DRAFT

CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

OCTOBER 16, 2025

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Absent	
Dennis Bachman	Chippewa County	District 5	Present	
James Ericksen	Chippewa County	District 8	Present	
James Meinen	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	8:03 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Andy Albarado; Human Services Staff: Bobbie Jaeger, Brandi Engel, Paul Brenner, Sarah Zielke, Sydney Kwallek, Katie Papineau, and Ashley Brott; Public Health Staff: Brittnay Fortuna, Audra Knowlton, Sarah McQuillan, Grace Vanderhei, and Nikki Hoernke

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	**APPROVED [6 TO 0]**
MOVER:	James Meinen, District 20
SECONDER:	Dennis Bachman, District 5
AYES:	Ives, Bachman, Ericksen, Meinen, Halbleib, Kyes
ABSENT:	Hennick
AWAY:	Bullwinkel

1. Approve the Agenda

2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Sep 18, 2025 7:45 AM

3. Schedule Next Meeting Date - November 20, 2025

5. REPORTS

1. Human Services Success Story - CYF: Foster Care - Sydney Kwallek/Katie Papineau

Foster Care Coordinator Sydney Kwallek and Initial Assessment Social Worker Katie Papineau shared a success story about the Foster Care program. In 2024, a 17-year-old female became in need of services to ensure her safety. After reaching out to family members first, she was placed in foster care. The teenager faced many challenges regarding her mental health and academics in school.

With the support she received through Human Services, she graduated from high school, moved to live with her father, and then returned to Green Bay to pursue a college education in the mental health field. Her specialists reached out to Human Services for support to help with her college transition. Donations were received to help with supplies she needed. Kwallek and Papineau traveled to Green Bay to give her the donations and shop for additional items. She is doing well and has made many friends. The CPS team continues to work hard to support foster care children.

Human Services will be sponsoring the Foster/Kinship Family Holiday Appreciation Event again this year. This event is made possible by generous donations. If you are interested in donating cash or sponsoring a child(ren), please connect with Geri Sedlacek in Human Services.

2. Public Health Policy, Practice, and People - Administrative Division - Sarah McQuillan

Fiscal Manager Sarah McQuillan shared an overview of the Wheelchair Loan Closet program. The department initially carried a variety of equipment and then partnered with Rutledge Charities in 2021 to divide the equipment, accommodating the challenges both entities were facing. Rutledge Charities provides $2,000 annually for maintenance and staff time. McQuillan reviewed the different types of wheelchairs, data for 2022-2025, revenue, and expenses, which include extra wheelchairs purchased in 2022 with COVID dollars to replace some older/unsafe ones. The Aging and Disability Resource Center has purchased wheelchairs and supplies for the program as funding allows.

Audra Knowlton works with the program, cleans and maintains the wheelchairs, and sends reminders to ensure they are returned. McQuillan reviewed the program's impact and next steps moving forward to maintain the wheelchair program and promote awareness through community partners.

3. Public Health Access to Care Report - Grace Vanderhei

Drug-Free Communities Coordinator Grace Vanderhei gave a brief overview of access to care in the community, including the impact of hospital closures in the area. One of the top five issues from the Community Health Assessment was Access to Care. Vanderhei reviewed affordability statistics, including household impact, insurance coverage, and medical debt. From the Community Voices Survey results, ambulatory care was the largest affordability concern, and acute care composed the largest share of accessibility concerns. She reviewed the eight identified collaborative priority recommendations.

4. Public Health Director's Program and Financial Report – Brittnay Fortuna

Public Health Director Brittnay Fortuna presented the Public Health Program and Financial Report. Fortuna highlighted the following items from her report: vaccine clinic locations, Legislative Breakfast with training on harm reduction, no measles cases in Chippewa County, Nitrate Lab close to offering testing, Know What's in Your Glass-Don't Guess It, Test It campaign, funding for WIC participants, Food Rule and package changes took effect, Farmers Market and Farm Fresh Produce Program, Fit Families funding for policy and systems work, Pathways to Health Team working with Feed My People to reduce barriers to food access, campaign to support men's mental health, and Voices in Prevention mapping tobacco density in Chippewa County. Human Services has been supporting the department with the Single Point of Entry during an absence. They are looking at extending an offer for the Environmental Health Specialist position.

5. Human Services Director's Program and Financial Report - Bobbie Jaeger/Paul Brenner
   Human Services Director Bobbie Jaeger presented the Human Services Program and Financial Report. Jaeger highlighted several items from her report: congratulations to Human Services staff celebrating years of service, monitoring the federal government shutdown, FoodShare went out in October; however, they are concerned about no benefits available in November. The Wisconsin Knowledge Boost: How are Wisconsinites Impacted by the New Medicaid Changes was sent to Board members. The Aging and Disability Resource Center partnered with Cardinal Community Learning Center for the Age Your Way Conference at the Chippewa Valley Technical College. Jaeger shared some of the topics available. Medicare enrollment began on October 15. Children's Long-Term Support received notice that they are released from their corrective actions. Adult Protective Services collaborated with the Children, Youth & Families Division for assistance due to high demand, managing youth out-of-home placements, and partnered with Angela Trepani to provide psychiatric services.

6. BUSINESS ITEMS

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The meeting was adjourned at 8:33 AM.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	James Ericksen, District 8
SECONDER:	James Meinen, District 20
AYES:	Ives, Bachman, Ericksen, Meinen, Halbleib, Bullwinkel, Kyes
ABSENT:	Hennick

CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

SEPTEMBER 18, 2025

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Present	
Dennis Bachman	Chippewa County	District 5	Absent	
James Ericksen	Chippewa County	District 8	Present	
James Meinen	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Absent	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	7:51 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Andy Albarado; Human Services Staff: Bobbie Jaeger, Brandi Engel, Paul Brenner, and Sarah Zielke; Public Health Staff: Sarah McQuillan, Audra Knowlton, Allie Isaacson, Maryn Bengs, JoAnna Bernklau, Nikki Hoernke, and Claire Park; County Staff: Traci Bremness; Member of the Public: Charlie Walker, Virtual: Brian Kay, Nicole Burns, and Cindy Meyer.

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	**APPROVED [5 TO 0]**
MOVER:	James Meinen, District 20
SECONDER:	Marcia Kyes, Citizen Rep
AYES:	Ives, Hennick, Ericksen, Meinen, Kyes
ABSENT:	Bachman, Halbleib
AWAY:	Bullwinkel

1. Approve the Agenda
2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Aug 21, 2025 7:45 AM
3. Schedule Next Meeting Date - October 16, 2025

5. BUSINESS ITEMS

1. Presentation/Introduction - Rogers Behavioral Health

Chippewa Economic Development Corporation President/CEO Charlie Walker introduced the virtual staff for Rogers Behavioral Health. Walker noted on October 15, they will hold an open house at CVTC to have the opportunity to meet staff and ask questions. More information forthcoming.

Rogers Behavioral Health coordinates care, aligning with the lives of its patients and their families. The team guides care with experts in every field of behavioral health. Rogers Behavioral Health applies measurement-based care to guide its treatment plans. Brian Kay reviewed the treatments available. The facility will consist of an inpatient unit, residential treatment center, partial hospitalization, and intensive outpatient programs, including telehealth. The location will be in the Lake Wissota Business Park, east of the Oakleaf Clinic off of Seymour Cray Boulevard. The completion date is scheduled for the first quarter of 2027.

Rogers Behavioral Health staff thanked the Board for allowing them to attend the meeting and create this new partnership.

RESULT:	**DISCUSSED**

2. 9172 : Resolution Urging State Funding To Offset County Impacts Of Federal SNAP Changes - Kari Ives

The Resolution Urging State Funding to Offset County Impacts of Federal SNAP Changes was reviewed by Chair Kari Ives. Human Services Director Bobbie Jaeger shared the impact the reduction in federal reimbursement would have on the program, including possible reduction in staff, increase in error rate, and longer wait times.

The Resolution was approved to forward to the Chippewa County Clerk to send a copy to the Governor of the State of Wisconsin, Wisconsin State Legislators, the Wisconsin Counties Association, and the Wisconsin County Human Service Association.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 10/14/2025 6:00 PM**
MOVER:	Lee Hennick, District 15, Vice-Chair	
SECONDER:	James Meinen, District 20	
AYES:	Ives, Hennick, Ericksen, Meinen, Bullwinkel, Kyes	
ABSENT:	Bachman, Halbleib	

6. REPORTS

1. ADRC Board Minutes - July 10, 2025

ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jul 10, 2025 3:30 PM

2. Public Health Success Story – Children's Resource Center - Maryn Bengs

Children's Resource Center-West Program Coordinator Maryn Bengs shared the success of the Compassion Resilience Workshops. She explained the reason behind creating the workshops was due to parents and caregivers of children with special health care needs reporting burnout. The workshop content was designed to include three goals: increased understanding of Compassion Fatigue and Caregiver Burnout concepts, leave with a self-care plan they created, and have an increased sense of confidence in their ability to practice self-care. The program reduced barriers to attendance at the

workshops by providing on-site respite care, free meals, gas card reimbursement, and ADA-compliant venues. The event was held at the Pablo Center in Eau Claire, and each participant was given a take-home wellness tool basket. They served 45 participants from Chippewa, Dunn, Eau Claire, and Polk counties in 2024. Bengs reviewed the survey results.

The CRC-West held two Compassion Resilience Workshops in rural locations, improving them with the feedback they received. They will hold two more events before the end of the year. Planning and Strategy Division Manager Nikki Hoernke announced the Division has secured additional funding to continue this support into next year.

3. Human Services Policy, Practice, and People – ADRC – Michelle Fellom

Sarah Zielke presented the Elder Benefit Specialist (EBS) program on behalf of Michelle Fellom. Zielke highlighted from the presentation some background of the program, first contact must come from the consumer themselves, State Health Insurance Assistance Program (SHIP) counselor services, EBS program structure, supervising attorneys, specialty areas, how EBS can helps the consumer save money, reporting requirements, statewide EBS data with 84.5 percent resulting in successful advocacy, and data for Chippewa County. From 2025 to date, Michelle Fellom served 495 consumers. Zielke reviewed the Medicare & You classes offered.

4. Overdose Fatality Review (OFR) Report - Community Health - JoAnna Bernklau

Community Health Planning and Promotion Specialist JoAnna Bernklau reviewed the Chippewa County Overdose Fatality Review (OFR) Team report. She highlighted the purpose, history, and timeline of the program from 2020-2024. The team recreated the Chippewa County Grief Support Guide and developed the Harm Reduction Workgroup. The OFR Team has reviewed 27 cases. Bernklau shared data on the number of residents who overdosed in Chippewa County from 2020-2024, and the annual percentage change between Chippewa County, Wisconsin, and the United States. Data was shared on the substances found at the death scene and substances contributing to deaths, statewide common opioids and stimulants with overdose deaths, route of drug use, deaths by time of year, deaths by demographics, recommendations to reduce overdose deaths, and success highlights.

Efforts are underway to strengthen the Good Samaritan Law to ensure protection for all individuals, regardless of their criminal history.

Bernklau shared a video surrounding stigma on harm reduction, which will be aired on multiple social media platforms.

5. Human Services Director's Program and Financial Report – Bobbie Jaeger

Human Services Director Bobbie Jaeger presented the Human Services Program and Financial Report. Jaeger highlighted several items from her report:

- Leadership updated the consumer data report to include additional data points, which will now give a better picture of Human Services overall. Jaeger thanked Brandi for all her hard work on this project. She reviewed the data on the new DHS Dashboard, which captures previously reported data, the addition of ADRC data, and additional graphs showing data year by year.
- Congratulations to DHS staff celebrating years of service, including Patty LeMay, who celebrated 31 years.
- ADRC was awarded the Congregate Revitalization Grant to support the Café 60 restaurant.
- Child Protective Services - Two staff members went to Green Bay to support a former foster youth moving into the dorm. They also coordinated donations for the youth to start their college career in a positive way.

- Children with Differing Abilities - Enrollment timelines have declined, CCS has zero consumers, and CLTS has 10 consumers on the enrollment queue.
- Economic Support - Completed the Annual Foodshare Management Evaluation Review, which went very well.
- Fiscal information was reviewed. Children and Youth in Out-of-Home Placements continue to track over budget.

6. Public Health Director's Program and Financial Report – Brittnay Fortuna

Public Health Fiscal Manager Sarah McQuillan presented the Public Health Program and Financial Report on behalf of Public Health Director Brittnay Fortuna. McQuillan highlighted the following:

- Administration - April and Panya attended the Foster and Kinship Care picnic, providing educational outreach.
- Community Health - Chippewa County has no confirmed measles cases, awarded Title V Dual Protection funding, applied for the Routine Immunization Through Community Engagement grant, working on two grant applications for reproductive health and family planning, and a Walmart Spark Good Local grant to support the vending machine with socks, hygiene supplies, and first aid supplies.
- Environmental Health - wrapped up mobile and transient inspections, started school inspections, wrapped up beach water testing, and the LTE EH Specialist is focusing on the water lab and tourist rooming house inspections. There is currently a vacancy for an Environmental Health Specialist.
- Nutrition - Infant formula rebate contract awarded to Abbot again, Farm Fresh Produce program distributed 288 vouchers and 380 Farmers Market Nutrition program booklets. Fit Families program secured carryover funding.
- Planning and Strategy - Increase in contacts and referrals with the transition back to school, received the Title V Maternal and Child Health grant. Brooke Krumenauer was awarded the Community Health Nurse position. We are currently recruiting for the Medical Services Screener position. Human Services staff have been completing the functional screens in Brooke's absence.
- Years of Service - Congratulations to staff celebrating years of service this month.

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The meeting adjourned at 9:32 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	James Ericksen, District 8
SECONDER:	James Meinen, District 20
AYES:	Ives, Hennick, Ericksen, Meinen, Bullwinkel, Kyes
ABSENT:	Bachman, Halbleib

STATEMENT OF EXPLANATION
HUMAN SERVICES SUCCESS STORY - CYF: FOSTER CARE - SYDNEY KWALLEK/KATIE PAPINEAU

Human Services staff will present on a recent experience of assisting a youth, who aged out of foster care, to move into their college dorm room.

STATEMENT OF EXPLANATION
PUBLIC HEALTH POLICY, PRACTICE, AND PEOPLE - ADMINISTRATIVE DIVISION - SARAH MCQUILLAN

Public Health Fiscal Manager Sarah McQuillan will educate the Health & Human Services Board about the Wheelchair Loan Closet program.

WHEELCHAIR LOAN CLOSET

SUPPORTING COMMUNITY MOBILITY & INDEPENDENCE

October 16, 2025

CHIPPEWA COUNTY
Public Health

PROGRAM HISTORY

- Originated as part of the Medical Equipment Loan Closet in 1995
- Offered: bath benches, commodes, walkers, wheelchairs, knee scooters, etc.
- 2021 partnership with Rutledge Charities
  - Rutledge manages the medical equipment
  - Public Health manages all wheelchairs
- Rutledge Charities provides $2,000 annually for maintenance and staff time.

CURRENT WHEELCHAIR INVENTORY

Pediatric

Transport

Standard & Bariatric

Standard

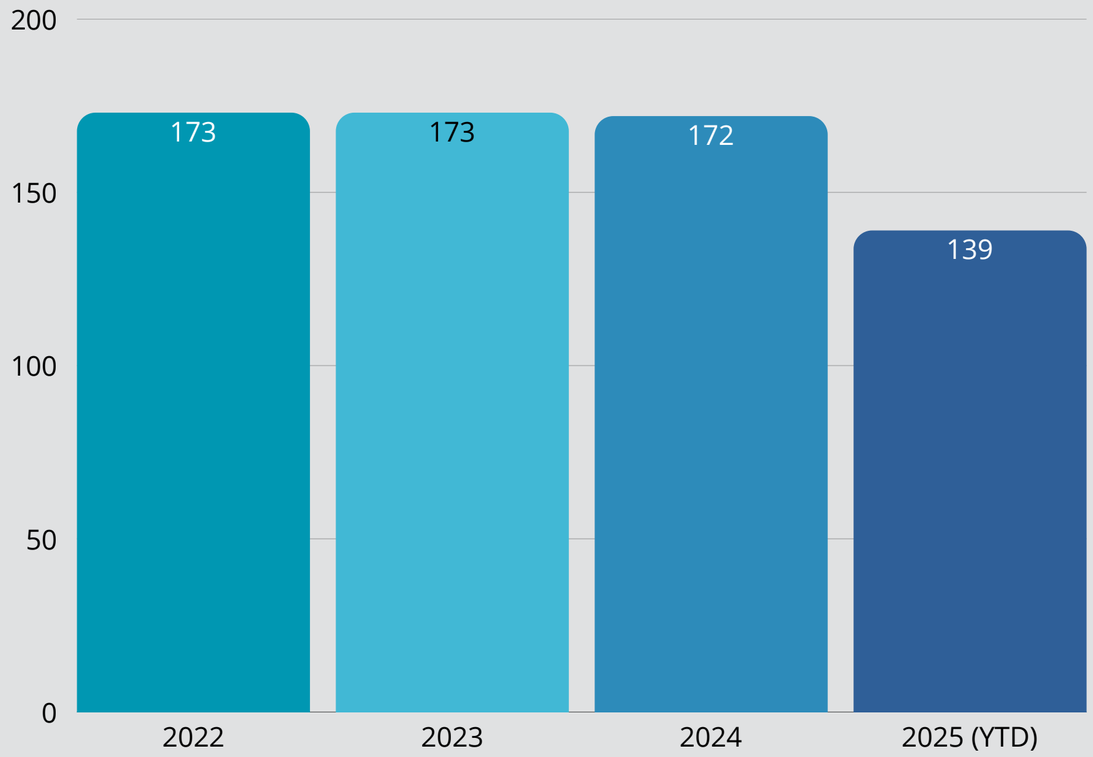
Various widths, including bariatric

Accessories

Elevating leg lifts

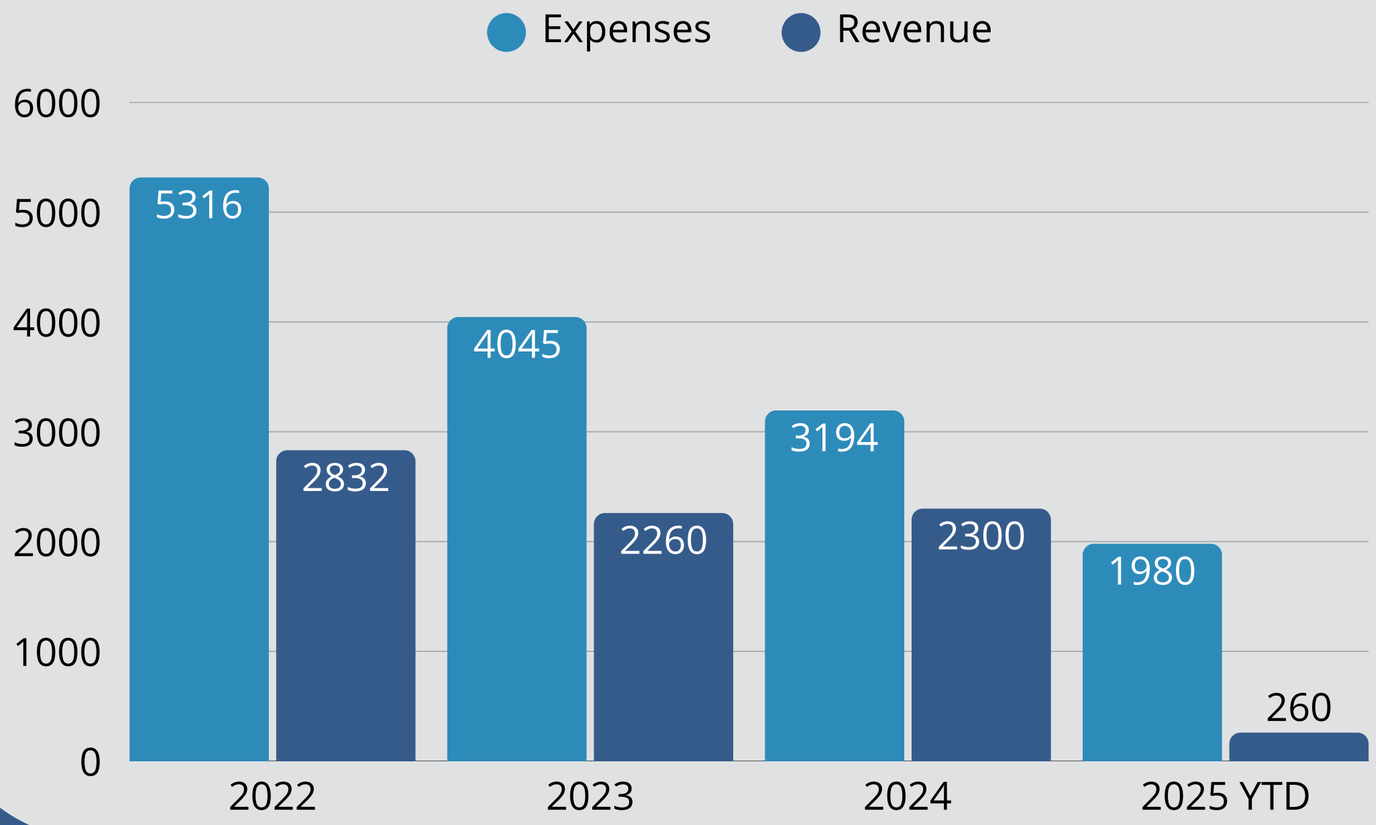
COMMUNITY USE

PROGRAM USE BY YEAR



FINANCIAL OVERVIEW

PROGRAM EXPENSES AND REVENUE



Key Costs

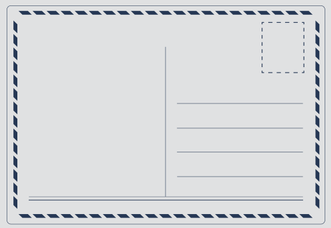
2022 - $2,363 in equipment purchases
$1,767 in salary, fringe & benefits

2023 - $810 in equipment purchases
$2,135 in salary, fringe & benefits

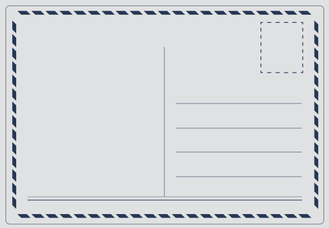
2024 - $943 in equipment purchases
$1,422 in salary, fringe & benefits

2025 - $0 in equipment purchases
$1,400 in salary, fringe & benefits

FOLLOW-UP PROCESS



3-Month



5-Month

Overdue

Invoice

Phone call, Pickup

7 wheelchairs not returned since 2022

COMMUNITY IMPACT

PROGRAM IMPACT

1 Provides temporary mobility support for residents from injury or surgery

2 Reduces financial burden on families

3 Promotes independence and community access

4 Partnership with Rutledge Charities ensures sustainability

LOOKING AHEAD

NEXT STEPS

- Continue maintaining and cleaning existing equipment
- Replace aging chairs as needed
- Promote awareness of the program through community partners
- Maintain a strong relationship with Rutledge Charities

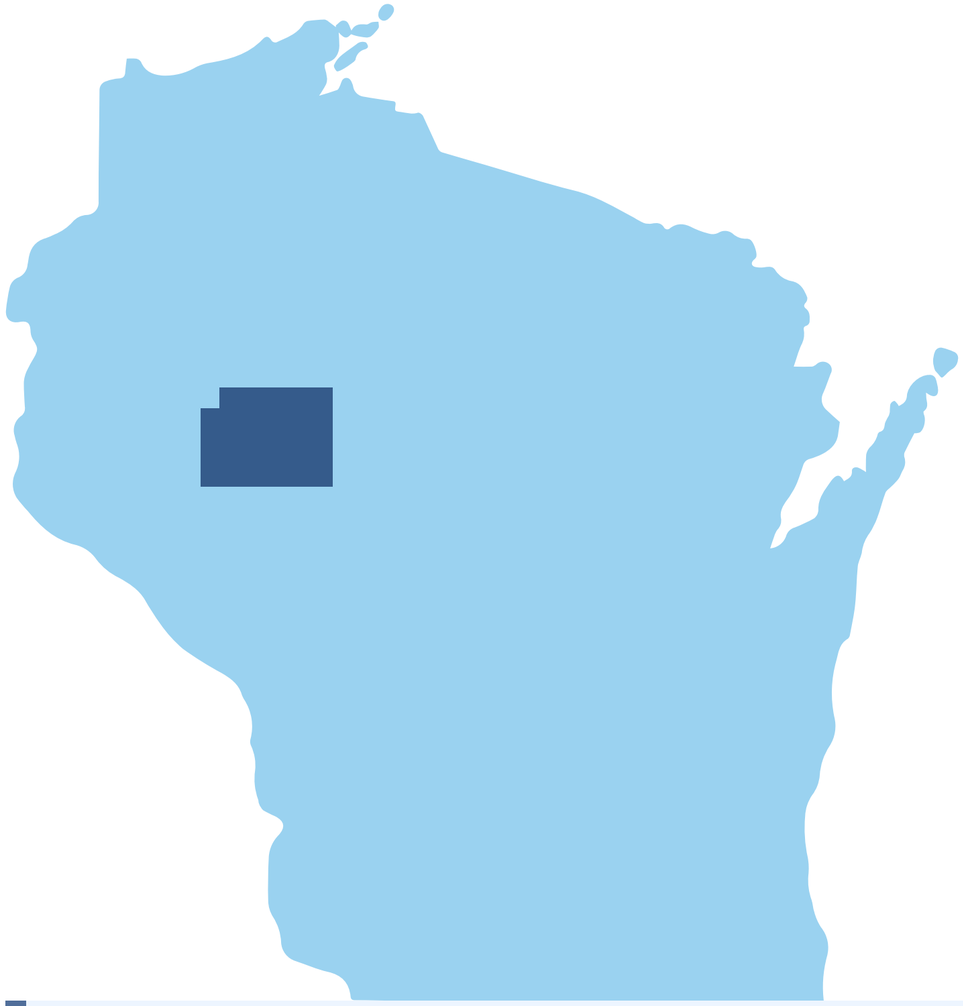
STATEMENT OF EXPLANATION
PUBLIC HEALTH ACCESS TO CARE REPORT - GRACE VANDERHEI

Grace VanDerhei, Drug-Free Communities (DFC) Project Coordinator, will be reviewing the recently published Chippewa County Access to Care Report.

The full report is attached and available on the Chippewa County Department of Public Health's website under Data and Reports.

Overview & Context

Scan QR code to view the full report



Access to care is shaped by both affordability and accessibility of services.

- **Chippewa County population**: ~67,000 (2024); growing but with rural service gaps.
- **Hospital closures** in 2024 (HSHS St. Joseph's & L.E. Phillips Treatment Center) **left critical gaps** in emergency care, mental health, and substance use treatment.

TOP FIVE ISSUES IMPACTING HEALTH ACCORDING TO THE 2024 COMMUNITY HEALTH ASSESSMENT[1]

+ Alcohol misuse
+ Low-quality or lack of public transportation
+ **Health care is difficult to access**
+ Lack of access to childcare or unaffordable childcare
+ Poor mental health

Affordability

Scan QR code to view the full report

Household Impact:

- 31% of households below ALICE threshold; forced to choose between healthcare and essentials.
- $7,404 annual cost for a family of four (basic care only).

Insurance Coverage:

- Countywide uninsured rate 3.5% (lower than state avg), but rural municipalities report rates up to 12.7%.
- Self-employed and rural workers most vulnerable.

Medical Debt:

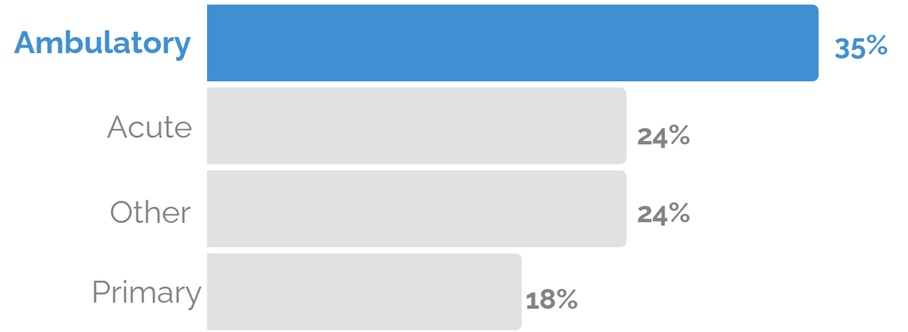
- 4% of residents affected (slightly below state/national rates).
- Median debt higher than state and U.S. averages.

Community Voices:

- 52% said cost prevented them from getting recommended care.
- Ambulatory care most frequently cited as unaffordable.

Ambulatory care, particularly urgent care, composed the largest share of affordability concerns[7]

The percentage of responses pertaining to *affordability* as a barrier to health care.



Income Disparities by Family Type[6,8]

Median household income varies significantly based on family composition, affecting healthcare affordability:

Family Type	Median Household Income	Healthcare Cost Burden*
Married families	$104,297	8.7% of income
All families	$96,189	9.5% of income
County median (all households)	$60,533	15.0% of income
Non-family households	$46,162	19.7% of income

*Based on $9,108 annual healthcare costs for family coverage; $2,880 for single adult coverage

Accessibility

Scan QR code to view the full report

Primary Care:

- 1 provider per 6,088 residents (recommended: 1:1,500–2,000).
- Health Professional Shortage Area (HPSA) designation.

Ambulatory Care:

- Ambulatory services (urgent care, diagnostic testing, follow-ups) are a major accessibility challenge.
- Barriers include:
  - Long wait times for appointments.
  - Poor provider-patient communication.
  - Limited availability of local urgent care options.
  - Residents cite ambulatory care as both the costliest and one of the least accessible services.

Acute Care:

- Hospital bed capacity critically low; closures worsened response times.

Mental Health:

- 1 provider per 980 residents (state avg: 1 per 370).
- No local inpatient or residential facilities.

Long-Term Care:

- Only 284 licensed beds county-wide.
- Rising aging population, caregiver fatigue, limited respite care.

Specialty & Pediatric Care:

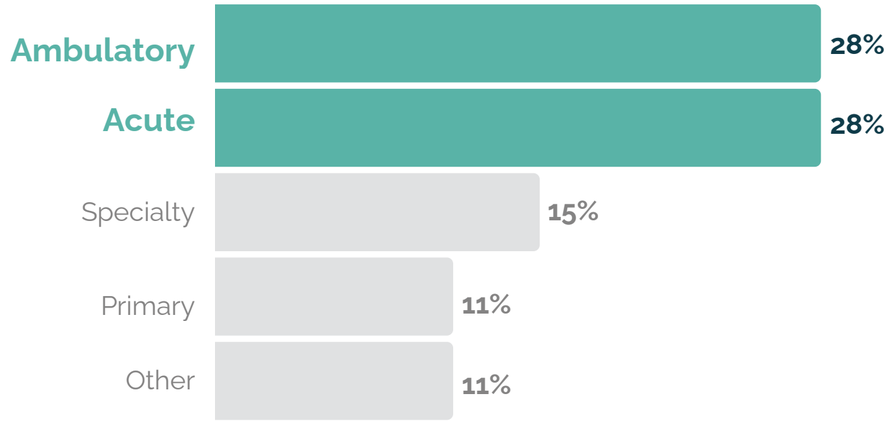
- Long waitlists, long travel distances (often out of county/state).

Substance Use:

- Only one licensed program; no withdrawal management or medication-assisted treatment services.

Ambulatory and Acute Care composed the largest share of accessibility concerns[7]

The percentage of responses pertaining to *accessibility* as a barrier to health care.



Wait Times

"Three times since the closing of Sacred Heart, St. Joseph's hospitals and Prevea clinics, I have been unable to receive the necessary heart rhythm procedures for at least 2 weeks or not at all."[7]

-*Chippewa County Voices* Respondent

Collaborative Priorities (Recommendations)

Scan QR code to view the full report

Data Validation	Validate and monitor data to align perceptions with provider capacity.
Patient Feedback	Standardize patient feedback collection in all care settings.
Dissemination of Report	Promote awareness of same-day appointments and telehealth.
Local Considerations	Invest in health literacy initiatives for navigation and self-advocacy.
Awareness of Available Appointments	Expand telehealth to reduce rural transportation barriers.
Telehealth Comfortability	Support caregivers with respite and employer-based flexibility.
Health & Health System Literacy	Strengthen provider collaboration with recurring cross-organization meetings.
Intentional Collaboration & Communication	Ensure local decision-making uses current Chippewa County data.

With any questions or comments on the content of these slides, please contact the Chippewa County Department of Public Health

P: 715-726-7900
F: 715-726-7910

health@chippewacountywi.gov
chippewacountywi.gov/ccdph

711 N. Bridge Street, Rm 121
Chippewa Falls, WI 54729

Scan QR code to view the full report

These slides reflect the work of the Access to Care Collaborative, led by the Chippewa County Department of Public Health, with members from Mayo Clinic Health System, Aspirus Health, Open Door Clinic, NorthLakes Community Clinic, Human Services, and local nonprofits.

CHIPPEWA COUNTY
Public Health

Access to Care Brief, Sept 2025

Scan QR code to view the full report

Chippewa County, WI

- **Population:** 67,000 residents, concentrated in Chippewa Falls and nearby municipalities.
- **Economic Stress:** 31% of households live below the ALICE threshold. In some communities (Stanle Bloomer, Chippewa Falls), 40–50% of households struggle financially.
- **Closures:** In 2024, HSHS St. Joseph's Hospital and L.E. Phillips Treatment Center closed, leaving major gaps in emergency care, substance use treatment, and specialty services.
- **Community Voice:** Chippewa County residents describe healthcare as being difficult to access. Healthcare access was defined as a top 5 health issue in the 2024 Community Needs Assessment.

Key Barriers to Care

Affordability

- Average family healthcare cost = $7,404 annually (not including prescriptions/emergencies).
- Medical debt median = $1,670 (above state/national averages).
- Insurance uneven: Some rural areas >12% uninsured.

Accessibility

- **Primary Care:** 1 provider per 6,088 residents (recommendation = 1:1,500–2,000).
- **Acute Care:** Bed ratio below 1 per 1,000 (national avg. = 2.4).
- **Ambulatory Care:** High costs, limited provider–patient communication.
- **Mental Health:** 1 provider per 980 residents; no inpatient facilities.
- **Long-Term Care:** Only 284 licensed beds; caregiver fatigue rising.
- **Specialty Care:** Months-long waitlists; travel to Madison, Rochester, Minneapolis.
- **Children's Needs:** Gaps in autism/therapy services; families drive hours.
- **Substance Use:** Only 1 licensed program; no detox/withdrawal management.

Key Takeaways

- Insurance coverage is generally strong but uneven; rural residents more vulnerable.
- Employer-based insurance remains the primary pathway to coverage.
- Medical debt is less common but heavier when it occurs.
- Out-of-pocket costs remain a major strain across all income levels.

Collaborative Priorities (Recommendations)

1. Validate and monitor data to align perceptions with provider capacity.
2. Standardize patient feedback collection in all care settings.
3. Promote awareness of same-day appointments and telehealth.
4. Invest in health literacy initiatives for navigation and self-advocacy.
5. Expand telehealth to reduce rural transportation barriers.
6. Support caregivers with respite and employe based flexibility.
7. Strengthen provider collaboration with recurring cross-organization meetings.
8. Ensure local decision-making uses current Chippewa County data.

This brief reflects the work of the Access to Care Collaborative, led by the Chippewa County Department of Public Health, with members from Mayo Clinic Healt System, Aspirus Health, Open Door Clinic, NorthLakes Community Clinic, Human Services, and local nonprofits.

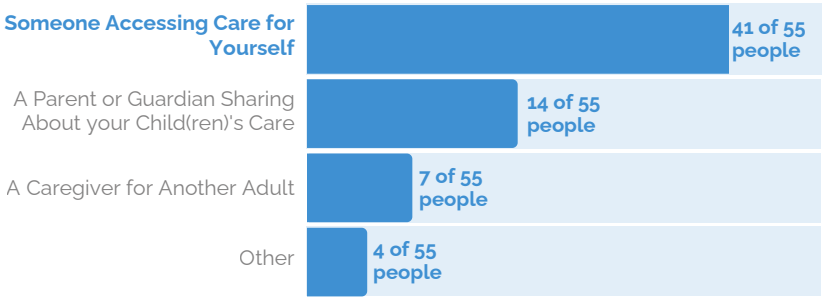
P: 715-726-7900
F: 715-726-7910
health@chippewacountywi.gov
chippewacountywi.gov/ccdph
711 N. Bridge Stree
Chippewa Falls, W

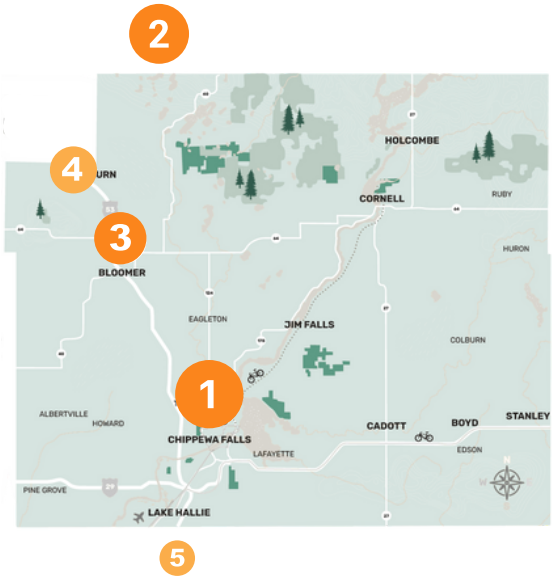
Chippewa County Voices Survey

The *Chippewa County Voices* survey was developed as part of the Access to Care Report to capture community perspectives through open-ended, narrative responses. There were **55 total responses** from May 18-28, 2025.

The majority of respondents were accessing care for themselves.

41 of the 55 total survey respondents selected that they were "someone accessing care for themselves."



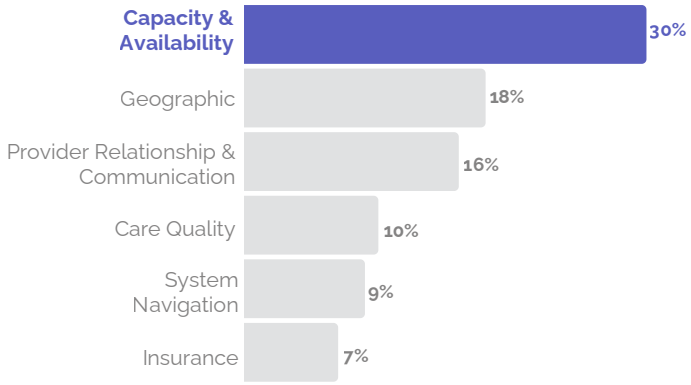


*The **majority of survey respondents live in Chippewa Falls** (~57.4%). 11.2 % live in Bloom and 7.4% live in New Auburn. The remaining respondents live outside of Chippewa Count — Bruce, WI and Eau Claire, WI.*

Capacity & Availability is the most frequently mentioned characteristic of care.

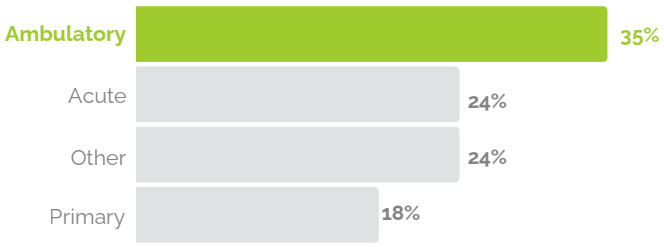
Percentage of responses that corresponded to a particular characteristic of health care by survey respondents.

1. **Capacity & Availability -** Availability of providers, appointments, and resources.
2. **Geographic -** Impact of location and transportation on care access.
3. **Provider Relationship & Communication** - Trust and clarity in patient-provider interactions.
4. **Care Quality -** Perceived standard and consistency of services.
5. **System Navigation -** Ease of understanding and using the healthcare system.
6. **Insurance** - Role of coverage, cost, and eligibility in accessing care.



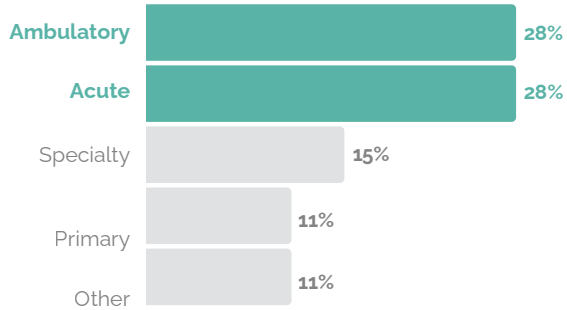
Ambulatory care, particularly urgent care, composed the largest share of affordability concerns.

The percentage of responses pertaining to *affordability* as a barrier to health care.



Ambulatory and Acute Care composed the largest share of accessibility concerns.

The percentage of responses pertaining to *accessibility* as a barrier to health care.



ACCESS TO CARE REPORT

CHIPPEWA COUNTY | SEPTEMBER 2025

Contents

Introduction

Ensuring access to healthcare services for all community members is an important goal for any community, reflecting a commitment to the well-being of residents. This report highlights key findings on the accessibility and affordability of healthcare services in Chippewa County, with a focus on five core areas: primary and preventive care, acute and ambulatory care, mental health care, long-term care, and specialty care.

Community Context

Chippewa County, located in Northwest Wisconsin, spans over 1,000 square miles and is home to roughly 67,000 residents as of 2024[5]. The county has experienced steady population growth, with most residents living in the southwest corner. The City of Chippew Falls, the county seat, is the largest urban area and a key hub for commerce and healthcare services, thanks to its location along U.S. Highway 53 and State Highway 29.

The county's economy is diverse, with healthcare, manufacturing, retail, agriculture, and seasonal tourism as key sectors. Major healthcare providers, such as Marshfield Clinic Health System, Mayo Clinic Health System, and OakLeaf Clinics, play a central role in the region's economy and health services. Prominent employers, such as Hewlett Packard Enterprise, also contribute to the county's economic stability[5]. However, 10% of the population lives below the poverty line, and 31% are classified as ALICE (Asset Limited, Income Constrained, Employed), facing challenges in meeting basic living costs, which impacts access to healthcare[6].

Chippewa County offers abundant recreational opportunities, including the Chippewa County Forest and Lake Wissota State Park, contributing to the region's quality of life. Education is supported by institutions like Chippewa Valley Technical College and Lakeland University-Chippewa Valley Center. Despite these strengths, healthcare access remains a major issue, especially in rural areas where services are more spread out.

The closure of HSHS St. Joseph's Hospital and L.E. Phillips Treatment Center has worsened this challenge, leaving gaps in emergency care, substance misuse treatment, and other services, and increased travel times for emergency care, impacting timely medical interventions.

Addressing these issues requires coordinated efforts among healthcare providers, policymakers, and community stakeholders to restore access to vital services.

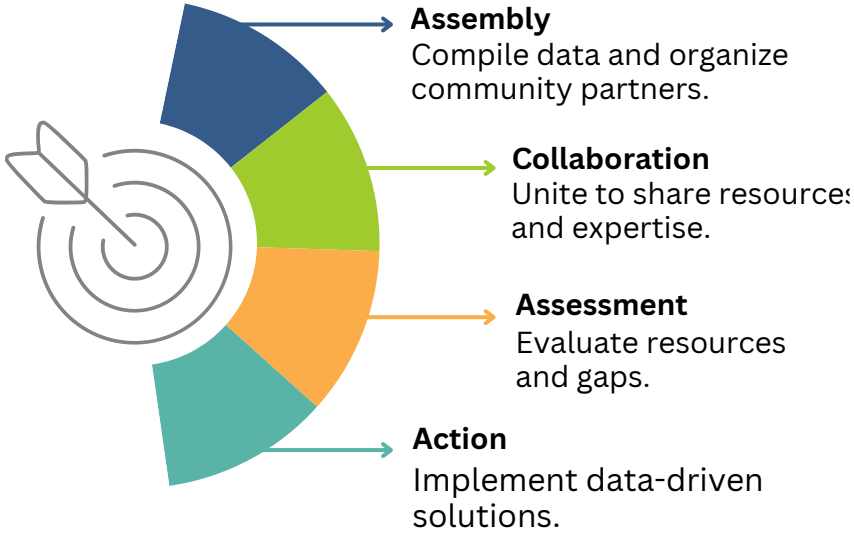
TOP FIVE ISSUES IMPACTING HEALTH ACCORDING TO THE 2024 COMMUNITY HEALTH ASSESSMENT[1]

+ Alcohol misuse
+ Low-quality or lack of public transportation
+ **Health care is difficult to access**
+ Lack of access to childcare or unaffordable childcare
+ Poor mental health

Collaborative Process

Every three years, the Chippewa County Department of Public Health leads a collaborative to identify access to care issues, including un-served and underserved populations, gaps and barriers to health care service, and strategies to improve access in Chippewa County.

Leadership from the Chippewa County Department of Public Health invited members from across the county to represent non-profit organizations, health care providers, free and charitable clinics, and other members of public service on the Access to Care Collaborative. Members of the Collaborative met once monthly. By pooling resources, knowledge, and data, the Access to Care Collaborative was able to provide an analysis of the barriers to care in Chippewa County and provide recommendations.



The **goal of this collaborative** is to develop a report that includes:

- An **assessment** of the geographic gaps in availability of providers and availability of health care services
- **Identification** of causes of gaps in services and barriers to receive care
- **Results** of data gathered concerning access
- **Emerging** issues that may impact access to care
- **Documentation of strategies** developed to reduce barriers to health care access

Acknowledgements

Thank you to the members of the Access to Care Collaborative for your dedicated partnership throughout this collaborative process. Your wisdom, expertise, lived experiences, and collective efforts have been invaluable in identifying barriers, exploring solutions, and advancing our shared mission to improve access to care for individuals and families in Chippewa County.

Members of the Access to Care Collaborative

- **STEPHANIE ABBE** | Nutrition/WIC Division Manager, Chippewa County Department of Public Health
- **MARYN BENGS** | Children's Resource Center-West Program Coordinator, Chippewa County Department of Public Health
- **BROOK BERG** | Director of Community Engagement, Mayo Clinic Health System NW/WI
- **JOANNA BERNKLAU** | Planning & Promotion Specialist, Chippewa County Department of Public Health
- **SAVANNAH BERTRAND** | Children's Resource Center-West Program Specialist, Chippewa County Department of Public Health
- **TOM DIEL** | Recovery and Wellness Consortium Manager, Chippewa County Department of Human Services
- **JOHN FERGUSON** | 911 GIS Coordinator, Chippewa County Emergency Management
- **BRITTNAY FORTUNA** | Health Officer/Director, Chippewa County Department of Public Health
- **NIKKI HOERNKE** | Planning & Strategy Division Manager, Chippewa County Department of Public Health
- **ALLIE ISAACSON** | Community Health Division Manager, Chippewa County Department of Public Health
- **DEENAH KING** | Community Health Specialist, Aspirus Health
- **BROOKE KRUMENAUER** | Medical Services Screener, Chippewa County Department of Public Health
- **SHANNON MASON-YOUNG** | Northwest Regional Literacy Consultant, Wisconsin Literacy
- **REBA RICE** | Chief Community Officer, NorthLakes Community Clinic
- **KYRA SECRAW** | Children, Youth, and Families Manager, Chippewa County Department of Human Services
- **BARB STEVENS** | President, Open Door Clinic
- **TINA THARP** | Community Wellness Supervisor, Mayo Clinic Health Systems
- **GRACE VANDERHEI** | Drug Free Communities Project Coordinator, Chippewa County Department of Public Health

Community Health Assessment

The 2024 Chippewa County Community Health Assessment (CHA) played a central role in framing the Access to Care report. The CHA was developed through extensive community engagement and data analysis to identify the top health concerns impacting residents. Among the 25 health-related issues evaluated, "Health care is difficult to access" emerged as the #3 overall priority, with several related concerns—such as cost of insurance, treatment affordability, and emergency service delays—also ranking in the top 15[1].

The CHA process included a combination of quantitative data (survey and secondary sources) and qualitative input (open-ended responses and community discussions)[1]. Using thematic analysis, staff reviewed community feedback and identified two core barriers to care that shaped the structure and content of the Access to Care report:

Affordability

- The cost of care was cited frequently as a barrier[1].
  - 84% of respondents said insurance is very costly
  - 52% said cost prevents them from getting recommended care
  - Related issues ranked in CHA:
    - Health Insurance (#9)
    - Affordable Treatments (#13)

Accessibility

- Many respondents described challenges with provider availability and timely care[1].
  - 37% cited long wait times
  - 35% said mental health care is under-resourced
  - 40% reported delayed emergency response times
  - Related issues ranked in CHA:
    - Health Care Access (#3)
    - Emergency Services (#24)

To ensure consistency in measurement and communication, the Access to Care Collaborative adopted a working definition:

"Access to care refers to the affordability of health care services—including insurance coverage and out-of-pocket costs—and the accessibility of services, including wait and response times, distance to travel, and provider availability."

This definition guided data collection, issue framing, and interpretation of findings in the report. The collaborative confirmed that the definition was culturally relevant, easy to understand, and reflective of local experience.

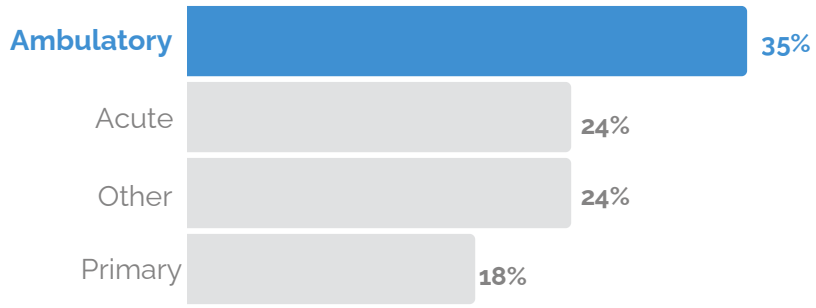
Chippewa County Voices Survey

Launched in May 2025 by the Chippewa County Department of Public Health, the *Chippewa County Voices* Survey was developed as part of the Access to Care Report to capture community perspectives through open-ended, narrative responses. The objective of the survey was to gain community insight and evaluate access to health care in the region. There were **55 total responses[7].**

The majority of survey responses were by *someone accessing care for themselves.* Of the 55 total responses, **41** were **someone accessing care for themselves**, 14 were a parent/guardian sharing about their child(ren)'s care, and 7 were a caregiver for another adult[7]. The majority of survey responders **live in Chippewa Falls** (~57.4%). 11.2 % live in Bloomer and 7.4% live in New Auburn[7]. The remaining responders live outside of Chippewa County-- Bruce, WI and Eau Claire, WI[7].

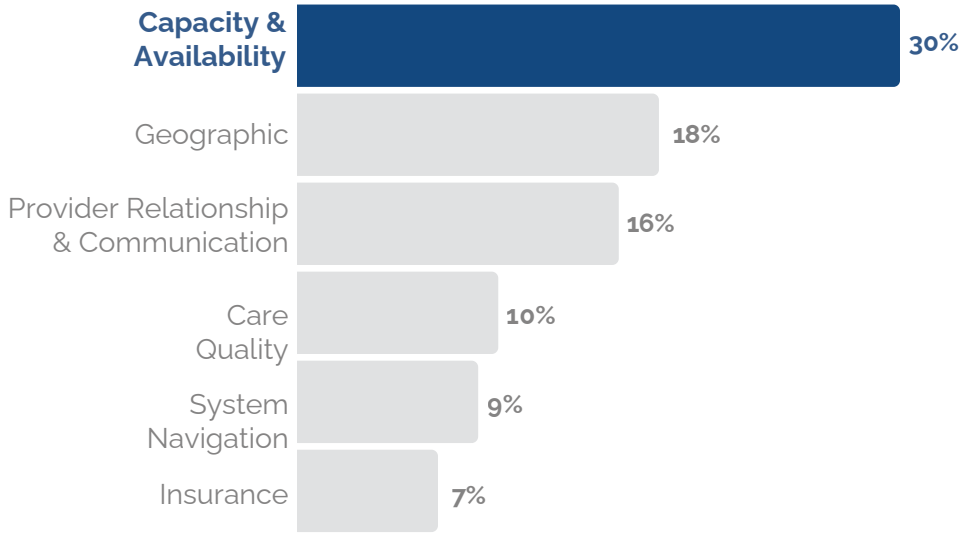
Ambulatory care, particularly urgent care, composed the largest share of affordability concerns[7]

The percentage of responses pertaining to *affordability* as a barrier to health care.



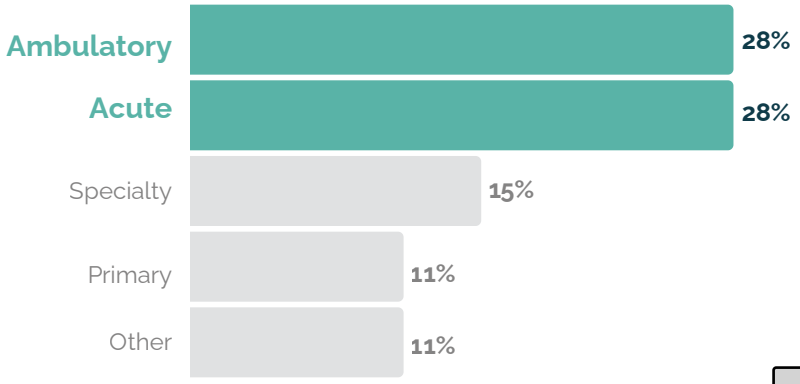
Capacity & Availability is the most frequently mentioned characteristic of care.[7]

Percentage of responses that corresponded to a particular characteristic of health care by *Chippewa County Voices* survey respondents.



Ambulatory and Acute Care composed the largest share of accessibility concerns[7]

The percentage of responses pertaining to *accessibility* as a barrier to health care.



Affordability

The Healthcare Affordability Crisis

Healthcare affordability represents a critical barrier to care in Chippewa County. With 31% of households living below the ALICE (Asset Limited, Income Constrained, Employed) threshold—meaning they earn above federal poverty level but still cannot afford basic necessities—thousands of residents face impossible choices between healthcare and other essential needs[6].

31%
of households below ALICE threshold[6].

8,747
households struggling financially[6].

$2,088
annual healthcare cost for a single adult[6].

$7,404
annual healthcare cost for a family of four[6].

Key Insight: These healthcare cost estimates represent only bare-minimum basic care and do not include comprehensive coverage, prescription medications, dental care, or emergency situations. The true cost of adequate healthcare is significantly higher.

Communities with the Highest Need

The communities indicated on the right shows the percentages of households below the ALICE threshold in each major US Census Place, indicating significant financial barriers to healthcare access.

Additional data points;

- Unequal distribution/wealth of estimated median family income in Chippewa County between 2018-2022[8]
  - $59,770 or less in Northeastern municipalities (New Auburn, Cornell, Ruby, Colburn, Stanley)
  - $77,366 - $124,574 for remaining areas (Central, SE, SW)
- Estimated percent of families in deep poverty is unequally distributed in Chippewa County[9]
  - 5.03% or greater in NW corner of the County
  - 2.33% - 5.02% for the majority of the County
  - 0.04 – 0.39% in NE corner of the County
  - 0.03% or less near the middle of the County

Community	Total Households	% ALICE & Poverty	Affected Household
Bloomer, City	1,500	48%	~718
Boyd, Village	237	43%	~102
Stanley, City	**1,060**	**51%**	**~545**
Cadott, Village	619	37%	~226
Chippewa Falls, City	6,414	41%	~2,647
New Auburn, Village	209	36%	~75
Cornell, City	556	44%	~242
Bloomer Town	441	44%	~194
Holcombe, Town	117	42%	~49
Lake Hallie, Village	3,121	22%	~695

Geographic Pattern: Both urban centers (Chippewa Falls, Bloomer, Stanley) and smaller rural communities show high rates of financial hardship, indicating that healthcare access challenges span

Affordability: Household Impact

Spending on Healthcare

Affordability continues to shape how residents in Chippewa County interact with the healthcare system. The cost of insurance, out-of-pocket expenses, and the burden of medical debt create barriers to timely and equitable care, especially for rural populations and those with limited employer-based coverage.

Medical Debt and Financial Strain

- Medical debt in collections affects 4% of residents in Chippewa County, slightly below the state and national averages (5%)[10].
- Despite this, the median medical debt in collections is highest in Chippewa County at $1,670, compared to $1,662 in Wisconsin and $1,493 nationally[10].
- This indicates that while fewer people may carry medical debt, those who do, face larger burdens—suggesting high out-of-pocket costs or gaps in insurance coverage.

Income Disparities by Family Type[6,8]

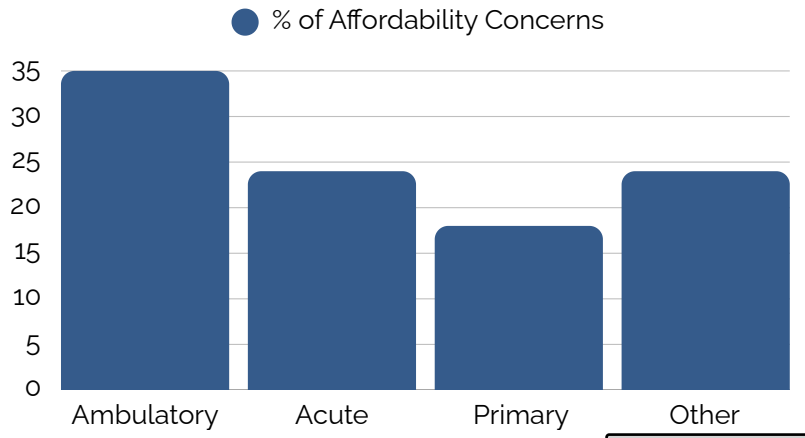
Median household income varies significantly based on family composition, affecting healthcare affordability:

Family Type	Median Household Income	Healthcare Cost Burden*
Married families	$104,297	8.7% of income
All families	$96,189	9.5% of income
County median (all households)	$60,533	15.0% of income
Non-family households	$46,162	19.7% of income

*Based on $9,108 annual healthcare costs for family coverage; $2,880 for single adult coverag

Findings From Chippewa County Voices Survey

- Ambulatory care emerged as the single most mentioned care-type in affordability concerns.
  - 35% of all affordability-related submissions referenced ambulatory care, more than any other type of care[7].
- These concerns included[7]:
  - High cost of doctor visits and follow-up appointments
  - Challenges affording diagnostic testing, labs, and specialist services
  - Limited payment plan options, upfront charges for outpatient procedures. and gaps in insurance coverage.



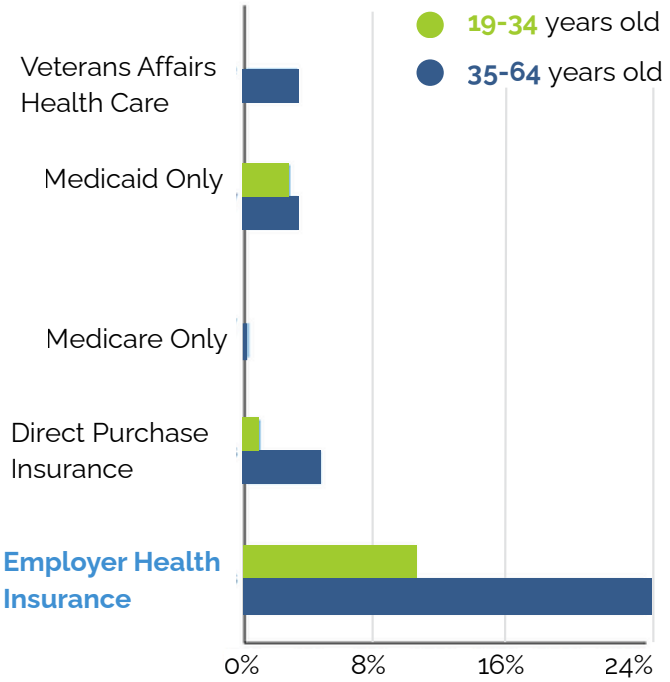
Affordability: Insurance Coverage

Health Insurance Coverage

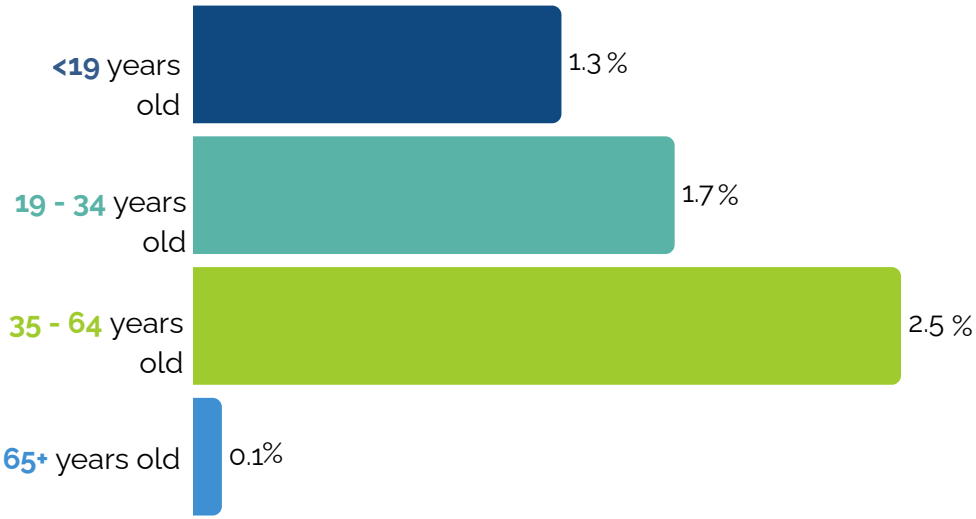
- Chippewa County has a relatively low uninsured rate at 3.5%, outperforming the statewide rate of 4.9%[11].
- However, insurance access is uneven. Rural municipalities such as Cadott, Boyd, Stanley, Cornell, New Auburn, and Holcombe report uninsured rates as high as 12.74%, in contrast to urban centers like Chippewa Falls, Bloomer, Lake Hallie, and Eagle Point, which report much lower rates[12].

Individuals ages **35-64 years old** with **Employer Health Insurance** spend the most on healthcare.[11]

Highest spending healthcare percentages by age and coverage type.



Majority of people with no health insurance are between **35 and 64 years old**[11]



Role of Employment in Coverage

- 62.4% of Chippewa County residents are employed, close to the state average of 63.4%[5].
- The majority of workers (71.7%) are employees of private companies, with a significant number employed by nonprofits (9.6%) and government agencies (11.5%)[5].
- Employer-based health insurance remains a key avenue for coverage, especially for private and government workers[5,6].
- Self-employed individuals, particularly those without incorporated businesses (5.0%), are more vulnerable to gaps in insurance coverage due to limited access to affordable plans[5].

Accessibility: Primary & Preventative Care

Primary Care

Primary care encompasses a broad range of health services **focused on prevention, wellness, and treatment for common illnesses**, delivered by providers such as doctors, nurses, and physician assistants who often develop long-term relationships with patients and coordinate specialized care. Primary and preventative health care are critical to maintaining individual and community health. Preventative care, a key component of primary care, includes routine services like cancer screenings, immunizations, and wellness visi aimed at detecting and preventing health issues early. **Access to consistent primary care is associated with better health outcomes including improved disease management and increased use of preventive services** like flu shots and blood pressure screenings. However, disparities in access remain, with many individuals facing obstacles that limit their ability to receive these essential services.

Primary Care Shortage Analysis for Chippewa County

Critical Shortage Indicators:

- Medical underservice score of 60.8 or greater[13].
- Provider-to-Population Ratio: The ratio of 11 primary care providers to 66,970 residents translates to approximately 1 provider per 6,088 people[14]. This falls dramatically short of the recommended ratio of 1 primary care physician per 1,500-2,000 patients for adequate care access[15].

Health Professional Shortage Area (HPSA) Designation:

- HPSAs identify communities experiencing a shortage of health care services, with higher HPSA scores generally reflecting higher levels of community need. Chippewa County's designation as a Primary Care HPSA qualifies it fo federal benefits including National Health Service Corps placement sites and increased reimbursement rates[13-15].

Statewide Context:

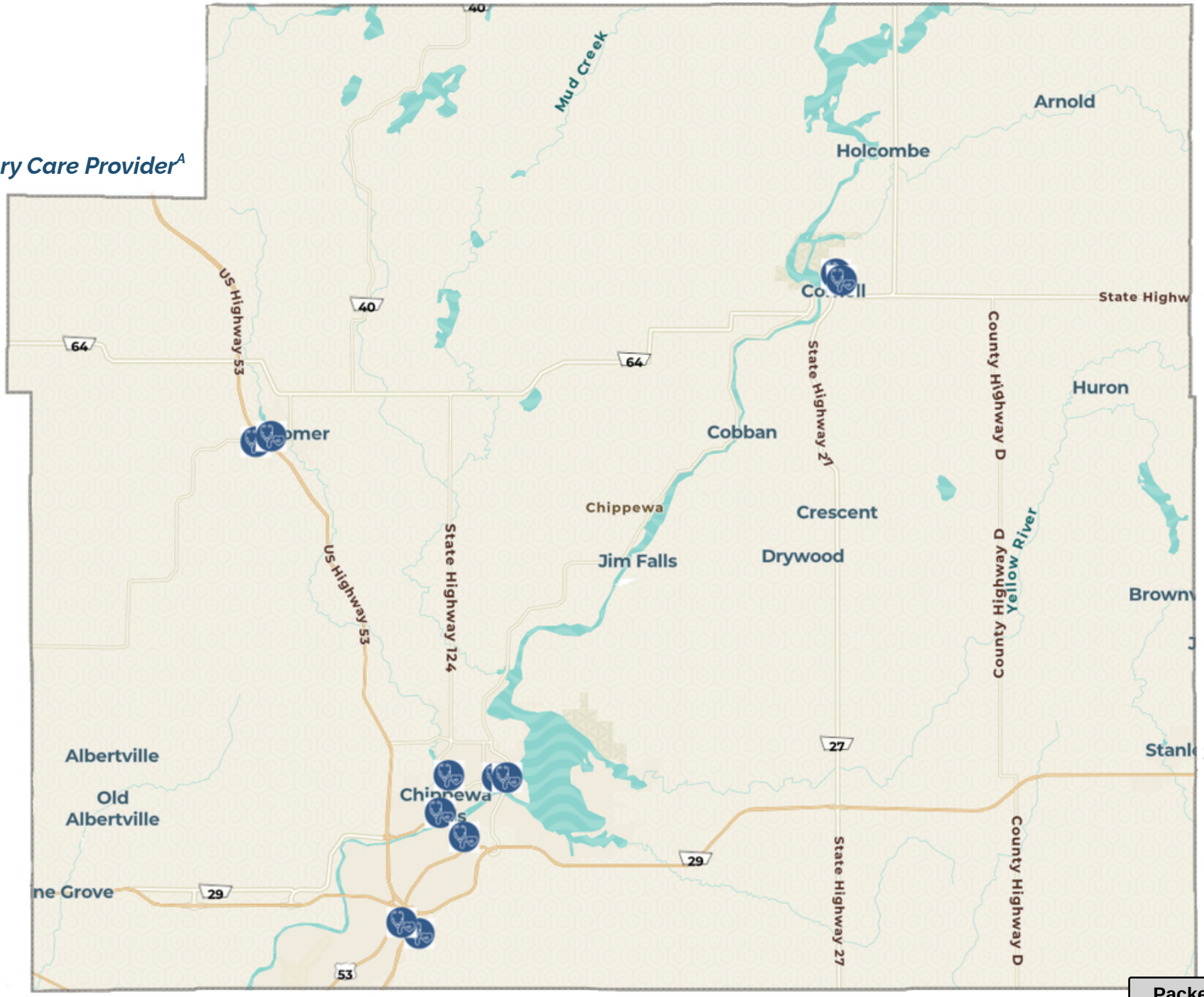
- This shortage aligns with Wisconsin's broader primary care crisis. Wisconsin must add 100 new physicians per year to avoid a shortfall of 2,000 physicians by 2030, with most needed in primary care and underserved areas[16].

Impact on Healthcare Access:

- The severe shortage likely results in[15]:
  - Extended wait times for appointments
  - Patients traveling significant distances for care
  - Increased reliance on emergency departments for routine care
  - Limited preventive care services
  - Potential delays in chronic disease management

Accessibility: Primary & Preventative care

Primary Care Provider[A]



Accessibility: Community Health Center

Northlakes Community Clinic

NorthLakes Community Clinic is a Federally Qualified Health Center that provides medical, dental, behavioral health, and recovery services to underserved populations across northern Wisconsin. While it does not have a location in Chippewa County, it expands access regionally through nearby clinics and school-based services. A total of 1,156 Chippewa County residents utilized services from NorthLakes Community Clinic[17]. Without a clinic location in Chippewa County, residents have traveled to other counties to receive care. Care is offered on a sliding fee scale, regardless of insurance status.

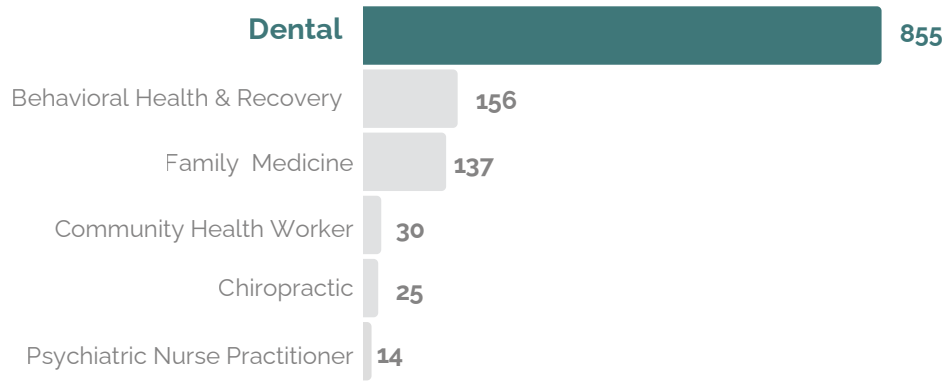
Number of patients from Chippewa County, WI who visited a NorthLakes Community Location.

Clinic Location	# of Patients
Eau Claire, WI	**1,039**
Turtle Lake, WI	32
Birchwood, WI	19
Hayward, WI	16
Cumberland, WI	14
Augusta, WI	11

Locations not listed in the table include Rice Lake (n=9) and Ashland (n=8). Oconto, Park Falls, Hurley, Iron River, and White Lake (n= >5)

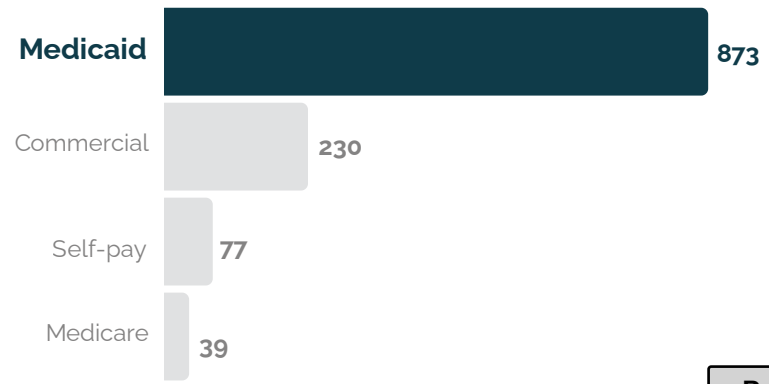
The majority of NorthLakes Community Clinic patients residing in Chippewa County, WI seek dental care[17]

Service lines used by Chippewa County residents at any NorthLakes Community Clinic location. Pediatric Speech Therapist, Pediatric Occupational Therapist, Pediatric Physical Therapist, Psychiatry, Massage Therapy, and Optometry services were utilized by 6 or less patients from Chippewa County[17].



The majority of NorthLakes Community Clinic patients who reside in Chippewa County, WI receive Medicaid[17]

Financial Class of all Chippewa County, WI patients pursuing care at NorthLakes Community Clinic (n=1,219)[17]



Accessibility: Free & Charitable Clinics

Open Door Clinic

The Open Door Clinic (ODC), Inc. is a non-profit organization that provides basic health care services and a connection to community resources to Chippewa Valley residents who are without a health care alternative. In advancing their mission, the ODC recognizes and embraces the unique diverse backgrounds, identities, and lived experiences of the volunteers and individuals they serve.

People Served[18]:

- Chippewa County residents 18-64 years that do not have insurance (and no Medicare or Badgercare).
- Incomes less than 200% of the federal poverty level (FPL). 200% of the FPL is $30,120 per year for a single person and $40,880 per year for a 2 person household.
- While many patients are making a transition to ACA insurance (Obamacare) and BadgerCare (Medicaid), we will have new patients who are losing BadgerCare, don't qualify for ACA, or opted not to enroll.

Services provided[18]:

- Basic primary medical care including acute illnesses & care for chronic disease.
- Some specialty care available including psychiatry, counseling, pulmonology, physical therapy, chiropractic care and diabetes education.
- Basic lab testing, pulmonary function tests, medications, & supplies such as diabetic test strips & glucometers.
- All medications ordered by our physicians are provided to the patient at no charge. We do not provide any birth control, narcotics or stimulants (Adderall, etc.).
- Referrals for dental care & eye care.
- Connection with other community resources like food pantries, housing, etc., when appropriate.

In 2023[18]:

- Helped **71** individual patients
- **30** being new patients
- Over **300** total services provided
- Dispensed over **590** prescriptions

Since Opening the Clinic[18]:

- Helped over **3,700** different patients
- Had over **19,600** visits to the clinic
- Dispensed over **42,800** medications
- **1,871** hours were donated by volunteers

Accessibility: Acute Care

Acute Care

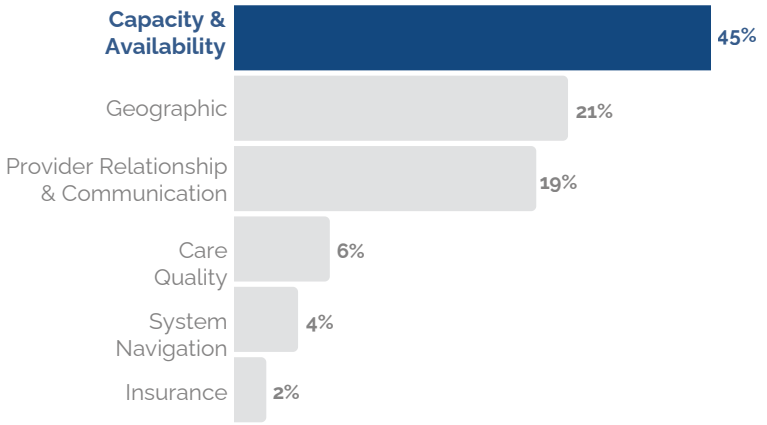
Acute care refers to **short-term medical treatment for severe illnesses or injuries that require immediate attention**, such as hospitalization, intensive care for critically ill patients, emergency interventions for life-threatening conditions, surgical procedures, and post-operative recovery support. The goal of acute care is to stabilize patients quickly, deliver necessary interventions, and promote swift recovery. It differs from chronic care, which focuses on long-term disease management. Acute care plays a critical role in saving lives, preventing complications, and acting as a bridge between primary, emergency, and specialized care. Timely acute care can mean the difference between full recovery and long-term disability or death.

It is delivered in various settings—from hospital emergency departments and intensive care units to surgical centers and urgent care clinics—and must be accessible to individuals facing sudden illness, injury, or health emergencies. In Chippewa County, the availability of acute care depends on factors such as provider locations, workforce capacity, and wait times—all of which directly influence how quickly residents can receive life-saving treatment.

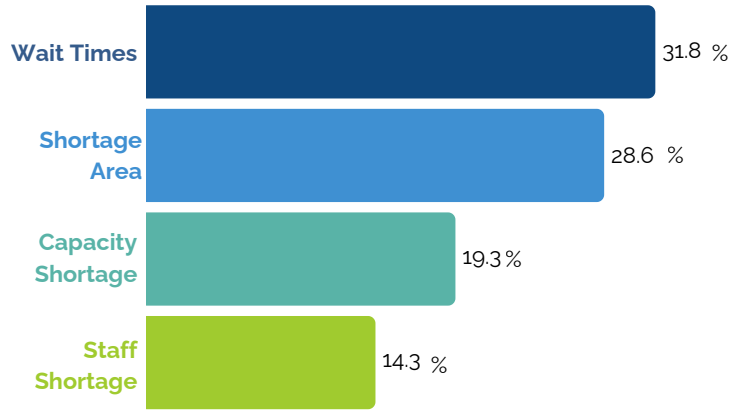
One important measure of acute care access is hospital bed availability. In 2021, Chippewa County had between 0.57 and 1.75 hospital beds per 1,000 people—a figure that included HSHS facilities, which have since closed. The current ratio is likely lower. For context, in 2019, the national average was 2.4 beds per 1,000 people, while Wisconsin's average was 2.0 beds per 1,000 people.[19] [20] This significant gap in local capacity raises concerns about the region's ability to respond quickly and effectively to acute medical needs.

Capacity & Availability is the most frequently mentioned affordability characteristic of acute care.[7]

Percentage of responses that corresponded to a particular characteristic of acute care, related to accessibility, by *Chippewa County Voices* survey respondents.



Among the accessibility concerns related to the capacity and availability of acute care, **long wait times** were the most frequently cited barrier.[7]



Accessibility: Acute Care

Acute Care Facility[A]

Accessibility: Ambulatory Care

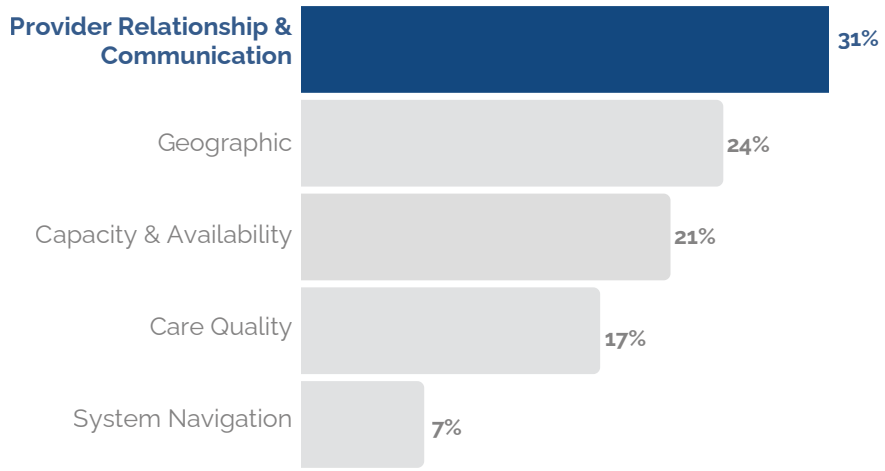
Ambulatory Care

Ambulatory care refers to medical services provided on an **outpatient basis**, where **patients receive diagnosis, treatment, or preventive care without being admitted to a hospital**. It includes routine check-ups, vaccinations, diagnostic testing, chronic disease management, minor procedures, and follow-up care. The goal of ambulatory care is to maintain health, manage conditions early, and reduce the need for hospitalization.

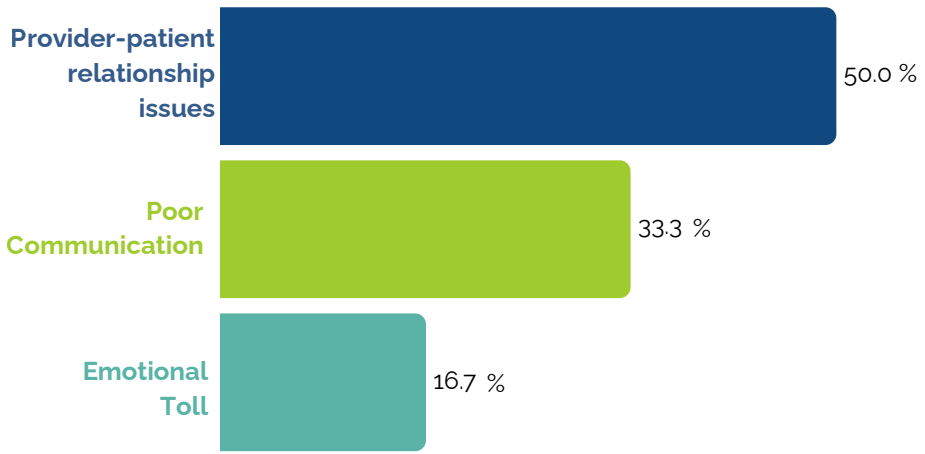
Services are delivered in a variety of settings including primary care clinics, specialty offices, urgent care centers, community health centers, and through telehealth. Unlike acute care, which addresses immediate, severe health issues, ambulatory care supports ongoing health and wellness through accessible, timely services. In Chippewa County, access to ambulatory care depends on provider locations, appointment availability, and insurance coverage—all of which impact residents' ability to get routine and preventive care close to home.

Provider Relationship & Communication is the most frequently mentioned accessibility characteristic of ambulatory care.[7]

Percentage of responses that corresponded to a particular characteristic of ambulatory care, related to accessibility, by *Chippewa County Voices* survey respondents.



Among the accessibility concerns related to the Provider Relationship & Communication of acute care, **patient-provider relationship issues** were the most frequently cited barrier.[7]



Accessibility: Ambulatory Care

Ambulatory (Urgent) Care Provider[A]

Accessibility: Mental Health Care

Mental Health Care

Mental health professionals offer different types of care based on their training. Psychiatrists and psychiatric nurse practitioners can prescribe medication, while psychologists, counselors, and social workers provide talk therapy. Peer specialists offer support through lived experience, and pastoral counselors provide faith-based guidance. Primary care providers and psychiatric pharmacists may also assist with mental health treatment. The right provider depends on your specific needs, such as therapy, medication, or recovery support.

Chippewa County faces a significant shortage of mental health professionals, with a Mental Health Professional Shortage Area score of 14–16, indicating substantial gaps between provider availability and population needs[21]. As of 2023, 79% to 100% of county residents are considered underserved[22]. The county has just one mental health provider for every 980 residents—far below the state average of 1 per 370 and the national average of 1 per 300[29].

REGIONAL INPATIENT CARE[A]

Due to the absence of psychiatric inpatient facilities in Chippewa County, residents must travel significant distances:

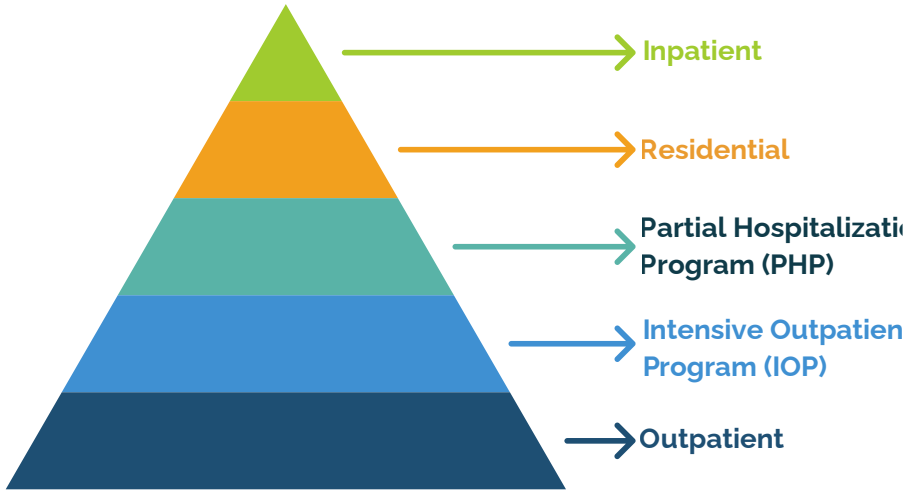
- Mayo, Eau Claire (22 psychiatric beds) - closest option
- Gundersen, La Crosse (34 beds) - regional alternative
- Winnebago Mental Health Institute, Oshkosh (184 beds) - state facility requiring extensive travel

REGIONAL RESIDENTIAL CARE[A]

Like inpatient care facilities, there is a significant lack of residential care facilities in Chippewa County.

- Rogers Behavioral Health, Wausau or Greater Minneapolis area
- Lutheran Social Services of Wisconsin and Upper Michigan, Eau Claire, WI and Neillsville, WI.

Levels of Mental Healthcare



PARTIAL HOSPITALIZATION AND INTENSTIVE OUTPATIENT PROGRAMS[A]

Mayo Clinic Health System offers a partial hospitalization progra
Transitions, in Eau Claire, WI. The other closest in-state option is
Rogers Behavioral Health in Wausau, WI. Both serve adults.
Two options for intensive outpatient programs exist in the state

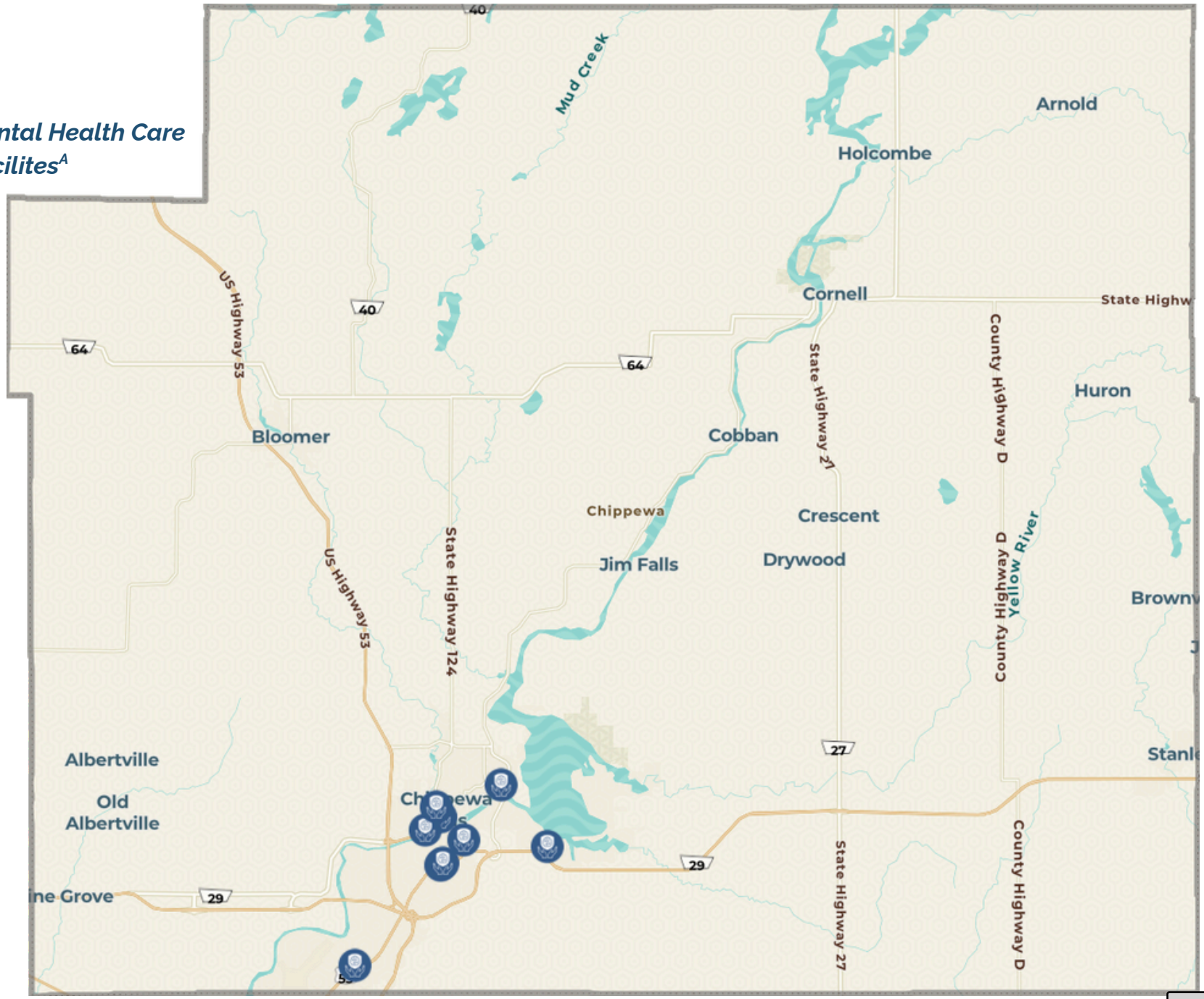
- Compass Health Center - Wisconsin
- Lutheran Social Services - Chippewa Area Recovery Resour

OUTPATIENT MENTAL HEALTH CARE[A]

Outpatient mental health facilities, such as therapy and counseling services, medication management, and support services exist in Chippewa County, WI.

Accessibility: Mental Health Care

Mental Health Care Facilites[A]



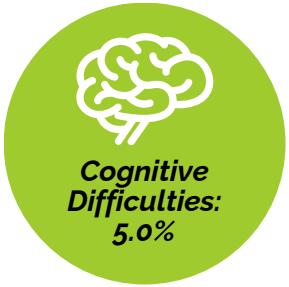
Accessibility: Long-Term Care

Long-Term Care

Long-term care supports individuals with chronic conditions, disabilities, or age-related needs by helping them manage daily living activities and maintain independence. Long-term care focuses on enhancing quality of life through personal care. non-medical assistance, and skilled medical services.

Disability

12.6% population is disabled in Chippewa County; 12.7% population disabled in WI. Types of disabilities in Chippewa County include[5]:



Aging

20.4% of the population is[5]
65+

12.1% of the population is[5]
65-74

6.3% of the population is[5]
75-84

2.0% of the population is[5]
85+

Barriers

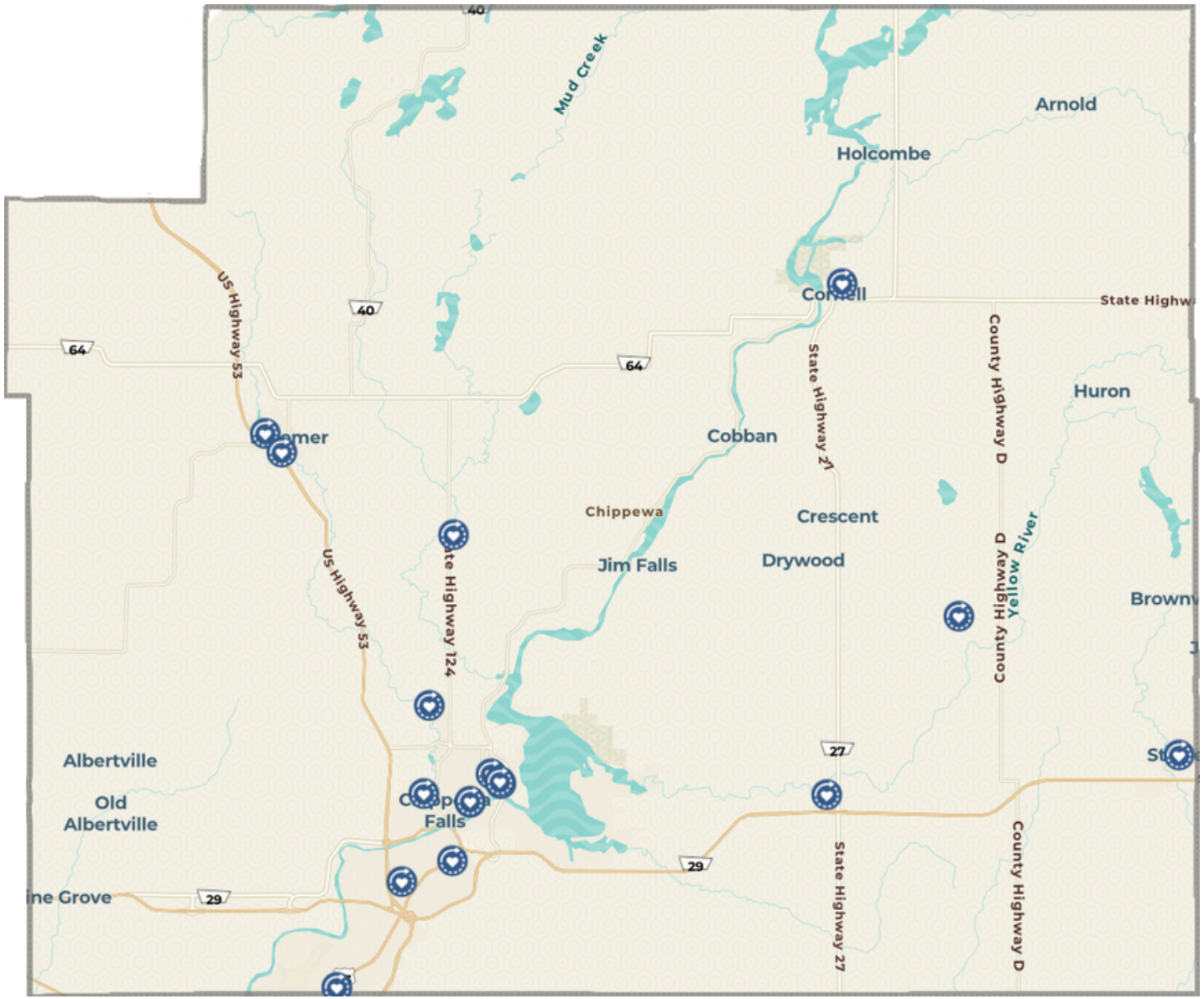
Facility Availability
The demands of long-term care from an increasing aging population strain current availability.

Caregiver Fatigue
Family caregivers are experiencing significant stress and burnout from providing care to relatives.

Respite Care Access
Respite care may not be accessible or worth the effort required to set it up.

Employment Support Needs
More employment support and flexibility are needed for parents using FMLA to care for children with special health needs.

Accessibility: Long-Term Care



Beds per facility in Chippewa County (05.12.2025)[A]:

- Dove Healthcare- Bloomer, WI = 50 beds (For Profit)
- Meadowbrook- Bloomer, WI = 31 beds (For Profit)
- Chippewa Manner Nursing & Rehabilitation- Chippewa Falls, WI = 50 beds (For Profit)
- Dove Healthcare Vent Center- Chippewa Falls, WI = 31 beds (For Profit)
- Cornell Health Services- Cornell, WI = 50 beds (Limited Liability Company)
- WI Veterans Home- Chippewa Falls, WI = 72 beds (Government State)
  - Bed Total = 284 in the County

Long-Term Care Facilites

Accessibility: Specialty Care

Specialty Care

Specialty care refers to medical services **focused on specific areas of health, such as cardiology, oncology, orthopedics, or psychiatry.** These services are provided by specialists—doctors, nurses, or therapists with advanced training and expertise in managing particular conditions, whether chronic, acute, or preventive. Patients may be referred to specialists by primary care provide or seek care directly, depending on their needs. Specialty care is essential because it offers in-depth knowledge, advanced diagnostics, and tailored treatment plans for complex or ongoing health concerns. By addressing specific medical issues with precision, specialists can improve patient outcomes, enhance chronic disease management, and ensure more coordinated, efficient care alongside primary providers. In value-based care models, specialty care also plays a critical role in improving quality while controlling costs.

Wait Times

"Three times since the closing of Sacred Heart, St. Joseph's hospitals and Prevea clinics, I have been unable to receive the necessary heart rhythm procedures for at least 2 weeks or not at all."[7]
-*Chippewa County Voices* Respondent

"Several months' wait to get into an appropriate caregiver for this.."[7]
-*Chippewa County Voices* Respondent

Distance to Travel

"[I] have to drive to MN or Madison/Milwaukee for care."[7]
-*Chippewa County Voices* Respondent

Accessibility: Children and Youth with Special Health Care Needs

Pediatric Specialty Care Access

Children with Special Health Care Needs (CYSHCN) in Chippewa County lack local access to pediatric specialties including neurology oncology, nephrology, cardiology, and genetic services. Families must travel to:

- Mayo Clinic – **Rochester, MN**
- Marshfield Clinic – **Marshfield, WI**
- Children's Minnesota – **Minneapolis, MN**
- Gundersen Health System – **La Crosse, WI**
- University of Minnesota Masonic Children's Hospital – **Minneapolis, MI**

This creates significant burden through appointment coordination across systems, long travel times, cross-state insurance issues (Wisconsin Medicaid limitations), and work/school disruptions. Rural families face additional transportation and financial challenges.

Autism Diagnostics and ABA Access

Approximately 1 in 31 children are diagnosed with autism. Chippewa County families face challenges accessing both diagnosis and treatment.

Diagnostic Access: Three autism clinics in Eau Claire serve young children, but access becomes limited after age 5. Older children require referral to Mayo Clinic, Marshfield Clinic, Children's Minnesota, University of Minnesota, Gundersen Health System, or Waisman Center (Madison) with 12+ month waitlists.

ABA Therapy: This evidence-based intervention requires 20-40 hours weekly and faces limited regional access:

- In-home ABA: Two providers serve elementary-aged children
- Center-based ABA: Five providers in Eau Claire (only two serve children over 5); one provider in Cameron, WI
- Additional barriers: Insurance limitations, provider capacity, travel distance, required parent participation

Outpatient PediatricTherapy Access

Access to speech-language and occupational therapy declined significantly after Prevea's outpatient pediatric therapy services closed in 2023, creating gaps for children over age 3 who don't qualify for Birth to 3 services.

Current Access:

- Closest Medicaid-accepting pediatric therapy centers: Rice Lake and Hudson (1+ hour travel for rural families)
- Some Chippewa Valley providers don't accept Medicaid, creating cost barriers
- Service gap for children over 3 needing therapy outside scho settings

Travel Burden: Weekly appointments require multiple hours of travel for rural families, compounded by work schedules, transportation limitations, and childcare needs. These barriers create inequitable access and may delay care for children with speech delays, sensory processing challenges, or motor difficulties.

Accessibility: Substance Use Treatment & Recovery Centers

Substance Use: Recovery & Support

Substance use treatment and recovery services offer a continuum of care designed to help individuals overcome substance use disorders through evidence-based, person-centered approaches. These services include a range of options—such as inpatient, residential, outpatient, and medication-assisted treatment—tailored to meet individual needs and often coordinated with mental healt support and social services[23,24]. Treatment aims to address both the physical and psychological aspects of addiction, promote abstinence or harm reduction, and support long-term recovery[24,25]. Recovery itself is a sustained process of change supported by pee networks, recovery housing, and community-based services that foster connection, stability, and purpose[24,26]. These supports have been shown to reduce relapse, improve quality of life, and enhance long-term outcomes[26]. Effective substance use treatment and recovery care is grounded in timely access, culturally responsive practices, and ongoing support systems that extend beyond the clinical setting[24,25].

2·1·1 Great Rivers 211

"I was shocked to see the limited resources for counseling/therapy and substance treatment."
-211 Great Rivers

Substance use treatment programs include[27]:

- Intervention & prevention efforts
- Withdrawal management centers
- Day treatment
- Inpatient and outpatient facilities
- Residential programs

In Chippewa County, WI

There is only 1 state licensed substance use treatment program in Chippewa County, WI. **Community Counseling Services** is located in Chippewa Falls, WI and offers a program for intoxicated drivers[28]. There are no withdrawal management centers, methadone clinics buprenorphine clinics, or suboxone clinics in Chippewa County.

Alcoholics Anonymous (AA)

3 cities in Chippewa County offer (AA) programming-- Bloomer, Chippewa Falls, and Stanley[A].

Narcotics Anonymous (NA)

Chippewa Falls is the only city in Chippewa County that offers NA programming[A].

Residential Programs

***Sophie's Sober House** in Bloomer is the only residential program in Chippewa County[A].*

Outpatient Facilities

There are 3 substances use outpatient facilities in Chippew County. All are in Chippewa Falls[A].

Coming Soon

Aspirus Hospital

Aspirus Health is building a new hospital in Chippewa Falls. The first phase of development will provide comprehensive healthcare services including primary care, emergency services, inpatient care with 10 beds and 10 treatment rooms, an on-site clinic with 12 treatment rooms, imaging services (X-ray, CT), laboratory services, pharmacy, and dietary offerings, along with helipad capabilities for emergency transport needs. Once fully approved, this new facility is projected to begin serving the community within 18 months, significantly enhancing local healthcare accessibility and emergency response capabilities. **Learn more:** www.aspirus.org/chippewafalls

Chippewa Valley Health Cooperative

The Chippewa Valley Health Cooperative has acquired the former St. Joseph's Hospital building from HSHS and will rename it Chippewa Valley Cooperative Hospital (CVCH), with operations beginning in Fall 2025 and expanding to full hospital capabilities by Summer 2026. The Chippewa Falls location will serve as an interim campus while CVCH's permanent facility in Lake Hallie is under construction, scheduled to open in early 2028. Initial services launching in Fall 2025 will include a 30-bed hospital with 5-bed ICU, 24/7 emergency department, medical-surgical services, laboratory and diagnostic services includin comprehensive laboratory and radiology capabilities, while Summer 2026 will bring additional services including cancer and infusion care, advanced wound care, and specialty care services. **Learn More:** chippewavalleyhealthcooperative.org/news/

Lutheran Social Services of Wisconsin and Upper Michigan (LSS)

The Chippewa Falls City Council has unanimously approved a special use permit for LSS to repurpose the former L.E. Phillips Libertas facility, with plans to offer services similar to other LSS facilities and formerly provided at Libertas, hoping to open in early 2026 pending financial approval. LSS is planning a 50-bed treatment center available to men needing recovery services, with women continuing to go to Eau Claire for treatment. The facility will offer daily evidence-based treatment methods and group activities designed to inform, educate, and motivate clients during their recovery and transition back to the community. **Learn more:** www.lsswis.org

Rogers Behavioral Health

The Wisconsin Joint Finance Committee approved a substantial investment for a Rogers Behaviroal Health hospital to open in Chippewa Falls, WI. Rogers Behavioral Health provides crisis stabilization, residential treatment, and adult and youth outpatient services. **Learn more:** rogersbh.org

Key Findings

Overall Context

Healthcare access is a challenge in Chippewa County, intensified by the April 2024 closure of HSHS hospitals and treatment centers. Barriers include affordability, provider shortages, long travel distances, and extended wait times, all of which strain residents' health an wellbeing.

Key Barriers

- **Affordability**
  - 31% of households live below the ALICE threshold, unable to meet basic needs despite employment.
  - High out-of-pocket costs & medical debt (more burdensome than state/national averages).
  - Insurance access uneven, especially in rural communities.
- **Accessibility**
  - Primary Care: Only 1 provider per 6,088 residents (vs. 1:1,500–2,000 recommended).
  - Acute Care: Hospital bed capacity critically low after HSHS closures.
  - Ambulatory Care: High costs, poor provider-patient communication.
  - Mental Health: 1 provider per 980 residents; no local inpatient facilities.
  - Long-Term Care: Only 284 licensed beds; caregiver fatigue and limited respite support.
  - Specialty Care: Long-distance travel, long waitlists, high costs.
  - Children's Health Needs: Gaps in autism services, therapy, and pediatric specialties; families travel hours for care.
  - Substance Use Treatment: Only one licensed program; no withdrawal management or medication-assisted treatment.

Key Takeaways

- Insurance coverage is generally strong but uneven; rural residents more vulnerable.
- Employer-based insurance remains the primary pathway to coverage.
- Medical debt is less common but heavier when it occurs.
- Out-of-pocket costs remain a major strain across all income levels.

Community Voices

- Residents cite capacity/availability, affordability, and communication as top concerns (Voices Survey, 2025).
- Ambulatory care = most costly; acute care = long waits, staff shortages.

Emerging Solutions

- Aspirus Hospital (2026) – Adds ER, inpatient, and primary care capacity.
- Chippewa Valley Cooperative Hospital (2025–2026) – Restores 24/7 ER, specialty care, and cancer treatment.
- Lutheran Social Services Facility (2026) – 50-bed substance use treatment center.
- Rogers Behavioral Health – crisis stabilization, residential treatment, adult and youth outpatient services.

Next Steps + Recommendations

The Access to Care Collaborative reviewed the report findings and, through discussion, shared lived experiences, and professional expertise, identified **eight (8) key recommendations**. These recommendations are intended to guide actionable next steps and suppo meaningful improvements in healthcare access for residents of Chippewa County, WI.

Data Validation	Community members and health systems should work together to compare perceptions—such as challenges with scheduling timely appointments—with system-level data. This collaboration can help confirm where gaps truly exist, build mutual understanding, and identify underlying factors that shape residents' experiences with access to care.
Patient Feedback	Continuously collect patient experience feedback in a standardized way across all care settings. Design feedback methods so all patients can participate, regardless of language, literacy, or age. Be transparent about how feedback is used and ensure questions are clear and unbiased.
Dissemination of Report	The findings and recommendations from this Access to Care report should be shared with key stakeholders and community members who are directly involved in or impacted by access to care. Special attention should be given to organizations actively working on access-to-care initiatives to ensure that ongoing efforts align with the current needs of the community.
Local Considerations	Decision-making and planning should be guided by up-to-date information on community conditions and local needs. Local data should be collected and analyzed regularly to support evidence-based decisions and ensure strategies remain effective.
Awareness of Available Appointments	Providers offering same-day appointments and other services that improve access to care should actively and strategically promote these options. Information should be shared in clear, accessible formats and distributed widely to ensure all Chippewa County residents are aware of available services.
Telehealth Comfortability	Campaigns, programs, and educational initiatives should promote the use of telehealth, where appropriate, to reduce transportation and geographic barriers to care. Telehealth can also help alleviate facility capacity challenges by providing alternative access points for patients.
Health & Health System Literacy	Focused efforts should be made to improve health literacy and strengthen community members' ability to navigate the healthcare system. Education should include practical topics such as when to seek different types of care, how to advocate fo oneself, and what questions to ask during appointments. These initiatives should target both individual patients and the broader community to build confidence and self-efficacy.
Intentional Collaboration & Communication	Regular collaboration and communication among all care providers serving Chippewa County should be strengthened. Establishing recurring meetings will create opportunities to share updates, discuss emerging trends, introduce new providers, highlight unique community needs, and foster collaboration to improve care coordination.

With any questions or comments on these recommendations, please contact the Chippewa County Department of Public Health:
Email: health@chippewacountywi.gov | **Phone**: 715-726-7900 | **Address**: 711 N. Bridge St., Room 121, Chippewa Falls, WI 54729

References

1. Chippewa County Department of Public Health. (2024). *2024 Community Health Assessment*. https://www.healthychippewa.org/documents/ff43ecc415934d4faf4a7c352ed3b988
2. Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. (2003). Unequal Treatment: Confronting Racial and Ethnic Disparities Health Care (B. D. Smedley, A. Y. Stith, & A. R. Nelson, Eds.). National Academies Press (US). http://www.ncbi.nlm.nih.gov/books/NBK220358/
3. Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health literature summaries: Access to health services. In Healthy People 2030. U.S. Department of Healtl and Human Services. Retrieved July 14, 2025, from https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services
4. Centers for Disease Control and Prevention. (2024, January 17). Why is addressing social determinants of health (SDOH) important? CDC. Retrieved July 14, 2025, from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html cdc.gov+2cdc.gov+2cdc.gov+2jphmpdirect.com+7cdc.gov+7cdc.gov+7
5. U.S. Census Bureau. (2020). QuickFacts: Chippewa County, Wisconsin. Retrieved July 14, 2025, from https://www.census.gov/quickfacts/fact/table/chippewacountywisconsin/PST0452
6. United For ALICE. (2025). The state of ALICE in Wisconsin: 2025 update on financial hardship. United Way of Wisconsin. https://www.unitedforalice.org/Wisconsin
7. Chippewa County Department of Public Health. (2025). Chippewa County Voices survey report. https://www.healthychippewa.org/pathways-to-health
8. U.S. Census Bureau. (2023). Estimated median income of a family, between 2018–2022 [Map]. Census Data Explorer. Retrieved July 14, 2025, from https://data.census.gov/
9. U.S. Census Bureau. (2023). Estimated percent of families that live in deep poverty, between 2018–2022 [Map]. Census Data Explorer. Retrieved July 14, 2025, from https://data.census.gov
10. Urban Institute. (2024, September 18). Debt in America: An interactive map [Data tool]. Retrieved July 14, 2025, from https://apps.urban.org/features/debt-interactive-map/?type=overall&variable=totcoll&state=55&county=55017
11. Esri. (2024). Health care: Chippewa County, WI (55017) [Infographic]. https://www.esri.com/data/esri_data
12. U.S. Census Bureau. (2023). Estimated percent of all people without health insurance, between 2018–2022 [Map]. Census Data Explorer. Retrieved July 14, 2025, from https://data.census.gov/
13. Health Resources and Services Administration. (2023). Index of Medical Underservice (IMU) score [Interactive map]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/mua-find
14. Health Resources and Services Administration. (2023). Primary Care Health Professional Shortage Area score [Interactive map]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/hpsa-find
15. KFF. (2023). Primary Care Health Professional Shortage Areas (HPSAs) [Interactive map]. https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/
16. Wisconsin Statute § 39.385 (2022). Primary care and psychiatry shortage grant program. https://law.justia.com/codes/wisconsin/2022/chapter-39/section-39-385/
17. NorthLakes Community Clinic. (2025). Clinic use data by Chippewa County Residence [Unpublished data].
18. Open Door Clinic. (2024). Open Door Clinic Fact Sheet 2024 [Unpublished report].
19. Health Resources and Services Administration. (2021). Rate of hospital beds per 1,000 people [Interactive map]. U.S. Department of Health and Human Services. https://data.hrsa.gov/ma
20. National Center for Health Statistics. (2021). Community hospital beds and average annual percent change, by state: United States, selected years 1980–2019. In Health, United States, 202 2021 (Table BedComSt). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
21. Health Resources and Services Administration. (2023). Population underserved by mental health professionals [Interactive map]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/hpsa-find
22. Health Resources and Services Administration. (2023). Mental Health Professional Shortage Area score [Interactive map]. U.S. Department of Health and Human Services. https://data.hrsa.gov/tools/shortage-area/hpsa-find
23. Cleveland Clinic. (2024, September 9). Substance use disorder (SUD): Symptoms & treatment. https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud
24. Substance Abuse and Mental Health Services Administration. (2024, November 25). About recovery. https://www.samhsa.gov/substance-use/recovery/about
25. Centers for Disease Control and Prevention. (2024, April 25). Treatment of substance use disorders. https://www.cdc.gov/overdose-prevention/treatment/index.html
26. Jason LA, Salomon-Amend M, Guerrero M, Bobak T, O'Brien J, Soto-Nevarez A. The Emergence, Role, and Impact of Recovery Support Services. Alcohol Res. 2021 Mar 25;41(1):04. doi: 10.35946/arcr.v41.1.04. PMID: 33796431; PMCID: PMC7996242.
27. Wisconsin Department of Health Services. (2025, February 28). Consumer guide: Finding and choosing substance use treatment programs. https://www.dhs.wisconsin.gov/guide/aoda.h
28. Wisconsin Department of Health Services. (2025, July 3). Community Substance Use Program Certification Directory [PDF]. https://www.dhs.wisconsin.gov/regulations/su/su-only-directory.pdf
29. Chippewa, Wisconsin. County Health Rankings & Roadmaps. (2024). https://www.countyhealthrankings.org/health-data/wisconsin/chippewa?year=2025

A. Great Rivers 211. (accessed June 4, 2025). Community resource database. https://www.greatrivers211.org/

CHIPPEWA COUNTY
Public Health

Chippewa County
Department of Public Health

715.726.7900
health@chippewacountywi.gov
711 N. Bridge St., Room 121
Chippewa Falls, WI 54729

STATEMENT OF EXPLANATION
PUBLIC HEALTH DIRECTOR'S PROGRAM AND FINANCIAL REPORT – BRITTNAY FORTUNA

Public Health Director Brittnay Fortuna provides a department program and financial report for review and discussion.

CHIPPEWA COUNTY Public Health

Health & Human Services Board
Brittnay Fortuna's Director's Report

October 16, 2025

Administration Division

The Administration Team has been working diligently to prepare for the upcoming flu vaccination clinics. Over the next several weeks, we will be supporting school-based clinics, nursing homes, and Walk-In Thursdays (October 2–November 20), as well as hosting public clinics to help ensure broad community access to flu vaccines.

Beyond clinic preparation, our team has remained busy with a wide range of responsibilities. The team has assisted with a variety of responsibilities. These include scheduling appointments, responding to car seat safety inquiries, and providing Breastfeeding Peer Counseling. Additional tasks have included billing for PNCC and reproductive health services, managing grant financials and reporting, loaning wheelchairs, distributing water sample materials, and sharing general Public Health information.

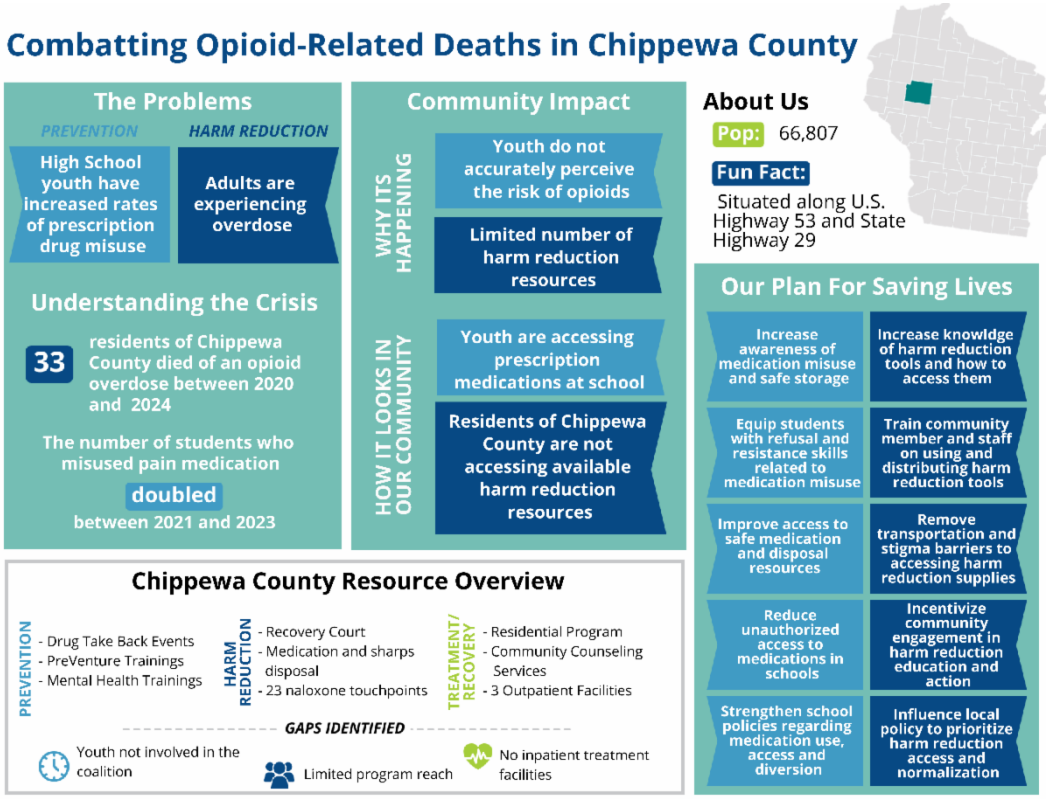
Community Health Division

Chippewa County Coalition Members Engage in Statewide Prevention Efforts

On August 20, representatives from the Chippewa County Healthy Communities Coalition and Chippewa County joined regional partners in Wausau for a Legislative Breakfast hosted by the Northwoods Coalition. The event marked the conclusion of a four-part national training series conducted by CADCA (Community Anti-Drug Coalitions of America), which several members of Chippewa County successfully completed.

Throughout the training, participants built key prevention and harm reduction tools—including logic models, strategic plans, and data-driven frameworks—to help guide local efforts and align with national best practices. The Legislative Breakfast provided an opportunity to share this work, learn more about the allocation of Opioid Settlement Dollars from the Wisconsin Department of Health Services, and hear from other counties about their innovative approaches to substance use prevention.

By completing this series and connecting with peers across the region, Chippewa County continues to strengthen its capacity to advance evidence-based strategies and support healthier, safer communities.



Measles Update – September 2025

- **Local Status:** As of October 2, Chippewa County continues to report no confirmed measles cases.
- **Wisconsin Cases:** As of October 2, the Wisconsin DHS measles dashboard reports 36 confirmed cases in Oconto County, all linked to a single out-of-state travel exposure. Two of these individuals required hospitalization, and all cases have been laboratory-confirmed.
- **National Context:** According to the CDC measles data dashboard (updated October 1, 2025), the U.S. has reported 1,544 confirmed cases across 42 jurisdictions, including 42 outbreaks. The vast majority, over 90%, occurred in unvaccinated individuals or those with unknown vaccination status.
- **Wisconsin Wastewater Monitoring**: We continue monitoring the Wisconsin DHS Wastewater Surveillance Program, which tests for measles at 44 sites statewide.
- **Risk and Response:** Measles cases are rising nationally, with Minnesota reporting 10 new cases, all among unvaccinated individuals. Chippewa County has no confirmed cases, but risk remains due to regional activity and under-vaccination. Local efforts focus on reinforcing protocols, ensuring MMR access, and promoting public awareness to check records, vaccinate, and call healthcare systems ahead of appointments, if symptomatic.

Respiratory Season

Each fall and winter, illnesses such as influenza, COVID-19, and RSV place added strain on our community. Preventive measures, including frequent handwashing or use of sanitizer, covering

coughs and sneezes, staying home when ill, and keeping up to date on recommended vaccines, remain our best defense.

Starting in October, CCDPH will once again offer free influenza vaccinations across all school districts through school-based mass clinics. These clinics provide a convenient, barrier-free way for children to receive their seasonal flu vaccine. Families and schools have consistently shared positive feedback on their accessibility and ease. Building on last year's success, we are also expanding our sensory-friendly vaccination clinics to create a supportive environment for children with sensory needs.

Influenza and COVID-19 vaccines will also be delivered in assisted care facilities, to homebound residents, and through our department. Walk-in clinics are scheduled at the health department on Thursdays, October 2 through November 20, from 9:00 AM to 11:00 AM, with two additional public vaccination events in October. These opportunities will be widely promoted to ensure community access.

Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In September, we received 17 new reports: 35 confirmed (5 Chlamydia, COVID-19, and 1 COVID-19-Associated Hospitalization); 11 probable cases (10 Lyme Laboratory Reports and 1 Hepatitis C); and 45 that did not meet the definition of a case (11 Lyme Laboratory Reports, 8 Hepatitis A, and 8 Lead-Blood Levels-Adults). See the attached report for further breakdown by disease type.

Environmental Health Division (EH)

Our Nitrate lab is making progress! Our machine and equipment have been calibrated, and standard solutions have been made. The team needs to complete a month's worth of practice testing and data collection, then they can work with the DNR to become an accredited Nitrate lab. The team is aiming for the middle of November, depending on the DNR's timeline.

Fourteen private samples were collected and processed in September. Our water lab is preparing to promote our bacteria sample services with a campaign: Know What's In Your Glass- Don't Guess It, Test It! The focus will be on increasing awareness of annual bacteria sampling with social media posts, reaching out to our local municipalities, and contacting our well and pump installers about the water lab!

The team completed 26 routine inspections this month, wrapping up campgrounds and our seasonal food facilities. The team will complete our school food safety inspections next month, as well as prepare for a new full-time employee!

Kyle, Bre, and Reggie attended the Wisconsin Environmental Health Association/National Environmental Health Association Regional Conference in September to continue to develop their inspection skills and learn about current trends in the field. Some topics included: body art inspections, situational awareness training, nitrate and nitrite in drinking water, beach testing and restoration, fire suppression and hood system inspections, and more!

Nutrition Division

Women, Infants and Children (WIC) Program

Government Shutdown and WIC update

Currently, WIC agencies are open, and families are encouraged to shop with their benefits and keep their WIC appointments. The Wisconsin Department of Health Services (DHS) is closely monitoring the situation and keeping local agencies updated. Stephanie will be attending weekly State WIC director calls for the duration of the shutdown. The State WIC Office has not received FY26 funding, which was expected to have been received by October 1. There are four different "pots" of funding for Wisconsin WIC to draw from during the shutdown to continue providing food benefits and services to WIC participants. It is estimated that there is enough funding to provide food benefits for up to 30 days. DHS will post updates on their website, https://www.dhs.wisconsin.gov/wic/index.htm. We will provide communications to our families as needed during this time.

Food Rule and Food Package Changes

On September 30, all WIC food benefits were updated to comply with the new food rule. All WIC participants will see these changes take effect for their October benefits. Communications via one-on-one visits, texts, emails, and app alerts about these changes have been ongoing for months with families. Highlights of these changes are on our WIC website: https://www.chippewacountywi.gov/wic. Overall, reactions to the changes have been positive. Families especially like the various substitution options and addition of fish.

Farm Fresh Produce Program and Farmers Market Nutrition Program (FMNP) Updates

FMNP check issuance ended on September 30, 2025. Staff issued 508 booklets of checks from July through September, worth $12,700. WIC participants have until October 31 to redeem their checks,

and farmers have until November 8 to deposit checks, so final redemption rates won't be available until at least December.

New WIC participants or those who are interested can continue to receive Farm Fresh Produce Program vouchers in October, which staff are excited to be able to offer. As of October 1, 346 sets of vouchers have been issued, and farmers have been returning vouchers to Public Health for reimbursement.

Fit Families Update

We have received our FY26 final funding award, which is $22,913 to use from October 1, 2025, through January 31, 2026. This is higher than originally expected because many projects declined funding, so there was more available for redistribution. Amy and Steph have already been in communication with the Pathway for Health Action Team of our Chippewa County Healthy Communities coalition to assess and brainstorm ideas to help increase access to healthy foods in Chippewa County.

ForwardHealth Grant

Government Shutdown updates

Medicaid and BadgerCare Plus members still have coverage to get the care and services they need. For updates, visit the Medicaid News page.

FoodShare members can use their October benefits on their QUEST cards to buy food during a shutdown, and will get October benefits on schedule. For updates, visit the FoodShare News page.

Planning and Strategy

Stakeholder Contact List

To improve coordination across the department, the Planning and Strategy Division, with support from staff across the department, developed a new stakeholder contact list that brings together community organizations, schools, first responders, government agencies, healthcare partners, state and federal contacts, and more. This process not only streamlines how divisions share and update information but also fulfills Public Health Accreditation Board (PHAB) reaccreditation requirements by ensuring we regularly identify and update key stakeholders.

Children's Resource Center – West

Over the past month, the Children's Resource Center – West has continued to build momentum in both service delivery and outreach. We are proud to share that we were awarded funding through the Maternal and Child Health (MCH) Title V Block Grant for the five-year cycle. This includes continued funding to operate the Children's Resource Center – West for Children and Youth with Special Health Care Needs (CYSHCN), as well as a new award for Family Peer Support (Part A) in the Western Region. This new grant will allow us to build on areas where we are already succeeding in supporting families while also expanding into new areas of family-focused work. These awards provide a strong

foundation for our ongoing efforts and affirm the importance of the services we provide to families across our 18-county region.

Our outreach work remains steady, as staff continue to participate in community events to connect directly with families and professionals. These opportunities allow us to spread awareness of our services and ensure families know where to turn for support. Alongside this, our call volume has remained at a higher and steady rate, which reflects both the seasonal trends of back-to-school transitions and the continued need for our support services.

We are also focused on deepening collaboration with our partners. Each season brings new opportunities to strengthen existing relationships and establish new ones, and this fall has been no exception. These partnerships help us respond more effectively to the needs of families and professionals across the region.

Looking ahead, we have begun planning parent resilience workshops for later this year. These workshops will further integrate resilience into the work we do with families, providing timely support as families navigate both the stressors of the school year and the challenges that can arise during the holiday season.

Finally, we are pleased to report the successful onboarding of a new intern who will support our team in strengthening and broadening our work as a Children's Resource Center. This additional capacity will help us continue to innovate and grow in meaningful ways.

Chippewa County Healthy Communities

As part of its role as the backbone organization for Chippewa County Healthy Communities (CCHC), the Chippewa County Department of Public Health provides coordination, facilitation, and strategic support, including the Drug-Free Communities grant. This work is led by the Planning and Strategy Division, which oversees day-to-day coalition activities and partner engagement.

Recent highlights from CCHC include:

- **Pathways to Health (PTH):** Coalition members recently connected with Feed My People to better understand current food access challenges in Chippewa County. Plans are developing for actionable projects to enhance access to nutritious foods and support food security for families. Additionally, work is beginning on a centralized resource hub to help residents navigate care options in Chippewa County. This hub will address barriers such as digital literacy, health insurance navigation, and knowledge of local care providers. The team is coordinating with partners like FindHelp (Aunt Bertha) to align efforts and avoid duplication.

- **Mental Health & Wellbeing (MHWB):** Planning is underway for a new campaign to support men's mental health. The campaign is intended to include coasters printed with resources for free mental health services, which will be distributed to alcohol-serving establishments across Chippewa County. Partners such as Northwoods COPE Coalition, Heads Up Guys, and the 988 Suicide & Crisis Lifeline are engaged to ensure the campaign uses trusted resources and proven strategies. This initiative has been successful in other northern Wisconsin counties and

is highlighted as an evidence-based approach in the 2025 Wisconsin Suicide Prevention Plan.

The team is also assessing and recruiting qualified trainers for evidence-based mental health training (such as QPR and Mental Health First Aid). Once trainers are in place, a promotional campaign will launch to encourage businesses and employers to offer these trainings, expanding access to lifesaving skills across our community.

- **Voices in Prevention (VIP):** The team has completed a literature review and is finalizing the mapping of tobacco retail outlet density in Chippewa County. Findings will be shared at the next Action Team meeting to guide prevention strategies.

  This October, VIP will focus on reaching middle school students with prevention and awareness activities. Last year, the coalition coordinated the One Pill Can Kill presentations for all public high schools, and this year's shift to younger students reflects a proactive approach to prevention.

Single Point of Entry: Centralized Support for Families of Children with Special Needs in Chippewa County

The Children's Resource Center-West (CRC-West) serves as the Single Point of Entry for families in Chippewa County seeking support for children with special needs. This means families can contact CRC-West as a central place to access a variety of services without needing to reach out to multiple organizations. Under a contract with the Department of Human Services, CRC-West connects families to programs like Birth to Three, Children's Comprehensive Community Services (CCS), the Children's Long-Term Support (CLTS) Waiver, and assists with functional screenings for these services.

We are currently in the process of filling our open Medical Services Screener position. The Chippewa County Department of Human Services continues to temporarily complete all functional screens to ensure continuity of services.

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 9/1/2025 to 9/30/2025

Disease	Confirmed	Probable	Suspect	Not A Case	Total
LYME LABORATORY REPORT	0	10	0	11	21
HEPATITIS A	0	0	0	8	8
LEAD-BLOOD LEVELS - ADULT	0	0	0	8	8
CHLAMYDIA TRACHOMATIS INFECTION	5	0	0	0	5
CORONAVIRUS, NOVEL 2019 (COVID-19)	5	0	0	0	5
HEPATITIS C, CHRONIC	0	1	1	2	4
BABESIOSIS	2	0	0	1	3
CAMPYLOBACTERIOSIS	2	0	1	0	3
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	0	0	0	3	3
SYPHILIS REACTOR	0	0	0	3	3
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	2	2
HEPATITIS B, CHRONIC	0	0	0	2	2
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	2	0	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	1	1	2
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	0	0	2	0	2
ANAPLASMOSIS, A. phagocytophilum	0	0	0	1	1
BLASTOMYCOSIS	1	0	0	0	1
CARBAPENEMASE PRODUCING ORGANISM (CPO)	0	0	0	1	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19) - ASSOCIATED HOSPITALIZATION	1	0	0	0	1
E-COLI, ENTEROPATHOGENIC (EPEC)	0	0	1	0	1
GIARDIASIS	0	0	1	0	1
LYME DISEASE, ERYTHEMA MIGRANS (EM) RASH	1	0	0	0	1
MUMPS	0	0	0	1	1
PSITTACOSIS (ORNITHOSIS)	0	0	1	0	1
TULAREMIA	0	0	1	0	1
VARICELLA (CHICKENPOX)	0	0	0	1	1
Total	17	11	11	45	84

Default Filters: 'State' EQUAL TO 'WI'

CHIPPEWA COUNTY
Public Health

Public Health Financial Results

September 2025

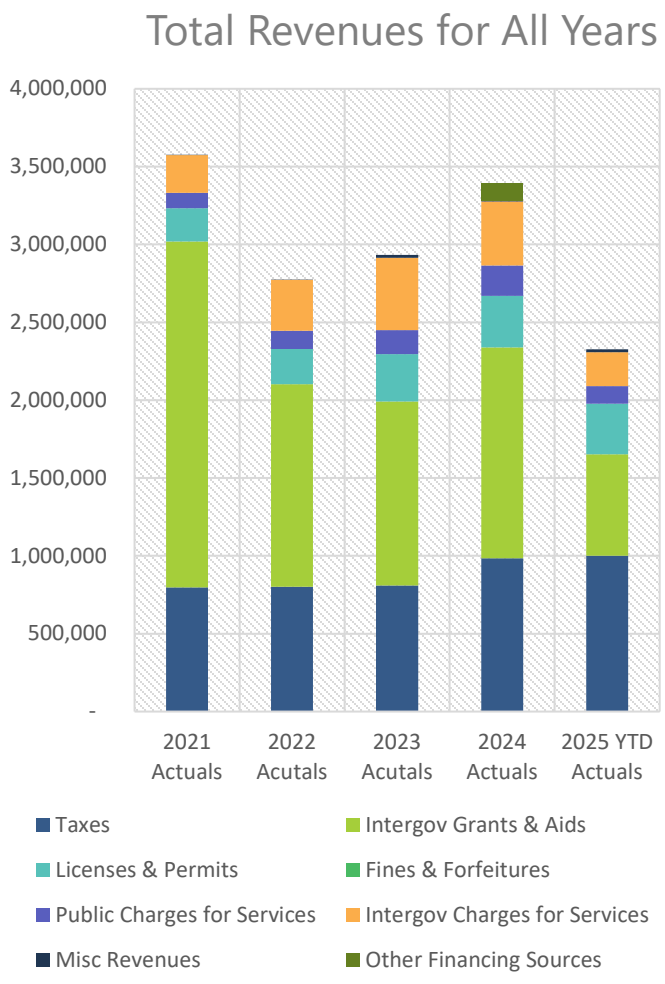
		Revenue			Expense		
Fund	Description	Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	$ (593,947.00)	$ (552,182.29)	93.0%	$ 593,947.00	$ 364,291.27	61.3%
54121	Nurse Family Partnership	(123,650.00)	(74,439.73)	60.2%	123,650.00	86,023.31	69.6%
54123	Farmers Market	(3,930.00)	(209.43)	5.3%	3,930.00	1,885.09	48.0%
54125	Prenatal Care Coordination	(27,536.00)	(12,546.21)	45.6%	27,536.00	26,325.36	95.6%
54127	Healthy U	(31,393.00)	(22,925.87)	73.0%	31,393.00	16,647.04	53.0%
54128	Public Health Preparedness	(47,943.00)	(26,959.63)	56.2%	47,943.00	30,166.42	62.9%
54129	TN Program	(56,587.00)	(47,326.54)	83.6%	56,587.00	35,377.45	62.5%
54130	CHIP Coalition	(4,500.00)	-	0.0%	4,500.00	254.81	5.7%
54132	Drug Free Community Grant	(139,083.00)	(64,753.34)	46.6%	139,083.00	67,334.60	48.4%
54133	Iron Will Endowment Fund	(1,881.00)	(2,190.73)	116.5%	1,881.00	19.16	1.0%
54135	Bright Start River Source	(10,997.00)	(10,350.10)	94.1%	10,997.00	9,968.88	90.7%
54138	Planning & Strategy	(325,662.00)	(310,358.59)	95.3%	325,662.00	244,151.71	75.0%
54140	WIC	(433,809.00)	(298,540.89)	68.8%	433,809.00	282,361.87	65.1%
54142	Maternal & Child Health Program	(32,143.00)	(10,496.99)	32.7%	32,143.00	12,578.95	39.1%
54144	Wisconsin Wins	(5,065.00)	(4,643.56)	91.7%	5,065.00	4,507.71	89.0%
54149	Pre-Venture	(20,747.00)	(2,766.89)	13.3%	20,747.00	3,021.52	14.6%
54150	Prevention	(9,346.00)	(6,433.00)	68.8%	9,346.00	6,400.58	68.5%
54151	Equipment Loan Closet	(2,997.00)	(417.29)	13.9%	2,997.00	1,878.77	62.7%
54152	Childrens Resource Center	(242,490.00)	(139,518.10)	57.5%	242,490.00	164,127.83	67.7%
54153	WIC Endowment	-	(2,547.62)	#DIV/0!	-	1,445.48	#DIV/0!
54154	Title X Reproductive Health	(6,000.00)	(7,978.04)	133.0%	6,000.00	14,294.18	238.2%
54156	FIT WIC	(41,447.00)	(24,864.26)	60.0%	41,447.00	29,799.02	71.9%
54157	Reproductive Health	(55,193.00)	(23,026.64)	41.7%	55,193.00	26,071.40	47.2%
54158	WIC BF Peer Counseling	(19,995.00)	(17,400.91)	87.0%	19,995.00	24,670.16	123.4%
54161	Health Clinics	(32,652.00)	(4,512.54)	13.8%	32,652.00	15,907.08	48.7%
54162	COVID Vaccine	(23,032.00)	(8,615.34)	37.4%	23,032.00	7,732.81	33.6%
54163	Overdose Fatality Review	(27,347.00)	(14,364.69)	52.5%	27,347.00	32,393.32	118.5%
54164	COVID Contact Tracing	-	(16,000.00)	#DIV/0!	-	16,000.30	#DIV/0!
54165	GYT - Get Yourself Tested	(2,195.00)	(103.35)	4.7%	2,195.00	1,141.32	52.0%
54166	Water Lab	(3,627.00)	(6,297.50)		3,627.00	20,236.97	
54167	NW Coalition	-	(3,800.00)		-	28,530.76	
54168	Farm Fresh Program	-	(15,000.00)		-	645.02	
54171	Food Safety Recreation License	(357,141.00)	(341,832.46)		357,141.00	215,919.57	
54172	Infant Immunization Grant	(16,794.00)	(16,758.13)	99.8%	16,794.00	20,955.74	124.8%
54173	Opioid Abatement	(1,694.00)	(896.97)		1,694.00	4,508.68	
54174	Forward Health Outreach	(33,744.00)	(21,150.55)	62.7%	33,744.00	23,328.94	69.1%
54176	Environmental Health	(79,337.00)	(80,881.47)	101.9%	79,337.00	52,327.88	66.0%
54178	Public Health Infrastructure	(72,867.00)	(13,401.24)		72,867.00	26,135.69	
54180	DHS Agreement	(173,446.00)	(68,664.37)	39.6%	173,446.00	94,920.27	54.7%
54182	Environmental Tracking	-	(1,508.00)		-	1,908.80	
54184	Childhood Lead Poisoning Prev.	(9,927.00)	(3,399.75)	34.2%	9,927.00	3,249.81	32.7%
54186	Charity Outreach Program	(250.00)	-	0.0%	250.00	-	0.0%
54188	WI Wayfinder	(81,987.00)	(41,399.26)		81,987.00	40,406.23	
54189	Sensory Friendly Vaccination	-	-		-	-	
54190	Public Health Donation Expendi	(1,000.00)	(438.72)	43.9%	1,000.00	-	0.0%
		$ 3,153,381.00	**$ 2,326,649.99**	**73.8%**	**$ 3,153,381.00**	**$ 2,059,232.78**	**65.3%**

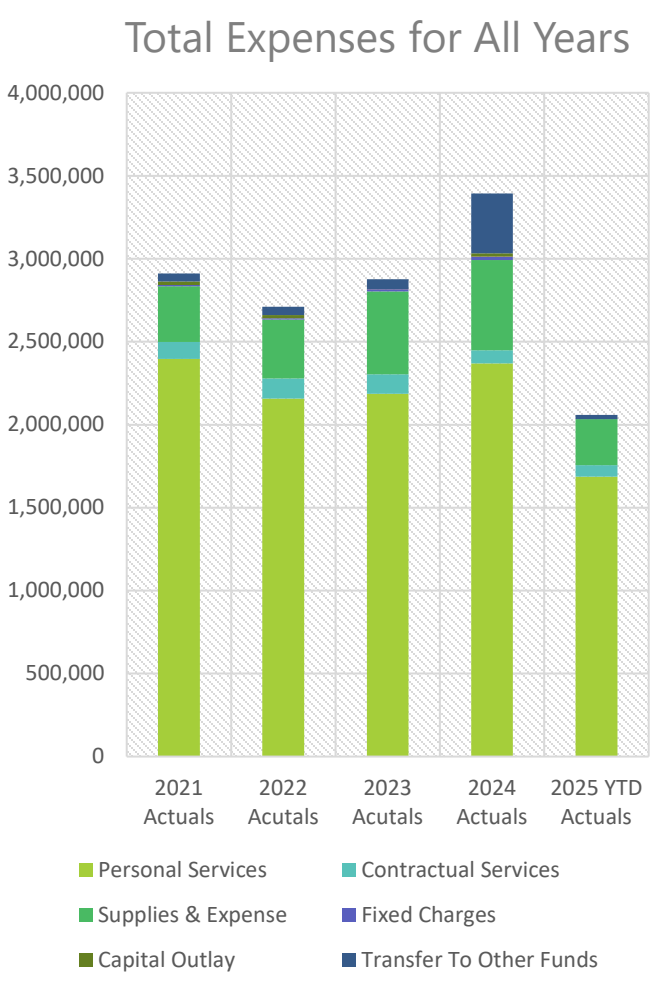
Attachment: October PH Financial Reports (9236 : Public Health Director's Program and Financial Report – Brittnay Fortuna)

CHIPPEWA COUNTY
Public Health

Public Health Revenue vs Expenses

Variance Year-to-Date through September 2025





STATEMENT OF EXPLANATION
HUMAN SERVICES DIRECTOR'S PROGRAM AND FINANCIAL REPORT - BOBBIE JAEGER/PAUL BRENNER

Human Services Director, Bobbie Jaeger, and Senior Fiscal Manager, Paul Brenner, provide a department program and financial report for review and discussion.

Human Services Director's Report

Board Meeting Date: October 16, 2025

WCHSA Updates

Division of Children and Families (DCF) and CYF PAC

- The Wisconsin Shares Child Care reimbursement rates were increased as of October 1st. Maximum rates will be at or above the price of 75% of childcare slots
- PAC produced a professional foster parent tool kit now available to all counties.

Division of Health Services (DHS)

- DHS is closely monitoring the federal government shutdown. Badgercare and Medicaid programs will have no interruption and Foodshare benefits for October went out as scheduled.

Behavioral Health PAC

- PAC is working on more comprehensive training for CCS staff to meet requirements

Department and Division Updates

Department Updates

- DHS Leadership has implemented a quality improvement tool based on the work done by public health. This tool is utilized by leadership in division meetings to guide reflective questions into conversations the drive quality improvement of services and service delivery.

Work Anniversary CONGRATS and THANKS to the following staff for their service and dedication:

- Tara Mrozinski – 17 Years
- Beth Nyhus – 15 Years
- Angel Lequia – 10 Years
- Erin Johnson – 4 Years
- Michelle Fellom – 4 Years
- Adam Kuba – 2 Years
- Ann Mueller – 2 Years
- Duncan Swanson – 2 Years
- Jacque Gundlach – 2 Years
- Kaitie Papineau – 2 Years
- Nichole Velie – 2 Years
- Hannah Peterson – 1 Year

Division Updates

Aging & Disability Resource Center (ADRC)

- The ADRC is pleased to partner once again with Cardinal Community Learning Center and local businesses to bring the 3rd Annual Age Your Way Conference to Chippewa Falls on October 17. This event is held at CVTC and provides an engaging day of workshops, keynote speakers, and resource connections to enhance participants' quality of life while fostering community connections.
- Medicare Open Enrollment begins October 15, and a few new processes have been implemented to help streamline operations. Demand continues to exceed capacity, so requests will be triaged to ensure those without support receive the assistance they need. With everyone working together, this busy period will be handled smoothly and successfully.

Children, Youth & Families (CYF) Division

Birth to Three (B-3)

- In September 2025, Birth-to-Three had twenty-one new referrals.
- Caseloads continue to stay high; however, the team continues to work hard and meet all the required enrollment timelines since Birth-to-Three is not allowed to have a waitlist. The Department explored other contract agencies to see if it was possible to cut costs but the cost would be comparable or much higher with other contracted providers.

Children, Youth & Families (CYF) Division

Child Protective Services (CPS)

- In September 2025, the Department received sixty-one reports alleging Child Abuse and/or Neglect; of those reports, twenty-one reports met the State Statue definition to screen-in to complete an assessment or offer services.
- In September 2025, Child Protective Services had to remove one teenager who no longer had a guardian.
- In September 2025, the Department was able to reunify one child and close two children's cases; one case close due to Termination of Parental Rights and one case closed due to Subsidized Guardianship.
- Child Protective Services wrapped up two grant funding cycles at the end of September 2025. The Unit was able to utilize $33,036.06 to keep families together, reunify children faster, and support relative caregivers. Part of these funds allowed the Unit to provide all Kinship Providers with a $150.00 gift card to Walmart or Kwik Trip for National Kinship Month!

Children, Youth & Families (CYF) Division

Children with Differing Abilities (CWDA)

- The CLTS team welcomed Sydney Brown to the team as of 9/29/2025. The team is considered fully staffed for 2025 and will be posting for the open 2026 position in November.
- The CWDA team has worked very hard and is officially under the required 90-day timeline of referral to enrollment, at 68 days!
- The updates to Avatar have gone live as of October 1st. Changes continue to be made to ensure all program requirements are met.
- There are currently 9 referrals on the enrollment queue waiting to be found eligible. There are 6 CLTS consumers on the enrollment queue, and 0 for CCS.

Children, Youth & Families (CYF) Division

Youth Justice (YJ)

- We hosted the first quarterly meeting of the Chippewa County School Threat Assessment Coalition. It was well attended by law enforcement, DHS, schools as well as Senator Jesse James.
- Our current Girls Moving On (GMO) group is nearing completion, with five female youth poised to graduate.
- We consulted with the State on tailored dispositional orders for our youth. We will be working on revisions and meeting with the judges to get their input.

Economic Support (ES) Division

- We have 2 new staff starting on 10/13, Carrie Gustafson and Preston Ziebell. This fills all vacancies for Chippewa County.
- Thank you to Brittney Gee for 9years of service to Chippewa County and best wishes to her as she continues her service at the state level.
- Great Rivers is reintroducing Training Opportunities for staff to submit when finding errors on a case. Training Opportunities play a critical role in our quality control efforts and helps fill the gap by giving us a clearer picture of issues as they arise across many programs and procedures. They allow us to:
    - Learn from real situations
    - Strengthen accuracy in our work
    - Identify patterns or trends that may need additional support or even broader system changes at the GRC or DHS level.
- Beginning on Monday, October 27, 2025, Genesys (our call center) will be updating the user interface for all users. This update is designed to streamline navigation, improve visual clarity, and enhance accessibility features such as screen-reader compatibility, keyboard navigation, and better contrast.

Mental Wellness & Recovery (MWR) Division

- September was Suicide Prevention Awareness Month – a time for communities across the country to honor those impacted by suicide, raise awareness about prevention, engage in advocacy and promote mental health resources. Thus far, in 2025 there have been 13 deaths by suicide. 85% male and 15% female. Average age for males 39 and female 71. Lethal means include 5 by firearms, 5 by asphyxiation, 2 overdose and one by exsanguination. We are trending towards our highest deaths since 2018. What can you do? Become trained in QPR (Question, Persuade and Refer). Learn how to recognize warning signs of suicide crisis and how to question, persuade and refer someone to help. For more information reach out to Mental Health & Well-being action team of Chippewa County Health Communities.
- October is National Domestic Violence Month, a campaign to highlight the widespread impact of domestic violences, support survivors and raise awareness about prevention. 1 in 3 women and 1 in 4 men have been physically abused by an intimate partner. Domestic violence incidents affect every person in the home and can have a long-lasting negative impact on a child's emotional well-being.
- Adult Protective Services (APS) for the first 3 quarters of 2025 have completed 161 intakes with 62% screen in for further investigation. APS is a mandated service. Additional 34 referrals have been received to process guardianship requests. 15 requests for protective placement orders. The high demand has resulted in the need to collaborate with the Children, Youth & Families Division for assistance. Thanks to the CPS unit for their openness to explore opportunities.

2025 Monthly Fiscal Information

Through Month of: September 2025

2025 Budget (Total is $37,539,226):	$28,154,419	Prorated – 9 months
Expenses Paid (Through Sept. 30):	21,835,085	
Variance to Budget:	$6,319,334	

Note: The September Over/(Under) amounts are an estimated annualized amount for each placement category. Prior months estimated amounts are shown to indicate if expense variances are trending up, down, or remaining the same.

2025 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2025 Grant Amount*	Over/(Under)
January	80	$351,072	$454,500	($103,428)
February	77	340,536	454,500	(113,964)
March	77	347,772	454,500	(106,728)
April	75	338,960	454,500	(115,540)
May	75	335,534	454,500	(118,966)
June	75	334,152	454,500	(120,348)
July	72	334,356	454,500	(120,144)
August	74	331,860	454,500	(122,640)
September	75	329,280	454,500	(125,220)

2025 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost	2025 Budget	Over/(Under)
January	29	0	$1,365,828	$1,046,000	$319,828
February	31	0		1,046,000	
March	31	0	1,785,004	1,046,000	739,004
April	28	3	2,106,305	1,046,000	1,060,305
May	27	0	2,006,351	1,046,000	960,351
June	30	0	1,989,873	1,046,000	943,873
July	30	0	1,951,154	1,046,000	905,154
August	28	0	1,862,948	1,046,000	816,948
September	28	0	1,824,437	1,046,000	778,437

**Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care*

***Additional children placed with relatives (unpaid)*

2025 Adult Mental Health CBRF Out-of-Home Placements

Month	Out of Home	Projected Cost	2025 Budget	Over/(Under)
January	13	$281,328	$479,041	($197,713)
February	15	399,708	479,041	(79,333)
March	12	474,756	479,041	(4,285)
April	15	457,618	479,041	(21,423)
May	20	492,574	479,041	13,533
June	15	492,340	479,041	13,299
July	11	418,408	479,041	(60,633)
August	10	397,608	479,041	(81,433)
September	13	402,676	479,041	(76,365)

2025 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2025 Budget	Over/(Under)
January	161	$1,090,296	$878,000	$212,296
February	100	751,591	878,000	(126,409)
March	146	852,716	878,000	(24,284)
April	152	1,079,421	878,000	201,421
May	115	1,048,961	878,000	170,961
June	136	1,130,311	878,000	252,311
July	111	1,077,921	878,000	199,921
August*	153	1,125,826	878,000	247,826

**August IMD is the most recent invoice received*

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred).

2025 Kinship

Month	Amount Paid	Monthly Grant Amount
January	0	$37,875
February	28,058	37,875
March	28,734	37,875
April	27,902	37,875
May	27,326	37,875
June	27,882	37,875
July	27,280	37,875
August	26,410	37,875
September	25,928	37,875
Total	**$219,520**	**$340,875**

2025 Children & Youth Placements

Month	Amount Paid	Monthly Budget
January	0	$87,167
February	134,373	87,167
March	82,173	87,167
April	189,086	87,167
May	254,735	87,167
June	155,431	87,167
July	159,577	87,167
August	126,386	87,167
September	207,575	87,167
Total	**$1,309,336**	**$784,503**

2025 Adults in CBRF Placement

Month	Amount Paid	Monthly Budget
January	0	$39,920
February	17,553	39,920
March	49,898	39,920
April	24,651	39,920
May	43,143	39,920
June	27,472	39,920
July	34,368	39,920
August	54,574	39,920
September	42,547	39,920
Total	**$294,206**	**$359,280**

2025 IMD

Month	Amount Paid	Monthly Budget
January	0	$73,166
February	37,179	73,166
March	135,141	73,166
April	79,404	73,166
June	351,114	73,166
July	63,633	73,166
August*	128,936	73,166
Total	**$795,407**	**$585,328**

**August IMD is the most recent invoice received*

DHS Dashboard
Report Date: 10/2025

GRC Calls Received:
12,083
August

GRC Average Speed of Answer:
2.39 Mins
Contract Requirement: ≤10 Minutes
August

GRC FNS Error Rate:
8.37%
State FNS Error Rate: 6.86%
Contract Requirement: Below 6%
Data current: Oct. 2024 – Apr. 2025

Crisis Reports
July-Sept.
216

YJ Referrals
July
32

IMD Expenditures
January-August
Children: $73,312
Adults: $677,239
Total: $750,551

CPS Reports
September
56

GRC Cases
August
60,785

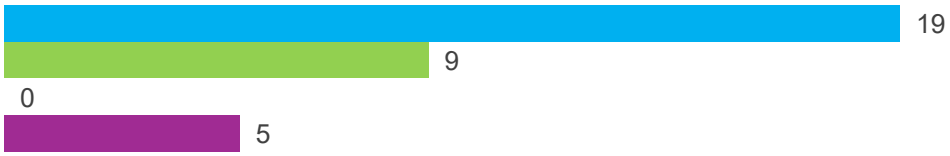
B-3 Referrals
September
22

Meals Served
August
3,258

Benefit Specialist Monthly Contacts
August
171

Options Counselor Monthly Contacts
August
225

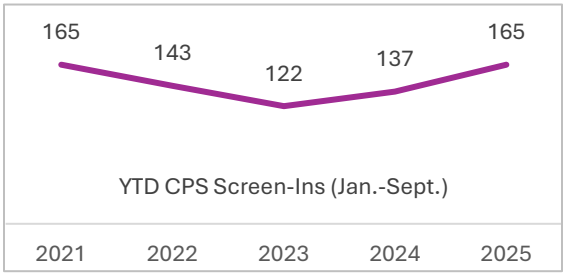
CWDA CASE STATUS

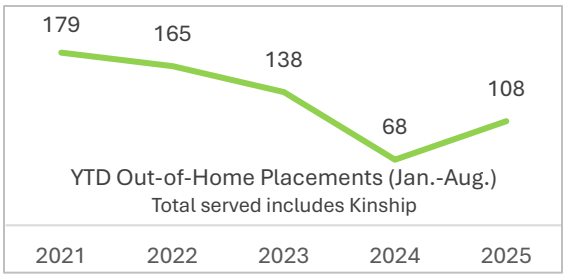


CPS Caseload	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE
IA	9	9	8	6					
Ongoing					13	4	8	3	6

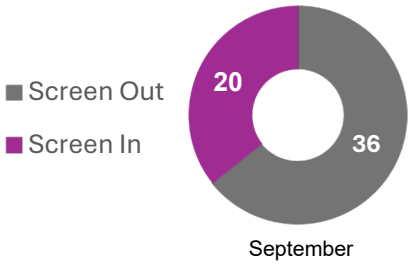
WCHSA Caseload Recommendations
Initial Assessments: 11 cases per worker with no more than 6 new assessments per worker per month
Ongoing: 10 cases per worker with no more than 15 children per worker

YJ Caseload	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	0.5 LTE
Ongoing		18	8	15	5	9
Deferred Agreements	17				1	





CPS SCREENING



CRISIS REPORTS