

GREEN LAKE COUNTY

DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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2015 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 2015 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 2016 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.

- 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.

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.
My new paragraph: Paperless electronic records: The agency transitioned to Netsmart's MyAvatar software system for record keeping and billing. There have been a lot of ups and downs in the transition. We are still finalizing some of the program aspects but staff are actively utilizing the system.

- Expanding supported employment services to developmentally disabled individuals that will enable more people to be placed in jobs in the community.
- 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.

Administrative staff are in the process of updating the intake flow process to better serve those needing services from the Department. We are trying to make the process efficient and as friendly as possible. With these changes, we will be able to capture all information needed to capture more revenues for services. If consumers do not have insurance, they will be referred to the Economic Support Unit or the Marketplace so that they can attain insurance to cover the cost of their services.

- 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.

There have been numerous staff turnovers in 2015 which we were able to continue providing quality services to the residents of Green Lake County.

Respectfully Submitted,

Linda Van Ness
Acting Director

2015 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.

During 2015, there were numerous staff changes. At the end of 2015, the Administrative Unit now consists of the Director, Administrative Assistant, Account Clerk Specialist, Accounting Specialist, three Receptionist/Data Entry Specialists and a Secretary. With these transitions, we are striving to become more efficient in the administrative duties and services provided. Staff changes in 2015 include Director, Deputy Director, Accounting Specialist and two Receptionist/Data Entry Specialists. Through all this transition, we continued to provide quality services.

The Department went “live” in April with the MyAvatar software program. There have been numerous challenges which we are still trying to get resolved and anticipate this being complete in early 2016.

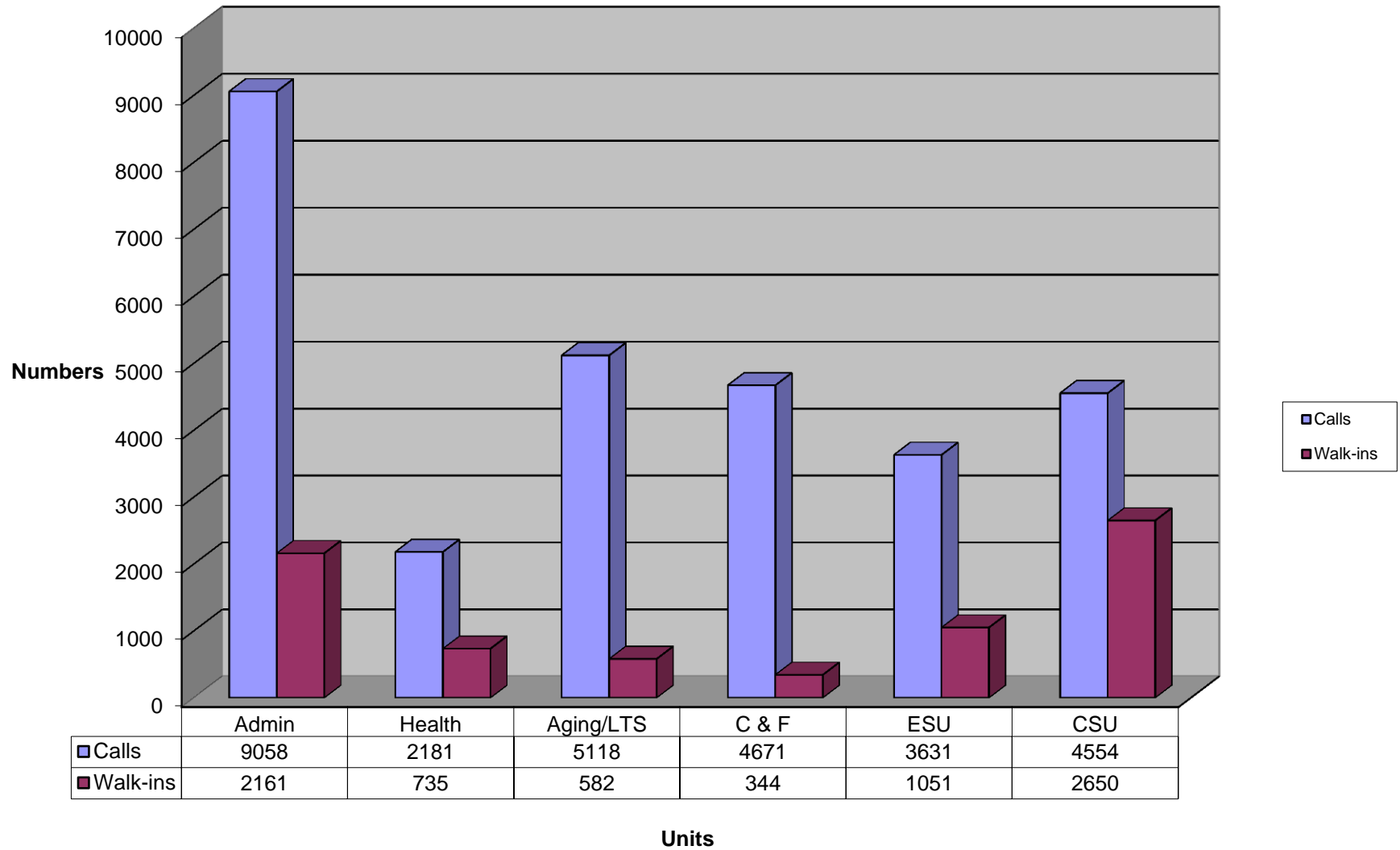
As shown on the enclosed chart, public usage of services provided at the Human Services Center totaled 39,736 contacts (29,213 phone contacts and 7,523 walk ins) in 2015. This is a slight drop from 40,638 contacts in 2014. Part of the decrease remains to be for the calls that are being routed to the Call Center for Economic Support Unit services (numbers are in the Economic Support Unit Report) and 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.

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 services. The planning and implementation of the My Avatar system continued through 2015. Administrative support staff have assisted with planning and preparation for this new software. We went “live” with the new program in April.

Respectfully submitted,

Linda Van Ness
Acting Director

2015 Agency Activity



2015 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 11 staff in the Aging and Long Term Care Unit during 2015 including the Unit Manager, 2 Resource Specialist Social Workers, the Adult Protective Services Worker, three 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 Disability Rights of Wisconsin (DRW), whose 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 2015 a total of 131 new cases were opened, 108 cases were closed, 55 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 2015 shows that is brought in over 1 million dollars to the local economy. The DBS carries an average case load of 60 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 2015 5 classes were held in Green Lake County. There were 36 individuals who participated in workshops offered through the Health Promotion Programs. The workshops offered were: Living Well with Chronic Conditions, Healthy Living with Diabetes, Mind Over Matter, 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 2015, volunteers provided 688.5 hours equal to **\$11,539.57** 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 2015, 7083 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 1,725 hours in the Nutrition Program. These hours equal **\$12,508.06** 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 **\$23,650.14.***

HOMEBOUND MEAL PROGRAM (C-2)

In 2015, 14,221 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 **\$62,721.87.***

* Subject to Audit

TITLE III-D PROGRAM

In 2015 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. 12 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 2015. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults were provided 26,262 trips in 2015 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 2015, the Food Pantry served an average of 259 households, and 535 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 2015 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 twenty-seven (27) **Elder Abuse** investigations in 2015, with ten (10) Elder Abuse cases substantiated. The remaining cases were either unsubstantiated (8) or unable to be substantiated (9) 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 2015, there were 4 **reports** of abuse to **Vulnerable Adults**; 2 were substantiated, 1 unsubstantiated, and 1 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 2015, there were 382 Open Cases, and 92 hours of training. Through these efforts, the Elderly Benefits Specialists' program saved Green Lake County elderly clients \$68,432.00 for the Senior Care program, \$262,168.00 for MA QMB/SLMB, \$1,399,029.00 for Medicare Programs, \$120,791.00 for Food Share, \$366,093.00 for EAP, Fraud or MAPP Programs, \$87,228.00 for SS/SSI Disability and \$79,150.00 for other programs in the Aging Unit. This is a total savings of \$2,382,891.00 for the elderly citizens of Green Lake County.

There were 1473 Information and Referral and 349 Medicare Part D inquiries to the Aging Unit and 204.5 hours of Outreach Services and 29 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 fifteen **(15)** caregivers in 2015 through this program.

OTHER PROGRAMS

Volunteers for programs in the Aging Unit are recognized for their services at the Volunteer Luncheon in April. In 2015, 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 2015, **180** 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 2015, **one (1)** individual received COP funds. These funds were used to purchase group home care, monitoring and supervision. 2015 was the final year for the COP Program.

ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2015, 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 **twelve (12)** guardianship studies for adults in 2015. These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-seven **(37)** 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 **(12)** 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)

2015 Annual Report Behavioral Health (Clinical Services) Unit

2015 was a year of transition for the Behavioral Health Unit. All the staff of the Behavioral Health Unit did a stellar job at meeting the mental health needs of Green Lake County in spite of lack of leadership, being understaffed, and participating in the 24/7 on-call mobile crisis intervention services program.

The Behavioral Health Unit construct for 2015 was: 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 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 unit'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.. 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) oversaw clinical supervision for the behavioral health unit until November. Dr. Kent Berney (Forensic Licensed Psychologist) joined the behavioral health unit team in November. Dr. Berney brings a plethora of experience including former Director of Psychology at Winnebago Health Institute, supervisor for the Forensic Psychiatric Residents at UW-Madison Medical School and a professional demeanor that allows staff to learn and professionally from his supervision. During the year of 2015 our unit served 337 crisis calls. There is an excellent commitment by the behavioral health unit's 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.

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
- 36 adults were placed on an emergency detention/psychiatrically hospitalized (2 of those were detox)
- 61 children were served through crisis diversions to the community
- 30 adults utilized our services after crises

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 has been 4 to 5 clinical staff (3 to 4 positions short) that rotates, 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 2015, 410 clients were served in the outpatient unit. Including the CCS, CSP, CLTS and Mobile Crisis, Green Lake County Behavioral Health Unit has served over 3% of the population of Green Lake County.

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. Dr. Tausch MD also provides psychiatric services weekly.

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 along with Dr. Young MD through Telehealth for Green Lake County. 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 services to over 280 clients in 2015. 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 -2-3 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.).

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.

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 sixth year.

Direct behavioral health services to consumers in the jail RR program are provided by one Mental Health Professional 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.

Wellness & Recovery Group

The Wellness & Recovery Group adds an aftercare component to the Recidivism Reduction treatment-focus program provided at the Green Lake County Correctional Facility. Wellness & Recovery group meets weekly for 75 minutes at an accessible community location (historically, Berlin Public Library) and is a treatment resource for ex-offenders in recovery. Group is co-facilitated by two dual-diagnosis clinical therapists and emphasizes recovery education for AODA and dual diagnosis individuals. A curriculum outline is available, however the group includes a strong group process component and the curriculum is designed to be flexible and responsive to the needs of the group population. This is an open group accepting clients on a self-referral basis as well as referrals from Probation & Parole and parents referred through CHIPS. Group topics include: personal responsibility, mental/ emotional health, substance abuse and recovery, healthy relationships, communication and boundaries, cognitive self-change, and problem solving. Group facilitators are knowledgeable in providing information and referrals to appropriate community resources to help ex-offenders re-integrate into a community lifestyle.

Drug Court Program—Treatment Component

The Green Lake County Behavioral Health Unit provides two treatment specialists to participate in the steering committee for the development of a collaborative Drug Treatment Court alternative program. These treatment providers maintain responsibility for assessing treatment needs for individuals referred to the Drug Court Program. That provider then follows the individual through the treatment court providing clinical therapy and participating in treatment court reviews and staffing. Treatment providers also add clinical perspective and addiction & recovery education to the Drug Court team as they develop program policies and cross-system responses to participant needs. These treatment providers maintain current knowledge of level-of-care assessment and are able to make referrals for individuals who need a higher level of care at any point during their participation. Drug court team, in addition to treatment providers,

includes representatives from Probation & Parole, peer specialist, District Attorney and public defender, law enforcement, correctional facility, and a specialized Drug Court Judge.

Recovering Together—Women's' Group

The Green Lake County AODA program is beginning a gender-specific AODA recovery program that addresses the unique therapy needs of women. The program relies on a relational-cultural model that incorporates mindfulness practices and trauma-informed treatment modalities. During 2015, the group was in planning stages with a goal to be implemented in early 2016. The group will serve 6-10 women at a time.

Children's' Long Term Support Waiver

The Children's Long Term Support Waiver (CLTS) is a Medicaid Waiver program for children with developmental or physical disabilities or Severe Emotional Disturbances (SED). Children qualify for the waiver through Medicaid eligibility and use of a functional screen. The families then meet with a caseworker to develop a person-centered ISP that draws on the strengths and needs of the child and their family to identify specific complementary supports that would not be otherwise covered by Medicaid. Examples of such supports include: Autism/ Behavioral in-home treatment, accessible home modifications, sensory supplies/ therapeutic aids, respite care-ongoing and specialized, and support & service coordination.

CART—Tricounty Child Abduction Response Team

Green Lake County DHHS is a partner stakeholder in the development of the tri-county Child Abduction Response Team (CART) serving Green Lake, Marquette, and Waushara County. The CART is in development stages during 2015 and the entire tri-county team participated in a national certification training focused on coordinating timely and effective interdisciplinary responses to missing child situations. The Behavioral Health Unit designates one therapist as a clinic representative to be present in these trainings and to support appropriate responses of clinical crisis staff should this type of a crisis situation arise.

IOP Intensive Out Patient Group

12 week evidence-based group therapy focused on developing coping skills, implementing relapse prevention strategies, identifying co-occurring issues and creating space for valuable peer feedback. Our program offers intensive counseling to persons who are experiencing consequences related to substance abuse whether the substance is drugs or alcohol.

Roundtable Discussion

In November 2015, the clinic staff organized and facilitated a roundtable discussion bringing together medical professionals, public health workers, law enforcement, mental health and substance abuse treatment staff, school professionals, and the recovery community to bring awareness regarding the increase of prescription drug abuse and the unique issues that go along with this type of drug abuse. The event included presentations by treatment staff and an individual in recovery as well as a facilitated discussion of cross-systems goals for future prevention & intervention activities.

In March we started a new software system called AVATAR. This system assists in interfacing the clinical services to billing services. We are still working out the kinks; however it will make the process of servicing the community and billing for our services more efficient.

Behavior Health Unit 2016 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

**2015 Annual Report
Children & Family Services Unit**

2015 was a year that there was only one staff change. There were only vacant positions in the Unit. The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), and the Juvenile Court Intake Worker, three (3) Dispositional Social Workers, a Medical Assistance Targeted Case Management Social Worker, the Community Response Social Worker, an In-Home Therapist and Coordinated Services Team worker. The Community Response Worker (CRP) left the agency and we re-hired the CPR worker.

In the spring semester of 2015 two (2) undergraduate field placement students were with the agency. The undergraduates included one (1) from Marian College and one (1) from the University of Wisconsin-Oshkosh. 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 2015, one (1) undergraduate field intern was with the agency from Marian College.

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 2015.

The Unit staff continued to engage in several new initiatives that started in prior years: the Permanency Roundtables; the Community Response/Quad Counties Family Resource Network; Alternative Response; and the Intensive Safety Services program. Staff participated in new training initiatives which included Family Find and Supervising Safety.

Access

The ACCESS staff for the Unit received 425 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 245 reports of Child Abuse/Neglect. Of these, 79 were screened in for a response from the Initial Assessment Worker. 166 reports were screened out. The screened in reports had a total number of 149 children that were identified as potentially being child victims. The screened in reports by maltreatment type were: 36-Physical Abuse; 73-Neglect; 35-Sexual Abuse; and 5-Emotional Abuse. 180 Service Reports were received. Of these, 142 were screened in. These were comprised of 75 Child Welfare Reports, 59 Juvenile Justice Reports, 5 Kinship Care applications, 1 for court ordered study, 1 adoption related, and 1 re-open closed case and 2 for drug affected Infants.

Juvenile Court - Delinquency

In 2015, Juvenile Court Intake received fifty-eight (58) new referrals. This is down by 3 referrals from 2014. Nineteen (19) Delinquency petitions were filed and Seven (7) Juvenile in Need of Protection & Services petitions were filed.

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. One (1) youth was placed in residential care and subsequently ordered to Lincoln Hills in 2013. This youth continued in Lincoln Hills in 2015 was transferred to Rawhide Boys Ranch. This youth was released in June 2015. A second youth was under the Department of corrections. This youth was Court-ordered to the Corrective Sanctions Program.

This youth was presently placed in a Group Home facility and subsequently returned home. 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 youth was placed under a Chapter 51 Emergency Detention, and then subsequently committed to the Department; the youth was placed at WMHI. The youth was later transferred to Rawhide Boys Ranch.

One (1) Summer Youth Group was held in June 2015. 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.

The Intensive Supervision worker for the unit facilitated a court ordered groups on "Teens in Action". Twenty (20) youth participated in this curriculum both in group and one-to-one.

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

Electronic Monitoring/GPS Monitoring

Seven (7) youth were on monitors in 2015. All seven (7) were males. One (1) adult female was also put on GPS. The agency began to use the EM in lieu of out-of home placements.

Mediation

In the second half of 2013, the Green Lake County DHHS staff began Court Mediation services for the Family Court. This service has continued for the Court. The duties were split between one staff in the Behavioral Health Unit and the Juvenile Court Intake Worker. However due to the extended leave of the Behavioral Health Manager all the mediations were completed by the Juvenile Intake Worker. Thirty (30) mediations were completed in 2015.

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, Seventy-nine (79) Initial Assessments were conducted. By year end, 31 Child in Need of Protection and Services Petitions were filed.

Due to the rise of prescription drug abuse, opiate/heroin addictions on the rise, two (2) adult females were placed in Community Based Residential Facilities until the children were born. Of the 245 Child Abuse/Neglect referral received by the agency in 2015, 29 were under the Drug Affected Children (DEC) protocol.

Parenting

The Family Training program provided services to twenty-four (24) families with a total of thirty-eight (38) parents and fifty-four (54) children in 2015. They provided both parent training and education, parent aide services and in-home therapy. In 2015, 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 2015 & fall 2015. After the staff person with Extension changed positions, Unit staff continued the program. The agency contracted with Lutheran Social Services for parent training for one (1) family with two (2) parents and ten (10) children.

In-Home Therapy/Targeted Case Management/Comprehensive Community Services

The In-Home therapist has taken a lead role in the development of the Targeted Case Management (TCM) program. Whenever possible, TCM is billed to help recover the cost of the services provided. The In-Home therapist is cross-trained to facilitate Comprehensive Community Services (CCS) teams as well as perform Children's Functional Assessments. The In-home team is augmented by a TCM case manager as well as other mental health professionals. At year end, twenty-four (24) cases of TCM were being billed.

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). In 2014, Seventeen (17) total children were in foster care. In 2015, this number went up considerably. Two (2) youth were in residential treatment; two (2) youth were in treatment foster care; seventeen (17) children were in foster care; twenty (20) children were in court-ordered relative care; six (6) children were in Kinship Care; One (1) child was under a subsidized guardianship. Four (4) children were subject to Termination of Parental Rights petitions.

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. We are providing courtesy supervision for an out of home placement for the State of Washington. In addition to courtesy supervision, home checks to confirm safe environment as well as licensure were conducted.

Community Response 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. One Hundred Thirty (130) families were referred to the Community Response Program.

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 and KD Counseling Services.

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 two (2) families in Green Lake County which included two (2) parents(s) and ten (10) children in 2015. The program is designed to prevent the removal of children from their home.

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. Twelve (12) of children/youth participated in the program in 2015. Presently there are fifteen (15) 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. Unit staff has participated on the SART (Sexual Abuse Response Team), CART (Child Abduction Response Team, Child Death Review Team, and the Drug Endangered Children team.

Licensing

Green Lake County ended the year with eleven (11) licensed level II foster homes. At the year's end, the agency had one (1) active level I licensed home. Three (3) additional homes are certified for respite care.

Respectfully submitted,

Susan Sleezer
Children & Family Services Unit Manager

2015 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 1970 Green Lake County households. Customers may be receiving assistance from Medicaid, BadgerCare Plus, Family Care, FoodShare, Wisconsin Shares, and Energy Assistance. This is a 2% caseload increase from last year. This is a continuous trend we have seen for the last five 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
2015	1970 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.

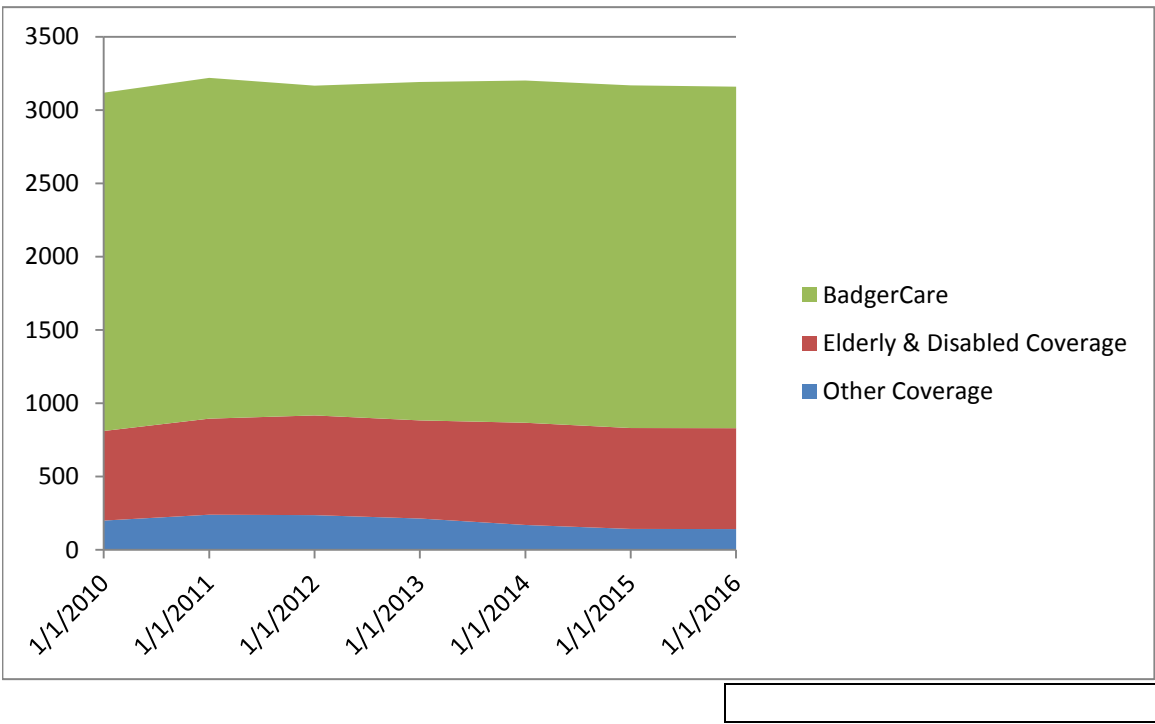
January 1st, 2016 Sheboygan County decided to elect to leave ECIMP to join another Consortia.

Each county is responsible for “staffing” the CCA. Green Lake County staffs CCA with 1.4 FTE. This FTE count has increased again this year with the increase of caseload for Green Lake County. ECIMP’s CCA took 21,961 calls in the month of December. The number of calls received in CCA has increased. However, with the 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. 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. April 1, 2015, able-bodied adults without dependents (ABAWD) were required to meet a work requirement to be eligible for FoodShare. To meet this requirement the FoodShare Employment and Training program (FSET) is available. This program is administered by Forward Services Corporation. If recipients of FoodShare fail to comply with the work requirement for three months they will be found ineligible for FoodShare for three years. Similar to the Medical Assistance Programs, FoodShare participation continues to increase. The FoodShare average caseload in 2015 for Green Lake County was 1094 households (2,278 participants). The Calendar year-to-date monthly average FoodShare benefit for Green Lake County was \$213,913. The total FoodShare benefit given in 2015 excluding December was \$2,353,048.

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 2015, the monthly average of families receiving assistance was 63 households / 92 children. This is a 9% increase of children receiving this benefit.

Energy Assistance- is a program that provides a one time payment during the heating season to low income customers who need help paying their heating costs. The energy payment is made directly to the fuel supplier. In 2015, 832 households applied, 770 were approved, and \$380,532 was the total paid out in Energy Assistance. (\$312,698 in Energy Assistance, \$44,443 in Crisis Assistance, \$4,653 Non-WHEAP Additional Services, and \$18,738 in Heating Unit Activity) The number of applications and the applications that received benefits decreased by 8% in 2015. The entire State of Wisconsin saw a decrease in 2015. The reason for caseload decrease is uncertain. I speculate that the warmer winter months contributed to the decrease.

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). FSC is co-located in the Advocap building with the Job Center. The W-2 program focuses 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 2015 FSC provided W-2 services to 72 participants.

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.

Submitted by: Shelby Jensen
Economic Support Unit Manager

2015 ANNUAL REPORT - FOX RIVER INDUSTRIES

Overall Services Provided:

Fox River Industries (FRI), an agency of Green Lake County DHHS located in Berlin, Wisconsin, provides a variety of services to individuals residing in and around 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, students, and young adults transitioning into community jobs. These services are provided to enable these individuals 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 primarily with Care Wisconsin of Madison. Following is a description of services provided through Fox River Industries.

Supported Employment Program:

The FRI Supported Employment (SE) program serves individuals who experience barriers to obtaining and maintaining community employment. This department consists of a 40 hour/week SE Coordinator and a 35 hour/week Job Coach, as well as part time help from other FRI departments as needed to maintain effective community job supports. Supported Employment services include functional assessments, work trials, job development, job placement, and ongoing support/training for the duration of the individual's employment. In most cases, the Division of Vocational Rehabilitation (DVR) funds the initial supported employment services with FRI SE providing the long term supports necessary for each individual to maintain employment. Ongoing supports for Family Care members are funded through the Care Management Organization.

As political pressure to reduce center based employment services continues to escalate, the demand for community based jobs, and the SE services needed to match qualified employees with these jobs, continues to grow at an increasing rate. In 2015, 36 consumers held 45 integrated community jobs at 29 different employers, 19 consumers are currently receiving job development services, and the waiting list for DVR services has been reduced from 19 last year to 5 at present. Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely for individuals receiving SE services, even after initial DVR funding is exhausted. 2015 DVR revenues through November 30 were over \$54,000 (against a budget of \$45,000).

Prevocational Services Program:

The FRI Prevocational Services program provides opportunities for individuals with barriers to employment or limited employment experiences to learn job readiness skills and other related social skills to enhance their ability to obtain and maintain employment in the future. Skills focused on include following directions, maintaining attention to task, accepting constructive advice on how to do the job, etc.

A wage study is completed annually to determine consumer wages based on the same kind of work done by a non-disabled employee with at least one year of experience. This method insures that the consumers receive a fair wage and insures that rates are comparable to local industry. Federal and State special commensurate wage certificates are issued as a result of these wage studies, with each license expiring in alternating 2 year cycles, at which time FRI reapplies for another two year term.

Currently there are approximately 51 consumers receiving pre-vocational services in the workshop: 32 full-time, 16 part-time, and three 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 Generac Mobile Products (formerly 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, Reinders, and several smaller outlets in the Green Lake County area. Squirrel corn business was once again very strong in 2015 with sales projected sales at \$172,000. In our pressroom we continue to print for many of the Green Lake County offices, and other smaller jobs in the community.

In 2015, Fox River Industries negotiated a rate for a new service, Community Based Prevocational Services, with Care Wisconsin. This service will offer a 10 week curriculum with a 4:1 ratio, with 4 hours of classroom time each week. Programming will occur mostly in community based settings, and will focus on skills designed specifically to allow participants to explore community employment options. The desired outcome for FRI is to generate interest in community employment for participants in this program. FRI then will support these individuals in seeking a DVR referral at this time. Center based and community based prevocational services are reimbursable for Family Care members.

On July 22, 2014, the Workforce Innovation and Opportunity Act, commonly referred to as WIOA, was signed into federal law. This legislation focuses on transitioning students and young adults (up to age 25), with a strong emphasis being placed on community employment for everyone. Going forward, FRI will need to gradually shift resources from center based production to community based employment as programming demands shift and participant needs/desires change.

Adult Day Services Program:

Adult Day Services programming at FRI promotes inclusion and independence for adults with disabilities. Our goal is to assist those we serve in acquiring, maintaining, and improving the skills needed for individuals to live in a community setting.

FRI currently provides a variety of health, social, and support services to program participants 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 Social Appropriateness, 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. The exercise program, provided to a majority of our consumers, includes weight lifting, aerobics, and endurance training. This service also encompasses personal care needs.

Community inclusion is a key element in Adult Day Services programming. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and swimming trips. Volunteering is also highly valued in our program as a form of community inclusion. Day Services program participants currently volunteer at Theda Care, several local area libraries, and the animal shelter in Green Lake.

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.

In 2015, DSI applied for 4 vehicles under the 5310 vehicle grant program. The application was successful, but due to program resource limitation, DSI was awarded only two of the 4 requested vehicles. Priority for this cycle was given to Southern Green Lake County Senior Transport and the Berlin Senior Center. These two transportation service providers will each receive a new minivan in 2016, and DSI will re-apply for two vehicles in 2016 for delivery in 2017.

Also in 2015, DSI applied for and was awarded a New Freedom grant for Operating Project expenses in the amount of \$61,027. This grant opportunity became available under section 5310 in 2014 and can be used to supplement 85.21 operating expense dollars for qualifying elderly and disabled transportation service programs. This award will arrive quarterly in 2016 to offset expenses as they occur during the year.

Transportation service expenses are included in the Prevocational and Adult Day Services Family Care billing rates. Transportation is billed as a fee for service for non-Family Care program participants.

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 over 90 consumers and receives frequent new referrals. This program employs one full-time individual and is supported with assistance from other department staff as needed. Protective Payee services are billable partially through Care Wisconsin (Family Care members only), with the remaining members self paying for services.



Public Health
Prevent. Promote. Protect.

2015 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**



Health Unit Staff: Back row, Renee Peters, , Birth-3/Family Support, Tracy Soda, PHN, Ashley Rondorf, Environmental Health Specialist, Shari Krause, Public Health Program Specialist, Kari Schneider, PHN, Melanie Simpkins, RN, MPH, Health Educator and Accreditation Coordinator. Front Row: Caitlin Witt*, UW-Oshkosh Accelerated Nursing Nursing Student, Kathy Munsey, RN, Health Officer, Makiko Thomas-Omori *, Summer Intern Jeri Loewe, PHN, Marilyn Voeltner, Volunteer.

*Throughout the year, we mentor students from various schools including UW-Oshkosh, Marian University, UW-Madison and more. Mentoring interns is one way to provide them with opportunities to increase their knowledge of public health as practiced in the community setting and they can grow and develop their skills. This is a great way for us to contribute towards a competent workforce!

Our 2015 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 2015, along with previous year comparables. In 2012 we were seeing huge numbers of pertussis or whooping cough statewide. A huge vaccination campaign was implemented and you can see how that has improved the number of cases for that disease.

Frequency of Reported Diseases in Green Lake County	2012	2013	2014	2015
Blastomycosis	-	-	1	-
Brucellosis	-	1	-	-
Campylobacteriosis	4	4	6	2
Chlamydia	38	41	42	47
Cryptosporidiosis	2	1	2	2
E-Coli (Shiga Toxin)	-	-	-	3
Ehrlichiosis	2	1	1	5
Giardiasis	1	2	3	-
Gonorrhea	3	-	2	2
Ebola Monitored Traveler	-	-	1	1
Hepatitis A	1	-	-	-
Hepatitis B	2	3	-	1
Hepatitis C	8	13	12	16
Influenza (hospitalized)	1	7	9	6
Legionellosis	-	-	1	-
Lyme Disease	18	39	28	20
Measles (Rubeola)	-	-	-	1
Mycobacterium (non-tuberculosis)	3	2	-	5
Parapertussis	1	-	-	-
Pertussis (whooping cough)	21	10	2	-
Q Fever	-	-	1	-
Salmonellosis	3	7	4	5
Shigellosis	-	-	1	-
Invasive Strep Disease	1	1	2	4
Syphilis	2	-	-	1
Latent TB infection	2	-	3	1
Varicella	8	2	3	2
TOTAL	121	134	124	124

Public Health Preparedness

In September of 2015, we completed a full-scale exercise working closely with Gary Podoll, Emergency Management Director, local law enforcement, our coroner, fire departments, hospitals, nursing homes, Red Cross and

surrounding counties to test our ability to handle mass fatalities and open a Family Assistance Center for survivors. The exercise had a tornado hitting Green Lake with 5 fatalities and many victims. We tested our surge capacity of our hospital and our fatality management capabilities of other partners. 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 drill. We had 112 participants from 6 different jurisdictions and provided “Just In Time” training for all to assist us in our mission. The drill went very well and we had over 45 people get trained on the Esponder communication system as well as the WI Emergency Assistance Volunteer Registry (WEAVR) to enhance our response to events.

We also spent a great deal of time training on how to respond to an Ebola traveler and received additional grant funding to do so. We had one traveler from Liberia that we had to monitor this year.

We have also joined Region 6 of the Health Care Coalitions. This is a partnership with hospitals, First Responders, Fire, EMS and more. This group meets monthly in an effort to coordinate preparedness activities.



Above is one of many “fatalities” found by first responders during the full-scale tornado exercise on September 23, 2015. Health & Human Services set up a Family Assistance Center to help survivors during the event. Over 110 individuals participated in the drill to test our readiness for a mass casualty event.

Immunizations for Children and Adults

We continue to have monthly immunization clinics in Green Lake, and one 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. Overall, 1447 vaccines were given to 1113 individuals.

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. In 2015, 166 blood lead tests were completed, 15 had a level over 5, compared to 16 in 2014.

<p>2015 Blood Lead Testing Total Number of Tests: 166 Children <5 ug/dl = 151 Children >5 ug/dl = 15 Home assessments = 1</p>
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Mother, Child and Family

There were 180 births in Green Lake County in 2015 down from 195 births in 2014. We had 1 birth to girls under age 18, compared to 0 last year. We also had 11 babies that were considered "low birth weight" (weighing less than 5lbs, 8oz), unchanged from previous year. In 2015, the percentage of women who smoke during pregnancy did decrease to 18.8% (28% in 2014, 25% in 2013). However, we had 7 infants

born premature, 3 of those mothers smoked during pregnancy. Five infants were transferred to Neonatal Intensive Care Units. 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.

We continue to utilize the **"Life Course Model"** as promoted by the Family Resource Council through our Maternal Child Health grant. This year 12 education sessions incorporated the model. Through the Healthy Babies Coalition which is a partnership with Green Lake, Marquette and Waushara Counties, we sponsored training to educate local providers and families on the Life Course Model and ACE's (Adverse Childhood Experiences) with a special emphasis on parenting with a history of opiate addiction 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 2015. 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. This summer, they started using electronic benefit cards instead of the paper vouchers. This has added an extra educational component to the program, but increased convenience for the client.

Kari Schneider and Shari Krause 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 2015, 40 new children were referred to the program compared to 45 in 2014. Referrals came from a number of sources including: physician, family member, social worker, WIC, UMOS, school districts, and WI Sound Beginnings. Seventeen of those children received services through an Individualized Family Service Plan. Thirteen children were found to be developing within age appropriate levels. Eight families declined services after their evaluation. One child moved to another county and was referred to school based services given age at the time of referral. These children along with those who had previously been in the program brought the total number of kids served to 31 in 2015. In addition to those with significant developmental delays, there were several children with specific diagnoses including: lead poisoning, hypotonia, significant prematurity, cerebral palsy and delays related to non-accidental injury.

Renee Peters is the Program and Service Coordinator/Educator. Contracted service providers 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 the Physical Therapist from Walk of Ages 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 **2015** 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.

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 2015, 12 children had a Family Support Plan written for a variety of goods and services. The Program was able to fund specialized equipment, respite, autism consult, shoe lifts, conferences related to a diagnosis, transportation, nutritional supplements, home modifications, 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 7 retailers sold to minors in 2015.

Healthy Teeth Healthy Lives Program

The Dental clinic served 98 individuals in 2015. Clinics are held 1- 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 cleanings to children and uninsured 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 are 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.



Kathy Munsey and summer intern Makiko Thomas Omori at the Mission of Mercy dental clinic in Fond du Lac in June 2015.

All staff helped serve 1428 patients for the Mission of Mercy dental clinic in Fond du Lac. Over \$1 million in dental care was provided.

Other Public Health Contacts for 2015	Totals
Blood Pressure Checks	69
Breastfeeding Education	29
Dental	225
Communicable Disease/TB Testing	653
Environmental Issues	36
General Health Promotion	329
Immunizations Given	1113
Immunization information	2296
Infant & Child Health (WIC contacts)	1248
Lead Tests & Follow-up	67
Mental Health	33
Postpartum Visits/Contacts	212
Public Health	448
Reproductive Health	39
Senior Health	78
STD follow-up	90
Tobacco Education/First Breath	10
Wellness Checks	85
Worksite Wellness	494
TOTAL	6763
PRESENTATIONS/EDUCATION CONTACTS	
Blood Borne Path Training	78
Berlin School Wellness	44
Employee Wellness Fair	35
Healthy Babies Coalition Conference	100
Heroin Summit	200
Lunch and Learns	128
Safety and Wellness to TRIAD	35
Preparedness for Tornado Exercise	112
Diabetes Education	226
Provider/Partner Meeting on Lyme	18
Parenting Class & Breastfeeding	28
Nutrition Presentations	381
Women's Health Events	200
Economic Development	169
Worksite Wellness Outreach	10,206
MCH Life Course	95
Amish Culture and Safety	24
Other	19
Total	12,098

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Ashley Rondorf, Environmental Health Specialist (EHS) Green Lake, Jon Jilek, EHS for Marquette County and Mary Robl, Registered Sanitarian, EHS and Program Director from Waushara County Health Department. They 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. Mary took over as program director when Jayme Schenk, previous director accepted the job of Health Officer for Marquette County. During 2015 there were approximately 800 inspections performed in the Tri-County area. Inspections are performed to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

*Tourist Rooming House (TRH) inspections are deemed low-priority facilities per WI DHS

Facility Type	Number of Inspections 2015	Total Number of Facilities
Restaurants and Retail Food	151	136
Campgrounds	11	13
Swimming Pools	21	21
Hotel/Motels/TRH	79*	120
Summer Camps	3	3
Tattoo Shop	0	0

directive and are inspected every other year.

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 that could affect their health.

Environmental Issues Addressed

Animal Bites—36
Water test kits Distributed—7
Housing Inspection Cases—7
Nuisance/Other—6
Radon Test Kits Given Out--14

Worksite Wellness/Employee Health Program

Melanie Simpkins, RN, MPH coordinates the employee wellness program using 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 2015 we had over 25 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.



The 2015 Employee Wellness Fair had a nautical theme and touched on topics such as healthy eating, alcohol use, exercise, boating safety, family wellness and much more.

The Green Lake County Wellness Coalition (GLCWC)

took charge of completing the Community Health Improvement Plan (CHIP) in 2013 and continues to work on implementing the plan. 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 Theda Care, Agnesian, local schools, law enforcement and more, joined forces to sponsor a second “Heroin Summit” in Markesan which was held in April. A presentation was given to all 6-12th graders at Markesan High School and included Green Lake H.S. students and an evening session was held for community members with over 200 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 2016 as we educate the community about this growing problem. We now have drug drop boxes in all 4 communities. We are also collaborating with Berlin High School to train more individuals on mental health first aid. The Central WI Healthcare Partnership which includes 5 surrounding counties is also working on improving services for mental health issues.

The ***Nutrition Team Action Team***, led by Tracy Soda 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 Theda Care--Berlin.

The third action team is the ***Physical Activity Team*** and they worked hard on presentations to local governing boards to explain the benefits of having physical activity opportunities in their community. The presentation talked about “Health In All”, nutrition, the use of green spaces, bike paths, sidewalks and dual use for

schools. In 2015 they presented to the Berlin School Board, Green Lake School Board and Green Lake City Council. Jeri Loewe is a member of the Berlin School Wellness Coalition and works with them to improve physical activity opportunities for the children as well as improve the environment.

Our efforts paid off since we improved from ranking 62nd out of 72 counties in 2014 to 53rd in 2015. The group continues to stay engaged and is active within many areas of the county.

The Green Lake County Wellness Coalition meets monthly and is open to anyone interested in improving the health of Green Lake County. Additional information is on our website: www.glcwc.org.

Accreditation

Healthy WI 2020, the state health plan would like all health departments to be accredited by 2020. We have appointed Melanie Simpkins as our accreditation coordinator, have assigned the 12 Domains to staff and have been continuously working on this process.

2015 Staff Changes:

Judy Kasuboski, who had worked for the county for 23 years, retired in February. We are very grateful for all she did especially all her work with pregnant women and children in the WIC program. In addition, the WI Well Women’s Program essentially ended and Jackie Westover, the coordinator left to pursue a career in social work. Jackie worked for the county for over 13 years. Marilyn Voeltner, our long time health educator and volunteer moved to Oshkosh and we were very sad to see her go after 13 years of dedicated service to the county. These 3 vacancies provided us with an opportunity to revamp our unit to be more efficient and effective. We decreased the Public Health Nurse position hours in order to create a part-time Public Health Program Specialist position. It has worked out very well so far. We will continue to evaluate the changes.

Submitted by Kathy Munsey, RN, Health Officer