

HEALTH AND HUMAN SERVICES BOARD MEETING
Douglas County Board of Supervisors
Thursday, November 12, 2015, 4:30 p.m., Courthouse, Room 207C
1313 Belknap Street, Superior, Wisconsin

Meeting called to order by Chair Larry Quam.

ROLL CALL: Present – Larry Quam, Alan Jaques, June Farkas, Jim Bolin, Jim Paine, Patricia Ryan, Amida Gallito (arrived 4:36 p.m.) Others present – Pat Schanen, Dave Longsdorf, Candy Holm-Anderson, Andy Lisak, Joan Finckler, Doreen Wehmas, Brian Becker, Ken Zurian, Erika Leif, Tracy Ruppe, Cary Breitlow, Cindy Ellefson, Kaci Lundgren (Committee Clerk).

APPROVAL OF MINUTES: Motion by Ryan, second Jaques, to approve the minutes of the September 10, 2015, meeting. Motion carried.

ACTION ITEM: Request to Purchase Copiers: Parts of current copiers becoming unattainable due to age; purchase year of new copiers should read 2015 on memo. Funding to come from Health and Human Services Equipment Reserve Fund.

ACTION (REFERRAL): Motion by Ryan, second Jaques, to approve purchase of two new copiers in the amount of \$12,844, and refer to Administration Committee. Motion carried.

UPDATES AND REPORTS: Included with agenda; Veterans Services Office update distributed.

INFORMATIONAL ITEMS:

Comprehensive Community Services Update: Burnett and Washburn Counties also involved; program application to be completed by end of year.

Dementia Capable Crisis Response Grant: \$20,000 requested through grant for additional training for dementia assistance.

2015 Budget: Human Services on track to be over budget \$50,000; Health Services to be under budget \$100,000.

ADJOURNMENT: Motion by Ryan, second Paine, to adjourn. Motion carried. Meeting adjourned at 5:35 p.m.

Submitted by,

Kaci Jo Lundgren, Committee Clerk

Date: November 2015

ADRC Report 2015

Submitted by: Erika Leif, Director

Years 2014/2015	Dec 13/14	Jan 14/15	Feb 14/15	Mar 14/15	Apr** 14/15	May 14/15	June 14/15	July 14/15	Aug 14/15	Sep 14/15	Oct 14/15	Nov 14/15	Dec 14/15
Referrals by Type:													
Long Term Care Functional Screen	26/17	18/15	11/19	23/25	20/26	16/31	20/26	20/27	24/21	16/18	24/12	13/16	17/11
Disability Benefit Specialist (new cases opened)	4/5	3/4	4/5	3/4	3/8	5/1	2/6	6/7	7/8	1/1	10/10	6/3	5/4
Number of Clients Served:	Dec 13/14	Jan 14/15	Feb 14/15	Mar 14/15	Apr 14/15	May 14/15	June 14/15	July 14/15	Aug 14/15	Sep 14/15	Oct 14/15	Nov 14/15	Dec 14/15
Elderly Benefit Specialist (EBS)	/40	41/35	40/	41/37	/48	30/21	30/54	37/57	47/55	54/51	65/146	72/92	40/77
MDS Q meetings	3/1	1/2	2/1	4/1	4/1	0/5	2/3	2/6	0/1	2/5	1/3	1/11	1/3
Total Number of ADRC Contacts*	445/ 496	629/ 437	532/ 420	381/ 479	291/ 552	363/ 505	306/ 552	280/ 551	368/ 518	436/ 494	588/ 483	486/ 432	496/ 418
Number Served in Family Care:	Dec 13/14	Jan 14/15	Feb 14/15	Mar 14/15	Apr 14/15	May 14/15	June 14/15	July 14/15	Aug 14/15	Sep 14/15	Oct 14/15	Nov 14/15	Dec 14/15
Care Management CCCW	425/ 423	425/ 425	395/ 418	442/ 427	444/ 432	434/ 434	430/ 439	428/ 451	425/ 454	429/ 458	427/ 459	423/ 464	423/ 466
IRIS	103/ 111	106/ 111	107/ 112	109/ 113	109/ 112	109/ 115	110/ 115	110/ 113	111/ 112	111/ 112	111/ 114	110/ 115	111/ 114
Disenrollment/ From CCW/IRIS	3/2	4/3	1/8	1/6	3/4	4/8	5/5	5/6	9/12	6/6	11/11	1/5	2/4
Enrolled into IRIS	3/1	3/1	1/1	2/2	0/2	1/4	1/1	1/1	4/ 1	0/ 1	2/ 3	0/2	1/0
Enrolled into CCCW-MCO	9/2	9/4	5/1	9/14	5/8	1/9	1/10	2/15	3/13	11/ 9	7/11	3/9	2/5
Nursing Home Relocation to CCCW	8/0	1/0	0/0	1/1	1/0	0/1	0/1	0/0	0/0	0/0	2/ 2	0/0	0/0

- ADRC workers are required to record all **Contacts**. A contact represents an individual one-to-one interaction (conversation) that has occurred either in person, at a home visit, ADRC walk-in, telephone, email, or written correspondence where information is exchanged. Each interaction is counted as a contact and will demonstrate one instance of providing any ADRC activity. A Contact records the **ADRC Activities**. An **Activity** is categorized into the following and must be recorded as such for reimbursement purposes: 1.) Provided Information and Assistance, 2.) Provided Options Counseling, 3.) Provided Follow-up, 4.) Administered Long Term Care Functional Screen, 5.) Referred to Economic Support, 6.) Provided Assistance with Medicaid Application Process, 6.) Referred for Financial Related Needs Other than Economic Support, 7.) Referred for Private Pay Service Options, 8.) Provided Short-Term Service Coordination, 9.) Provided Youth Transition Support, 10.) Provided Enrollment Consultation, 11.) Provided Assistance/Referral for Health Promotion or Information, 12.) Referred for Mental Health Services, 13.) Referred for Substance Abuse Services, 14.) Consumer Refused (PAC related).

Disability Benefit Specialist (DBS) Monetary Impact

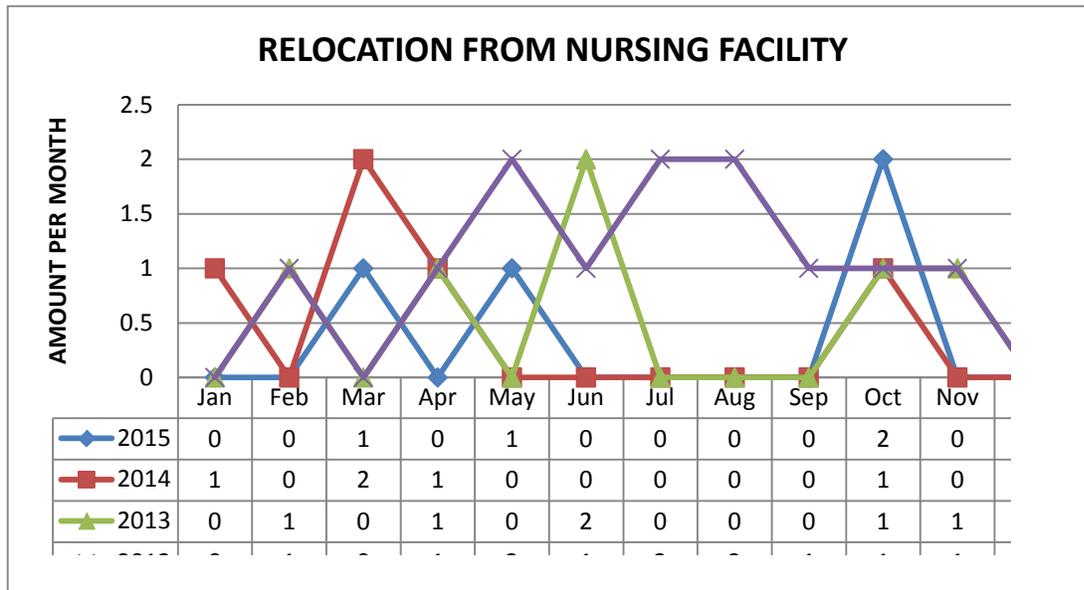
- As of December: Ongoing cases: 30
- Monetary Impact of Cases Closed:
 - November \$ 0 (8 cases closed)
 - December \$ 28,737 (4 cases closed)

Alzheimer’s Family and Caregiver Support Program

Programs	2006 Total	2007 Total	2008 Total	2009 Total	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 YTD
Alzheimer’s Respite cases	17	17	15	9	12	9	7	7	10	8
Current Alzheimer’s Cases as of 12.31.15										6

**Children’s Long Term Support Program
Family Support Program**

Current Waiting List Amount: 43.
 Current Amount Being Served: 19 (CLTS) 17 (Family Support Program)
 End of Year Funds for Family Support: 6 wait list families served



**Economic Support Unit
October, November, December 2015**

**Prepared By: Cary Breitlow, Economic Support Supervisor
Date: 01/05/2016**

2014/ 2015	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Medicaid												
Total Unduplicated Caseload	6,154/ 6,203	6,024/ 6,274	6,270/ 6,189	6,138/ 6,154	5,985/ 6,186	5,980/ 6,164	5,993/ 6,151	6,042/ 6,182	6,100/ 6,126	5,997/ 5,326	5,971/ 5,643	5,965/ 5,706
Elderly & Disabled Recipients	2,231/ 2,215	2,205/ 2,212	2,232/ 2,205	2,242/ 2,207	2,237/ 2,218	2,226/ 2,210	2,236/ 2,200	2,238/ 2,223	2,221/ 2,209	2,231/ 2,203	2,223/ 2,188	2,203/ *
BadgerCare Plus Recipients	6,144/ 6,381	6,093/ 6,454	6,009/ 6,523	6,088/ 6,567	6,105/ 6,465	6,213/ 6,429	6,213/ 6,434	6,234/ 6,424	6,206/ 6,416	6,256/ 6,390	6,267/ 6,271	6,283/ *
“Other” Medicaid Recipients	734/ 602	746/ 590	773/ 580	709/ 555	698/ 573	675/ 567	665/ 560	644/ 562	635/ 566	622/ 570	628/ 589	752/*
Food Share Recipients	7,133/ 6,833	7,096/ 6,819	7,108/ 6,699	7,060/ 6,684	6,962/ 6,622	6,997/ 6,573	6,984/ 6,533	6,990/ 6,449	6,896/ 6,389	6,871/ 6,246	6,834/ 6,153	6,837/ *
Child Care Cases (Number of Children)	372/ 246	273/ 217	307/ 216	274/ 225	272/ 232	237/ 233	211/ 226	233/ 213	260/ 213	241/ 231	246/ 218	238/ 222
Caretaker Supplement Cases	68/ 53	54/ 55	59/ 54	59/ 55	57/ 56	55/ 56	55/ 57	53/ 52	56/ 53	56/ 43	54/ 51	54/ 51
General Assistance Applications	1/ 1	0/ 1	0/ 0	0/ 1	0/ 0	1/ 0	2/ 0	1/ 4	2/ 2	1/ 0	0/ 3	0/ 1
Final Statistics not yet available *												

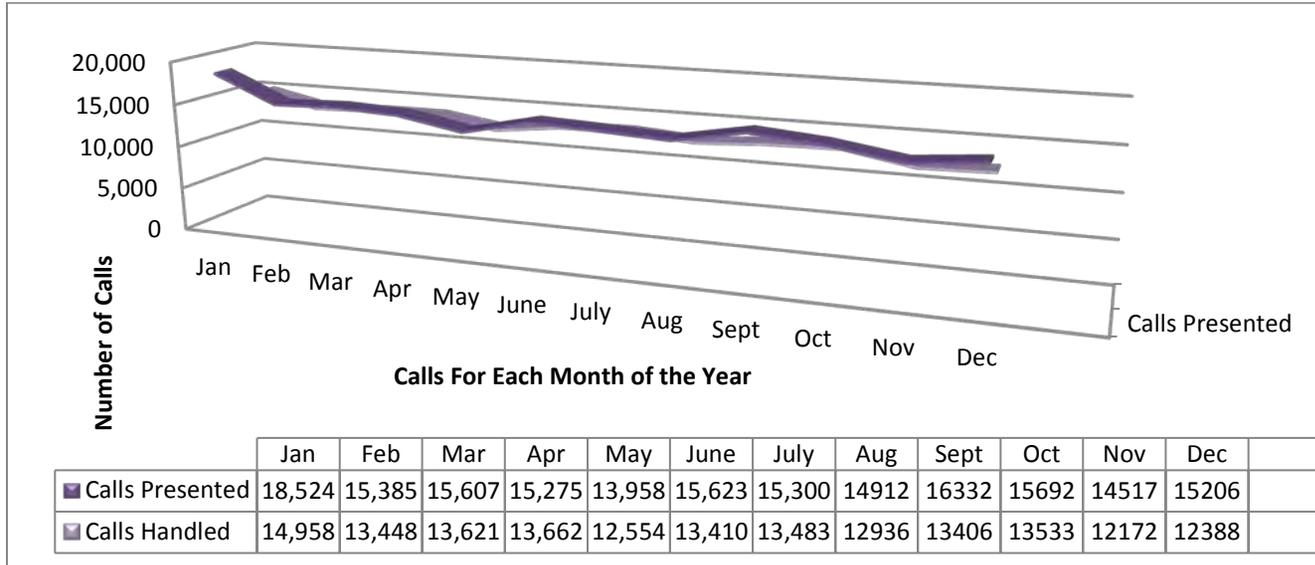
Wisconsin Home Energy Assistance Program- Year End Figures for Douglas County

Program Runs October 1- May 15

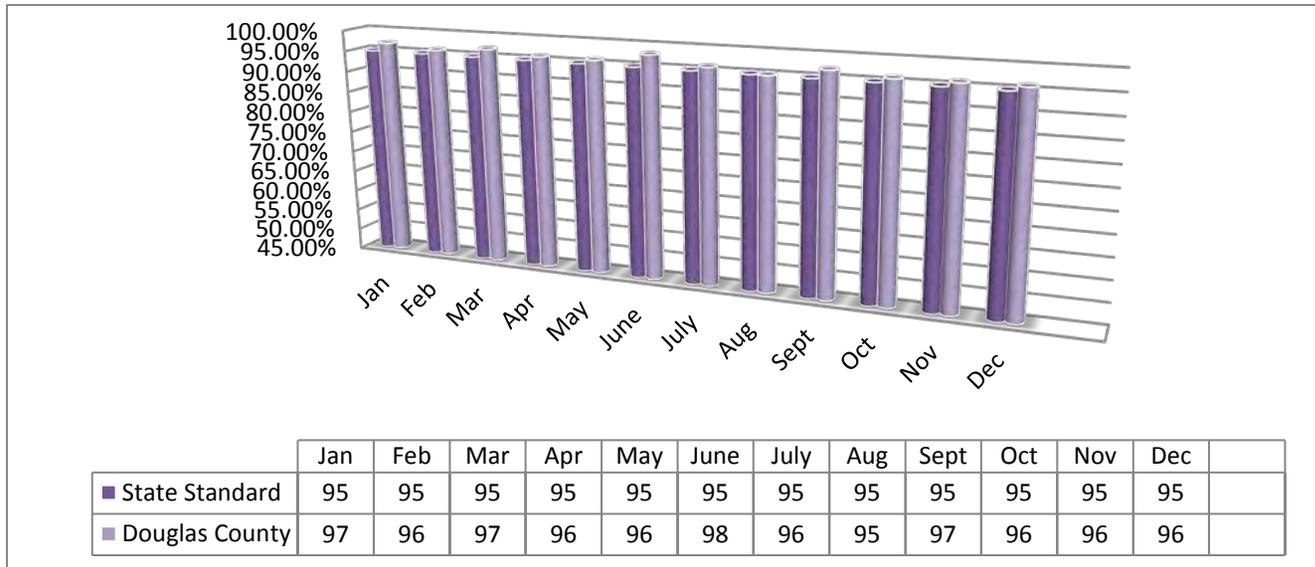
	2014/2015	2015/2016 (Final)
Total Households Applied	2,321	1,504
Total Households Paid	2,110	1,335
Total Yearly Expenditures Heat & Public Benefit (non-electric)	\$937,086	\$643,131
Emergency Furnace	\$123,217 for 35 Repairs and 33 Replacements	\$ 41,319 for 14 Repairs, 10 Replacements and 2 Assessments
Total Yearly Crisis Payments	\$124,740	\$10,412
Available Crisis Balance	\$0	\$56,147

*Statistics not yet available

Great Rivers Call Center Call Volume - 2015



Douglas County Application Timeliness 2015



ENVIRONMENTAL HEALTH UNIT UPDATE

Submitted by: Environmental Health Specialists: Ken Zurian RS and Brian Becker, RS

December 2015

*This report has been reformatted to demonstrate how public health services address the **Healthiest Wisconsin 2020 plan that includes 23 focus areas.** These important facets (focus areas) span across the life span and have overarching focus on health disparities, social, economic and education factors that influence health.*

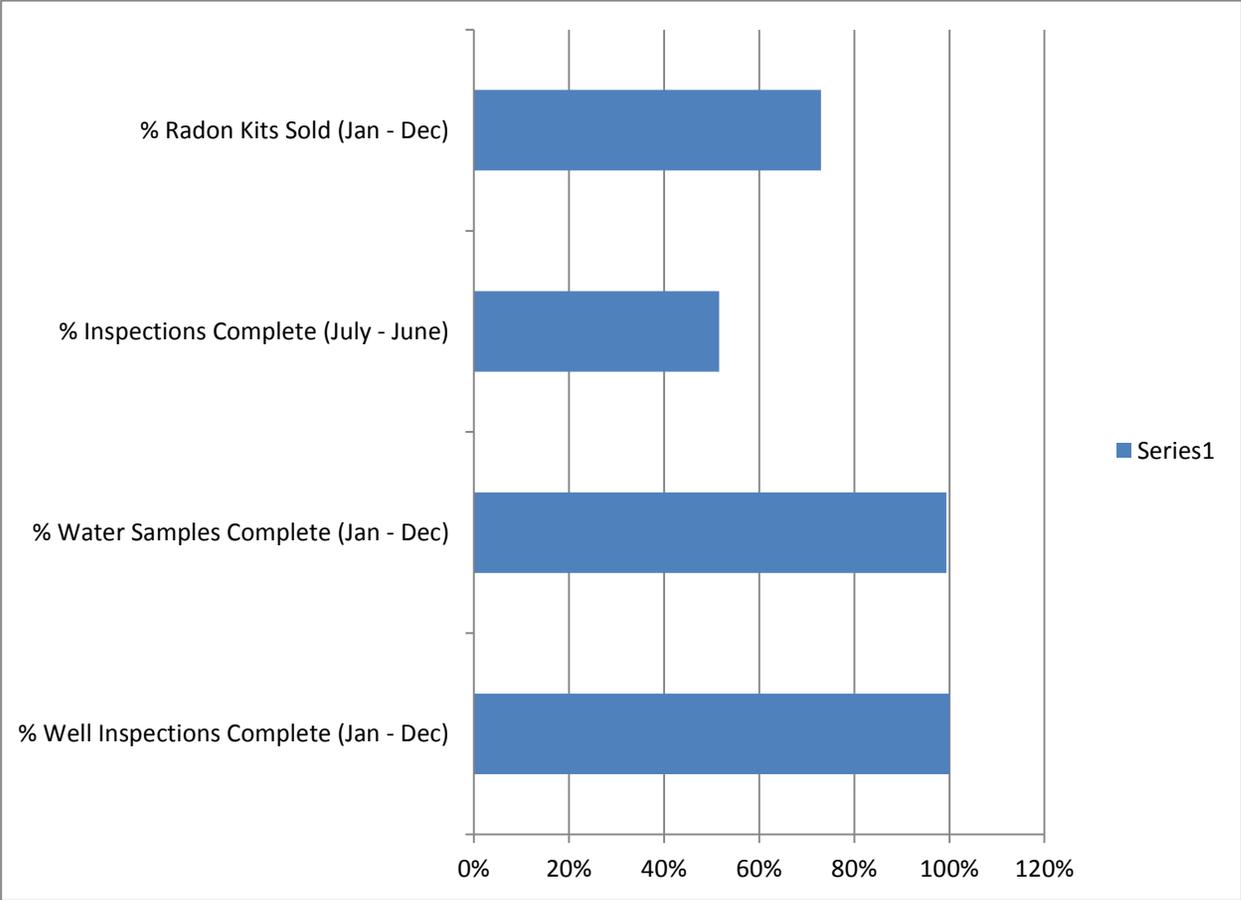
Health Focus Areas: Alcohol and drug, chronic disease, communicable diseases, environmental and occupational, growth and development, injury and violence, mental health, nutrition, oral health, physical activity, reproductive and sexual and tobacco. **Infrastructure Focus Areas:** access, capacity and quality, emergency, funding, information systems, literacy and education, partnerships, research and evaluation and workforce

	2011	2012	2013	2014	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
	TOTL	TOTL	TOTL	TOTL	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	2015
INSPECTIONS:																	
Retail Food	115	78	99	96	15	4	4	3	5	8	9	6	16	6	17	10	103
Restaurants	307	284	295	266	29	9	16	15	23	26	21	35	32	23	30	15	274
Hotels & Motels	60	47	66	51	3	0	1	2	5	13	6	6	5	6	7	0	54
Campgrounds	34	39	37	38	0	0	0	1	12	15	2	10	5	0	0	0	45
Swimming Pools	31	27	21	27	7	2	2	2	0	3	0	0	0	2	11	1	30
Mobile Home Parks	18	13	17	18	0	3	0	4	1	2	0	0	3	2	0	3	18
Rec. & Educational Camps	5	7	5	6	0	0	0	0	0	5	0	0	0	0	0	0	5
Tattoo & Piercing Estab	8	11	8	13	1	0	1	0	0	1	0	0	2	0	0	0	5
Sanitary "Well" Surv SDWA	60	37	40	37	10	5	1	3	7	1	0	0	2	0	0	2	31
DPI-School Kitchens	29	26	29	28	0	0	1	12	1	0	0	1	12	3	0	0	30
INSPECTION TOTAL:	667	569	569	580	65	23	26	42	54	74	38	58	77	42	65	31	595
INVESTIGATIONS:																	
Food or Waterborne Illness	11	5	19	3	3	0	2	0	0	0	0	0	0	0	0	2	7
West Nile	0	1	1	1	0	0	0	0	0	0	1	0	1	0	0	0	2
Animal Bites/Rabies Prot	21	19	28	24	0	1	2	5	2	7	3	4	4	2	2	2	34
Air Quality Issues	23	42	58	42	11	4	6	4	2	5	6	5	7	2	5	1	58
Housing Issues	30	30	43	42	0	2	6	4	4	3	4	9	7	2	0	1	42
Animal/Insect	27	29	29	25	5	2	1	2	2	2	3	5	9	4	1	1	37
Consumer Complaints	22	21	45	24	5	2	5	3	2	1	4	2	0	2	2	0	28
Water Quality Issues	31	10	88	104	4	6	14	14	8	8	15	10	14	9	2	7	111
INVESTIGATION TOTAL:	165	157	311	265	28	17	36	32	20	26	36	35	42	21	12	14	319

	2011 TOTAL	2012 TOTAL	2013 TOTAL	2014 TOTL	JAN 2015	FEB 2015	MAR 2015	APRIL 2015	MAY 2015	JUNE 2015	JULY 2015	AUG 2015	SEPT 2015	OCT 2015	NOV 2015	DEC 2015	YTD 2015
LEAD HAZARDS:																	
Elevated Blood Lead	1	5	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Lead Risk Assessments	2	6	0	1	0	0	1	0	0	0	0	0	0	0	0	0	1
Lead Inspections - other	2	2	0	2	0	0	0	0	0	0	0	0	0	0	0	1	1
Clearance Inspections	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0
LEAD INSPECTION TOTAL:	4	8	2	4	0	0	1	0	0	0	0	0	0	0	0	1	2
SAMPLE COLLECTION:																	
City Water	48	48	48	48	4	4	4	4	4	4	4	4	4	4	4	4	48
SDWA	344	299	209	251	23	15	8	19	35	44	22	31	22	15	10	0	244
Retail Food Swabs	60	0	40	30	0	0	0	0	0	0	30	0	0	0	0	0	30
SAMPLE COLLECTION TOTAL:	452	347	297	329	27	19	12	23	39	48	56	35	26	19	14	4	322
TRAINING PROGRAMS:																	
Presentations / Outreach	8	7	6	4	0	3	1	0	0	0	1	0	0	0	0	0	5
Participants	87	1000	750	590	0	450	200	0	0	0	300	0	0	0	0	0	950
HOME RADON TESTS:	62	63	63	16	60	3	5	1	0	0	0	0	0	2	0	0	71

LABORATORY ACTIVITY	2011 TOTL	2012 TOTAL	2013 TOTAL	2014 TOTL	JAN 2015	FEB 2015	MAR 2015	APRIL 2015	MAY 2015	JUNE 2015	JULY 2015	AUG 2015	SEPT 2015	OCT 2015	NOV 2015	DEC 2015	YTD 2015
Water Analysis																	
Biological: Coliforms																	
3300-51 Public TNC	315	322	262	295	27	17	7	22	45	60	23	28	21	21	20	6	297
3300-217 Private	471	441	309	311	25	18	27	23	24	31	33	30	27	26	25	23	312
Municipal	225	237	227	235	20	20	22	23	21	20	19	20	17	22	15	15	234
Chemical: Chlorine Residual	225	237	227	235	20	20	22	23	21	20	19	20	17	22	15	15	234
Total Coliform Tests	1033	1010	804	854	72	55	56	78	93	111	75	78	65	69	65	44	861
Total Chemical Tests	225	237	227	235	20	20	22	23	21	20	19	20	17	22	15	15	234
Total Biological & Chemical Tests	1258	1247	1031	1089	92	75	78	101	114	131	94	98	82	91	80	59	1095
Pasteurized Milk Analysis																	
Total Milk Tests	595	616	633	559	57	0	65	84	56	0	62	56	60	58	0	0	498
Medical Waste: Loads	7	4	2	7	0	0	0	0	1	0	0	0	1	1	0	0	3
Autoclave Spore Tests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Work Completion Tracking Chart



Unit Update Report Intake and Assessment

Prepared By: Doreen Wehmas, Intake and Assessment Supervisor
Date: 1/05/2016

2014/2015	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Referrals by Type:												
Cases Assigned												
Traditional Response	12/23	17/16	15/21	12/26	18/16	14/14	17/12	13/14	15/14	20/25	18/18	22/15
Alternative Response	19/12	9/16	8/12	7/25	5/13	14/18	15/10	12/6	16/12	8/18	9/14	9/12
# of victims	53/49	39/51	33/49	24/73	32/33	38/57	42/29	24/22	50/35	36/55	41/48	42/37
Physical Abuse												
# of cases	6/18	10/9	7/11	5/16	10/12	11/14	6/11	3/3	10/11	11/15	13/14	5/10
# of victims	7/10	10/20	7/14	5/19	10/12	17/16	8/12	3/3	11/14	11/16	14/17	5/10
Neglect												
# of cases	24/18	17/20	13/20	12/34	12/16	16/20	23/10	10/11	22/13	10/21	14/18	23/15
# of victims	45/28	28/37	20/33	17/49	20/20	28/43	31/14	20/19	40/14	17/13	26/31	33/24
Sexual Abuse												
# of cases	0/4	3/10	4/5	2/2	4/6	1/2	2/2	1/0	2/1	7/1	1/3	1/3
# of victims	0/4	3/12	7/5	2/6	4/6	2/4	2/3	1/0	2/1	7/1	1/3	3/3
Emotional Abuse												
# of cases	0/1	0/0	0/0	0/0	0/0	0/2	1/0	0/0	1/1	0/0	0/1	0/2
# of victims	0/1	0/0	0/0	0/0	0/0	0/2	1/0	0	1	1/0	2/1	1/2
Screened out cases	44/34	64/49	55/52	53/53	66/67	33/36	45/30	35/30	62/46	53/42	41/38	39/41
Offer of Services	6/13	5/8	5/8	7/11	1/16	11/16	7/8	6/27	10/22	9/12	1/9	9/14

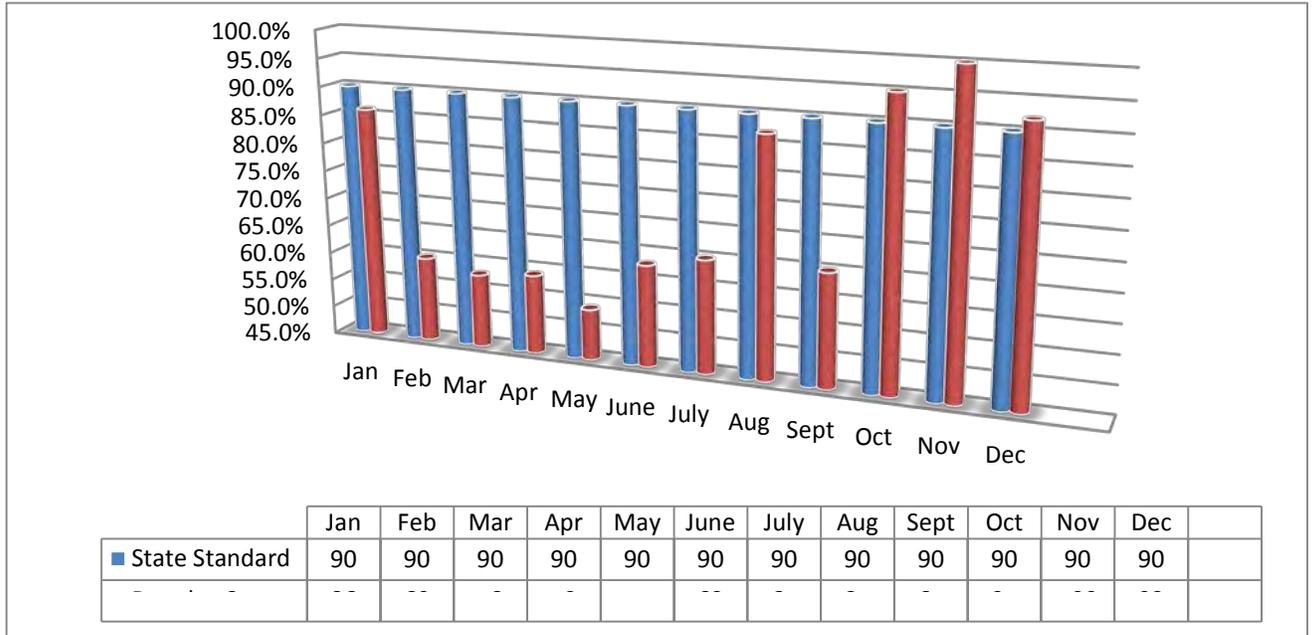
- During the months of Nov and Dec 5 cases were transferred from IAU to YFS.

Quality Assurance

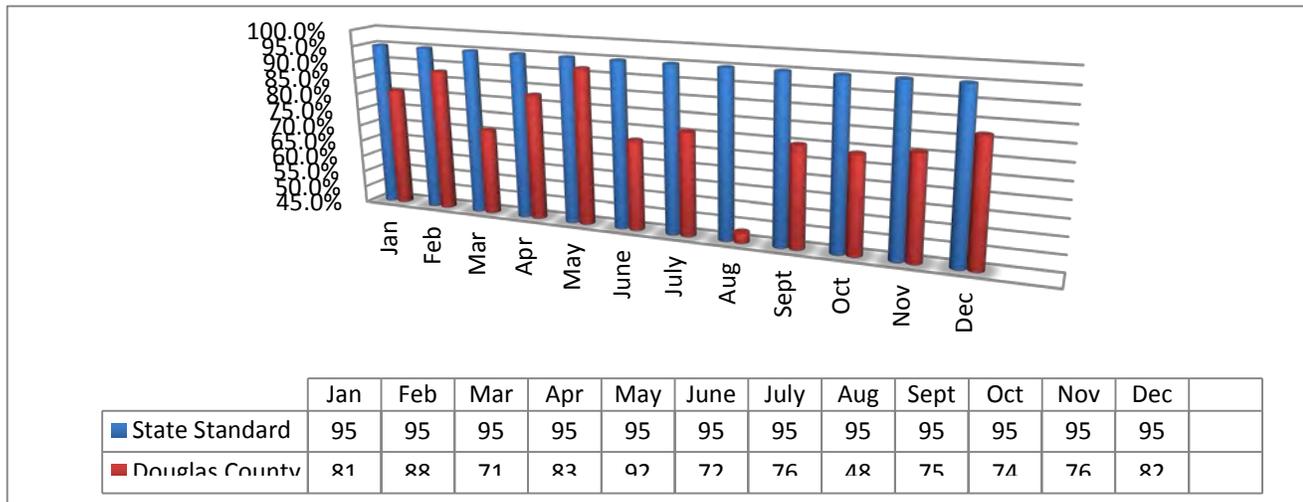
Wisconsin's Program Improvement Plan – Strategies to Improve Child Welfare

- **Intake and Assessment Unit –**
 - Improving Safety Timeliness and Response

Initial Assessment 60 Day Completion 2015



Face to Face Response Times 2015



The initial face-to-face contact hierarchy will pick the best outcome:

1. Occurred – Timely (Actual contact occurred within the timeframe – the only value that counts towards 100% compliance)
2. Occurred – Not Timely (Actual contact occurred outside timeframe) 16% 10.7%
3. Attempted Timely (No actual contact occurred, contact was attempted within the timeframe) 8% 7.7%
4. Attempted – Not Timely (No actual contact occurred, contact was attempted outside the timeframe)
5. Not Documented (Nothing documented as an initial face to face contact)

Foster Care, Court Ordered Kinship Care and Voluntary Kinship Care

2014/2015	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Licensed Foster Care Homes	15/11	15/11	15/11	15/11	10/11	10/11	1/12	10/12	10/12	12/15	11/15	11/15
Level One Foster Care Homes	3/	3/6	3/5	3/6	4/6	5/6	5/5	4/4	4/5	4/7	5/7	4/7
Kinship Cases Voluntary Court ordered	71/69 7/15	71/70 8/15	71/69 10/13	71/66 10/13	72/66 10/11	72/67 8/10	72/67 8/12	70/66 14/12	69/66 12/14	69/67 14/17	62/63 15/15	72/61 17/15

Child Care Certification

2014/2015	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Child Care Certification	24/23	23/24	23/24	23/24	23/21	24/18	24/17	25/18	25/13	25/11	24/11	25/11

Date: January 2016

Mental Health/AODA Unit Update

Submitted by: Dave Longsdorf

2014/ 2015	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Mental Health COP	0/3	0/3	0/3	0/3	0/3	0/3	0/3	0/3	0/3	0/3	0/3	0/3
Drug Court Participants	0/1	0/1	0/1	1/1	1/2	1/2	1/2	1/2	1/2	1/2	1/3	1/3
Emergency Detentions	3/3	4/3	2/2	2/3	3/3	2/2	4/3	3/3	2/1	2/2	3/2	3/1
# of Commitments (Ch. 51)	6/7	6/8	6/6	2/6	4/2	3/3	5/5	5/7	5/8	4/8	6/6	7/6
# in Institutions	1/2	1/2	1/2	1/2	1/1	1/1	1/1	1/1	1/1	2/1	2/1	1/1
MH CBRF Placements	14/15	14/15	14/12	14/12	15/14	14/14	12/14	10/11	11/11	10/10	13/13	14/12
Referrals by Type:												
Mental Health Services	20/32	24/27	14/19	12/22	14/21	13/16	25/17	24/19	20/17	20/15	24/23	14/11
MH Case Management Assigned	9/28	15/25	12/15	12/16	10/18	8/15	19/16	22/14	18/11	20/9	22/19	13/8
AODA Services	7/5	6/6	6/5	6/8	5/10	6/7	9/5	5/14	7/8	6/8	9/12	7/8
AODA Case Management Assigned	6/4	5/4	4/2	6/3	2/6	2/4	5/4	2/6	5/3	3/4	6/4	4/4
# on Waiting Lists												
Chronic Mental Illness	5/8	4/9	5/6	5/8	5/6	4/6	4/5	5/7	6/7	7/8	8/7	9/8
Number of Clients Served by Contract												
Mental Health												
Outpatient - HDC	19/13	20/13	18/16	18/14	6/6	7/5	6/7	4/6	6/5	5/5	5/*	5/*
Outpatient - LSS	29/16	27/14	27/7	22/8	9/11	4/6	2/8	1/7	3/7	2/6	7/6	7/6
CSP - HRC	146/ 146	145/ 147	146/ 145	147/ 146	147/ 143	145/ 143	145/ 141	144/ 142	145/ 143	145/ 144	145/ 145	145/ 145
AODA												
Inpatient CBRF	1/1	0/1	0/1	0/0	1/0	0/1	0/1	1/1	0/1	0/0	0/0	0/0
Outpatient - HDC	44/34	41/36	29/33	34/29	44/27	32/26	34/28	32/24	33/23	32/28	27/*	18/*
IDP – DUI Assessment	30/13	32/22	24/23	21/26	30/19	31/18	34/21	13/21	17/26	29/25	16/19	14/19
Detox Services	22/19	23/18	17/14	16/17	16/17	20/19	16/18	19/16	16/15	18/10	12/14	15/*
Total Served	362/ 350	367/ 354	325/ 305	319/ 324	313/ 309	313/ 292	322/ 299	289/ 305	300/ 292	306/ 283	301/ 276*	288/ 236*

MH – Mental Health
AODA – Alcohol and Other Drug Addictions
HDC – Human Development Center, Douglas County
LSS – Lutheran Social Services
CBRF – Community Based Residential Facility
IDP – Intoxicated Driver Program
DUI – Driving under the influence
COP – Community Options Program

Adult Protection

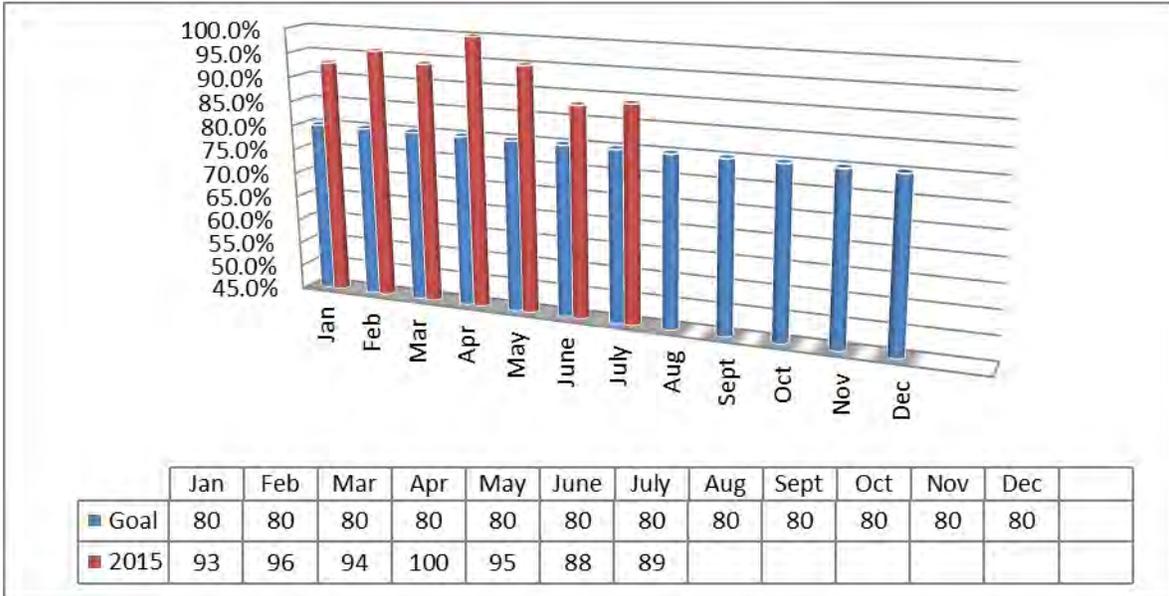
2014/2015	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
# of Cases	17/ 20	16/ 16	15/ 19	11/ 16	21/ 24	19/ 16	19/ 15	15/ 31	19/ 24	21/ 17	17/ 20	19/ 18

All Adult Protection cases received attention within the statutory 24 hour timeline.

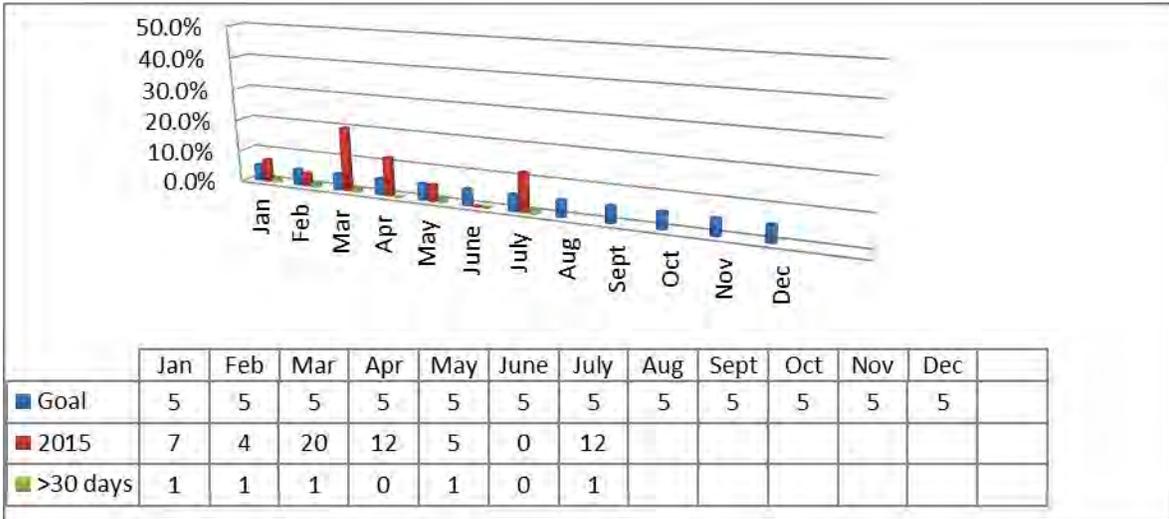
2015	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1. Commitment Diversions (ED's+assigned)	31/ 29	28/ 27	17/ 16	19/ 19	21/ 20	17/ 15	19/ 17	22/ 19	18/ 16	17/ 16	25/ 24	12/ 12
2. CBRF use of new cases (1)	28/ 2	25/ 1	15/ 3	16/ 2	18/ 1	15/ 0	16/ 2	19/ 3	17/ 3	15/ 1	23/ 1	11/ 0
3. Completed Case Management Goals	17/ 15	18/ 14	14/ 11	15 /11	18/ 14	12/ 10	16/ 13	14/ 10	11/ 8	9/ 8	19/ 16	8/ 6
4. Successful IDP Completion	30/ 28	32/ 31	24/ 21	25/ 21	30/ 29	31/ 30	34/ 32	13/ 12	17/ 16	29/ 27	16/ 15	14/ 12
5. Successful Completion of Outpatient TX	42/ 35	34/ 27	36/ 31	33/ 28	29/ 25	27/ 21	28/ 22	24/ 21	23/ 18	28/ 27	*	*
6. APS Response Time	20/ 20	16/ 16	19/ 19	16/ 16	24/ 24	16/ 16	15/ 15	31/ 31	24/ 24	17/ 17	20/ 20	18/ 18
7. Guardians Assigned	4/1	2/0	3/0	2/0	3/0	4/1	2/0	3/0	2/1	3/1	1/0	0/0

1. The number indicates the number of cases that have been closed in that month that had completed their service plan goals.
2. The October 2015 Outpatient completion data is not available at this time.

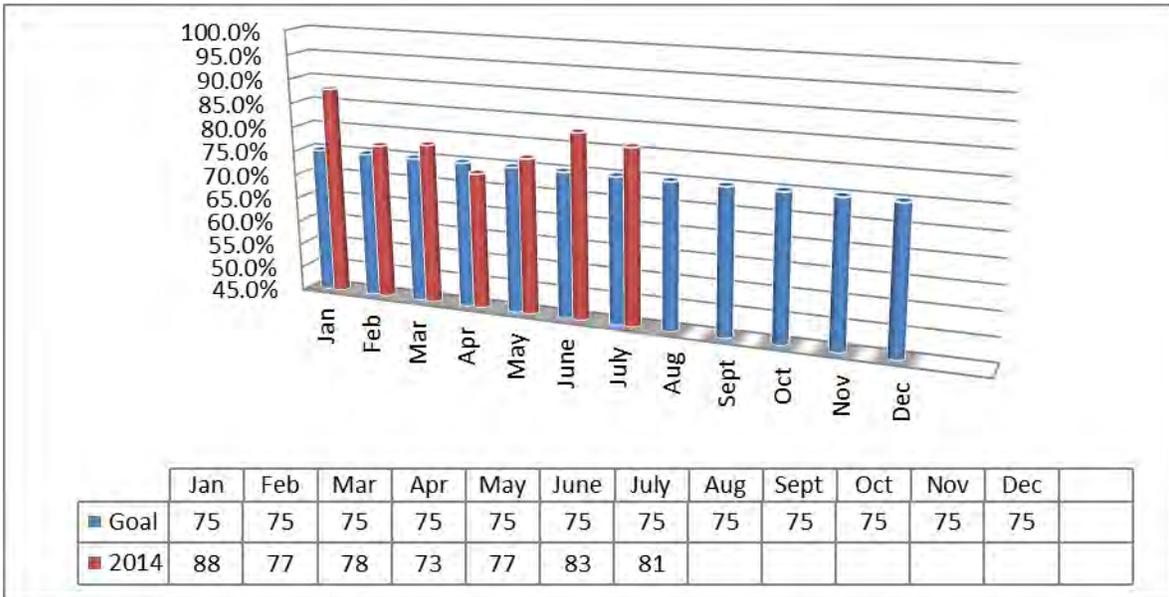
Potential Commitments resolved through voluntary services



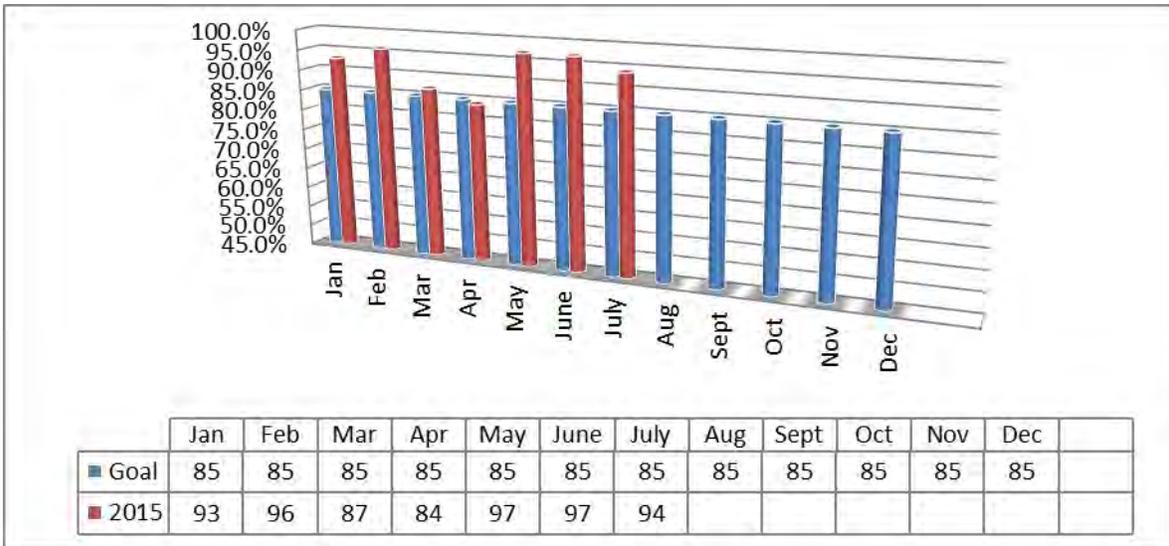
CBRF Utilization by Case Management



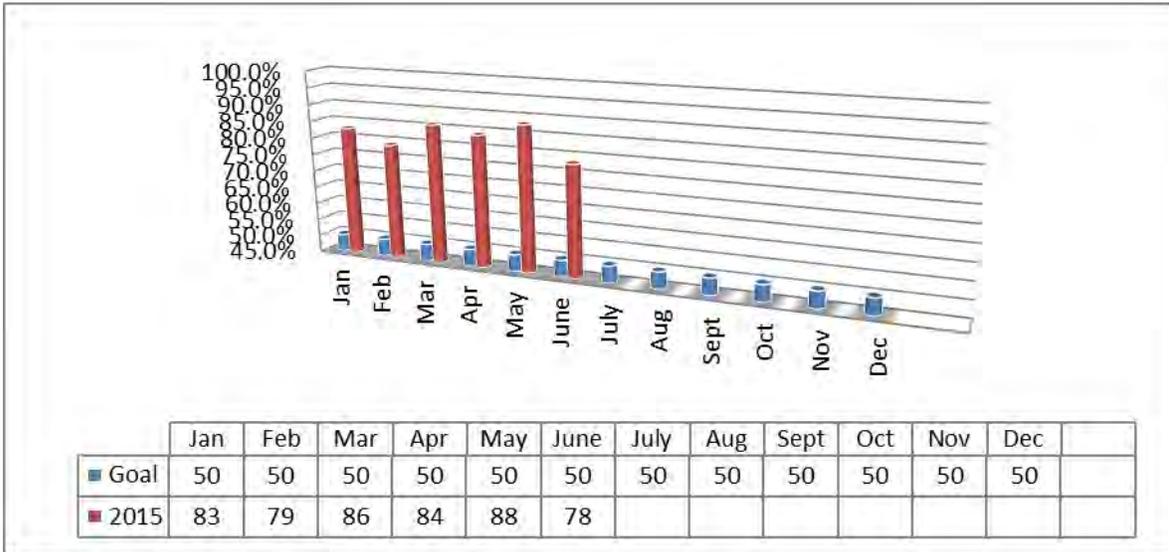
Successful Service Plan Completion



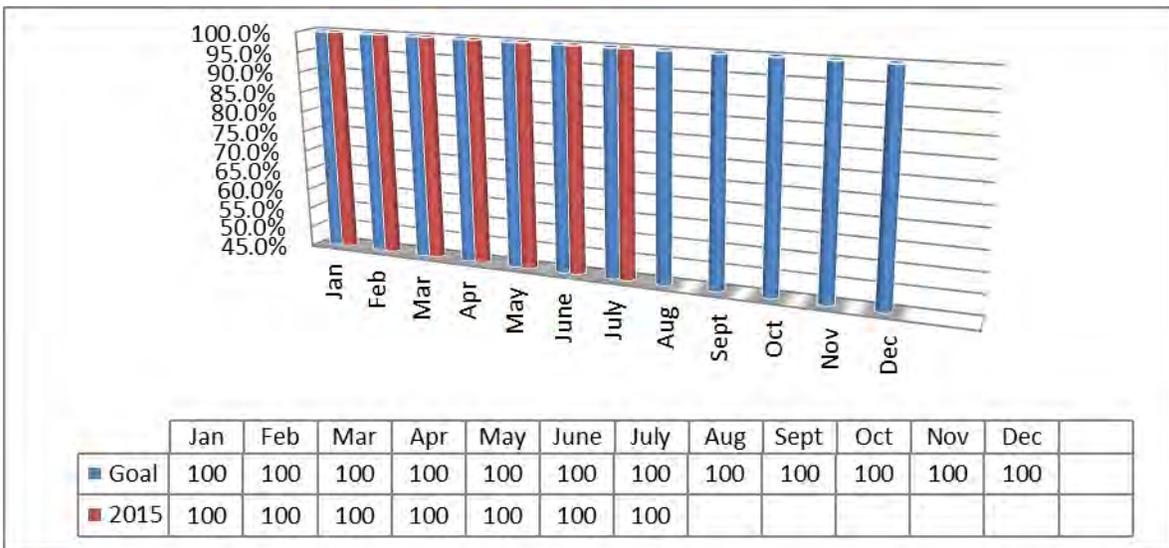
Intoxicated Driver Program Completions



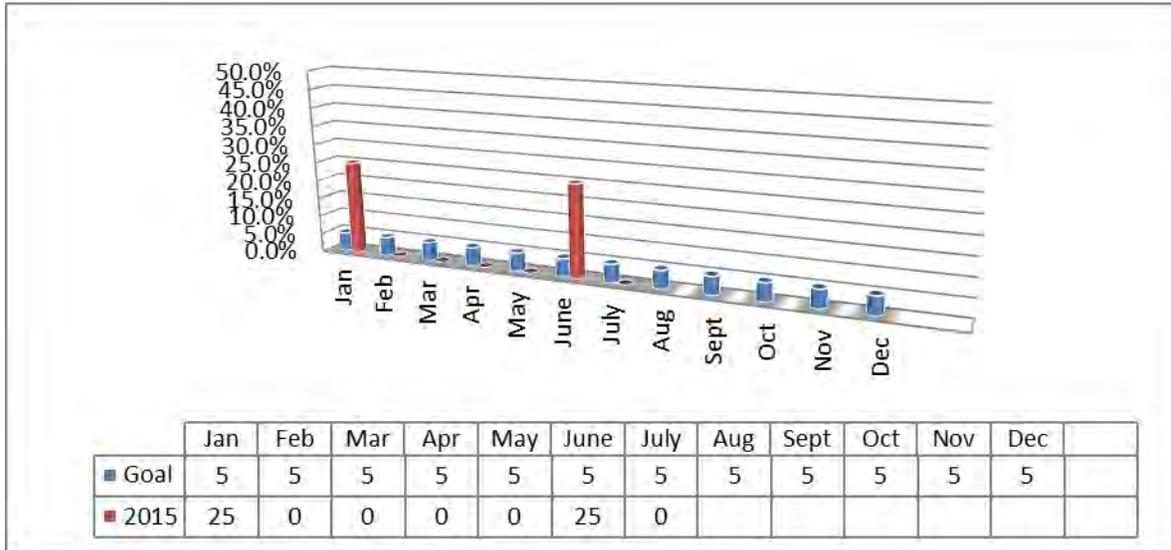
Successful Completion of AODA Treatment



APS Response Time (Within 24 hours)



Use of Corporate Guardian



Douglas County Department of Health and Human Services
Public Health Nursing Services
December 2015

Healthiest Wisconsin 2020 Plan:

Health Focus Areas: Alcohol and drug, chronic disease, communicable diseases, environmental and occupational, growth and development, injury and violence, mental health, nutrition, oral health, physical activity, reproductive and sexual, and tobacco.

Infrastructure Focus Areas: access, capacity and quality, emergency, funding, information systems, literacy and education, partnerships, research and evaluation, and workforce.

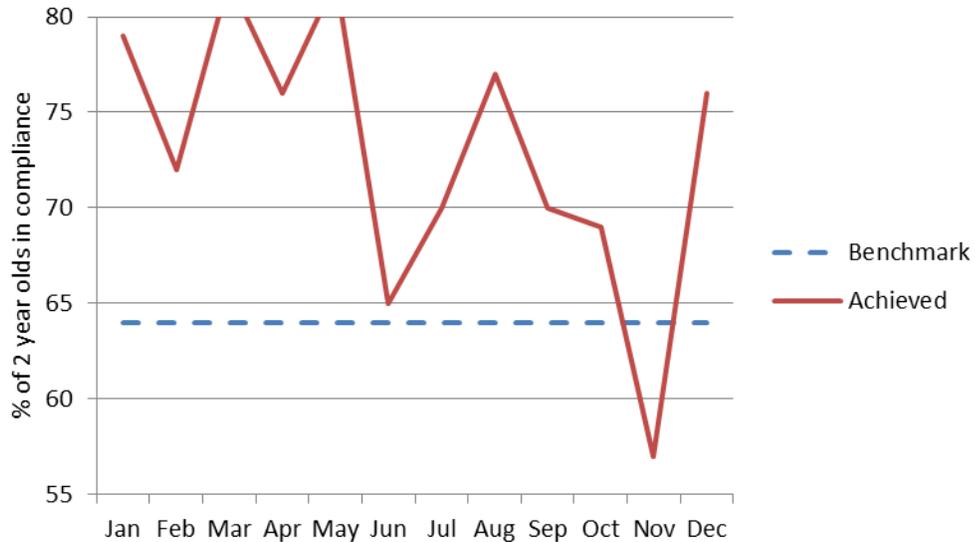
General Public Health Nursing Services:

Programs	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total
Immunizations:					
# of Children Served	177	111	137	73	28
# of immunizations(general)	295	252	218	171	60
# Child. Seasonal flu shots	101	22	74	29	3
# of Adults Served	566	82	52	60	20
#of immunizations (general)	597	87	64	67	29
# Adult seasonal flu shots	417	6	1	11	0
Referrals # of Children	12	3	18	19	3
CYSHCN # of Admits	NA	NA	NA	13	0
# of Encounters	52	4	22	22	3
Monthly Active	NA	NA	NA	31	20
Birth to 3 Referrals: YTD	87	74	111	74	115
Admissions: YTD	44	32	50	54	52
Monthly Active:	49	39	42	43	44
# Health Check Screenings	NA	NA	NA	NA	NA
# ASQ/SE Sent YTD	53	52	15	19	17
# ASQ/SE Returned YTD	44	43	15	11	12
Prenatal Care Coord. Client Referrals	117	116	73	85	59
Prenatal Care Coord. Client Admits	67	48	27	35	27
Prenatal Care Coord. Encounters	443	302	79	125	147
High Risk Newborn Referrals	132	180	208	290	319
High Risk Newborn Admits	97	116	100	72	78
High Risk Newborn Encounters	276	248	244	176	198
YTD # Court Ordered Urine Drug Tests	47	61	69	38	80
% of test = + this mo.	NA	NA	38% (3/8)	0% (0/1)	50%(1/2)
% of test = + YTD	34%	31%	39% (27/69)	55% (21/38)	40% (32/80)
TB Skin Tests*				340	249
LTBI - Latent TB Infection (YTD)				6	3
LTBI- monthly case management				3	2
TB Active Cases (YTD)				0	0

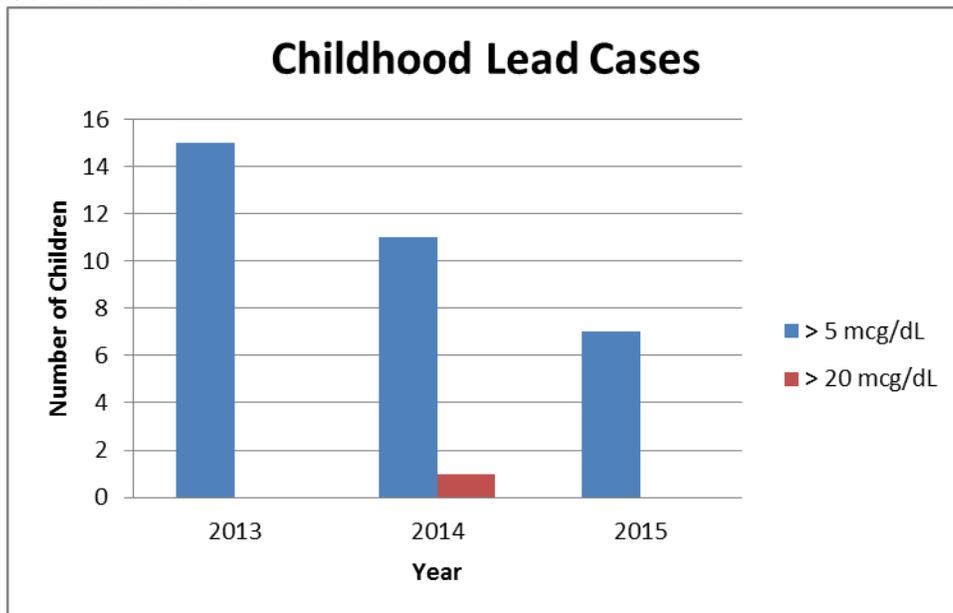
*Previous year's numbers were tracked on the communicable disease report

2015 Immunization Objective: By February 20, 2016 64% children residing in Douglas County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccinations by their second birthday.

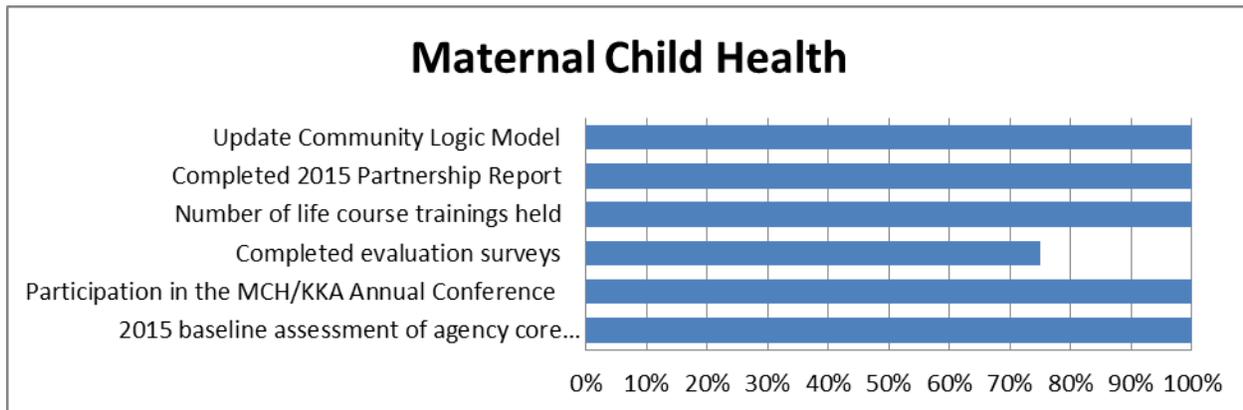
- Some parents and physicians have opted to follow an alternative immunization schedule making the child appear to be out of compliance with recommended vaccinations when they are actually on track to complete the required immunizations at a slower pace.
- Families that move with no forwarding address continue to be a challenge as they are left as open cases in Douglas County until a confirmed new address can be found.



2015 Childhood Lead Objective: Throughout 2015, residents from Douglas County will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. All children with a capillary blood lead level of 5 mcg/dL or higher received an offer of educational information and/or intervention.

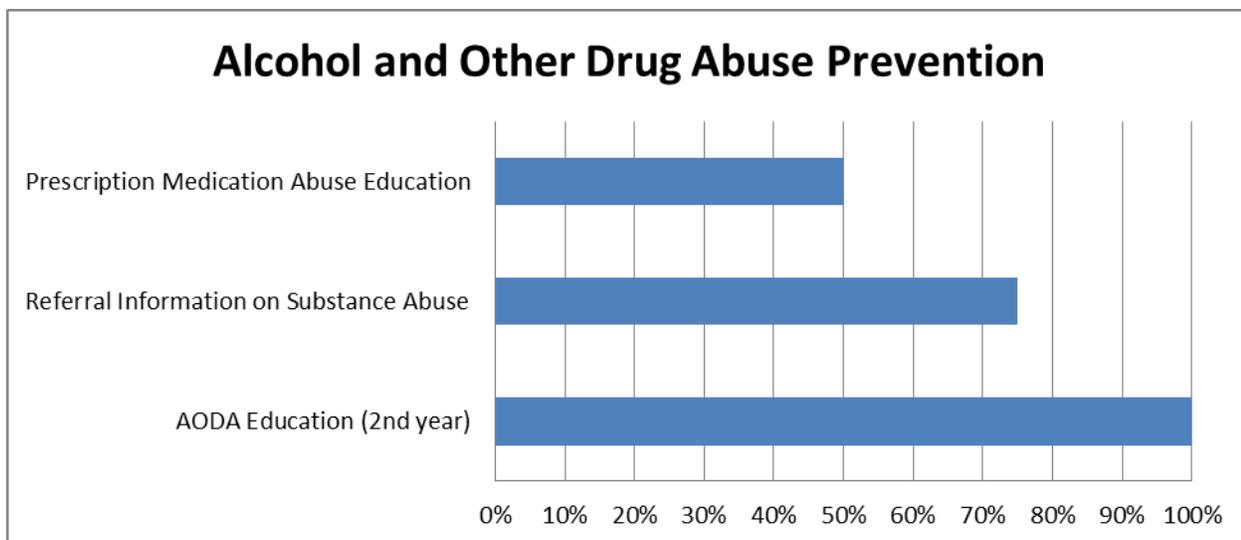


2015 Maternal Child Health Objective: By December 31, 2015, a plan for the Wisconsin Healthiest Families Initiative will be undertaken by the Douglas County Health & Human Services Department in collaboration with community partners focusing on child development.

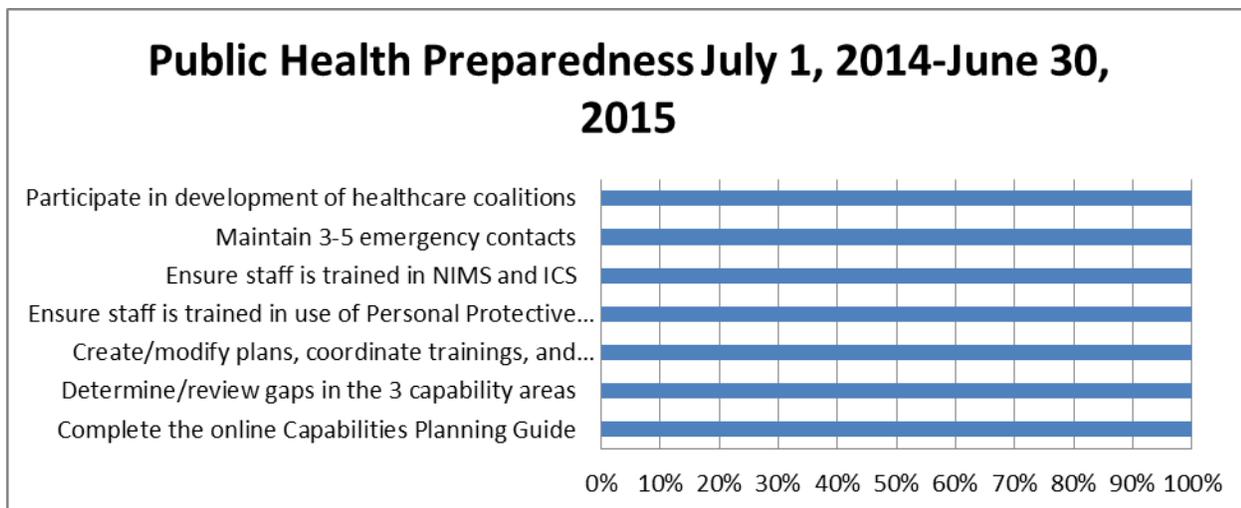


2015 Wisconsin Well Woman Program: As of June 30, 2015 enrollment services for the Wisconsin Well Woman Program in Douglas County are being handled by a multi-county coordinating agency. The services that WWWP provides and the eligibility requirements have not changed.

2015 Prevention Objective: By August 31, 2015, the Douglas County Department of Health and Human Services will implement 3 evidence based strategies to change community policies and norms related to alcohol use.



2014-2015 Public Health Preparedness Objectives: All agencies will work to close gaps identified in three Capabilities (Community Recovery, Fatality Management, and Mass Care) by completing the following activities.



Communicable Diseases Investigations and Surveillance

➤ Please refer to the communicable disease report for information about specific disease incidents.

**Submitted by: Kathy Ronchi, RN, BSN
Interim Health Officer
January, 2016**

Cumulative Report

Date Type: Create

Date Range: 01/01/2015 to 12/31/2015

Incident Jurisdiction: Douglas County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status:

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

<u>Disease Name</u>	<u>Number of Incidents</u>
ARBOVIRAL ILLNESS, WEST NILE VIRUS	6
BABESIOSIS	2
CAMPYLOBACTERIOSIS	5
CHLAMYDIA TRACHOMATIS INFECTION	142
CRYPTOSPORIDIOSIS	6
EHRlichiosis, E. chaffeensis	2
EHRlichiosis/ANAPLASMOSIS, A. phagocytophilum	26
EHRlichiosis/ANAPLASMOSIS, undetermined	1
GIARDIASIS	4
GONORRHEA	12
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	1
HEMORRHAGIC FEVER, EBOLA	1
HEPATITIS A	1
HEPATITIS B, CHRONIC	5
HEPATITIS B, Unspecified	3
HEPATITIS C	46
HEPATITIS C, ACUTE	1
HERPES, GENITAL (1st Episode)	1
HISTOPLASMOSIS	1
INFLUENZA-ASSOCIATED HOSPITALIZATION	39
KAWASAKI DISEASE	1
LEGIONELLOSIS	2
LYME DISEASE	53
LYME LABORATORY REPORT	5
MENINGITIS, ASEPTIC (VIRAL)	3

Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Date Type: Create

Date Range: 01/01/2015 to 12/31/2015

Incident Jurisdiction: Douglas County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status:

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

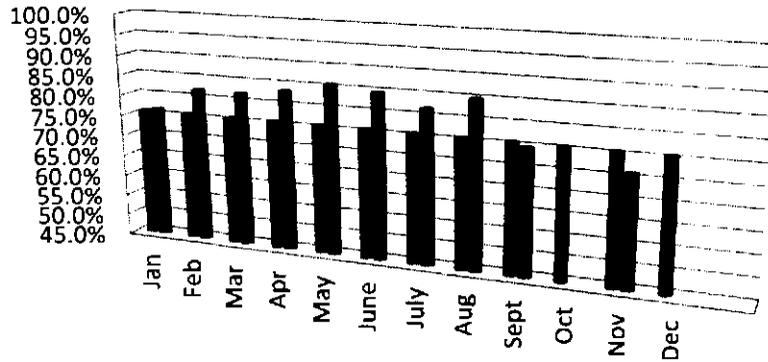
Fax: 9848999801

<u>Disease Name</u>	<u>Number of Incidents</u>
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS) NOT REPORTABLE	2
PARAPERTUSSIS	3
PERTUSSIS (WHOOPIING COUGH)	1
PESTICIDE-RELATED ILLNESS	30
SALMONELLOSIS	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	7
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	4
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	5
SYPHILIS REACTOR	3
TOXOPLASMOSIS	3
TUBERCULOSIS, LATENT INFECTION (LTBI)	1
VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)	5
VARICELLA (CHICKENPOX)	

Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Reunification 2015

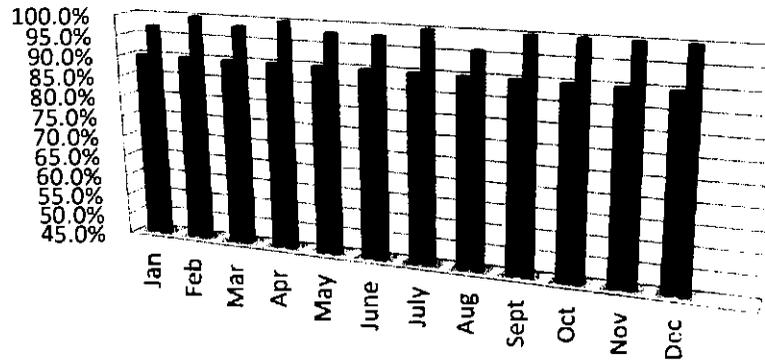
Of all children reunified with parents or caretakers, 76.1% or more are reunified within 0 – 12 months from the time of the latest removal from the home.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
■ State Standard	76	76	76	76	76	76	76	76	76	76	76	76	
■ Douglas County	77	82	82	83.6	86	84.9	82	85.1	75.4	71.4	71.4	71.4	

Face to Face Contacts 2015

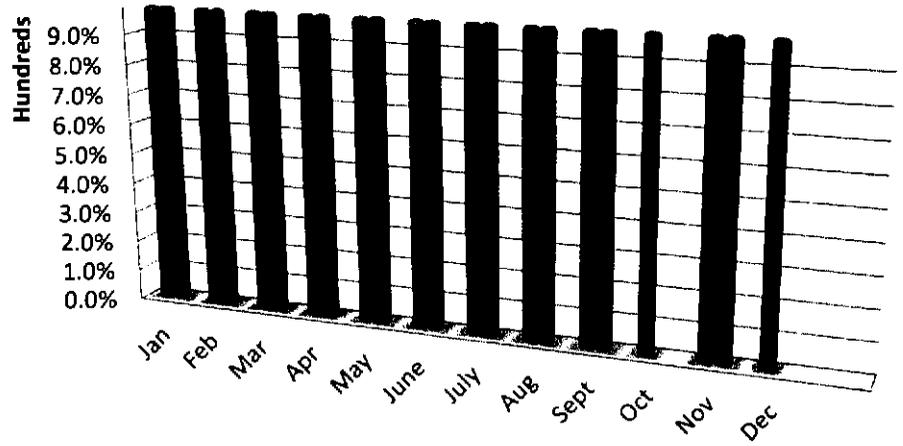
Social workers will successfully have face-to-face contacts with 90% or more of all children in out-of-home care on a monthly basis.



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
■ State Standard	90	90	90	90	90	90	90	90	90	90	90	90	
■ Douglas County	97	100	98	100	98	98	100	96	100	100	100	100	

Re-Entry into Foster Care 2015

Of all children who entered foster care during the reporting period, 9.9% or fewer re-entered foster care within 12 months of a prior foster care episode.

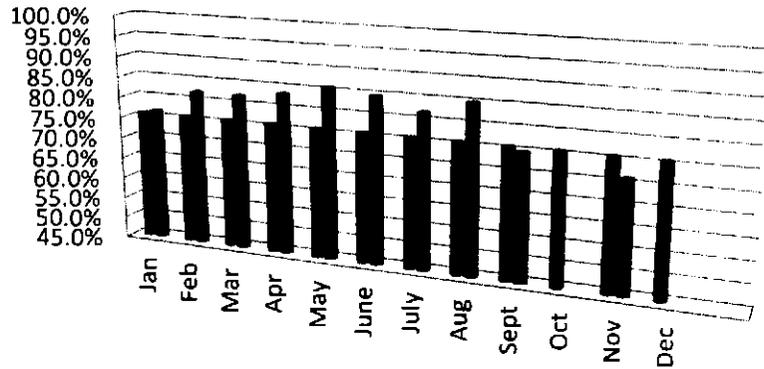


	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
■ State Standard	10	10	10	10	10	10	10	10	10	10	10	10	
■ Douglas County	33	20	35	36	37	40	32.1	32.3	25.6	1	16.7		

21.7

Reunification 2015

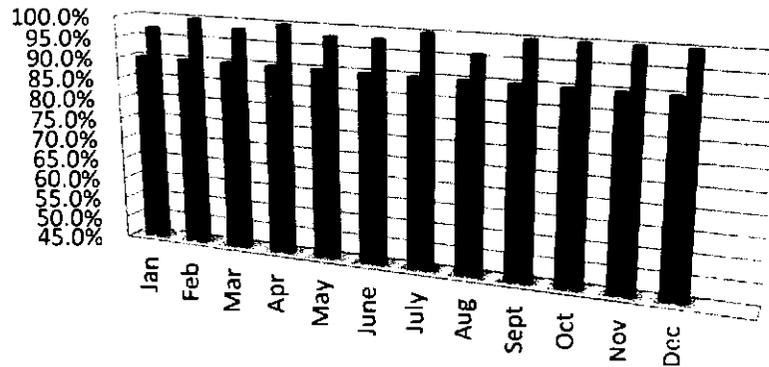
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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
■ State Standard	76	76	76	76	76	76	76	76	76	76	76	
■ Douglas County	77	82	82	83.6	86	84.9	82	85.1	75	74.5	71.4	

Face to Face Contacts 2015

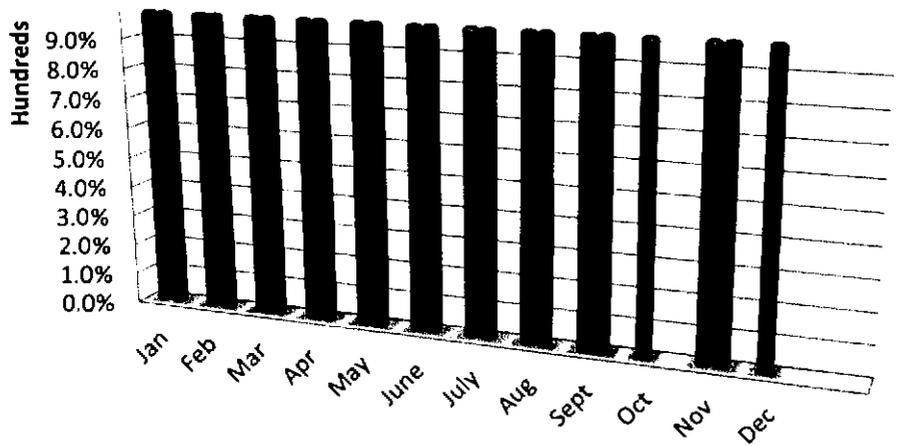
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■ State Standard	90	90	90	90	90	90	90	90	90	90	90	
■ Douglas County	97	100	98	100	98	98	100	96	100	100	100	100

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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
State Standard	10	10	10	10	10	10	10	10	10	10	10	10	
Douglas County	33	20	35	36	37	40	32.1	32.3	25.6	1	16.7		

21.7

HEALTH & HUMAN SERVICES

1/14/16

Activity	Program/ Service	Brief Description	Contact Person	Attch ment
Health Fairs/Community Events	ADRC	<p>10/24/15 Danbury Community Resource Fair- ADRC services and dementia (5 individuals attended)</p> <p>10/15/15 Dementia Friendly Community Kickoff Event (65 individuals attended)</p>	erika.leif@douglascountywi.org	no
Dementia Friendly Initiative and Caregiver Coalition	ADRC	<p>The Dementia Friendly Initiative and Caregiver Coalition have merged efforts with the intent to create a dementia friendly community, raise awareness and provide an opportunity for caregivers to receive support, information and resources about caregiving. Community surveys were completed to help assess knowledge of dementia and resources. The group is currently reviewing the data and identifying next steps with a long term goal of training businesses to become dementia friendly.</p>	erika.leif@douglascountywi.org	no
Parent Coaching	Parenting	<p>Anu Family Services received a grant through The Duluth-Superior Foundation to provide direct services to individuals within the Superior Community. DCDHHS entered into a Service Agreement with Anu to provide Parent Coaching to two families.</p>	doreen.wehmas@douglascountywi.org	no
Foster Parent Campaign	Foster Parent Program	<p>IAU Supervisor presented information to Douglas County Clergy regarding Foster Parenting and the need in Douglas County for more Foster Parents.</p>	doreen.wehmas@douglascountywi.org	no

HEALTH & HUMAN SERVICES

1/14/16

Pending Legislation	Initial Assessment and Ongoing CPS	“Justice for Children” AB 429/SB 326	doreen.wehmas@douglascountywi.org	yes
Pending Legislation	Initial Assessment and Ongoing CPS	Change in Placement Clarification Bill Overview (LRB-0210/2)	doreen.wehmas@douglascountywi.org	no
CHIP subcommittee	Preparedness	AODA subcommittee: Brainstorming focus for 2016. Planning focus groups. Physical Activity & Health Nutrition: Discussing focus for 2016. CHIP/CHA: Developing a work plan for beginning the Community Health Assessment.	Kathy.ronchi@douglascountywi.org	no
Regional Infection Prevention Network meeting	Communicable Disease	In October a PHN attended the RIPN meeting, which is a networking group from local hospitals, state and local health departments from Wisconsin and Minnesota. The focus of this meeting is collaboration in controlling the spread of infectious diseases.	Kathy.ronchi@douglascountywi.org	no
Environmental Health	Potential Human Health Hazard	In November, staff attended the Land Conservation Committee Meeting to discuss Hog Island issues. Also in attendance was Henry Nehls-Lowe, DHS.	Kathy.ronchi@douglascountywi.org	no

HEALTH & HUMAN SERVICES

1/14/16

Drinking water samples and well inspections	SDWA	100% of the required water sample collections, and well inspections were completed for 2015.	Brian.becker@douglascountywi.org Ken.zurian@douglascountywi.org	no
Animal bite investigations	Rabies control Program	A total of 34 animal bite investigations were conducted this past year	Brian.becker@douglascountywi.org Ken.zurian@douglascountywi.org	no
Radon Awareness Month	Radon	Radon is the 2 nd leading cause of lung cancer. Testing can detect this radioactive gas in your home. Radon test kits are available at the Department for \$5.00 during Radon Awareness Month (Jan). A coupon for \$5.00 radon coupons has been placed in local papers. Environmental Health Staff are presenting radon information to local Science Classes in January as well.	Brian.becker@douglascountywi.org Ken.zurian@douglascountywi.org	no



MEMORANDUM

TO: Honorable Members of the Assembly Committee on Criminal Justice and Public Safety

FROM: Sarah Diedrick-Kasdorf, Deputy Director of Government Affairs

DATE: November 5, 2015

SUBJECT: Opposition to Assembly Bill 429

The Wisconsin Counties Association (WCA) opposes Assembly Bill 429, relating to referral of cases of suspected or threatened child abuse or neglect to the sheriff or police department, coordination of the investigation of those cases, and referral of those cases to the district attorney for criminal prosecution.

Counties have three major concerns with the legislation:

- Referral of “all” cases to law enforcement;
- Requirement that child welfare agencies and law enforcement “shall coordinate the planning and execution of the investigation” of all cases;
- Requirement that all reports be referred to law enforcement within 12 hours, with no exclusion for Saturdays, Sundays, and legal holidays.

Referral of “all” cases to law enforcement

Current law requires child welfare agencies to refer all reports of suspected or threatened sexual abuse of a child to law enforcement agencies within 12 hours, exclusive of Saturdays, Sundays, or legal holidays. Assembly Bill 429 requires all abuse and neglect referrals to be reported to law enforcement “as soon as practicable, but no later than 12 hours, after receiving a report...” Most county child welfare agencies have an excellent relationship with their local law enforcement agencies. Many counties, in fact, have an MOU in place with their local law enforcement agencies governing the types of cases child welfare refers to law enforcement. If the concern is that the current mechanisms in place governing how law enforcement and child welfare agencies coordinate efforts are not robust enough, then that is an issue counties are willing to discuss. The proposed solution in this bill will have unintended consequences for child welfare and law enforcement agencies by increasing workloads and not allowing for prioritization of the most egregious reports.

For example, law enforcement involvement in “all” cases will hinder current child welfare practice as it relates to alternative response, parent agreement to receive voluntary services, and may also have a negative impact on trauma-informed care. The mere presence of law enforcement, or the possibility of law enforcement involvement, makes it more difficult for families to voluntarily agree to services and accept the help they need to ensure safety for children within the home setting.

Requirement that child welfare agencies and law enforcement “shall coordinate the planning and execution of the investigation” of all cases

Assembly Bill 429 requires law enforcement and child welfare agencies “shall coordinate the planning and execution of the investigation of a report...” Counties are uncertain as to what this language requires of child welfare agencies, as the language is unclear. Additionally, once a county child welfare agency screens out a case, the agency no longer has jurisdiction to act on the case. Therefore, it becomes difficult for child welfare agencies to participate in the planning and investigation of a case in which the agency lacks authority to act.

Requirement that all reports be referred to law enforcement within 12 hours, with no exclusion for Saturdays, Sundays, and legal holidays

The legislation requires child welfare agencies to forward all child welfare referrals to law enforcement within 12 hours, including weekends and legal holidays. For frivolous reports, the referral requirement, especially within a strict 12-hour timeframe, is unnecessary. All counties already have staff on call 24-hours a day, seven days a week to respond to crisis situations. Referrals are also made immediately if children are in imminent danger.

Proposed Compromise

Counties understand that law enforcement agencies want to ensure that children are safe. Child welfare agencies have the same goal. However, it appears that the philosophies behind the goals are somewhat different. While it is important that individuals are held accountable for their actions, especially when the safety of children is at stake, child welfare agencies must abide by federal standards that stress family reunification, trauma-informed care, long-term stability for families, etc.

To ensure the bill’s goal is achievable, counties are open to continued discussion with the authors of the bill, the Office of the Attorney General, the Department of Children and Families, law enforcement, as well as additional stakeholders. In the interim, counties ask the committee to consider the following compromise: allowing counties and local law

Assembly Bill 429 Testimony
Page 3
November 5, 2015

enforcement agencies to enter into agreements at the local level governing the types of cases to be referred to law enforcement, as well as the role each agency will play in any ongoing investigation. This language mirrors current law regarding agreements between local law enforcement and district attorneys regarding the types of cases to be referred for prosecution.

Thank you for considering our comments.

PROPOSED AMENDMENTS TO SENATE BILL 326/ASSEMBLY BILL 429

REFERRALS/TIMELINES –SECTIONS 1 AND 2 OF THE LEGISLATION *SECTION 1 OF THE BILL TO BE MODIFIED. SECTION 2 OF THE BILL TO BE DELETED AND REPLACED WITH MOU LANGUAGE.*

Maintain current law 12-hour referral on reports defined in Wis. Stats. §48.02 (1)(b) to (f).

On reports that are screened in by child welfare agencies, referral to law enforcement agencies within 24 hours (consistent with the timeframe child welfare agencies are under by DCF standards to complete assessment).

On reports that are screened in but meet the DCF standards for Alternative Response (cases are lower risk and typically do not involve law enforcement), require an MOU between law enforcement and child welfare agencies governing the timeframe for referral and outlining what, if any, collaborative efforts will be taken with regard to joint investigations.

NOTE: Law enforcement involvement in AR cases diminishes the philosophy behind alternative response and negatively impacts family involvement in voluntary services.

On cases that are screened out, the timeframes for referral to be determined by MOU, but no later than one month following receipt of the report. MOU to discuss how law enforcement and child welfare agencies will coordinate their determination of need for further investigation, including cases in which families have agreed to voluntary services.

NOTE: One-size does not fit all so MOUs should be developed locally on how responses should be coordinated. It is important to note that there is concern that child welfare agencies lack jurisdiction under Ch. 48 on screened-out cases; that will need to be addressed as part of the MOU.

ADDITIONAL CONSIDERATIONS

These issues should also be addressed in the bill to mitigate further harm to children and families:

How will law enforcement protect the confidentiality of reporters?

What training and/or technological advancements will law enforcement implement to protect the identity of children and families who have been referred, especially when there is no allegation of a crime?

Cases that cross county lines generate jurisdictional issues in the current system. How will counties, as well as municipal police departments, handle situations where the law enforcement jurisdiction is unclear?

Common examples: When a child primarily lives in one jurisdiction, but spent the weekend with a parent in another jurisdiction and a referral has been called in. Which law enforcement jurisdiction would get the referral?

What if the reporter or county doesn't know where the child lives or where the reported incident may have occurred? Currently CPS where the child resides is who responds, how would that change?

Something that needs to be figured out prior to implementation is the conflict between the CPS system set up to respond to where the child/family reside and law enforcement system set up to respond to where incidents happen. In order to collaborate the planning and execution of an investigation/assessment, we need to know who the partners are and what the process is. These cross-jurisdictional referrals will be commonplace.

Lisa Hassenstab, Executive Director
612 West Main St., Suite 200
Madison, WI 53703
608-469-5903
lhassenstab@wchsa.org



To: Members of the Wisconsin Assembly Committee on Criminal Justice and Public Safety

From: Wisconsin County Human Service Association

Date: November 5, 2015

Re: AB 429

The 71 counties which form the membership of the Wisconsin County Human Services Association (WCHSA) are dedicated to keeping kids safe, and actively providing services that support the federal requirements for child safety, well-being, and permanence. One of the duties of counties is providing child protective services under Statute 48; as such, counties are licensed child welfare agencies by statute.

WCHSA has concerns regarding the requirement within AB 429 that the licensed child welfare agency shall refer a report of *any* suspected or threatened child abuse or neglect to law enforcement within 12 hours. This requirement would seem to apply to cases which would be screened out, in which the child welfare agency has no jurisdiction. By requiring the child welfare agency to refer the reports within 12 hours, there is no distinction made between an actual urgent report and a screened out one. Screened out referrals could contain a report of a situation that is no threat, such as a child being fed a cheese sandwich every day for lunch. Currently, counties provide after-hours/on-call responses to child abuse or neglect reports and coordinate their assessments with law enforcement on sexual abuse and other serious cases. The inclusion of *any* reports in this short time frame places a resource burden on both the child welfare agency and law enforcement and interferes with the prioritization of cases that need immediate intervention.

Counties work collaboratively with law enforcement to ensure the protection and services for children and families. The child welfare agency or Child Protective Services (CPS) routinely co-investigate/assess child safety with law enforcement. While both entities are charged with keeping kids safe, law enforcement's role diverges in that they have sole responsibility for the pursuit of criminal actions in maltreatment cases. The child welfare agency has the exclusive role of providing services to the family that will ensure safety, well-being and permanence for children.

Maltreatment reports which are referred to the child welfare agency are evaluated to determine if the child welfare agency has the responsibility or jurisdiction to investigate by completing a child safety assessment. If the information provided is serious in nature and would indicate child abuse or neglect as defined in the statute, the child welfare agency has jurisdiction to intervene. These cases are screened in for assessment. When the information provided in an alleged maltreatment report does not meet the statutory definition of abuse or neglect the case is screened out and the child welfare agency has no jurisdiction. Although no formal child safety assessment can be made there may be other voluntary services offered.

From 01/01/15-09/30/15 there have been 57,634 CPS reports statewide*:

- 36,724 or 64% were screened out
- 20,910 or 36% were screened in

Promoting best practice, creating professional alliances, and developing partnerships in service delivery

Referrals which are screened out are done so because they do not rise to the level of child abuse or neglect. There could be various interpretations for the wording that requires law enforcement and the licensed child welfare agency to “coordinate the planning and execution of the investigation of a report”. The child welfare agency does not have jurisdiction to investigate/assess screened out referrals. Whether or not the intent of the language is to provide reports to law enforcement for their review without child welfare involvement is not clear.

WCHSA is committed to child safety and to collaboration with our valued law enforcement partners. In order to ensure statewide best practice regarding the handling of maltreatment reports in accordance with the statutes and corresponding CPS standards, WCHSA recommends enacting a minor change, noted below in red, to Statute 48.981(3)(a)3 to strengthen provisions on collaboration between child welfare departments and law enforcement:

“3. Except as provided in sub. [\(3m\)](#), a county department, the department, or a licensed child welfare agency under contract with the department shall within 12 hours, exclusive of Saturdays, Sundays, or legal holidays, refer to the sheriff or police department all cases of suspected or threatened abuse, as defined in s. [48.02 \(1\) \(b\) to \(f\)](#), reported to it. For cases of suspected or threatened abuse, as defined in s. [48.02 \(1\) \(a\)](#), [\(am\)](#), [\(g\)](#), or [\(gm\)](#), or neglect, each county department, the department, and a licensed child welfare agency under contract with the department shall **collaborate with appropriate county and municipal law enforcement authorities** and adopt a written policy specifying the kinds of reports it will routinely report to local law enforcement authorities.”

WCHSA welcomes any questions regarding the referral or investigation/assessment process, or of the suggested language we have put forth. Please reach out to Jeremy Kral (kral.jeremy@co.calumet.wi.us), WCHSA Board President, or Vicki Tylka (vicki.tylka@co.marathon.wi.us) or Ray Przybelski (przybelr@co.portage.wi.us), co-chairs of WCHSA’s Children, Youth, and Families Policy Advisory Committee, at any time.

*Wisconsin Department of Children and Families Access Dashboard; does not include service reports



201 East Washington Avenue, Room A200
P.O. Box 8916
Madison, WI 53708-8916

NOVEMBER 17 2015
Governor Scott Walker
Secretary Eloise Anderson
Division of Management Services
Bureau of Finance
Fiscal Integrity & Audit Section

November 13, 2015

Mr. Douglas Finn, County Board Chairman
Douglas County
1313 Belknap St.
Superior, WI 54880

Re: Request for Waiver from State Mandate

Dear Mr. Finn:

The Department of Revenue forwarded the Douglas County ("the County") Mandate Waiver Request to the Department of Children and Families. The waiver relates to the requirement under Wis. Stat. §49.34(4)(c) that a county obtain a certified financial and compliance audit report whenever it purchases care or services in an amount exceeding \$25,000. You are requesting a waiver threshold of \$75,000 for 4 years.

Wis. Stat. §66.0143(2)(a), provides that a political subdivision may file a request with the Department of Revenue for a waiver from a state mandate, except that the request may not relate to health or safety. The agency responsible for administering the mandate is required to act on the mandate request and to notify the requesting political subdivision and the Department of Revenue of its decision in writing. Wis. Stats. §66.0143(2)(c).

I have reviewed the material you submitted in support of your request for exemption from state mandate and have approved your request for a waiver threshold of \$75,000 as it relates to DCF related contracts for a four year period, beginning November 13, 2015 and ending November 12, 2019, except as stated in the following paragraph.

This waiver does not apply to contracts with Residential Care Centers, Child Placing Agencies or Group Homes licensed under Wis. Admin. Code DCF 52, DCF 54 and DCF 57, respectively. Audits are an essential part of the process for DCF's claim to the federal government for Foster Care IV-E and Title XIX to help pay for care for children in these facilities who are eligible for those programs.

The County retains its authority to audit any contract deemed advisable by the County. In addition, for purchases that exceed \$75,000, the county retains the authority to seek a waiver of audits through existing DCF policies and procedures applicable to the granting of audit waivers on a case-by-case basis. These policies and procedures can be found in the DCF *Provider Agency Audit Guide*, available online at <http://dcf.wisconsin.gov/contractsgrants/pdf/paag.pdf>.

Sincerely,



Timothy L, Meeusen, CPA
Department of Children & Families
608-422-6382
Timothy.Meeusen@wisconsin.gov

Cc: Lynn Oldenburg, DOR
Audrey Roecker, BRO

