policy for the pilot will need to carefully define requirements for both tracks from the time a report is received by the agency through case closure. Additionally, guidance will be needed related to interview protocols and documentation requirements. With the exception of maltreatment and maltreater determinations, the "Child Protective Services Access and Initial Assessment Standards" currently support the basic tenets of an alternative response approach.

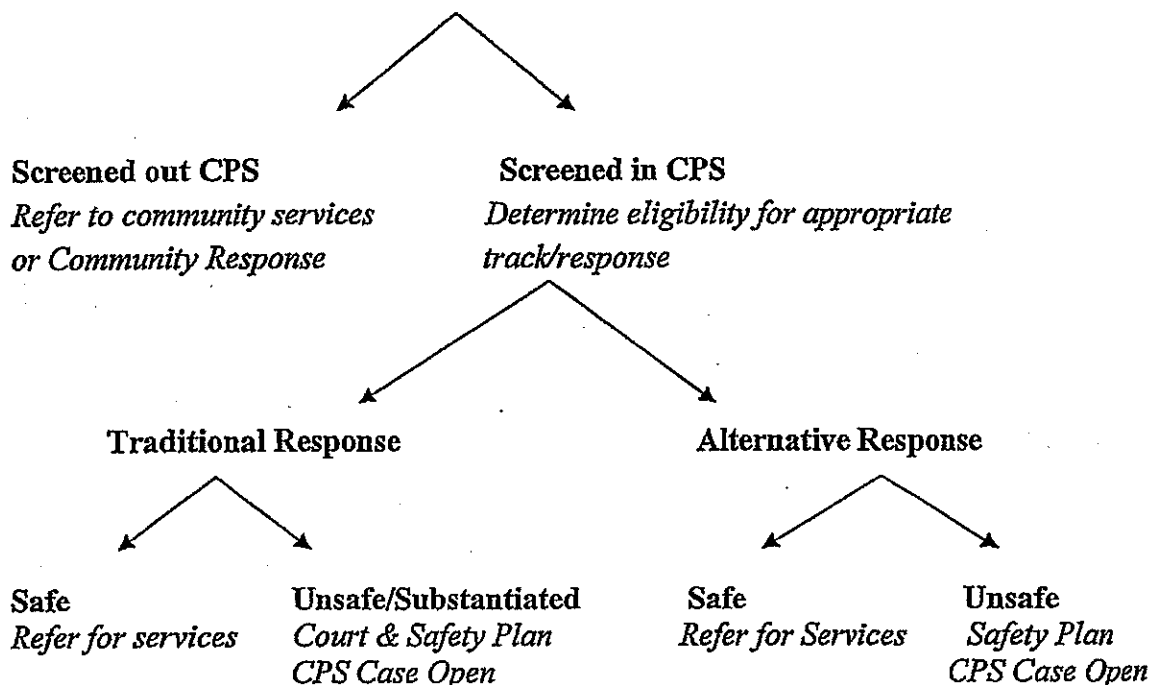
Overview of Wisconsin's Proposed Alternative Response Approach

The pilot program will use three responses/tracks and pilot sites will be expected to implement practice that responds to CPS reports based on the screening decision:

1. Screened out CPS: Referral to Community Services or Community Response Program
2. Screened in CPS: Alternative CPS Response
3. Screened in CPS: Traditional CPS Response

Pilot Site Case Process Flow chart

Report of Alleged Child Maltreatment



Referral to Community Services or Community Response Program

A referral to community services is used when the CPS agency receives a report of possible child maltreatment, but after information is gathered by the Access worker the agency determines that it does not meet state criteria for abuse or neglect or threatened harm. These are situations, however, where the family is experiencing problems or stress that could be addressed by community supports or services. The CPS agency screens-out the report, refers the family to the appropriate community resources, and is no longer involved with the family. For agencies that have a Community Response Program

Alternative CPS Response

This response is used when the CPS agency receives a report of alleged child maltreatment and after information is gathered the report is screened-in because it meets the criteria found in the "Child Protective Services Access and Initial Assessment Standards" for child maltreatment. The types of allegations, however, are less severe than those in the Traditional CPS Response track and are less likely to warrant court intervention. In addition, CPS does not make a maltreatment or maltreater determination.

An *Alternative CPS response* is a comprehensive assessment of child safety, risk concerns, and parent/caregiver protective capacities resulting in a conclusion of whether a child and family is in need of services. The CPS role in the *Alternative CPS response* is

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to assess child safety and collaborate with parents and formal and informal supports to assure children are safe by enhancing parent/caregiver protective capacities so that children are protected without further CPS intervention. This type of response interview protocol typically begins with the entire family rather than the child.

Traditional CPS Response

This response is used when the CPS agency receives a report of alleged child maltreatment and after information is gathered the report is screened-in because it meets the criteria found in the "Child Protective Services Access and Initial Assessment Standards" for child maltreatment. The allegations are serious in nature and the investigation will likely result in juvenile or criminal court action. CPS does make a maltreatment determination and may make a maltreater determination when using the Investigation Response.

The *Traditional CPS response* is a fact/evidence gathering process resulting in a determination of whether child maltreatment occurred and child protective services are needed. The CPS role is to conduct forensic interviews as well as collaborate with law enforcement, the district attorney's office, and the medical community. In addition, CPS assesses child safety and collaborates with parents and formal and informal supports to assure children are safe by enhancing parent/caregiver protective capacities so that children are protected without further CPS intervention.

Reassignment of Cases

In an alternative response system, families may be switched to a different response if it is determined the original track assignment is not correct and employing a different approach is warranted to achieve the desired outcome with a family. This decision is made in consultation and approval of the CPS supervisor. This typically involves circumstances where if the family situation had been fully known at the time the agency received and screened the CPS report, a different family response decision would have been made.

Competitive Award Process

The Department will use an RFP type process, similar to that used for the Mental Health Screening Tool pilot, to select the additional pilot sites.

Pilot sites will also be required to participate in evaluation, including but not limited to collecting and providing data related to the impact and effectiveness of the alternative response pilot program. The evaluation will include an assessment of implementation issues encountered, as well as the overall operation of the alternative response program and recommendations for improvement.

Parent and Youth Mentoring at Wood County

Our mentoring/ coaching programs include the services offered by the Family Resource Coordinators and the Case workers for each case. Mentoring and coaching services include assessing each person's individual needs and using educational videos and other material as well as 1:1 meetings to assist parents and youth in interpreting the material and applying it to their lives. This material can involve parenting strategies with certain age groups of children, budgeting, maintaining a home, time management, emotional regulation, problem solving, child development and child discipline. Family Resource Coordinators typically meet with parents and/ or teens and assist them in gaining insights needed to make changes and to apply the information to their life situation. The goal is to build the skills needed to change whatever factors led them to become a recipient of our services, so that the family no longer needs us.

What we have found is that these services are very effective when offered with the 1:1 coaching model, but not nearly as effective if we use just the presenting of educational material. Many of our recipients lack the basic life skills in the above areas which hold them back in developing more effective parenting and in improving their life situations. The skills which we learned from parents, grandparents and extended family were not part of their background, sometimes for many generations. In order to break the cycle of abuse, neglect and juvenile delinquency we need to provide some very basic skill building that seems intuitive to those of us with more supportive backgrounds.

We are hoping to provide more of the 1:1 coaching / mentoring services with more Family Resource Coordinator positions so that we can prevent further incidents, reducing recidivism and out of home placement. Research has shown that the determining factor in a person's ability to make changes is not the quality of the educational material, nor is it the credential of the professional. The determining factor has been shown to be the quality of the relationship between the recipient and the provider. Therefore we want to equip our staff to develop high quality supportive relationships with children, youth and families. This will mean educating them in Trauma Focused Care as many recipients have extensive trauma histories and in working to correct errors in thinking (criminal thinking patterns).

By providing this type of service we hope to get "ahead of the curve" and start preventing incidents and out of home placements before they occur or being able to have children remain in the community as their family problems are being addressed.



SCOTT WALKER

OFFICE OF THE GOVERNOR

FOR IMMEDIATE RELEASE

January 4, 2018

Contact: Tom Evenson, (608) 266-2839

Governor Walker Announces Plan to Provide a Long-Term Solution for Wisconsin's Juvenile Corrections and Treatment Systems

MADISON – Governor Scott Walker today announced a plan to provide a long-term solution for Wisconsin's juvenile corrections and treatment systems following extensive discussions with state and local officials, the judicial system, and stakeholders. The plan significantly reforms juvenile corrections by moving from a system of one facility to five smaller, regional facilities located across the state and expanding Wisconsin's internationally recognized juvenile treatment program for offenders with mental health challenges at the Mendota Juvenile Treatment Center (MJTC) in Madison.

"By moving from one facility to several facilities across the state, and placing a focus on mental health and trauma-informed care, we believe this plan will improve long-term outcomes for both juveniles and our staff working at these facilities," Governor Walker said. "Republicans and Democrats alike agree this is the way forward to reform juvenile corrections, and I thank state and local elected officials and interested organizations for partnering with us to develop this plan."

Governor Walker's plan will:

- Reform Wisconsin's juvenile corrections and treatment systems to align with nationally recognized best practices. The plan transforms Wisconsin's juvenile corrections system from one facility to five smaller, regional facilities located across the state. The plan also expands the state's internationally recognized juvenile treatment program for youth with mental health needs at the Mendota Juvenile Treatment Center.
- Continue Wisconsin's focus on enhancing mental health and treatment outcomes in close collaboration with families, courts, and Wisconsin counties.
- Require the DOC to relocate juveniles at Lincoln Hills and Copper Lake Schools (LHS/CLS) to five new Type I juvenile correctional facilities and one new juvenile mental health facility.

- o The correctional facilities will each consist of 32 to 36 beds with staffing ratios consistent with requirements in the Prison Rape Elimination Act (PREA) and will be sited regionally based on population density.
- o At least one correctional facility will be located north of a line between Manitowoc and La Crosse.
- Transition the existing facility at LHS/CLS to a medium-security adult correctional facility with the cooperation of Lincoln County. This will maintain and potentially even expand the number of jobs in Lincoln County. The addition of this new adult facility will likely reduce DOC's utilization of contract beds to house adult male inmates. The new facility will also increase DOC's treatment capacity for inmates with assessed Alcohol and Other Drug Abuse (AODA) treatment needs.
- Require DOC to make employment opportunities available for LHS/CLS staff at the new adult facility in Lincoln County or one of the new juvenile facilities.
- Require the Department of Health Services (DHS) to expand treatment services at the MJTC, serving more male juveniles as early as fall 2018, and creating a facility at MJTC to treat female juveniles with mental health needs. MJTC is internationally renowned for its treatment program, which was built from the ground up here in Wisconsin. Data shows significantly improved outcomes for juveniles who participated in treatment at MJTC.
- Require DOC and DHS to include the costs of converting and operating these new facilities in their 2019-21 agency budget requests. Funding will be provided in the Governor's 2019-21 Executive Budget to construct, purchase, and/or rehabilitate existing facilities to house juvenile inmates. Funding will also be provided to convert LHS/CLS to a medium security adult correctional facility. Construction costs for the new facilities would total roughly \$80 million, according to preliminary estimates from the DOC.
- The state will begin working with counties and other stakeholders to immediately site the new facilities and plan any other actions needed to ensure a smooth transition. Any programming adjustments will be administratively implemented by DOC in consultation with other state agencies and relevant stakeholders.

Governor Walker's plan is receiving bipartisan support:

"We applaud Governor Walker's plan to bring together a collaborative team of Wisconsin leaders to create smaller, secure juvenile facilities strategically located in several regions and communities across the state. Under this approach, we will be able to reduce recidivism, improve public safety and better focus our resources on providing evidence-based and trauma-informed interventions for those youth with serious mental health concerns and high-risk behaviors. The Court looks forward to working with Governor Walker and providing substantial support to this effort."

- First Judicial District Chief Judge Maxine A. White

"Since 2011, Milwaukee County – under the leadership of County Executive Abele - has spearheaded the transformation of Milwaukee County's approach to youth justice. This work has included increased

collaboration among Milwaukee County and state of Wisconsin leadership. The announcement today will help Milwaukee County accelerate the transformation of the youth justice system into one that leads to better public safety outcomes and improved opportunities for youth to lead productive and successful lives. We look forward to working with the Governor on making this transformation a reality in Milwaukee County."

- **Office of Milwaukee County Executive Chris Abele**

"Governor Walker's plan supports continued job opportunities in Lincoln County. We look forward to working with the state to ensure an effective transition of Lincoln Hills and Copper Lake Schools from a juvenile facility to a medium-security adult facility."

- **Lincoln County Board of Supervisors Chair Robert Lee**

"We are pleased with Governor Walker's decision to continue to support job growth in our districts, by transitioning Lincoln Hills into a medium security adult facility. We look forward to working with him to provide a smooth and successful transition for everyone involved."

- **Representative Mary Felzkowski (R – Irma) and Senator Tom Tiffany (R – Hazelhurst)**

"The new policy initiatives unveiled today by the Governor demonstrate exciting progress in reforming Wisconsin's juvenile corrections system. Today's announcement also follows on legislation and policies I have introduced during my multiple sessions in the legislature. I am proud to have led the legislature in these efforts. I look forward to working with the Administration, the Department of Corrections, and my colleagues in the legislature on the details of the initiatives and seeing them implemented quickly and effectively. Today Wisconsin is taking its first step in meaningful corrections reform."

- **Representative Evan Goyke (D – Milwaukee)**

"I am glad that Governor Walker is taking from best practices around the country and moving to a regional model of juvenile corrections. This regional approach has seen success in southeastern Wisconsin through the Racine County ACE program. The regional approach is only a partial solution, however. The renewed emphasis on mental health and drug treatment may be the key to addressing the problem of repeat juvenile offenders. I think that emphasis makes this approach somewhat unique and potentially highly successful."

- **Senator Van Wanggaard (R – Racine)**

"Governor Walker and Secretary Litscher have taken the necessary time to craft a plan that is in the best interests of the students, families, communities, and the state. Evidence has shown that this model is more effective and will even be more efficient."

- **Representative Michael Schraa (R – Oshkosh)**

"I believe this change will continue to build on the many reforms put into place by the Wisconsin Department of Corrections over the last two years. Building on our close collaboration with the Council of Juvenile Correctional Administrators and others, we look forward to working with counties, courts,

families, and others to further our focus on providing education and treatment to youth in a safe and secure setting. Ultimately, I believe it is our responsibility to provide hope for youth in our custody so they can return to the community and lead fulfilling, productive lives."

- **Wisconsin Department of Corrections Secretary Jon Litscher**

"We are excited about the opportunity to expand our mental health treatment program which serves children who need our help the most. The data clearly shows that this program leads to more promising outcomes for kids and the community, and we applaud Governor Walker for making this investment in the future of our youth."

- **Wisconsin Department of Health Services Secretary Linda Seemeyer**

"Our interest is in keeping our children safe and reasonably close to their family support network at a reasonable cost."

- **Wisconsin Counties Association Executive Director Mark O'Connell**

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Juvenile Justice Information Exchange | (<http://jjie.org/2018/02/22/69-less-recidivism-in-ny-community-mentoring-program-report-finds/>)

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69% Less Recidivism in NY Community Mentoring Program, Report Finds

By Clarissa Sosin | February 22, 2018



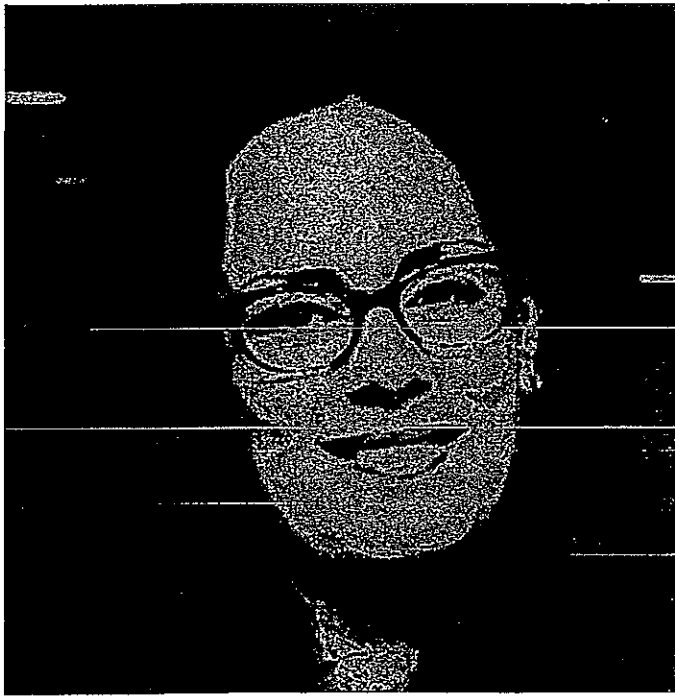
Courtesy of New York City Department of Probation

NEW YORK — Youths on probation who participated in a community mentorship program run through the New York City Department of Probation had a lesser chance of recidivism than those who didn't, according to a study published this week.

Youths between the ages of 16 and 24 who went through the Arches Transformative Mentoring Program while on probation had a 69 percent lower recidivism rate within 12 months of starting their probation than youths who did not participate in the program, the study (<https://www.urban.org/research/publication/arches-transformative-mentoring-program>) said. After 24 months, it was 57 percent. The strongest impact was seen with participants ages 16 and 17.

"We've never really seen the effects of this magnitude, particularly for this population," said Carson Hicks, the deputy executive director of the Mayor's Office for Economic Opportunity (<http://www.nyc.gov/opportunity>), the city agency that commissioned the Urban Institute (<https://www.urban.org/>) to do the study.

The study, conducted between November 2015 and June 2017, looked into the impact of the program and how it was implemented. Researchers used data provided by the



Carson Hicks

"It was important to us to be able to, in the best of worlds, which has happened, prove that it works," said New York City Department of Probation Commissioner Ana M. Bermúdez about the results of the study. "And, in a less than perfect world, to learn from all of the findings of the evaluations so we can strengthen it."

Of the more than 70 city programs evaluated by the Mayor's Office for Economic Opportunity since its founding, Hicks said this evaluation had one of the best outcomes. Of the handful of projects related to criminal justice, it was the best, she said.

The Arches Transformative Mentoring Program was founded in 2012 as part of the New York City Young Men's (<http://www.nyc.gov/vmj>) Initiative with money from Bloomberg Philanthropies (<https://www.bloomberg.org/>). The participants in the program are at-risk youths, ages 16 to 24, who are currently on probation.

Upon joining the program they are assigned a mentor, known as a Credible Messenger, to work with one-on-one. They attend group meetings twice a week and complete the curriculum for a type of cognitive behavioral therapy done through workbooks called interactive journaling.

It is the one-on-one relationship that is the crux of the program, experts said.

"Just make sure that kids have positive experiences with education, with working, with relationships," said Jeffrey Butts, the director of the Research and Evaluation Center (<http://JohnJayREC.nyc>) at John Jay College after reading the study. "The relationship itself may be the principal rehabilitative force."

Credible Messengers are older adults who have either gone through the criminal justice system themselves or who have backgrounds that are easily relatable for the participants. They meet with their mentee at least once a week, accompany them to appointments such as court dates and meetings with their probations officers, and are supposed to be available at all hours.

"The level of engagement that these young people have with their mentors was something that I didn't expect," said Mathew Lynch, a research associate at the Urban Institute and a co-lead investigator on the study.

Department of Probation from nearly 1,000 youths who were on probation between January 2013 and October 2014. Of the group, 279 were enrolled in Arches.

Researchers conducted focus groups, surveys, interviews and observed group meetings at more than half the program's locations throughout the city.



Ana M. Bermúdez



This relationship created a support system and gave them someone to relate to.

For Antwaun, a 22-year-old from the South Bronx, it provided a sense of family, he said. When he first showed up at the program he was nervous and skeptical but once they sat down for group he found himself opening up.

"I didn't expect to open up the way I opened up," said Antwaun, who asked to only use his first name. "The accountability is there. The support, it's just there."

Now five months into the program, Antwaun is set to graduate in a few weeks. He wants to continue with programs such as Arches and become a Credible Messenger himself one day, he said.

It changed the youths' perception of themselves,

said Mia Legaspi-Cavin, the coordinator for a branch of Arches run by the Osborne Association (<http://www.osborneny.org/>) in the South Bronx.

"That's what starts changing their negative behaviors," she said. "It's not only that they're not engaging in as many negative behaviors but they are engaging with more positive behaviors."

Scaling up?

Seeing the success of the one-on-one mentorship, Arches established the Credible Messenger Justice Center (<https://cmjcenter.org>) with the hope that they can scale up the program and provide training and resources for other jurisdictions that want to create their own programs. They see an application for a similar program in health and education.

However, the program faces challenges. The study found that many of the mentees didn't relate to the interactive journaling curriculum, something the Department of Probation said it's going to look into. And there is the issue of funding and making it financially sustainable for the Credible Messengers, who are part-time employees in a position that in reality is full-time.

"It's a passion," said lead mentor for the Osborne location in the South Bronx Theodore Haywood, known as "T."

Haywood, 70, said many of his mentors could be doing something more lucrative but chose not to. And he thinks the mentees know that.

"It's what we love doing, he said. "It's not a job."

Haywood said he sees another challenge: fear of change. As a formerly incarcerated person who grew up not too far from the Osborne location, he sees and understands the struggles that the mentees are going through. He thinks the program is great and likes the idea of scaling up but thinks there will be resistance.

"Change is scary for people," he said. "But the thing is, we were losing a lot of our youth and if we didn't make some changes, things were going to get worse."

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Family Services Division Flow Chart

Child Welfare

1. Access (Receiving the Referral)

- a- Screen out; may give information about available community services
- b- Screen in for investigation/ assessment

2. Initial Assessment (Child Abuse and Neglect Investigation)

a- Safety Threats Identified

- file CHIPS (Child in Need of Protective Services) petition with the Court
- Informal Dispositional Agreement (6 months)

B – No Safety Threats Identified

- Close case after 60 days; with or without recommendations for outside services
- refer to voluntary services and/ or Informal Dispositional Agreement

3. Voluntary Services (6 months) (if continued services needed past that point, consider CHIPS petition)

4. Ongoing Services

a- Case management for cases with CHIPS court orders in effect

- resolve the presenting and underlying issues and close case with child in the home
- establish child in another permanency option such as guardianship, relative placement or termination of parental rights/ adoption.

b - Case management for some voluntary cases, especially those that may convert to CHIPS petitions due to the child's need for care.

- resolve issues that led to referral

Z.S. Timeline

May 2, 2006-Z.S. Placed in care (unlicensed-non-relative)-Wisconsin Rapids

5 yrs old

(2 days in placement)

May 4, 2006-Z.S. Moved to foster home-Junction City

(1 month in placement)

June 4, 2006-Z.S. Moved to a new foster home-Janesville

(2 months in placement)

August 9, 2006-Z.S. Placed at Tomorrow's Children (residential)-Waupaca

(1 year 6 months in placement)

February 28, 2008-Z.S. Reunified with mother-Wisconsin Rapids

(1 year 1 month in parental home)

April 13, 2009-Z.S. Returned to Tomorrow's Children (residential)-Waupaca

(2 months in placement)

June 11, 2009-Z.S. Reunified with mother-Wisconsin Rapids

(2 months in parental home)

August 26, 2010-Z.S. Returned to Tomorrow's Children (residential)-Waupaca

(3 years 5 months in placement)

January 12, 2014-Z.S. Reunified with mother-Wisconsin Rapids

(4 months in parental home)

May 29, 2014-Z.S. Placed at Northwest Passage (residential)-Frederic

(1 month in placement)

July 3, 2014-Z.S. Moved to foster home-Wisconsin Rapids

(6 days in placement)

July 10, 2014-Z.S. Placed at Genesee Lake School (residential)-Oconomowoc

(2 years in placement)

June 13, 2016-Z.S. Moved to treatment foster home-Menasha

(1 month in placement)

July 25, 2016-Z.S. Moved to new treatment foster home-Schofield

(1.5 months in placement)

September 6, 2016-Z.S. Moved to Positive Alternative group home-Wisconsin Rapids

(4 months in placement)

January 9, 2017-Z.S. Moved to Prentice House group home-Ashland

(1 + years in placement)

Developing a Residential Treatment Center at the Norwood location

Estimated Revenues:

1) Revenue for 8 beds @ \$500 per day for one year would be \$1,460,000. That assumes all the beds are full every day and that the facility charges a high end daily rate. There will be vacancies occasionally and a high daily rate is not guaranteed.

We might also be able to recapture some expenses through Medicaid, however that can be difficult to document adequately enough for re-imbursement and there are additional costs related to that level of documentation and certification.

Daily Rates for Residential Care are \$260- \$516 per day. The services offered at the facility which charges \$516 per day are much more intensive than what I am proposing.

Estimated Costs (based on an 8 bed unit):

Approximate Renovation Costs to convert to a Residential Treatment Center for Youth - \$250,000

Basic Operating Costs per year-

Personnel Costs	\$1,971,505
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Meals Cost	\$123,691
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Laundry Costs	\$3499
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Housekeeping Costs	\$16,995
--------------------	----------

Maintenance and Utilities Costs	\$ 58, 807
---------------------------------	------------

Computers and Phones	\$22,500
----------------------	----------

Supplies	\$10,000.00
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Total Basic Operating Expense Estimate \$ 2,206,997

Costs which are difficult to estimate:

1) There will be additional costs related to maintenance as the youth in residential treatment tend to be destructive.

- 2) There will also be costs related to increased worker's compensation claims as staff will be injured by youth.
- 3) There will be additional costs related to providing transportation to appointments, home visits and community activities. There will also be costs related to providing healthy recreational activities for youth.
- 4) There will be costs related to certifying staff to provide manual restraints and verbal de-escalation to youth.

Additional Considerations:

- 1) Marshfield would need to give permission to house a facility of this type within their city. They may resist having youth with serious emotional and behavioral problems in a facility there. There would be increased police calls due to the need to support staff in mob action situations and locate runaways. There will be increased crime committed by runaways when they are on run.
- 2) There will be some increased risk and disruption factors for the existing facilities at Norwood, especially if youth leave the unit unattended and go to the other areas.
- 3) Many facilities have had some severe challenges maintaining staffing adequate to keeping the facility open. There is high turnover for these jobs because of the personal risk from youth physically and legally. Eagles Nest group home recently closed because they could not maintain adequate staffing.
- 4) Some facilities have closed within the past few years due to the increasing level of violence and need for increased staffing and supervision of residents. Saint A's Residential Services closed last year stating that they could no longer provide the level of care needed by youth at the daily rate they charged which was near the top of the scale.
- 5) The Judges and DA's office sometime want youth placed outside of Wood County to keep them from maintaining unhealthy connections here. At times this is in the youth's best interest. There is also pressure to place youth outside the county from victims.

The Business Case for Home Visiting


Smart Investments That Support Children, Parents, and a Growing Economy

American businesses need employees who are well prepared, but they are not getting them. State reports indicate that thousands of jobs remain unfilled because of gaps between the skills employers require and those workers possess.¹ For example, research shows that, as of 2004, 20 percent of U.S. workers were functionally illiterate.² Further, a 2009 study found that 75 percent of people ages 17 to 24 could not qualify for U.S. military service because they could not meet the physical, behavioral or educational standards³—standards similar to those many industries use in hiring.

Most strategies and reform initiatives to develop and improve the future workforce focus on the middle school or high school years, but achievement gaps are evident far earlier. Disadvantaged children can start kindergarten as much as 18 months behind their peers.⁴ The majority of fourth or eighth graders are not proficient in both math and reading in any state.⁵ Most children who read well below grade level at the end of third grade will not graduate from high school.⁶

This failing workforce pipeline can be repaired, but we have to start far earlier than middle or even elementary school. The foundation of many skills needed for 21st-century jobs is established in the first five years of life.⁷ Children born with low birthweight and with fewer parental resources have poorer health, are more likely to struggle in school, and have lower earnings as adults.⁸ Yet, just as the root of these challenges lies in the earliest years, so does the solution. Proven home visiting programs, which pair at-risk families with trained professionals who provide vital information and support, can help build the workforce our nation needs.





[Business leaders] are powerful allies in the effort to invest scarce public dollars in high-quality home visiting programs. We have seen compelling evidence that home visitation provides dramatic and cost-effective improvements in helping children enter kindergarten ready to learn. There is no better investment for our future than this.

—John Pepper, former Chief Executive Officer, Procter & Gamble

Home Visiting Promotes Learning and Success

Research shows that the most rapid brain development occurs before age five, when children's brains develop 700 synapses—neural connections that transmit information—every second. Early traumatic experiences can damage those connections. Conversely, evidence shows that when babies have stimulating and supportive interactions with caring adults, they develop healthier brains, better learning abilities, and more successful interpersonal relationships into adulthood and beyond.⁹

High-quality home visiting programs work with new and expectant parents during pregnancy and throughout the child's first years of life. To be effective, programs must be voluntary. Quality home visiting is proven to improve short- and long-term outcomes for participating children and families.

By reaching expectant mothers early, home visitation helps ensure they get regular prenatal care, quit smoking, and eat a

balanced diet. These behaviors dramatically increase their chances of having a healthy, full-term baby and promote the strong brain architecture associated with effective learning and positive outcomes.

After the baby's birth, home visitors help mothers and fathers understand and support their infant's healthy development; provide responsive, nurturing care; and ensure a safe, stimulating environment. Home visitors also promote parents' responsibility by working with them to improve their own education, find employment, and build stronger, more stable relationships with the people in their lives—all of which are proven to lead to better outcomes for children.

Home Visiting Matters for Business Leaders

Home visiting programs help build the foundation for the healthy and productive workforce that businesses need. Decades of research have proven the potential of properly designed and implemented home visiting programs to

transform the lives of at-risk expectant and new parents and their babies and to generate significant returns on taxpayer investments. The many benefits of quality home visitation include:

■ **School readiness and workforce preparation:**

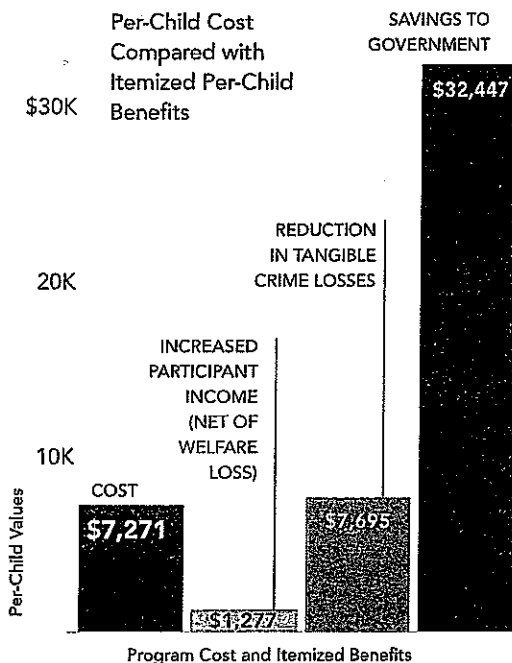
At-risk children who participated in one high-quality, voluntary nurse home visiting program had better cognitive and vocabulary scores by age six¹⁰ and higher third-grade scores in math and reading than the control group.¹¹ At-risk toddlers who participated in another voluntary home visitation program were 42.5 percent more likely to graduate from high school than their peers who did not participate.¹²

■ **Current workforce:** Mothers who participated in the Nurse-Family Partnership program had a 30-month reduction in welfare use¹³ and an 82 percent increase in the number of months they were employed by their child's fourth birthday.¹⁴

■ **Lower health costs:** The Healthy Families America program helped reduce the incidence of low birthweight,¹⁵ which is associated with costly short- and long-term health problems such as high blood pressure, cerebral palsy, and lung disease, as well as other poor outcomes for children.¹⁶

Economic Benefits of Quality Home Visiting to Society and Participants

The Nurse-Family Partnership, a high-quality nurse home visiting program, has been shown to have a positive benefit-cost ratio due to improved economic health of participating high-risk families, reduced crime and significant savings to taxpayers.



SOURCE: Karoly, L.A., Kilburn, M.R., and Cannon, J.S. "Early Childhood Interventions: Proven Results, Future Promise." (Arlington, VA: RAND Corporation, 2005). 98. http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf.

■ **Better health outcomes:** One home visitation program has been shown to reduce abuse and neglect—two early indicators of long-term health problems—among children of low-income, high-risk mothers by 48 percent.¹⁷ Adults who experienced childhood abuse and neglect are more likely to suffer from a range of physical problems, including arthritis, asthma, and high blood pressure.¹⁸

■ **Return on investment:** The highest-quality nurse home visiting programs, over time, yield returns of up to \$5.70 per taxpayer dollar spent, in reduced mental health and criminal justice costs, decreased dependence on welfare, and increased employment.¹⁹ These returns generate a total benefit to society of more than \$41,000 per family served.²⁰

Early Investments Address Business Challenges

A vast and growing body of research clearly shows that investing in early childhood is one of the best, most cost-effective choices states and communities can make to benefit

the economy and develop the workforce.²¹ Kids who start off right—with a stimulating, secure home environment—are far more likely to become productive members of society. Quality home visiting programs support families' efforts to help their children develop the characteristics today's business leaders consistently say they are seeking:

- Literacy and comprehension;
- Math skills;
- Soft skills (i.e., critical thinking, problem solving, communication, and creativity); and
- No barriers to employment (e.g., substance abuse or prior incarceration).

At the same time, home visitation reduces the incidence of expensive business problems, particularly costs associated with poor health among workers and new hires needing remedial training. Investing in our nation's youngest citizens cultivates the skills of tomorrow's workforce; helps reduce taxpayer expenses for special education, crime, and other problems; and leads to higher income and greater wellbeing for the most at-risk children and families.²²

The family plays a powerful role in shaping adult outcomes that is not fully recognized by current American policies. As programs are currently configured, interventions early in the lives of disadvantaged children have substantially higher economic returns than later interventions.

—James Heckman, Henry Schultz Distinguished Service Professor of Economics at the University of Chicago and 2000 Nobel Laureate in Economics

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Mobile Crisis assessments decreased through 2017 overall, but remained high for individuals under 18. This decrease in mobile crisis assessments was expected due to the Crisis Line staff being able to complete assessments over the phone, but these assessments are easier to complete with adults on the phone than children. Therefore, mobiles to the schools and of younger children remained consistent. When schools, hospitals, law enforcement or other community partners call us for an assessment whether it is in person or over the phone, it gives us the opportunity to attempt to develop a safety plan with that individual whereas an individual may be emergently detained and sent to a hospital. We are able to offer resources and develop a plan that will give the individual what they need to get through the crisis without having to go the hospital.

Mobile Crisis Statistics	2013	2014	2015	2016	2017	2018 (thru 6/5)
Total Mobile Assessments	109	208	262	230	149	49
Adults/Juveniles	58/51	112/96	199/63	151/73	86/63	21/28

Diversions under 21 from 1/1/2017 until 12/31/2017 = 70

Diversion savings \$106,540

Diversions under 21 from 01/01/2018 until 06/05/2018 = 52

Diversion savings \$79,144

Average Daily Hospitalization Rate in 2017 frequently used for hospitalizations:

MMC – Ashland	\$2540
Sacred Heart – Eau Claire	\$1405
Norwood	\$1415
St. Mary's – Rhinelander	\$928
St. Elizabeth's – Appleton	\$1313
Belin – Green Bay	\$1730
WMHI – Oshkosh	\$1320
Average Daily Rate (2017)	\$1522

County	Youth Diverted in 2017	1 Average day hospitalization	Savings
Ashland	3	\$1522	4566
Bayfield	14		21,308
Florence	3		4566
Forest, Vilas, Oneida	110		167,420
Iron	4		6088
Marathon, Lincoln, Langlade	430		654,460
Portage	28		42,616
Price	13		19,786
Sawyer	24		36,528
Taylor	46		70,012
Wood	70		106,540
		Total Savings	\$1,133,890

Case examples where stabilization unit could have resulted in 2017:

43 Detentions of juveniles (1-17 yrs) in 2017

Norwood had 60 total detained juveniles admitted last year. 38 were Wood County residents and 22 were from other counties.

BZ- Client had ideations, plan, means, and intent. Mom was out of town and could not be contacted after numerous attempts. Client was unwilling to safety plan with his older brother as a support. Detention could have been avoided if a safe place with 24-hour supervision was available.

PM- Client wanted to feel safe. Parents could not do so at home and were cooperative with finding the client somewhere safe for stabilization.

MM- Client was unwilling to safety plan with parents to stay at home and parents were unwilling to allow him to stay with friends. If forced to return home, client was prepared to complete suicide.

ND- Client and guardian were willing to safety plan, but the appropriate level of supervision was not available at home and safe transport for a voluntary hospitalization to St. Elizabeth's was unavailable. Detention could have been avoided if a closer 24-hour supervision safety option was available.

MDP- Client was unsure about giving up her means and intent to complete suicide. Mother was exhausted from frequent safety checks and client was still requiring 24-hour supervision until a period of stabilization could be attained.

SSD- Out of County resident (Portage). Mother was not a safety plan option. Lack of insight into seriousness of situation and mental illness.

AS- Out of County resident (Clark). Unwilling to safety plan with family or psychologist.

LH- Did not have a safe environment at home. Mom was not a reliable reporter and could not be safety planned with. (Multiple detentions – some could have been diversions).

NM- 24-hour supervision unavailable, so family could not keep her safe.

SB- Homicidal ideations. Could not be kept safe at home.

GB- First detention (July) was due to not being able to safety plan and there were medication concerns that the prescribing doctor was unavailable to address.

Second detention (November) escalating behaviors, could not be kept safe in the home.

AB- Foster home could not provide the 1:1 attention she needed to keep her safe.

AW- Mom did not feel she could keep him safe at home. There were no adolescent beds available for a voluntary inpatient stay.

LC- Could not be kept safe at home as she has a history of running away. Mom was a stressor for client.

MH- First detention (February) Tension between client and mother so a safety plan could not be established. Client remarked she would tell officials what they wanted to hear so she could be released home and complete suicide. Voluntary treatment was denied.

Second detention (September) upset with mother and unable to safety plan. No alternative family would take client. Client had a specific plan for her suicidal ideations. Client was not a reliable informant.

AM- Out of County resident. Homicidal and suicidal ideations. Safety plan not an option as family were triggers for behaviors.

TR- Safety plan could not be established as there were no community supports and Mom did not feel safe with client in the home.

KW- Willing to voluntarily admit, but there was no transportation to St. Elizabeth's.

HB- Would not participate in safety planning and Positive Alternatives could not provide the level of safety the client needed.

BW- Suicide attempted at foster home, community safety plan was not an option due to lack of supervision. Has now used Bridgeway multiple times that now that client is 18.

LW- Home was part of the stressors, so safety plan was not an option. Adequate supervision could not be had in community.

AB- Family no longer felt they could keep her safe in home. Client reported she would keep looking for new ways to kill herself.

ML- No parent was able to be located. Family friends were not willing to safety plan. Client is not a reliable informant.

AR- Refused to use any coping strategies on her crisis plan. Verbally aggressive. Safety plan was not an option.

MW- Was willing to voluntarily go receive help, but no beds were available. Client could not commit to keeping herself safe. Client does not feel safe with Dad and Mom had lack of insight into severity of situation.

CS- Mom was unwilling to provide transport for a voluntary hospitalization and a safety plan could not be established as "he is fine at home." Positive Alternatives could not meet client's needs.

DS- Client was unreliable informant. Safety level could not be met at home.

MC- Out of County resident. Client was unwilling to safety plan or voluntarily admit.

SH- Client is a high elopement risk, unwilling to comply with conditions of commitment and recently made a severe attempt on his life. A safety plan could not be identified. Used positive alternatives multiple times – needed more mental health support.

JK- No natural supports could be identified for a safety plan. Suicidal intent was high.

CTC- Homicidal statements which were completely denied. Safety plan could not be identified. Client appeared to have unaddressed MH needs and was not willingly to comply with treatment.