

Green Lake
County



**Health and
Human Services
Annual Report
2018**

DEPARTMENT OF HEALTH AND HUMAN SERVICES COVER LETTER

To: The Residents of Green Lake County, County Administrator Catherine Schmit, The Honorable Board of Supervisors of Green Lake County and the Green Lake County Health & Human Services Committee.

We respectfully submit for your consideration the 2018 Annual Report for the Department of Health & Humans Services (DHHS).

DHHS provides a vast array of programs and services intended to protect individuals and the public. These services are provided within a framework of requirements and regulations developed at the State and Federal level. This funding does not keep pace with increased costs and demands for these services, therefore the DHHS would be unable to provide these mandated and needed services to the citizens of Green Lake County without the funding allocated by local officials.

Green Lake County DHHS continues to offer a vast array of services to the citizens of the County. As a Department we have prioritized collaboration and cooperation between Units. This allows us to most efficiently serve residents, while also being nimble enough to adjust to new mandates or identified priority areas.

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.

A few highlights in the report include:

- In 2018, the Behavioral Health Unit (BHU) expanded to include a second school-based service location at the Markesan School District (in addition to the Berlin School office opened in 2016)
- Due to the efforts of the crisis staff, more individuals received less-restrictive, community-based care and the county experienced a 64.5% reduction in inpatient costs from 2017 to 2018.
- A continuing trend of note in 2018 was the rising number of children placed outside of their parental homes due to substance abuse of the parent(s). Thirteen (13) of the children in court ordered placements were removed due to opiate/opioid abuse or alcohol abuse.
- The Health Officer successfully wrote for a \$300,000 Health Equity grant to be shared with the six counties in the Central WI Health Partnership. The funds are being used to assess social and economic factors that adversely affect the health of the community.
- Public Health also used several harm reduction strategies to reduce the abuse of opioids in Green Lake County. This included two Narcan trainings for the public, and distribution of lock boxes to community members at numerous events.

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

ADMINISTRATION AND FINANCIAL SUMMARY

The Health and Human Services Financial and Administrative Department consists of the Director, Financial Manager, Administrative Assistant, Account Clerk Specialist, Billing Specialist, Two Receptionist/Data Entry Specialists, an Insurance Verification Representative and Secretary. The Purpose of Health and Human Services Administration and Fiscal Unit is to support the seven different units Health and Human Services House.

Operating Highlights

In supporting the seven different departments in Health and Human Services some of the functions the administrative and fiscal department performs include but is not limited to:

- ❖ Information and Referral of the general public to appropriate staff
- ❖ Billing for Services provided in the Department of Health and Human Service
- ❖ Collecting Payments from Consumers and third party payers
- ❖ Inputting Client Notes
- ❖ General Correspondence
- ❖ Managing and Closing Client Files and Personnel Records
- ❖ Record Meeting Minutes for Health and Human Service Board and Various Sub Committees
- ❖ Vendor Contracting and Payments
- ❖ Budgeting Process
- ❖ Financial Reporting and Grant Claiming
- ❖ Vendor Audits

Accomplishments in 2018

We continue to learn and grow with a great administrative and fiscal team that works great together while focusing on efficiencies and assisting the community and HHS employees. The following are a few of our accomplishments in 2018:

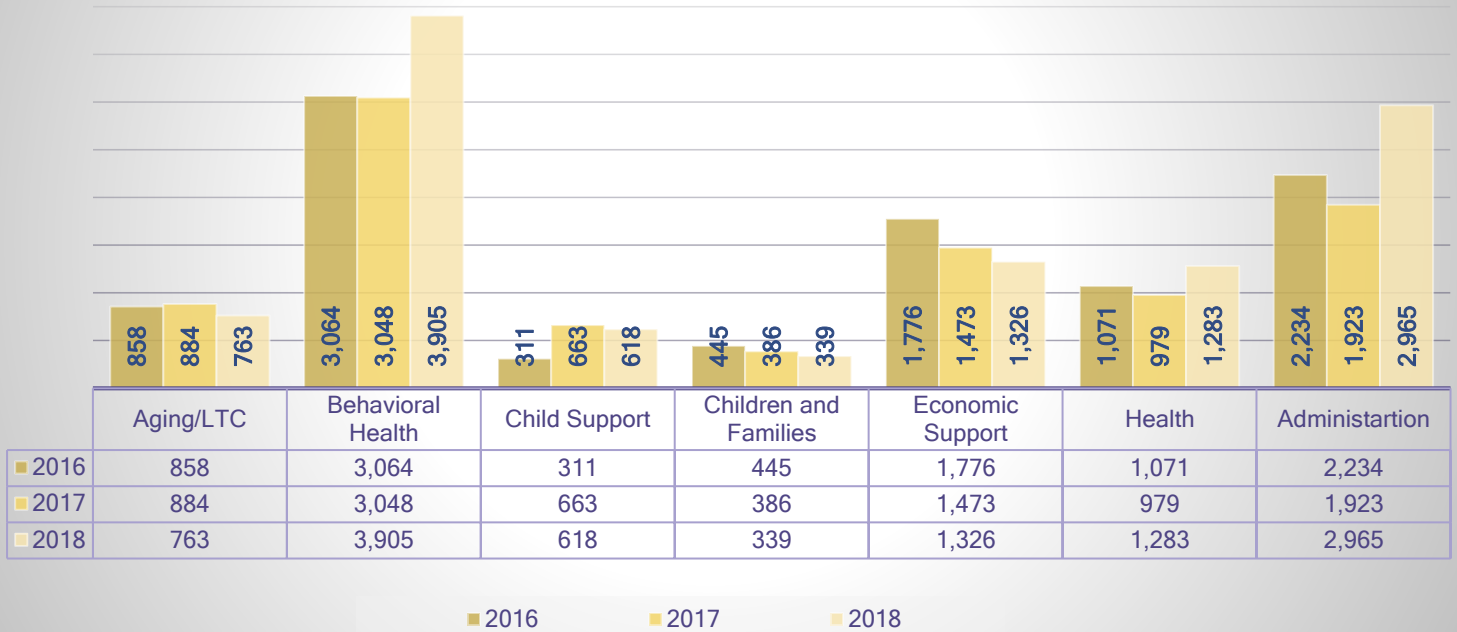
- Streamlining our billing process in Avatar.
- Billing all programs and Posting Payments in Avatar
- Continued to learn and utilize more of the components Avatar has to offer
- Utilizing and maximizing funding resources
- Continued improvement on capturing the maximum Revenues through Insurance, WIMCR, and Grants.
- Ongoing implementation of paperless systems

ADMINISTRATIVE STATISTICS

Public usage of Health and Human Services continues to be at high demand. Below are two comparison graphs displaying walk-ins and phone call contacts to the agency. The administrative and fiscal department are often the first contact with HHS. We offer a friendly welcoming hand-off to the appropriate department that will meet the consumer's needs. The administrative and fiscal department continues to adapt to evolving demands, and help ensure consumers have access to needed and appropriate services.

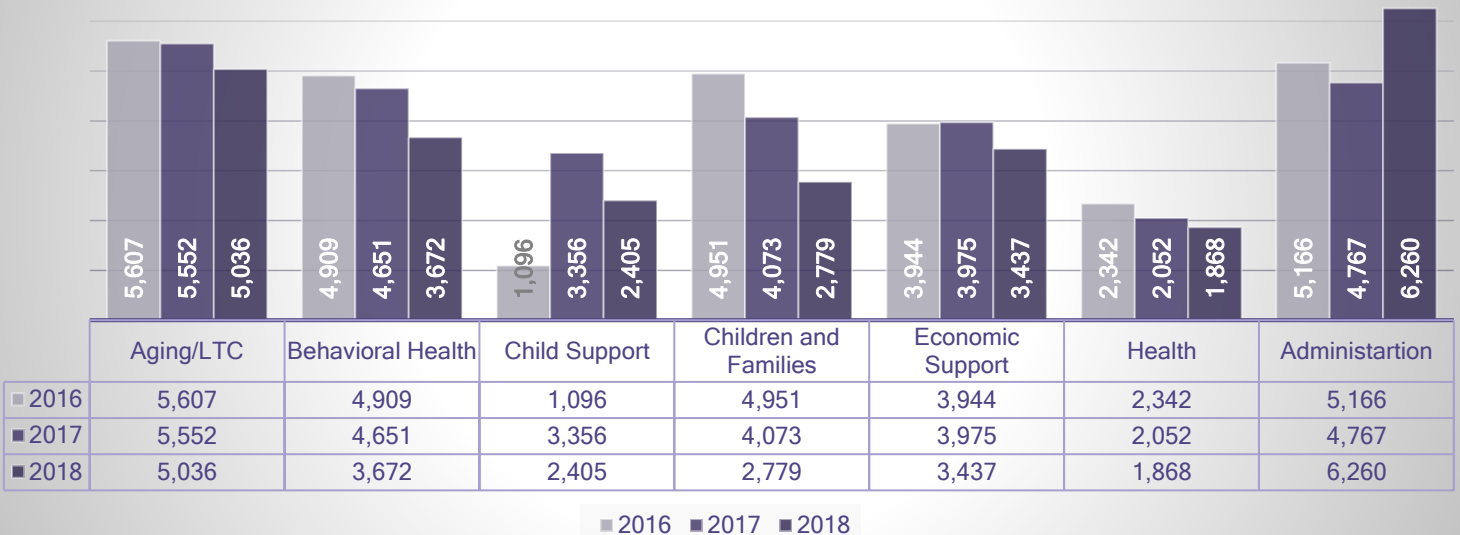
Agency Walk-Ins

3 Year Comparison



Agency Phone Calls

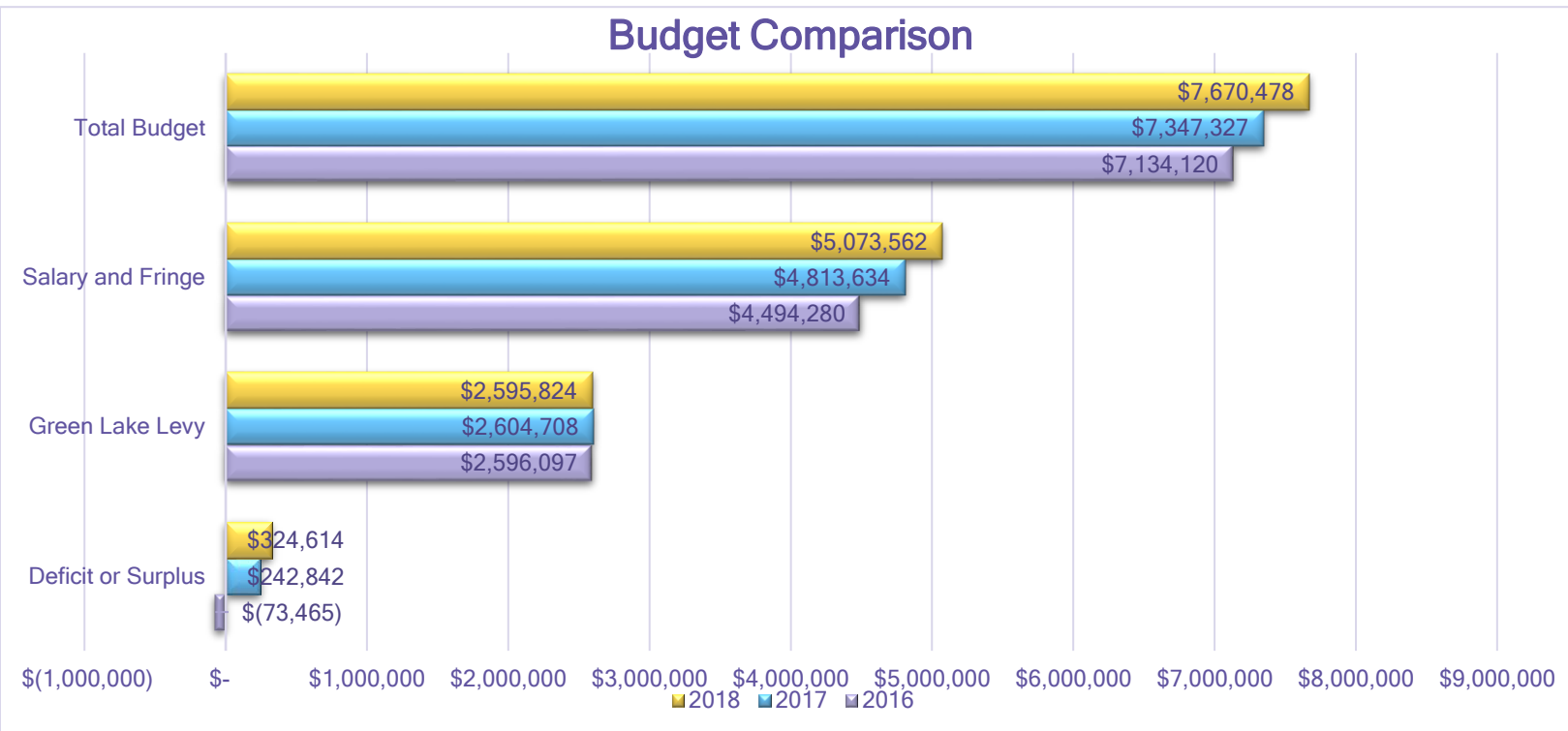
3 Year Comparison



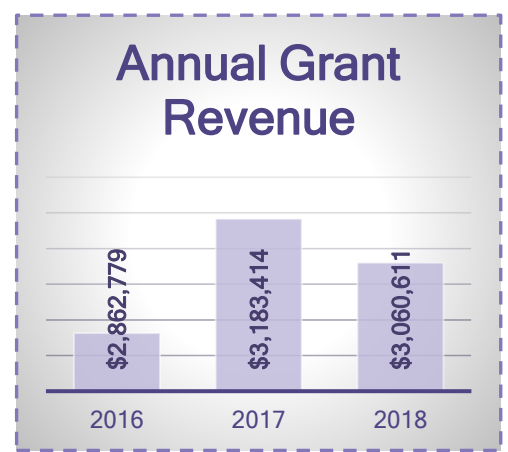
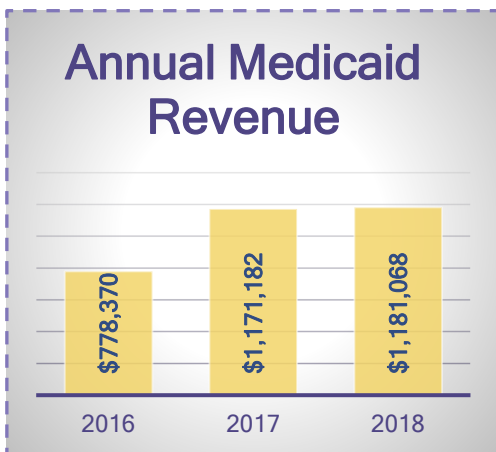
*Children and Families Call Decrease in 2018 is in part due to staff getting work cell phones allowing clients to contact Social worker directly.

FINANCIAL STATISTICS

The financial staff within the administrative department has also been effected by the high demand in Health and Human Services consumer needs. As the demand for services rise, the financial staff have to work hard to utilize all available funding resources to provide quality services for an affordable price. As the demand rises, billing services continue to grow, putting pressure on the financial staff to accumulate as much revenue as possible to support our programs. In spite of the budget shortfalls in 2016 we were able to financially report a surplus for Health and Human Services in 2017 and 2018.



**2018 Surplus Figure Estimated as revenues have not all been received*



Respectfully Submitted,

Kayla Yonke,
DHHS Financial Manager

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 2018, volunteers provided 1248.25 hours equal to **\$9,052.94** In-Kind match for Title III-B programs. (2017 - 1155.75 hours equal to \$8,957.06) 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 2018, 5718 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 1,242.75 hours in the Nutrition Program. These hours equal **\$9,009.94** 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 **\$16,834.01**.*

	2017	2018
Meals served at meal sites	6399	5718
Volunteer hours	1489.75	1242.75
In-Kind Dollars	\$12,508.06	9009.94
Congregate Meal Donation Dollars	\$21,772.50	\$16,834.01
Homebound meals delivered	15,193	18497
Homebound meal donation dollars	\$66,609.22	\$67,855.94

Homebound Meal Program (C-2)

In 2018, 18,497 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 2018 were **\$67,855.94.***

* Subject to Audit

Title III-D Program

In 2018, this program funding purchased four classes through the Green Lake County Health Unit. Four Grapevine Project programs, with 42 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, \$85,164.00 in 2018. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults were provided 14,442 trips in 2018 with 85.21 funding.

	2018	2017
85.21 State Grant funds received	\$70,970.00	\$69,578.00
Number of trips	14,442	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 every Tuesday from 10:00 am to noon. 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 2018, the Food Pantry served an average of 182 households, and 377 individuals per month. Each household was provided an average of 82.25 pounds of food for a month.

Food Pantry	2017	2018
Average households served monthly	205	182
Average number of individuals	450	377

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 fifty **Elder Abuse** investigations in 2018, with twelve 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 2018, there were 8 reports of abuse to **Vulnerable Adults**; four were substantiated.

	2017	2018
Elder Abuse Investigations	43	50
Elder Abuse Cases Substantiated	6	12
Vulnerable Adults Abuse Reports	6	8
Vulnerable Adult Abuse substantiated	3	4

Adult Protective Services/Guardianships

The Adult Protective Services Social Worker performed **ten** guardianship studies for adults in 2018. (2017 - 10) These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-one Protective Placement reviews were completed. (2017 - 37) 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 2018, there were 341 Open Cases, and 78.5 hours of training. Through these efforts, the monetary impact to Green Lake County elderly clients was \$2,568,419.00.

There were 1271 Information and Referral inquiries to the Aging Unit, 235 hours of Outreach Services and 13 hours of presentations at the various Senior Centers and meal sites.

	2017	2018
Elderly Benefit Specialist open cases	341	343
Hours of training	109.5	123
Dollars saved for elderly clients	\$2,568,419.00	\$2,480,030.22
Information and Referral Inquiries	1379	1381
Outreach Service Hours	291	292
Senior Center presentation hours	13	14

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 twelve caregivers in 2018 through this program. (2017 - 14 caregivers served)

Other Programs

The Senior Sentinel is a bi-monthly newsletter published by the Aging Unit and delivered to over 1000 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 2018, **175** 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. (2017 - 189 in attendance)

Alzheimer's Family Caregivers Support Program

During 2018, we received \$9,594.00 in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to four individuals who suffer from Alzheimer's disease. (2017 - \$9,594.00 for three individuals).

Supportive Home Care

Throughout 2018, ten individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc. (2017 - 1 individuals)

Respectfully submitted,

Betty Bradley

Aging/ADRC Unit Manager

BEHAVIORAL HEALTH UNIT

Green Lake County’s Community Health Improvement Plan (CHIP) continues to identify youth in crisis, trauma-related issues, and substance use disorders as critical issues affecting the Green Lake County population. The Behavioral Health Unit (BHU) offers an array of services that meet these needs within the community and across the lifespan. The BHU focuses on collaborative, comprehensive, strength-based services.

In 2018, the Behavioral Health Unit consisted of 11 full time staff and 3 part-time contracted doctors. Full time staff include a unit manager, four counselors, one program coordinator for the CCS/CLTS programs, one CSP case manager, one CCS facilitator, one crisis case manager, one psychiatric nurse, and one treatment court coordinator. Contracted staff include two part-time psychiatrists (child and adult specialties) and a part time psychologist who provides clinical supervision. All unit staff receive cross-training in several of the unit programs including the 24/7 on-call mobile crisis intervention services program.

In 2018, our services expanded to include a second school-based service location at the Markesan School District (in addition to the Berlin School office opened in 2016), and an adult Targeted Case Management program. During this year, the unit has focused on meeting community need related to the current opioid crisis as well as issues around youth mental health. The Behavioral Health Unit encompasses a comprehensive range of programs, collectively serving 923 county residents or approximately 5% of the population of Green Lake County representing a 1% increase since 2016.

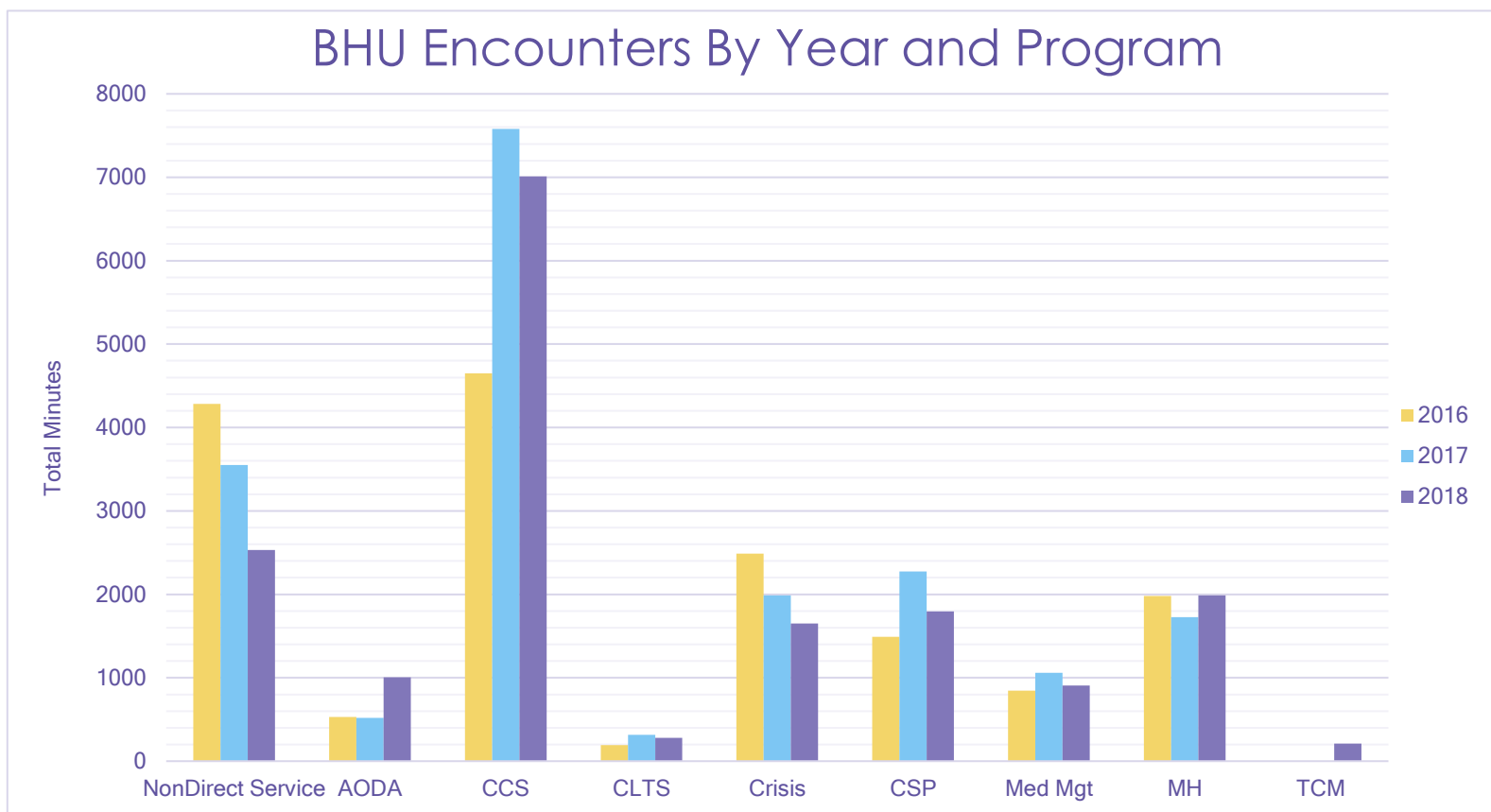


Figure 1-- Demonstrates encounters by volume across programs. Note that non-direct service time includes non-billable case management across programs. Data for Targeted Case Management is unavailable prior to 2018 as it is a new program

Outpatient Counseling and School Office

BHU providers take a whole-system approach to serving residents and understands how each aspect of a person's life can affect quality of life in others. Providers frequently collaborate with other programs within the unit, agency, and community.

During 2018, The Behavioral Health Unit served 644 clients across the outpatient programs (compared to 563 in 2017). Across our programs, we continue to see an increase in youth admissions. Doctors typically see clients within 2 months from request for services and often sooner as scheduling space opens up. Intake appointments with a therapist that are non-emergencies are 2-3 weeks out. Green Lake County has been designated a rural area with provider shortage in the area of psychiatric care. This wait time represents a significant reduction in wait, as many other areas with this designation report waitlists up to 6 months for psychiatric care.

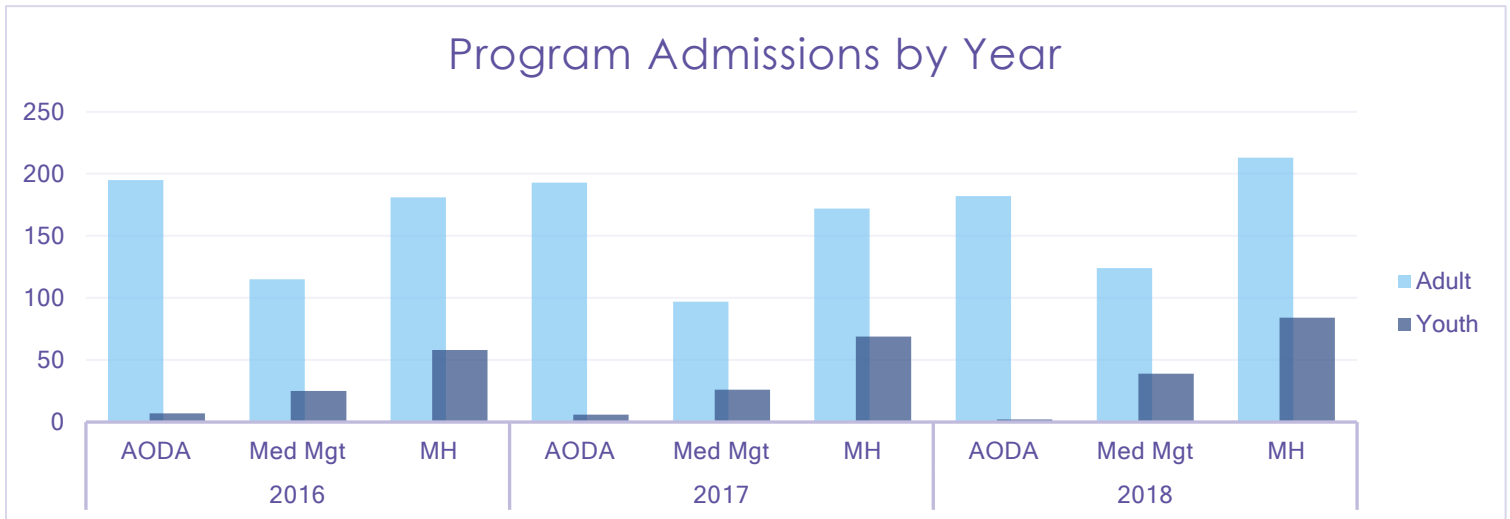


Figure 2- General trend points to growing admissions across programs, with significant increase in youth referrals.

Outpatient Clinic Highlights:

- ◆ In 2018, the BHU added a satellite office certified for a half day of service per week at the Markesan Middle/ High School. A satellite office, opened in 2016, already operates at the Berlin Middle School for 1 ½ days per week. The initiative serves youth in their school environment and reduces burden to rural families, who often identify transportation as a barrier to needed services.
- ◆ Through the joint efforts of the Behavioral Health Unit and Children and Families Unit, Green Lake County continues implementation of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based therapy model for youth who have experienced trauma or who identify issues related to adverse childhood experiences. Four therapists now offer this therapy model across home, school, and office-based settings.
- ◆ Substance use issues continue to pose a daunting challenge across public systems in Green Lake County and state-wide. In 2018, BHU began offering an array of treatment groups to meet the needs of those with intensive and/or co-occurring issues.

Community Support Program (CSP)

The CSP program provides intensive community-based services to people with severe and persistent mental illness who may otherwise require hospitalization or residential treatment. 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, and assistance with vocational rehabilitation. 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. CSP served 12 consumers throughout 2018, an increase of 1 consumer served since 2017.

CSP Highlights:

- ✓ Social opportunities are designed to offer peer interaction and facilitated social skills training, involving a combination of community-based outings and onsite activities. In 2018, CSP outings included mini golf, mindfulness, movie day, canvas painting, Green Lake County Fair, Green Bay Packers Hall of Fame, and the annual holiday party.
- ✓ Wellness Group serves clients in the Community Support and Comprehensive Community Services programs. The group includes psychoeducation and an experiential component for consumers to practice wellness skills and receive support from professionals and peers. The group represents a collaboration with the Public Health Unit and includes a rotation of topics including nutrition, home safety skills, exercise, and social skills development. The group received recognition by the CWHP regional consortium as a model for integrating services.

Comprehensive Community Services (CCS)

The Comprehensive Community Services (CCS) program is a strength-based consumer driven psychosocial rehabilitation recovery program. 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.

CCS provides community-based services, working to support people in their communities rather than in hospitals or residential treatments. 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.

In 2018, CCS served 59 consumers, an increase of 40.4% since 2016 (42 consumers served). 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. 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 2018, crisis intervention responded to **328** crisis calls (an increase of 10 calls since 2017). 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 Behavioral Health Unit adheres to the philosophy that when a counselor engages face-to-face with an individual, they develop an understanding of the individuals needs and can create a safe crisis response plan in the least restrictive environment. When determined that the most appropriate level of care is a psychiatric hospitalization, 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.

Effective supervisory support and routine triage of crisis calls are essential ingredients to ensure efficacy of services including thorough follow up services 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.

Crisis service linkage and follow up services support continuity of care, provide critical and timely interventions for stabilization and service referral as well as offer support in navigating complex systems of care. In the BHU, a full time crisis case manager coordinates linkage and follow-up for individuals involved with the crisis system through both voluntary and involuntary services.

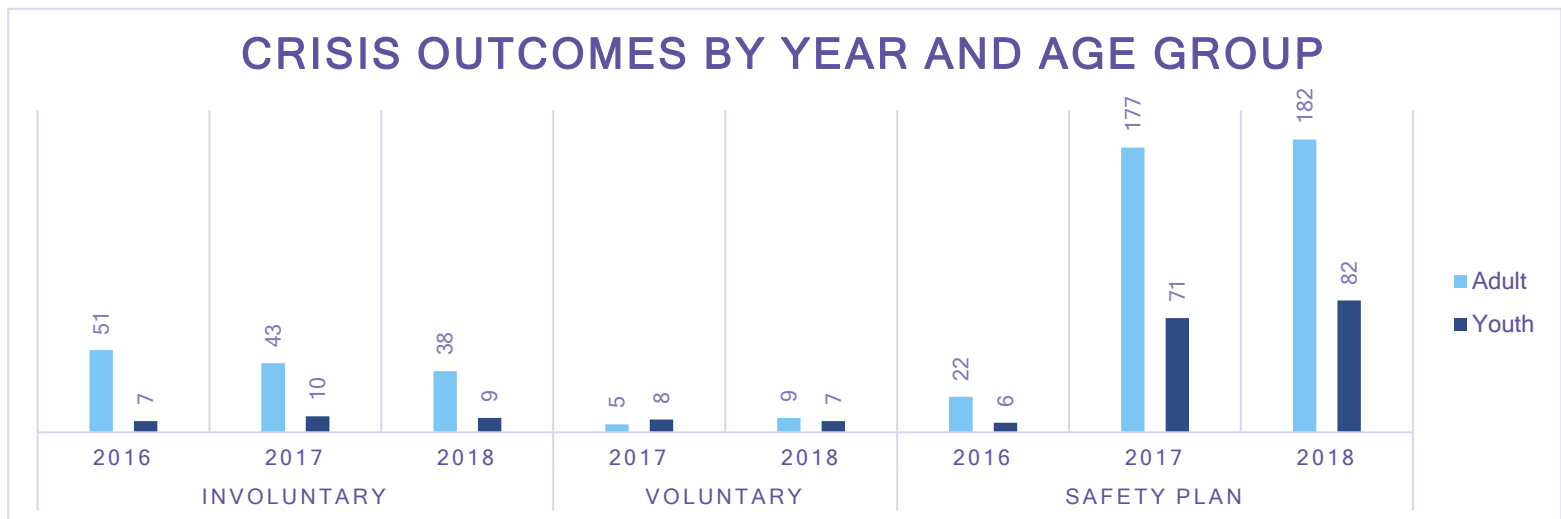


Figure 3- Data indicates a consistent decrease in hospitalizations over the past two years and an increase in community-based safety plans.

Crisis Highlights:

- The chart above highlights reduction in inpatient hospitalization over the past two years. Due to the efforts of the crisis staff, more individuals received less-restrictive, community-based care and the county experienced a 64.5% reduction in inpatient costs from 2017 to 2018.
- In order to provide effective crisis response in the least-restrictive environment, the Behavioral Health established a Crisis Stakeholder team to reach across systems and enhance community partnerships. This team has met three times in 2018.

- 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. Green Lake County participates in a regional partnership awarded a grant to pilot a program for in-home mental health stabilization services wherein a team of professionals respond to a home and help a family manage and diffuse crisis situations when a psychiatric hospitalization is not necessary for treatment and safety reasons.
- In 2018, a multi-disciplinary team including BHU staff, the county coroner, and staff from other Health & Human Services entities received certification in Crisis Debriefing. This service works in the community or subsection of the community or may be used with smaller groups of professionals to assist in preventing secondary traumatic stress.

Treatment Court Program

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. The treatment court accepted its first participant in October 2017. In 2018, the treatment court accepted five more individuals into the program. Five participants currently participate in the program. One individual was terminated from the program for behavioral violations.

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). Families develop a person-centered ISP together with their caseworker in which they identify specific supports that are not ordinarily covered by Medicaid. Examples of supports include: accessible home modifications, sensory supplies/ therapeutic aids, respite care, and service coordination.

In 2017, the State of Wisconsin announced the dissolution of the CLTS waitlist. This requires counties to develop strategies to service families presently on the state-wide waitlist. The BHU presently maintains one case worker who is dually trained in CCS and CLTS service coordination as well as unit manager who is certified in waiver services. The program has certified an additional case worker through Public Health in order to increase capacity to meet these new requirements. At the start of 2018 there were 10 families enrolled in CLTS. As the waitlist elimination process began enrollment increased to 16 families. The numbers reflect some families leaving the county or leaving services, others transferring in and families enrolled off the wait list. We have completed the 2018 portion of the waitlist elimination process and there are 4 families who remain waiting for CLTS services. These families were identified after the waitlist elimination plan had begun. We will continue to enroll one family each month until our waitlist number is at zero, which should occur in April 2019.

Targeted Case Management (TCM)

In 2018, Behavioral Health added a Targeted Case Management (TCM) program tier. TCM is a Medicaid-funded case management program that offers support to individuals with mental health or substance abuse issues who may benefit from case management at a less intensive level or as a step-down from more intensive program option. TCM has historically been offered outside of BHU for other target populations. Behavioral Health has enrolled 8 individuals in TCM since beginning the service in June 2018.

Behavior Health Unit 2019 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 2019 that build our capacity to provide innovative, community-based services and improve outcomes for individuals, families, and communities:

- AODA program expansion & treatment court implementation
- Central Wisconsin Health Partnership
- Wellness Coalition Mental Health & Substance Abuse / Community Health Action Team
- Dementia Capable Systems
- Youth Crisis Stabilization collaborative
- AODA and Mental Health Awareness and prevention
- Crisis Debriefing/ Critical Incident Stress Management Initiative
- Children's Waiver Waitlist Dissolution
- School Transformation Advisory Committee/ Children At-Risk Program
- Avatar/ Electronic Medical Records Transition

Respectfully Submitted,

Nichol Grathen, LPC
Behavioral Health Unit Manager

CHILDREN & FAMILY SERVICES UNIT

The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), and the Juvenile Court Intake Worker, three (3) Dispositional Social Workers, a Medical Assistance Targeted Case Management Social Worker, the Community Response Social Worker, an In-Home Therapist and Coordinated Services Team worker.

2018 was a year that there was staff stability. There were no vacancies albeit the unit continued to experience staff shortages due to medical leaves of four (4) staff spread throughout the year.

During the 2017/18 academic year and the fall semester of 2018, the unit hosted two (2) interns from the University of Wisconsin-Oshkosh.

The Unit staff continued to engage in several 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 and into 2018 was the continued development of the Child at Risk (CAR) program and school-based wrap-around services. Agency Court staff began the process of learning and using eFiling for Court paperwork.

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 2018.

Access/Child Abuse Neglect/Child Welfare

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 512. Of these, the Unit received 279 reports of Child Abuse/Neglect. 91 reports were screened in for a response from the Initial Assessment Worker. 188 reports were screened out. The screened in reports had a total number of 146 children that were identified as potentially being child victims. The total victims in all reports was 403. The screened in reports by maltreatment type were 40-Physical Abuse; 39 -Neglect; 13 -Sexual Abuse; 4 -Emotional Abuse and 5 - Unborn Child Abuse. 233 Service Reports were received. Of these, 209 were screened in. These were comprised of 131 Child Welfare Reports, 68 Juvenile Justice Reports, 4 new Kinship Care applications, 2 for court ordered studies-adoption related, and 1 re-open closed case and 0 for drug affected Infants. Not reflected in these numbers are Inter-State Compact referrals. Our agency received no new Inter-State compact reports; however had two cases that remained open from 2017.

	2018	2017	2016
Number of Access Reports	512	450	433
Number of Child Abuse/Neglect Reports	279	265	282
Number Screened in	91	91	88
Number Screened out	188	174	194

Types of maltreatment			
	2018	2017	2016
Physical Abuse	40	36	39
Neglect	39	56	59
Sexual Abuse	13	29	24
Emotional Abuse	4	3	0
Unborn Child Abuse	5	6	7

	2018	2017	2016
Service Reports Received	233	184	151
# Screened	209	171	128
Child Welfare Reports	131	125	66
Juvenile Justice Reports	68	38	48
Kinship Care Applications	4	2	10
Court Ordered Study	0	0	2
Adoption Related	2	2	1
Re-open closed care	1	3	1
Drug Affected infants	1	0	1
Inter-state Compact	0	3	0

Juvenile Court – Delinquency/Youth Justice

In 2018, the Department of Children & Families started a new module in the State Automated Child Welfare System to enhance the tracking of the Youth Justice Population. Green Lake County DHHS applied to be advanced users of this module.

In 2018, Juvenile Court Intake received sixty-eight (68) new referrals. This is up by, 30 referrals since 2017 which only saw 38 new referrals.

No (0) new youth were placed in the Severe Juvenile Offender Program in 2018. No adult court waivers were filed. No (0) youth were placed in residential care facilities.

One (1) summer group was held in 2018. This year, two (2) staff from the Green Lake County DHHS collaborated with a Behavioral Health Unit staff to facilitate the Boys group. The youth that engaged in the Summer Youth Program participated in Equine Therapy through Living Anew Farms. Five (5) males participated and completed the group. Additionally they participated in group therapy activities that 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”. Four (4) youth participated in this curriculum both in-group and one-to-one. The following are the totals for the past several years: 2018 - 4; 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

Six (6) youth were on electronic monitoring in 2018. This consisted of four (4) males and two (2) females. Eleven (11) youth were on monitors in 2017. The Agency has loaned one (1) monitor to Marquette County who in turn reimburses Green Lake County for their use.

Parenting

The Family Training program provided services to twenty (20) families with a total of forty-six (46) children in 2018. Of these children, four (4) families had children who were in out of home placements. They provided both parent training and education, parent aide services and in-home therapy. In 2018, 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.

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.

Sixty-eight (68) child/youth teams (TCM/CST/CCS) were active at the end of calendar year 2018. 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. One (1) additional facilitator carries a limited caseload. 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. In 2018, program expansion started with a second school district. A MOU has been signed with the District and staff assigned.

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 2018, six (6) children were placed into non- relative foster care. Six (6) children were in treatment foster care. Five (5) children were placed in relative homes, which were licensed as foster homes. Nine (9) children were placed into court-ordered Kinship Care.

The total unduplicated count of children placed outside of their parental home(s) under court orders(s) was thirty-one (31) children.

The number of subsidized guardianships was five (5) in 2018.

In 2018, five (5) 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. These two (2) cases were subject to re-TPR Hearings in 2018.

In 2018, fourteen (14) children were in voluntary Kinship Care placement(s). Four (4) cases closed during the year.

The total of all children placed in either voluntary or involuntary removal from their parental homes in 2018 was forty-five (45).

A continuing trend of note in 2018 was the rising number of children placed outside of their parental homes due to substance abuse of the parent(s). Thirteen (13) of the children in court ordered placements were removed due to opiate/opioid abuse or alcohol abuse. Two (2) of the adolescents in placement are there due to addiction issues as well as delinquent behaviors. Ten (10) 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.

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, Marquette 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 that developed/facilitated the Community Response grant awarded by the Child Abuse and Neglect Prevention Board. The three-year grant cycle will end in June 2019. The program services Green Lake, Waushara, Marquette and Adams County. Three (3) staff that work the program bill for Targeted Case Management whenever possible. In 2018, three hundred thirty-three (333) cases were referred to the four-county consortium. One Hundred Four (104) families engaged in the program. The Green Lake/Waushara County staff handled specifically outreached two hundred six (206) of the three hundred thirty-three (333) referrals. Fifty-eight (58) of the one hundred four (104) families that engaged in the program were serviced by the Green Lake/Waushara staff person who is a Green Lake County employee.

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 Unit also contracts for parenting services.

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 2018, twelve (12) children were served. The number of females served was nine (9) and the number of males was three (3). Other children receive mentoring services through Pillar & Vine and the Berlin Boys & Girls Club.

Prevention/Education

Children & Family Services Unit staff have presented public presentations in the community on agency services and programs as well as training topics to groups. Presentations have been on the topic of child abuse and neglect, shaken baby syndrome and community service as well as 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. In 2018, due to inclement weather (extreme cold/snow) the participation in the walk/run was down to 19 (nineteen) adults and three (3) children.

From October to December 2018, unit staff coordinated the annual Angel Tree Christmas giving program along with other community partners. One Hundred and Eleven (111) of families were provided gifts in 2018 with two hundred sixty-nine (269) children being served. In 2017, One Hundred Three (103) families were served with 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. The County currently has six (6) homes licensed of which the majority are relative homes.

Respectfully submitted,

Susan Sleezer

Children & Family Services Unit Manager

ECONOMIC SUPPORT UNIT

~ Providing and Coordinating Resources to Strengthen Families ~

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

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

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 56,411 cases amongst the 9 counties.

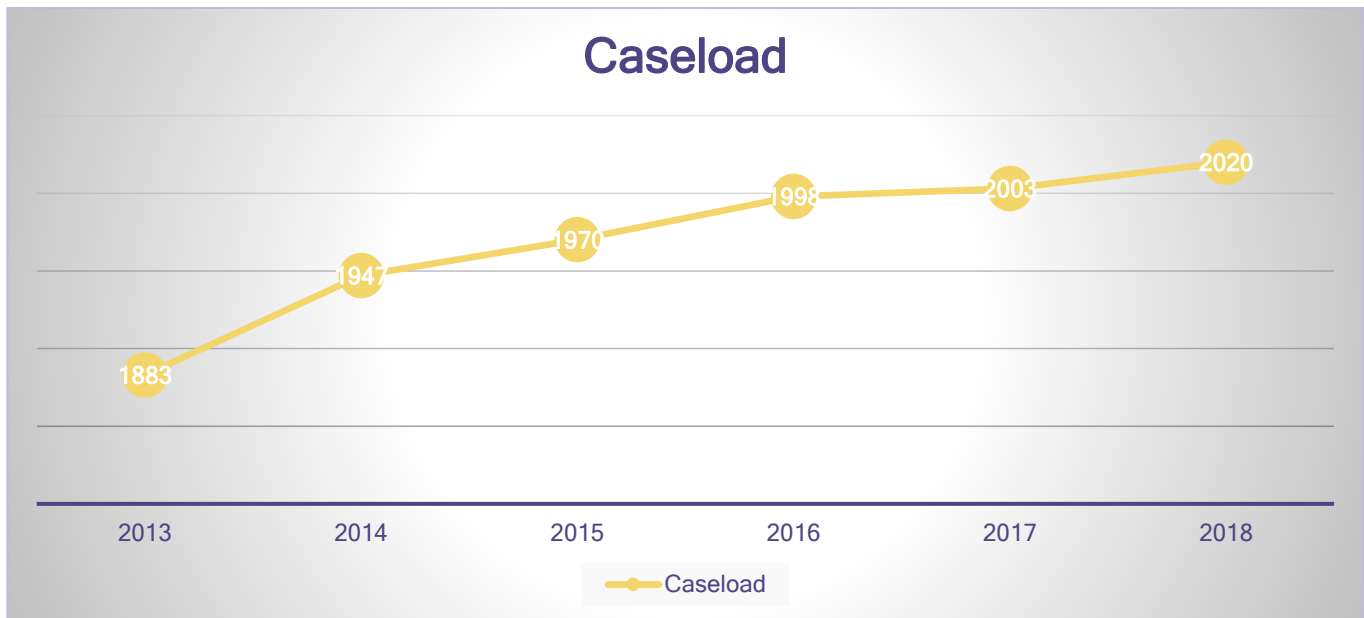
The 2012 Mandate also required Consortia to create Call Centers (CCA) to better serve our caseloads. Each county is ECIMP is responsible for “staffing” the CCA. Green Lake County is scheduled 65 hours per week in the Call Center. However, the time scheduled increases as the call volume increases. With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



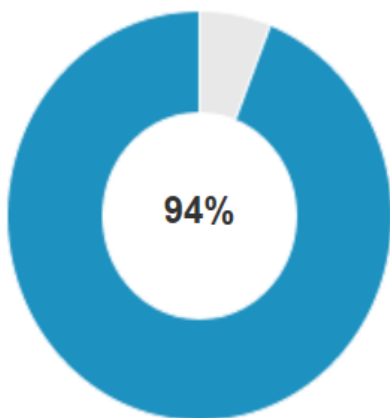
ECONOMIC SUPPORT PROGRAMS

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

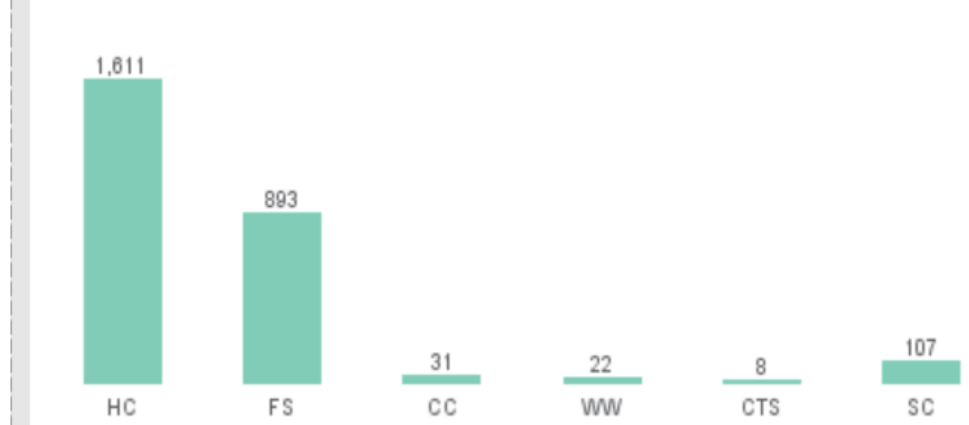
The Economic Support services are necessary to meet an emergency need such as homelessness or medical needs. Each program serves a specific population and has different income guidelines and requirements. The self-sufficiency of Green Lake County households and individuals is the program goal. The number 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.



Active Cases with One or More Program



Active Cases by Program Breakdown

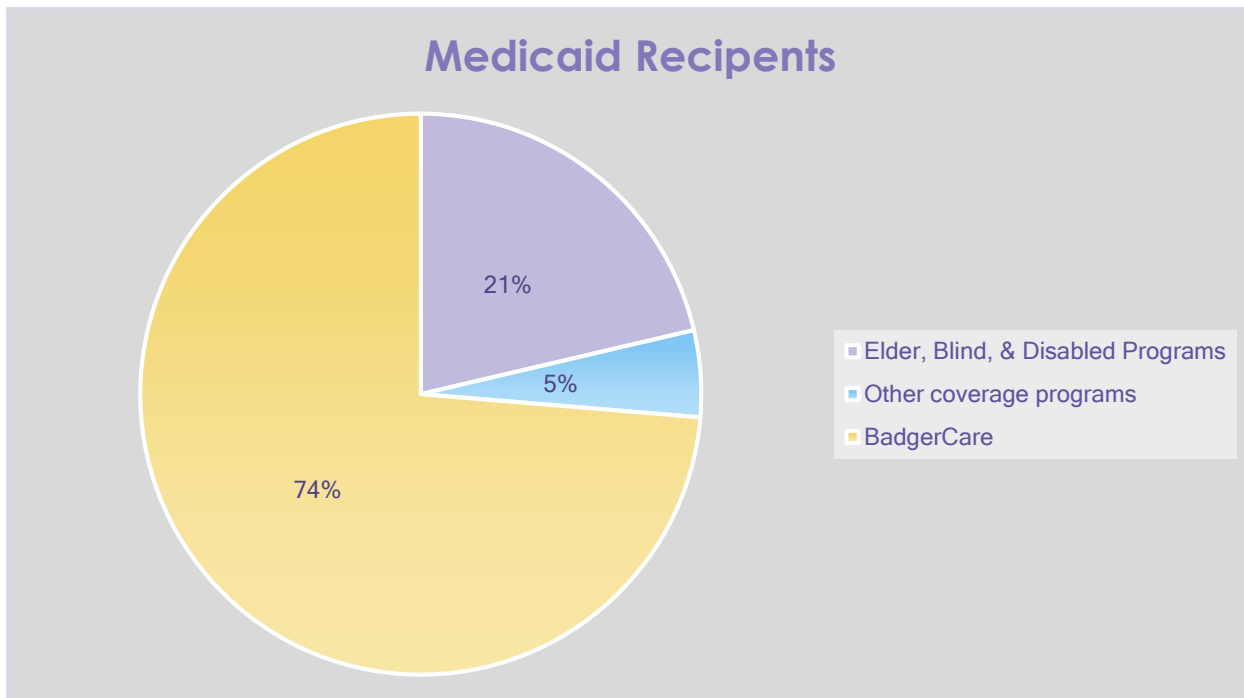


Requests for program assistance are made by contacting Green Lake County Health & Human Services and speaking to the intake worker or by coming into the agency. Customers may also use the ACCESS website at www.access.wi.gov to learn about the programs, apply and update their status online. Customers 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 2018 was 899 households (1,772 recipients). \$1,879,349 in total Food Share benefits was distributed to Green Lake County in 2018.

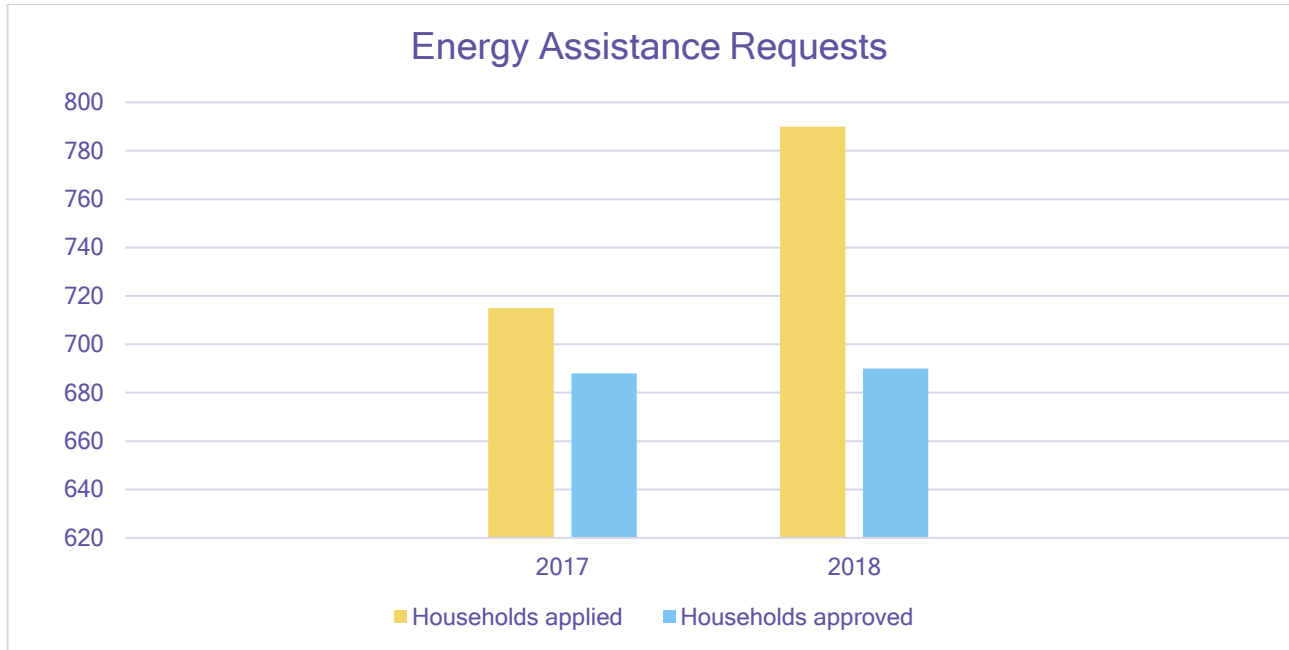
Wisconsin Shares-Child Care

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 2018, the monthly average of families receiving assistance was 31 households / 48 children.

Energy Assistance

A program that provides a onetime payment during the hearing season to low income customers who need help paying their heating costs. The energy payment is made directly to the fuel supplier. In 2018, 790 households applied, 690 approved, and \$368,787 was the total paid out in Energy Assistance benefits. In 2019, are requests for Energy Assistance are up by 20%.



The Energy Assistance program also helps households with repair and/or replacement of their furnace. This service is contracted with our Weatherization provider, Advocap. In 2018, we repaired 9 furnaces and replacements 6. \$22,650 was the total paid out to this benefit.

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, we partnered with the Boys 'n' Girls Club in Berlin. With their partnership we were able to provide 278 children with school supplies. Thanks to the Webster Foundation and the Oshkosh Area Community Foundation we were able to help all of those children, with athletic shoes.

Operation Backpack continues to thrive with the support of the Green Lake County community. This year Green Lake County has decided to partner with the Boys 'n' Girls Club with this event. The goal is a larger outreach to more children in need.

Respectfully Submitted

Shelby Jensen
Economic & Child Support Unit Manager

CHILD SUPPORT

~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 and a Unit Manager make up the Child Support Unit for Green Lake County.

The Green Lake County Child Support Unit has 1043 cases. 87.64% of those cases are participants that are receiving some assistance that require the Child Support Agency to enforce support orders. These assistance programs may include: Medical Assistance, Child Care, Wisconsin Works, and /or children in Foster Care or Kinship Care services.

Federal Fiscal Year (FFY) 2018 Green Lake County Child Support collected \$12,113,486 in Child Support. 6% more than FFY 2017.

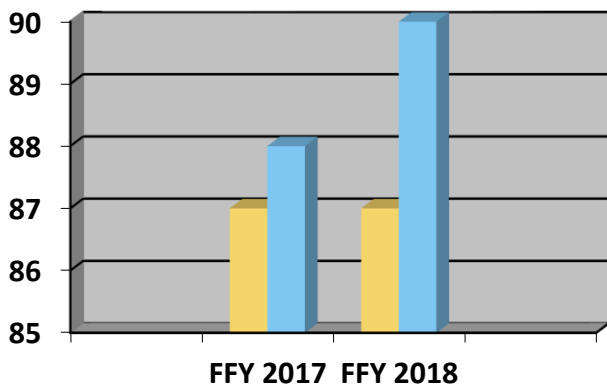
2018 Green Lake Child Support Performance

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

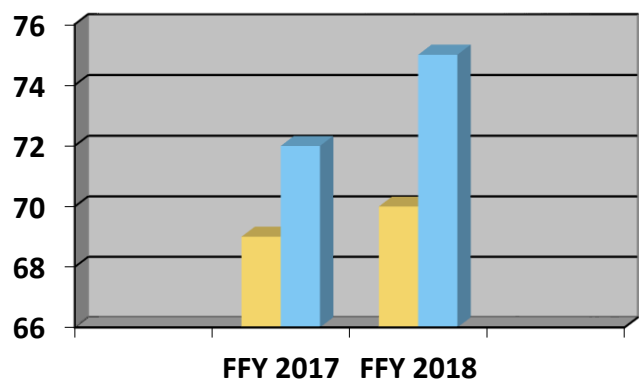
The following charts represent the percentage rates of the four Federal Performance measurements Statewide versus Green Lake County for the last two Federal Fiscal years. (FFY)

Note: The two years represented in the charts below encompass the performance of the Child Support Agency after their move to Economic Support in the Department of Health and Human Services.

Court Order Establishment Rate



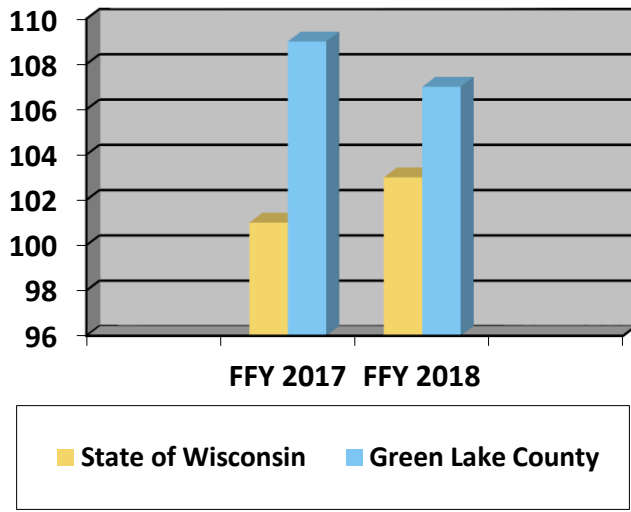
Arrears Collection Rate



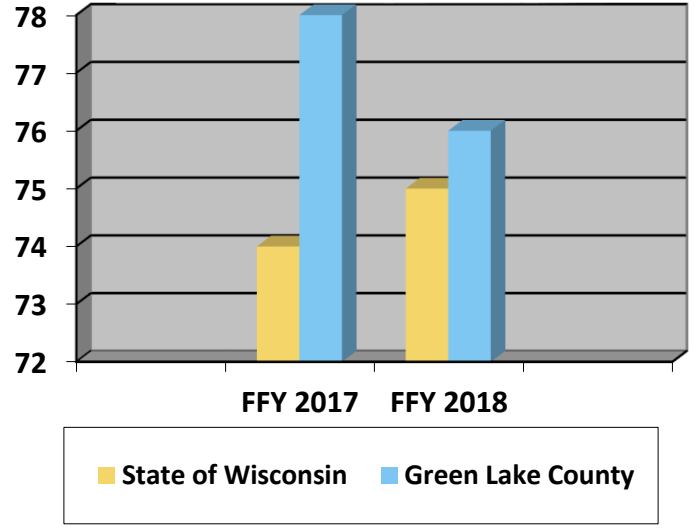
■ State of Wisconsin ■ Green Lake County

■ State of Wisconsin ■ Green Lake County

Paternity Establishment Rate



Current Child Support Collection Rate



Looking to 2019

Child Support will continue formulating our scanning procedures into Laserfiche, an electronic case file system, of our current paper files. All currently open Child Support files, will be scanned into Laserfiche in 2019.

Child Support has been given additional tools and reports to help view the caseload and enhance performance. We will begin utilizing these additional tools and reports to continue to increase our performance in Child Support.

Respectfully Submitted,

Shelby Jensen
Economic & Child Support Unit Manager

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/Supportive Home Care 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 settings 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, a Managed Care Organization. FRI also works with GT Independence and iLIFE, each of whom handle self-directed Family Care consumer benefits through the IRIS (Include, Respect, I Self-direct) program. 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 due primarily to developmental disabilities, mental illness, or learning disorders. This department consists of a 40 hour/week SE Coordinator, a 35 hour/week Program Aide (skill instructor formerly called a job coach), and 4-6 hours per week from another Program Aide shared between several departments. Supported Employment services have evolved considerably over the last several years. In Wisconsin, the emphasis now is on three target groups:

1. High school students with a disability
2. Long-term support (LTS) persons with disabilities who will require long term services to maintain employment
3. Direct Placement individuals who require assistance developing the skills needed to find and maintain jobs and provide their own accommodations

Services to these three populations are initially funded on a fee for service basis through the Wisconsin Division of Vocational Rehabilitation (DVR), with most of the services actually happening *prior* to the actual job placement. However, only qualifying members in the LTS group (#2 above) are eligible for Family Care and the accompanying long-term funded supports, which can include skill instruction (formerly known as job coaching), and other long term employment related training.



The recent state focus on consumer independence has changed the landscape of SE services. The traditional model of job coaching a consumer through years of extended services still exists for those individuals who are not capable of becoming fully independent in their jobs, but long-term care funding for services to this target group is limited to Family Care eligible consumers. For students (group 1 above), direct placement job seekers (group 3 above), and non-Family

Care eligible LTS job seekers (part of group 2 above), the emphasis continues to focus on developing natural supports by training coworkers at the employment site rather than providing long-term job coaches. While this approach itself is not new, the populations that fall under non-funded long-term SE services (mainly groups 1 and 3 above) continue to grow rapidly. With no long-term funding available for most SE employment candidates, it is imperative that FRI SE gets the match between employer needs and employee candidate skills correct at the outset.



In 2018, the FRI SE Services Coordinator has had success in carving out these employer/employee matches, as well as convincing employers that SE employment candidates do in fact represent a good long-term business investment. While there is a tremendous amount of time and effort that goes into the SE Job Development process prior to an actual job hire, experience has taught us that, if we get the initial employer/employee match right, we usually see long-term success for the individual placed in the job setting.

The demand for community based jobs, and the SE services needed to match qualified employees with these jobs, has remained strong. In 2017, over 40 consumers held integrated community jobs at more than 20 different employers, 15 new jobs were secured, and over 30 consumers received job development, retention, or assessment services. In 2018, 23 individuals received SE Job Preparation/Search services, 28 individuals received SE Job Retention services through 27 different employers, and ten new jobs were created. Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely, albeit on an intentional fading basis, for individuals receiving SE services, even after initial DVR funding is exhausted. FRI currently has 11 SE consumers who have long-term funding in Family Care.

Students, LTS job seekers and direct placement job seekers are assessed in order to determine the specific SE services each consumer needs to find, and then maintain, the right job for them. These services can include short or long term assessments, career search, job preparation (resume/cover letter/reference development), job search, job shadows, employer tours, informational interviews, work trials, vocational training, job and task analysis and skill instruction (formerly called job coaching). Each individualized service is now paid by DVR on a fee for service basis.



Based on the current DVR fee for service format, monthly SE data will now begin to reflect a lower number of employees receiving skill instruction (job coaching) directly from FRI SE, a higher number of individuals receiving more of the above-mentioned alternate FRI SE services, and a higher number of employers receiving FRI SE services, as services to

employers now include training of co-workers and supervisors, who will provide much of the accommodation and natural supports their workers need to maintain their successful employment outcome.



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 adherence to personal appearance/hygiene guidelines.

FRI completes a wage survey annually to determine commensurate consumer wage rates based on the wages actually paid at other employment sites in our service area for the same type of work done by non-disabled employees with at least one year of experience. This method ensures that our consumer compensation rate is comparable to local industry rates for the same type of work. Federal and State special commensurate wage certificates are issued as a result of these wage surveys, with each license expiring in alternating 2 year cycles, at which time FRI reapplies for another two-year term. Extensive, detailed time studies are created by the Production Supervisor for each step of every job. Each work step is then performed by staff members or experienced consumers while being timed. This process determines what work rate represents 100% productivity. Once we have the prevailing wage rate and the work rate representing 100% productivity, we are able to enter these values into our payroll program to create an accurate, equitable piece rate compensation system for all of our consumers. Essentially, each consumer is paid according to their productivity, with a 100% work rate being compensated at the prevailing hourly wage rate (currently \$12.03/hour).

In 2018, 57 individuals received center-based pre-vocational services at FRI: 37 full-time, 20 part-time. In addition, FRI hired 15 seasonal employees throughout the year to assist in corn processing. Another four individuals were on the FRI payroll and contracted out to various employers throughout the year, for a total of 76 W-2's being processed through FRI payroll in 2018. FRI had 74 W-2's in 2017. FRI currently has three production area Program Aide positions supervising 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, Nelson-Miller Inc. (formerly 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. Combined FRI production revenues (excluding



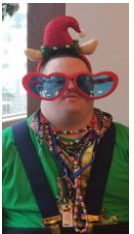
corn) have been increasing. In 2016 those revenues were \$85,426, in 2017 they were \$88,134, and in 2018, \$108,363. FRI continues to sell cob corn squirrel feed to Fleet Farm, Havegard, Javic Wholesale (for Steins Garden and Gift), Wisconsin Garden and Pet Supply, Berlin Kitz, & Pfeil Hardware, Reinders, and several smaller outlets in the Green Lake County area. Squirrel corn business was strong in 2018 with total sales at \$172,000. In 2017 corn sales were approximately \$189,000, and in 2016 they were at \$187,000. In our pressroom, we continue to print for many of the Green Lake County offices, and other smaller jobs in the community. Combined printing revenues (Green Lake County jobs and community jobs) were \$14,647 in 2016, \$11,470 in 2017, and \$18,407 in 2018.

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 integrated community employment placement for everyone. The overall effect of WIOA has been a reduction of incoming consumers aged 25 and under 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, as well as a sharp increase in demand for Supportive Home Care (SHC). FRI is reacting to these trends and adjusting staff levels accordingly.

Adult Day Services Program



Adult Day Services (DS) programming at FRI promotes community inclusion and independence for adults with disabilities. 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. FRI also provides access to medical care providers and shopping opportunities for personal care needs. Our goal in DS is increased community involvement and greater independence for all program participants.



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 DS programming. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and YMCA 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, a local area library, and the animal shelter in Green Lake.



Three CNA licensed Program Aides, a Teacher, and a Services Coordinator currently staff our Day Services Program. In 2018, FRI Day Services programming was provided to a total of 55 consumers. 48 individuals spent time in both PV and DS, while seven consumers were served full time in DS. DS hours are 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. The 5310 federal grant program covers 80% of the cost of the vehicles, with the funding designated to the states, in our case through WisDOT. DSI pays for any requested vehicle upgrades, and Green Lake County pays the remaining local 20% match. 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 non-emergency medical, educational, or social functions. These two entities pay their own 20% local match for 5310 vehicle acquisitions. 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 were delivered in spring 2018. These vehicles each have a value of \$62,000. DSI was also awarded two minivans valued at approximately \$33,000 each, one for SGLCST and one for BSC. DSI also wrote for the Operating Expenses in 2016 grant and was awarded \$47,493.



In 2017, DSI was also awarded a 5310 grant for Operating Project expenses in the amount of \$60,453. This is the fourth year DSI has applied successfully for this grant. 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, FRI, BSC, SGLCST, and Green Lake County be maintained status quo due to the continued success of all entities in providing quality transportation services to elderly and disabled passengers.

In 2018, DSI applied for two mini buses valued at \$51,000 each, and \$87,008 in Operating Program funding through the 5310 grant program. Both applications were successful, with both vehicles and 85% of the Operating fund request (\$73,956) to be awarded in 2019.

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 2017, DSI vehicles at FRI alone provided almost 22,000 passenger rides and logged over 100,000 miles. In 2018, DSI vehicles at FRI provided 23,990 passenger trips and logged 124,772 miles. BSC averages about 2000 passengers and 15,000 miles per year with their van, and SGLCST averages about 1000 passengers and 22,000 miles per year per van, and they operate two vans. Both of these transportation service providers rely on DSI to write the 5310 grants to provide the needed vehicles. FRI currently has a 40 hour a week Lead Bus Driver to handle vehicle and building maintenance, vehicle inspections, route schedules, and WisDOT reporting. This individual also helps out in production as needed.

Our FRI fleet currently serves individuals living in Green Lake, Fond du Lac, Marquette, Winnebago, and Waushara counties. Transportation service expenses are included in the Prevocational and Adult Day Services Family Care billing rates. Transportation service expenses are billed separately as a fee for service for non-Family Care program participants.

Representative Payee Services

In 2009 FRI added Representative Payee Services to its program. This collective account, administered and run through FRI, currently serves 86 consumers and receives frequent new referrals. This program employs one full-time Representative Payee Specialist with assistance from other department staff as needed. Program participants receive monthly benefits from the Social Security Administration (SSA) via direct deposit into the collective Representative Payee account. SSA Representative Payee regulations must be followed and the program is monitored through SSA audits every few years. These direct deposit SSA benefits are then applied to each member's individual account. Our program then budgets each account, cutting checks, paying bills, and handing all financial transactions to ensure each member meets their monthly financial obligations. 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.



Supportive Home Care Services:

In 2016, FRI also began providing Supportive Home Care services to Family Care consumers who need assistance with basic needs like grocery shopping, going to doctor appointments, and cleaning/cooking. Demand for this Care Wisconsin funded service is growing rapidly, and we added a Program Aide in 2017 to provide this service and assist with Representative Payee services duties to help meet this demand.



Administration

Administrative duties at FRI are handled by a 40 hour/week Secretary/Bookkeeper, a 40 hour/week Unit Manager, and part-time assistance from the Green Lake County Financial Manager.

Summary

Fox River Industries, through the various services it provides, touches the lives over 200 individuals in Green Lake County and the surrounding area on a daily basis. In 2018, 57 consumers participated in Prevocational and Adult Day Services, over 30 consumers worked at 27 different integrated employment sites, approximately 100 consumers received Representative Payee services, and 15 production employees (often at-risk populations) worked as seasonal employees on our corn line, many of them full-time. Additionally, 15 consumers received Supportive Home Care services. At Fox River Industries, 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 the Green Lake County Board of Supervisors.

Respectfully Submitted,

Ed Schuh
Fox River Industries Unit Manager



2018 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 communities, and safe environments.

Core Values:

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



Health Unit Staff: From left, Kathy Munsey, RN, Health Officer, Renee Peters, Birth to 3/Children's Community Options Program Coordinator, Melanie Simpkins, RN, MPH, Health Educator, Shari Krause, Public Health Program Specialist, Kari Schneider, RN, PHN, Julia McCarroll, MS, CHES, Health Educator, Allison McCormick, Environmental Health Specialist, and our new Public Health Nurse, Rachel Prellwitz, RN.



Public Health
Prevent. Promote. Protect.

Executive Summary

Implementing the **Community Health Improvement Plan (CHIP)**, was a key project in 2018. The CHIP, which was completed in December 2017 with five other counties, including Adams, Marquette, Juneau, Waupaca and Waushara and make up the Central Wisconsin Healthcare Partnership (CWHP) was definitely a focus area for the group. The overarching goal for our CHIP was to improve Health Equity. In other words, we need to look at the social and economic factors that influence health. Our CWHP history positioned us so we could apply for grant funds to impact this. I took the lead on this project and Family Health La Clinica agreed to be the fiscal agent if we were successful in our application to improve health equity. Much to our delight, we were one of five projects chosen by the WI Partnership Program to receive \$300,000 over the next 4 years. We are trying to infuse Health Equity into every one of our programs. The grant included hiring a Community Health Engagement Coordinator to work with the six health educators in the CWHP region to first of all assess where we are at with regards to having communities that provide fair opportunities for all to be as healthy as they can be. The WI Partnership is providing training and technical assistance and the six counties have made great strides in impacting the health priorities of mental health, substance abuse and chronic diseases. This work will continue into 2019 and beyond and we are very excited to have so many bright minds tackling these issues. As you read this report, you will see that public health includes WIC, dental services, communicable disease follow-up, immunization services, new baby visits, environmental investigations, beach safety, opioid and substance abuse, employee wellness, safe homes, lead investigations and much more. We have partner collaborations that involve, transportation, sexual assault prevention, emergency preparedness, children's wellness/safety, all in an effort to improve the health of Green Lake County. We embrace the challenge.



WI Partnership Program Grant awardees, include Kathy Munsey, 2nd from right in front row representing Green Lake County Public Health and the Central WI Health Partnership. The other awardees included the “Common Wealth Development”, “The Foundation for Black Women’s Wellness”, “Milwaukee Inner-City Congregations Allies for Hope (MICAH)”, and “Rebalanced-Life Wellness Association”. Each organization received a \$300,000 grant to be used over the next 4 years.

Our 2018 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 2018, along with previous year comparables.

Frequency of Reported Diseases in Green Lake County	2015	2016	2017	2018
Campylobacteriosis	2	13	4	16
Chlamydia	47	43	46	46
Cyclosporiasis	0	0	0	7
Cryptosporidiosis	2	7	2	2
E-Coli	3	2	8	25
Ehrlichiosis	5	3	5	1
Giardiasis	-	5	2	2
Gonorrhea	2	1	3	6
Hepatitis B	1	2	-	0
Hepatitis C	16	15	12	4
Influenza (hospitalized)	6	2	14	19
Legionellosis	-	-	-	1
Lyme Disease	20	14	20	9
Measles (Rubeola)	1	-	-	1*
Mycobacterium (non-tuberculosis)	5	1	4	4
Pertussis (whooping cough)	-	2	2	4
Salmonellosis	5	5	3	4
Invasive Strep Disease	4	8	3	2
Tuberculosis	-	1	-	0
Latent TB infection	1	2	2	3
TOTAL	124	130	134	156
*Suspect Case-was negative				

Public Health Preparedness

We completed a new Public Health Emergency Preparedness Plan and updated policies and contacts and emergency forms to be ready for disasters. In 2018, we participated in a full-scale exercise called Dark Skies which entailed a tornado hitting much of the state and included a long-term power outage. We assisted with the regional shelter that was set up in Winnebago County.

We also provided training to our chronically mentally ill and our elderly on being prepared for emergencies and were able to distribute emergency “Go Kits” after receiving grant funds for this project.



TRIAD member receives “Emergency Go Kit”

Immunizations for Children and Adults

We continue to have monthly immunization clinics in Green Lake and with funding from the state for communicable disease prevention, we were able to buy Vericor coolers. These coolers allow us to transport vaccine to outlying areas and maintain the proper temperature. We are piloting a home visitation project with Rachel Prellwitz and Shari Krause to provide immunizations to the Amish community. This started in the fall and letters went out to 150 families and the first clinic she gave 32 vaccines and the second clinic she gave 27 vaccines. This project is an example of how we are improving Health Equity by outreaching to our most vulnerable populations and providing them an opportunity to improve health. Over 1080 vaccines were administered to 885 people in 2018, including flu shots.

Dental

We contracted with Carrie Knurowski, Dental Hygienist to provide services to 187 Head Start and



school children for cleanings and for 354 kids for sealants with the Seal A Smile Program. She also made referrals for additional care for 136 children.

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. A new electronic medical record provided by the state in 2018 allows us to track not only children with elevated blood lead levels, but also the homes they currently and previously lived in. This will be very useful in tracking problem housing. Children with a lead level of 5 or greater are provided with follow-up and consultation by Kari Schneider, Public Health Nurse.

2018 Blood Lead Testing

Total Number of Tests: 138
Children <5 ug/dl = 123
Children >5 ug/dl = 13
Children >10ug/dl=2
Home assessments = 2

Mother, Child and Family

There were 181 births in Green Lake County in 2018 compared to 212 in 2017 and 213 births in 2016. We had no births to girls under age 18, compared to 4 last year. We also had 10 babies that were considered “low birth weight” (weighing less than 5lbs, 8oz), compared to 18 last year. In 2017, the percentage of women who smoked during pregnancy was 24%, but that improved to 18% in 2018. Three of the 33 women who reported smoking during their pregnancy had low birth weight babies. Eight infants were transferred to Neonatal Intensive Care Units compared to 14 in 2017. 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. A training was also done to clinic staff at local offices to help decrease the rate of women who smoke during pregnancy. Of the 181 births, 19 had abnormal conditions and one was 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 Princeton School District to the 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. Another goal is car seat safety and Rachel Prellwitz is certified to do car seat checks and completed 9 checks in 2018.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. In Green Lake County, WIC helped 112 income-eligible pregnant and breastfeeding women, 88 infants and 217 children ages 1-4. 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 is also a Lactation Consultant. The State of WI contracts with Family Health La Clinica in Wautoma to provide WIC services to Green Lake County. They added Crossroads in Green Lake as a new WIC vendor and established a mommy and me support group in Berlin. 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.

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 with parental permission.

In 2018, 36 new children were referred to the program. Referrals came from a number of sources including: physician (20), family member (6), social worker (5), Public Health nurse (1), daycares (2) and other Birth to 3 Programs (2). Ten new children were enrolled in the Program during the calendar year with three children still in the process of determining eligibility. Eleven children were found to be developing within age appropriate levels through a screening or did not meet eligibility through an evaluation. Eleven families did not follow through with a screen or evaluation/were not interested in the program and one child moved out of county before an initial meeting. The total number of children served through an Individualized Family Service Plan in 2018 was 25. In addition to those with significant developmental delays, there were several children with specific diagnoses including: mild cerebral palsy, Spina Bifida, Autism, Club Feet, Hydrocephalus, Trisomy 18 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 and Hannah Lehocky provided Speech and Language therapy via a contract with 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 **2018**, 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, UMOS (United Migrant Opportunity Services, Inc.) and Advocap-Head Start.

During the year, Renee also collaborated 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 2018, 7 children received CCOP funding for a variety of goods and services. The Program was able to fund respite/mentoring, conference registration related to a diagnosis, social skills group, individualized recreational opportunities, therapeutic equipment, sensory materials, and medical supplies not covered by insurance.

Tri-County Environmental Health

Tri-County Environmental Health 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. One home cost over \$2,400 to adequately clean in order to get a realtor in to put the house up for sale after the person was placed in a safe apartment. In another instance, over \$14,000 was allocated by the county for clean-up. The owner did pay for the clean-up and the owner decided to put the property up for sale as they were unable to care for it. We also had to work with landlords to improve standards in multi-unit housing dwellings.

Environmental Issues Addressed

Animal Bites—40
Well Water Concerns—2
Housing Inspection Cases—24
Nuisance/Other—9
Radon Test Kits Given Out—52 (40 returned)
Water Kits Distributed—60



Rachel Prellwitz and Julia McCarroll assist the health officer with posting a beach due to high levels of blue-green algae. This lasted much of the summer. Another beach was posted due to high levels of E. Coli for a week.

Coalition Membership and Community Involvement

Staff members are involved in over 40 coalitions, workgroups and committees. Some of the newer groups we are associated with include the Community Health Action Team, which is working on mentoring more children to build on resilient behaviors and add positive influences in their lives, School Wellness Committees and The WI Women’s Health Foundation. Others include the Tri-County Plain Communities Public Health Coalition, which addresses health, and safety concerns with our health inequities in our community. Other groups include the Birth to 3 Networking group, Family Resource Council, Local Emergency Planning Committee, NE WI Alliance for Wisconsin Youth, Head Start Health Advisory Committee, 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.



We did have a change in our Tri-County Environmental Health Staff. Mary Robl, is the supervisor, Allison McCormick serves Green Lake County and Jessica Jungenberg who is new, serves Marquette County. For the 2017-18 season, there were 236 inspections in Green Lake County, 34 Pre-inspections, 13 re-inspections and 9 Follow-up inspections.

Worksite Wellness/Employee Health Program

Melanie Simpkins, RN, MPH coordinates the outreach activities including a health fair, individual health screenings, lunch and learns, chair yoga, Healthy Monday Tips, challenges, walking contests, financial wellness programs and much more. Group Health Trust provides the funds to help keep our employees happier, healthier and more productive with the wellness activities we share.



The Health Unit coordinates the Employee Wellness Health Fair. Several topics were covered such as, healthy aging, healthy recreation with a free bike helmet give-away, financial wellness, healthy beverages, oral health, building healthy relationships, and information related to opioid and other drug abuse.



Rachel Prellwitz shows a “teens bedroom” with the many places a teen may hide drugs or alcohol along with items that may indicate your child is using drugs or alcohol.

Opioid Prevention Activities

As a member of the Alliance for WI Youth (AWY) we were able to secure funds to do prevention activities to reduce youth access to drugs and alcohol. See CHIP update for specific numbers.



Kathy Munsey and Julia McCarroll distribute lock boxes to folks at the Senior Picnic in 2018. Many seniors stated they were concerned about grandchildren taking drugs out of their prescription bottles. The lock boxes will prevent that as it limits accessibility.

Community Contacts & Education

Public Health staff made contact with nearly 7000 community members in 2018 and did 72 education sessions to 994 individuals. These sessions covered a variety of topics including car safety, opioid misuse, ticks, smoking, chronic disease prevention, healthy aging and more.

PROGRAMS	CONTACTS
Prevention	49
Adult Health	156
Birth to 3	665
CLTS/CCOP	319
Community Health	317
Immunization	1027
Lead	33
Worksite Wellness	900
Public Health	1134
Maternal Child	1941
Dental	134
Preparedness	207
Other	8
TOTAL	6890



Green Lake County Health Department

2018 COMMUNITY HEALTH IMPROVEMENT PLAN ANNUAL REPORT



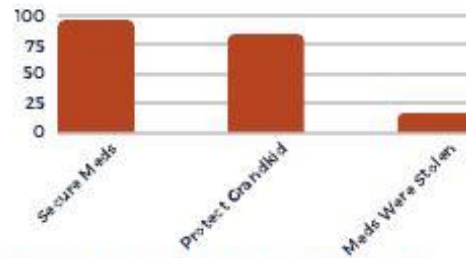
ALCOHOL AND OTHER DRUGS PRIORITY AREA

- Grant funding received through Alliance for Wisconsin Youth to Fight Opioid Epidemic.
- Lock boxes distributed at various community events.
- Drug deactivation kits distributed to home bound residents through Meals on Wheels.
- Community Awareness event about opioids held at Berlin High School.
- Alcohol Management Toolkit created to help reduce binge and underage drinking at community events.
- Over 30 individuals trained on Narcan administration in two training sessions hosted by the Health Department.

MENTAL HEALTH PRIORITY AREA

- In partnership from the Aging and Disability Resource Center and local schools, the Health Department participated in the national #BeTheITo campaign to prevent suicide deaths.
- Worked with Thedacare Community Health Action Team to develop a mentoring program at the Boys and Girls Club.
- Conducted 32 health education sessions on a variety of health topics for Behavioral Health Clients living with mental illness or substance use disorders.

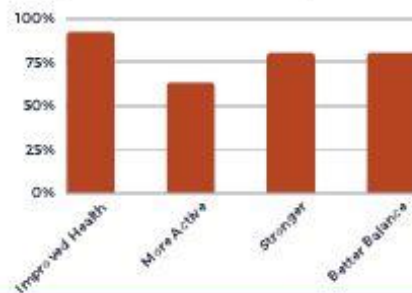
Why Residents Feel Locking Up Medication is Important



CHRONIC DISEASE PRIORITY AREA

- Partnered with Aging and Disability Resource Center to host a 6-week Living Well with Chronic Conditions Class.
- Two Strong Women Classes were hosted in Partnership with a local business.
- Two childcare centers were re-certified as being Breastfeeding Friendly.
- Worked with Princeton School District to become Breastfeeding Friendly. A \$250 mini grant was awarded to the school to improve their lactation space.
- Wrote for and received a \$3,000 grant to improve health education in Princeton School District.

Self Reported Outcomes from Strong Women Program



1,184

People reached through a Social Marketing Campaign aimed at preventing suicide.

30

Women who attended two different Strong Women Classes, a strength training class for older adults.

208

Number of prescription lock boxes given out to help prevent misuse of Opioids in Green Lake County.

