

GREEN LAKE COUNTY

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HEALTH & HUMAN SERVICES

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2014 ANNUAL REPORT

To: The Honorable Board of Supervisors of Green Lake County
Green Lake County Health & Human Services Board

Ladies and Gentlemen of the County Board and Health & Human Services Board Members:

We respectfully submit for your consideration the 2014 Annual Report for the Department of Health & Human Services (DHHS).

Attached you will find Unit-specific reports outlining services provided by the Department. Each Unit has provided an excellent overview of their respective unit responsibilities, services provided and related data. Since it is not possible to include everything accomplished in this type of report, I would encourage each of you to visit Health & Human Services in Green Lake and Fox River Industries in Berlin for a tour and more detailed review of the services provided and programs available.

Difficult times require creative ways to continue to do our work despite cuts to state funding in critical areas. The Green Lake County Department of Health & Human Services is part of numerous collaborative efforts with other counties and departments. This will continue in 2014 and beyond as we continue to find ways to sustain services in the most cost-effective manner possible. The past several years' annual report went into great detail regarding the various collaborative efforts with other counties we engaged in. Nearly all of those efforts continue with a few added initiatives that began in 2012 and will continue into 2014.

They are:

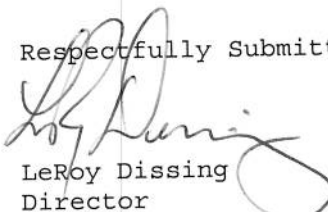
- The Central Wisconsin Health Partnership (CWHP) consisting of now six counties: Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara along with LaClinica in Wautoma. LaClinica is a Federally Qualified Healthcare Center providing primary and dental care to low income families in this region. The goal of CWHP is to improve health by increasing access to behavioral health services. With the Governor's initiative to expand mental health services for those counties wishing to collaborate, this makes the CWHP a perfect venue. The CWHP has applied as a consortium to provide Comprehensive Community Services (CCS) to residents via a "shared services" model which, which was approved on September 1, 2014, meaning the State would pay the 40% federal match versus the county. This would provide 100% funding for people who are eligible for CCS.

Additional initiatives/projects this upcoming year include:

- Paperless electronic records: This will be accomplished by migrating from our current CMHC/MIS to Netsmart's MyAvatar software which will allow for electronic signature, scanning of documents into client records and a consumer portal for those wishing to access portions of their record. This system will also aid in our crisis response as it will be remotely accessible. The "go live" date is April 2015.
- Expanding supported employment services to developmental disabled individuals that will enable more people to be placed in private sector employment with job coaching support.
- Assisting residents to apply for insurance benefits via the Marketplace and Badgercare. Many adults with children currently on Badgercare who earn over 133% of the federal poverty level (FPL) will now have to apply for health care at the Marketplace. Those childless adults who earn less than 100% of the FPL will for the first time be eligible to apply for Badgercare. Green Lake County began with only one health plan - Dean Care but this has expanded to include four additional health organizations: Arise, Unity, Anthem and United Healthcare.
- Community Wellness Coalition made up of many community partners working on health and wellness areas identified in the Community Health Improvement Project known as the CHIP. One example of collaboration involving this Coalition was the incorporation and ongoing meeting of people seeking solutions following the Heroine Summit held in Berlin this past Fall.
- Interagency meetings involving schools, law enforcement, other county departments and board members as well as a host of other agencies, was reinstated in 2013 and will continue indefinitely. These meetings provide a forum to share resources and ideas as well as training on a variety of topics such as; what are the roles of each agency in a particular situation; how do we identify and deal with opiate users; homelessness and the like.

Our ability to provide quality services to the residents of Green Lake County is a tribute to the Health and Human Services Board, County Board and a very talented and dedicated staff of professionals. We look forward to the challenges ahead and the opportunity to continue to provide services which best meet the needs of Green Lake County.

Respectfully Submitted,



LeRoy Dissing
Director



Philip Robinson
Deputy Director

2014 ANNUAL REPORT
ADMINISTRATIVE UNIT

The Administrative Unit consists of the Director, Deputy Director, Administrative Assistant, two Account Clerk Specialists, a Receptionist, Data Entry Specialist and two Secretaries. These staff perform a variety of functions for the Department including, but not limited to, information and referral of the general public to appropriate staff; billing for services provided and collecting payments from consumers and third party payers; reporting expenditures to the State for reimbursement; inputting client notes, service activity logs, court reports, state reports and general correspondence; inputting and transmitting a variety of data to the State via several reporting systems; and maintaining management of the closed client files, contract files, and personnel records. Staff within the Unit also maintain and record meeting minutes for the Health & Human Services Board and the various sub-committees.

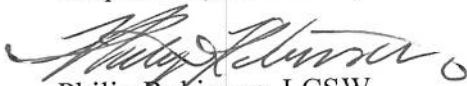
As shown on the enclosed chart, public usage of services provided at the Human Services Center totaled 40,638 contacts (31,151 phone contacts and 9487 walk-ins) in 2014. This is another slight drop from 40,638 in 2013, 52,635 in 2012 and 55,990 contacts in 2011, and 57,023 in 2010. As a broad measure of activity for the Department, most units saw an average decrease in front-end activity by 19% in calls and 11% increase for walk in services.

This continued shift in activity is consistent with changes in the W2 program and the Economic Support Unit going to a "call center" which is accessed directly by the ESU staff. However, the amount number of contacts with the agency's main receptionist increased (by 42 % for calls and 100% by walk-in) during 2014. This increase in activity is attributed to inquiries for economic support that were routed to the call center. An increase in activity is also attributed to enrollment activities associated with the Affordable Care Act.

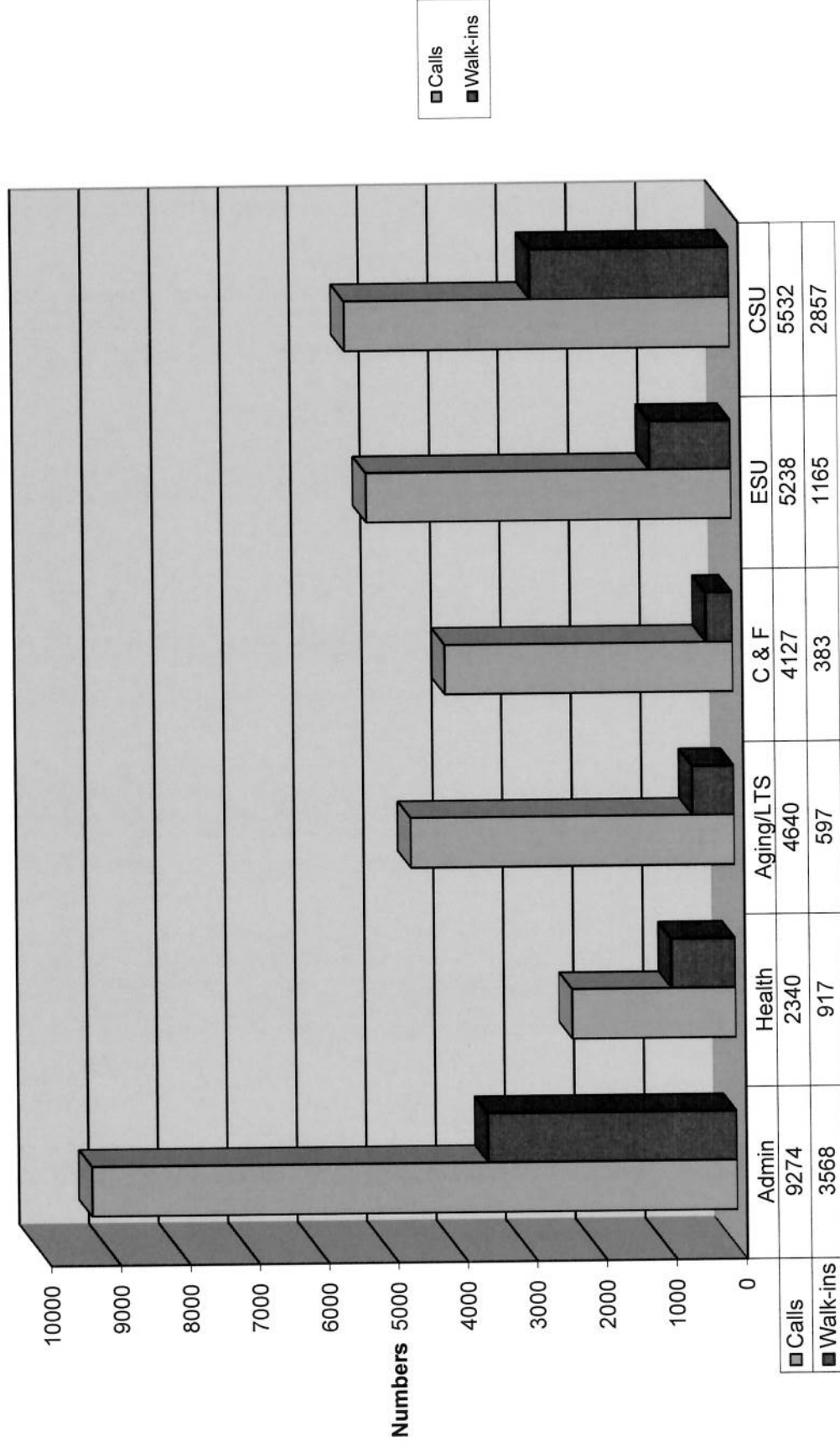
As in previous reports, not reflected in the chart is the number of people/families utilizing the food pantry and directly accessing the Aging Disability Resource Center. Access to these services are accounted for in the Aging/Long-Term Care Unit Report. Contacts received directly by the Aging Disability Resource Center are also reported separately.

The Administrative Unit continues to adapt to the various demands for information and managing of that information in a way that staff and clients have access to needed services. Staff changes include a new Secretary and Data Entry Specialist. Technology has been utilized where appropriate to make staff more efficient and effective in meeting demands for our array of services. The planning and implementation of the My Avatar system continued through 2014. Administrative support staff have assisted diligently with planning and preparation for this new software. The Netsmart Corporation has seen many staff reassigned in order to meet demand for their product statewide and nationally. We anticipate going "live" with the new program in April.

Respectfully submitted,


Philip Robinson, LCSW
Deputy Director

2014 Agency Activity



2014 Annual Report
Aging and Long Term Care Unit

The Aging / Long Term Support Unit provides services to Elderly and Disabled residents of Green Lake County. The staff is divided into program areas largely defined by funding source, however, the programs overlap in many areas, and the combined unit is able to maximize these resources to the advantage of all of the people we serve.

There were 10 staff in the Aging and Long Term Care Unit during 2014 including the Unit Manager, 2 Resource Specialist Social Workers, the Adult Protective Services Worker, two Meal Site Managers, the Nutrition/Volunteer Coordinator, the Elderly Benefit Specialist, the Disability Benefit Specialist, and the Aging Disability Resource Center Coordinator.

Aging and Disability Resource Center

Green Lake County operates the Aging and Disability Resource Center (ADRC) in a consortium with Adams, Marquette and Waushara Counties. This consortium is funded by the State to provide a single point of entry to Long Term Care Services and Information and Assistance for residents of the four counties. Aging and Disability Resource Centers are the first place to go to get accurate, unbiased information on all aspects of life relating to aging or living with a disability. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. Green Lake County continues to employ the ADRC Coordinator, who works with the multi-county committee that contracts with the state to assure ADRC service provision. Additional ADRC staff are employed by each county and duties are shared across county lines.

DISABILITY BENEFIT SPECIALIST

The Disability Benefit Specialist (DBS) position provides assistance for persons ages 18 to 59 who have any kind of disability, in applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). Like the EBS, the DBS assists people with Medicare, to find the best Medicare Part D prescription drug plans for their individual needs.

The DBS program is overseen locally by the Aging Unit Supervisor and technical assistance is provided by attorneys at the Disability Rights of Wisconsin (DRW), their office is based in Madison. DRW is a private non-profit organization that fights for the rights of disabled people across Wisconsin. DRW has a contract with the State of Wisconsin to provide technical assistance to the Disability Benefit Specialist across the State. DRW provides monthly training through meetings and web casts with all DBS positions across the state. Each DBS also has a weekly phone conference with the assigned attorney to provide assistance with day to day questions.

In 2014 a total of 148 new cases were opened, 151 cases were closed, 62 cases were carried over and a total of 210 cases were served. A conservative estimate of the economic impact of the DBS program in Green Lake County for 2014 shows that is brought in 1.35 million dollars to the local economy. The DBS carries an average case load of 70 cases at any one time.

HEALTH PROMOTION PROGRAMS

The ADRC has actively offered community health and disease prevention education programs, with an emphasis on fall prevention and chronic disease self management. In 2014 4 classes were held in Green Lake County. There were 34 individuals who participated in workshops offered through the Health Promotion Programs. The workshops offered were: MedWise, Tai Chi, Health Living with Diabetes, and Stepping On.

AGING PROGRAMS

The County Aging Unit is the Agency designated by the County Board and authorized by the Older Americans Act to continue to develop, support, assist, and evaluate County-based programs for older adults (over age 60) with the purpose of fostering independence and enhancing the quality of life for older adults in the county.

All Federal money from the Older Americans Act, Title III, is distributed to the state, which gives it to the regional Area Agency on Aging and then to the Counties. The amount each County receives is determined by a set formula. Included in the formula is the number of elderly, low-income elderly and isolated elderly individuals within the County.

Federal Title III-B money is used for various service programs such as elderly health screening, transportation, the elderly benefit specialist, and program development for Senior Centers. Matching local funds and required In-Kind assistance provides the rest of the resources for the Aging programs. In 2014, volunteers provided 1372 hours equal to **\$9,945.93** In-Kind match for Title III-B programs. Federal Title III C-1 & 2 must be used for elderly nutrition. See below for more information on the elderly nutrition and matching In-Kind amounts.

CONGREGATE NUTRITION PROGRAM (C-1)

The Nutrition Program assists older individuals to live independently by promoting better health through improved nutrition. It reduces the isolation of older individuals through nutrition related and supportive services. It prevents malnutrition and promotes good health through nutrition education, screening and intervention. The Aging Unit Nutrition/Volunteer Coordinator is trained as a certified ServSafe Professional Food Manager/Nutrition Director and oversees both the Congregate and Homebound Meal Programs.

In 2014, 6901 meals were served at three Mealsites: Berlin Senior Center, Dartford Bay Apartments - Green Lake, and Grand River Apartments - Markesan. The meals are prepared by Berlin Senior Center Kitchen (Berlin only) and the rest by Feil's Catering from Randolph.

Menus are prepared a month in advance and approved by a contracted state approved Nutritionist to ensure that they meet the USDA dietary requirements.

Volunteers play a vital role in all our C-1 programs; twenty-five (25) volunteers donated approximately 1,598 hours in the Nutrition Program. These hours equal **\$11,589.00** in In-Kind Dollars. In-Kind includes activities such as setting tables, serving food, clean-up tasks, and doing paperwork and are a requirement of the Older Americans Act to earn funds for the meal programs. Donations at **\$4.00** per meal received in this program were **\$25,143.18.***

HOMEBOUND MEAL PROGRAM (C-2)

In 2014, 14,612 meals were served throughout the County to persons who are unable to go to the meal sites for health related reasons. Requests for Homebound meals come from hospital discharge planners, meal site managers, units of Health and Human Services, doctors, and families and enable the older person to remain in his or her own home as long as possible. Requests are referred to the Resource Specialist who meets with each new enrollee to conduct a thorough nutritional assessment; these are updated annually. The meal delivery program is also a part of a support system that checks on the elder person four to five days per week depending on their location. Drivers are trained to watch for changing needs and to alert the Resource Specialist/Nutrition Director as necessary.

Donations at \$4.00 per meal received in this Program were \$58,997.81.*

* Subject to Audit

TITLE III-D PROGRAM

In 2014 this program provided funding for nutrition services, medication management and adult health screening. Eating Healthy for Successful Living for older Adults, was also funded in Green Lake County. 19 seniors attended and enjoyed the classes.

TRANSPORTATION

One of the greatest needs for the elderly and/or handicapped person is transportation. The Aging Unit receives and administers the 85.21 State Grant monies, \$81,740.00 in 2014. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults made approximately 25,000 trips in 2014 with 85.21 funding.

TEFAP - (THE EMERGENCY FOOD ASSISTANCE PROGRAM)

The Food Pantry is operated by the Aging/Long Term Care Unit of the Department of Health and Human Services and is available to any indigent person/family in an emergency situation. The Food Pantry is funded by TEFAP, FEMA and private donations from fundraisers and local donors.

The Emergency Food Assistance Program/Food Pantry operates the first, second, and fourth Thursdays each month, and the third Tuesday evening. The Food Pantry currently has 31 volunteers who staff the days the food pantry is open. The volunteers also help pack food bags, pick up donations and food that has been purchased at Feeding America or local grocery stores.

Eligible residents of the County may attend once each month. Throughout 2014, the Food Pantry served an average of 245 households, and 541 individuals per month. Each household was provided an average of 45 pounds of food for a month. The bags include such things as fresh potatoes, carrots, margarine, cheese, cereal, canned fruit and vegetables, pasta, peanut butter, and soup, etc. In 2014 the food pantry was able to provide turkeys and hams for the holiday season.

ELDER ABUSE AND NEGLECT PROGRAM

The County Aging and Long Term Care Unit has been designated as the lead Agency in the Elderly Abuse Reporting System. Services provided to elders in crisis include Relocation and Shelter costs, Medical care, Legal Services, Supportive Homecare, Guardianship evaluations, and Outreach. These services are offered to older adults to help them resolve abusive or neglectful situations. The Adult Protective Services Social Worker investigates abuse and neglect referrals.

There were a total of thirty-six (36) **Elder Abuse** investigations in 2014, with four (4) Elder Abuse cases substantiated. The remaining cases were either unsubstantiated (20) or unable to be substantiated (12) for a variety of reasons. The most frequent concern was self-neglect, followed by material / financial abuse. (Also see Adult Protection / Guardianship in Long Term Support Section).

In 2007, a parallel system for Abuse and Neglect investigation and reporting for **Vulnerable Adults** was instituted by state law. The Adult Protective Services worker is the lead for this system also. The reporting requirements are very similar to the Elder Abuse system. In 2014, there were 7 **reports** of abuse to **Vulnerable Adults**; 3 were substantiated, 1 unsubstantiated, and 3 were unable to substantiate.

In either system, investigations are handled in different ways depending on the initial referral and assessment. Some cases will go directly into the Court system due to a need for a Protective Placement. These can result in a 72-hour placement with guardianship assessment for competence. Other cases may involve various support systems including: family members, physicians, homecare, banks, attorneys, and law enforcement, and may take months for each case to be resolved.

ELDERLY BENEFIT SPECIALIST PROGRAM

The Elderly Benefit Specialist coordinates information and counseling regarding the public benefit program to individuals **sixty** years of age and older. Case records are maintained and all are kept confidential. Monthly reports are completed and forwarded to the State.

The Elderly Benefit Specialist also attends ongoing training programs, maintains public relations, does public speaking, writes media releases, performs Outreach services at Senior Centers, Mealsites, Community Meetings, and contributes articles Bi-monthly to the Senior publication, the Senior Sentinel.

Outreach services may include providing Medicare Part D or Senior Care appointments. Moreover, Social Security, SSI, Medical Assistance, Spousal Impoverishment, Medicare, Medicare Part D, Medicare Advantage and Supplemental Insurance may be reviewed along with Information and Referral services.

In 2014, there were 442 Open Cases, and 92 hours of training. Through these efforts, the Elderly Benefits Specialists' program saved Green Lake County elderly clients \$79,020.00 for the Senior Care program, \$123,107.00 for MA QMB/SLMB, \$1,719,490.00 for Medicare Programs, \$155,856.00 for Food Share, \$337,490.00 for EAP, Fraud or MAPP Programs, \$206,637.00 for SS/SSI Disability and \$50,462.00 for other programs in the Aging Unit. This is a total savings of \$2,594,012.00 for the elderly citizens of Green Lake County.

There were 1480 Information and Referral and 349 Medicare Part D inquiries to the Aging Unit and 242.75 hours of Outreach Services and 20 hours of presentations at the various Senior Centers and meal sites.

FAMILY CAREGIVER PROGRAM

Under the Federal Family Caregiver Grant, the Volunteer Coordinator identifies and meets with caregivers who are elderly, including grandparents who are raising grandchildren. A monthly support group, training, loan library, respite care and information and assistance are available for caregivers. We served twenty-two (15) caregivers in 2014 through this program.

OTHER PROGRAMS

Volunteers for programs in the Aging Unit are recognized for their services at the Volunteer Luncheon in April. In 2014, over 150 persons were invited and given a small gift of thanks. The volunteers serve in all the programs listed for this Unit. They are most valuable; we could not serve the public without them.

The Senior Sentinel is a bi-monthly newsletter, which is published and delivered to over 950 households. The articles that appear in this publication help elders keep up-to-date with current information about our services and programs. The UW Extension Office and the Nutrition program provides healthy recipes and health tips. Notices are published concerning Immunizations, Foot Care Clinics, up-coming programs, Food Pantry news, Support Group dates, TRIAD meetings and Benefit Specialist updates. Articles are also submitted by the local senior centers. The publications let the community know what is happening at each center. Information is also published regarding Health Promotion classes, Energy Assistance, Homestead Tax Credit, Social Security and how to contact your legislators, as well as volunteer opportunities, and menus for the Senior Nutrition Program.

Each year in August, the Commission on Aging sponsors a countywide Senior Picnic. In 2014, 194 elders from throughout the County, along with 10 staff and volunteers, attended the County Senior Picnic at St John the Baptist Catholic School Gym in Princeton.

LONG TERM CARE UNIT

COMMUNITY OPTIONS PROGRAM (COP)

Throughout 2014, one (1) individual received COP funds. These funds were used to purchase group home care, monitoring and supervision.

The ADRC is the entry point for all former long term care programs, as well as for Adult Protective Services.

ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2014, we received \$5434.00 in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to **two** (2) individuals who suffer from Alzheimer's disease.

SUPPORTIVE HOME CARE

Throughout the year, two (2) individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc.

ADULT PROTECTIVE SERVICES/GUARDIANSHIPS

The Adult Protective Services Social Worker performed **seventeen** (17) guardianship studies for adults in 2014. These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-eight (38) Protective Placement reviews were completed. All reviews require a brief summary hearing on each of these placements to ensure that the continuation of the placement is appropriate, least restrictive and most integrated into the community. The Adult Protective Services worker submits a report to the court and attends each review hearing. The Protective Placement reviews consisted of one (1) due to Infirmities of Aging, eighteen (18) associated with Developmental Disabilities, six (6) with Mental Illness and thirteen (13) due to Degenerative Brain Disorder or other incapacities. Placements were monitored in nursing homes, Community Based residential Facilities (CBRF), State Centers for the Developmentally Disabled, Adult Family homes, and private homes or apartments. In addition, Power of Attorney documents and advanced planning information is regularly requested and assistance provided as needed. (Also see Elder Abuse/Neglect)

2014 Annual Report Behavioral Health (Clinical Services) Unit

The Behavioral Health Unit consists of a unit manager, six counselors, one mental health case manager, three part-time psychiatrists (child and adult specialties) a psychiatric nurse, and a part time psychologist who provides clinical supervision. All of the counselors have Master's degrees in a mental health related field and bring a variety of strength based skill sets to our service array. Each person brings a wealth of knowledge in the mental health field and a renewed excitement towards providing services to the consumers we serve in Green Lake County.

As a team the behavioral health unit staff developed a Mission and Vision Statement to guide their practice and represent their foundation of commitment to serving Green Lake County residents with mental health and substance use services. This team has created an efficient model for providing services and collectively supports each other in a collaborative approach to teaming. The team did an amazing job working together to create their Mission/Vision:

Mission: "Collaborative, comprehensive, strength-based behavioral health services."

Vision: "To foster community based mental health and substance use services in a person centered environment. We strive to provide accessible and timely resources in a professional manner to all people in need."

As a team we are also joining the shift in updating the units name to the Behavioral Health Unit to reflect what the state of Wisconsin has encourage over the last several decades. This alignment with state and national practices helps affirm the team's focus on health and recovery support for consumers.

As the unit we continued to provide community outreach training, mobile crisis intervention services, and growth within program service arrays throughout the year. We also continue to be committed to consumer participation within programs, and providing health and wellness recovery groups as a source of mental health treatment. The clinicians and psychiatric nurse have been cross trained to work in several of the unit programs including the 24/7 on-call mobile crisis intervention services program. This provides everyone with a collaborative knowledge base of services within the community when working with consumers. We are focused on health and wellness, education, and prevention when engaging consumers in all Behavioral Health programs.

Crisis Intervention

Dr. Jon Mathew, PhD (Licensed Psychologist) continues to oversee clinical supervision for the behavioral health unit in 2014. This year our unit served 337 crisis calls. There is an excellent commitment by the behavioral health unit's mobile crisis staff to provide community based crisis services. This partnership includes collaboration between Behavioral Health Unit crisis staff, schools, hospitals, and law enforcement professionals in Green Lake County.

During this last year 309 consumers were served for crisis intervention services. The following is a summary of crisis intervention services:

- 0 adults were diverted from psychiatric facility to a diversion facility
- 260 adults were served through crisis diversions to the community
- 27 adults were placed on an emergency detention/psychiatrically hospitalized (0 of those were detox)
- 49 children were served through crisis diversions to the community
- 1 child was placed on an emergency detention/psychiatrically hospitalized.

As a state certified crisis intervention provider the behavioral health unit continues to partner with, schools, local law enforcement, and area hospitals to provide the most appropriate level of community based crisis treatment. The unit crisis workers have the ability to provide crisis counseling on a walk-in basis or go mobile to the most appropriate location to provide crisis assessment, safety planning and response (e.g. Emergency Rooms) 24/7. The current emphasis is on providing a comprehensive assessment and response plan by the on-call crisis worker when determining safety of individuals when being called by law enforcement.

There are 8 clinical staff who rotate handling crisis calls during and after business hours. When a counselor meets in-person with a consumer in crisis they are able to engage the person on what resources/supports they are most in need of to create a safe crisis response plan in the least restrictive environment. This collaborative effort between multiple systems allows a partnership to provide Green Lake County residents with the most appropriate level of care, in the safest situation in the least restrictive setting. When determined that most appropriate level of care is a psychiatric hospitalization, an emergency detention is initiated by the crisis worker and law enforcement.

We also contract with a crisis diversion facility, Summit House in Oshkosh, WI for the few that need safety supervision, but do not need hospitalization. We have also established a relationship with Berry House in Fond du Lac, WI as a community based diversion option for residents in need of structured transitional supports and supervision around mental health needs upon discharge from a psychiatric facility.

Outpatient Counseling

During 2014 there were 185 new consumer Mental Health Assessments provided for consumers through our outpatient mental health counseling, 42 Substance Abuse Assessments provided to consumers, and 73 IDP Assessments were conducted through our AODA/IDP program.

Dr. Laurens Young, MD is currently serving as Green Lake County's Medical Director and also sees consumers for psychiatric services. He is currently seeing consumers two days a week to meet the needs of our residents and will reduce his time to one day a week as time continues. Dr. Baldomero, MD continues to provide child psychiatric services one day every other week.

We are also very excited to be in the process of bringing Telehealth Psychiatric services to Green Lake County. The Behavioral Health Unit has been certified by the State of Wisconsin as a TeleHealth provider. Many rural areas are utilizing the shift to expanding the use of technology to bring specialized services to rural communities that would otherwise not have been available. This approach also increases access for our residents to quality care in a timely manner. As this new program service develops Dr. Gail Tasch, MD will be 8 hours a week of psychiatric services through Telehealth for Green Lake County. There is an excitement by staff and consumers that they will now have a choice to see a male or female adult psychiatrist to meet their psychiatric needs. With this added approach to providing quality care in our unit we are expecting consumers to be able to see a psychiatrist in less than a month.

Combined our psychiatrists provided 90 new client psychiatric evaluations for new clients in 2014. Doctors are able to see clients within 2 months from request for services and often times sooner as scheduling space opens up. Appointments with a therapist that are non-emergencies are 1-2 weeks out. Emergencies are seen immediately on a walk-in basis for needed services 24 hours a day, 7 days a week. Intake counselors are available to speak with anyone on a walk-in basis to our unit as a crisis intervention session or simply to support a consumer in filling out intake paperwork to see a counselor, or as a support to talk with consumers on various resources throughout the county and how to access needed services.

Our unit takes a whole system approach in serving residents in Green Lake County and we understand how each aspect of a person's life can impact quality of life in others (e.g. mental health, financial, housing concerns, childcare, employment, etc.). This is the theoretical foundation for how everyone in this unit approaches supporting clients success in multiple areas of life.

A Wellness and Recovery Support Group was started in 2013 and continues to meet Tuesday afternoons to provide on-going group services. This group is co-facilitated by staff, with a focus on men's and women's psycho-education to help support individuals reaching their highest level of wellbeing in their communities. This group is open to individuals 18 years and older.

There was also a community based Wellness and Recovery Group started in 2014 that is held in the Berlin community area that carries on these practices as well. We are also in the process of developing a drug court in combination with Judge Slate, District Attorney, Public Defender, Probation and Parole, Law enforcement, Corrections, and the Behavioral Health Unit. This is the development and partnership of multiple systems to provide continued care for individuals who suffer from substance use.

The underage drinking group, intensive outpatient group treatment services and community-based outreach has been a program development focus area of all members of the unit over the last year.

Community Support Program (CSP)

The CSP provides intense community services to people with severe and persistent mental illness. Staff provides counseling, support, transportation, case management, representative payee, medication management, crisis services and more. Without this community based mental health service, it would be difficult for many individuals to remain at home and in their communities.

Comprehensive Community Services (CCS)

The Comprehensive Community Services program is a strength-based consumer driven psychosocial rehabilitation recovery program that is based in the community. This program is constructed to utilize consumers identified strengths in the support of their goal directed recovery process. This is a Medicaid funded program which requires each individual enrolled in the program to have Medicaid, and a Diagnosis (mental health diagnosis, substance abuse e.g depression, bi-polar etc.), be motivated to work on self-identified recovery goals, and utilize a collaborative team based model which emphasizes natural supports in recovery.

This client-centered approach provides consumers the opportunity to select who will be on their recovery team which can be composed of family, friends, staff persons or other natural community supports. Included in this team are the person's mental health professional and a service facilitator. CCS works closely with the Children & Family Unit to help provide services to keep children in their homes instead of foster care placement. Or to help return a child back to their home with the proper supports. This program also created a strong connection with schools as teams that serve child partner with schools in providing needed supports toward goals.

The program model provides an excellent opportunity for Green Lake residents to experience a collaborative community based approach to mental health recovery. We have built the number of counselor that can provider for this program through functional screening and service facilitation. We also have a full time mental health case manager that is experienced and dedicated serving CCS consumers. Following our commitment to consumer driven care this year saw the development of consumer inclusion in program development. A consumer subcommittee was developed to provide direct program feedback to the program.

We are also currently in a Regional CCS Consortium that has been approved by the state of Wisconsin. The Regional CCS Central Wisconsin Health Partnership (CWHP) includes six surrounding counties working together. Due to approval of our certified region medically necessary services are approved to be reimbursed at a rate of 100% for the services we provide CCS consumers. The Regional CCS Consortium meets as a subcommittee on a monthly basis.

Children's Long-Term Support Program (CLTS)

Wisconsin has three approved CLTS Waivers for children with developmental disabilities, physical disabilities, and severe emotional disturbances. The purpose of the waivers is to help families support their children with severe disabilities within their own home. The CLTS Waivers are funded through Medicaid. They are known as Medicaid Waivers because the federal government "waived" certain regulations so that Medicaid dollars can pay for services in the community. The CLTS Waivers began in 2003 and were developed as a part of the Children's Long-Term Support Redesign Project in Wisconsin.

The CLTS Waivers are available to children and youth under the age of 22 who have a developmental disability, physical disability, or severe emotional disturbance. The county's role is to assist families and children in the initial application process and service coordination when a child is receiving CLTS Waiver services. This includes working with the family to develop an Individualized Service Plan (ISP) that will include the services and supports that are needed to address the child and family's unique needs. Service coordinators continue to work with children and their families to assure that all needs are being met over time and under changing circumstances.

Recidivism Reduction Program

The purpose of this program is to reduce the re-entry of consumers into the criminal justice system. It is fully funded by a grant and is in its fifth year. The RR treatment team meets on Tuesdays for staffing and DHHS supervision from the Deputy Director Phil Robinson. The RR committee meets on a month basis led by Lieutenant Joel Gerth.

Direct behavioral health services to consumers in the jail RR program are provided by one Mental Health/AODA counselors from the behavioral health unit at DHHS. This counselor provides immediate crisis interventions, assessments, individual and group counseling to inmates at the Green Lake County Jail, as well as to those on probation/parole. This counselor also facilitates an aftercare Recovery group in the community for individuals coming out of jail that benefit from the model of continued care after their release from jail.

This year also included the addition of a peer led recovery group within the jail setting. This group is based on the Treatment Community philosophy.

There are several facets to this program which involve education, (obtaining an HSED/GED), probation and parole, health and wellness, stress and coping, employment education, job training, after care supports in the community and several other life skill opportunities (jail garden project, etc.). It also includes classes on parenting and financial skill building.

This program works on linking inmates with available resources and facilitating any family/community supports necessary to support their successful re-entry into Green Lake County communities.

Aftercare Coordination Program

As the behavioral health unit continues to provide crisis prevention/intervention services for county residents, it also continues to provide crisis linkage and follow-up post psychiatric hospitalization. Starting at the end of 2012 there is a designated staff member to provide coordinated linkage and follow-up for each individual that is placed by the court system on a 90 day settlement or 6 month commitment order for mental health or AODA treatment. This focus is of critical importance to our unit as the individuals being severed by the aftercare coordinator have entered our unit due to reported harm to themselves (e.g. reported suicide threats or attempts, substance abuse, or inability to care for themselves due to mental health etc.) or harm to others. Helping them stabilize and re-enter their communities with their highest level of functioning of great importance to our providers.

Behavior Health Unit 2014 program development areas:

Wellness and Recovery Support Group

Aftercare Wellness and Recovery Support Group Berlin Area

Regional Comprehensive Community Services Certification

Central Wisconsin Health Partnership

Wellness Coalition Mental Health and Substance Abuse

Heroin Awareness Campaign

Dementia Capable Systems

Crisis Diversion Center Development

Interagency Meetings

Drug Court Program/ Grant Development

School Transformation Advisory Committee

Head Start Committee, Consultation Partnership

AWARE Mental Health Work Group

Aviator/Netsmart Medical Records Implementation

**2014 Annual Report
Children & Family Services Unit**

2014 was a year that there were several staff changes. There were two vacant positions in the Unit. The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), the Juvenile Court Intake Worker, three (3) Dispositional Social Workers, a Medical Assistance Targeted Case Management Social Worker, the Community Response Social Worker, and an In-Home Therapist. The position of the Coordinated Services Team worker was added. An LTE position for an Office of Justice Assistance Grant ended. The Initial Assessment (IA) worker left the agency. The Community Response Worker (CRP) transferred to the IA worker position and the agency hired for the CPR worker. The agency successfully received a grant from for Coordinated Services. A full time position was created as a result of that grant. A staff person was hired to help facilitate the new program.

In the spring semester of 2014 six (6) field placement students were with the agency. The undergraduates included two (2) from Marian College; one (1) from the University of Wisconsin-Oshkosh; and one from the University of Phoenix. Two Master(s) students one from the University of Wisconsin - Madison and a second from the collaborative at the University of Wisconsin - Oshkosh joined the agency for placement. In the fall semester of 2014, three (3) field interns were with the agency. One (1) undergraduate from Marian College; one (1) undergraduate from the University of Wisconsin Oshkosh and one (1) Master's student from the University of Wisconsin- Madison.

The Children & Family Services Unit is responsible for the provision of a number of programs and services available to individuals and families in the community. The following is a brief summary highlighting activities in 2014.

The Unit staff continued to engage in several new initiatives started in 2011, 2012, and 2013: the Permanency Roundtables; the Community Response/Quad Counties Family Resource Network; Alternative Response; and the Intensive Safety Services program. A new initiative started in 2013 as a result of the OJA grant was Youth Employment/Youth Job Coach/Mentor. This grant was completed in 2014. The agency successfully applied for the Coordinated Services grant that was awarded in 2014. This program began in April, 2014. The agency also applied for Post Reunification services in both 2013 & 2014. To date, we have not had any eligible children.

Access

The ACCESS staff for the Unit received 431 referrals that were logged into the eWISACWIS system. These numbers include the Juvenile Court Intake referrals, Community Response, Child Abuse/Neglect Reports, and Child Welfare Intakes and other Service requests. The Unit received a total of 286 reports of Child Abuse/Neglect. Of these, 66 were screened in for a response from the Initial Assessment Worker. 223 reports were screened out. The screened in reports had a total number of 97 children that were identified as potentially being child victims. The screened in reports by maltreatment type were: 32-Physical Abuse; 38-Neglect; 22-Sexual Abuse; and 7-Emotional Abuse. 145 Service Reports were received. Of these, 119 were screened in. These were comprised of 73 Child Welfare Reports, 44 Juvenile Justice Reports, 2 Kinship Care applications, and 5 for drug affected Infants.

Juvenile Court - Delinquency

In 2014, Juvenile Court Intake received fifty-five (55) new referrals. This is down by 50% from 2013.

Green Lake County staff has noticed the same trend that has been experienced State-wide which is that fewer juveniles are being referred to the Court Intake offices. State statistics indicate a downward trend in the number of youth in detention as well as in the Institutions which led to the closing of Ethan Allen and Southern Oaks in 2011.

No (0) new youth were placed in the Severe Juvenile Offender Program in 2014. No adult court waivers were filed. Two (2) youth were served by both the Adult and Juvenile probationary systems. One (1) youth was placed in residential care and subsequently ordered to Lincoln Hills in 2013. This youth continued in Lincoln Hills in 2014 and is now transferred to Rawhide Boys Ranch. A second youth is under the Department of corrections. This youth is Court-ordered to the Corrective Sanctions Program. This youth is presently placed in a Group Home facility. This youth has been sent into Lincoln Hills for violations of rules as well as was placed into the facility for a thirty (30) day evaluation.

One (1) Summer Youth Group was held in June 2014. This year three staff from the Green Lake County DHHS collaborated to facilitate the group. The youth that engaged in the Summer Youth Program participated in Equine Therapy through Mihala's Hope. There were six (6) males that participated and completed the group. Additionally they participated in group therapy activities which focused on prevention, group process, and problem-solving as well as social skill development. The group was 9 weeks in duration.

A "Skills to pay the Bills" group was facilitated by the Job Coach/Youth Mentor and the Juvenile Court Intake Worker. Six (6) youth participated in this group. A second group was facilitated by two of the On-going Workers after the Job Coach transferred positions. The Intensive Supervision worker for the unit facilitated a court ordered group on "Teens in Action". Seven (7) youth participated in this group.

Juvenile Court staff is on-call twenty-four hours per day for the purpose of Juvenile Intake/Detention, Child Abuse/Neglect and Energy Assistance.

Community Service Program

In 2011, the municipalities contracted for Judicial Services which dramatically changed the amount of hours ordered for community service. The municipal court judge opted to order fines versus Community Service. A total of 483.5 hours of Community Service were performed in 2014. The community services hours ordered/performed are for the individuals that appear in the Green Lake Circuit Court and Juvenile Court in 2014.

Electronic Monitoring/GPS Monitoring

In late 2012 Green Lake County began to contract for GPS monitors. Thirteen (13) youth were on monitors in 2014. The agency began to use the EM in lieu of out-of-home placements. All of the youth on monitoring were from Green Lake County. This number included eight (8) males and five (5) females.

Mediation

In the second half of 2013, the Green Lake County DHHS staff began Court Mediation services for the Family Court. This service continued for the Court in 2014. The duties were split between one staff in the Clinical Services Unit and the Juvenile Court Intake Worker. Thirty-two (32) mediations were completed by the Juvenile Court Intake Worker.

Child Abuse/Neglect/Child Welfare

The Child Welfare System continued to undergo major changes in 2012 as the State continues to improve service delivery subsequent to the Federal Review conducted in 2010. As stated earlier, 66 Initial Assessments were conducted. By years end, 33 Child in Need of Protection and Services Petitions were filed. State staff reviews the county performance monthly in respect to monthly face-to-face contact with foster children, timeliness of assignment of Initial Assessments, face-to-face contact by the Initial Assessment (IA) worker as well as completion of Assessments within sixty days of assignment. Reports are forwarded to the County with the expectation that if performance standards are not met, a corrective action plan will be completed. Green Lake

County staff was at 92.3 % for timeliness in completing IA's for the period 06/01/2014 to 12/31/2014. The state-wide average for all counties during that same period was 61%.

Parenting

The Family Training program provided services to nine (9) families with a total of fourteen (14) parents and twenty-two (22) children in 2014. They provided both parent training and education, parent aide services and in-home therapy. In 2014, the Crisis Intervention slots were continued. These slots are primarily utilized in an effort to return children to their parental homes post removal or prevent the removal in an emergency situation.

In addition to the Parent Training contracted through Family Training Program, an agency staff (Dispositional Worker) worked with thirteen (13) families on an individual basis. Additionally agency staff co-facilitated two (2) Strengthening Families groups in the spring 2014 & fall 2014. Initially this was done in collaboration with UW-Extension. After the staff person with Extension changed positions, Unit staff continued the program.

Foster Care/Kinship Care

Foster Care, Kinship Care, Group Homes and Residential Care facilities are used for children who are unable to reside in the home of their parents or guardians. The State changed how foster homes are now licensed and have set up Levels of Care as well as an evaluation tool for the Level of Need. All the unit staff is certified to perform the Child and Adolescent Needs and Strengths Assessment (CANS). Seventeen (17) total children were in foster care. This number is up significantly from 2013 when eleven (11) children were in foster care. Of the children in care, three (3) children/youth were placed in treatment foster care in 2014. One (1) children/youth were placed in group home. One (1) youth was placed in residential care facilities in 2014. The number of children residing in court-ordered Kinship Care placements was twelve (12). The number of children residing in Voluntary Kinship Care in 2014 was seven (7). One (1) child is placed in subsidized guardianship.

Additional monitoring began in the area of rate setting for foster children in was conducted by the State in 2014. Green Lake County had one (1) rate that needed correction. During the federal reporting period from 10/01/2013 to 09/30/2014, Green Lake County staff was 88.89% compliant with meeting the monthly face-to-face contacts for children in out-of-home care. Overall, state-wide average for all Counties compliance level was 91.7%.

Courtesy Supervision

Courtesy Supervision for both Child in Need of Protection and Services as well as Juvenile Justice Cases were performed for other Wisconsin Counties. This included Kenosha, Winnebago, Fond du Lac, Rock, Portage, Columbia and Marquette. In addition to courtesy supervision, home checks to confirm safe environment as well as licensure were conducted.

Community Response Grant/Respite Care Grant

Our agency continued to lead a Quad County consortium which developed/facilitated the Family Resource Center grant. The program services Green Lake, Waushara, Marquette and Adams County. Two Hundred one (201) families were served in the four-county area in 2014. Although the Respite Care grant ended in mid-2013, the agency continued to fund respite care services for nine (9) children.

Contractual Services

The Unit In-Home Therapist also served families through Mental Health Crisis planning and services. This worker worked in conjunction with an Independent Contractor, Wellhoefer Counseling to provide in-home therapy services to youth

and their families. Wellhoefer Counseling provided therapy to thirteen (13) families which included Twenty-four (24) parents and twenty-nine (29) children throughout the year. In addition, Nancy Baker, an independent therapist provided services to one (1) family with two (2) children.

The unit contracted with Steve Shekels an independent parent mentor for services to three (3) high needs children/families.

The Lutheran Social Services agency was awarded grant funds through an Intensive Safety Services program funded by the State in 2012, 2013, and 2014. This program has served one (1) family in Green Lake County which included two (2) parents(s) and one child in 2014.

Mentoring

Our agency sub-contracted with Community Options, Inc to take over the management of the mentoring program in 2010. That agency has continued to provide mentors to our children/youth. We had a total of six (6) mentors serve children in 2014. Twenty (20) children were served. One (1) youth who graduated the foster care system was also served.

Coordinated Services Program

After a successful grant application, Green Lake County began the Coordinated Services Initiative in April 2014. The target population for this grant is children and families with multiple needs who are served in the Child Welfare/Juvenile Justice system, Mental Health and AODA service system. Ten (10) of children/youth were referred to the program since its inception. Presently there are four (4) teams open. Outreach has been done to other agency staff, schools, inter-agency groups and the Boys and Girls Club.

Prevention/Education

Children & Family Services Unit staff have presented public presentations in the community on agency services and programs as well as training topics to groups. Presentations have been on the topic of child abuse and neglect, shaken baby syndrome and community service as well as Community Response. Staff has also been involved on committees on the local level such as the Family Resource Council, the ADVOCAP/Headstart Policy Council, and the WCSHA Children & Families Sub Committee. In addition the CPS Initial Assessment worker assisted in the development of the MOU's with law enforcement regarding Drug Affected Children as well as the SART (Sexual Abuse Response Team) protocol.

Licensing/Certification

The Children and Family Unit staff no longer certify child care providers. This activity is now performed by Economic Support staff. Green Lake County ended the year with seven (7) licensed level II foster homes. At the year's end, the agency had one (1) active level I licensed home. The staff also conducted studies of two (2) additional families that wished to pursue licensure. All of the homes where children are in Court ordered Kinship Care have had studies conducted. This was for a total of nine (9) additional homes.

Respectfully submitted,

Susan Sleezer
Children & Family Services Unit Manager

2014 ANNUAL REPORT **ECONOMIC SUPPORT UNIT**

~ Providing and Coordinating Resources to Strengthen Families ~

Access to resources and quality customer service are the main focus of the Economic Support Unit. Our goal is to provide accurate, timely, and effective financial and case management support services for all our customers.

Five Economic Support workers and a Unit Manager make up the Economic Support Unit for Green Lake County. The expertise in our unit goes back to January 2001 to current.

Presently, our Economic Support Unit is serving over 1947 Green Lake County households. Customers may be receiving assistance from Medicaid, BadgerCare Plus, Family Care, FoodShare, Wisconsin Shares, and Energy Assistance. This is a 3% caseload increase from last year. This is a continuous trend we have seen for the last four years.

ECONOMIC SUPPORT PROGRAMS

~ The Economic Support Programs serve to provide financial stability for low income households and those experiencing a financial loss~

The Economic Support services are necessary to meet an emergency need such as homelessness or medical needs. Each program serves a specific population and has different income guidelines and requirements. The self-sufficiency of Green Lake County households and individuals is the program goal. The number of customers requesting financial assistance from Economic Support Programs continues to grow each year. Requests for the programs continue to grow due to the current economic conditions.

Caseload Growth

2010	1443 households receiving assistance
2011	1593 households receiving assistance
2012	1828 households receiving assistance
2013	1883 households receiving assistance
2014	1947 households receiving assistance

Requests for program assistance are made by contacting Green Lake County Health & Human Services and speaking to the intake worker or by coming into the agency. Customers may also use the ACCESS website at www.access.wi.gov to learn about the programs, apply and update their status online. Customers also have the option of calling our Call Center at 1-888-256-4563 to request program assistance.

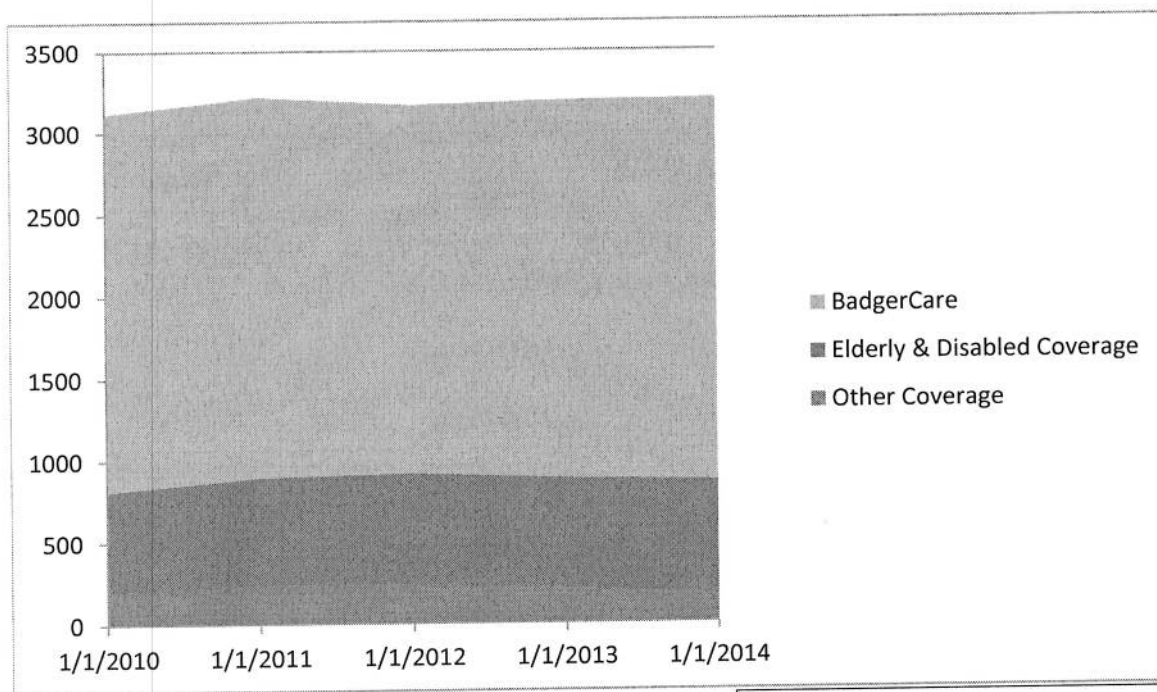
The 2012 Mandate required counties to form consortia. A total of 10 consortia were formed in Wisconsin. Green Lake County joined 9 other counties to form East Central Income Maintenance Partnership (ECIMP). This "partnership" in less than six months created a Call Center (CCA) that was to handle all incoming Income Maintenance calls within the 10 counties.

Each county was responsible for “staffing” the CCA. Green Lake County staffs CCA with 1.2 FTE. This FTE count has increased this year with the increase of caseload for Green Lake County. ECIMP’s CCA takes approximately 6200-6800 calls per week. This is an increase from last year’s volume of 5200 calls per week. However, with the change in our process and increase in call volume Green Lake County and ECIMP have maintained and exceeded the required performance standards.

Medical Assistance is a State and Federally funded program that provides low income customers comprehensive, affordable healthcare. Numerous individual programs are included under the umbrella of Medical Assistance including: BadgerCare, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary and Family Care. Each Program has its own specific non-financial criteria for eligibility. The eligible customer receives a white Forward card which is taken to the provider to verify coverage. Most Medical Assistance customers must participate in a HMO.

The following chart shows the number of participants certified by Green Lake County and the coverage type for each year.

Members Certified by County/Tribe and Coverage Type Each Year



FoodShare- is a Federal Program that provides a monthly FoodShare allotment to low income customers. Eligibility is based upon income, household composition and shelter expenses. The eligible customer receives a QUEST card that is used to purchase food. Currently, FoodShare customers in search for employment may volunteer to participate in the FoodShare & Employment training program (FSET) and work in coordination with an Economic Support Worker to develop their employability plan. Starting April 1, 2015, FSET requirements will be mandatory for some FoodShare customers wanting to receive their benefits. Similar to the Medical Assistance Programs, FoodShare participation continues to increase. The FoodShare average caseload in 2014 for Green Lake County was 1071 households (2,311 participants). The Calendar year-to-date monthly average FoodShare benefit for Green Lake County was \$227,587. The total FoodShare benefit given in 2014 was \$2,731,043.

Wisconsin Shares-Child Care- is a program that provides child care subsidies for low income working families to assist in their payment of child care expenses. The subsidy payment is made to the child care provider, with the family responsible for the co-payments. In 2014, the monthly average of families receiving assistance was 59 households / 89 children. This is a 7% increase of children receiving this benefit.

Energy Assistance- is a program that provides a one time payment during the hearing season to low income customers who need help paying their heating costs. The energy payment is made directly to the fuel supplier. In 2014, 945 households applied, 845 were approved, and \$523,105 was the total paid out in Energy Assistance. (\$378,185 in Energy Assistance, \$80,884 in Crisis Assistance, \$18,203 Non-WHEAP Additional Services, and \$45,833 in Heating Unit Activity) The number of applications and the applications that received benefits increased in 2014 by 10%.

The Propane shortage of 2014 proved to be a difficult time for households in Green Lake County. In 2014 we requested from the State of Wisconsin Energy Assistance an additional \$58,804 in crisis funding to help those in our community with the costs of the propane.

WISCONSIN WORKS (W-2)

~The W-2 program focuses upon alleviating the specific employment barriers a family member may have~

In 2013 the W2 contract was awarded to Forward Service Corporation (FSC). The W-2 program focused upon alleviating the specific employment barriers a family member may have by providing intensive case management and service coordination. The W-2 program determines how a customer's strengths can be enhanced, employment obtained and maintained with an emphasis on stabilizing the household income and guiding the family to self-sufficiency. W2 participants typically receive other services or participate in other programs with Green Lake County.

In 2014 FSC provided services to 91 households.

Emergency Assistance- is a limited program designed to meet the immediate needs of an eligible family facing current emergency due to fire, flood, homelessness or impending homelessness. This program is a sub-program of W2. This program will be handled by FSC as with all other W2 services.

FSC will be located in the Advocap building with the Job Center starting February 5, 2015.

Submitted by: Shelby Jensen
Economic Support Unit Manager

2014 ANNUAL REPORT - FOX RIVER INDUSTRIES

Overall Services Provided:

Fox River Industries (FRI), an agency of Green Lake County DHHS located in Berlin, Wisconsin, provides work and work training primarily to developmentally disabled persons residing in Green Lake County. The goal of FRI is to provide quality consumer services on a daily basis in our Prevocational Services, Adult Day Services, Supported Employment, Protective Payee, and Transportation Services units. While the primary target population is adults with developmental disabilities, FRI also serves individuals with chronic mental illness, W-2 participants, transitioning students and juveniles. These services are provided to enable these persons to optimize their abilities and to live and work in the least restrictive setting possible.

In 2008, Green Lake County transitioned to Family Care, contracting with Care Wisconsin of Madison. This transition has further increased demand for the services provided by Fox River Industries. Following is a description of services provided through Fox River Industries:

Supported Employment Program:

Supported Employment is paid, meaningful work that is performed in an integrated (community based) setting. Through the assistance of Supported Employment staff (a 40 hour/week SE Coordinator and a 35 hour/week Job Coach), employers hire consumers to become part of their work force. Supported Employment services include functional assessment, job development/placement and ongoing support/training for the duration of the individual's employment. In many cases, the Division of Vocational Rehabilitation funds the initial supported employment services with Green Lake County providing the long term support which is necessary for each individual to maintain employment. Ongoing supports for Family Care members are funded through the Care Management Organization.

FRI SE staff continues to experience an increase in demand for their services in the past several years for several reasons. In 2006 FRI expanded the services it provides to include DVR Direct Placements. In 2008, the transition to Family Care made SE services available to a larger population. In the last several years, there has been a renewed emphasis placed on integrated community employment for individuals transitioning from the school environment.

Supported Employment had another strong year in 2014: 33 consumers held 37 integrated community jobs at 26 different employers. 7 consumers are currently receiving Job Development Services, with 19 consumers on a wait list. Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely for individuals in this group, even after DVR funding is exhausted. 2014 DVR revenues through November 30 were \$43,080 (against a budget of \$45,000).

DVR funded consumers make up a large percentage of the SE program consumers at FRI. These folks require the same long-term supports as do the DD folks, and come to us through DVR referrals. To accommodate the needs of this group, SE staff members often develop and offer employer incentives such as Trial Jobs, Work Experiences, and WOTC Tax Credits.

Prevocational Services Program:

Prevocational Services provides training and paid work to the developmentally disabled, chronically mentally ill, W-2 participants and those referred for community service. The consumers receive special training to

increase their chances of gaining meaningful employment in the community. Expanding the type of consumers served has allowed the workshop to increase production capabilities and revenues as well.

A wage study is completed annually to determine consumer wages based on the same kind of work done by a non-disabled person with one year's experience. This method insures that the consumers receive a fair wage and insures that rates are comparable to local industry.

Currently there are approximately 53 consumers receiving pre-vocational services in the workshop: 34 full-time, 17 part-time, and two seasonal. At this time there is no waiting list for these services. We currently have 3 Production Aide positions running 3 consumer groups, with the Lead Bus Driver helping out as production needs dictate. We also have a Production Supervisor and a Material Handler rounding out our production staff.

The workshop continues to have three main sources of revenue: Alliance Laundry Systems, Wilson-Hurd, and cob corn squirrel feed sales. In addition, we perform smaller packaging/assembly/sewing jobs on a repeating basis for JP Luther and assembly and packaging for Magnum Power Products. FRI continues to sell corn to Fleet Farm, Havegard, Javic Wholesale (for Steins Garden and Gift), Wisconsin Garden and Pet Supply, Berlin Kitz, & Pfeil Hardware, Northern Exchange, Reinders, and several smaller outlets in the Green Lake County area. Squirrel corn business was once again very strong in 2014 with sales projected sales at \$175,000. In our pressroom we continue to print for many of the Green Lake County offices, and other smaller jobs in the community.

Prevocational services are billable for members of the Family Care program. The definition of prevocational services was recently updated by Wisconsin DHS to ensure "reasonable and continued progress" toward integrated community employment is being made by all members. Member's progress in this area is evaluated every 6 months by the interdisciplinary team to determine the effectiveness of their current programming. The long-term effect of this update, as well as any potential actions by CMS and/or DHS, on prevocational services funding is unknown at this time.

Adult Day Services Program:

The purpose of our Day Services Program at Fox River Industries is to improve and enrich the quality of life for the consumers we serve by offering them choices that provide meaningful life experiences through individual program plans. Attendance in this program also provides respite for the primary care provider.

We currently provide a variety of health, social, and support services to our consumers in a protective setting as we attempt to meet the specific needs of each individual we serve. These services include education, therapy, exercise and recreation. Specific skill areas currently being emphasized through classes include **Skills Training** for Assertiveness, **Relationship Building** and **Sexual Awareness (STARS)**, Social Appropriateness, Equine therapy at a horse stable outside Berlin, Independent Living Skills Group, Cooking and Nutrition, Money Skills, Academic Skills (such as numbers and letters identification), Community Appropriateness Skills, and Safety Skills.

Activities of daily living are a big component of the day services program. Therapy and exercise programs are necessary fundamentals to maintain consumers' quality of life. Consumers receive physical therapy through a medically prescribed program. The exercise program includes weight lifting, aerobics, and endurance training. Health and fitness are important components of our consumers' programs.

Another large component of the community-based program is volunteer services. Consumers are given experience working in sites such as the library, hospital, food pantry, senior center and community stores. With time and experience some of these consumers may develop the potential to find paid employment.

We also place an emphasis on community involvement for the consumers we serve. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and swimming trips.

3 Certified Nursing Assistants, a Teacher, and a Services Coordinator currently staff our Day Services Program. Services are currently provided to approximately 45 consumers between the hours of 9:00 AM and 3:30 PM Monday through Friday.

Adult Day Services are billable for Family Care members.

Transportation Services:

Disabilities Services, Inc. (DSI – a private non-profit corporation created to support DD services) has been providing vehicles for the developmentally disabled and elderly of Green Lake County since 1978. The 16B2 (now 5310) grants fund 80% of the cost of the vehicles with State Department of Transportation (DOT) funding, with DSI/Green Lake County paying the remaining match of 20%. Over the years, DSI has purchased 30 vehicles at a worth of over \$950,000 and an actual 20% match amount of \$190,000. Current vehicles are primarily used by Fox River Industries, Southern Green Lake County Senior Transport, and City of Berlin Senior Center for elderly and handicapped transportation. DSI received two grant vehicles in the fall of 2011. At that time, DSI completed a cycle 37 5310 vehicle grant application for two 7/1 accessible vans for the DSI fleet and one 3/2 minivan for Southern Green Lake County Senior Transport. This application was successful, and these vehicles were delivered in fall of 2013.

In 2014, DSI also applied for and was awarded a New Freedom grant for Operating Project expenses in the amount of \$11,200. This grant became available under section 5310 in 2015 and can be used to supplement 85.21 operating expense dollars for qualifying elderly and disabled transportation service programs.

FRI Transportation, which provides fixed route transportation for our consumers, recently added a fifth route to enable us to expand services to accommodate a growing number of Wautoma area members. The FRI transportation program is staffed and coordinated by a full-time Lead Bus Driver and a full-time Material Handler/Driver who drives part-time, along with Program/Production Aides to drive the vehicles on consumer outings and non-CDL routes.

Transportation service expenses are included in the Prevocational and Adult Day Services CMO billing rates.

Protective Payee Services:

In 2009 FRI added protective payee services to the list of services provided. This collective account, administered and run through FRI, continues to grow. It currently serves 95 consumers. Protective Payee services are funded partially through Care Wisconsin (Family Care members only), with the remaining members self paying for services.

Recreation and Leisure:

Fox River Industries coordinates a variety of leisure activities, which take place on weekdays, evenings, or weekends. This is part of the program that offers consumers recreational choices beyond their normal day. Activities such as community activities, dances, field trips, outdoors activities, sporting events and vacation trips are designed to provide meaningful recreation opportunities. A calendar of monthly events is provided to over 80 consumers and service providers by Fox River Industries. The calendar serves as information on upcoming events, staff changes and general operations.



Public Health
Prevent. Promote. Protect.

2014 Health Unit Annual Report

The mission of the Health Unit is to “Assure the health of Green Lake County by promoting and protecting health and preventing disease.”

OUR VISION--

GREEN LAKE COUNTY:
HEALTHY PEOPLE, COMMUNITIES AND ENVIRONMENT



The Green Lake County Health Advisory Board received a Certificate of Designation from the WI Department of Health Services for meeting all requirements for a Level II Health Department. Board members include L to R: Katherine Vergos, Jean Kessler, Dr. Jeanne Lyke, Pat Brandstetter, Abbie Griswold, Kathy Munsey, Cindy Skipchak, (Chair) and Jack Meyers. Every Health Department is required by State Statute to be reviewed every five years to assure that they are in compliance with DHS 140.07(4). In addition to completing the 140 Review process, this Board introduced the “Health In All” policy which was passed by the Green Lake County Board on August 19, 2014. “Health In All” refers to the practice of taking an integrated approach to introduce health, well-being and equity considerations into the development and implementation of policies in non-health sectors. Ultimately we must work in partnership with others to explore opportunities for collaboration and innovation. What we do collectively can improve not only our county health ranking, but the health of all our citizens in Green Lake County.

HEALTH UNIT STAFF

Kathy Munsey, RN, Health Officer/Health Unit Manager,
Tracy Soda, PHN, Jeri Loewe, PHN, Judy Kasuboski, PHN, Renee Peters, Birth-3/Family Support,
Jackie Westover, WWWP, Melanie Simpkins, RN, MPH, Health Educator,
Ashley Rondorf, Environmental Health Specialist, Marilyn Voeltner, Volunteer

Our 2014 Programs and Services:

Disease Control and Prevention

Public Health Nurses are required by statute to follow up on acute and communicable diseases. Using the WI Electronic Disease Surveillance System (WEDSS) we are able to monitor trends and track outbreaks as they occur. Below are some of the diseases we followed in 2014, along with previous year comparables. We did have one person return from an area where there were cases of Ebola and we did need to do follow-up on this person for 21 days to assure the health and safety of the individual as well as the community.

Frequency of Reported Diseases in Green Lake County	2011	2012	2013	2014
Arboviral, West Nile Virus	1	-	-	-
Blastomycosis	-	-	-	1
Brucellosis	-	-	1	-
Campylobacteriosis	7	4	4	6
Chlamydia	33	38	41	42
Cryptosporidiosis	4	2	1	2
E-Coli (Shiga Toxin)	1	-	-	-
Ehrlichiosis/Anaplasmosis	1	2	1	1
Giardiasis	2	1	2	3
Gonorrhea	1	3	-	2
Hemorrhagic Fever, Ebola	-	-	-	1
Hib-Invasive	2	-	-	-
Hepatitis A	2	1	-	-
Hepatitis B	-	2	3	-
Hepatitis C	5	8	13	12
Influenza (hospitalized)	1	1	7	9
Legionellosis	1	-	-	1
Lyme Disease	16	18	39	28
Meningitis (bacterial)	1	-	-	-
Mycobacterium (non-tuberculosis)	3	3	2	-
Parapertussis	1	1	-	-
Pertussis (whooping cough)	2	21	10	2
Q Fever	-	-	-	1
Salmonellosis	1	3	7	4
Shigellosis	-	-	-	1
Invasive Strep Disease	4	1	1	2
Syphilis		2	-	-
Latent TB infection	4	2	-	3
Varicella	2	8	2	3
TOTAL	95	121	134	124

Public Health Preparedness

Our department works closely with Gary Podoll, Emergency Management Director, local law enforcement, fire departments, hospitals, nursing homes, Red Cross and more to assure that we are prepared for disasters. We completed an exercise to test our skills on responding to tornadoes across the county. We tested our surge capacity of our hospital and our fatality management capabilities were tested. Past exercises have not stretched the capacity of our county to deal with mass fatalities and the family assistance needs that accompany such an event. New players were included in the discussion of these needs and additional training needs were identified.

In past years we have tested out ability to deliver medications during an outbreak such as the HINI flu or in the event of a biological terrorist event such as smallpox release. In cases like this, we would access the Strategic National Stockpile (SNS) to get medication and other needed supplies. We did need to access the SNS this winter due to the large number of flu cases and the lack of anti-virals available. We do surveillance of flu at our local long term care facilities and became aware of significant cases in residents and staff at 2 facilities and there was a shortage of Tamiflu. We contacted the SNS and received adequate doses to treat all affected staff at no cost to them. This treatment along with containment measures such as limiting visitors helped to stop the spread of the flu.



Pictured are Human Services Staff members who are being trained during a tornado functional exercise on how to set up a Family Assistance Center during a mass fatality incident. (March 2014)

Immunizations for Children and Adults

Due to small numbers at our outlying immunization clinics, we determined in 2014 we will have all clinics in Green Lake, except for a clinic at Care 4U clinic in Dalton every other month to accommodate the large number of uninsured in that part of the county. This has proven to be an effective outreach strategy for immunizations. We continued to have flu clinics in all communities in the fall as usual and had a very good response to these clinics.

Childhood Lead Testing

There is no safe level of lead in the human body; even very low levels of lead exposure can negatively affect health throughout the lifespan.

The Centers for Disease Control and Prevention changed their definition of lead poisoning as a blood lead level of 5 or greater in May of 2012. Children with a lead level of 5 or greater are provided with follow-up and consultation by a Public Health Nurse. Follow-up may include phone calls, home visits, consultation with the primary health care provider and a home lead risk assessment by the Health Department's Environmental Health Specialist. Of the 235 children tested, 16 had a level over 5, compared to 14 last year. Two children had levels over 20 and they are being case managed by Public Health and Environmental Health.

2014 Blood Lead Testing

Total Number of Tests: 235

Children <5 ug/dl = 230

Children >5 ug/dl = 16

Home assessments = 5

Mother, Child and Family

There were 195 births in Green Lake County in 2014, which is the same as 2013. We had no births to girls under age 18, compared to 3 last year. We also had 11 babies that were considered "low birth weight" (weighing less than 5lbs, 8oz), compared to 1 last year. Over twenty-eight percent of women stated they had smoked during their pregnancy which is

up from 25% in 2013. Smoking during pregnancy is a leading cause of low birth weight babies and we had 19 or 9.9% of the babies born premature. This is an area that we continue to target by offering the First Breath program, a smoking cessation program for pregnant women at our WIC clinics. Nine infants were transferred to Neonatal Intensive Care Units. Our Family Resource Council continues to promote the **"Life Course Model"** as part of our Maternal Child Health grant. Through the Healthy Babies Coalition which is a partnership with Green Lake, Marquette and Waushara Counties, we sponsored a training to educated local providers and families on the Life Course Model and ACE's (Adverse childhood Experiences) with a special emphasis on opiate addiction in pregnant women and how it can effect a child's growth and development. Over 100 people attended the conference in April.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

WIC helps income-eligible pregnant and breastfeeding women, those who recently had a baby, and infants and children up to five years of age who are at health risk due to inadequate nutrition.

Green Lake County served over 500 clients in 2014. In addition breastfeeding education was available to all WIC clients. WIC provides a breastfeeding peer mentor which is an invaluable resource to new mothers. The State of WI contracts with Family Health La Clinica in Wautoma to provide WIC services to Green Lake, Marquette and Waushara counties. Each county then provides nurses and other staff for immunization services.

Jackie Westover and Judy Kasuboski attend all WIC clinics to provide immunizations, information and assist with signing families up for dental and immunization follow-up appointments.

Birth to 3

Birth to 3 is Wisconsin's early intervention program for families of infants and toddlers with developmental delays and disabilities. The Green Lake County Health Unit has been designated by the county board to be the administrative agency in our county for this mandated program. The county is required to maintain a base level of funding for this program. Some families do have a cost share for services depending on their income. Medicaid and Private Insurance are billed for services when available and with parental permission.

In 2014, 45 new children were referred to the program compared to 48 in 2013. Referrals came from a number of sources including: physician, family member, social worker, WIC, UMOS, Public Health Nurses. Nineteen of those children received services through an Individualized Family Service Plan which brought the total number of children with plans in 2014 to 33 compared to 23 in 2013. In addition to a significant developmental delay in one or more areas of development, several children had specific diagnoses such as Down Syndrome, autism, DiGeorge Syndrome, Snip 1 Syndrome, hypotonia, lead poisoning, upper extremity malformation and delays related to injuries.

Renee Peters is the Program and Service Coordinator/Educator. Contracted services include: Jenny Hoffman, Occupational Therapist from Rehab Resources in Beaver Dam. Kristen Mertens provides Speech and Language therapy and comes from CHN in Berlin. Jody Streeter is a Physical Therapist from Rehab Arisces in Fond du Lac.

Child Find is an important component of Birth to 3, as we want to assure that all children that may be eligible for services are referred in a timely fashion. In 2014 our outreach consisted of:

Spring Child Development Days – We participated in our area school districts Child Development Day by providing an informational display with brochures and providing assistance as requested.

Brochures – Brochures are available at our county WIC clinics as well as in the lobby of Health and Human Services and in the Public Health Unit. Brochures are also included in the New Parent Packet shared by our Public Health Nurses.

Interagency Agreements – Agreements are in place with each county school district and UMOS (United Migrant Opportunity Services, Inc.) and Advocap-Head Start.

Physician Mailings--A physician mailing was sent to all area physicians including pediatricians, in Oshkosh and Fond du Lac as well as physicians who currently have children on our caseload. Included in this letter were updated brochures, the 2013 Referral Summary and referral forms.

Renee also collaborates as a committee member of the Head Start Advisory Committee, Green Lake County Family Resource Council and Healthy Babies Coalition of Green Lake, Marquette and Waushara Counties.

Family Support Program

The State provides each county with a yearly allocation to support families who care for their disabled children in the home. The Program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family's emotional, physical and financial resources. The Coordinator for the Family Support Program is Renee Peters.

In 2014, 12 children had a Family Support Plan written for a variety of goods and services. The Program was able to fund specialized equipment (adaptive stroller, car seat, sled and bicycle trailer), respite, disability related camps and conferences, transportation, nutritional supplements, individualized recreational opportunities, therapeutic materials and medical supplies not covered by insurance.

Tobacco Control and Prevention

Green Lake County continues as a member of the "Five Counties for Tobacco Free Living," a coalition that includes the counties of Fond du Lac, Marquette, Waushara and Washington,

however, the tobacco compliance checks are now being done by Fond du Lac County and 4 retailers sold to minors in 2014.

Wisconsin Well Woman Program

The Wisconsin Well Woman's Program provides mammograms, Pap tests, and other health screenings to help prevent Breast and Cervical Cancer. Women between the ages of 45-64 that are at or below 250% of the federal poverty limit and have no health insurance or are under insured are eligible to apply for the program. Jackie Westover, the WWWP Coordinator, helped 66 women get screening services in Green Lake, Marquette and Waushara Counties in 2014. This program was to end on June 30, 2014 as most women will be eligible for BadgerCare or insurance through the Affordable Care Act, but due to delays, it was extended and will actually end in June of 2015.

Healthy Teeth Healthy Lives Program

The Dental clinic continued to grow strong through 2014. Clinics are held 2 times a month at our agency as well as summer outreach sites at the Boys & Girls Club and a UMOS Migrant Child Care Center in Berlin. Clients need to be on Medical Assistance or Badger Care or have no insurance— in which case a small grant received from Salvation Army is used to pay for the service. Carrie, the dental hygienist, provided 148 cleanings to children and 10 adults. If they need any additional work done, a referral is then made to Family Health La Clinica. We added Head Start as an outreach site in 2014 and Carrie was able to go to Prairie View Head Start to provide services for the children. Head Start staff was very happy with the convenience of having Carrie come to their site. We will continue to strategize on how to decrease “no shows” since this has been a problem. We have also outreached to local dentists to let them know of our service, since most do not take clients on Medical Assistance.

Other Public Health Contacts for 2014	Totals
Blood Pressure Checks	77
Breastfeeding Education	77
Cholesterol	33
Communicable Disease/TB Testing	468
Environmental Issues	12
General Health Promotion	146
Immunizations Given	1707
Immunization information	923
Infant & Child Health (WIC contacts)	2306
Lead Tests & Follow-up	279
Mental Health	27
Postpartum Visits/Contacts	209
Pregnancy Outreach	38
Prenatal Care Coordination	138
Reproductive Health/Pregnancy Tests	3
STD follow-up	70
Tobacco Education/First Breath	1
Wellness Checks	74
WI Well Women's Contacts	175
TOTAL	6763
PRESENTATION ATTENDEES	
Blood Borne Path Training	114
Child Development Days Berlin	25
Employee Wellness Fair	99
Healthy Babies Coalition Conference	100
Heroin Summit	1200
Lunch and Learns	79
Safety and Wellness to TRIAD	24
Preparedness to Our Day Group	35
Diabetes Fair	200
Provider/Partner Meeting	31
Puberty Class	12
Stress & Nutrition Presentations	82
Women's Health Events	190
Economic Development	10
County Board Health in All Policy	34
Department Head Health In All Policy	26
Total	2261

Coalition & Collaboration

Partnerships are key in public health. We currently are involved in 11 different coalitions, some local, some regional and some statewide.

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Ashley Rondorf, Environmental Health Specialist (EHS) Green Lake, Jayme Shenk, Registered Sanitarian and Program Director, Marquette County and Mary Robl, EHS from Waushara County Health Department, are responsible for maintaining the Food Safety and Recreational Licensing Program. As agents of the state, this program licenses and inspects food facilities, swimming pools, hotel/motels, school food programs, campgrounds, kennels, recreational education camps, tattoo, body piercing, and bed and breakfast establishments. During 2014 there were approximately 800 inspections performed for these facilities of which 252 occurred in Green Lake County. Inspections are performed to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

Facility Type	Number of Inspections 2014	Total Number of Facilities
Restaurants and Retail Food	189	137
Campgrounds	13	13
Swimming Pools	22	22
Hotel/Motels	24	25
Summer Camps	3	3
Tattoo Shop	1	1

Environmental Health

Tri-County also deals with a wide variety of environmental issues that arise within the consortium. Investigations into nuisance complaints, housing issues, water quality issues and animal bites are some of the problems encountered. The Environmental Health division of the Health Department is responsible for enforcing the Health and Sanitation chapter of the Green Lake County ordinance to ensure that citizens are not exposed to hazardous conditions.

Environmental Issues Addressed

Animal Bites – 39
Free Water Test – 24
Housing Cases – 22
Nuisance/Other – 9

Worksite Wellness/Employee Health Program

The Health Unit runs the employee wellness program with funds provided by Group Health Trust. The initiatives are a method to help reduce healthcare costs by having healthier employees. This is accomplished in a variety of ways. In 2014 we had over 78 outreach activities including a health fair, individual health screenings, lunch and learns, Healthy Monday Tips, summer challenges, walking contests and more. Over \$5000 was given back to employees in the form of prizes, gift cards, gas cards and cash when they participated. We are very grateful to GHT for providing the funds to help keep our employees happier and healthier with the activities we share.



Tracy Soda explains healthy food choices to Sarah Guenther at the Employee Wellness Fair in May.

The Green Lake County Wellness Coalition (GLCWC)

took charge of completing the Community Health Improvement Plan (CHIP) in 2013 and worked on implementing the plan in 2014. The coalitions three “Action Teams” were very busy looking at various ways to improve the health of Green Lake County. One of the 3 action teams, ***Mental Health/Substance Abuse*** decided their key issue was the increase in heroin and opiate abuse in the county. Members which include

Community Health Network, Agnesian, local schools, law enforcement and more, joined forces to sponsor a “Heroin Summit” which was held in October. A presentation was given to all 6-12th graders at Berlin High School and an evening session was held community members with over 500 people attending to hear the message. Many local organizations had tables set up in the commons to provide resources on counseling services, domestic abuse services and much more. The work will continue in 2015 as we continue to educate the community about this growing problem.

The Rise Together team spoke to students and community members about how they beat their addiction to heroin.



The second action team is the **Nutrition Team**. They looked at ways to make fresh produce more available to those using WIC & Senior Vouchers at local farm markets. Nutrition education classes for senior citizens and Boys & Girls club were provided as well as education to diabetics through the Diabetic Health Fair sponsored by CHN.



Tracy Soda provides a nutrition class to seniors.

The third action team is the **Physical Activity Team** and they worked hard on developing a presentation that can be taken to all municipalities to explain the benefits of having physical activity opportunities in their community. The presentation talked about “Health In All” and the use of green spaces, bike paths, sidewalks and dual use for schools. The team is planning to take the presentation to not only city councils, but also school boards in 2015. They also helped with the “Walk With Walker” event which is a program that WI first lady, Tonette Walker started to highlight local walking paths. She encouraged community members to enjoy the beauty of Wisconsin and use the local trails to improve health. The GLCWC promoted this event and over 60 people attended and hiked the Snake Creek Wetlands trail.



WI first lady, Tonette Walker (center) joins Public Health Staff and over 60 community members to promote walking, the outdoors and the Snake Creek Wetlands trail in Green Lake.

The Green Lake County Wellness Coalition meets monthly and is open to anyone interested in improving the health of Green Lake County. You can go to our website for information. It is: www.glcwc.org.

Respectfully submitted by Kathy Munsey, RN,
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