



2024 Annual Report

Eau Claire County Department of Human Services



Eau Claire

C O U N T Y

Department of Human Services



Message from the Director

As the Director of the Eau Claire County Department of Human Services (ECCDHS), I am proud to present our 2024 Annual Report. This past year, ECCDHS embarked on a comprehensive strategic planning initiative to align internal processes with our newly revised Mission, Vision, and Values. This process, involving staff and community feedback in a SWOT analysis, will continue into 2025. Dashboards were developed to track progress and recognize staff contributions, ensuring that our efforts remain aligned with our mission of: We care. We act. We empower.

One of our key achievements in 2024 was eliminating the waitlist for the Children's Long-Term Support (CLTS) Program, ensuring all children referred are enrolled within the state-mandated 90-day timeline. By leveraging data dashboards, we proactively assess and manage cases to ensure timely access to critical services. Additionally, ECCDHS responded to significant healthcare system disruptions due to local hospital and clinic closures. Through collaboration with local and regional partners, we worked to address service gaps and maintain vital mental health, substance use, and early intervention services for our community.

ECCDHS remains committed to community collaboration and fiscal responsibility. The Department partnered with the Eau Claire Sheriff's Office on a grant creating the Deflection Program, which has successfully diverted individuals experiencing mental health and substance use challenges away from the criminal justice system and into supportive services. Additionally, advocacy efforts with the county board helped secure increased tax levy funding, which will support vital programs and address rising costs for out-of-county placements.

Recognizing the importance of supporting our staff, ECCDHS prioritized employee well-being to address burnout and compassion fatigue. Training initiatives, such as Adverse Childhood Experiences (ACEs) and Resiliency Training, were implemented to enhance workplace satisfaction. Looking ahead, ECCDHS will continue to advocate for outcome driven services, innovative programs, and community collaboration to meet evolving community needs. With the support of the Human Services Board, we remain committed to building a safer, healthier, and more caring community for all Eau Claire County residents.

Angela Weideman
Director

Our Mission

Our Vision

We Care. We Act. We Empower.

To boldly advocate for a safe, healthy, and caring community.

Our Values

W

Welcoming

E

Ethical

C

Compassion

A

Appreciation

R

Respect

E

Excellence



Shaping Our Future: *Creating a Strategic Plan for Long-Term Success*

STRATEGIC PLANNING PROCESS

To align operations with our Mission, Vision, and Values, the Department initiated a structured strategic planning process in 2024, incorporating input from staff, leadership, and community stakeholders.

Formation of the Strategic Planning Core Team

A diverse group, including staff, Human Services Board members, and an external facilitator from UW-Extension, was assembled to lead the initiative.

Staff Feedback and Engagement

A staff survey using a SWOT analysis was conducted to identify strengths, weaknesses, opportunities, and threats. Additionally, staff listening sessions were scheduled for January 2025.

Community Feedback and Engagement

A plan was developed to hold listening sessions in January 2025, ensuring public input shapes future strategies.

Data-Driven Decision Making

The Department is integrating data analysis into policies, procedures, and agency priorities, fostering evidence-based improvements in service delivery.

By grounding the strategic planning in its mission, vision, and values, the Department is committed to fostering a stronger, more responsive, and community-focused approach to human services.



Who We Serve:

Our Community, Our Commitment

Eau Claire County Department of Human Services (ECCDHS) is dedicated to supporting individuals and families across our community by providing essential services that promote well-being, stability, and self-sufficiency. Our programs serve residents of all ages, backgrounds, and needs, with a focus on ensuring equitable access to services that enhance quality of life.

In the past year, ECCDHS estimates the number of people served in each division as follows:

- Behavioral Health: 5,857
- Economic Support: 28,385
- Family Services: 3,361

Our commitment to service extends beyond numbers — we work to create meaningful change in the lives of those we serve by fostering collaboration, innovation, and responsiveness to community needs.

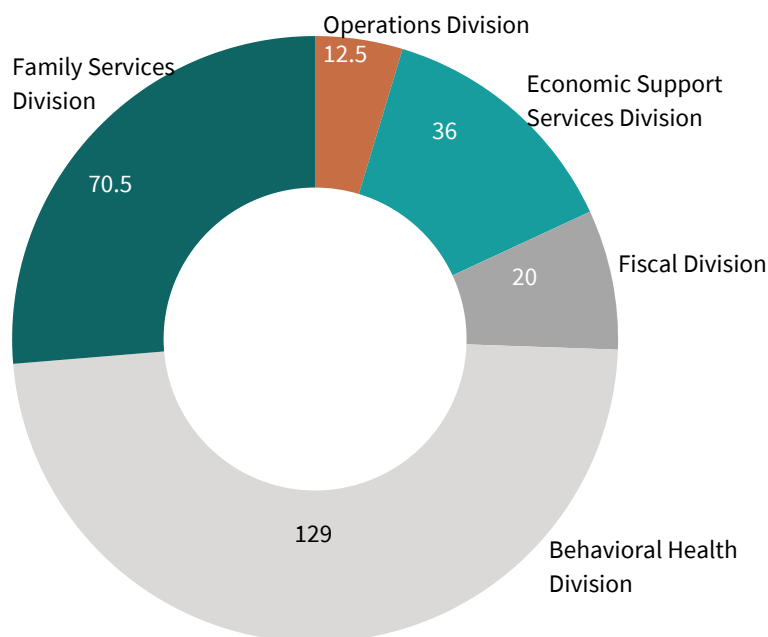


Behind the Numbers:

The Team Driving Human Services Success

ECCDHS is staffed by a dedicated team of 273 individuals, representing 268 full-time equivalent (FTE) positions. The department is organized into 5 interconnected divisions, each focused on delivering specialized services to meet the needs of our community.

Full-Time Equivalent (FTE) Positions Per Division

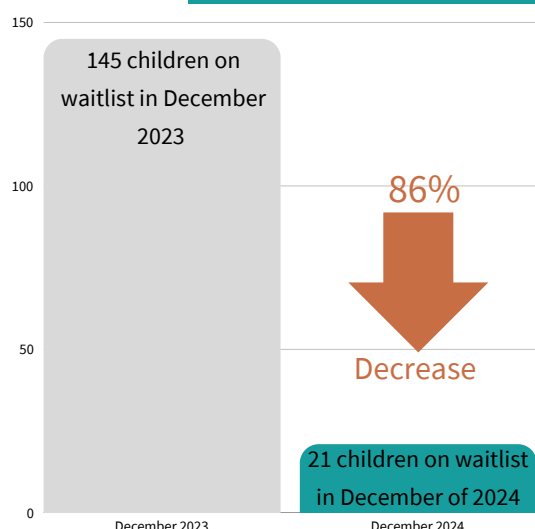


Serving Children Sooner: *Reduced Waitlist in the Children's Long-Term Support Program*

One of the Department's top priorities in 2024 was ensuring children and families receive services faster, particularly through the Children's Long-Term Support (CLTS) Program. This program provides critical supports to children with disabilities and significant needs, helping them live at home and thrive in their community.

Additional staff added to CLTS in 2023 allowed for improved service delivery in 2024.

As of December 2024, all children referred to the CLTS program were being enrolled within the state-mandated timeline of 90 days.



The Department implemented a CLTS Dashboard to monitor and manage waitlist data. This tool tracks referrals, enrollment timelines, and service gaps, ensuring real-time visibility into the program's performance and compliance with state requirements.

THE CLIENT CONNECTION

In families with children who have special needs, balancing everyday activities with caregiving responsibilities can be a delicate act. For parents of children with rare genetic disorders, it often requires seeking additional support to ensure both the child's well-being and the family's quality of life. One family shares how CLTS has made a significant difference in managing their daughter's unique needs while still maintaining important family activities.



“Our daughter, Adia, is 8 years old and has a rare genetic disorder. She does not always sleep through the night and often struggles being in new places, especially loud, crowded places. Her older brother plays on a travel baseball team and she comes and watches his games. Sometimes he has tournaments out of town that involve hotel stays. CLTS allows us to find respite care for her so we can travel for baseball and she can stay with a safe and trusted caretaker.”

Responding to Healthcare System Changes & Service Gaps: *Impact and Response*

One of the most significant challenges the Department faced in 2024 was the closure of HSHS Sacred Heart Hospital, St. Joseph's Hospital, and Prevea Clinics, which caused major disruptions to local healthcare services.

Impact on the Community

- Loss of all adolescent psychiatric beds and 28 adult beds in the Eau Claire area due to the closure of Sacred Heart Hospital
- Loss of all detox and substance use treatment beds at L.E. Phillips
- Disruption of Birth to Three therapy services including speech, physical, and occupational therapy previously provided by Prevea
- Reduction in medication management services
- Increased travel demands for consumers and staff to access necessary resources

Response from the Department

- Established a new contract with Parenting Place to ensure continuity of care for the Birth to Three Program
- Engaged in discussion, collaboration, and advocacy with the Wisconsin Counties Human Services Association (WCHSA) and the Wisconsin Department of Health Services (DHS) to develop state and regional strategies for addressing service gaps
- Advocated for service expansion through legislative engagement
- Sought new providers for mental health and substance use treatment

Stronger Together: *Community Collaboration*

Over the last year, the Department demonstrated strong collaboration with community partners to address emerging challenges and advocate for additional resources at the state level.

Key advocacy efforts included:

Eau Claire Police Department

Partnering with the Eau Claire Police Department for the Co-Responder Program diverting individuals experiencing mental health crises from hospitalizations or incarceration.

Eau Claire Sheriff's Office

Partnering with the Sheriff's Office on the Deflection Program serving as a proactive strategy to direct individuals away from the criminal justice system before arrests or charges occur.

University of Wisconsin - Eau Claire

Strong partnership with the University of Wisconsin – Eau Claire for hands-on learning opportunities for students through internships in child welfare and the clinic.

Eau Claire School District - Juvenile Detention Center (JDC)

Partnering with the Eau Claire School District for school counseling, music education, and physical education services at JDC.

Eau Claire & Altoona School Districts - System of Care

Partnering with the Eau Claire and Altoona School Districts for System of Care preventing formal referrals to the youth justice system.

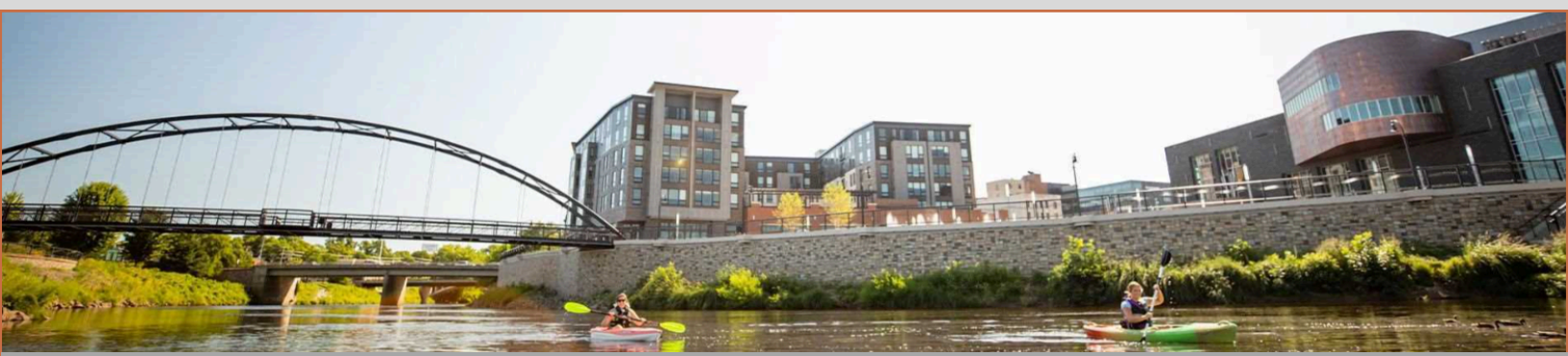


Maximizing Resources: *Advocating for Fiscal Responsibility & Budgeting*

The Department secured an additional \$1.9 million in tax levy funding for the 2025 budget, thanks to strong advocacy from the Human Services Board. The Fiscal Unit implemented new processes to improve financial reporting accuracy and ensure compliance with county policies. Key initiatives included:

- Comprehensive Community Services (CCS) and Community Recovery Services (CRS) Project to improve fiscal processes through the Avatar electronic health record system.
- Purchasing Card (P-Card) training for staff to ensure proper usage and record-keeping.

Despite these improvements, rising costs for placements remain a concern, and ongoing advocacy for state funding will continue to be a priority.



Harnessing Data: *Enhanced Decision Making & Innovation*

The Department continued its focus on data-driven decision-making to improve service delivery and accountability. New dashboards were developed, and existing dashboards were enhanced to track key performance metrics across several program areas:

- Children's Long-Term Support (CLTS) Program Dashboard
- Institutions for Mental Disease (IMD) Dashboard
- Juvenile Justice Dashboard
- Recovery & Justice Dashboard
- Comprehensive Community Services (CCS) Dashboard
- Placement of Children Dashboard
- System of Care Dashboard
- Adult Protective Services Dashboard

These dashboards provide consistently updated data allowing the Department to track trends, assess outcomes, and create informed policies, procedures, and practice changes. The dashboards will regularly be shared with the Human Services Board for transparency and accountability.

Expanding Our Reach: *Growing Our Social Media Presence*



The Department launched a Facebook page in 2024 to enhance community engagement and raise awareness about ECCDHS services. The Department is partnering with other county departments within Eau Claire County for consistent communication across social media platforms. The Department also created a press release template and has a goal of releasing at least one press release each month.

Compassion & Resilience: *Measuring Our Professional Quality of Life*

A Professional Quality of Life (ProQOL) screen was conducted at the Department in 2024 to assess the well-being of staff in key areas: compassion satisfaction, burnout, and secondary traumatic stress. This tool helps evaluate the impact of working in helping professions and informs efforts to support staff resilience and job satisfaction.

Key Measures

- **Secondary Traumatic Stress (STS):** This measures the emotional impact of exposure to individuals who have experienced trauma. A lower score is preferred, as it indicates minimal distress from indirect exposure to traumatic events
- **Burnout:** Characterized by emotional exhaustion and prolonged work-related stress, burnout can impact performance and overall well-being. A lower score here is also desirable, as it suggests healthier stress management and workplace support.
- **Compassion Satisfaction:** This reflects the fulfillment and positive experiences derived from helping others. A higher score is the goal, as it indicates a strong sense of purpose and workplace satisfaction.

Scoring System

- 22 or less: minimal presence or impact of the measured factor
- 23 – 41: moderate range, reflecting an average or typical experience
- 42 or more: high level, implying a significant presence of the measured factor

Department Results

- **Secondary Traumatic Stress (STS):**
ECCDHS Average: 23
ECCDHS Range: 18-27
- **Burnout:**
ECCDHS Average: 23
ECCDHS Range: 18-26
- **Compassion Satisfaction:**
ECCDHS Average: 37
ECCDHS Range: 34-42

By completing this assessment, the Department has identified areas for staff support, enhanced workplace satisfaction, and promoted a sustainable and healthy work environment. Insights from these results will be incorporated into the strategic plan, shaping future efforts to strengthen staff well-being and professional resilience.

Celebrating Community Champions: *The Inaugural Friend of Human Services Award*

In 2024, ECCDHS introduced the Friend of Human Services Award, an annual recognition honoring individuals, businesses, nonprofit organizations, and community groups that have made a significant impact on the well-being of Eau Claire County residents through collaboration with ECCDHS. This award celebrates those who exemplify ECCDHS's mission and values through exceptional dedication, innovation, and community partnership.

On March 3, 2025, ECCDHS proudly presented the inaugural Friend of Human Services Award to Feed My People Food Bank in recognition of their exceptional dedication to combating food insecurity. During the nomination process, an anonymous individual highlighted Feed My People's dedication, stating, "Feed My People is always there to support our citizens. They provide food whenever asked for by people in need. A call to Feed My People is always met with a compassionate response, fostering dignity, connectedness, and recovery."

The Centralized Access Team at ECCDHS also emphasized the impact of this partnership, noting: "We began partnering with Feed My People in 2020, and by 2024, the pantry had grown to serve approximately 1,381 members of the community. Their collaboration has been vital to the success of our pantry program. Food is distributed daily to those in need, and we have witnessed deep gratitude from recipients—including an elderly man moved to tears and a child overjoyed to receive a small treat. In a system with many limitations, this program provides a tangible resource for those struggling to afford necessities."



Left to Right: Angie Stokes, Padraig Gallagher, Tami Syverson, Suzanne Becker, and Angie Weideman



From Feed My People (Left to Right): Padraig Gallagher, Tami Syverson, and Suzanne Becker

Supporting Our Team: *Building a Culture of Well-Being*

In 2024, the ECCDHS Well-Being Team continued its commitment to fostering a healthy, engaged, and resilient workforce by offering a variety of activities, challenges, and resources to support staff well-being. Throughout the year, the team provided opportunities for physical activity, mental wellness, team engagement, and personal growth, ensuring that employees had access to tools and spaces that promote a balanced and fulfilling work environment.



Physical and Mental Well-Being Initiatives

To encourage movement and stress relief, the team promoted indoor walking maps, outdoor activity guides, and dedicated Well-Being Spaces, which provided employees with a place to recharge. Yoga and guided imagery exercises were also offered, giving staff opportunities to engage in mindfulness and relaxation techniques.



Community and Connection

The Well-Being Team helped build a sense of camaraderie and connection by hosting a Halloween Costume Contest, Cookie Swap, and the All-Agency Meeting Raffle. These events not only provided moments of fun but also contributed to a positive workplace culture by fostering employee engagement and recognition.



Creative and Interactive Engagement

The team introduced themed activities throughout the year, including a “Values and Beliefs on a Clover Leaf” reflection exercise, a Mindful Melodies virtual jam session, and the 2024 DHS Summer Office Olympics, which brought staff together for friendly competition. Interactive breakroom activities, such as DHS Storyboards and the Fall into a Good Book initiative, encouraged collaboration and creativity.



Workplace Wellness and Education

Monthly wellness themes provided staff with valuable information on self-forgiveness, stress reduction, hydration, sleep health, and journaling. The team shared research-backed insights and practical tools, such as guided meditations, hydration calculators, and self-care checklists, to help staff develop healthy habits. Seasonal themes, such as World Environment Day activities, herbal remedies education, and summer vitamin D awareness, further emphasized holistic well-being.

ECCDHS Program Highlights

Centralized Access

Program Goal:

To provide a streamlined entry point for individuals and families seeking services, ensuring timely connections to protective services, mental health support, and substance use interventions. The goal is to enhance safety, promote well-being, and support stable living environments through access to appropriate services and resources.

2024 Data:

- 5,100 Total referrals and reports received in 2024
- 5,691 Total pounds of Feed My People food distributed



Who Does this Program Serve:

Centralized Access serves as the primary point of contact for reports and referrals across multiple Department programs. These include Child Protective Services (CPS), Adult Protective Services (APS), Birth to Three (B-3), the Outpatient Clinic, Comprehensive Community Services (CCS), Children's Long-Term Support (CLTS), Crisis Services, and the Community Support Program (CSP).



Some members of the Centralized Access Team participating in a Halloween Contest

Child Protective Services (CPS) Initial Assessment (IA)

Program Goal:

To respond to reports of child abuse and neglect and assess the situation to develop plans with the family to ensure the safety and well-being of all children involved.

2024 Data:

- 1,379 CPS Reports received
- 279 CPS Reports screened-in for assessment
- 299 Child Welfare Reports screened-in
- 35 Assessments resulting in cases opening for services



92% of assessments completed by CPS Initial Assessment in 2024 involved children remaining in their home

Who Does this Program Serve:

CPS Initial Assessment services are provided to children and their families involved in an allegation of child maltreatment that requires, per Department of Children and Families standards, further assessment. CPS Initial Assessment services are offered to children of all ages.



Social Worker Hannah Nash, center, receiving the Chippewa Valley Child Advocacy Center Collaboration Award, with Social Work Manager Tasha Alexander to her right and Director Angie Weideman to her left.

Ongoing Child Protective Services

Program Goal:

To support children and families in making necessary changes to ensure safe, permanent homes for children while enhancing their well-being.

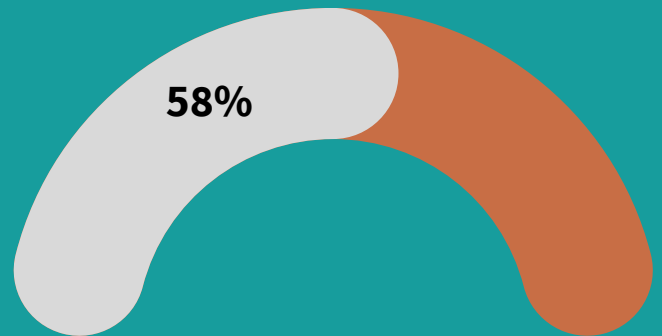
2024 Data:

- 142 Children served in Ongoing CPS
- 70 Children opened to Ongoing CPS in 2024
- 48 Children closed to Ongoing CPS in 2024
- 50 Children served in-home in Ongoing CPS

58% of families ending services with Ongoing CPS in 2024 had children reunified or maintained within their family home.

Who Does this Program Serve:

The Ongoing Child Protective Services (CPS) team serves children determined to be unsafe or at imminent risk of safety threats. Ongoing CPS provides services and programming to children and families to enhance parental protective capacities and achieve behavioral change.



A Day in the Life of an Ongoing Child Protective Services (CPS) Worker

An Ongoing Child Protective Services (CPS) Worker plays a critical role in ensuring the safety, well-being, and stability of children and families involved in the child welfare system. Their work is dynamic and often unpredictable, requiring strong problem-solving skills, empathy, and the ability to navigate complex family situations.

Morning: Case Planning and Court Preparation

The day often begins with reviewing case notes, emails, and any urgent updates from supervisors, law enforcement, or service providers. If a case involves an upcoming court hearing, the worker may spend the morning preparing reports, documenting progress on a family's case plan, and consulting with attorneys. Court appearances are common and require presenting evidence, making recommendations for permanency, and advocating for the child's best interests.

Mid-Morning: Home Visits and Safety Assessments

A significant part of the job involves conducting home visits to assess the child's safety, observe interactions with caregivers, and ensure compliance with court-ordered services. During these visits, the worker may:

- Speak with parents, children, and other household members about their progress and concerns.
- Check for signs of abuse, neglect, or unsafe conditions.
- Coordinate with service providers, such as therapists, parenting coaches, or substance abuse counselors.
- Address any immediate safety concerns and develop plans to mitigate risks.

Afternoon: Family Meetings and Service Coordination

Many CPS workers spend the afternoon facilitating family team meetings to bring parents, children, extended family members, and service providers together. These meetings focus on setting goals, reviewing progress, and ensuring families have access to needed services, such as parenting education, substance abuse treatment, or mental health support. Workers may also meet with foster families or kinship caregivers to address placement stability and support needs.

Late Afternoon: Documentation and Crisis Response

CPS workers must meticulously document every interaction, decision, and intervention. This includes case notes, court reports, safety plans, and family progress updates. Unexpected crisis situations—such as a child running away, a relapse by a parent in treatment, or a placement disruption—may require immediate attention, necessitating emergency meetings, police involvement, or coordination of alternative care placements.

Evening: Follow-Ups and After-Hours Work

The job doesn't always end at 5 p.m. CPS workers are often on-call for emergencies, such as law enforcement requesting assistance with a child in need of immediate protection. Some evenings involve making last-minute phone calls, coordinating emergency placements, or responding to crises that require immediate safety planning.

Juvenile Intake

Program Goal:

Juvenile Intake Workers provide timely screening of referrals and facilitate appropriate service linkage for youth involved in the justice system.



90% of youth referred for formal involvement in Youth Services scored in the moderate to high-risk range on the Youth Assessment and Screening Instrument (YASI), ensuring targeted services are provided to those most in need of intervention.

Who Does this Program Serve:

The Juvenile Intake team supports youth in need of services, including those formally referred to Youth Justice between ages 10 and 17 with varying risk levels.

2024 Data:

- 404 Referrals received
- Of all referrals received, 274 were delinquencies
- Of all referrals received, 77 were JIPS Truancies
- Of all referrals received, 57 were JIPS Non-Truancy

JIPS (Juvenile in Need of Protection or Services) - A JIPS case is typically used when a youth's behavior or circumstances require court intervention, but the youth has not necessarily committed a criminal offense such as truancy or runaway behavior.

Some members of the Youth Services team at the summer all-agency meeting.



Youth Services

Program Goal:

To provide effective and collaborative Youth Services that strengthen individual functioning, support the safety and well-being of youth, and reduce the need for out-of-home placements while providing trauma-informed services aligned with evidence-based practices.



Who Does this Program Serve:

Youth involved in the Youth Services team includes any youth needing support or services. Formal referrals to the Youth Justice system include youth ages ten to seventeen with varying risk levels of re-offense.

2024 Data:

- 170 Youth served in program
- 143 Youth served residing in their family home

84% of youth served by the Youth Services team remained in their home or the home of a relative.

System of Care

Program Goal:

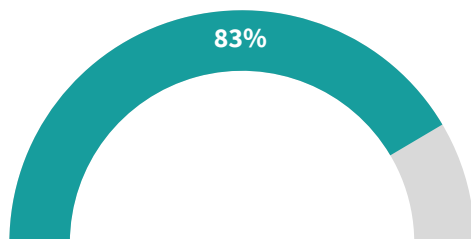
The System of Care (SOC) Program provides a collaborative and preventive intervention for youth in the Eau Claire and Altoona School Districts who engage in behaviors that could be considered a crime. By working closely with families, schools, and other stakeholders, SOC seeks to support low-risk youth through voluntary, community-based services designed to address underlying issues and promote positive behavioral change.

Who Does this Program Serve:

SOC is a collaboration between the Department and local school districts. The Eau Claire School District SOC provides intervention for youth in middle school and high school considered low risk students who engage in a behavior that can be considered a crime. The Altoona School District SOC serves all ages of youth, again with a prevention perspective.

2024 Data:

- 203 Youth served in program
- 121 Youth served enrolled in high school
- 82 Youth served enrolled in middle school



83% of youth referred to the System of Care program successfully completed the program, demonstrating improved stability, engagement in services, and progress toward individualized goals.



System of Care Workers Cindy Waller and Madison Miracle giving a presentation

Coordinated Services Teams (CST)

Program Goal:

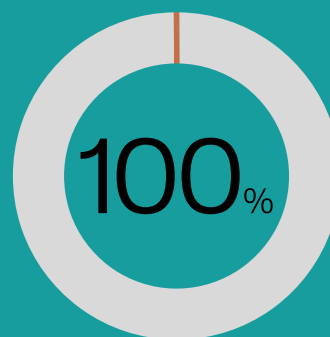
The Coordinated Services Teams empower youth and their families by fostering connections with natural supports, ensuring they have sustainable resources and relationships to maintain progress after program discharge.

2024 Data:

16 CST participants
11 Youth starting CST programming this year
6 Youth discharged from CST programming this year
11.5 Years old was the average age of CST participants

Who Does this Program Serve:

CST serves children who are or have recently been involved in at least two of the following direct services: Mental Health, Special Education, Juvenile Justice, Child Protective Services, and AODA. Other interventions have not been successful over time; persistent obstacles are present, and there is a need for service coordination. CST is a voluntary service.



100% of youth participating in the Coordinated Services Teams program had at least one identified natural support at the time of discharge, promoting long-term stability and resilience.

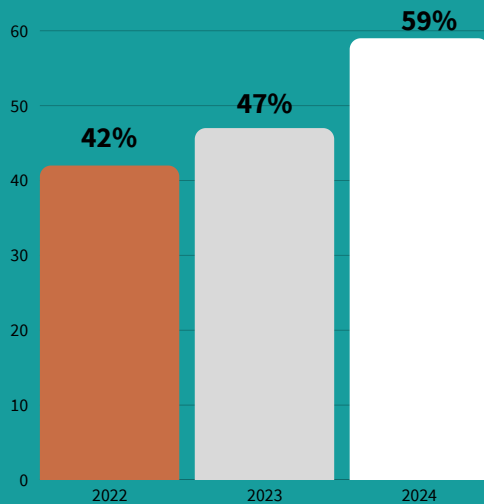
Some members of the CST Team at the Summer all-agency meeting.



Juvenile Detention Center

Program Goal:

The Juvenile Detention Center provides short-term care and supervision for youth detained under court order or awaiting placement. The center is designed to ensure public safety while offering a structured, supportive, and rehabilitative environment for youth in crisis.



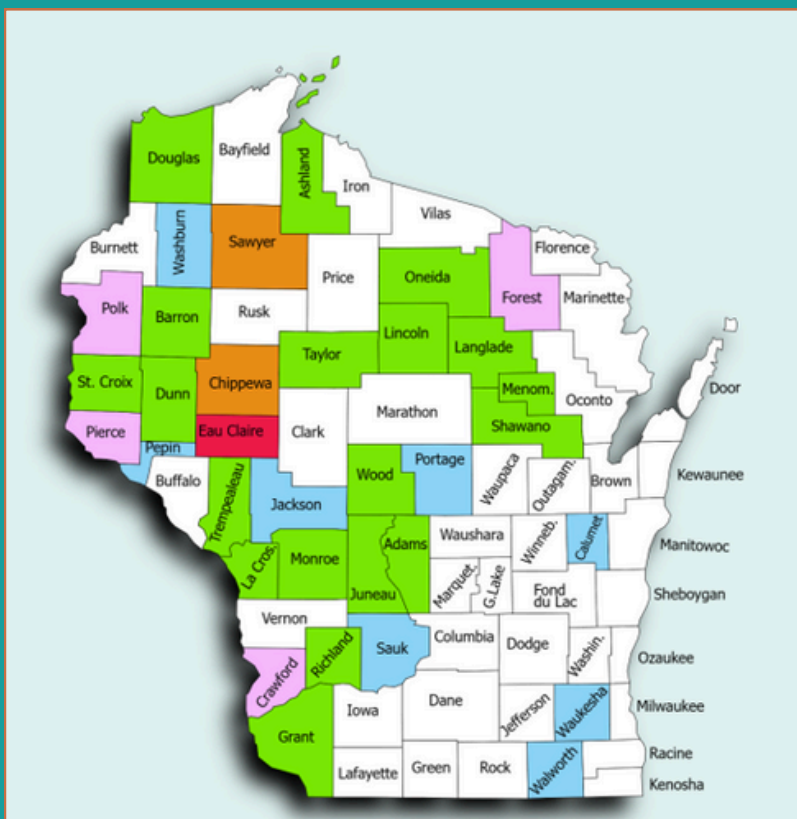
Percentage of Eau Claire County youth placed in the secure detention facility who did not return to the facility.

Who Does this Program Serve:

The Northwest Regional Juvenile Detention Center serves youth from Eau Claire County and various other counties across Wisconsin. Youth range in age from 10 through 17 and are court ordered for placement at JDC under Wisconsin Statute 938.34(3)(f) or are youth awaiting court or need short-term care.

2024 Data:

- 356 Youth admitted
- 5,006 Total days of all admissions
- 263 Youth admitted for short-term stay
- 96 Eau Claire County youth admitted for short-term stay
- 10 Youth admitted for 180 Program
- 13.7 Average daily populations of youth



Counties the Northwest Regional Juvenile Detention Center Serves

Number of Residents

0 Residents

1 Resident

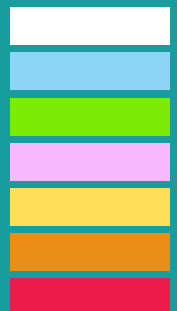
2-11 Residents

12-21 Residents

22-31 Residents

32-41 Residents

42+ Residents



Resource Unit - Intensive Permanency Services (IPS), Alternate Care, Parents Supporting Parents (PSP), and Birth to Three

Intensive Permanency Services (IPS)

Program Goal:

To help youth in out-of-home care establish permanent family connections and support networks by addressing trauma and fostering meaningful relationships.

Who Does this Program Serve:

IPS works with children ages 12-18 who have no solid plan for permanency.

2024 Data:

- 13 Youth received Intensive Permanency Services
- 20 Family conferences conducted for family finding purposes
- Introduced family finding services in 2024

16% Increase in Connectedness Score



Youth involved in IPS last year demonstrated an average increase of 16% in their connectedness score reflecting stronger relational ties and support networks.



Presentation by IPS Social Worker Kayla Pietila and Social Work Manager Nicholas Stabenow-Schneider

Alternate Care



Foster family receiving a Governor's Award with Alternate Care employee and Resource Supervisor

Program Goal:

To provide essential support through Foster Care, Respite Care, and Kinship Care programs governed by HFS 56 of the Wisconsin Administrative Code, offering temporary, safe, and nurturing placements for children who cannot remain in their homes due to abuse, neglect, or significant behavioral challenges.

Who Does this Program Serve:

The Alternate Care team provides licensing and support to foster care, respite, and kinship providers, and assists Social Workers in Child Protection and Youth Services in finding an appropriate out of home care resource. Children in out of home care range from newborn to 19 years old.

2024 Data:

- 26% Increase in General Foster Homes
- 80% Retention Rate for Existing Foster Homes

- 92 Licensed ECC Foster and Respite Homes
- 68 New inquiries for licensing in 2024



Resource Unit - Intensive Permanency Services (IPS), Alternate Care, Parents Supporting Parents (PSP), and Birth to Three Continued

Parents Supporting Parents (PSP)

Program Goal:

To provide compassionate guidance, advocacy, and partnership with families involved in the child welfare system by leveraging the lived experience of a Parent Partner.

Who Does this Program Serve:

The Parents Supporting Parents program serves families involved in the child welfare system, specifically focusing on parents and caregivers working toward stability and reunification with their children.

2024 Data:

- 18 Parents being served by the Parents Supporting Parents Program.

The PSP program mission is to support parents in achieving permanency for their families, while also ensuring they feel safe, heard, and valued at every step of the process. Our parent partner plays a critical role in this mission. Their lived experience allows them to build trust and form meaningful connections with families in ways traditional service providers may not be able to. When a parent partner is in the room and at the table, it brings a unique and compassionate perspective that improves how we serve families. It helps shift the system toward one that truly centers the voices and experiences of parents.



Parent Partner Elyse Harvey presenting at our December All-Agency Meeting

Birth to Three

Program Goal:

To identify and address developmental delays in young children as early as possible, providing family-centered early intervention services that enhance a child's skills and abilities, support participation in their community, and empower families to maximize their child's developmental and learning potential.

Who Does this Program Serve:

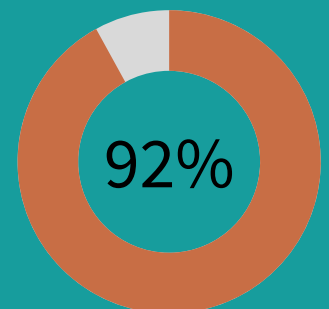
The Birth to Three program provides services to children ages birth to 36 months. Eligibility is based on a diagnosed disability or significant delay in one or more areas of development. The services and supports a child and family receive are based on individual needs. Eligibility for this program is not affected by the family's income; however, parents may need to contribute to the cost of services.

2024 Data:

- 188 Children served
- 201 Birth to Three assessments completed



Resource Unit employees participating in a Halloween Contest



92% of the children discharged from the Birth-to-Three program in 2024 demonstrated measurable progress in at least one child outcome area.

Alternate Care Metrics

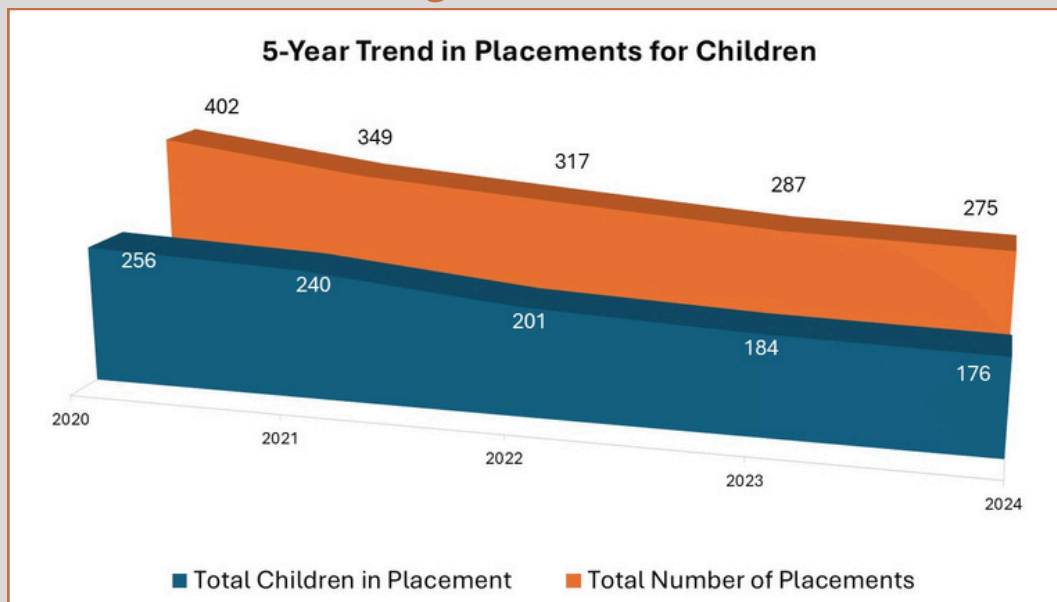
Introduction

The Eau Claire County Department of Human Services is committed to ensuring the safety and well-being of children involved in Child Protective Services (CPS) and Youth Justice. When children cannot safely remain in their homes, alternate care placements provide necessary support and stability. The following data highlights key trends in alternate care, including the number of children in placement, length of stay, average costs, types of placements utilized, and other useful measures. By analyzing these figures, we can better understand placement needs, assess financial impacts, and guide efforts to enhance family preservation and permanency outcomes.

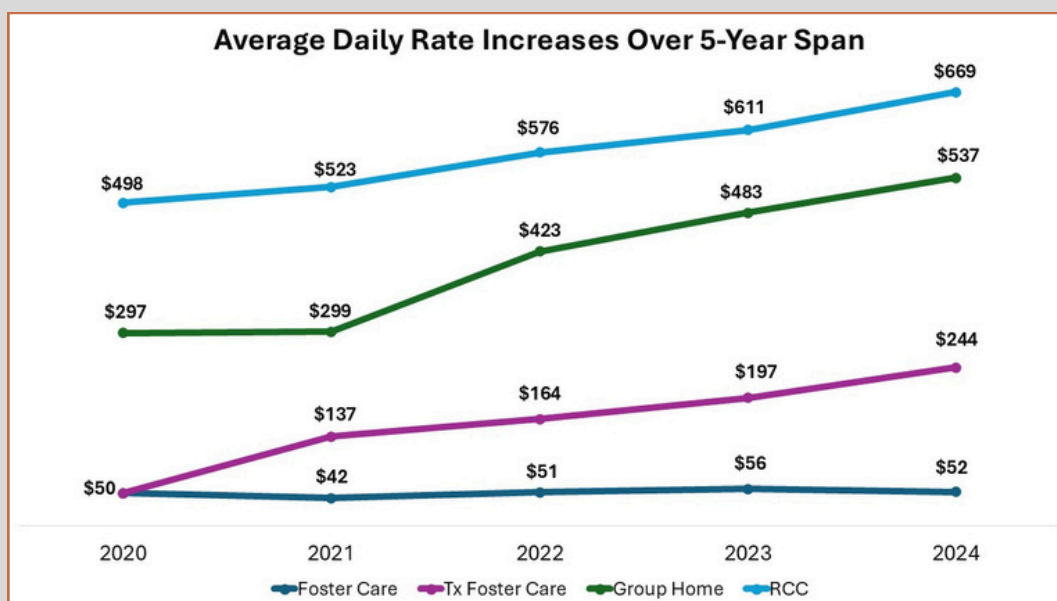


Alternate Care Staff at a recruitment booth

What Are We Measuring?



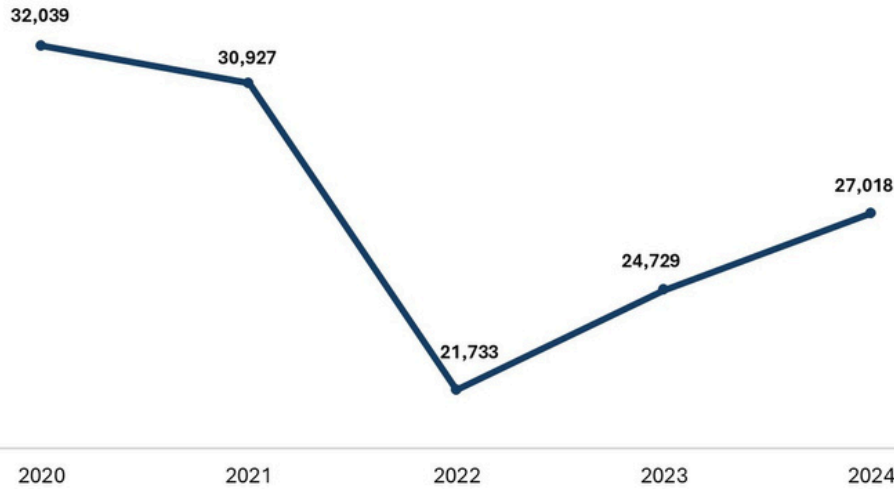
This graph illustrates a significant decline in the number of children in out-of-home care, from 256 in 2020 to 176 in 2024. It also shows a decrease in the total number of placements during that time, from 402 to 275. The placement data further underscores that many children involved in child welfare or youth justice experience multiple changes in placement over the course of their involvement.



While the number of children in care and total placements has steadily decreased over the past five years, this graph highlights how rising placement costs continue to significantly impact the Department's budget. The average daily rate for foster care has remained relatively stable. However, the costs for treatment foster care, group homes, and residential care centers (RCCs) have increased substantially. Notably, the average daily rate for RCCs rose from \$498 in 2020 to \$669 in 2024, which is a sharp increase with considerable budgetary implications.

Alternate Care Metrics Continued

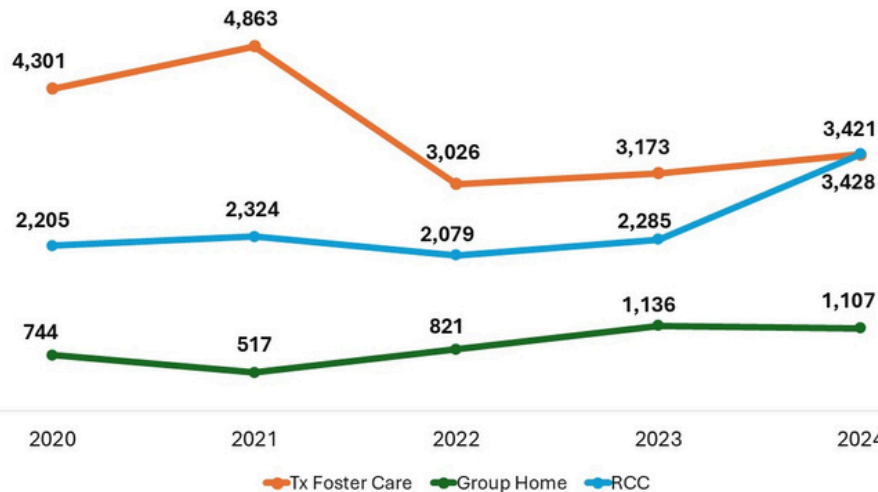
Total Number of Days in Foster Care



This graph displays the total number of days children spent in foster care placements over the past five years. The total days decreased significantly from 32,039 in 2020 to 21,733 in 2022, before rising again to 27,018 in 2024. Here are the number of children in care in foster homes during those times:

Year	No. of Children in Foster Care
2020	195
2021	177
2022	163
2023	142
2024	127

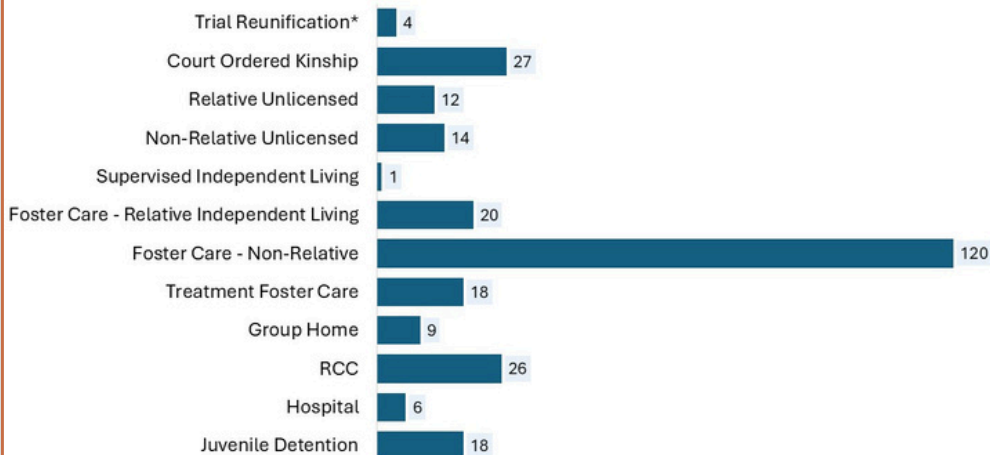
Total Number of Days in Tx Foster Care, RCC, & Group Home



While similar to the previous graph showing the total number of days children spend in foster care, this graph specifically highlights days spent in treatment foster care, residential care centers, and group homes. Group home days increased slightly from 744 in 2020 to 1,107 in 2024. Treatment foster care days decreased from a high of 4,863 in 2021 to 3,421 in 2024. The most significant change is seen in residential care centers, with days increasing from 2,205 in 2020 to 3,428 in 2024.

Year	Treatment Foster Homes	Group Homes	Residential Care Centers (RCCs)
2020	29	9	12
2021	25	7	14
2022	14	7	14
2023	21	7	15
2024	18	8	17

2024 Placement Type

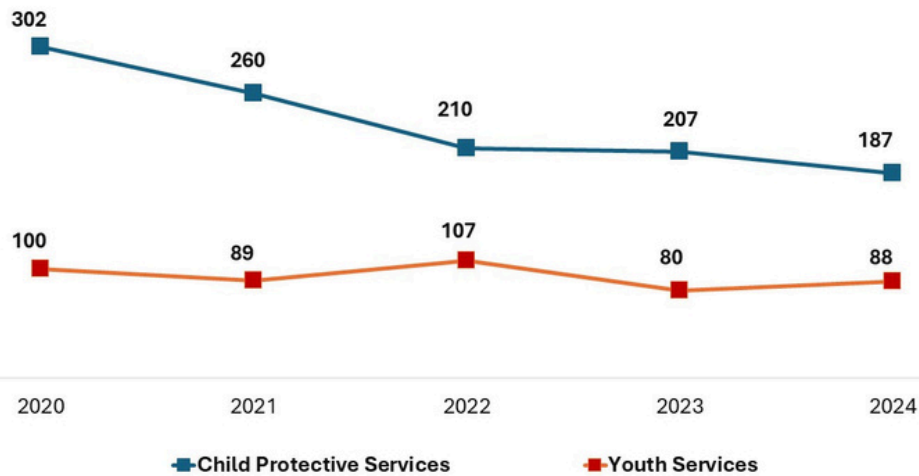


*There were 36 total reunifications in 2024, but only 4 used the formal trial reunification legal process.

This graph provides a breakdown of the 275 total placements in 2024 by placement type. Foster care with non-relatives remains the most frequently used setting, accounting for 120 placements in 2024. It should be noted that the graph is sequenced from least restrictive placements to most restrictive.

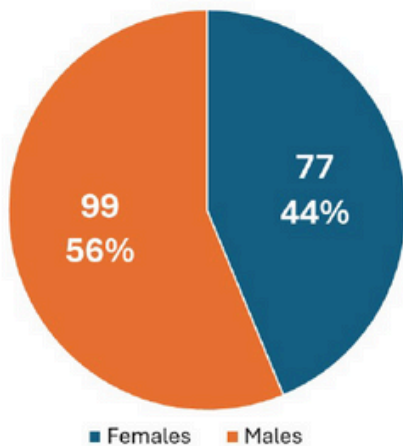
Alternate Care Metrics Continued

Placements by DHS Unit

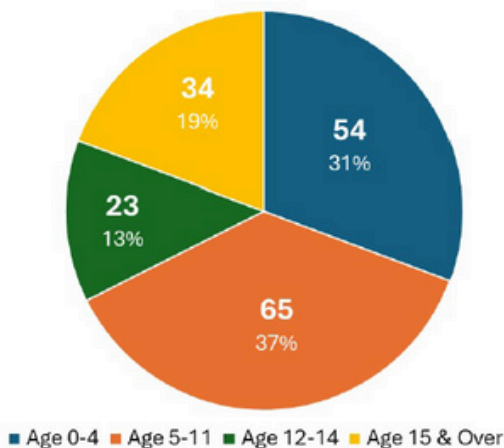


This graph shows the number of placements made by Child Protective Services (CPS) and Youth Services. Placements through Youth Services have remained relatively stable, ranging from a high of 100 in 2020 to a low of 80 in 2023. CPS placements have shown more of a pattern with a steady decline from 302 in 2020 to 187 in 2024.

2024 Gender of Children in Placement

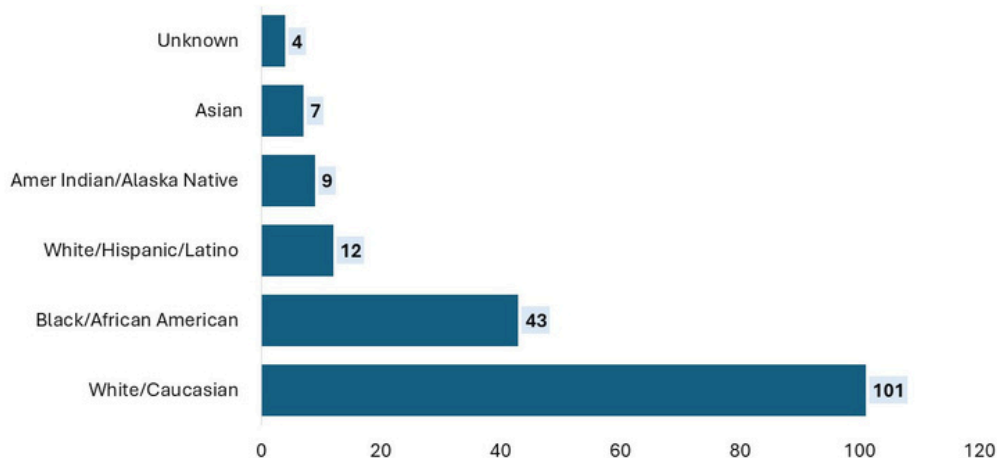


2024 Age of Children in Placement



These two graphs show the gender and age breakdown of the 176 children in placement. Of these, 56% are male and 44% are female. The largest age group in care is children aged 5–11, representing 37% of all placements, followed by children aged 0–4 at 31%.

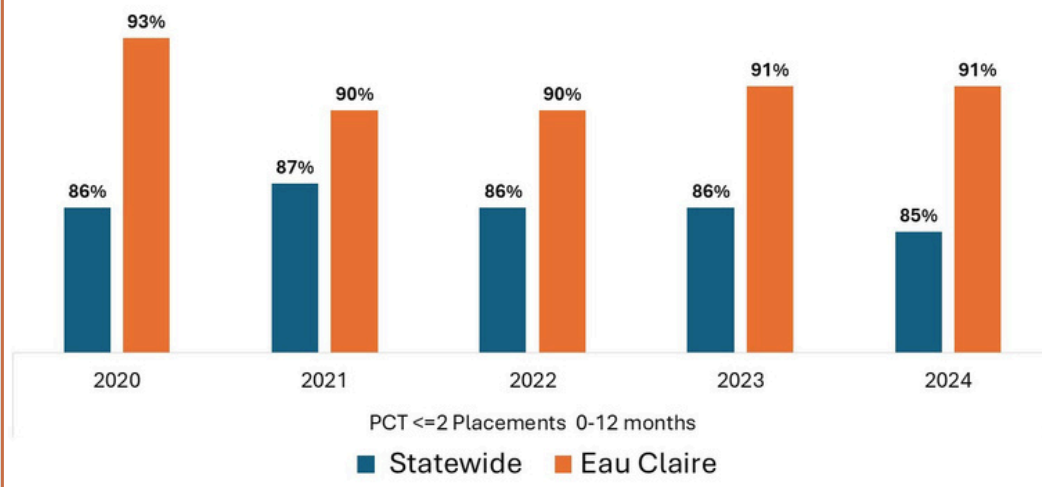
2024 Race and Ethnicity of Children in Placement



This graph provides a breakdown of race and ethnicity for the 176 children in placement. White/Caucasian children accounted for the largest group, with 101 placements, followed by Black/African American children with 43 placements. The number of White/Caucasian children in care is generally representative of the racial composition of Eau Claire County, while Black/African American children are overrepresented compared to their proportion in the county population.

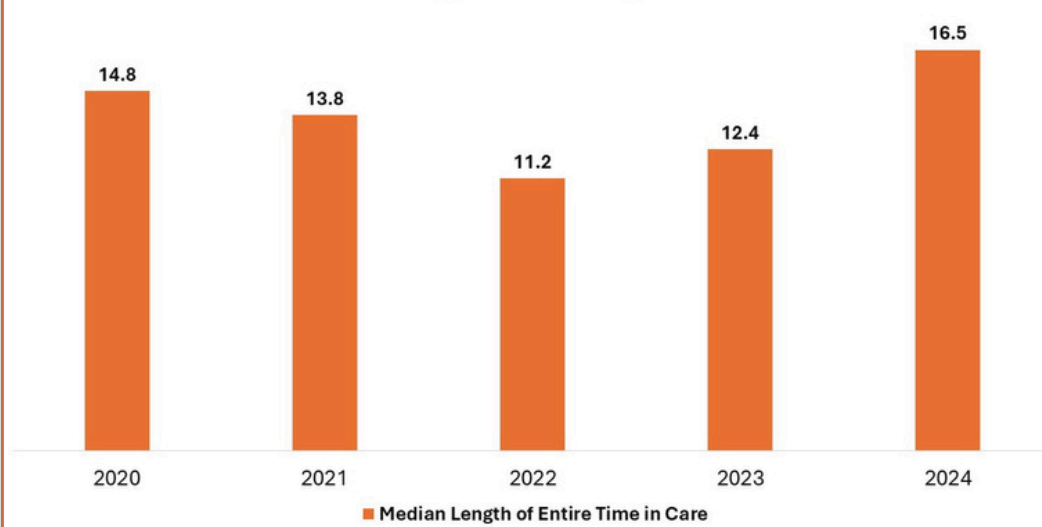
Alternate Care Metrics Continued

Percent of Children with Two or Fewer Placements in Last 12 Months



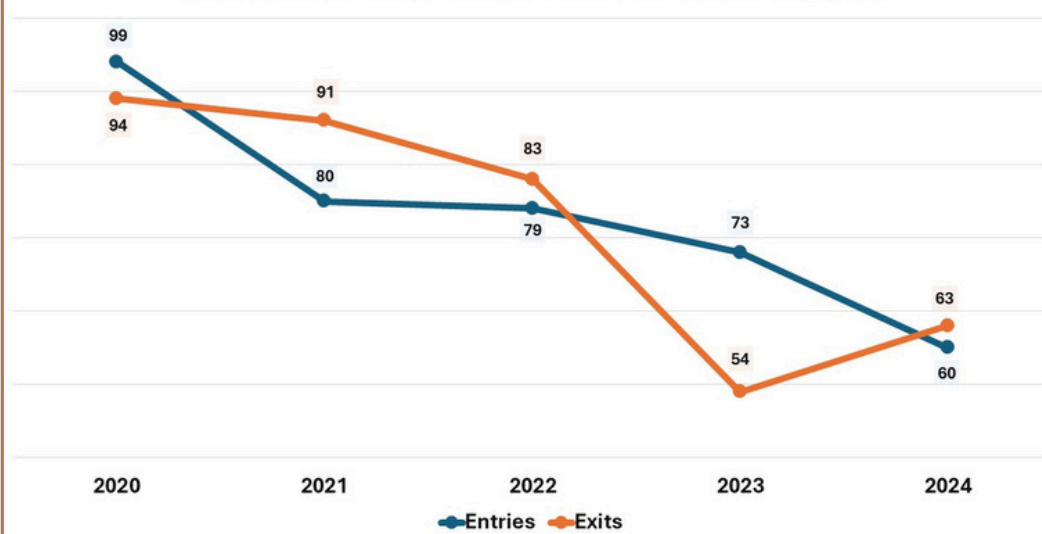
This graph highlights how Eau Claire County has consistently outperformed the state average in placement stability for children in care. The measure reflects the percentage of children who had two or fewer placements within the past 12 months. In 2024, Eau Claire County achieved an average of 91%, compared to the state average of 85%. Placement changes could be due to change in providers or the level of care.

Median Length of Stay in Months



This graph shows the median length of stay for all children in out-of-home care. In 2024, Eau Claire County reached its highest median in the past five years at 16.5 months, up from 11.2 months in 2022 and 14.8 months in 2020. While this suggests that children may be spending more time in care, the increase may also be affected by the decrease in the number of new placements, which can influence the overall median.

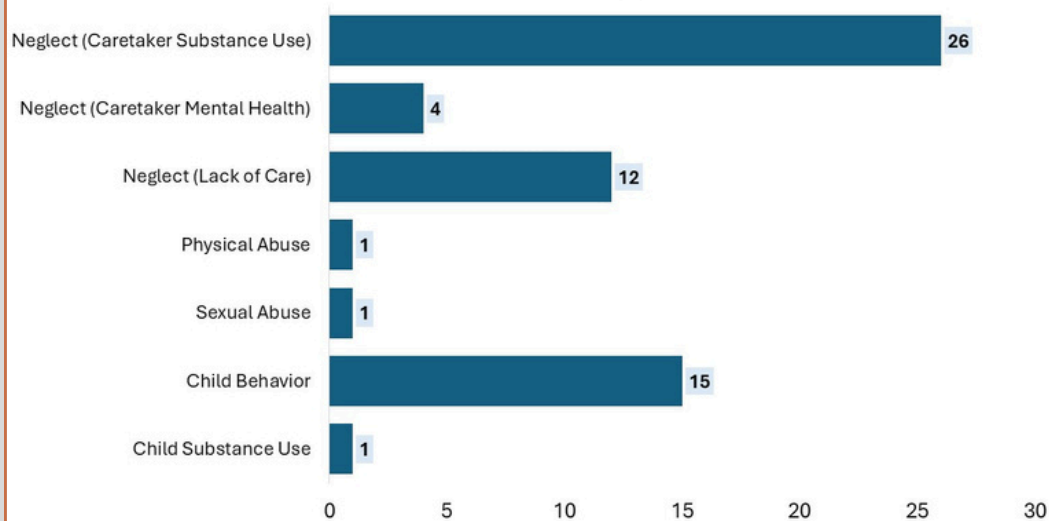
Entries & Exits from Care in Last 5 Years



This graph displays the total number of children entering and exiting out-of-home care each year over the past five years. Entries to care have declined significantly, from 99 in 2020 to 60 in 2024. Similarly, the number of exits has also decreased, from 94 in 2020 to 63 in 2024.

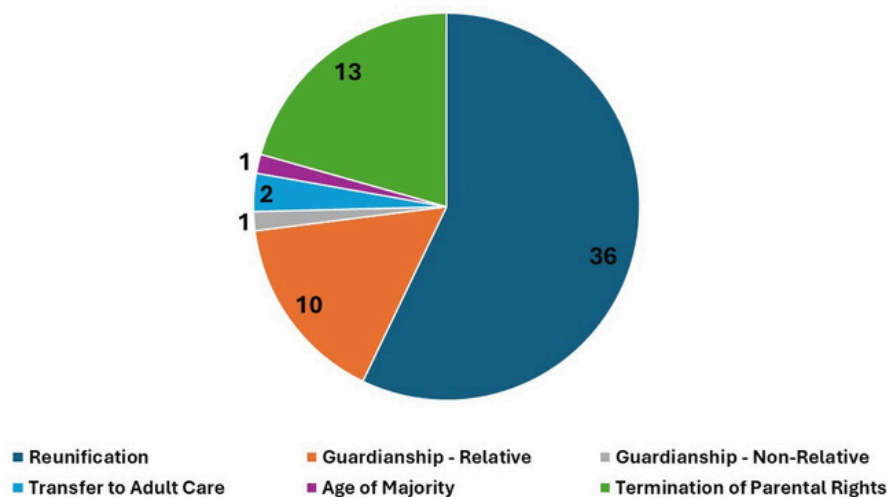
Alternate Care Metrics Continued

2024 Placement Entry Reasons



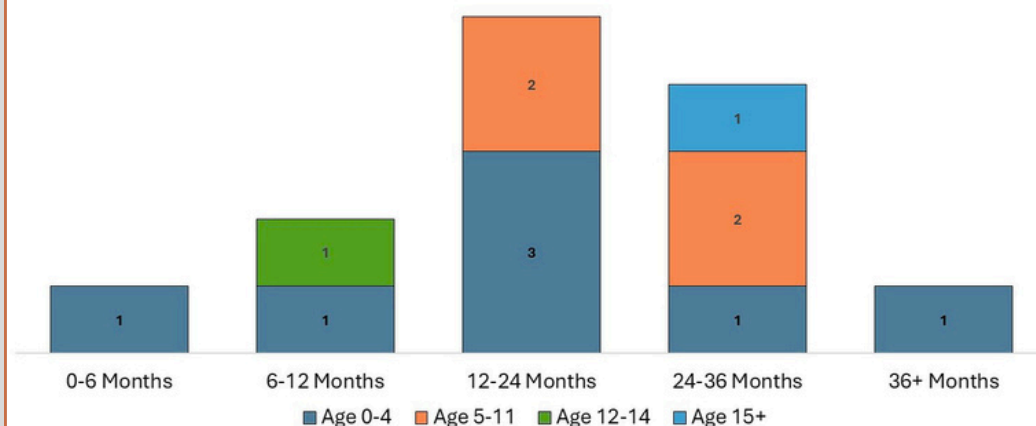
Children enter out-of-home care for a variety of reasons. This graph outlines the reasons behind the 60 entries to care in 2024. The most common reason was neglect with caretaker substance use, accounting for 26 entries. The second most frequent reason was child behavior, cited in 15 cases—13 of which were related to youth justice involvement.

2024 Placement Exit Reasons



Children exit out-of-home care for a variety of reasons. This graph outlines the reasons behind the 63 exits in 2024. Reunification with a parent or primary caregiver was the most common outcome, accounting for 36 cases. The second most frequent reason was termination of parental rights, which occurred in 13 cases.

Length of Stay in Care for Children involved in Termination of Parental Rights Cases in 2024



This graph illustrates the length of time in care and age of the children involved in the 13 termination of parental rights (TPR) cases in 2024. The most common length of stay was 12–24 months, with five children falling into this category. Of those five, three were ages 0–4 and two were ages 5–11. Overall, seven of the thirteen children involved in TPR cases were in the 0–4 age group.

Alternate Care Metrics Continued

Definitions

Age of Majority – The legally defined age at which an individual is considered an adult and gains full legal rights and responsibilities. In Wisconsin, the age of majority is 18 years old.

Alternate Care – Out-of-home placements for children who cannot safely remain in their family home. This includes placements with relatives and other non-relative means including foster homes, treatment foster homes, group homes, residential care centers, hospitals, and juvenile detention placements.

Entry into Care – The point at which a child is officially placed into an out-of-home care setting due to concerns for their safety, well-being, or other legal reasons.

Exit from Care – The process by which a child exits alternate care, either through reunification, adoption, guardianship, aging out, or other planned transitions.

Foster Care – A temporary, licensed placement for children in need of a safe and stable environment. Foster homes can be general or treatment-level placements.

Group Home – A licensed facility for children who require more structure and supervision.

Guardianship – A permanent legal arrangement where a caregiver assumes responsibility for a child without terminating parental rights.

Kinship Care – Placement of a child with a relative or someone with a significant relationship with the child when removal from the parental home is necessary.

Median Length of Stay – A measure of the middle value in the range of time that children spend in a specific placement setting (such as foster care, group homes, or residential care centers).

Placement – Temporary or permanent living arrangement of a child who has been removed from their home due to concerns for their safety, well-being, or the inability of their parent(s) or guardian(s) to provide appropriate care. Children often have more than one placement while being in out of home care.

Residential Care Center (RCC) – A structured, treatment-based setting for children with significant emotional, behavioral, or mental health needs.

Reunification – The process of safely returning a child to their parent or guardian following placement in alternate care, with necessary supports and services in place.

Supervised Independent Living – A placement for older youth preparing for adulthood, where they receive support while living more independently.

Termination of Parental Rights – A legal process in which a court permanently ends the legal relationship between a parent and their child.

Treatment Foster Care – Specialized foster care for children with higher needs, including emotional, behavioral, or medical challenges, requiring additional training and support for foster parents.

Trial Reunification – A period during which a child placed in out-of-home care temporarily returns to live with their parent or relative. This period lasts at least 7 consecutive days but does not exceed 150 days. The purpose is to assess the suitability of returning the child to that home permanently.



Family Services staff volunteering at the Foster & Kinship Holiday Drive-Thru Appreciation Event.

Adult Protective Services (APS)



APS Team at the All-Agency meeting in December 2024

2024 Data:

- 612 Investigation requests
- 147 Investigations screened out
- 141 Investigations concluded
- 38 Investigations substantiated
- 184 Allegations of self-neglect
- 140 Allegations of neglect
- 106 Allegations of financial abuse
- 79 Requests for guardianship

Program Goal:

To ensure health and safety of vulnerable adults and seniors in Eau Claire County.

Who Does this Program Serve:

APS serves adults aged 18-60 years old who have a physical, cognitive, or mental impairment, as well as seniors age 60+ who have experienced, or are at risk of experiencing abuse, neglect, or self-neglect.



99% of all APS referrals were assigned to a worker within 24 hours of receipt, excluding holidays and weekends.

Children's Long-Term Support (CLTS) Program

Program Goal:

To help children with disabilities and their families through supports and services that help children grow and live their best lives.

Who Does this Program Serve:

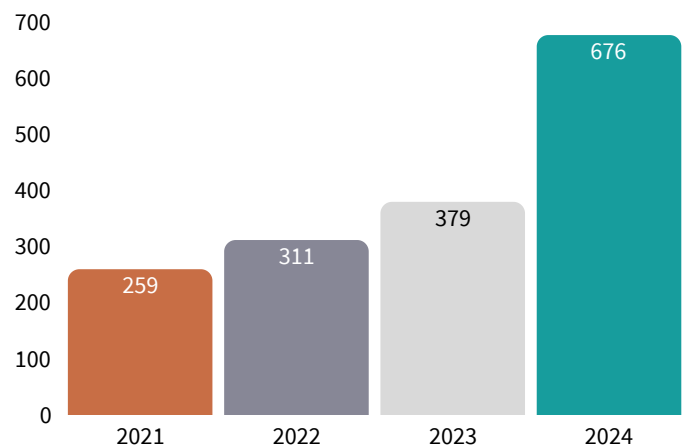
The Children's Long-Term Support (CLTS) team serves children and youth with disabilities who are under the age of 22, eligible for Wisconsin Medicaid, and living in an eligible setting. Children can qualify for services under the following target groups: developmental disability, physical disability, or mental health disability.



Members of the CLTS Team at the Summer All-Agency meeting

2024 Data

- 676 CLTS Waiver Clients served
- 192 Newly eligible referrals for CLTS pending enrollment
- 298 Newly enrolled clients in CLTS programming
- 116 Discharges from the CLTS Program



Number of CLTS Waiver Clients served each year

Outpatient Clinic

Program Goal:

To provide needed services for folks with difficulty accessing services in the community due to symptoms or behaviors of mental health or substance use or transient population.

Who Does this Program Serve:

The Clinic is a clinic of last resort, serving individuals needing medication management and therapy but cannot access services due to mental health behaviors, inconsistent appointment attendance, or lack of health insurance. Many clients are unhoused, and the clinic location ensures easy access to care.

2024 Data:

- 164 New referrals for therapy & med management
- 73% of Referrals from other service areas of the department
- 348 Clients enrolled in therapy
- 256 Clients enrolled in med management



Members of the Outpatient Clinic Team at the December All-Agency meeting



73% of Referrals are from other Service Areas within the Department

Community Support Program (CSP)

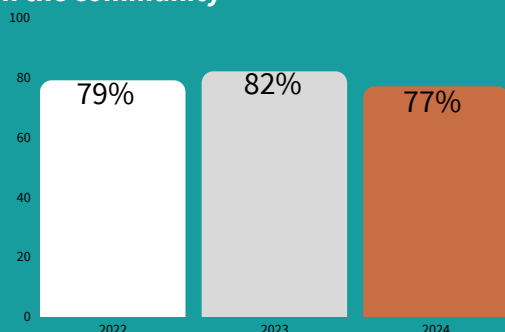


CSP Social Work Manager Jocelyn Lingel-Kufner and local service provider

2024 Data:

- 136 Participants served in CSP
- 105 Participants living independently
- 120 Participants not hospitalized

Percentage of CSP Participants living independently in the community



NOTE: the Benchmark is 65%

Program Goal:

To support individuals with significant mental illness in maintaining community living and actively participating in community life through person-centered services delivered by a multidisciplinary team.

Who Does this Program Serve:

CSP offers coordinated professional care and treatment for adults who live with severe mental illness. The condition must interfere with daily living and put them at risk of needing to go to a hospital or institution.



CSP employees competing in the Well-Being Summer Olympics

Comprehensive Community Services (CCS)

Program Goal:

To provide a person-centered, wraparound approach to recovery services for children and adults coping with mental health and substance use.

Who Does this Program Serve:

Participants served include youth and adults with mental health and/or substance use needs across the lifespan.

2024 Data:

- 283 Participants served
- 608 Referrals received
- 480 External referrals received
- 128 Internal referrals received
- 192 Admissions
- 168 Discharges

74%

Of all the participants exiting the CCS program in 2024, 74% successfully graduated from the program.



Top: CCS Supervisors with Manager Cinthia Wiebusch at the December All-Agency meeting. Bottom: CCS Supervisors with Manager Beth O'Brien at the Well-Being Halloween contest.



CCS, CST, and CSP Picnic



Crisis

Program Goal:

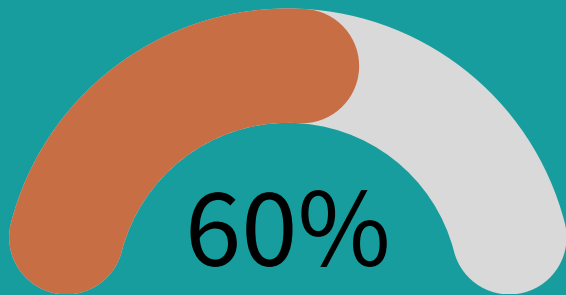
To work with individuals at the worst moments of their lives, helping them foster support and stability for themselves, and providing education on mental health and substance use recovery.

Who Does this Program Serve:

The Crisis team serves individuals of any age experiencing a situation in which their actions, feelings, or behaviors can lead them to harming themselves or others, and/or put them at risk of being unable to care for themselves or function in the community in a healthy manner.

2024 Data:

- 2,864 Crisis contacts
- 271 Emergency detentions
- 156 Clients placed in local hospitals
- 256 Face-to-face assessments completed
- 188 Community re-entry referrals (ECC jail)
- 182 DHS Mental Health Liaison Contacts (ECC Sheriff's Office)
- 247 DHS Mental Health Liaison Contacts (3-11 pm ECPD)



60% of individuals involved in a crisis assessment were successfully diverted from hospitalization in 2024.



Some members of the Crisis Team at the Summer all-agency meeting



Angie Weideman, Director, Olympia Prochaska, Crisis Manager, Angie Stokes, Assistant Director, and Luke Fedie, Behavioral Health Administrator visit Winnebago

A New Program in Crisis: Peer Support Program

Program Goal:

Eau Claire County's Peer Support Services empowers individuals to define and achieve their own health and wellness goals through supportive, person-centered relationships with a certified and trained Peer Support Specialist. This specialist draws on their own lived experience with recovery to offer hope, advocacy, emotional support, and practical assistance. The program emphasizes self-determination and holistic care by connecting individuals to community resources, assisting during times of crisis in collaboration with law enforcement and service providers, and promoting education around mental health, substance use, and recovery. Peer Support Specialists play a vital role in helping individuals access and navigate services while fostering resilience and personal growth.

Who Does this Program Serve:

The program serves adults and families in Eau Claire County who are experiencing mental health or substance use challenges, homelessness, trauma, or other life stressors, and who may benefit from peer-led support to work toward recovery and increased stability.

2024 Data:

- 39 people served through Peer Support in 2024



Peer Support Specialist David Stanley presenting at the December all-agency meeting

Recovery & Justice Services - Treatment Courts & Deflection

Program Goal:

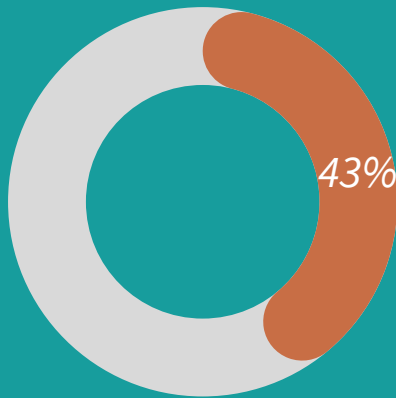
To provide treatment and accountability in the community in lieu of incarceration and to reduce recidivism therefore utilizing criminal justice system services wisely and saving county funding.

2024 Data:

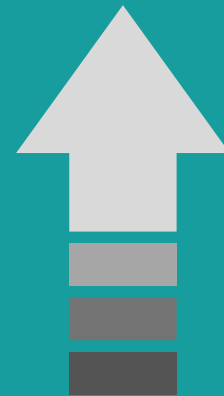
- 117 Referrals to Treatment Courts
- 53 Individuals served by Treatment Courts
- \$582,657 Estimated savings from diverted jail bed days
- 313 Deflection referrals

Who Does this Program Serve:

Recovery and Justice Services supports adults, aged 18 and over, who meet residency requirements and are assessed as medium or high risk on the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) assessment. Participants face potential incarceration due to pending charges or probation revocation.



Of all the Treatment Courts participants who ended involvement with the program in 2024, 43% successfully graduated from programming. This is up from 30% in 2023.



The Deflection Program had 214 new referrals in the last six months.

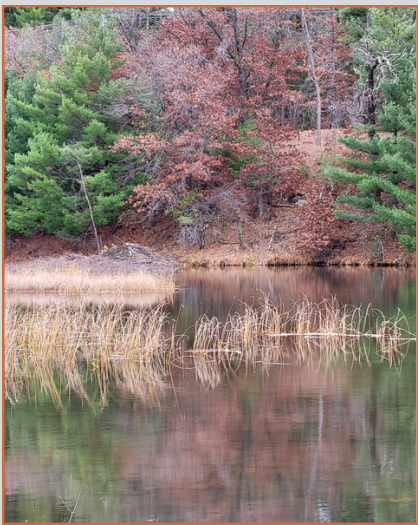


2024 was the 20th Anniversary of the Treatment Courts Program

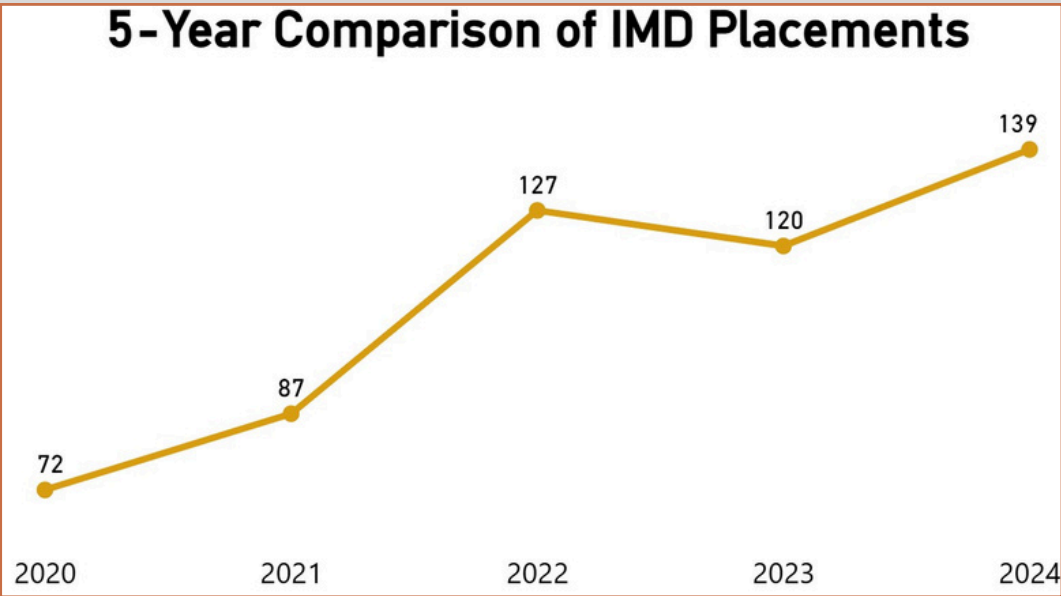
Institutions for Mental Diseases (IMDs)

Introduction

This section provides an overview of the Department’s use of Institutions for Mental Diseases (IMDs) to support individuals with significant mental health needs. It details the number of individuals placed in IMD facilities, the specific locations used for placement, and the average length of stay. Additionally, it examines the financial impact of these placements. By analyzing these metrics, the Department can assess service utilization trends, evaluate the effectiveness of placements, and ensure resources are allocated efficiently to meet the needs of those requiring intensive mental health care.

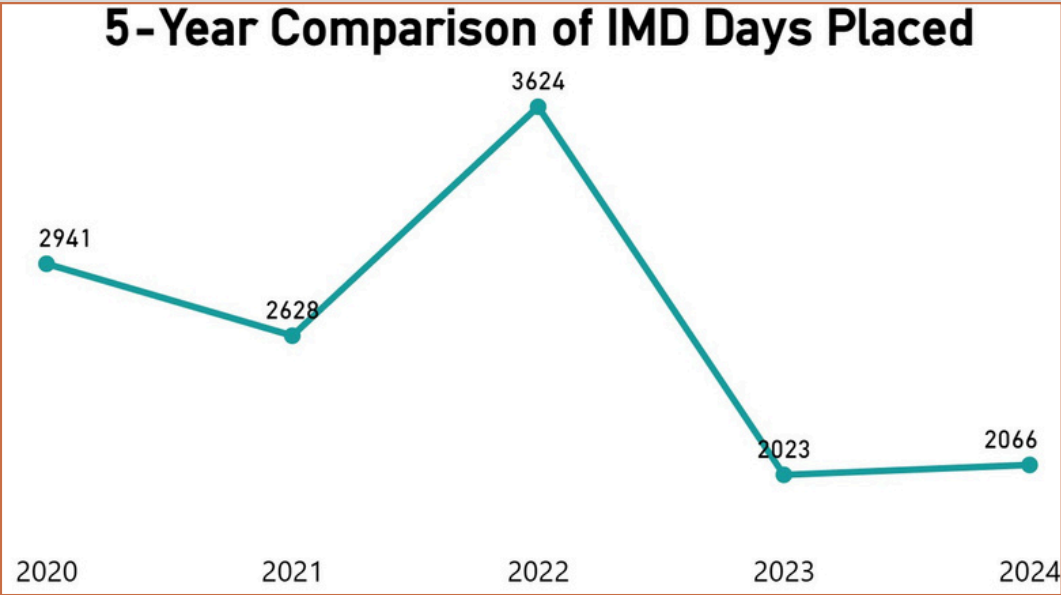


5-Year Comparison of IMD Placements



This graph shows the number of IMD placements from 2020 to 2024. Placements increased steadily from 72 in 2020 to 127 in 2022, followed by a slight decline in 2023 and a peak at 139 in 2024. Overall, the trend reflects growth in placements over the five-year period with some year-to-year variation.

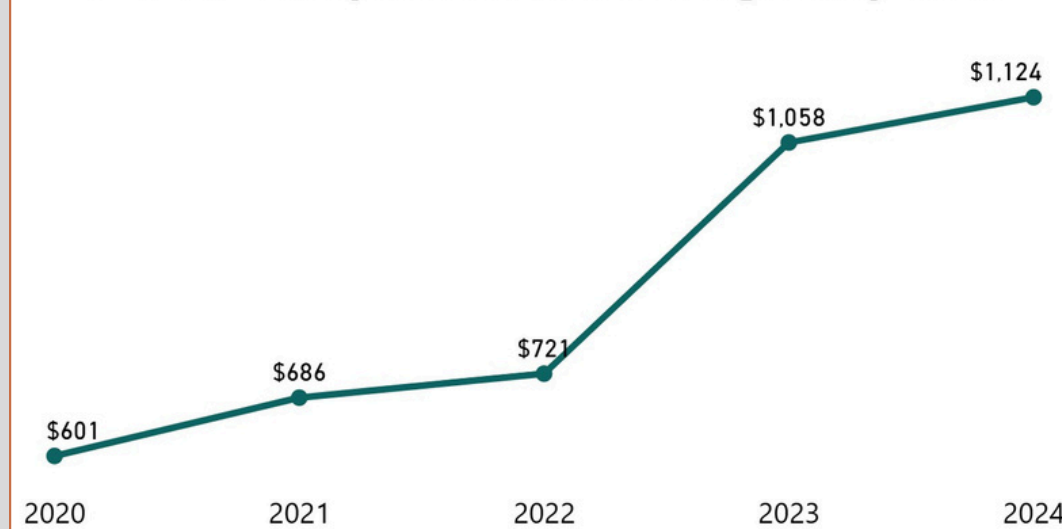
5-Year Comparison of IMD Days Placed



This graph illustrates the total number of days individuals spent in IMD placements from 2020 to 2024. After a decrease from 2,941 days in 2020 to 2,628 in 2021, the number sharply rose to 3,624 in 2022 before dropping significantly to 2,023 in 2023. In 2024, IMD days placed slightly increased to 2,066, after the previous year’s decline.

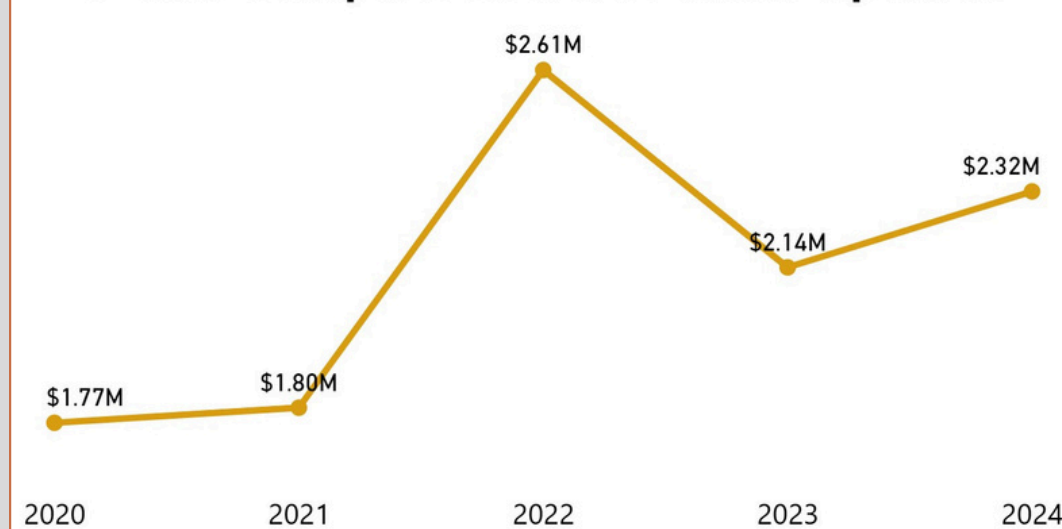
Institutions for Mental Disease (IMDs) Continued

5-Year Comparison of IMD Avg. Daily Rate



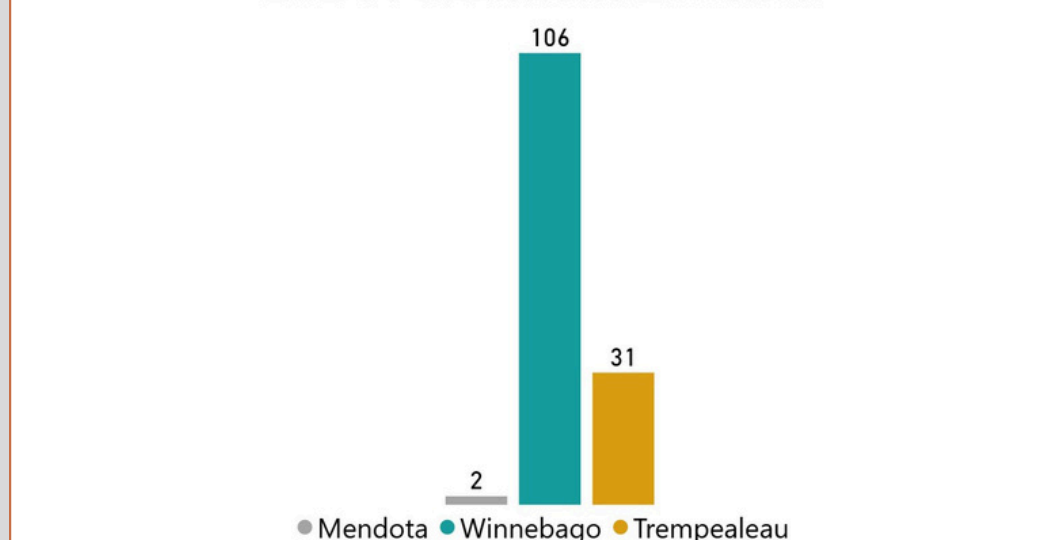
Average daily rates for IMD placements are depicted in this graph. The average daily rates rose steadily from \$601 in 2020 to \$721 in 2022, followed by a sharp increase to \$1,058 in 2023. Rates continued to climb in 2024, reaching \$1,124. This consistent upward trend over five years highlights a significant rise in the cost of IMD services.

5-Year Comparison of IMD Total Expenses



IMD total expenses increased gradually from \$1.77 million in 2020 to \$1.80 million in 2021, followed by a sharp spike to \$2.61 million in 2022. Expenditures then dropped to \$2.14 million in 2023 before rising again to \$2.32 million in 2024. This pattern reflects fluctuations in overall costs, with a notable peak in 2022 and a modest rebound after a decline.

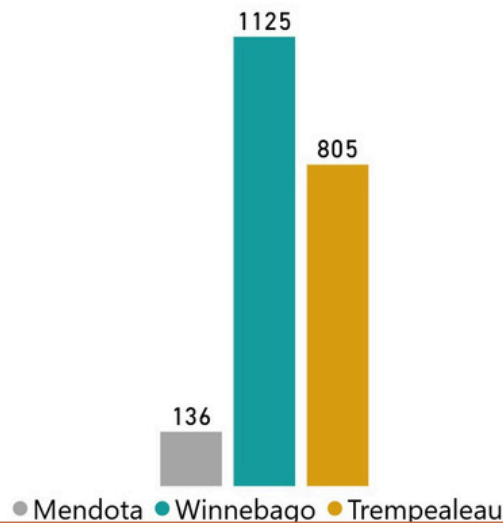
2024 Placement Location



This graph shows that the majority of IMD placements in 2024 occurred at Winnebago with 106 placements, followed by Trempealeau with 31. Mendota had the fewest placements, totaling just 2. This distribution highlights a strong reliance on Winnebago for IMD services during the year.

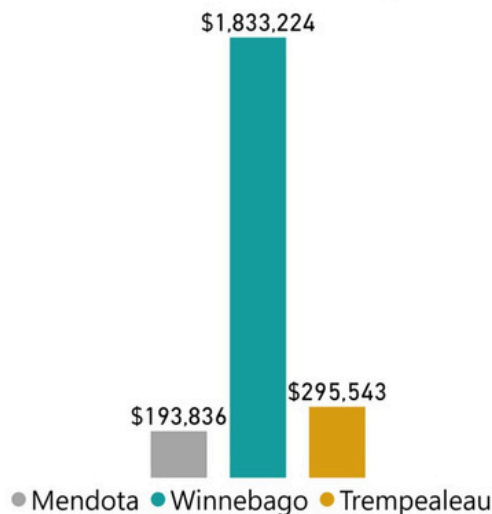
Institutions for Mental Disease (IMDs) Continued

2024 Placement Days



In 2024, the highest number of IMD placement days occurred at Winnebago with 1,125 days, followed by Trempealeau with 805 days. Mendota accounted for the fewest placement days at 136. This indicates that while more individuals were placed at Winnebago, Trempealeau accounted for a substantial share of total days, suggesting longer average stays.

2024 Placement Expenses



This graph displays the 2024 IMD placement expenses by facility, showing that Winnebago accounted for the highest cost at \$1,833,224. Trempealeau followed with \$295,543 in expenses, while Mendota incurred the lowest cost at \$193,836. The data highlights a significant financial impact from placements at Winnebago compared to the other two facilities.

Definitions

Institution for Mental Diseases (IMDs) – In Wisconsin, an IMD is defined as a hospital, nursing facility, or other institution with more than 16 beds that is primarily engaged in providing diagnosis, treatment, and care for individuals with mental illness or substance use disorders. IMDs include psychiatric hospitals, residential treatment facilities, and specialized behavioral health centers that provide intensive services for individuals requiring a higher level of care. Federal Medicaid funding for IMD services is generally restricted, with exceptions for certain populations and treatment programs.

Placement – The admission of an individual into an IMD for necessary mental health or substance use disorder treatment, typically following a determination that a lower level of care is insufficient to meet their needs.

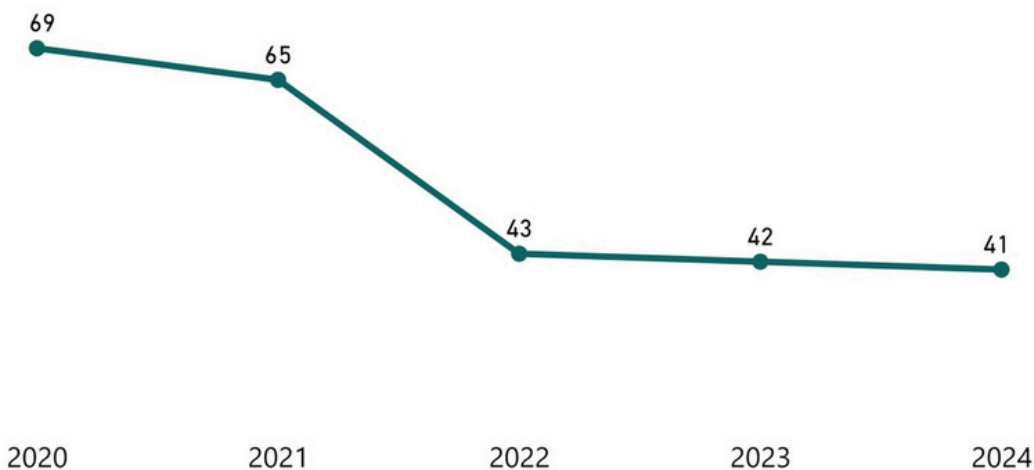
Adult Placements

Introduction

This section provides an overview of the Department's use of Adult Family Homes (AFH) and Community-Based Residential Facilities (CBRF) to support adults who need care, treatment, or services for daily living tasks and supervision. These graphs provide an overview of the number of adults in placement and a comparison of expenses and placement settings.

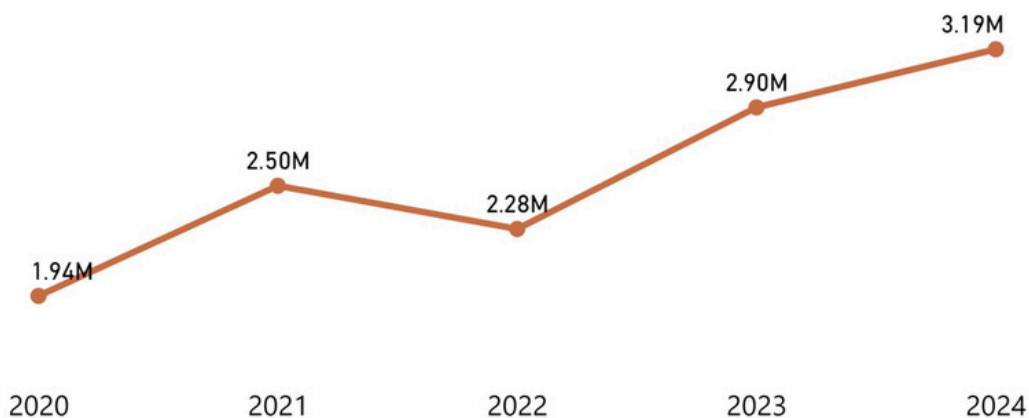


5-Year Comparison Of # Adults in Placement



This graph shows a five-year comparison of the number of adults in placement from 2020 to 2024. The number steadily declined from 69 in 2020 to 41 in 2024, with the most significant drop occurring between 2021 and 2022. Over the last three years, the decline has slowed, suggesting a stabilization in adult placement numbers.

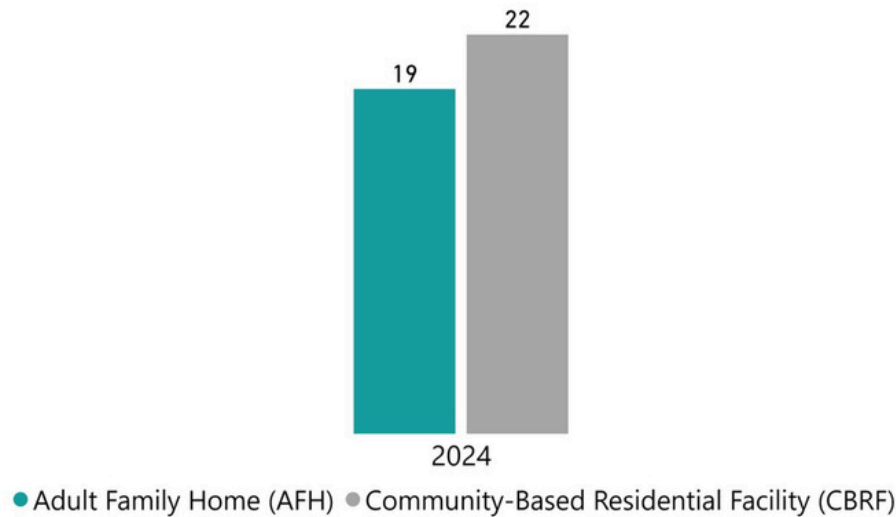
5-Year Comparison of Total Expenses for Adults in Placement



Total expenses for adults in placement from 2020 to 2024 are identified in this graph. Expenditures rose from \$1.94 million in 2020 to \$2.50 million in 2021, dipped slightly to \$2.28 million in 2022, and then increased steadily to reach \$3.19 million in 2024. Despite a decline in the number of adults in placement, overall expenses have continued to rise, likely due to increasing service rates or intensity of care.

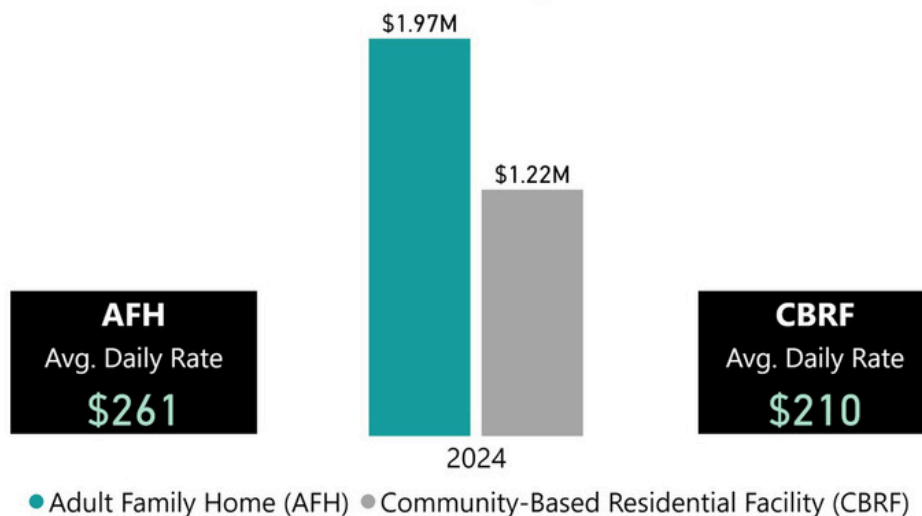
Adult Placements Continued

2024 Placement Location



The number of adult placements by location type in 2024 are identified in this graph. There were 19 placements in Adult Family Homes (AFH) and 22 in Community-Based Residential Facilities (CBRF). CBRFs accounted for a slightly higher number of placements than AFHs during the year.

2024 Total Expenses



This graph compares the total expenses and average daily rates for Adult Family Homes (AFH) and Community-Based Residential Facilities (CBRF) in 2024. AFHs incurred higher total expenses at \$1.97 million with an average daily rate of \$261, while CBRFs had lower total expenses at \$1.22 million and a daily rate of \$210. Despite having fewer placements, AFHs were more costly overall, likely due to the higher daily rate.

Definitions

Adult Family Home (AFH) - A residential care setting for up to four adults, typically providing individualized support and supervision in a home-like environment. Services often include personal care, medication management, and assistance with daily living activities. AFHs tend to have higher daily rates due to their smaller, more personalized settings.

Community-Based Residential Facility (CBRF) - A licensed group living arrangement that serves five or more adults who do not require care in a nursing home but need more supervision and services than are available in an independent living setting. CBRFs offer structured support in a shared environment and generally have lower average daily rates compared to AFHs.

Placement - The act of arranging for an adult to live in a residential care setting, such as an AFH or CBRF, based on assessed needs. This includes both short and long-term stays, depending on the individual's situation and level of required care.

Economic Support

Child Care

Program Goal:

To serve area child care providers for certification purposes. The program also serves caretakers and provides subsidy payments to off-set their daycare costs.

Who Does this Program Serve:

The Child Care Program serves child care providers and caretakers.

Great Rivers Consortium (GRC)

Program Goal:

To process applications for determining eligibility for Food Share and health care services.

Who Does this Program Serve:

The GRC serves individuals who are applying for Food Share and Medicaid services.

Fraud and Benefit Recovery

Program Goal:

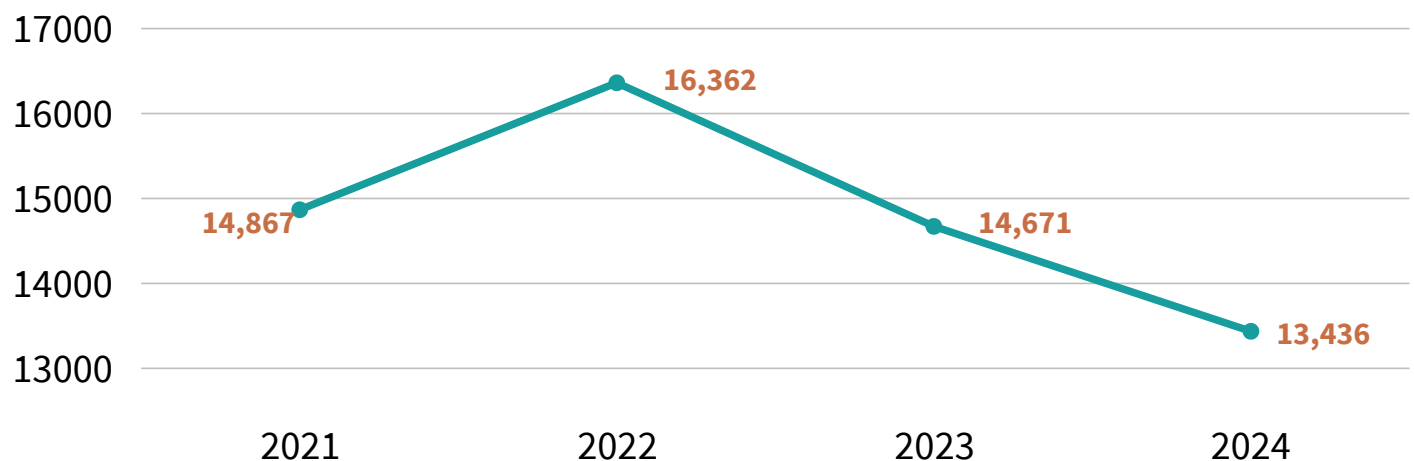
To investigate referrals from child care, food share, and healthcare cases to maintain program integrity.

Who Does this Program Serve:

The Fraud & Benefit Recovery team serves Eau Claire County to maintain program integrity.



Number of cases currently open in Eau Claire County



Additional Data

- Great Rivers Consortium handled 165,802 calls in 2024, while achieving an average answer rate of 92.46%
- Call volume increased by 9.6% compared to the previous year

Eau Claire County has experienced a slight decline in the number of households receiving Income Maintenance programs in recent years, a trend largely attributed to the aftereffects of the pandemic. Between March 2020 and the spring of 2023, individuals who qualified for Medicaid or Badgercare were able to maintain their coverage without undergoing the usual annual recertification process. However, beginning in the spring of 2023, households were once again required to complete the recertification and income verification process after a three-year pause.

When this process was reinstated, many individuals and families found they still qualified for benefits. However, some were determined to be ineligible, while others either no longer needed the assistance or chose not to complete the recertification process. As a result, the decline in caseloads over the past year can primarily be attributed to the return of the recertification requirement.

Looking at 2025: Advancing Services & Strengthening Communities

Eau Claire County Department of Human Services continues to prioritize innovation, collaboration, and data-driven decision-making. In 2025, significant progress will be made in strategic planning, enhanced service delivery, and strengthening community partnerships.

STRATEGIC PLANNING:

A Roadmap for Impact

Over the next year, strategic priorities will be established, dedicated teams formed, actionable strategies identified, and a comprehensive plan finalized. This structured approach ensures alignment with community needs and organizational goals.

DATA & METRICS:

Driving Decisions with Insight

New performance management metrics have been implemented to improve tracking of outcomes and service delivery. Additionally, bi-annual placement updates will be provided to the Human Services Board to enhance transparency and informed decision-making.

UNHOUSED

POPULATION TEAM:

Leading Community Solutions

The Department is at the forefront of addressing homelessness, collaborating closely with community agencies, the Health Department, and the Eau Claire Chamber. These efforts focus on innovative solutions and securing funding to expand housing initiatives.



Looking at 2025: Advancing Services & Strengthening Communities

PLAN-DO-STUDY-ACT (PDSA):

Strengthening Interdepartmental Collaboration

The PDSA model is being implemented to foster improved collaboration between the Behavioral Health and Family Services divisions, ensuring a more coordinated and effective response to client needs.

1915(I) WAIVER SERVICES:

Expanding Support in the Community

The 1915(i) Waiver Program application has been approved which will allow for expansion of specialized services, allowing more individuals to receive necessary care within their communities. This approach reduces reliance on institutional placements and improves overall well-being.

Through these initiatives, Eau Claire County Department of Human Services is building a stronger, more responsive system that empowers individuals, strengthens families, and supports a healthier community. We look forward to reporting on these outcomes next year!



Human Services Board: Our Guiding Force

The Eau Claire County Department of Human Services is deeply grateful for the unwavering support and advocacy of our Human Services Board. Their dedication to our mission ensures that we can continue providing essential services to those in need, strengthening the well-being of individuals and families in our community.

Chair David Hirsch, Vice Chair Katherine Schneider, Supervisors Deirdre Jenkins, Connie Russell, Nick Smiar, and Christy Tomczak, and Citizen Members Jeremy Beaulieu, Jim Catlin, Kathleen Clark, and Paul Maulucci, and County Board Chair Nancy Coffey bring wisdom, compassion, and leadership to every discussion and decision. Their commitment to human services is not just a responsibility—it's a calling.

Through their advocacy, we have been able to navigate challenges, expand capacity, and make meaningful progress in serving our community. We extend our heartfelt gratitude for their guidance and partnership in making Eau Claire County a place where all individuals have the support they need to thrive.



David Hirsch
Chairperson
Supervisor



Katherine Schneider

Vice Chairperson
Supervisor



Deirdre Jenkins
Supervisor



Connie Russell
Supervisor



Nick Smiar
Supervisor



Christy Tomczak
Supervisor



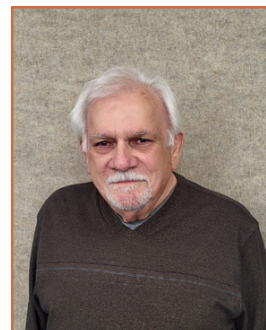
Jeremy Beaulieu
Citizen Member



Jim Catlin
Citizen Member



Kathleen Clark
Citizen Member



Paul Maulucci
Citizen Member



Nancy Coffey
County Board Chair



Eau Claire
C O U N T Y
Department of Human Services