

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

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FOX RIVER INDUSTRIES

222 Leffert St.

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Berlin WI 54923-0069

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Post Date:

The following documents are included in the packet for the Department of Health & Human Services Board held on Monday, March 12, 2018

- March 12, 2018 DHHS meeting agenda 5:00 p.m.
- DHHS Draft Minutes – February 12, 2018
- 2017 Health & Human Services Annual Report
- 2017 Veterans Services Annual Report
- Family Resource Council Minutes 3/5/18
- Aging/ADRC Community Assessment Questionnaire
- Proclamation of National Volunteer Week
- Letter of Thanks (Children & Family Services)
- Health Unit/Environmental Health Report February 2018
- Controlled Substance Abuse Policy
- 2017 End of Year Expenditure/Revenue Comparison
- Line Item Transfer
- Budget Adjustment



**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN
SERVICES**

Office: 920-294-4070 FAX: 920-294-4139 Email: alcdhhs@co.green-lake.wi.us

Health & Human Services Committee Meeting Notice

Date: March 12, 2018 Time 5:00 PM

Green Lake County Government Center

571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI

***AMENDED AGENDA**

**Committee
Members**

*Joe Gonyo,
Chairman
Nick Toney, Vice-
Chair
Brian Floeter
John Gende
Nancy Hoffman
Harley Reabe
Tom Reif
Richard Trochinski
Joy Waterbury, Secretary*

Kindly arrange to be present, if
unable to do so, please notify our
office. Sincerely, Karen Davis,
Administrative Assistant

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes 2/12/18
6. Appearances:
7. Correspondence:
 - 2017 Annual Report
8. Veteran's Service Office Report
 - 2017 Annual Report
9. Advisory Committee Reports
 - Aging Advisory Committee – (Trochinski)
Next Meeting – March 15, 2018
 - Family Resource Council – Meeting March 5,
2018 (Trochinski)
 - ADVOCAP/Headstart Report (Gonyo/Waterbury)
10. Unit Reports
 - Aging/ADRC Unit
 - Community Assessment Questionnaire
 - ~~*Proclamation of National Volunteer Week~~
Resolution Relating to Proclaiming April 15-21, 2018
as Volunteer Week in Green Lake County
 - Children & Family Services Unit
 - Letter of Thanks
11. Policies
 - Controlled Substance Abuse Policy
12. Budget
 - 2017 End of Year Expenditure/Revenue Comparison
 - Line Item Transfer
 - Budget Adjustment
13. Committee Discussion
 - The Board May Confer With Legal Counsel
 - Future DHHS Meeting Date (April 9,
2018 at 5:00 p.m.)
 - Future Agenda items for action & discussion
14. Adjourn

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON MONDAY, FEBRUARY 12, 2017 AT 5:00 P.M.

PRESENT: Joe Gonyo, Chairman
Harley Reabe, Member
Richard Trochinski, Member
Joy Waterbury, Secretary
John Gende, Member

EXCUSED: Nick Toney, Vice Chairman
Brian Floeter, Member
Nancy Hoffman, Member
Tom Reif, Member

OTHERS PRESENT: Jason Jerome, Director
Karen Davis, Administrative Assistant
Jon Vandeyacht, Veteran's Service Officer

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:00 p.m. by Chair Gonyo.

Pledge of Allegiance: The Pledge of Allegiance to the Flag was recited.

Approval of Agenda: Motion/second (Reabe/Waterbury) to approve the agenda as printed. All ayes. Motion carried.

Action on Minutes: Motion/second (Waterbury/Reabe) to approve the minutes of the 12/11/17 Health & Human Services Board meeting as presented. All ayes. Motion carried.

Appearances: None.

Correspondence: None.

Veteran's Service Office Report: Vandeyacht updated Committee members regarding the upcoming Student Government Day activities coming up April 17, 2018.

Vandeyacht reported regarding Veteran's Services Office activities.

Advisory Committee Reports: Aging Advisory Committee Report: Trochinski reported regarding the meeting which was held on January 18, 2018. (See attached.)

Family Resource Council: The meeting will be held on March 5, 2018.

Health Advisory Committee: The meeting was held on January 10, 2018.

Advocap/Headstart Report: Gonyo reported regarding the Workforce Development meeting that he attended.

ADRC Coordinating Committee - February 8, 2018: Waterbury reported regarding the meeting.

Unit Reports: Behavioral Health Unit: Dual Diagnosis Clinical Therapist: Jerome reported to Committee members that Sara Rhode was hired for the Dual Diagnosis Clinical Therapist position.

Fox River Industries: Resolution Relating to Creating A Program Aide Position: Jerome presented/explained the Resolution Relating to Creating a Program Aide position at Fox River Industries. Motion/second (Trochinski/Gende) to approve the Resolution Relating to Creating a Program Aide position. All ayes. Motion carried.

Health Unit: Ordinance Amending Chapter 103, Animals - Kennel Inspection: Jerome presented the Ordinance Amending Chapter 103, Animals - Kennel Inspection. Discussion followed. Motion/second (Reabe/Gonyo) to recommend approval of the Ordinance Amending Chapter 103, Animals - Kennel Inspection. All ayes. Motion carried.

Ordinance Amending Chapter 103, Animals - Rabies: Jerome presented the Ordinance Amending Chapter 103, Animals - Rabies. Discussion followed. Motion/second (Trochinski/Reabe) to recommend approval of the Ordinance Amending Chapter 103, Animals - Rabies. All ayes. Motion carried.

Public Health Nurse/Educator: Jerome reported that Rachel Schackow will be starting February 26, 2018 as the new Public Health Nurse/Educator.

Jerome reported that the Health Unit partnered with Town of Kingston at a town meeting on February 5th. Jerome reported that the municipal water system is in dire need of repair and this meeting was to help educate/explain options to residents regarding upgrading municipal water system versus private wells.

Committee Discussion: No discussion.

The Board May Confer With Legal Counsel: None.

Future Meeting Date: The next Health & Human Services Board meeting will be Monday, March 12, 2018 **at 5:00 p.m. at the Green Lake County Government Center.**

Future Agenda Items For Action and Discussion: None.

Adjournment: Gonyo adjourned the meeting at 5:34 p.m.

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

Health & Human Services
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2017 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 2017 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.

2017 was a once again a year of change and growth for Green Lake County Health & Human Services. In November 2017, Nichol Grathen became the Behavioral Health Unit Manager. She along with the other Unit Managers, Betty Bradley (Aging/ADRC), Shelby Jensen (Economic Support/Child Support), Kathy Munsey (Public Health), Ed Schuh (Fox River Industries) and Sue Sleezer (Children & Family Services) continue to effectively lead their staff as they provide excellent and beneficial services to the individuals of Green Lake County.

As a rural county, Green Lake County continues to struggle with access and availability. Green Lake County has continued our involvement in the Central Wisconsin Healthcare Partnership (CWHP) consisting of Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara counties. The CWHP pools together resources as we strive to work together to provide needed and helpful services to the people of our counties more effectively and efficiently. The CWHP completed the Community Health Improvement Plan (CHIP) in December 2017. All six counties chose priority areas of mental health and substance abuse. Green Lake County also chose a third priority – chronic disease. The CHIP is a document with strategies to affect these issues. Green Lake County has already begun implementing several new strategies in 2017. These include but are not limited to:

- In April 2017 AODA counselors within the Behavioral Health Unit facilitated a Family Education program for loved ones of those with substance disorders.
- In August 2017 the Behavioral Health Unit established the Moral Reconciliation Therapy (MRT) group treatment program. MRT is a nationally recognized, evidence-based cognitive-behavioral treatment model effective with co-occurring personality disorders and substance use concerns.
- 2017 saw the agency begin to work with the largest school district in the county to begin an at-risk program, Child at-risk (CAR) with a wrap-around model of care. This is a partnership between the school district, Children & Family Unit and the Behavioral Health Unit. A goal for 2018 is to expand the program into other districts in the county.

- Program implementation for Green Lake's Drug Court occurred in 2017. Green Lake County now has a functional Drug Court, which is accepting referrals.

These programs among others have been put in place to try and reverse the trend of the rising number of children being placed outside of their parental homes due to substance abuse of the parent(s).

Additional initiatives/projects implemented in 2017 include but not limited to:

- Our very own Kathy Munsey received Health Officer of the Year award at the 2017 WI Association of Local Health Departments and Boards conference. Way to go Kathy!
- The Child Support Unit has continued its integration into Health & Human Services in the Economic Support Unit. More detail will be provided in the Economic Support and Child Support section of this annual review.
- The Child Support Unit went "Live" with E-Filing in February 2017.
- Staff have worked diligently to implement Netsmart's MyAvatar paperless electronic records and billing software. We have improved intake and work flow processes, and consistently bill out for services on a monthly basis.
- The Children & Families Unit continued to engage in several newer initiatives including; Permanency Roundtables, the Community Response/Quad Counties Family Resource Network (CRP), Alternative Response (AR) and the Intensive Safety Services program (IHSS).
- In 2017 the State of Wisconsin announced the dissolution of the CLTS (Children's Long-Term Supports) waitlist. This will increase the caseload from 10 to 18. Through cooperation and a shared effort between the Behavioral Health Unit and Public Health Green Lake County will serve all eligible children and their families with current staff.
- In 2017 a staff member from the Aging Unit became a Certified Dementia Specialist.
- As of the end of 2017 our four county ADRC consortium became a three county consortium consisting of Green Lake, Adams and Waushara Counties.
- Fox River Industries (FRI) wrote for and was awarded transportation and operating funding. This allowed them to purchase two new vehicles that will be delivered later this year.
- FRI continues to expand into supportive home care.

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

Respectfully Submitted,

Jason Jerome
DIRECTOR

2017 Annual Report
Administrative Unit

The administrative Unit consists of the Director, Administrative Assistant, Account Clerk Specialist, Accounting Specialist, Billing Specialist, two Receptionist/Data Entry Specialist, a Data Entry Specialist/Insurance Verification Representative, a Secretary and now a Financial Manager position. In 2017 we had two Account Clerk Specialists, starting January 1st, 2018 one of the Account Clerk Specialist positions was upgraded to a Financial Manager.

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, court reports, state reports and general correspondence; inputting and transmitting a variety of data to the State via several reporting systems; maintaining management of the closed client files, contract files, and personnel records. Support to DHHS staff of inputting and transmitting a variety of data to County residents/consumers. Staff within the Unit also maintain and record meeting minutes for the Health & Human Services Board and the various sub-committees.

The MyAvatar electronic record keeping and billing software program has been live since April 2015. 2017 saw the Department successfully using the system to bill and receive payment for services provided on a monthly basis. The Administrative Unit along with other Units of the Department continue to receive assistance from Netsmart to fully implement the software. Administrative support staff have worked together to create more efficient processes that help ensure that not only are we looking into and collecting revenue from all available sources, but also collecting as timely and as efficiently as possible.

2017 has also seen the Administrative Unit continue transitioning to a more paperless system. This has included consumer and employee files as well as fiscal documents like contracts. The ongoing process of going as paperless as possible is more cost effective, efficient and eliminates the need for added space to store paper files.

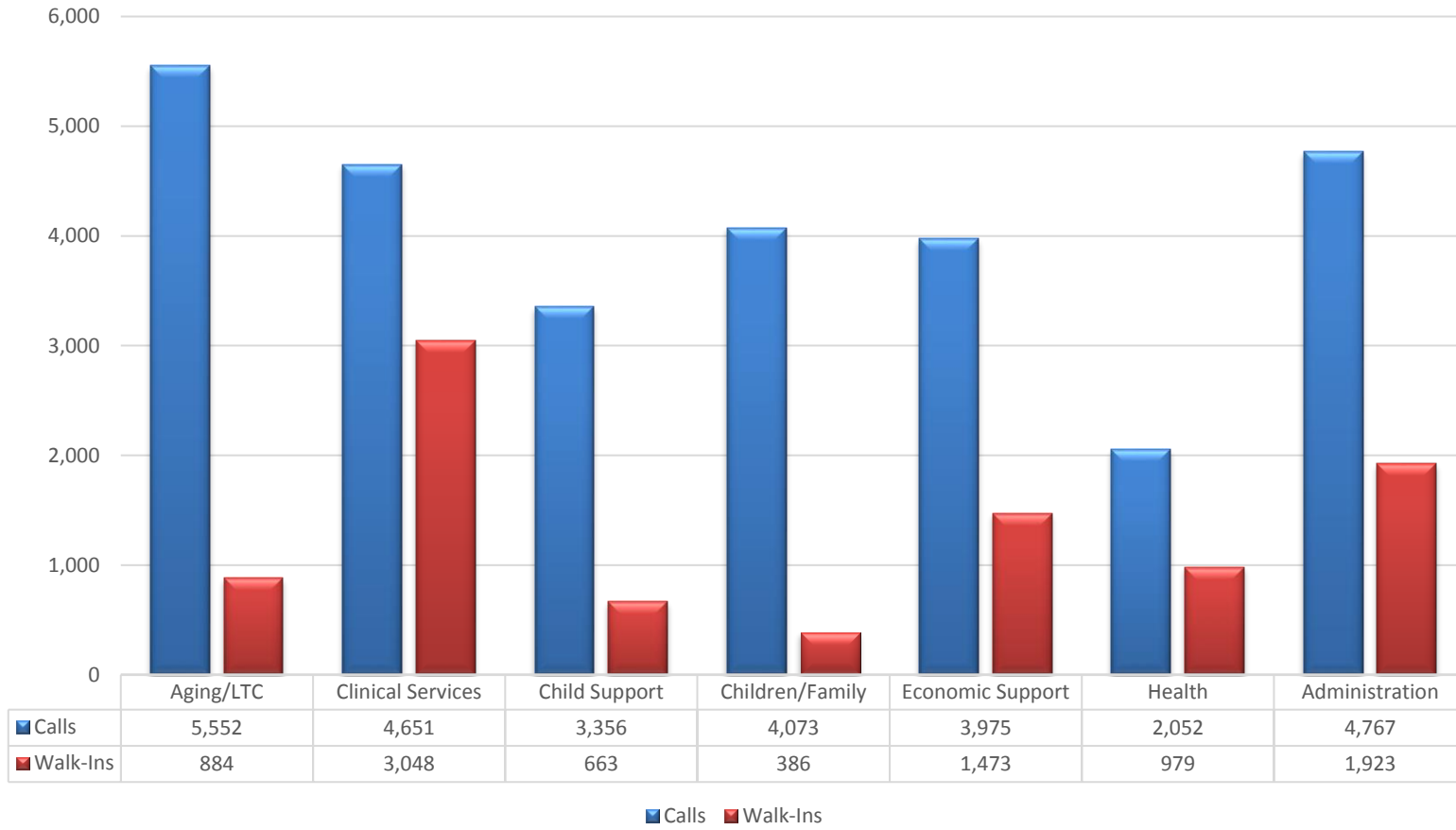
As shown on the enclosed chart, public usage of services provided at the Health & Human Services center totaled 37, 782 contacts (28,426 phone contacts and 9356 walk-ins) in 2017. This is a slight increase from 37, 774 contacts (28,015 phone contacts and 9759 walk-ins) in 2016. Not reflected in the chart is the number of individuals/families utilizing the food pantry and directly accessing the Aging Disability Resource Center or calls routed to the Call Center for Economic Support Services. These numbers will be accounted for in the Aging/Long-Term Care and Economic Support/Child Support Unit reports.

The Administrative Support staff continue to adapt to the various demands placed onto them to help ensure consumers have access to needed services. The staff is friendly, knowledgeable and work extremely well together. Administrative Support staff is often the face of the agency as they are the first people consumers and constituents have contact with. The current Administrative Unit staff ensures that this first contact is always a positive one.

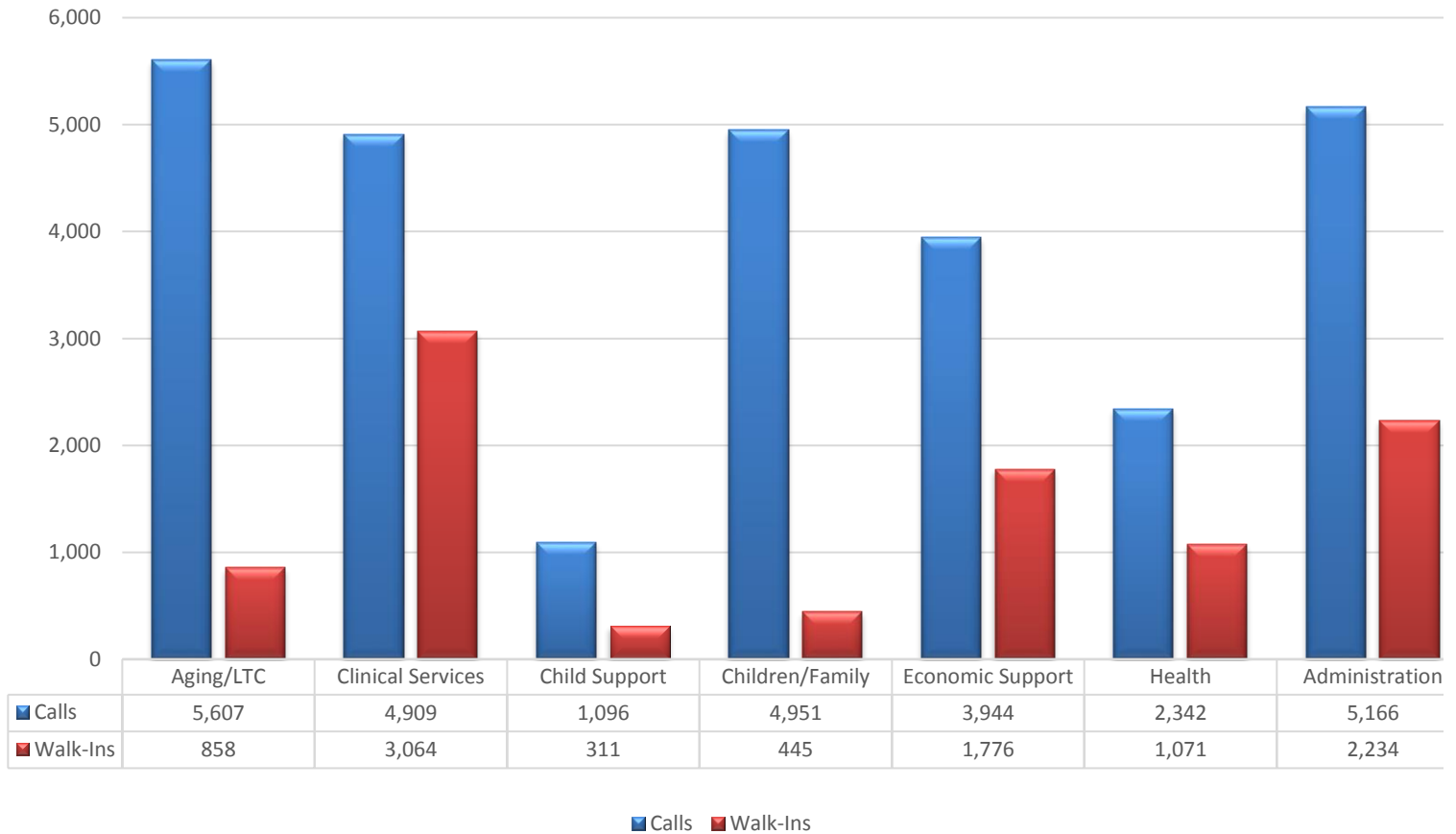
Respectfully Submitted,

Jason Jerome
Director

Agency Activity 2017



Agency Activity 2016



2017 Annual Report
Aging/ADRC Unit

The Aging/ADRC Unit provides services to Elderly and Disabled residents of Green Lake County. The staff are 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/ADRC Unit during 2017 including the Unit Manager, two 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

During 2017, Green Lake County operated the Aging and Disability Resource Center (ADRC) in a consortium with Adams, Marquette and Waushara Counties. The 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 Director, 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 people ages 18 to 59 who have any kind of disability, in applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). The DBS assists people with Medicare, to find the best Medicare Part D prescription drug plans for their individual needs.

In 2017 151 new cases were opened, 78 cases were closed, 49 cases were carried over and 200 cases were served. A conservative estimate of the economic impact of the DBS program in Green Lake County for 2017 shows that it brought in over \$1,112,684.00 to the local economy. The DBS carries an average caseload of 92 cases at any one time.

	2016	2017
New Cases Opened	138	151
Cases Closed	115	78
Cases Carried Over	50	49
Total Served	220	200
Approximate Dollars for Clients	\$1,207,000.00	\$1,112,684.00
Average Caseload	73	92

HEALTH PROMOTION PROGRAMS

The ADRC offers community health and disease prevention education programs, with an emphasis on falls prevention and chronic disease self-management. In 2016, 3 classes were held in Green Lake County. Twenty-seven individuals participated in workshops offered through the Health Promotion Programs. The workshops offered were Healthy Living with Diabetes and Stepping On.

In 2017 the following classes were held: 1 Tai Chi class with 17 individuals participating, 1 Healthy Living with Diabetes class with 9 participants, 1 Stepping on class with 6 participants, and 1 Walk With Ease class with 8 participants.

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 2017, volunteers provided 1155.75 hours equal to **\$8,957.06** In-Kind match for Title III-B programs. (2016 – 838.5 hours equal to \$7,789.87) 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 2017, 6399 meals were served at three Mealsites: Berlin Senior Center, Dartford Bay Apartments – Green Lake, and Grand River Apartments – Markesan. Volunteers play a vital role in all our C-1 programs; twenty-five (25) volunteers donated approximately 1,489.75 hours in the Nutrition Program. These hours equal **\$10,800.69** 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 **\$21,772.50**.*

	2016	2017
Meals served at mealsites	6914	6399
Volunteer hours	1720	1489.75
In-Kind Dollars	\$12,774.00	\$12,508.06
Congregate Meal Donation Dollars	\$19,960.00	\$21,772.50
Homebound meals delivered	14,743	15,193
Homebound meal donation dollars	60,456.00	66,609.22

HOMEBOUND MEAL PROGRAM (C-2)

In 2017, 15,193 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 Nutrition Coordinator 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 Nutrition Coordinator as necessary.

Donations at **\$4.00** per meal received in this Program in 2017 were **\$66,609.22.***

* Subject to Audit

TITLE III-D PROGRAM

In 2017, this program funding purchased four classes through the Green Lake County Health Unit. Three Grapevine Project programs, with 42 participants, and 1 Healthy Eating for Successful Living Program with 10 participants.

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, \$84,494.00 in 2017. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults were provided 13,374 trips in 2017 with 85.21 funding.

	2016	2017
85.21 State Grant funds received	\$81,740.00	\$83,494.00
Number of trips	12,359	13,374

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. The Food Pantry is funded by TEFAP 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 and pick up donations.

Eligible residents of the County may attend once each month. Throughout 2017, the Food Pantry served an average of 205 households, and 450 individuals per month. Each household was provided an average of 80 pounds of food for a month.

Food Pantry	2016	2017
Average households served monthly	215	205
Average number of individuals	473	450

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 forty-three **Elder Abuse** investigations in 2017, with six Elder Abuse cases substantiated. The remaining cases were either unsubstantiated or unable to be substantiated for a variety of reasons. The most frequent concern was self-neglect, followed by material / financial abuse.

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 2017, there were 6 **reports** of abuse to **Vulnerable Adults**; 3 were substantiated.

	2016	2017
Elder Abuse Investigations	19	43
Elder Abuse Cases Substantiated	3	6
Vulnerable Adults Abuse Reports	12	6
Vulnerable Adult Abuse substantiated	4	3

ADULT PROTECTIVE SERVICES/GUARDIANSHIPS

The Adult Protective Services Social Worker performed **ten** guardianship studies for adults in 2017. (2016 – 6) These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-seven Protective Placement reviews were completed. (2016 – 39) 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. Placements are 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.

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. The Elderly Benefit Specialist assists people age sixty and over to apply for Social Security, Social Security Disability, Medicare, Medicare Part D, Medical Assistance, and Senior Care.

In 2017, there were 341 Open Cases, and 109.5 hours of training. Through these efforts, the monetary impact to Green Lake County elderly clients was \$2,568,419.00.

There were 1379 Information and Referral inquiries to the Aging Unit, 291 hours of Outreach Services and 13 hours of presentations at the various Senior Centers and meal sites.

	2016	2017
Elderly Benefit Specialist open cases	209	341
Hours of training	101	109.5
Dollars saved for elderly clients	\$2,240,000.00	\$2,568,419.00
Information and Referral Inquiries	1,407	1379
Outreach Service Hours	268	291
Senior Center presentation hours	36	13

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 fourteen caregivers in 2017 through this program. (2016 – 32 caregivers served)

OTHER PROGRAMS

The Senior Sentinel is a bi-monthly newsletter published by the Aging Unit and delivered to over **950** households in the County. 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 provide healthy recipes and health tips. The publication contains current information concerning County, State and Federal programs that affect Senior Citizens in Green Lake County.

Each year in August, the Aging Unit sponsors a countywide Senior Picnic. In 2017, **189** 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. (2016 – 165 in attendance)

ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2017, we received **\$9,594.00** in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to **three** individuals who suffer from Alzheimer's disease. (2016 - \$5434.00 for three individuals).

SUPPORTIVE HOME CARE

Throughout 2017, one individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc. (2016 – 1 individuals) .

2017 Annual Report Behavioral Health Unit

The Behavioral Health Unit (BHU) strives to provide collaborative, comprehensive, strength-based behavioral health services to residents of Green Lake County. The unit philosophy supports mental health and substance use disorder services in a person-centered environment. BHU staff bring dedication and compassion to providing accessible and timely professional services.

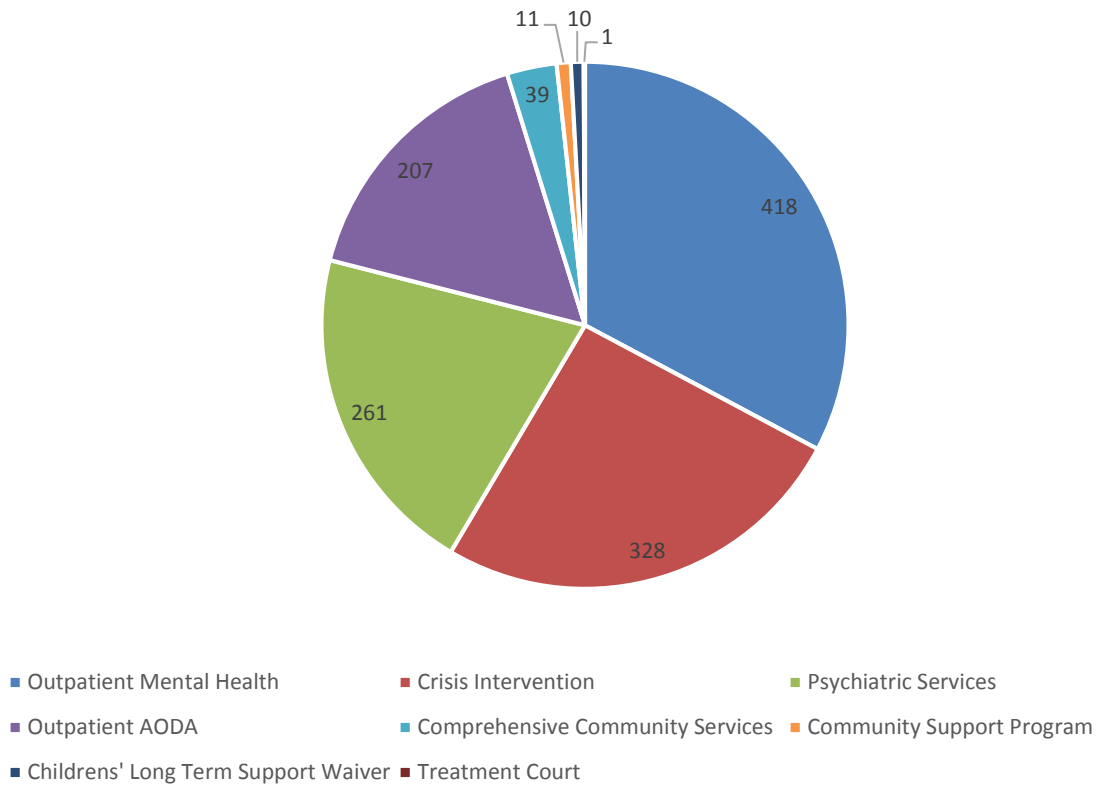
The Behavioral Health Unit construct for 2017 was: a unit manager, five counselors, one program coordinator for the CCS, CSP and CLTS programs, one CSP case manager, one CCS facilitator, one crisis case manager, one treatment court coordinator, two part-time psychiatrists (child and adult specialties) one psychiatric nurse, and a part time psychologist who provides clinical supervision. All of the counselors have Masters Degrees in a Mental Health related field and bring a variety of strength based skill sets to our service array. Two of the therapists hold dual certification in mental health and addiction treatments. Each person brings a wealth of knowledge and a renewed excitement towards providing services to the consumers we serve in Green Lake County.

The BHU continues to provide community outreach training, mobile crisis intervention services, and growth within program service arrays throughout the year. We emphasize consumer participation within programs and inclusion of health and wellness recovery groups as a source of mental health treatment. All unit staff receive cross-training in several of the unit programs including the 24/7 on-call mobile crisis intervention services program. Our unit focuses on providing professional and ethical services when engaging consumers at each point of service.

In 2017, the Behavioral Health Unit focused on continued expansion of responsive and compassionate services targeted to identified issues in the Green Lake County community. The most recent Community Health Improvement Plan (CHIP) identified youth in crisis, trauma-related issues, and substance use disorders as critical issues affecting the Green Lake County population. The Behavioral Health Unit strives to offer an array of services that meet these needs within the community. Efforts included expansion of the substance use treatment array, additional training on trauma treatment models, and expansion of community-based service options such as the school-based treatment setting. This year also saw a transition in management for the Behavioral Health Unit beginning in November 2017.

The Behavioral Health Unit encompasses a comprehensive range of programs, collectively serving 1275 county residents or approximately 6% of the population of Green Lake County. This represents an increase by 2% since 2016 and 3% since 2015.

Behavioral Health Program Enrollment



Outpatient Counseling and Berlin School Office

During 2017, The Behavioral Health Unit served 625 clients in the outpatient therapy clinic. Of these, 207 identified primary AODA treatment needs and the remaining 418 identified primary mental health needs.

Dr. Shirley Dawson, MD serves as the BHU Medical Director. In addition, she sees adult consumers for psychiatric services two days per week and meets weekly with staff for supervision. Dr. Baldomero, MD provides child psychiatric services one day every other week. Combined, our psychiatrists provided services to 261 clients in 2017.

The Behavioral Health Unit maintains a focus on reducing waitlist times for those seeking services. Doctors typically see clients within 2 months from request for services and often sooner as scheduling space opens up. Appointments with a therapist that are non-emergencies are 2-3 weeks out. The Crisis Intervention unit serves individuals on a walk-in basis when they present with immediate treatment needs. The Crisis Intervention program provides a range of services from crisis assessment/ stabilization to supportive counseling or assistance with intake paperwork and referrals. Near the end of 2017, the unit began developing a mechanism for triaging situations in order to further reduce waitlist times for the highest risk individuals.

The BHU takes a whole-system approach in serving residents in Green Lake County and understands how each aspect of a person's life can affect quality of life in others (e.g. mental health, financial, housing concerns, childcare, employment, etc.).

In November 2016, the Behavioral Health Unit received state approval to have a satellite office at Berlin Middle School. The office is certified for 2 days a week, up to 16 service hours. The initiative helps the Behavioral Health unit to serve children in their school environment and to reduce burden to rural families, who often identify transportation as a barrier to obtaining services for youth. The project has expanded to involve early planning on the collaborative Child-At-Risk Program, a joint effort between Children & Families, Berlin School District, and Behavioral Health to serve as a preventative intervention for youth with identified risk factors. If this project continues to be successful, we will be considering opening up more offices in other schools.

Community Support Program (CSP)

The CSP program provides intensive community service to people with severe and persistent mental illness. Treatment provided is recovery focused, person centered and community based. Being community based allows the participant in the program to receive services in the community and in their natural environment rather than in a typical office setting. Treatment is individualized and based on the person's needs and goals. Staff provide psychiatry, counseling, support, transportation, case management, medication management, crisis services, social opportunities, assistance with activities of daily living, assistance with vocational rehabilitation and more. CSP provides services almost exclusively in the community, with the goal of assisting each client in gaining and/or maintaining increased independence in the community.

In 2017, CSP went to the EAA museum, the Green Lake County fair, the Henry Vilas Zoo, held their annual cookout, hosted a holiday dinner for consumers, hosted social skills groups at DHHS and began a wellness group that serves adult CCS consumers as well. There were 11 consumers served in the CSP program throughout 2017.

Comprehensive Community Services (CCS)

The Comprehensive Community Services (CCS) program is a strength-based consumer driven psychosocial rehabilitation recovery program that is community-based. This program utilizes the consumer's identified strengths to support their goal-directed recovery process. CCS receives Medicaid funding and requires each individual enrolled in the program to have Medicaid, have a mental health and/or substance use diagnosis, be motivated to work on self-identified recovery goals, and utilize a collaborative team based model emphasizing 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 and to help return a child back to their home with the proper supports. This program creates a strong connection with schools as teams that serve youth typically partner with schools in providing needed supports toward goals.

In 2017, the CCS program served 39 consumers—17 adults and 22 youth. The program includes a dedicated program coordinator and a full-time service facilitator. The Behavioral Health Unit and Children & Families Unit support certification processes for therapists and case managers to provide services via the CCS model. Presently, all Behavioral Health Unit therapists as well as several contracted providers are able to provide therapy services through CCS. CCS supports a variety of treatment modalities, allowing for clients to find a true array of services and receive the types of therapy that best meet their needs (individual, family-systems, group treatment, in-home, office-based, school-based, etc.).

CCS staff are committed to providing consumer-driven care. Since the development of a consumer subcommittee in 2016, CCS has sought consumer inclusion in program development. The subcommittee continues to meet quarterly and provide direct feedback to the program.

The Behavioral Health Unit/ CCS program actively participates in our Regional CCS Consortium, approved by the state of Wisconsin. The Regional CCS Central Wisconsin Health Partnership (CWHP) includes six surrounding counties working together. Due to consortium efforts, medically necessary services provided to CCS consumers can 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.

Crisis Intervention

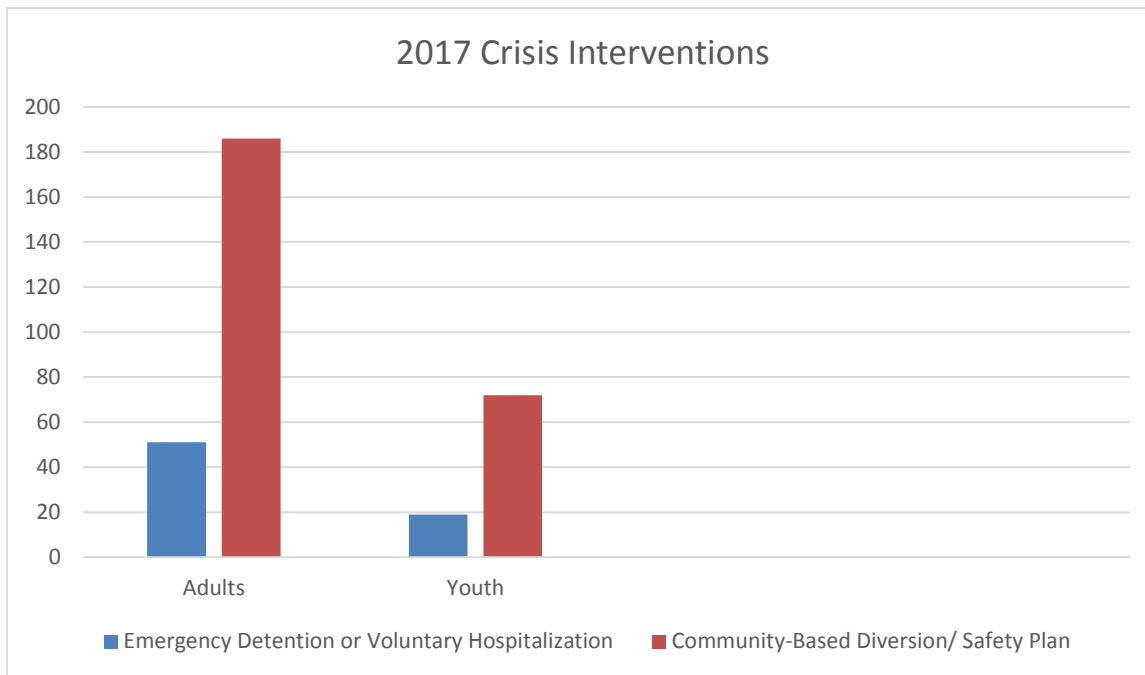
During the year of 2017, our state certified crisis intervention unit responded to **328** crisis calls. The Behavioral Health Unit staff is committed to providing excellent, community-based services and expanding partnerships with collaborating entities including school, hospitals, law enforcement, long-term care supports, economic support services, and child welfare. Crisis workers provide crisis counseling on a walk-in basis or respond mobile to the most appropriate location (e.g. Emergency Rooms, schools, police departments) to provide crisis assessment, safety planning and response 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.

The Behavioral Health Unit adheres to the philosophy that when a counselor engages face-to-face with an individual, they develop an understanding of the individual's needs and can create a safe crisis response plan in the least restrictive environment. This collaborative effort involves partnership between provider and individual as well as between the BHU and multiple community systems. When determined that the most appropriate level of care is a psychiatric hospitalization, the crisis workers first work with the individual to develop the least restrictive plan for voluntary hospitalization. Crisis workers and law enforcement initiate an emergency detention after all other options have been exhausted or determined unsafe for the individual.

BHU contracts with a crisis diversion facility, Summit House in Oshkosh, WI to provide an alternative option for those that need safety supervision but do not need hospitalization. The BHU continues to explore options for community and facility-based diversion. Crisis diversion options support individuals in resolving situational crises, maintaining stability, and accessing needed services in a manner that is least restrictive and is cost-effective for public systems.

The following is a summary of crisis intervention services:

- 0 adults were diverted from psychiatric facility to a diversion facility
- 186 adults were served through crisis diversions to the community
- 51 adults were placed on an emergency detention/psychiatrically hospitalized
- 19 youth were placed on emergency detention or voluntarily hospitalized
- 72 youth were served through crisis diversions to the community



During 2017, BHU focused on cross training to support crisis work and reduce occurrences of caregiver burnout or secondary traumatic stress for staff involved in emotionally difficult work. The crisis rotation currently includes nine unit staff, the Behavioral Health Unit Manager, and one position that is unfilled as of the end of 2017.

Effective supervisory support and routine supervision of crisis calls provide essential support and help ensure the most effective and efficient delivery of services to the community, quality follow up services to those in crisis, and support for staff in providing ethical and professionally responsible services in high-risk situations. Dr. Kent Berney (Forensic Licensed Psychologist) provides weekly supervision of the crisis intervention team. 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. Dr. Shirley Dawson (MD) serves as Medical Director and adult psychiatric provider. She provides additional supervision and support to crisis staff during crisis response and in follow up response for individuals legally committed to the Behavioral Health Unit for treatment.

Aftercare Coordination Program

Crisis service linkage and post-crisis follow up services support continuity of care, provide critical and timely interventions for stabilization and service referral, connect individuals in crisis to services that can meet their needs, offer support to individuals attempting to navigate complex systems of care, and reduce risk after a crisis event. In the BHU, the crisis case manager coordinates linkage and follow-up for individuals involved with the court system via 90 day settlement agreements or Chapter 51 mental health commitments. This staff provides critical linkage between individuals and their natural supports, community partners, internal providers, psychiatric hospitals, Corporation Counsel, and law enforcement.

Drug Court Program—Treatment Component

In 2016, Green Lake County received grant funding in the amount of \$101,130.00 annually for five years from the Department of Justice, Treatment Alternatives/ Diversion grant to support development and implementation of an adult drug court program. Program implementation began in 2017 with the staff addition of a treatment court coordinator who is responsible for assessing individuals referred to the program, providing ongoing case management for participants, and supporting treatment court program needs (including routine staffings/ hearings, coordinating committee meetings, program evaluation, and efforts to ensure program sustainability).

The BHU providers maintain responsibility for assessing treatment needs and providing individual and group treatment to individuals within the program. Treatment providers 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. The treatment court team includes representatives from Probation & Parole, District Attorney and public defender, law enforcement, correctional facility, and a specialized Drug Court Judge. All treatment court team members attended a national training opportunity in July 2017 to support implementation of national standards for best practices in the treatment court program.

The Adult Drug Court received approval for the developed Policies and Procedures in September 2017 and accepted the first participant into the program in October 2017. The team continues to develop the target population and referral process to support further referrals into the program.

AODA Treatment Expansion

Key community health studies including the Green Lake County Community Health Improvement Plan (CHIP) conducted by the Public Health Department indicate issues related to substance use disorders as a critical need in the Green Lake County community. In 2017, the Behavioral Health treatment team developed a plan to expand the service array offered to individuals AODA or co-occurring issues.

In April 2017, AODA counselors facilitated a Family Education program for loved ones of those with substance use disorders. Four community members including family members and paraprofessionals working with addicted populations attended the first cycle of the group. All four participating individuals expressed a desire for the program to be repeated and reported that they found the group helpful.

In August 2017, the BHU established the Moral Reconciliation Therapy (MRT) group treatment program. MRT is a nationally recognized, evidence-based cognitive-behavioral treatment model effective with co-occurring personality disorders and substance use concerns. By the end of 2017, the program served 8 individuals and received an additional 3 referrals. The program has the capacity to serve 6-8 individuals at any one time and continues to grow in referrals received. Individuals are typically able to begin the group within 1-2 weeks of their initial intake assessment.

In November 2017, AODA staff began facilitation of the Relapse Prevention program. The Relapse Prevention program is an evidence-based group treatment model that targets individuals with a substantial period of early sobriety, working on recovery maintenance. The program operates as a close-ended group, meaning that it runs in cycles and new members cannot begin in the middle of a cycle. Each cycle lasts 10 weeks.

The Intoxicated Driver (IDP) program serves individuals with OWI convictions in the State of Wisconsin. In 2017, Green Lake County BHU had three trained OWI assessors who provided a total of 85 assessments to county residents. The IDP Assessment serves as a risk-level screen and matches participants to early intervention or more intensive treatment services based on their identified needs. IDP Assessors participate in state-wide continuing education and planning collaborative to improve program outcomes throughout the state.

The well-known heroin/ prescription drug epidemic and growing use of methamphetamines throughout the state continues to present as a key issue in public health and safety. The BHU staff maintain persistent dedication to prevention initiatives in the community. Staff have developed written materials for distribution to the community, participated in the state-wide Dose of Reality campaign, and advocated for recovery initiatives via participation in the Wellness Coalition and the Theda Care Community Health Action Team (CHAT).

Near the end of 2017, staff received additional support to participate in training for Seeking Safety (an evidence-based therapy for co-occurring addiction and trauma needs) as well as the ASAM placement criteria (the most up-to-date, widely accepted placement criteria in use).

Trauma-Focused Cognitive Behavioral Therapy

Through the joint efforts of the Behavioral Health Unit and Children and Families Unit, Green Lake County entered into a statewide learning collaborative in March 2017 to support implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based therapy model for youth aged 4-18 who have experienced trauma or who identify issues related to adverse childhood experiences. Four therapists participated in the collaborative and are now offering this treatment opportunity in office-based, school-based, and home-based settings.

As recent research continues to reveal, trauma-related issues are prevalent, cross-cutting, and often misdiagnosed. These issues have pervasive effects on youth and their families, increasing high-risk behavioral issues such as substance use, high-risk sexual behaviors, self-harm/ suicide, aggression, truancy, and adult criminal justice involvement, decreasing academic outcomes, increasing psychiatric hospitalization and medication, etc. Since completing the initial stages of the collaborative, therapists have provided or begun this service to 18 youth county-wide.

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. Families develop a person-centered ISP together with their caseworker that draws on the strengths and needs of the child and family to identify specific supports that would not be otherwise covered by Medicaid. Examples of such supports include: accessible home modifications, sensory supplies/ therapeutic aids, respite care- ongoing and specialized, and support & service coordination.

In 2017, the State of Wisconsin announced the dissolution of the CLTS waitlist. This change will require counties to develop strategies to support families presently on the state-wide waitlist for autism services. The BHU presently maintains one case worker who is dually trained in CCS service facilitation and CLTS service coordination and a unit manager who is certified in waiver services. In 2017, the CLTS program served 10 individuals and has 8 individuals on the waitlist.

CART—Tri-county 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. 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 arise.

Behavior Health Unit 2018 program development areas:

Continued community and county-level support, dedication from staff, and collaboration with community partners allow the Behavioral Health Unit to continue to grow. The Behavioral Health unit identifies development areas for 2018 that build our capacity to provide innovative, community-based, efficient services and improve outcomes for individuals, families, and communities:

- ◆ CCS/ CSP Wellness Group
- ◆ AODA program expansion & treatment court implementation
- ◆ Central Wisconsin Health Partnership
- ◆ Wellness Coalition Mental Health and Substance Abuse / Community Health Action Team
- ◆ Dementia Capable Systems
- ◆ Crisis Diversion Center Development
- ◆ Crisis Debriefing/ Critical Incident Stress Management Initiative
- ◆ Interagency Meetings
- ◆ School Transformation Advisory Committee/ Children At-Risk Program
- ◆ Head Start Committee, Consultation Partnership
- ◆ AWARE Mental Health Work Group
- ◆ Avatar/ Electronic Medical Records Transition

**2017 Annual Report
Children & Family Services Unit**

2017 was a year that there was one staff change. 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 Juvenile court Intake Worker retired and a replacement staff person was hired. The unit experienced staff shortages due to medical leaves of four (4) staff spread throughout the year.

During the 2016/17 academic year and the fall semester of 2017, the unit hosted two (2) interns from the University of Wisconsin-Oshkosh. As the Unit has hosted interns for many years, UW-Oshkosh recognized the Green Lake County Department of Health & Human Services Children & Families Unit for our service to their social work program in the spring of 2017.

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 2017.

The Unit staff continued to engage in several newer initiatives that started in prior years: the Permanency Roundtables; the Community Response/Quad Counties Family Resource Network (CRP); Alternative Response (AR); and the Intensive Safety Services program (IHSS) and Post Reunification (PR) Services. Another new initiative which was started in late 2017 is the development of the Child at Risk (CAR) program.

Access

The ACCESS staff for the Unit received 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 total of all Access reports was 450. Of these, the Unit received a total of 265 reports of Child Abuse/Neglect. 91 were screened in for a response from the Initial Assessment Worker. 174 reports were screened out. The screened in reports had a total number of 122 children that were identified as potentially being child victims. The total victims in all reports was 380. The screened in reports by maltreatment type were: 36-Physical Abuse; 56-Neglect; 29-Sexual Abuse; 3-Emotional Abuse and 6 – Unborn Child Abuse. 184 Service Reports were received. Of these, 171 were screened in. These were comprised of 125 Child Welfare Reports, 38 Juvenile Justice Reports, 2 new Kinship Care applications, 2 for court ordered studies-adoption related, and 3 re-open closed case and 0 for drug affected Infants. Not reflected in these numbers are Inter-State Compact referrals. The agency received two (2) requests for home studies and one (1) for foster care licensure.

	2017	2016	2015
Number of Access Reports	450	433	425
Child Abuse/Neglect Reports	265	282	245
Number Screened in	91	88	79
Number Screened out	174	194	166
Types of maltreatment			
Physical Abuse	36	39	36
Neglect	56	59	73
Sexual Abuse	29	24	35
Emotional Abuse	3	0	5
Unborn Child Abuse	6	7	0

	2017	2016	2015
Service Reports Received	184 (171 screened in)	151 (128 screened in)	180 (142 screened in)
Child Welfare Reports	125	66	75
Juvenile Justice Reports	38	48	59
Kinship Care Applications	2	10	5
Court Ordered Study	0	2	1
Adoption Related	2	1	1
Re-open closed care	3	1	1
Drug Affected infants	0	1	2
Inter-state Compact	3	0	0

Juvenile Court - Delinquency

In 2017, Juvenile Court Intake received 38 new referrals. This is down by 10 referrals from 2016. Thirteen (13) Delinquency and One (1) 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 2017. No adult court waivers were filed. No (0) youth were placed in residential care facilities.

One (1) summer group was held in 2017. This year, two (2) staff from the Green Lake County DHHS collaborated to facilitate the Boys group. The youth that engaged in the Summer Youth Program participated in Equine Therapy through Living Anew Farms. There were five (5) 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”. Three (3) youth participated in this curriculum both in group and one-to-one. 2017 – 3; 2016 – 12; 2015 – 20 youth)

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

Eleven (11) youth were on electronic monitoring in 2017. Eleven (11) youth were on monitors in 2016. The Agency has loaned two (2) monitors to Marquette County who in turn reimburses Green Lake County for their use. (2015 – 7 youth – all male)

Mediation

Mediation services were transferred back to the Family Court in 2017.

Child Abuse/Neglect/Child Welfare

As the State has been preparing for the Federal Review, a number of new policies were in-acted in 2016 as well as in 2017 as the review will take place in spring 2018. As stated earlier, Seventy-nine (79) Initial Assessments were conducted. By years end, twenty-seven (27) Child in Need of Protection and Services Petitions were filed. (2015 - 31 petitions were filed; 2016 – 13 petitions were filed)

In 2017, the Unit experienced the law(s) in regard to Unborn Child Abuse changing. The Court of Appeals placed the law on hold as unconstitutional. The State Attorney General and the State of Wisconsin Department of Children & Families appealed the ruling, leading to a temporary reversal of the injunction. Due to the rise of prescription drug abuse, opiate and opioid addictions on the rise, two (2) adult females were placed in Community Based Residential Facilities until the children were born in 2016. In 2017, one (1) female was placed in a facility until her child was born. Another Unborn Child Petition was filed in 2017. This child was born in late 2017. The mother opted to have the child placed for adoption. Of the 245 Child Abuse/Neglect referral received by the agency a number of them were under the Drug Effectuated Children (DEC) protocol.

Parenting

The Family Training program provided services to fourteen (14) families with a total of twenty-seven (27) children in 2017. Of these children, three (3) were in out of home placements. They provided both parent training and education, parent aide services and in-home therapy. In 2017, 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.

Progressive Parenting LLC also provided parent-mentoring services in addition to Comprehensive Community Services team facilitation.

In-Home Therapy/Targeted Case Management/Comprehensive Community Services/Coordinated Services Teams:

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, seventy-three (73) cases of TCM were authorized for billing. (2015 – 24 cases)

Seventy-one (71) child/youth teams (TCM/CST/CCS) were active at the end of calendar year 2017. The agency now has five (5) staff working in two (2) units (Children & Families & Behavioral Health) as well as two (2) contract staff that work facilitating teams in the TCM/CST/CCS and now a Child at Risk (CAR) programs. There is one (1) additional facilitator who carries a limited case load. In November, 2017, the agency began to work with the largest school district in the county to begin an at-risk program, Child At-Risk (CAR) with a wrap-around model of care. The agency identified this as a goal for our 2018 CST plan. Preliminary meetings were started with the district in October, 2017.

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 2017, eight (8) children were placed into non- relative foster care. Five (5) children were in treatment foster care. Ten (10) children were placed in relative homes which were licensed as foster homes. Eight (8) children were placed into court-ordered Kinship Care. Early in 2017, three (3) children were in trial reunification (had been placed in 2016). One (1) youth was placed outside of the parental home with a relative which could not meet the criteria for licensure.

The total unduplicated count of children placed outside of their parental home(s) under court orders(s) was thirty-two (32) children.

Three (3) children were transferred from foster care to subsidized guardianships. This brought the number of subsidized guardianships to five (5) by the end of the year.

Four (4) children were subject to Termination of Parental Rights (TPR) petitions. Late in 2017, two (2) of these children were returned to Green Lake County in a TPR reversal.

In 2017, twelve (12) children were in voluntary Kinship Care placement(s). Two (2) cases closed during the year.

The total of all children placed in either voluntary or involuntary removal from their parental homes in 2017 was forty-four (44).

A continuing trend of note in 2017, was the rising number of children placed outside of their parental homes due to substance abuse of the parent(s). Sixteen (16) of the children in court ordered placements were removed due to opiate/opioid abuse or alcohol abuse. Three (3) of the adolescents in placement are there due to addiction issues as well as delinquent behaviors. Eleven (11) of the children in voluntary Kinship Care are being cared for by relatives as the parent(s) have addiction issues. Three (3) of the five (5) children in subsidized guardianships are there due to continued parental substance abuse.

In 2016, Nineteen (19) children were in foster care. Additionally, two (2) youth were in residential treatment; two (2) youth were in treatment foster care; three (3) children were in relative homes that did not convert into foster care placements; fourteen (14) children were in Voluntary Kinship Care; two (2) children were under a subsidized guardianships. Two (2) children were subject to Termination of Parental Rights; One (1) child was placed into subsidized guardianship; One (1) child was placed into relative guardianship; Three (3) children are pending on Termination of Parental Rights petitions.

In 2015, 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 was performed for other Wisconsin Counties including Portage, Fond du Lac, Winnebago County, The Bureau of Milwaukee Child Welfare and Rusk County. In addition to courtesy supervision, home checks to confirm safe environment (CSE) for other counties.

Community Response Grant

Our agency continued to lead a Quad County consortium which developed/facilitated the Family Resource Center/Community Response grant. A three year grant cycle ended in June, 2016. 89 referrals were made to the program. (2015 – 130 referrals) The program services Green Lake, Waushara, Marquette and Adams County. Our agency successfully applied for and received a three year grant once again in 2016. The new grant began in October, 2016. The first year of the grant is \$100,000. In year two and year three will receive \$125,000 per annum. The two staff that work the program bill for Targeted Case Management whenever possible. In 2017, One Hundred Sixty (160) cases were billed.

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 from 2012 to 2016. This program has served two (2) families in Green Lake County. The Dodge Consortium decided to not reapply for funding in 2017. Green Lake County applied for this funding and as needed will be able to access slots in 2017. 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. In 2017, seventeen (17) children were served and one (1) adult female. The number of males served was nine (9) and the number of females was eight (8). In 2016, twenty (20) children were served; this consisted of eight (8) females and twelve (12) males. In 2015 – 20 children were served.

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 the Community Response Program. 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.

Agency staff coordinated a 5 K (CAP Run) with other community partners in the month of April, 2016 to promote child abuse and neglect awareness. One hundred ten (110) adults and forty (40) children participated in this event. This event was continued into 2017. In 2017, approximately one Hundred and fifty (150) individuals participated which included forty-seven (47) children. Children under the age of twelve (12) were not counted.

From October to December 2017, Unit staff coordinated the annual Angel Tree Christmas giving program along with other community partners. In 2017, One Hundred Three (103) families were served with a total of two hundred sixty (260) children. In 2016, One hundred twenty- two (122) families were served for a total of two hundred eighty-four (284) children.

Licensing

The Green Lake County foster care coordinator actively converted a number of relative placements to licensed level two foster homes in 2016 as well as continued the licensing process on non-relative caregivers. Our agency had five (5) level II foster homes licensed/re-licensed in 2017. Two (2) long term foster homes opted not to be re-licensed. Four (4) additional homes are certified for respite care.

In 2016, there were fifteen (15) level two homes licensed. 2015 there were eleven (11) licensed level II foster homes.

Respectfully submitted,

Susan Sleezer
Children & Family Services Unit Manager

2017 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.

Six 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.

The 2012 Mandate required counties to form consortia. A total of 10 consortia were formed in Wisconsin. Green Lake County is part of East Central Income Maintenance Partnership (ECIMP). This “partnership” consists of 8 other counties; Calumet, Kewaunee, Manitowoc, Marquette, Outagamie, Waupaca, Waushara, and Winnebago.

East Central Income Maintenance Partnership currently serves 56,142 cases amongst the 9 counties.

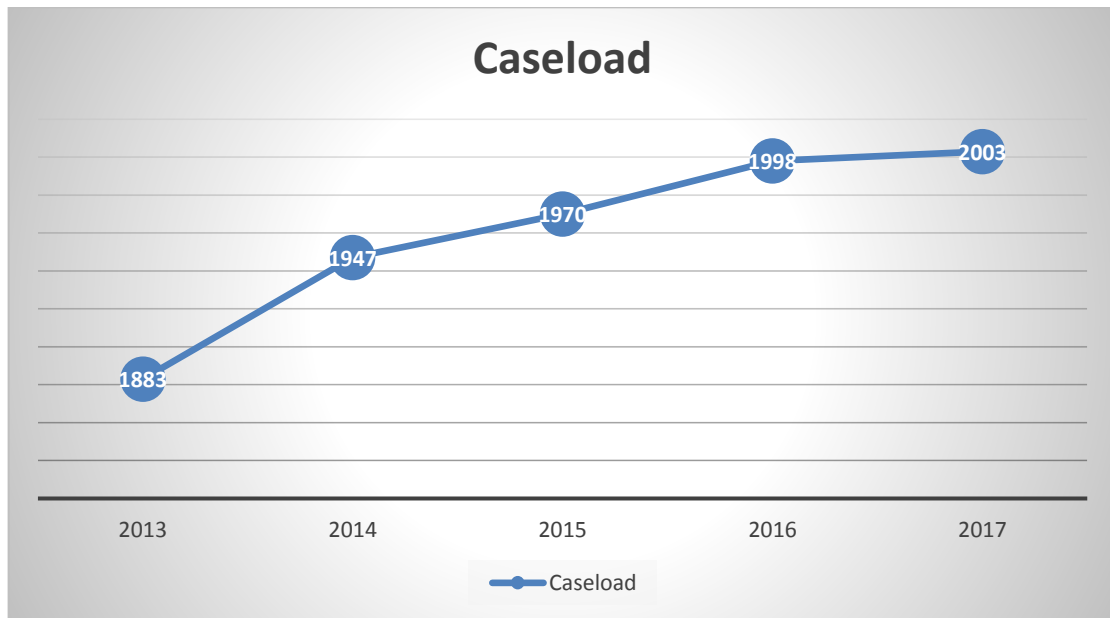
The 2012 Mandate also required Consortia to create Call Centers (CCA) to better serve our caseloads. Each county is ECIMP is responsible for “staffing” the CCA. Green Lake County is scheduled 65 hours per week in the Call Center. However, the time scheduled increases as the call volume increases. 208,783 calls came into CCA 2017. (17,397 on average per month) With the continued increase in call volume, Green Lake County and ECIMP have maintained and exceeded the required performance standards.



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.



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.

Medical Assistance

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, Family Care, and Institutional Medicaid. Each Program has its own specific non-financial criteria for eligibility. Some eligible customers pay a monthly premium for their Medicaid coverage. Most Medical Assistance customers must participate in a HMO.

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

Food Share

A Federal Program that provides a monthly Food Share allotment to low income customers. Eligibility is based upon income, household composition and allowable 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.

Green Lake County's average Food Share caseload in 2017 was 1042 households (2,335 participants).

Wisconsin Shares-Child Care

A program that provides child care subsidies for low income working families to assist in their payment of child care expenses. Statewide February 2017 the MyWICChildCare card was rolled out. The child care subsidy electronic benefits transfer (EBT) card was part of an exciting program modeled after the private pay, free market child care system. The MyWICChildCare EBT card provides families with the ability to pay for child care using approved Wisconsin Shares Child Care Subsidy funds utilizing an EBT card.

In 2017, the monthly average of families receiving assistance was 30 households / 45 children.

Energy Assistance

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 2017, 715 households applied, 688 approved, and \$348,116 was the total paid out in Energy Assistance benefits.

Operation Backpack

A program with a goal of providing low income school aged children in Green Lake County with needed school supplies. The program is funded entirely with grants received and community donations. The program this year was able to provide 252 children with school supplies. Thanks to the Webster Foundation and the Oshkosh Area Community Foundation we were able to help 118 of those children, with athletic shoes.

Operation Backpack continues to thrive with the support of the Green Lake County community.

Submitted by: Shelby Jensen
Economic & Child Support Unit Manager

2017 ANNUAL REPORT
CHILD SUPPORT UNIT

~Protecting Children, Strengthening Families, Building Communities~

The Wisconsin Child Support Program helps parents get court orders for financial and medical support for their children. It also enforces these support orders when needed, and makes sure that all money collected is paid out correctly.

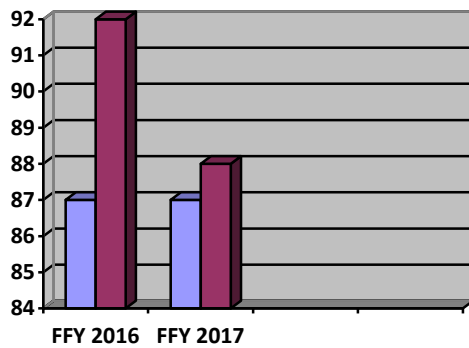
Two Child Support workers, ¼ time Receptionist, and a Unit Manager make up the Child Support Unit for Green Lake County.

Presently, the Child Support Unit has 1107 cases. Caseload has increased 1% over this last year. The total number of cases includes 133 Non-IVD cases. These cases have not applied for our services. The agency still has the responsibility to work the cases. An example of work that is required would be sending out wage assignments. The work we complete on these cases does not affect the Performance Standards.

2017 Green Lake Child Support Performance

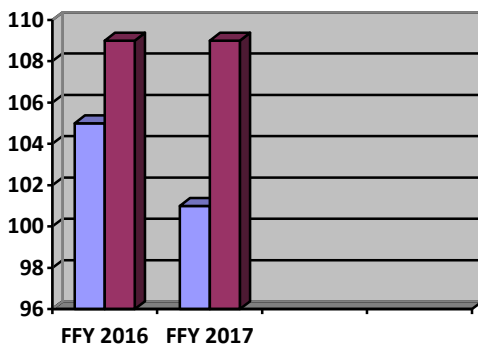
Green Lake County continues to surpass the Statewide Performance Standards average.

The charts below represent the percentage rates of the four Federal Performance measurements Statewide versus Green Lake County for the last two Federal Fiscal years. (FFY)



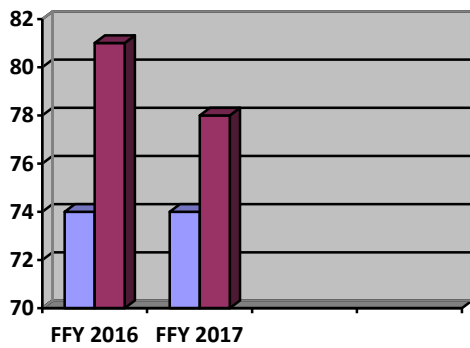
■ State of Wisconsin
■ Green Lake County

Court Order
Establishment
Rate

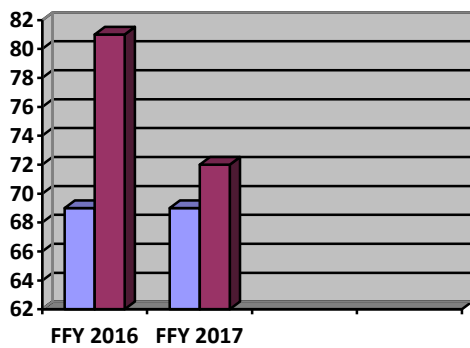


■ State of Wisconsin
■ Green Lake County

Paternity
Establishment
Rate



Current Child Support Collection Rate



Arrears Collection Rate

Child Support went “live” with E-Filing, February 17, 2017. Pro-active initiatives by Child Support, Corporation and Clerk of Circuit Court made this transition almost seamless.

Looking to 2018

Child Support will begin formulating our scanning procedures into Laserfiche, an electronic case file system, of our current paper files.

Per a recent published Child Support Bulletin (17-11) outlining guidelines for the use of Civil Contempt, a Green Lake County Child Support Contempt Policy was written. This policy involves the Child Support workers to think “outside the box,” and consider different ways to remedy non-payment prior to filing a motion for contempt. The agency is anticipating an increase in NCP’s resolving past orders to comply rather than being found in contempt.

Submitted by: Shelby Jensen
Economic & Child Support Unit Manager

2017 ANNUAL REPORT - FOX RIVER INDUSTRIES/DISABILITIES SERVICES INC.

Overall Services Provided:

Fox River Industries (FRI), a nonprofit 501 (c) (3) organization established in 1987, is an agency of Green Lake County DHHS. Located in Berlin, FRI provides a wide variety of services to individuals residing in Green Lake County and the surrounding area. The goal of FRI is to enhance consumers' lives by providing quality programming on a daily basis in our Supported Employment, Prevocational Services, Adult Day Services, Transportation, and Representative Payee Services units. While the primary target population is adults with developmental disabilities, FRI also serves individuals with chronic mental illness, as well as individuals who are striving to overcome personal barriers affecting their ability to successfully transition into community jobs. All of these services are provided to help participating individuals expand their abilities, and live and work in the least restrictive setting possible.

Disabilities Services Inc. (DSI), a second nonprofit 501 (c) (3) organization established in 1974, works closely with FRI by providing a building for all center-based services, as well as assistance in applying for 5310 vehicle acquisition and operating program grant funding for the transportation services program.

In 2008, Green Lake County transitioned to Family Care, contracting primarily with Care Wisconsin of Madison or IRIS. Following is a description of services provided through FRI and DSI.

Supported Employment Program:

The FRI Supported Employment (SE) program serves individuals who are experiencing barriers to obtaining and maintaining community employment. This department consists of a 40 hour/week SE Coordinator and two 35 hour/week Program Aides, one of whom is shared with Adult Day Services. 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 (usually up to 6 months), with FRI SE providing the long-term supports necessary for each individual to maintain employment. Ongoing SE supports for Family Care members are funded through the Care Management Organization or IRIS.

The demand for community based jobs, and the SE services needed to match qualified employees with these jobs, continues to grow. In 2017, over 40 consumers held integrated community jobs at more than 20 different employers, 15 new jobs were secured in 2017, and over 30 consumers received job development, retention, or assessment services. The waiting list for DVR services at FRI is currently down to one individual (last year at this time it was six, goal is zero). 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. DVR revenues from SE services increased from approximately \$65,000 in 2016 to about \$97,000 in 2017, and SE is projected to be a high growth department at FRI in the coming years. Since 2010, the FRI SE program has over 100 individuals.

Prevocational Services Program:

The FRI Prevocational Services (PV) program provides individuals with barriers to employment or limited employment experiences the opportunity to learn job readiness skills and other related social skills to enhance their ability to obtain and maintain community employment. Examples of skills emphasized include following directions, maintaining attention to task, accepting constructive advice from supervisors, practicing appropriate workplace behavior, and dressing appropriately for the workplace.

FRI completes a wage survey annually to determine consumer wage rates based on the same kind of work done by a non-disabled employee with at least one year of experience. This method ensures that the consumers receive a fair wage and ensures 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.

In 2017, 66 individuals received center-based pre-vocational services at FRI: 19 full-time, three part-time, 37 shared with DS programming, and seven seasonal. Another eight individuals were on the FRI payroll and contracted out to various employers throughout the year. We currently have three Production Aide positions running three consumer groups, with the Lead Bus Driver assisting 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. FRI also performs smaller packaging/assembly/inserting/sewing jobs for JP Luther Co., Generac Mobile Products (formerly Magnum Power Products), and Russell Moccasin Co. FRI continues to sell cob corn squirrel feed 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 2017 with sales of approximately \$189,000 (\$187,000 in 2016). 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 features a 10-week curriculum with a 4:1 ratio, with 4 hours of classroom time each week. Programming occurs mostly in community-based settings, and focuses 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 through Care Wisconsin. Since 2016, FRI has run three spring and summer Community-based Prevocational Services curriculums (8 weeks each session), as well as two 4 week curriculums in "Skills to Pay the Bills", which is a similar program coordinated with and funded through DVR and focusing on transitioning students.

The Workforce Innovation and Opportunity Act, or WIOA, which took effect July 22, 2016, focuses on transitioning students and young adults (up to age 25), with a strong emphasis on community employment placement for everyone. The overall effect of WIOA has been a reduction in incoming consumer numbers for Center-based Prevocational Services, while increasing demand for these same consumers in SE Services. FRI has reacted to this trend by gradually shifting resources to SE services as programming demands dictate and participant needs/desires change. However, we are also beginning to see an increase in demand for DS for individuals unable to pursue community employment, and we are currently reacting to this trend by adjusting staff level in DS as needed to meet programming needs.

Adult Day Services Program:

Adult Day Services (DS) programming at FRI promotes community 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 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.

Three Certified Nursing Assistants, a Teacher, and a Services Coordinator currently staff our Day Services Program. Day Services programming is currently provided to 37 consumers on a part-time basis (full-time consumers sharing time between DS and PV), and 6 additional full-time Day Services consumers (three of whom are 1:1, three of whom are 1:4 staff to consumer ratio), 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), the private non-profit corporation created to support DD services, has been working with Green Lake County to provide vehicles for the developmentally disabled and elderly residents of Green Lake County and the surrounding area since 1978 by writing annual section 5310 grants as vehicle needs dictate. These 5310 federal grants cover 80% of the cost of the vehicles, with the funding designated to the states (in our case through WisDOT), with DSI/Green Lake County paying the remaining local match of 20%. Over the years, DSI has been awarded over 32 vehicles at a worth of well over \$1,000,000. Current vehicles are primarily used by Fox River Industries, but DSI also writes the 5310 grant for Southern Green Lake County Senior Transport (SGLCST) and City of Berlin Senior Center (BSC), each of whom also provides transportation services for elderly and disabled passengers who otherwise have no access to affordable transportation services for medical, educational, or social functions. These two entities pay their own 20% local match. SGLCST currently operates two accessible minivans obtained through the DSI 5310 grant program, and BSC operates one 5310 accessible minivan.

In 2016, DSI applied for two vehicles under the 5310 vehicle grant program. This application was successful, and DSI was awarded two 8/1 diesel mini-buses which are currently on order and will be delivered in spring 2018. These vehicles each have a value of \$62,000.

Also in 2017, DSI was awarded a 5310 grant for Operating Project expenses in the amount of \$60,453. This grant opportunity became available annually 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 is the fourth year DSI has applied successfully for this grant. As in previous years, this award will arrive quarterly in 2018 to offset qualifying transportation expenses as they occur during the year. In July 2017, DSI underwent a WisDOT on-site compliance review to ensure state and federal vehicle and program 5310 funding acquisition policies are being followed. DSI passed this investigation with a recommendation that the current relationships between DSI and FRI, BSC, and SGLCST be maintained status quo due to the continued success of all entities in providing quality transportation services to elderly and disabled passengers.

FRI has been providing fixed route transportation for disabled individuals since the late 1960's, and has used DSI 5310 vehicles since this grant program, formerly known as 16(b)(2), came into existence. In the 12 month period from January 1, 2017 through December 31, 2017, DSI vehicles at FRI alone provided almost 22,000 passenger rides and logged over 100,000 miles. BSC currently averages about 2063 passengers and 15,509 miles per year, and SGLCST about 884 passengers and 22,000 miles per year. Each of these transportation service providers rely on DSI to write the 5310 grants to provide the needed vehicles.

Our FRI fleet currently serves individuals living in Green Lake, Fond du Lac, and Waushara counties. 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.

Representative Payee Services/Supportive Home Care:

In 2009 FRI added Representative Payee Services to its program. This collective account, administered and run through FRI, currently serves 89 consumers and receives frequent new referrals. This program employs one full-time individual with assistance from other department staff as needed. Representative Payee services are billable partially through Care Wisconsin (Family Care members only), with the remaining members self-paying for services. Self-pay fees are waived in the event of financial hardship. FRI also provides Supportive Home Care services to individuals who need assistance with basic needs like grocery shopping, going to doctor appointments, and cleaning/cooking. This demand for this service is growing rapidly, and it is funded through Care Wisconsin for Family Care members.

Summary

Fox River Industries, through the various services it provides, touches the lives about 200 individuals in Green Lake County and the surrounding area on a daily basis. In addition to the 66 folks in participating in Prevocational and Adult Day Services, FRI serves over 40 consumers at jobs in various communities, about 89 consumers in the Representative Payee program, additional students referred to our Community-Based Prevocational and “Skills to Pay the Bills” classes, and approximately 7-10 production employees (often at-risk populations) as seasonal work demands permit. We have a dedicated, caring staff, we are proud of our excellent reputation for outstanding service, and we are very appreciative of the ongoing support we receive from Green Lake County.



2017 Health Unit Annual Report

Mission:

The mission of the Green Lake County Health Department is to promote and protect health and prevent disease.

Vision:

We will become the leader in Public Health in Green Lake County promoting healthy people, thriving

Core Values:

- *Prevention*
- *Professionalism*
- *Evidence-based Practices*
- *Collaboration*
- *Good Stewardship of All Resources*
- *Responsive*
- *Performance Improvement*
- *Health Equity*



Health Unit Staff: From left, Renee Peters, Birth to 3/ Children's Community Options Program Coordinator, Tracy Soda, PHN, who retired in December after 24 years of service, Kari Schneider, PHN, Shari Krause, Public Health Program Specialist, Julia McCarroll, Health Educator, Sydney Bancroft-Hart UWO Student, Front Left: Melanie Simpkins, RN, MPH, Health Educator and Accreditation Coordinator, Kathy Munsey, RN, Health Officer, Allison McCormick, Environmental Health Specialist



Public Health
Prevent. Promote. Protect.

December 31, 2017

Executive Summary

After completing our Community Health Assessment (CHA) in 2016 with five other counties, including Adams, Marquette, Juneau, Waupaca and Waushara, we collaborated to move into the next phase. The **Community Health Improvement Plan (CHIP)** was completed in December 2017 by these six counties who have been collaborating as the Central Wisconsin Healthcare Partnership (CWHP) since 2011. All six counties chose priority areas of mental health and substance abuse. Green Lake County also chose a third priority –chronic disease. The CHIP is a document with strategies to affect these issues. We also wanted to align with the State Health Plan, so we did include overarching priorities of, Health Equity, Access to Care, Adverse Childhood Experiences and Community Collaboration. Please take time to read the entire Community Health Improvement Plan, which can be viewed by visiting www.co.green-lake.wi.us and clicking on the Health Unit link under departments.

The Health Advisory Board not only provided input on the CHIP, but also approved it for the next 5 years. The Board also continued to advocate for local funding for communicable disease prevention. This was eventually introduced into the state budget, and \$500,000 was appropriated to be distributed statewide for this cause.



Health Advisory Board members include Harley Reabe, Dr. Jeanne Lyke, Chairperson, Tammy Bending, Pat Brandstetter, Jean Kessler, Nancy Hoffman, Tami Schattschneider and Kathy Munsey with new Community Health Improvement Plan (CHIP).

One of our biggest accomplishments was to complete the 140 Review, which is a state audit that determines if we are meeting all State Statute and Administrative Code requirements for a local health department. This process is completed every 5 years and we were presented a plaque for meeting the requirements of a Level II Health Department at the July County Board meeting.

Our 2017 Programs and Services

Disease Control and Prevention

Public Health is 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 2017, along with previous year comparables.

Frequency of Reported Diseases in Green Lake County	2014	2015	2016	2017
Arbovirus (West Nile Virus)			1	1
Blastomycosis	1	-	-	1
Campylobacteriosis	6	2	13	4
Chlamydia	42	47	43	46
Cryptosporidiosis	2	2	7	2
E-Coli	-	3	2	8
Ehrlichiosis	1	5	3	5
Giardiasis	3	-	5	2
Gonorrhea	2	2	1	3
Ebola Monitored Traveler	1	1	-	-
Histoplasmosis	-	-	1	-
Hepatitis B	-	1	2	-
Hepatitis C	12	16	15	12
Influenza (hospitalized)	9	6	2	14
Kawasaki Disease	-	-	-	1
Legionellosis	1	-	-	-
Lyme Disease	28	20	14	20
Measles (Rubeola)	-	1	-	-
Mycobacterium (non-tuberculosis)	-	5	1	4
Pertussis (whooping cough)	2	-	2	2
Plesiomonas Infection	-	-	-	1
Salmonellosis	4	5	5	3
Shigellosis	1	-	-	-
Invasive Strep Disease	2	4	8	3
Syphilis	-	1	-	-
Tuberculosis	-	-	1	-
Latent TB infection	3	1	2	2
Varicella	3	2	1	-
Vibriosis (Non Cholera)	-	-	1	-
TOTAL	124	124	130	134

Public Health Preparedness

We are an active member in the Region 6 Healthcare Coalition and attend monthly meetings

in addition to being active partners in the Local Emergency Planning Committee. We participated in several exercises 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 a variety of public health issues including: long-term power outage, radiation exposure, train derailment and much more. We also participated in a tabletop exercise at Fox Valley Tech with local partners related to a full-scale exercise to be held in 2018 called “Dark Skies. The train derailment exercise included our local Amish leadership and we had them practice how they would notify others and evacuate.



Tracy Soda, left works with Emergency Personnel on the Dark Skies tabletop exercise in Appleton.

Immunizations for Children and Adults

We continue to have monthly immunization clinics in Green Lake. We provide immunizations to children who are on Medical Assistance or BadgerCare or are uninsured and we provide flu shots for adults at various sites throughout the county during flu season. Over 1000 vaccines were administered in 2017.

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.

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 2017, 198 children were tested compared to 181 blood lead tests in 2016. Seventeen children had a level over 5, compared to 13 in 2016. Kari Schneider, Public Health Nurse and Environmental Health Staff have done the appropriate home visits and follow-up with families due to the elevated levels of blood lead. Other families receive phone calls, informational letters, and consultation.

2017 Blood Lead Testing

Total Number of Tests: 198
 Children <5 ug/dl = 181
 Children >5 ug/dl = 17
 Home assessments = 5

Mother, Child and Family

There were 212 births in Green Lake County in 2017 compared to 213 in 2016 and 180 births in 2015. We had four births to girls under age 18, compared to 1 last year. We also had 18 babies that were considered “low birth weight” (weighing less than 5lbs, 8oz), compared to 13 last year. In 2017, the percentage of women who smoked during pregnancy was 24%, which is the same as last year. Four of the 52 women who reported smoking during their pregnancy had low birth weight babies. Fourteen infants were transferred to Neonatal Intensive Care Units compared to nine in 2016. 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. Of the 212 births, 25 had abnormal conditions and two were born with congenital anomalies.

As part of our MCH grant, we also worked with two day cares to maintain their designation of being

“Breastfeeding Friendly”. This designation is given once an agency completes training for all staff as well as designating a breastfeeding room for moms. Berlin Community Day Care and Community Options Day Care in Green Lake have received the designation and we added Markesan Resident Home to list this year of Breastfeeding Friendly worksites. Breastfeeding is proven to improve the mental health of infants and that is why we have prioritized it as part of our overall Maternal Child Health goals.



Miriam Ownby of Markesan Resident Home accepts a certificate from Julia McCarroll for completing the steps to becoming a Breastfeeding Friendly Worksite.

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 141 families, which included 429 individuals in 2017. In addition, breastfeeding education was available to all WIC clients. WIC provides a breastfeeding peer mentor, which is an invaluable resource to new mothers. Kari Schneider also trained to be a Lactation Consultant. The State of WI contracts with Family Health La Clinica in Wautoma to provide WIC services to Green Lake, Marquette and Waushara counties. Kari Schneider and Shari

Krause attend all WIC clinics to provide immunizations, information, assist with signing families up for dental and immunization follow-up appointments as well as try and decrease smoking rates of moms by enrolling them in the First Breath Program. Kari was also able to work with the Federated Church to get diapers for families in need.



Shari Krause, center and Kari Schneider were happy to accept a donation from the Federated Church of Green Lake to help families in need of diapers.

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 2017, 34 new children were referred to the program. Referrals came from a number of sources including: physician, family member, social worker, WIC staff and other Birth to 3 Programs. Thirteen of those children received services through an Individualized Family Service Plan. Thirteen children were found to be developing within age appropriate levels through a screening or did not meet eligibility through an evaluation. Six families did not follow through with a screen or evaluation/were not interested. Two children are in the process of determining eligibility. These children along with those who had previously been in the program brought the total number of children served to 26 in 2017. In addition to those with significant developmental delays, there were several children with specific diagnoses including: William's Syndrome, significant prematurity, Maroteaux-Lamy Syndrome, Spina Bifida, Autism, Club Feet, Hydrocephalus and delays related to non-accidental injury.

Renee Peters is the Program and Service Coordinator/Educator. Contracted service providers included Tara McPeak, Occupational Therapist from NEW Rehab in New London. Kristen Mertens provides Speech and Language therapy and comes from Theda Care in Berlin. Jody Streeter is the Physical Therapist from Taylored Rehab 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 **2017**, 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.

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 Health Advisory Committee, Green Lake County Family Resource Council and Healthy Babies Coalition of Green Lake, Marquette and Waushara Counties.

Children’s Community Options Program (CCOP)

This program, formerly known as Family Support Program 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 this Program is Renee Peters.

In 2017, 8 children had a CCOP plan written for a variety of goods and services. The Program was able to fund respite, conference registration related to a diagnosis, social skills group, vehicle lift, individualized recreational opportunities, therapeutic equipment, sensory 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. We are seeing a decrease in tobacco use for youths, however, the E-cigarettes and other smoking paraphernalia use continues to increase. One of the latest fads is using “Jules” which is a cartridge the size of a computer flash drive and can even be used discreetly in schools due to the small size. We continue to educate the schools and the community with press releases and educational displays at community events.

Teeth Healthy Lives Program

The Dental clinic served 5 adults and 74 children. Sixteen were referred for additional services. These numbers are up slightly from 2016. Clinics are held 1- 2 times a month at our agency as well as summer

outreach sites at the Boys & Girls Club and at Head Start in Markesan and at schools. Clients need to be on Medical Assistance or Badger Care.

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Allison McCormick, Environmental Health Specialist (EHS) Green Lake, Ann Robbe, EHS for Marquette County and Mary Robl, Registered Sanitarian, 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. During 2017 there were approximately 800 inspections performed in the Tri-County area. The 3 inspectors support each other to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

Facility Type in Green Lake County	Number of Inspections 2017	Total Number of Facilities
Restaurants and Retail Food	129	140
Campgrounds	14	16
Swimming Pools	14	17
Hotel/Motels/TRH	80*	117
Summer Camps	3	3
Tattoo Shop	0	0
Total—including pre-inspections & complaints	267	293

*TRH’s Tourist Rooming Housing only need to be inspected every other year per state directive.



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. We had an excessive number of hoarding complaints in houses and had to placard a number of homes, we assisted families, and individuals to find other options until the clean-up could be completed. We also had to placard another meth house, which had children living in it.

Below is an example of a house placarded for hoarding. It included excessive garbage and rotting food, animal waste, and broken utilities



Environmental Issues Addressed

- Animal Bites—48
- Well Water Concerns—3
- Housing Inspection Cases—27
- Meth House Placards--1
- Nuisance/Other—5
- Radon Test Kits Given Out—52
- Water Kits Distributed—84
- Also helped city of Berlin get a \$13,000 grant to continue water fluoridation in municipal water system as current system was failing.

2017 Public Health Program Contacts	Totals
Accreditation	124
Adult Health	61
Birth to 3	532
Children’s Community Options	189
Bioterrorism/Preparedness	281
Coalition for Wellness & Needs Assess.	874
Dental	123
Immunization	1164
Lead Tests & Follow-up	54
Maternal Child Health	1962
Public Health	2577
Worksite Wellness	1113
Other	135
TOTAL	9189
PRESENTATIONS/EDUCATION CONTACTS	
Amish Newsletter Outreach Articles	14
Blood Borne Path Training	129
Behavioral Health Education	16
Communicable Disease	40
Employee Wellness Fair	232
Community Needs Assess & Improvement Plans	75
Drug Drop box & Opioids	24
Lunch and Learns	651
Emergency Preparedness	48
County Fair Display & Handouts	643
Grapevine	43
Health and Wellness	16
Hepatitis C Education	20
Nutrition Presentations	42
Tick-borne Illnesses	1081
Nursing Student Orientations	15
Worksite Wellness Outreach & Activities	14,977
County Board Presentations	85
Presentation to Theda Care Physicians	40
Princeton Public School Meetings	38
Real Happy Hour	111
Senior Nutrition Articles	5
Smoking and E-cigarettes	16
Student Education	93
Trick or Trunk at Boys & Girls on Dental	200
Total	18,654

Worksite Wellness/Employee Health Program

Melanie Simpkins, RN, MPH coordinates the employee wellness program using funds provided by Group Health Trust. In 2017, we had over 30 outreach activities including a health fair, individual health screenings, lunch and learns, Healthy Monday Tips, challenges, walking contests and more. 54 employees participated in 5 or more events. Sixty-five completed their annual physicals. 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.



Melanie Simpkins who coordinates the Employee Wellness Program shares info with Denise Oft on chronic disease management, one of our health priorities in Green Lake County.

Coalition Membership and Community Involvement

The most important part of our work, is building relationships to affect change for the betterment of the health of our county. Staff members are involved in over 25 coalitions, workgroups and committees. Some of these include the Tri-County Plain Communities Public Health Coalition, which addresses health, and safety concerns with our Amish and Mennonite populations. Our membership with THRIVE is an effort to address health inequities in our community. We are involved in the Community Health Action Team, which is working on mentoring more children to

build on resilient behaviors and add positive influences in their lives. Other groups include the Birth to 3 Networking group, Family Resource Council, Green Lake County Wellness Coalition, Local Emergency Planning Committee, Loss Control, NE WI Alliance for Wisconsin Youth, Head Start Health Advisory Committee, Sexual Assault Response Team, Diabetes Advisory Board, the Immunization Coalition, Breastfeeding Alliance of NE WI Traffic Safety Committee and much more. The Health Department is charged with implementing our Community Health Improvement Plan (CHIP) and we could not do it without partners. It is imperative that we work with community members, businesses, and other county departments to help them understand our “Health in All” policy, which means that they will all look at the impact of health as they implement policies and that where we live, work and play really makes a difference in our health.

Recognition—Health Officer of the Year!



I was very honored and humbled to receive the **Health Officer of the Year** award at the 2017 WI Association of Local Health Departments and Boards (WALHDAB) conference with 400 of my peers present. I truly feel that it is a privilege to serve our community. It is nice to know that my years of serving on the WALHDAB board and Legislative Council, along with mentoring several new health officers and providing testimony at state and local hearing to improve health statewide did not go unnoticed. I was very pleased to accept the award on behalf of my dedicated staff without whom the award would not have been possible.

Submitted by Kathy Munsey, RN, Health Officer

TO THE HONORABLE BOARD OF SUPERVISORS
Green Lake County, Wisconsin

We herewith submit our Annual Report for the Veterans Service Office from January 1, 2017 to December 31, 2017.

During the past year, 2017, this office has continued to experience a high level of activity across many different functions. We look at this as a positive indication that we have been successful at bringing awareness to the veteran population of this county about the services we provide and have them take advantage of the programs that are of benefit to them and to our county.

The following is a summary of the activities of our office for the past year.

During the period, this office affected approximately **2908** personal and telephonic contacts; 3,357 in 2016. and handled a total of **10,387** pieces of correspondence in the course of providing aid and assistance to the veterans, their dependents and their survivors of this county; 10,642 in 2016.

Providing transportation to the veterans of this county to various VA Hospitals and clinics has been an important service of this office and is vital in securing cost-effective health care for these veterans. Transportation were provided to VA facilities primarily at Madison & Milwaukee with some trips to Appleton, Green Bay, and Tomah. 147 veteran transports were made to VA facilities for outpatient and hospitalization appointments with an expenditure of **922** driver hours. In 2016, there were 167 transports with 1,003 driver hours. The reimbursement to the county for transportation that was received from the VA hospitals and veteran's contributions total **\$4,206.35** as compared to \$5,597.25 in 2016

This office also provides veterans, their dependents and their survivors with assistance regarding Social Security, SSI, Medicare, insurance forms, Champus/ChampVA, Social Service programs, Retirement Benefits, Nursing Home applications and many other services when the need arises in conjunction with information needed to obtain veterans benefits.

Green Lake County CVSO Budget Analysis – Based on VA & WI DOR 2016 & 2017 Data

VA Expenditures \$9,686,000.00 (\$10,062,000 in 2016)

CVSO Expenditures \$114,417 (\$111,053 in 2016)

FEDERAL BENEFITS AND SERVICES:

The following Federal benefits were received by the Green Lake County veterans, their dependents and their survivors.

Compensation Payments (for service-connected disabilities), Dependency and Indemnity Compensation, Survivor Benefit Plan Payment, Disability Pension (Non service-connected causes), Death Pension (Non service-connected causes), Servicemen's Government Life Insurance, Education Benefits, Vocational Training and/or Rehabilitation, and Burial Benefits.

Total = \$4,484,000.00 (\$4,699,000 in 2016)

Veterans Administration Hospital Benefits, which include inpatient and outpatient appointments at VA Hospitals and clinics and prescriptions for Green Lake County veterans. **\$4,776,000** (\$5,271,000 in 2016)

STATE BENEFITS AND SERVICES:

The following State benefits were received by the Green Lake County veterans, their dependents and their survivors.

Housing Loans, Home Improvement Loans, Personal Loans, Medical Aid Grants, Part-Time Study Grants, Subsistence Aid Grants, Claims processing assistance, Appeals counsel, Discharge Reviews and other various benefits, programs and services. (This does not include services/benefits received through cooperating agencies or service organizations.)

The Veterans Service Office received the 2017 Wisconsin Department of Veterans Affairs County Veterans Service Office Grant in the amount of **\$5,898**, for the purpose of extending and strengthening service to the veterans of this county which was \$8,500 in years past and will return back to the \$8,500 block grant in 2018.

The Veterans Service Office also received a grant for **\$1,933** from the Wisconsin Department of Veterans Affairs to assist in transporting veterans to VA Healthcare appointments. \$2,507 was granted in 2016

The Wisconsin Veterans Home provides a retirement community and nursing home care for veterans and their families. Green Lake County currently has **8** members residing at the Wisconsin Veterans Home at King WI.

COUNTY BENEFITS AND SERVICES:


The County Veterans Service Commission consists of Victor Shrock, Chairman; Robert Burdick and Anthony Soda, members; and Jon Vandeyacht, Secretary. Quarterly meetings were held to review grant applications and policy. The Annual Veterans Service Commission Conference at King, WI was attended by commission members. The Veterans Service Commission provided \$3,370 Emergency Aid Grants to veterans and/or their families and also provided Holiday Meals to 9 families again this last year. The CVSO and his family personally provided Christmas gifts to 4 families for a total of 12 children and 8 adults in 2017 with 1 family of 4 children and 2 adults in 2016. They felt it was his way to give back to the community that keeps him employed.

Total Service Commission Grants and Expenses = \$4,305 (\$1,926.82 in 2015)

There were no funds granted to cover burial of indigent veterans in the past year.

Care of veterans' graves: (including providing of flag holders and rods.) **Total = \$1,930** (\$1,142 in 2016)

Respectfully submitted,



Jon D. Vandeyacht
County Veterans Service Officer
Green Lake County

FAMILY RESOURCE COUNCIL MEETING MINUTES—December 4 , 2017

Present were: Marian Sommerfeldt, Community Options, Inc.; Sue Sleezer, DHHS Children & Family Services Unit Manager; Gail Olson, Consumer; Renee Peters, DHHS Health Unit – Family Support/Birth-Three Program; Rachel Schackow, DHHS Health Unit; Dick Trochinski, County Board Supervisor; Tony Beregszazi, ADVOCAP; Kate Meyer, CLTS/CCS Coordinator; Tara Eichstedt, DHHS Children & Family Services Unit; Lindsey Spietz, ASTOP; Lynn Moen, Victim/Witness Coordinator; Kathy Anderson-Kemnitz, Parent; Shelby Jensen, DHHS Economic Support/Child Support Unit Manager; Mark Podoll, Sheriff’s Dept.; Jason Jerome, DHHS Director, Katie Gellings, U.W. Extension; Connie Anderson, Community Rep; Nichol Grathen, DHHS Behavioral Health Unit; Lorri Bohn, Christine Anne Domestic Abuse Services; Carrie Nitz, DHHS Treatment and Diversion Coordinator; Harley Reabe, County Board Chair

Certification of Open Meeting Law: The requirements of the open meeting law were certified as being met.

Call to Order: The meeting was called to order at 11:39 a.m. by Sommerfeldt.

The Pledge of Allegiance was recited.

Introductions: Introductions of members were made.

Agenda: Motion/Second (Podoll/Anderson) to approve the agenda. All ayes. Motion carried.

Minutes: Motion/second (Podoll/ Trochinski) to approve the December 4, 2017 minutes. All ayes. Motion carried. Discussion followed.

Appearances: Maic D’Agostino, Ripon Commonwealth Press was present at the meeting.

Correspondence: None.

DISCUSSION ON PROGRAMS/POLICIES:

Treatment and Diversion Program: Nichol Grathen reported that the Treatment and Diversion Program is up and running with 3 participants at the present time. Funding for 2018 is proceeding as planned. Grathen explained the Adult Drug Treatment Program.

Coordinated Services Teams: Eichstedt updated Committee members regarding the Coordinated Services Teams wraparound services. Eichstedt explained that through this program, the goal is working with children struggling at school and in the home. Eichstedt explained that a team is formed around the kids.

Eichstedt reported that there are currently 10 teams. Two cases have been discharged. Normally there is an average of 13-15 teams. Eichstedt reported that they will be enrolling 2-3 new participants. There have been 5 new referrals to the Coordinated Services Team program since the beginning of 2018.

Children's Community Options Program: Peters updated Committee members regarding the Children's Community Options Program (C-COP) program. Peters reported that this program is for the allocation from the State to support children in their homes with significant impairments. Peters reported that all 2017 funds were used.

Peters reported that the CLTS waiver list is beginning to be addressed. A number of kids are being taken from the Children's Community Options Program. Peters does not anticipate spending all of the C-COP funds for 2018.

C-COP will be used for things that CLTS cannot cover.

C-COP has been used for 3 children to-date in 2018.

Birth-Three: Peters reported regarding the Birth-Three program. Peters has been the Birth to Three Coordinator for almost 18 years. Peters reports that she contracts with providers for the provision of therapy services.

Peters reported that 34 children were referred to Birth-Three services in 2017. Peters distributed a handout of Birth-Three statistics for 2017.

Peters reports that she also assists with the transition to school.

Peters reported that Child Development Days are being held for schools to also identify any additional needs: 3/13 – Princeton Schools; Markesan – 3/14 and Berlin 3/20/18 at Grace Lutheran Church. ADVOCAP is in attendance at the Berlin Child Development Days to recruit for Headstart. Headstart is serving 3-year olds. Green Lake does not hold Child Development days due to the size of the district. Discussion followed.

Comprehensive Community Services (CCS) Update: Meyer reported regarding the CCS program to Committee members. Meyer reported that there are approximately 32 active participants with 19 of them being children.

CLTS (Children's Long Term Support) Program: Meyer reported that there are 9 right now in the CLTS program. Two are recently off the wait list. The estimated caseload for Meyer and Peters is 8-9 each. The biggest service is for respite care, home modifications and attending conferences.

Health Unit: Maternal Child Health Update: Shackow shared that the Heroin Summit for community awareness will be held April 5, 2018 at the Berlin High School with the doors opening at 5:00 p.m.

Schackow reported that on April 24, 2018 at Grace Lutheran Church in Berlin the Narcan Administration session will be held. At this seminar, narcan kits will be provided to those that request them.

Sleezer distributed materials regarding Anti-Human Trafficking. Discussion followed.

Committee Discussion: ADVOCAP: Beregszazi reported regarding the Fox Valley Workforce Development. A RFP is being written for the Job Center. Beregszazi reported that there are cuts in all the programs especially Job Center. So ADVOCAP is reviewing options which may include only being open ½ time. Beregszazi reported that rural job center are in jeopardy especially due to lower unemployment.

ASTOP: Spietz reported regarding ASTOP. April is Sexual Assault Awareness month.

Spietz reported that April 25, 2018 will be “Denim Day” to help with awareness and a fundraiser to provide free ASTOP services for sexual assault survivors, family, and friends. (See attached flyer.)

April is also Child Abuse month. There will be a 5k held on April 7, 2018 with registration 8:30; run at 10:00 a.m.

UW Extension There will be a presentation at the Berlin Library for Middle School students regarding eating and healthy nutrition on March 26, 2018, noon – 1:00 p.m.

Christine Anne Domestic Abuse Services: Lori Bohn distributed brochures for summer camp – Healthy relationships – Equine Therapy and Sailing. Bohn reported this has been taking place for 5 years. There is no cost. The camp is for children ages 12+. They must be seeking services.

Sheriff – Podoll reported that the drug drop-box is filling up weekly. Podoll reported that there is more meth use in the area but heroin usage is leveling off. Podoll reported regarding “Project Lifesaver” – this is for at-risk of Alzheimers, children at risk (disabled) “finder”. There was grant money available to set up this program. It is anticipated that a deputy may be assigned to the area to help provide this service.

Podolle also reported regarding the purchase of a drone.

Victim/Witness - Lynn Moen, District Attorney’s office, reported that April 8-14, 2018 is Crime Victim Week. Bracelets will be coming out and Moen will distribute.

Moen reported that the Victim/Witness conference will be held in May. There will be a silent auction at the conference and any donations would be appreciated. The funds would be going to Christine Anne and ASTOP.

Community Options - Marian Sommerfeldt, Community Options, Inc, reported that they are having a renewal training on CPR/A & D training. Others are welcome to attend. The charge is \$50.00. Let Sommerfeldt know if interested in attending.

Future Meeting Date: The next meeting is scheduled for June 4, 2018 at 11:30 a.m.

Future Agenda Items for Action/Discussion:

Motion/second (Olson/Anderson-Kemnitz) to adjourn the meeting.

The meeting adjourned at 12:30 p.m.

COMMUNITY ASSESSMENT

Please help us determine how our community can be a great place to live and grow old in. All suggestions and opinions are important and will be considered as we create a 3-year plan for aging programs. Thank you!

1. What do you think are the main issues, problems, and challenges adults midlife and beyond in our community are facing?
2. What activities in the community are making a positive difference for older adults?
3. Are there services or events you have heard of in other communities that you think would be helpful to seniors in our community?
4. What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?
5. What does healthy aging mean to you?

RESOLUTION NUMBER -2018

**RESOLUTION RELATING TO PROCLAIMING APRIL 15-21, 2018
AS VOLUNTEER WEEK IN GREEN LAKE COUNTY**

The County Board of Supervisors of Green Lake County, Green Lake, Wisconsin, duly assembled at its regular meeting begun on the 20th day of March 2018, does resolve as follows:

- 1 **WHEREAS**, the entire community can inspire, equip and mobilize people to take action
- 2 that changes the world; and,
- 3 **WHEREAS**, individuals and communities are at the center of social change, discovering
- 4 their power to make a difference; and,

Majority vote is needed to pass.

Roll Call on Resolution No. -2018

Submitted by DHHS Board:

Ayes , Nays , Absent , Abstain

Passed and Adopted/Rejected this 20th
day of March, 2018.

Joe Gonyo, Chair

Nick Toney, Vice-chair

County Board Chairman

Richard Trochinski

ATTEST: County Clerk
Approve as to Form:

Joy Waterbury

Corporation Counsel

John Gende

Tom Rief

Nancy Hoffman

Harley Reabe

5 **WHEREAS**, during this week all over the nation, service projects will be performed and
6 volunteers recognized for their commitment to service; and,

7 **WHEREAS**, the giving of oneself in service to another empowers the giver and the
8 recipient; and,

9 **WHEREAS**, experience teaches us that government by itself cannot solve all of our
10 nation's social problems; and,

11 **WHEREAS**, Green Lake County could not provide many of the services it offers without
12 volunteers; and,

13 **WHEREAS**, our county's volunteer force of more than one hundred and thirty, is a great
14 treasure; and,

15 **WHEREAS**, volunteers are vital to our future as a caring and productive nation.

16 **WHEREAS**, By volunteering and recognizing those who serve, we can come together to
17 make a difference.

18 **NOW THEREFORE, BE IT RESOLVED**, that the Board of Supervisors does hereby
19 proclaim April 15-21, 2018, as National Volunteer Week in Green Lake County.

Sleezer, Sue

From: Schiessl, Lisa
Sent: Wednesday, December 20, 2017 10:02 AM
To: Zeleske, Jennifer; Zabel, Jordyn; Sleezer, Sue
Subject: FW: Fwd:
Attachments: doc06145820171220101957.pdf

I thought I would pass this on to you guys. [REDACTED] sent me this today!!!

From: [REDACTED] [mailto:[REDACTED]]
Sent: Wednesday, December 20, 2017 10:01 AM
To: Schiessl, Lisa <lschiessl@co.green-lake.wi.us>
Subject: Fwd:

I did it!!!! YAY!!!!

I have to personally thank you, Jenn and Jordan for everything you ladies have done to help me succeed!! I am forever grateful for all of you and your hard work to do all you could to help me turn my life around! I could not have been placed with anyone better!

I will always hold a special place in my heart for you!!!

[REDACTED]
----- Forwarded message -----

From: <cs3010i@titleexpertswi.com>
Date: Wed, Dec 20, 2017 at 10:20 AM
Subject:
To: [REDACTED]

CS 3010i
[00:c0:ee:3d:53:c6]

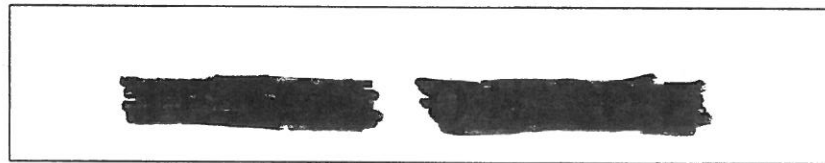
--
[REDACTED], Recovery Specialist



Certificate of Achievement

Tellurian Medication-
Assisted Treatment
Program

This certificate is presented to



*In recognition of outstanding progress towards reaching your recovery goals. We
are so proud of you!!*

Khloe Perie

Signature

12/20/2017

Date

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A.
PO Box 588
Green Lake, WI 54941-0588
VOICE: 920-294-4070
FAX: 920-294-4139
Email: gledhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St.
PO Box 69
Berlin, WI 54923-0069
920-361-3484
FAX 920-361-1195
Email: fri@co.green-lake.wi.us

February 6th to March 11th 2018 Monthly Report to the Health & Human Services Board

- Public Health is working with Gary Podoll and Chad Holdorf on getting all staff credentialed for emergencies. This credentialing allows us to go to other areas in the state if needed and we have a state validated identification card that provides information on training capabilities and licenses. Our goal is to have all DHHS staff credentialed by the end of the year.
- Melanie Simpkins and Julia McCarroll are working with the Behavioral Health Unit to provide weekly education sessions to the individuals enrolled in the CCS program. The cover a variety of topics related to chronic diseases and try and improve their life habits by increasing exercise and improving diet.
- Melanie Simpkins also provided community education sessions to the TRIAD group on osteoporosis and to the Green Lake Library on Heart Disease. These sessions are sponsored by the WI Women's Health Foundation and are part of the Grapevine Project which teaches RN's to do health-related presentations in the community.
- A planning luncheon was held to discuss the use of the grant funds received to impact opioids in our community. We will be having a heroin summit on April 5th at Berlin High School from 6-8 pm and will also be sponsoring a Narcan training in Berlin on April 24th at 6 pm for the public. Our main goal is prevention and education.
- A new policy was written to reflect the changes for the Children's Community Options Program which is coordinated by Renee Peters. She also completed the training to assist with the Children's Long Term Support Program in addition to her Birth to 3 duties. It is a nice combination as many of the families she sees in the Birth to 3 Program transition into the other programs as they get older.
- We were very happy to have Rachel Schackow join our unit as a Public Health Nurse. Rachel comes to us from Marquette County and has a wealth of experience in Public Health. She was also the Amish Liaison nurse in Marquette County and was part of the Tri-county Plain Communities Coalition so it will be an easy transition.

Respectfully Submitted by,
Kathryn S. Munsey, Health Officer

Environmental Health
Green Lake County
February 2018

Animal Bites: # of investigations – 4 (2 dog/human, 1 dog/dog, 1 cat/human)
Reported Animal Bites –
Animal Quarantines for Animal v. Human Exposures – 1
Animal Quarantines for Animal v. Animal Exposures – 0
Quarantine Violations and Enforcement Actions Taken – 0
Animals Exhibiting Positive Signs of Rabies During Quarantine – 0
Animals Exhibiting Negative Signs of Rabies During Quarantine – 1
Enforcement Actions Taken for Violations of Vaccination Requirements – 0
Animals Sacrificed for Exhibiting Symptoms of Rabies or Being Rabies
Suspects- 0
Animals Sacrificed for Other Reasons- 2 (1 dog and 1 cat)

Well Water: 3 test kits distributed.

On the evening of 2.5.18 a town hall meeting was held in Dalton. The purpose of this meeting was to provide residents with information regarding the current status of the sanitary district as well as information about private well ownership. The residents of Dalton recently voted to dissolve the sanitary district due to the expense of providing updates to the current well. Speakers at the town hall meeting included: Sarah Yang, DHS, Cathy Wunderlich, WDNR, Steve Kemna, PSC, and Kevin Mesarik, UW-Ext. Over 60 Dalton residents attended this meeting and many stayed after to speak with specialists. Flyers, pamphlets, water test kits, and other educational material was available for residents to take as they left the meeting.

Lead: On 2.9.18 a visual housing investigation was conducted at a residence in Markesan. A child in the home had previously been lead poisoned in Columbia County before moving to Green Lake County. The child has had regular lead checks with the most recent result being 16 mcg/dl (down from the initial July 2017 test result of 38 mcg/dl). The Department of Health Services requested that an investigation be conducted to ensure that the new housing is free of lead. The HUD housing unit was constructed in 2013 and is lead-free. The personal belongings of the occupants of the home did not show any signs of lead. Green Lake County will continue to monitor the lead levels of the child and take appropriate actions if lead levels rise.

Sewage: None.

Solid Waste: None.

Radon: 7 test kits distributed

Housing:

On 2.1.18 a site visit was conducted for a property in Dalton. The owner of this property had been issued abatement orders on 11.27.17 after an 11.26.17 court hearing. The owner of this property was to contact the Health Department once orders had been met prior to the 2.5.18 status hearing. The property owner did not contact the Health Department so an onsite visit was done to see if orders had been met prior to the status hearing. It was found that orders had not been met. In discussing the case with Corporation Counsel and the property owner it was determined that the matter will go to trial on 3.7.18 unless orders are met by 2.28.18. A letter was sent to the property owner on 2.6.18 and an onsite visit will take place on 3.1.18. In preparation for the scheduled trial, a meeting has been scheduled for 3.6.18 so that Agent and Corporation Counsel can review photographs, letters, and testimony. Ongoing.

A property in Berlin continues to have a placard. Abatement orders for this property were due on 01.31.18. Abatement orders required that the property owner contact the Health Dept. once all other orders had been met. After numerous attempts to contact the home owner, a property visit took place on 02.20.2018. After the visit it was determined that orders were not. Corporation Counsel has filed an injunction lawsuit with the Court and is working on getting the property owner served. After discussing the case with the City of Berlin Community Development Director it has been determined that the City of Berlin will conduct an inspection using their building inspector and may also take legal action against the property owner for violating the City of Berlin Code. Ongoing.

Vector: None.

Asbestos: None.

Food/Water Illness: None

Abandoned Bldgs: None

Other:

Agent: 11 inspections completed. 2 change of operator pre-inspections and 2 re-inspections.

The monthly Environmental Health meeting was held on 2.21.18. During this meeting EH staff reviewed a letter and fact sheets to be sent out to campground & recreational education campground operators. The fact sheets and letter provide clarification on code requirements. A date for the annual Temporary Food Stand Food Safety course has been set for

03.20.2018 at the Neshkoro Community Center. A date was also set for the bi-annual Food and Recreational Advisory Committee meeting, 04.17.2018.

A Waushara County strategic plan workgroup meeting was held on 2.21.18 directly after the Environmental Health meeting.

Preparations are being made for an upcoming EH trial. Several items have been sent over to Corporation Counsel for review, including signed letters and photographs. Both the EH specialist and Health Officer have meetings to be prepped for trial.

Two meetings regarding a placarded house in Berlin were held, one on 2.14.18 and the other on 2.21.18, to determine what steps the County should take in dealing with the condition of the home and the uncooperative home owner.

Attended Agent Retail Licensing Training on 2.22.18

Attended the DATCP Spring Rec. Roadshow on 2.28.18.

Completed 11 online training modules that are required for Retail Food Safety Inspection Officers.

Currently registered for a REHS/RS preparation course provided by UW-Oshkosh. Previous Waushara County EH staff have completed this course prior to taking the REHS/RS exam and have passed the exam. The course begins on 04.02.18 and ends on 05.25.2018. I plan on sitting for the REHS/RS exam shortly after completing the preparation course.

DRAFT-4

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES ALCOHOL AND SUBSTANCE ABUSE TESTING POLICY

The Green Lake County Department of Health & Human Services has adopted the following alcohol and substance abuse testing policy for children, youth and adults engaging in services, programs, supervision and/or treatment or by the Department. This policy targets individuals who have been identified as having to comply with program or legal requirements due to alcohol and/or substance abuse related issues.

PURPOSE:

To support our clients in the initial and on-going recovery process. To assist with compliance with regulations for receipt of Economic Support benefits.

DEFINITIONS:

The term "illicit drug" is meant to include any all illegal drugs, including so called look-alike and designer drugs; legally obtained drugs which are used in a manner other than prescribed by a physician and any substance which can offset a person's perceptions or motor functions including alcohol.

The persons affected by this policy will be tested for at least the following substances: Amphetamines (AMP) ; Barbiturates (BAR) ; Benzodiazepines (BZO/BZD); Cocaine (COC) ; Methylenedioxymethamphetamine (MDMA/XTC); Methamphetamine (MET) ; Opiates (MOR/OPI/OPI300); Methadone (MTD) ; Oxycodone (OXY) ; Phencyclidine (PCP) ; Tricyclic Antidepressants (TCA) ; and Marijuana (THC) as well as Adulterants. Other substances may be tested for based upon reasonable suspicion by the agency staff.

PROCEDURES:

As part of program eligibility requirements and Court-ordered conditions, all clients who are required to/ or have a known history of alcohol or substance abuse issues are required to provide specimens of urine, saliva or hair when asked by their County Case Manager. Routine Specimens will be requested at time of application of for benefits, court-ordered supervision, and required intervals and/or at discharge. In addition, specimens may be requested randomly and if an individual's behavior points to possible use.

All individuals are required to submit to a drug and/or alcohol test at time of renewal of benefits or whenever the County Case Manager has reasonable suspicion to believe that the individual is in violation of Court-Ordered Conditions, a Deferred Prosecution or Informal Agreements (Chapter 49, Chapter 48, Chapter 938 or Chapter 51 of the Wisconsin State Statutes). In the event that a reliable source such as parents, law enforcement, school officials, medical, probation/parole or any other trusted source finds reasonable suspicion to test based upon personal observation and documentation of indicators of probable substance abuse; or discovery of an unreported drug felony or incomplete Drug Felon page in an open or

on-going Economic Support case, the person will be required to submit to a alcohol or substance abuse testing.

Whenever the individual is notified that there is a reasonable suspicion to be tested, the person must cooperate with the County Case Manager or their designee assigned for collection. Refusal to cooperate could subject the individual to program sanctions.

Wisconsin State Statute 51.48 states that alcohol and other drug testing, assessment, and treatment of minor without minor's consent. A minor's parent or guardian may consent to have the minor tested for the presence of alcohol or other drugs in the minor's body or to have the minor assessed by an approved treatment facility for the minor's abuse of alcohol or other drugs according to the criteria specified in s.938.547(4). If, based on the assessment, the approved treatment facility determines that the minor is in need of treatment for the abuse of alcohol or other drugs, the approved treatment facility shall recommend a plan of treatment that is appropriate for the minor's needs and that provides for the least restrictive form of treatment consistent with the minor's needs. That treatment may consist of outpatient treatment, day treatment, or, if the minor is admitted in accordance with s.51.13, inpatient treatment. The parent or guardian of the minor may consent to the treatment recommended under this section. Consent of the minor for testing, assessment, or treatment under this section is not required. Therefore, in this instance, testing will be performed without Court order.

ON-SITE COLLECTION

Donor Identification/Insurance Information:

The donor must provide photo identification (driver's license, student ID or any other picture identification issued by the Federal, State or Local government agency to the Case Manager or designee upon arriving at the collection site. Once the donor is known to the Case Manager or designee, this will not be needed for further collection.

The donor will be asked to provide a copy of an insurance card or Medicaid/Badger Care card prior to the first collection and within five (5) days of this information changing. The donor's insurance may be charged for the collection if there is medical necessity for the testing. In the event that the testing is Court Ordered or via a Deferred Prosecution Agreement or Informal Dispositional Agreement, the child/youth or parent, guardian or adult may be charged a copay or the cost of the testing. When testing is required for Economic Support Programs, the cost of the drug testing will be paid for by the agency.

Urine collection:

The collector shall ensure that the collection area is secure and if necessary, a bluing agent present in the toilet. The collector shall utilize a lavatory facility located within the secure portion of the Green Lake County Department of Health & Human Services.

No unauthorized person may access the collection area.

The collector will complete step 1 on the Custody and Control Form (CCF) and explain the collection procedure to the donor.

The person who is required to submit to a reasonable suspicion test will be escorted by the County Case Manager or their designee to a private area (lavatory facility) for collection of the alcohol or substance abuse test. The donor may be asked to submit to a routine collection, a monitored collection or directly observed collection procedure. A monitored collection is completed under less than completely private

conditions, but direct “stream of flow” observation is optional. The directly observed collection procedure is the same as a routine collection with the additional requirement that an observer physically watches the donor urinate into the collection container. The observer **must** be the same gender as the donor. There are **no exceptions** to this requirement.

If a designee is conducting the test versus the Case Manager, the donor will be required to produce a pictured identification card such as a driver’s license for proof of identity.

The donor will be asked to remove any unnecessary outer clothing (e.g. coat, jacket, hat, sweatshirt, etc.) and leave any briefcase, purse, backpack or other personal belonging he or she is carrying with the outer clothing. The donor may retain his/her wallet. If the person requests a receipt for belongings left with the Case Manager or designee, the Case Manager or designee will provide one.

If the donor arrives with his/her medications, the medications will be secured in a lock box.

The donor will not be asked to remove other articles of clothing, such as a shirt, pants, dress or undergarments. Work boots, fashion boots or cowboy boots will not be removed unless the Case Manager or designee suspects that individual has something in them that could be used to adulterate or substitute a specimen. If a donor is asked to remove head gear or a covering and refuses on the basis of religion, the person may be exempt unless the Case Manager has an observable indicator that the donor is attempting to hide adulterants or other substances.

The Case Manager will direct the donor to empty his/her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. Failure to empty pockets when requested to do so, will be considered a refusal to cooperate in the testing process.

The donor **may not** take anything into the lavatory other than the urine cup or other supplies provided to them by the Case Manager or their designee.

The donor will wash and dry their hands under the observation of the collector.

The donor will be required to follow the established written protocols which include:

*When the door is closed to the lavatory for privacy the donor may **not** be allowed to **run the sink for any reason.**

*Instructed to urinate directly into the cup, wiping any leakage with a dry paper towel.

*Provide a urine sample of at least **45 mL.**

***Not flushing** the toilet or wash hands **until after opening the door to the lavatory.**

***The donor must return the specimen as soon as possible after completing the void** to prevent loss of temperature or an observed collection may be necessary.

*In the event the donor cannot urinate, he/she will be allowed to drink as much water as they wish and try again (under observation).

The donor may be asked to drink up to 40 ounces of fluids, distributed through a period up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first.

The temperature of the specimen will be recorded on the CCF and if the temperature is in range (90-100 deg F), collection container will be sealed. A tamper evident seal, initialed and dated by the donor will be placed over the cap and affixed to the sides of the collection cup.

The donor will complete Step 3 on the CCF.

The collector will complete Step 4 on the CCF.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

The specimen will be transferred to the laboratory for testing. If the sample is unable to be tested within seven (7) days, it should be stored frozen until analysis can be conducted.

The presence of blood in the urine sample may adversely impact the testing process and in addition, constitutes a biohazard for laboratory employees. Collection of “clean catch” urine specimens during menstruation should be attempted. This procedure will be detailed orally and in writing to the donor by the Case Manager or designee. Males or females could be asked to follow the “clean catch” protocol.

Adulterated or specimen temperature out of range:

The donor must provide a specimen that has a temperature between 90 to 100 deg F. Additionally the sample must be free of any substance used to interfere with the testing process:

- If the provided sample is not within the acceptable temperature ranges (>90 deg F or < 100 deg F) or has been obviously adulterated in some way (strong chemical odor, uncharacteristic color, etc.) a second collection should be obtained under observed conditions. The requesting party should be notified.
- In the remarks section in Step 2 of the CCF, indicate the observed collection was performed and why.
- Both originally provided sample and the sample obtained under direct observation (assuming it is within acceptable temperature range and free of adulterants) should be sent to the lab.

Refusal to test:

The following circumstances will be considered as a refusal to test:

- Noncompliance with any of the steps listed in the procedure whether monitored or directly observed.
- Leaving the test site prior to providing a sample of sufficient sample volume unless permission to do so is obtained from the requesting party.
- Failure to arrive or appear as scheduled by the referring party.
- Discovery of a prosthetic device during observed collection.
- Inability to produce a sufficient urine sample within a three (3)hour window unless the donor is able to provide sufficient documentation from a physician of an existing condition that would explain the person’s inability to produce 45 ml under condition of collection process
- Refusal to provide a specimen.

Commented [KD1]: Previously says 45ml minimum

Insufficient sample quantity:

In order for the certified lab to conduct drugs of abuse testing, a donor must produce at least 30 mL of urine. In cases where a split specimen is requested, the donor must provide 45 mL of urine for the specimen to be processed.

If the donor is unable to provide the required amount of urine on their first attempt, the collector will:

- Record in Step 2 on the CCF the time at which the donor made the first attempt to void, Time of any other unsuccessful attempts will also be recorded on the CCF.
- The donor will be given a three (3) hour window in which to provide a sample of the required volume. During this time frame, the donor will be allowed to consume up to 40 oz. of fluid. The donor will remain in the testing area under a monitor until they provide an adequate sample quantity or the three (3) hour window elapses.
- If the donor is unable to provide the required urine volume after the three (3) hour window expires, the test will be suspended (pending physician explanation of a physiological condition which could cause the

individual to be unable to provide a urine sample within collection parameters). The requesting party will be notified of the testing delay.

-If the donor is unable to produce a physician's explanation of shy bladder within seventy-two (72) hours, the test will be cancelled and it will be considered a refusal to provide a specimen.

Hair collection:

The donor, who is required to submit hair for testing, will be escorted to a private area (office or meeting room) by the County Case Manager or their designee. The donor will be required to provide photo identification. Approximately ¼ inch of hair approximately 1.5 inches in length will be collected from the individual. The hair may be taken from the head, chest, underarm or pubic area. It will be cut as close to the skin/scalp as possible.

The collection and packaging of the sample should be observed by both the donor and collector at all times to preserve the chain of custody.

If the individual refuses the County Case Manager or their designee's efforts, failure to provide a specimen will be considered a positive result.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

Saliva Collection:

The donor who is required to submit for saliva collection will be escorted to a private area (office or meeting room) by the County Case Manager or their designee. The donor will be required to submit to the testing as directed by the Case Manager.

If a designee is conducting the test versus the Case Manager, the donor will be required to produce a pictured identification card such as a driver's license for proof of identity.

If the individual refuses the County Case Manager or their designee's efforts, failure to provide a specimen will be considered a positive result.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

MOBILE/FIELD COLLECTION:

In the event that a donor is unable to travel to the Green Lake County Department of Health & Human Services and/or a randomized test is warranted, the County Case Manager or his/her designee may conduct a mobile/field collection.

All procedures as outline under **On-site Collection** will be adhered to whenever possible including Donor identification requirements.

Urine collection procedures:

The collector shall ensure that the collection area is private and if necessary, a bluing agent present in the toilet. The collector shall utilize a lavatory facility located within the private portion of the donor's home, school or other site.

No unauthorized person may access the collection area.

The collector will complete step 1 on the Custody and Control Form (CCF) and explain the collection procedure to the donor.

The person who is required to submit to a reasonable suspicion test will be escorted by the County Case Manager or their designee to a private area (lavatory facility) for collection of the alcohol or substance abuse test. The donor may be asked to submit to a routine collection or a monitored collection. A monitored collection is completed under less that completely private conditions, but direct "stream of flow" observation is optional. The directly observed collection procedure is the same as a routine collection with the additional requirement that an observer physically watches the donor urinate into the collection container. The observer **must** be the same gender as the donor. There are **no exceptions** to this requirement. **It is recommended that whenever possible direct observation collection only be conducted at the Green Lake County DHHS facility.**

The donor will wash and dry their hands under the observation of the collector.

The donor will be required to follow the established written protocols which include:

*When the door is closed to the lavatory for privacy **not** being allowed to **run the sink for any reason.**

*Instructed to urinate directly into the cup, wiping any leakage with a dry paper towel.

*Provide a urine sample of at least **45 mL.**

***Not flushing** the toilet or wash hands **until after opening the door to the lavatory.**

***The donor must return the specimen as soon as possible after completing the void** to prevent loss of temperature or an observed collection may be necessary.

*In the event the donor cannot urinate, he/she will be allowed to drink as much water as they wish and try again (under observation).

The temperature of the specimen will be recorded on the CCF and if the temperature is in range (90-100 deg F), collection container will be sealed. A tamper evident seal, initialed and dated by the donor will be placed over the cap and affixed to the sides of the collection cup.

The donor will complete Step 3 on the CCF.

The collector will complete Step 4 on the CCF.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

The specimen will be transferred to the laboratory for testing. If the sample is unable to be tested within seven (7) days, it should be stored frozen until analysis can be conducted.

The presence of blood in the urine sample may adversely impact the testing process and in addition, constitutes a biohazard for laboratory employees. Collection of "clean catch" urine specimens during menstruation should be attempted. This procedure will be detailed orally and in writing to the donor by the Case Manager or designee. Males or females could be asked to follow the "clean catch" protocol.

Adulterated or specimen temperature out of range:

The donor must provide a specimen that has a temperature between 90 to 100 deg F. Additionally the sample must be free of any substance used to interfere with the testing process:

- If the provided sample is not within the acceptable temperature ranges (>90 deg F or < 100 deg F) or has been obviously adulterated in some way (strong chemical odor, uncharacteristic color, etc.) a second collection should be obtained under observed conditions. The requesting party should be notified.
- In the remarks section in Step 2 of the CCF, indicate the observed collection was performed and why.
- Both originally provided sample and the sample obtained under direct observation (assuming it is within acceptable temperature range and free of adulterants) should be sent to the lab.

Refusal to test:

The following circumstances will be considered as a refusal to test:

- Noncompliance with any of the steps listed in the procedure whether monitored or directly observed.
- Leaving the test site prior to providing a sample of sufficient sample volume unless permission to do so is obtained from the requesting party.
- Failure to arrive or appear as scheduled by the referring party.
- Discovery of a prosthetic device during observed collection.
- If the donor is unable to produce a sufficient urine sample, the donor will be scheduled to report to the Green Lake County DHHS for collection.
- Refusal to provide a specimen.

Insufficient sample quantity:

In order for the certified lab to conduct drugs of abuse testing, a donor must produce at least 30 mL of urine. In cases where a split specimen is requested, the donor must provide 45 mL of urine for the specimen to be processed.

If the donor is unable to provide the required amount of urine on their first attempt, the collector will:

- Record in Step 2 on the CCF the time at which the donor made the first attempt to void, Time of any other unsuccessful attempts will also be recorded on the CCF.
- If the donor is unable to produce the volume of urine required for testing, the person will be scheduled to report to the Green Lake County DHHS for another test and the protocol for insufficient sample quantity will be adhered to regarding the three (3) hour window.
- If the donor is unable to produce a physician's explanation of shy bladder within seventy-two (72) hours, the test will be cancelled and it will be considered a refusal to provide a specimen.

Hair collection:

The donor, who is required to submit hair for testing, will be escorted to a private area (office or meeting room if in a public location) by the County Case Manager or their designee. The donor will be required to provide photo identification. Approximately ¼ inch of hair approximately 1.5 inches in length will be collected from the individual. The hair may be taken from the head, chest, underarm or pubic area. It will be cut as close to the skin/scalp as possible.

The collection and packaging of the sample should be observed by both the donor and collector at all times to preserve the chain of custody.

If the individual refuses the County Case Manager or their designee's efforts, failure to provide a specimen will be considered a positive result.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

Saliva Collection:

The donor who is required to submit for saliva collection will be escorted to a private area (office or meeting room if in a public location) by the County Case Manager or their designee. The donor will be required to submit to the testing as directed by the Case Manager.

If a designee is conducting the test versus the Case Manager, the donor will be required to produce a pictured identification card such as a driver's license for proof of identity.

If the individual refuses the County Case Manager or their designee's efforts, failure to provide a specimen will be considered a positive result.

The County Case Manager or designee will follow the chain of custody protocol as established by the certified laboratory.

CERTIFIED LABORATORY & CONFIDENTIALITY:

All testing will be administered by a Green Lake County Department of Health & Human Services Case Manager or their designee using the procedures outlined by the certified laboratory. The Case Manager will provide the instructions on how the individual provides the urine, hair or oral specimen. The collection device used by the Case Manager may contain instant read strips. The test results will be interpreted at that time if the instant read strip is not tampered with. The specimen may be sent to the certified laboratory for further analysis.

To ensure the integrity and accuracy of each test, all specimen collection, analysis and laboratory procedures will be in accordance with the protocols and safeguards set for by the certified laboratory. This will include: a) procedures to ensure that the identity of the individual at the time of specimen and b) strict chain-of-custody procedures to ensure that the specimen is not tampered with. The laboratory will be certified by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The certified laboratory must agree to comply with federal and state privacy laws and the Health Insurance Portability and Accountability Act (HIPAA) regulations. The GL CO DHHS guarantees that it has a qualified business agreement with a certified lab. This agreement allows the GL CO DHHS to release the individuals name and specimen to the certified lab for the purposes of having the positive drug screens confirmed. As part of this agreement, the certified lab is fully bound by the provisions of the federal regulations governing the confidentiality of with Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Part 142, 160, 162 and 164, and may not use or disclose the information except as permitted or required by individual agreement or by law.

The testing results will be forwarded to the designated primary and secondary contacts as per the written agreement between the GL CO DHHS and the laboratory.

This policy is not intended to prohibit the use of medication legally prescribed by a licensed physician familiar with the individual's medical history. Medications prescribed for someone other than the individual being tested will not be considered lawfully used under any circumstances.

All alcohol tests conducted under this policy require that the person must provide a urine specimen or saliva specimen.

USE OF TEST RESULTS:

Testing results will be used in the following ways: to help support the individual's abstinence and recovery; to make adjustments in the individual's case/treatment plan and level of care; and to inform the Court of the client's progress and treatment compliance; determine eligibility for Economic Support Programs.

INSURANCE:

In the event of medical necessity, the certified laboratory may send a claim directly to the individual's insurance company. The insurance company will then send the individual an Explanation of Benefits – EOB. This EOB is a statement that will contain the details related to the test; how it was processed according to the individual's benefits, and a breakdown of what they are paying versus what may be client responsibility, such as copayments or deductibles. The statement will also include how to make a payment or inquiry.

If the individual does not have insurance or the health plan does not cover these types of laboratory tests, the certified laboratory may offer an uninsured rate.

Financial Assistance may be available under certain circumstances. A form containing the request, and additional details related to the individuals financial position, income, and family size may be taken into consideration during a formal review and approval process. The individual may obtain this form from their Case Manager.

Green Lake County DHHS is not involved in the billing process for services provided by the certified laboratory. GL CO DHHS will assist with the gathering of the insurance information for the certified laboratory.

In the event that the testing is not medically necessary, the donor may be charged a copay or the cost of the testing by the Green Lake County DHHS. The Department of Health Services (DHA) annually reviews the payment schedule to assist with the determinations for services provided or purchased by County Social and Human Services agencies. DHS 1 - Uniform Fee System – permits agencies to use minimum charges up to \$25.00/month or 3 % of family income. Donors will be asked to complete the Family Financial Questionnaire to determine the amount of a monthly cost share.

ALCOHOL AND SUBSTANCE ABUSE INFORMATION/EDUCATION:

Any individual who engages in any conduct prohibited under this policy will be provided with information regarding resources available to evaluate and treat an alcohol or substance abuse problem. This information will provide the names, addresses and telephone numbers of addiction specialists, counseling and treatment programs in the area.

ACKNOWLEDGEMENT AND ACCEPTANCE OF THE ALCOHOL AND SUBSTANCE ABUSE POLICY:

Any individual under the supervision, care or custody of the GL CO DHHS shall acknowledge in writing the terms of the Court order which includes the agreement to submit to testing required by the County Case Manager or their designee. Any person who is an applicant or member of an Economic Support case must state whether he/she or any member of the case has been convicted in any state or federal court of a felony for possession, use, or distribution of a controlled substance. The applicant/members signature on the Application Summary is sufficient to satisfy this requirement.

CLIENTS RIGHTS AND THE GRIEVANCE PROCEDURE FOR COMMUNITY SERVICES:

Any person, who has been required to submit to testing, will be informed in orally and in writing to their rights as a client and the right to access to a grievance procedure to ensure their rights. The grievance procedure will be presented to the individual by their respective County Case Manager as each program may have a different rules/protocols.

DHHS Expenditure/Revenue Comparison

<u>Expenditures</u>		<u>Revenues</u>	
Admin			
Total Budget:	\$ 703,840.73		\$ 703,840.73
YTD Expenses	\$ 621,025.26 -301802	YTD Revenues	\$ 656,701.58
% YTD Expenses	88%	% YTD Revenues	93%
% Should Be:	100%	% Should Be:	100%
Health			
Total Budget:	\$ 563,828.08		\$ 563,828.08
YTD Expenses	\$ 546,277.29	YTD Revenues	\$ 577,387.31
% YTD Expenses	97%	% YTD Revenues	102%
% Should Be:	100%	% Should Be:	100%
Children & Families			
Total Budget:	\$ 1,543,714.50		\$ 1,618,714.51
YTD Expenses	\$ 1,460,605.75	YTD Revenues	\$ 1,712,131.81
% YTD Expenses	95%	% YTD Revenues	106%
% Should Be:	100%	% Should Be:	100%
Economic Support			
Total Budget:	\$ 440,191.15		\$ 440,191.16
YTD Expenses	\$ 466,195.14	YTD Revenues	\$ 499,076.78
% YTD Expenses	106%	% YTD Revenues	113%
% Should Be:	100%	% Should Be:	100%
FRI			
Total Budget:	\$ 1,218,627.59		\$ 1,218,627.59
YTD Expenses	\$ 1,174,105.68	YTD Revenues	\$ 1,210,757.18
% YTD Expenses	96%	% YTD Revenues	99%
% Should Be:	100%	% Should Be:	100%
Behavioral Health			
Total Budget:	\$ 1,847,978.96		\$ 1,772,978.96
YTD Expenses	\$ 2,344,577.75	YTD Revenues	\$ 1,892,158.52
% YTD Expenses	127%	% YTD Revenues	107%
% Should Be:	100%	% Should Be:	100%

Child Support

Total Budget:	\$	211,841.62		\$	211,541.62
YTD Expenses	\$	140,487.73	YTD Revenues	\$	374,862.67
% YTD Expenses		66%	% YTD Revenues		177%
% Should Be:		100%	% Should Be:		100%

Aging

Total Budget:	\$	1,014,833.27		\$	1,003,733.26
YTD Expenses	\$	1,162,867.42	YTD Revenues	\$	1,008,687.12
% YTD Expenses		115%	% YTD Revenues		100%
% Should Be:		100%	% Should Be:		100%

Total DHHS

Total Budget:	\$	7,148,410.69		\$	7,087,671.69
YTD Expenses	\$	7,916,142.02	YTD Revenues	\$	7,931,762.97
% YTD Expenses		111%	% YTD Revenues		112%
% Should Be:		100%	% Should Be:		100%

REQUEST FOR LINE ITEM TRANSFER

Office Use Only

Department: _____ DHHS/Admin
 Budget Year Amended: _____ 2018

No. _____
Date: _____

From Account


Account #	Account Name	Current Budget	Transfer Amount	YTD Expenditures	New Budget
18-207-30-54903-310-000	Office Supplies	\$ 15,000.00	\$ 1,000.00		\$ 14,000.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Transfer			\$ 1,000.00		

To Account

Account #	Account Name	Current Budget	Transfer Amount	YTD Expenditures	New Budget
18-207-30-54900-290-000	Other Special Needs- Bacakgrou	\$ -	\$ 1,000.00	\$ 70.00	\$ 1,000.00
		\$ -			\$ -
					\$ -
					\$ -
					\$ -
					\$ -
Total Transfer			\$ 1,000.00		

Explanation for Transfer:
Required Background checks for several programs in DHHS.

Department Head Approval



Governing Committee Approval

If < \$500:

Send to County Administrator's Office

COUNTY ADMINISTRATOR Approval:

If > \$500:

Send to County Clerk's Office

FINANCE COMMITTEE Approval given on :

Date

Revised 02/2017

Transfer

Purpose

To transfer budgeted expense/revenue amounts from one line item to another within the same budget so as not to exceed adopted budget.

Policy

A transfer of funds should be made prior to an individual line item balance exceeding the line item budget as adopted. No transactions should be posted to any budget line item if there are not adequate budgeted funds available to cover those transactions during that fiscal year.

In the event a department has insufficient line item budgeted funds available to cover the balance of proposed transactions, a transfer of budget funds from another individual line item within that department's budget to cover those transactions may be initiated with prior approval.

All transactions shall be charged to the appropriate revenue/expenditure account, not arbitrarily charged to accounts where unused budget funds are available.

Procedure

To initiate the line item transfer process, the department head shall notice the review, discussion & action of this completed and signed form on the next monthly meeting agenda of their committee of jurisdiction.

If the Line Item Transfer is approved by the committee of jurisdiction **AND IS FOR AN AMOUNT OF \$500 OR LESS** the signed copy of this form along with a copy of the meeting minutes shall be forwarded to the County Administrator for approval.

If the Line Item Transfer is approved by the committee of jurisdiction **AND IS FOR AN AMOUNT OF \$500 OR MORE** the signed copy of this form along with a copy of the meeting minutes shall be forwarded to the County Clerk to be noticed on the Finance Committee agenda for review, discussion and action.

GREEN LAKE COUNTY

Notice of Budgetary Adjustment

Unanticipated Revenue or Expense Increase or Decrease Not Budgeted

Date: February 14, 2018
 Department: Aging/C&F/BHU
 Amount: \$180,000.00
 Budget Year Amended: 2018

Source of Increase / Decrease and affect on Program:
 (If needed attached separate brief explanation.)

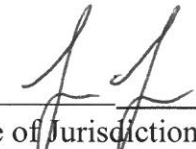
Budgeting for Family Care amount Paid to the state every year and WIMCR Revenues that we will be receiving in 2018.

Revenue Budget Lines Amended:

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
18-207-33-43568-000-000	WIMCR	\$ -	\$ 48,600.00	\$ 48,600.00
18-207-36-43568-000-000	WIMCR	\$ -	\$ 131,400.00	\$ 131,400.00
				\$ -
				\$ -
Total Adjustment			\$ 180,000.00	

Expenditure Budget Lines Amended:

Account #	Account Name	Current Budget	Budget Adjustment	Final Budget
18-207-32-54548-209-561	Contracted Services - Family Care	\$ -	\$ 180,000.00	\$ 180,000.00
				\$ -
				\$ -
				\$ -
				\$ -
Total Adjustment			\$ 180,000.00	

Department Head Approval: 
 Date Approved by Committee of Jurisdiction: _____

Following this approval please forward to the County Clerk's Office.

Date Approved by Finance Committee: _____

Date Approved by County Board: _____

Per WI Stats 65.90(5)(a) must be authorized by a vote of two-thirds of the entire membership of the governing body.

Date of publication of Class 1 notice of budget amendment: _____

Purpose

To comply with State Statute 65.90 (5)

Policy

A budget adjustment should be made when increasing /(decreasing) both your revenue budget and expenditure budget. These changes come from new grants or changes in grant monies, transfers from sources in the county outside a department's original budget, etc. No budget line item should exceed the adopted budget at any time during a fiscal year.

Procedure

To initiate a budget adjustment, the department head shall notice the review, discussion & action of this completed & signed form on the next monthly meeting agenda of their committee of jurisdiction. If the Budgetary Adjustment is approved by the committee of jurisdiction the signed copy of this form along with a copy of the meeting minutes shall be forward to the County Clerk to be noticed on the Finance Committee agenda for review, discussion & action.

Upon Finance Committee approval the signed Budgetary Adjustment form shall be forwarded to the County Clerk to be notice on the County Board agenda for review, discussion and action.

Per WI Stats 65.90(5)(a) the Budgetary Adjustment must be authorized by a vote of two-thirds of the entire membership of the County Board.

A department representative must be available at each meeting to address any questions or concerns that may arise during review and discussion.