



**HEALTH AND HUMAN SERVICES BOARD MEETING**  
**Douglas County Board of Supervisors**  
**Thursday, January 14, 2016, 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, June Farkas, Jim Paine, Patricia Ryan, Jim Bolin (arrived 4:33 p.m.), Amida Gallito (arrived 4:59 p.m.) Absent – Alan Jaques. Others present – Pat Schanen, Dave Longsdorf, Joan Finckler, Doreen Wehmas, Brian Becker, Ken Zurian, Erika Leif, Kathy Ronchi, Ellen Oaks, Brooke Hofmeister, Cary Breitlow, Cindy Ellefson, Kaci Lundgren (Committee Clerk).

**APPROVAL OF MINUTES:** Motion by Ryan, second Paine, to approve the minutes of the November 12, 2015, meeting. Motion carried.

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

**INFORMATIONAL ITEMS:**

**Mandate Waiver Request – Department of Children and Families:** Request to waive audits when care and service by providers is less than \$75,000 was approved in September.

**Social Work Safety Act:** Sample resolution included with agenda.

**ACTION (RESOLUTION):** Motion by Paine, second Ryan, to approve resolution to correctly reflect Douglas County and forward to County Board. Motion carried unanimously.

**FUTURE AGENDA ITEMS:** Justice for Children – AB 429/SB 326.

**ADJOURNMENT:** Motion by Paine, second Farkas, to adjourn. Motion carried. Meeting adjourned at 5:28 p.m.

Submitted by,

Kaci Jo Lundgren, Committee Clerk



Phone (715) 394-9564  
Fax (715) 394-6788

**Date:** March 15, 2016

**To:** Ellen Oaks  
Douglas County  
Vettrans Service Office  
1316 N. 14<sup>th</sup> Street, Room 385  
Superior, WI 54880

**From:** Troy Nelson

**RE:** Relocate existing door

We propose to furnish labor, materials, and equipment necessary to perform work on the above stated project for the following price **\$8000.00**

#### SCOPE OF WORK

1. Install Poly dust barriers.
2. Remove existing door and frame, relocate to adjacent wall.
3. Demo existing wall tile (new location of door).
4. Infill old door opening, metal studs and sheetrock.
5. Install carpet threshold in new doorway, saw cut floor tile at the old door to receive base, install wall tile in demo and patched areas.
6. Tape and paint office wall, bathroom, and corner to corner of hallway wall.
7. Relocate fire strobe lights.
8. Daily cleaning.

Work hours: Monday – Friday 7:00 am to 3:30 pm

#### NOT INCLUDED

1. Permits if required
2. Temporary power
3. New door and frame or door hardware

# HEALTH & HUMAN SERVICES

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ADRC Report 2016

Submitted by: Erika Leif, Director Date: April 2016

Years 2015/2016	Dec 14/15	Jan 15/16	Feb 15/16	Mar 15/16	Apr 15/16	May 15/16	June 15/16	July 15/16	Aug 15/16	Sep 15/16	Oct 15/16	Nov 15/16	Dec 15/16
<b>Referrals by Type:</b>													
Long Term Care Functional Screen	17/11	15/23	19/20	25/17	26/	31/	26/	27/	21/	18/	12/	16/	11/
Disability Benefit Specialist (new cases opened)	5/4	5/1	5/9	4/3	8/	1/	6/	7/	8/	1/	10/	3/	4/
<b>Number of Clients Served:</b>	Dec 14/15	Jan 15/16	Feb 15/16	Mar 15/16	Apr 15/16	May 15/16	June 15/16	July 15/16	Aug 15/16	Sep 15/16	Oct 15/16	Nov 15/16	Dec 15/15
Elderly Benefit Specialist (EBS)	40/77	35/70	40	37/	48/	21/	54/	57/	55/	51/	146/	92/	77/
MDS Q meetings	1/3	2/1	1/2	1/5	1/	5/	3/	6/	1/	5/	3/	11/	3/
Total Number of ADRC Contacts*	496/ 418	437/ 567	420/ 570	479/ 605	552/	505/	552/	551/	518/	494/	483/	432/	418/
Memory Screens	0 /0	0 /0	0/0	0/0	0/	0/	0/	0/	0/	0/	0/	9/	0/
<b>Number Served in Family Care:</b>	Dec 14/15	Jan 15/16	Feb 15/16	Mar 15/16	Apr 15/16	May 15/16	June 15/16	July 15/16	Aug 15/16	Sep 15/16	Oct 15/16	Nov 15/16	Dec 15/16
Care Management CCCW	423/ 466	425/ 464	418/ 469	427/ 467	432/	434/	439/	451/	454/	458/	459/	464/	466/
IRIS	111/ 114	111/ 114	112/ 115	113/ 114	112/	115/	115/	113/	112/	112/	114/	115/	114/
Disenrollment/ From CCW/IRIS	2/4	3/12	8/3	6/7	4/	8/	5/	6/	12/	6/	11/	5/	4/
Enrolled into IRIS	1/0	1/2	1/2	2/1	2/	4/	1/	1/	1/	1/	3/	2/	0/
Enrolled into CCCW-MCO	2/5	4/8	1/7	14/5	8/	9/	10/	15/	13/	9/	11/	9/	5/
Nursing Home Relocation to CCCW	0/0	0/0	0/1	1/0	0/	1/	1/	0	0/	0/	2 /	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).

# HEALTH & HUMAN SERVICES

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## Disability Benefit Specialist (DBS) Monetary Impact

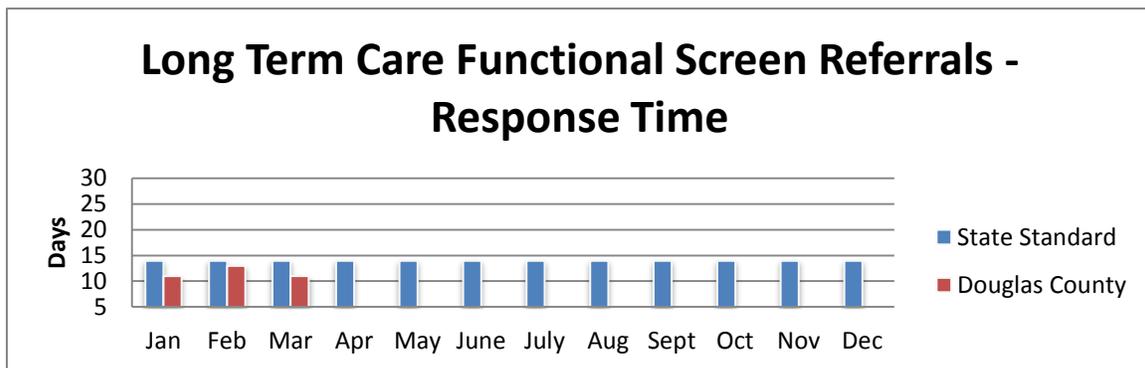
- As of March: Ongoing cases: 35
- Monetary Impact of Cases Closed:
  - January \$ 0 (0 cases closed)
  - February \$ 53,681 (9 cases closed)
  - March \$0 (3 cases closed)

## Alzheimer’s Family and Caregiver Support Program

Programs	2007 Total	2008 Total	2009 Total	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2016 YTD
Alzheimer’s Respite cases	17	15	9	12	9	7	7	10	8	6
Current Alzheimer’s Cases as of 3.31.16										6

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

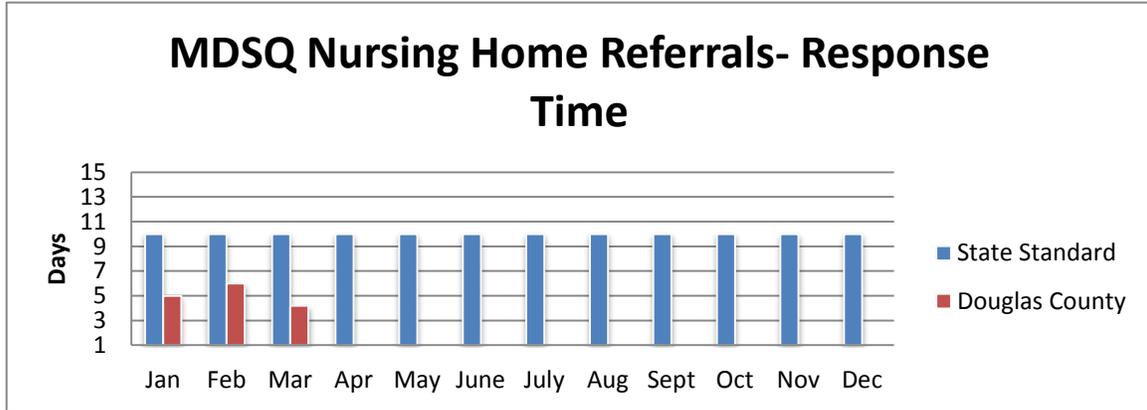
Current Waiting List Amount: 39  
 Current Amount Being Served: 22 (CLTS) 21 (CCOP)



- Per the ADRC Contract, the ADRC must initiate the functional screen within 14 calendar days of the time the person requests or accepts the offer of a screen.

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- Per the ADRC contract, the ADRC shall contact the resident, either by phone or in person, within 10 business days of receiving a referral.

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**Economic Support Unit  
January, February, March 2016**

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**Prepared By: Cary Breitlow, Economic Support Supervisor  
Date: 4/4/2016**

2015/2016	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Medicaid</b>												
<b>Total Unduplicated Caseload</b>	6,203/ <b>5,795</b>	6,274/ <b>5,822</b>	6,189/ <b>5,693</b>	6,154/	6,186/	6,164/	6,151/	6,182/	6,126/	5,326/	5,643/	5,706/
Elderly & Disabled Recipients	2,215/ <b>2,188</b>	2,212/ <b>2,185</b>	2,205/*	2,207/	2,218/	2,210/	2,200/	2,223/	2,209/	2,203/	2,188/	2,195/
BadgerCare Plus Recipients	6,381/ <b>6,312</b>	6,454/ <b>6,306</b>	6,523/*	6,567/	6,465/	6,429/	6,434/	6,424/	6,416/	6,390/	6,271/	6,289/
“Other” Medicaid Recipients	602/ <b>580</b>	590/ <b>573</b>	580/*	555/	573/	567/	560/	562/	566/	570/	589/	574/
Food Share Recipients	6,833/ <b>5,997</b>	6,819/ <b>5,977</b>	6,699/*	6,684/	6,622/	6,573/	6,533/	6,449/	6,389/	6,246/	6,153/	6,056/
Child Care Cases (Number of Children)	246/ <b>152</b>	217/ <b>212</b>	216/ <b>210</b>	225/	232/	233/	226/	213/	213/	231/	218/	222/
Caretaker Supplement Cases	53/ <b>44</b>	55/ <b>53</b>	54/ <b>54</b>	55/	56/	56/	57/	52/	53/	43/	51/	51/
General Assistance Applications	1/ <b>1</b>	1/ <b>0</b>	0/ <b>0</b>	1/	0/	0/	0/	4/	2/	0/	3/	1/
Final Statistics not yet available *												

# HEALTH & HUMAN SERVICES

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

Program Runs October 1- May 15

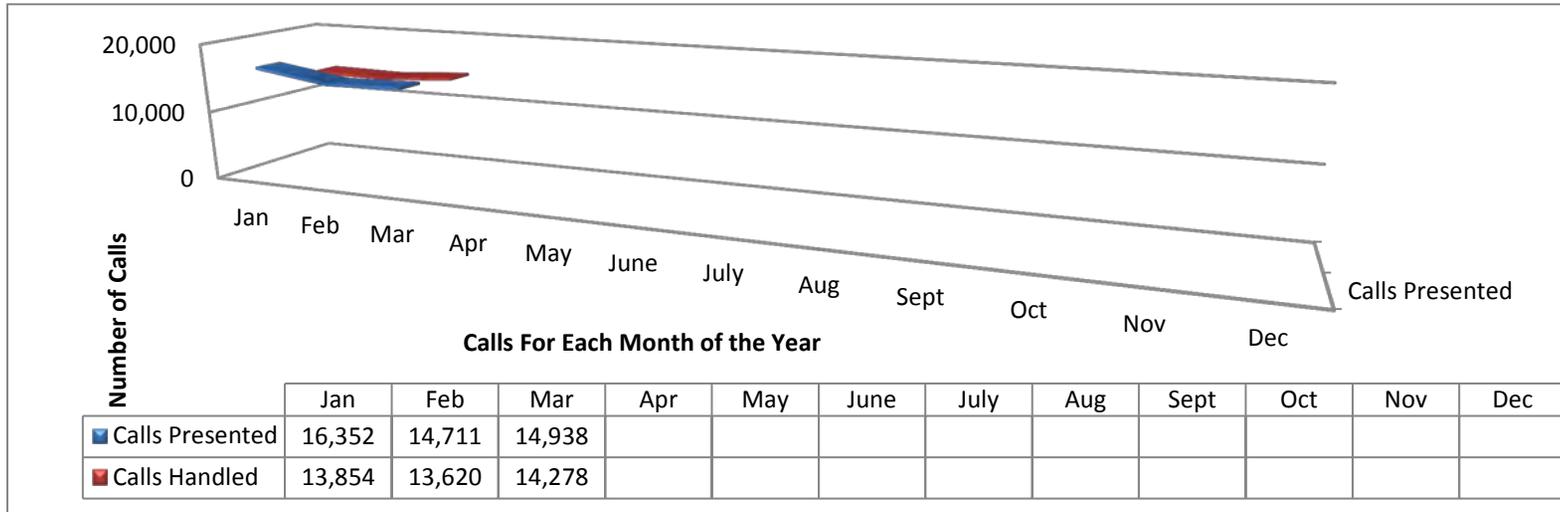
	<b>2014/2015 ( Final)</b>	<b>2015/2016</b>
Total Households Applied	2,321	1,865
Total Households Paid	2,110	1,694
Total Yearly Expenditures Heat & Public Benefit (non-electric)	\$937,086	\$817,938
Emergency Furnace	\$123,217 for 35 Repairs and 33 Replacements	\$73,711 for 30 Repairs, 19 Replacements and 3 Assessments
Total Yearly Crisis Payments	\$124,740	\$46,320
Available Crisis Balance	\$0	\$62,511

\*Statistics not yet available

# HEALTH & HUMAN SERVICES

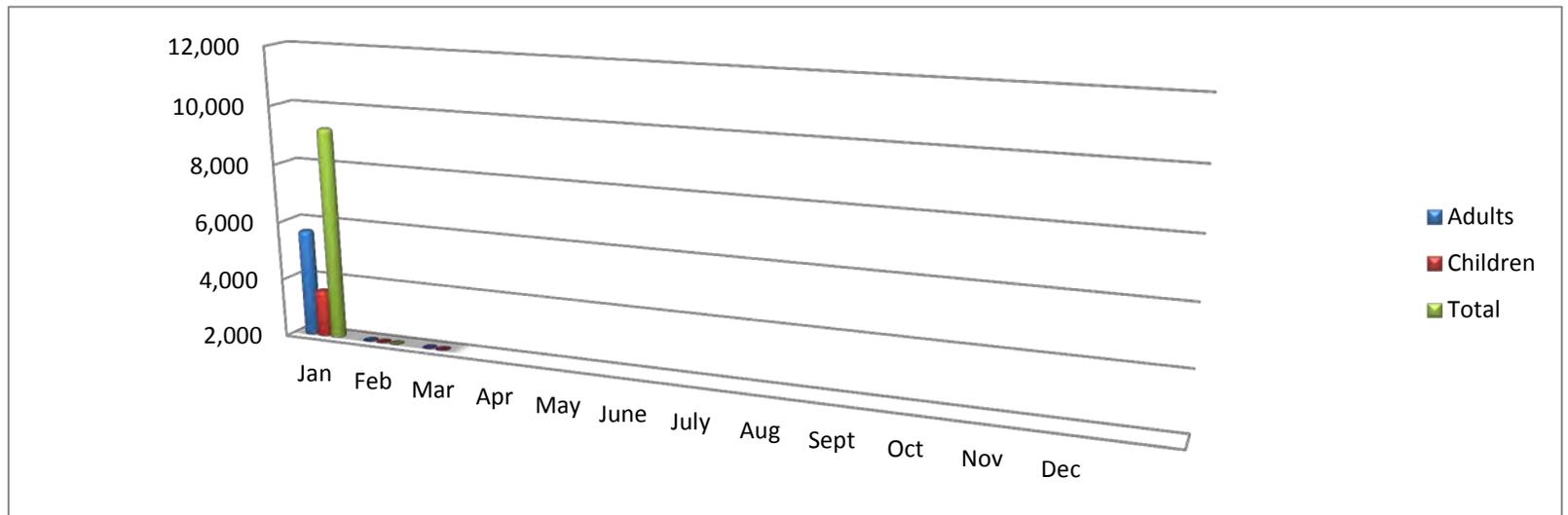
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## Great Rivers Call Center Call Volume - 2016



## IM Recipients- Douglas Count

Data in recipient graph represents number of recipients rather than number of cases and illustrates Economic Support services approximately 21% of Douglas County's population of 43,698 per the U.S. Census Bureau 2014 estimates.

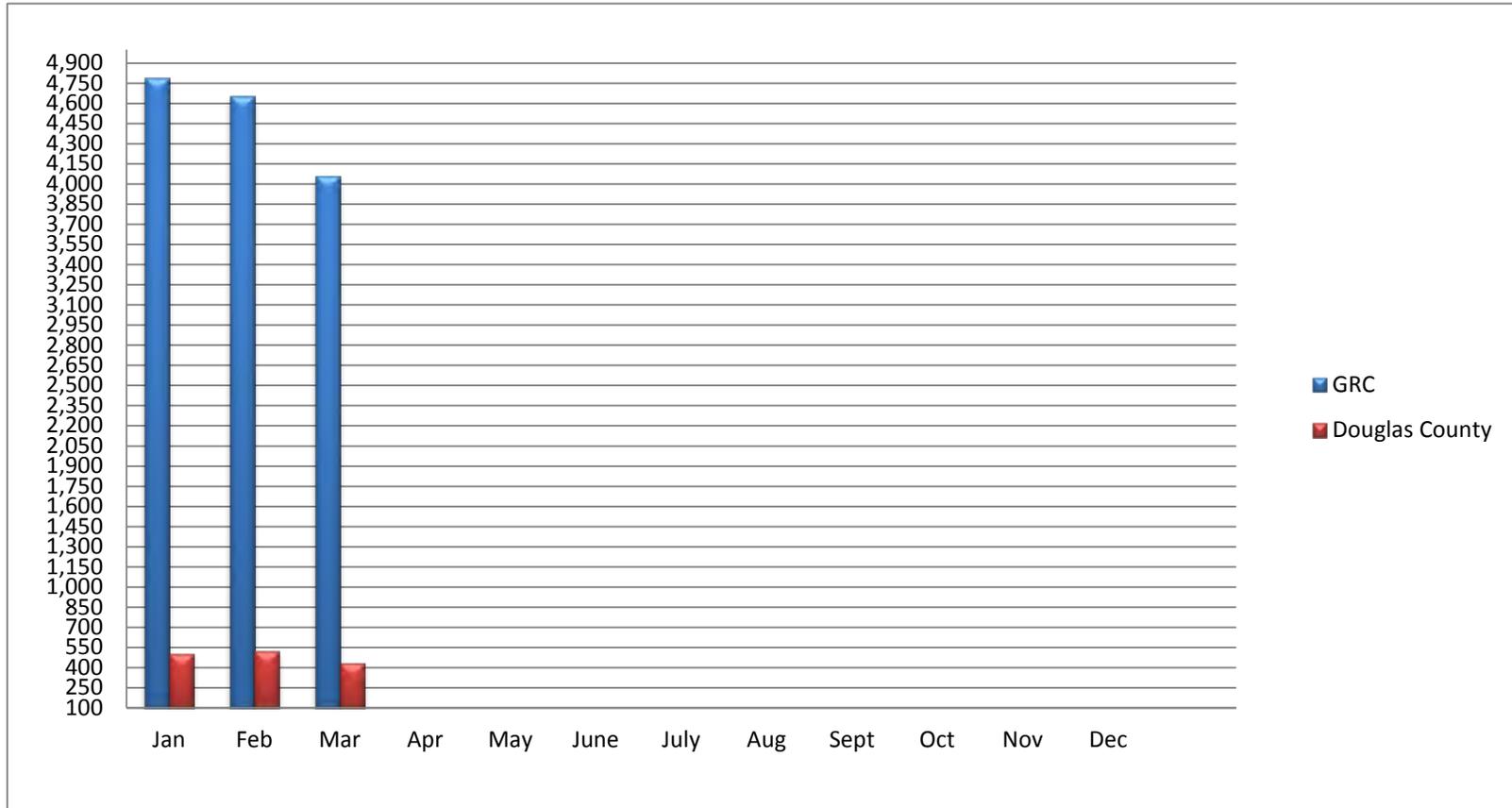


**\*\* Numbers for February and March not yet available.**

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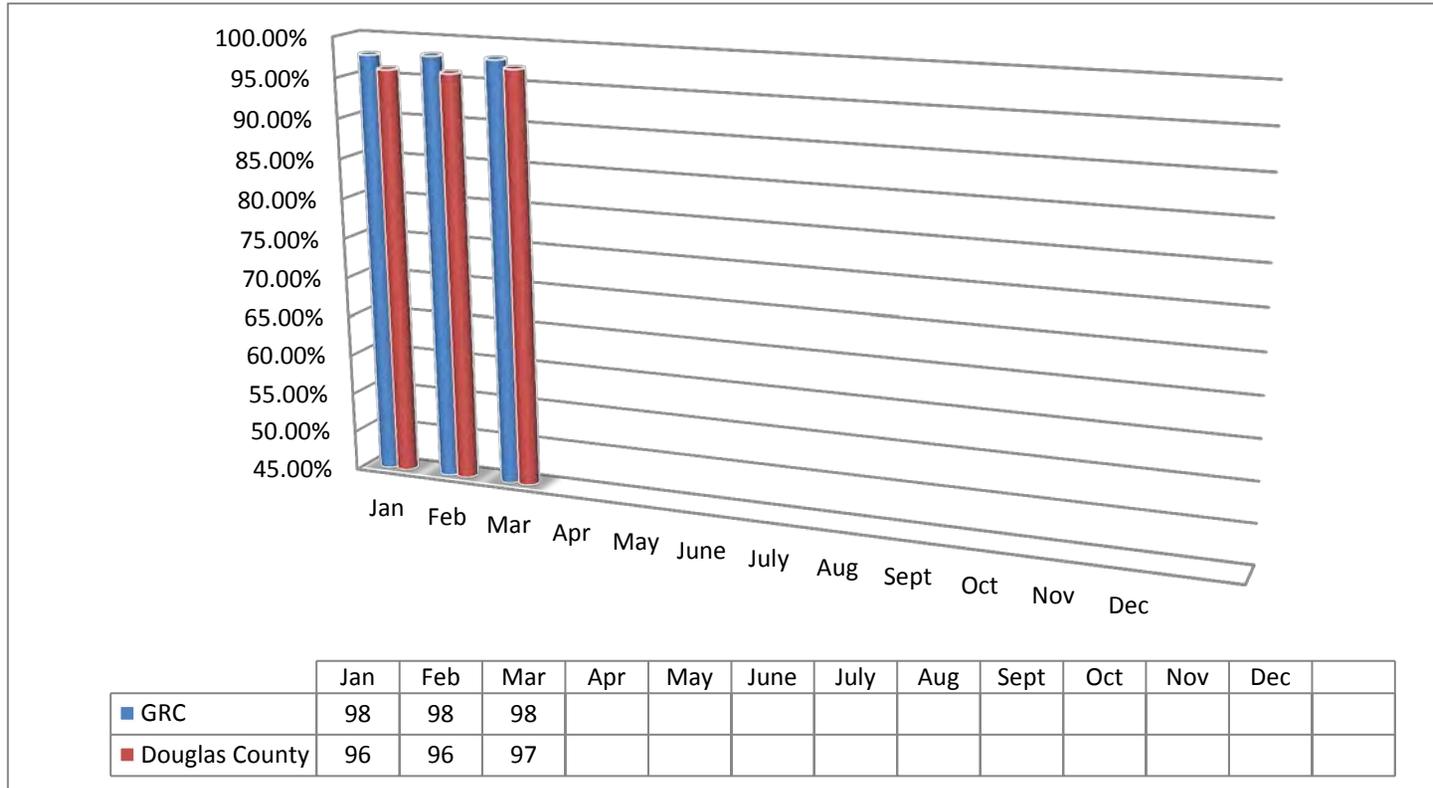
## Total Applications Processed Monthly 2016



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## Douglas County Application Timeliness 2016



Data includes application for FoodShare, Medical Assistance, and Child Care. Federal performance standard is 95% or more of applications are processed timely. Both GRC and Douglas County have consistently exceeded the standard.

# HEALTH & HUMAN SERVICES

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## ENVIRONMENTAL HEALTH UNIT UPDATE

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

March 2016

*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

	2012	2013	2014	2015	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
	TOTAL	TOTAL	TOTAL	TOTAL	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016
<b>INSPECTIONS:</b>																	
Retail Food	78	99	96	103	13	5	8										26
Restaurants	284	295	266	274	31	15	16										62
Hotels & Motels	47	66	51	54	2	1	1										4
Campgrounds	39	37	38	45	0	0	0										0
Swimming Pools	27	21	27	30	2	9	0										11
Mobile Home Parks	13	17	18	18	0	1	2										3
Rec. & Educational Camps	7	5	6	5	0	0	0										0
Tattoo & Piercing Estab	11	8	13	5	0	0	0										0
Sanitary "Well" Surv SDWA	37	40	37	31	9	6	0										15
DPI-School Kitchens	26	29	28	30	0	0	2										2
<b>INSPECTION TOTAL:</b>	<b>569</b>	<b>569</b>	<b>580</b>	<b>595</b>	<b>57</b>	<b>37</b>	<b>29</b>	<b>0</b>	<b>123</b>								

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	2012	2013	2014	2015	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
	TOTAL	TOTAL	TOTAL	TOTAL	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016
<b>INVESTIGATIONS:</b>																	
Food or Waterborne Illness	5	19	3	7	3	1	0										4
West Nile	1	1	1	2	0	0	0										0
Animal Bites/Rabies Prot	19	28	24	34	2	3	3										8
Air Quality Issues	42	58	42	58	6	6	7										19
Housing Issues	30	43	42	42	5	4	3										12
Animal/Insect	29	29	25	37	7	3	1										11
Consumer Complaints	21	45	24	28	5	1	2										8
Water Quality Issues	10	88	104	111	13	10	9										32
<b>INVESTIGATION TOTAL:</b>	<b>157</b>	<b>311</b>	<b>265</b>	<b>319</b>	<b>41</b>	<b>28</b>	<b>25</b>	<b>0</b>	<b>94</b>								

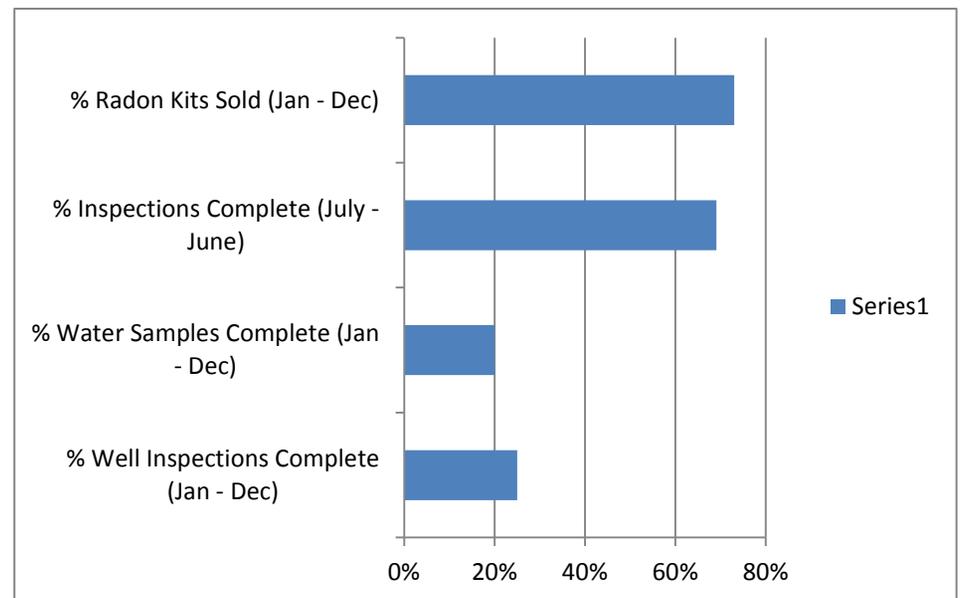
	2012	2013	2014	2015	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD
	TOTAL	TOTAL	TOTAL	TOTAL	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016
<b>LEAD HAZARDS:</b>																	
Elevated Blood Lead	5	0	1	1	0	0	0										0
Lead Risk Assessments	6	0	1	1	0	0	0										0
Lead Inspections - other	2	0	2	1	0	0	0										0
Clearance Inspections	0	2	1	0	0	0	0										0
<b>LEAD INSPECTION TOTAL:</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SAMPLE COLLECTION:</b>																	
City Water	48	48	48	48	4	4	4										12
SDWA	299	209	251	244	28	21	8										57
Retail Food Swabs	0	40	30	30	0	0	0										0
<b>SAMPLE COLLECTION TOTAL:</b>	<b>347</b>	<b>297</b>	<b>329</b>	<b>322</b>	<b>32</b>	<b>25</b>	<b>12</b>	<b>0</b>	<b>69</b>								
<b>TRAINING PROGRAMS:</b>																	
Presentations / Outreach	7	6	4	5	2	2	1										5
Participants	1000	750	590	950	65	175	150										390
<b>HOME RADON TESTS:</b>	<b>63</b>	<b>63</b>	<b>16</b>	<b>71</b>	<b>66</b>	<b>7</b>											<b>73</b>

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LABORATORY ACTIVITY	2012	2013	2014	2015	JAN	FEB	MAR	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	YTD	
	TOTAL	TOTAL	TOTAL	TOTAL	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	
<b>Water Analysis</b>																		
Biological: Coliforms																		
3300-51 Public TNC	322	262	295	291	30	29												59
3300-217 Private	441	309	311	294	36	32												68
Municipal	237	227	235	219	20	20												40
Chemical: Chlorine Residual	237	227	235	219	20	20												40
Total Coliform Tests	1010	804	854	817	86	81												167
Total Chemical Tests	237	227	235	219	20	20												40
Total Biological & Chemical Tests	1247	1031	1089	1036	106	101												207
<b>Pasteurized Milk Analysis</b>																		
Total Milk Tests	616	633	559	498	57	59												116
<b>Medical Waste: Loads</b>	4	2	7	3	0	1												1
<b>Autoclave Spore Tests</b>	0	0	0	0	0	0												0

## Work Completion Tracking Chart



# HEALTH & HUMAN SERVICES

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## Unit Update Report Intake and Assessment

**Prepared By: Doreen Wehmas, Intake and Assessment Supervisor**

**Date: 4/1/2016**

<b>2016</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Referrals by Type:												
<b>Cases Assigned</b>												
Traditional Response	10	14	20									
Alternative Response	11	10	15									
# of victims	34	29	54									
<b>Physical Abuse # of cases</b>												
	7	11	9									
# of victims	7	12	9									
<b>Neglect # of cases</b>												
	13	11	24									
# of victims	26	15	41									
<b>Sexual Abuse # of cases</b>												
	0	1	1									
# of victims	0	1	1									
<b>Emotional Abuse # of cases</b>												
	0	1	2									
# of victims	0	1	4									
Screened out cases	55	40	54									
Offer of Services	11	15	11									

- During the month of March three cases was transferred from IAU to YFS.

# HEALTH & HUMAN SERVICES

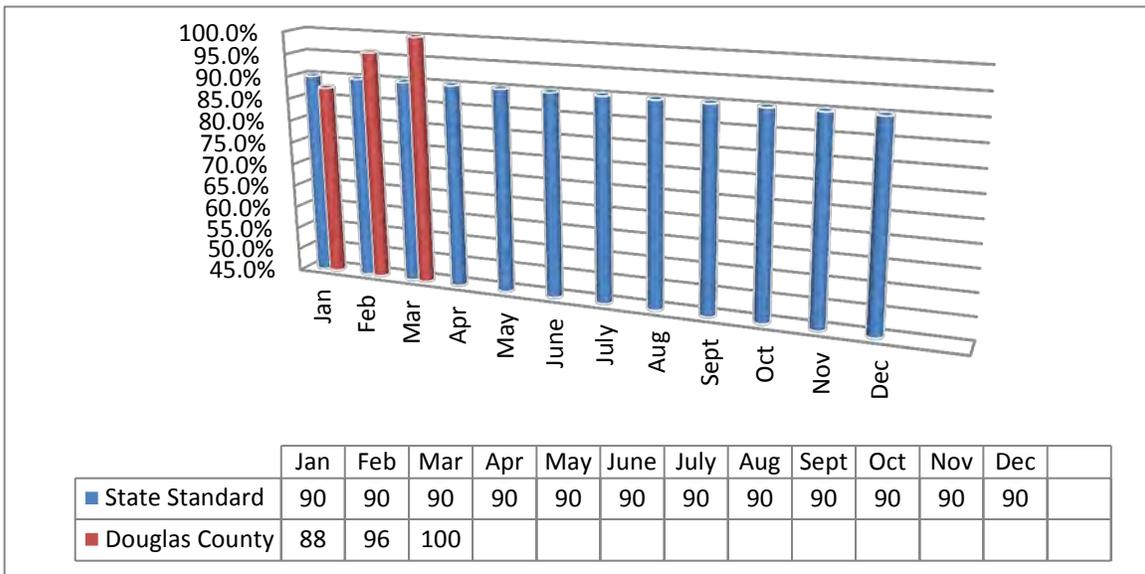
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## Quality Assurance

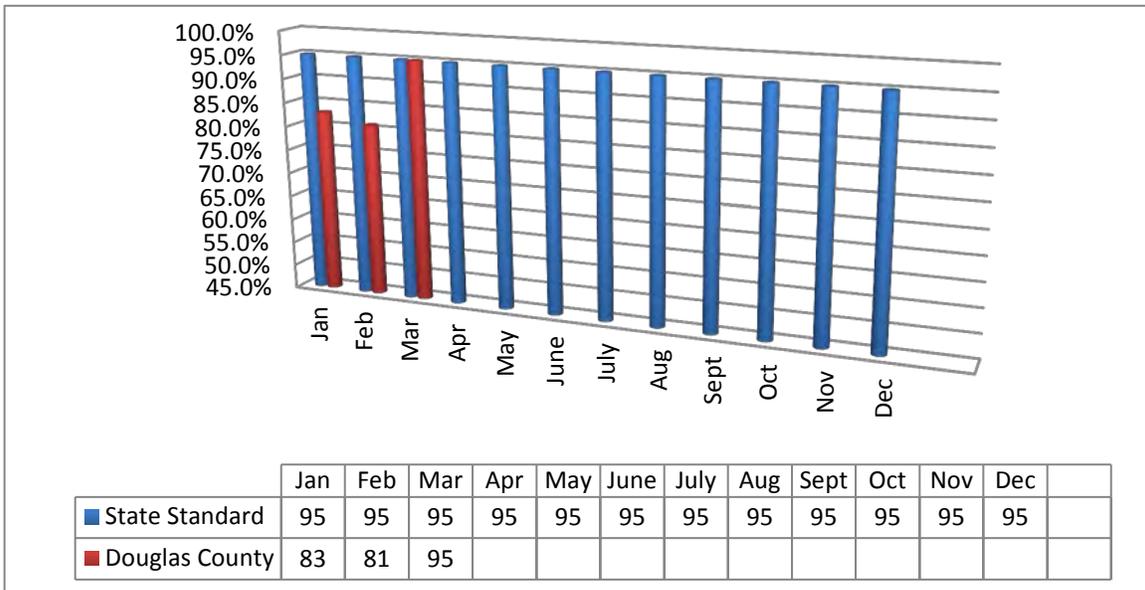
Wisconsin's Program Improvement Plan – Strategies to Improve Child Welfare

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

### Initial Assessment 60 Day Completion 2016



### Face to Face Response Times 2016



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## Foster Care, Court Ordered Kinship Care and Voluntary Kinship Care

<b>2016</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Licensed Foster Care Homes	16	16	15									
Level One Foster Care Homes	6	6	6									
Kinship Cases	60	60	60									
Voluntary	26	26	21									
Court ordered												

Five Pending Level 2 Foster Homes Licensures  
 Eight Pending Level 1 Foster Home Licensures  
 Fifteen Pending Voluntary Kinship Cases

## Child Care Certification

<b>2016</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Child Care Certification	10	10	10	11								

# HEALTH & HUMAN SERVICES

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**Date: April 2016**

## Mental Health/AODA Unit Update

**Submitted by: Dave Longsdorf**

<b>2015/ 2016</b>	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Mental Health COP	3/3	3/3	3/3									
Drug Court Participants	3/3	3/3	1/3									
Emergency Detentions	3/1	3/2	2/0									
Commitments (Ch 51) Monthly total / Total on 51	0/8	0/9	0/6									
# in Institutions	2/1	2/1	1/1									
MH CBRF Placements	15/14	15/15	12/15									
<b>Referrals by Type:</b>												
Mental Health Services	32/19	27/14	19/15									
MH Case Management Assigned	28/13	25/11	15/11									
AODA Services	5/4	6/8	5/17									
AODA Case Management Assigned	4/3	4/6	2/6									
# on Waiting Lists												
Chronic Mental Illness	8/10	9/11	6/12									
<b>Number of Clients Served by Contract</b>												
<b>Mental Health</b>												
Outpatient - HDC	13/*	13/*	16/*									
Outpatient - LSS	16/3	14/*	7/*									
CSP - HRC	146/ 147	147/ 147	147/ 147									
<b>AODA</b>												
Inpatient CBRF	1/0	1/0	1/0									
Outpatient - HDC	34/*	36/*	33/*									
IDP – DUI Assessment	13/20	22/26	23/31									
Detox Services	19/14	18/*	14/*									
<b>Total Served</b>	350/ 263*	354/ 256*	305/ 279*									

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  
Blank identifies insufficient data

# HEALTH & HUMAN SERVICES

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## Adult Protection

2015/2016 # of Cases	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	20/ 29	16/ 23	19/ 20									

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

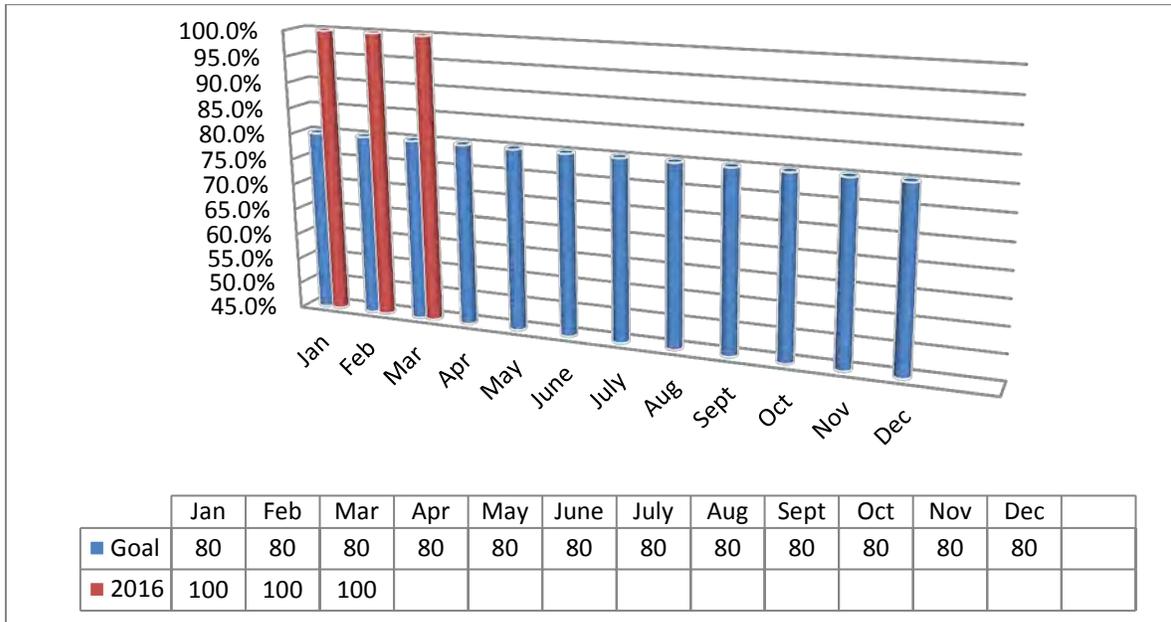
2016	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1. Commitment Diversions (ED's+assigned)	14/14	13/13	11/11									
2. CBRF use of new cases	14/1	13/3	11/0									
3. Completed Case Management Goals	4/4	5/4	7/5									
4. Successful IDP Completion	13/12	22/20	23/20									
5. Successful Completion of Outpatient TX	*	*	*									
6. Guardians Assigned/total # Corporate	3/1	2/0	2/1									

1. The number indicates the number of cases that have been closed in that month that had completed their service plan goals.
2. The total number of completions have not been reported as of March 31 as several are still completing treatment.

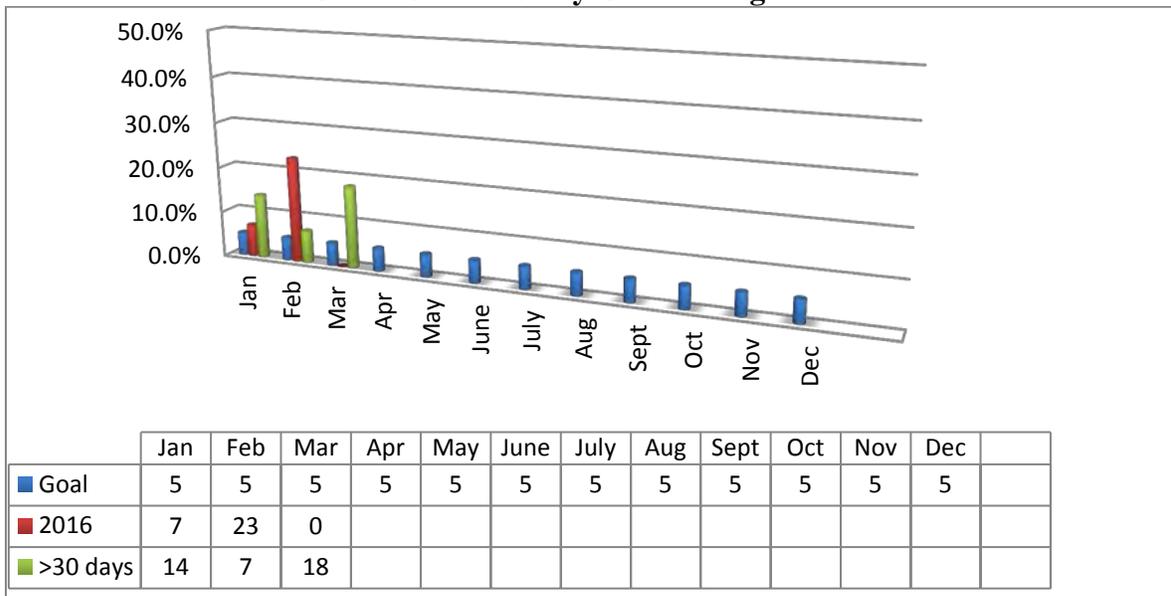
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## Potential Commitments resolved through voluntary services



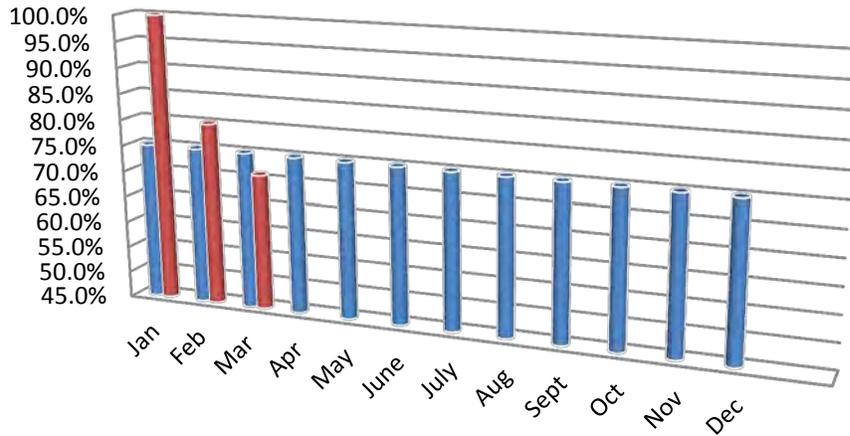
## CBRF Utilization by Case Management



# HEALTH & HUMAN SERVICES

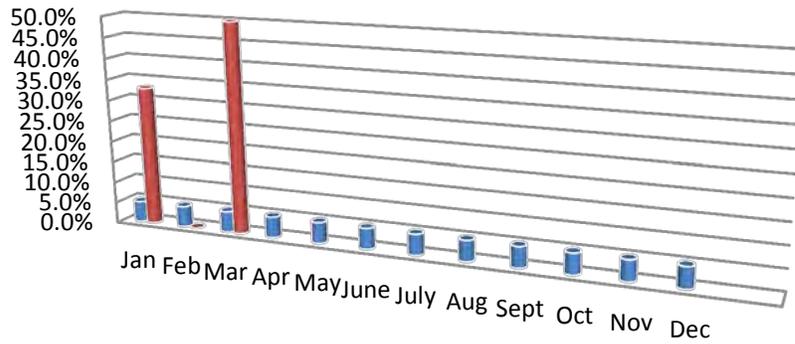
4/14/16

## Successful Service Plan Completion



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
■ Goal	75	75	75	75	75	75	75	75	75	75	75	75	
■ 2016	100	80	71										

## Use of Corporate Guardian

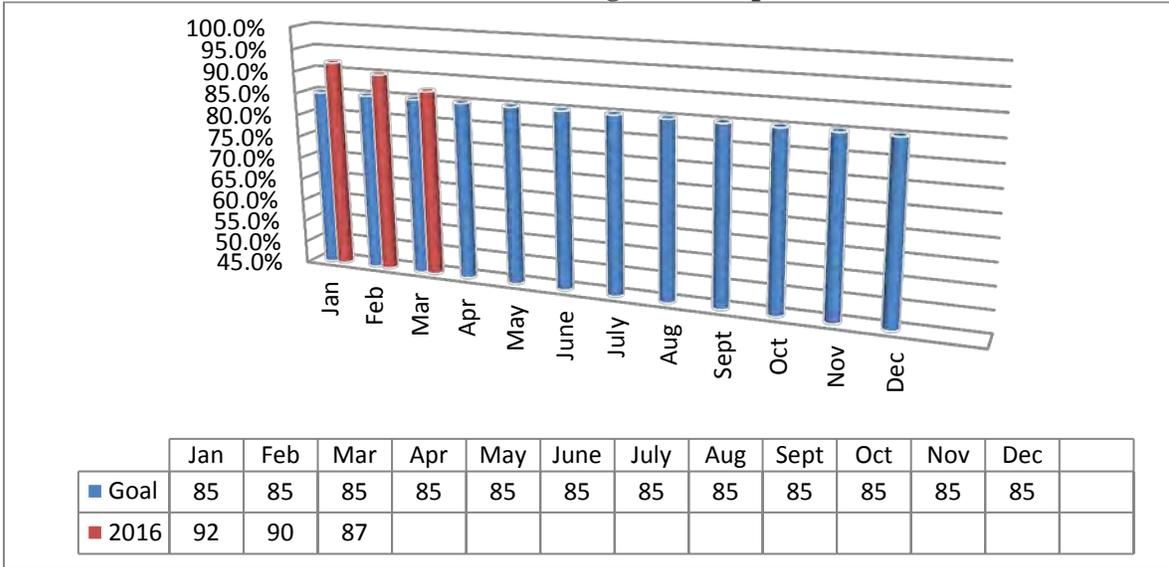


	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	
■ Goal	5	5	5	5	5	5	5	5	5	5	5	5	
■ 2016	33	0	50										

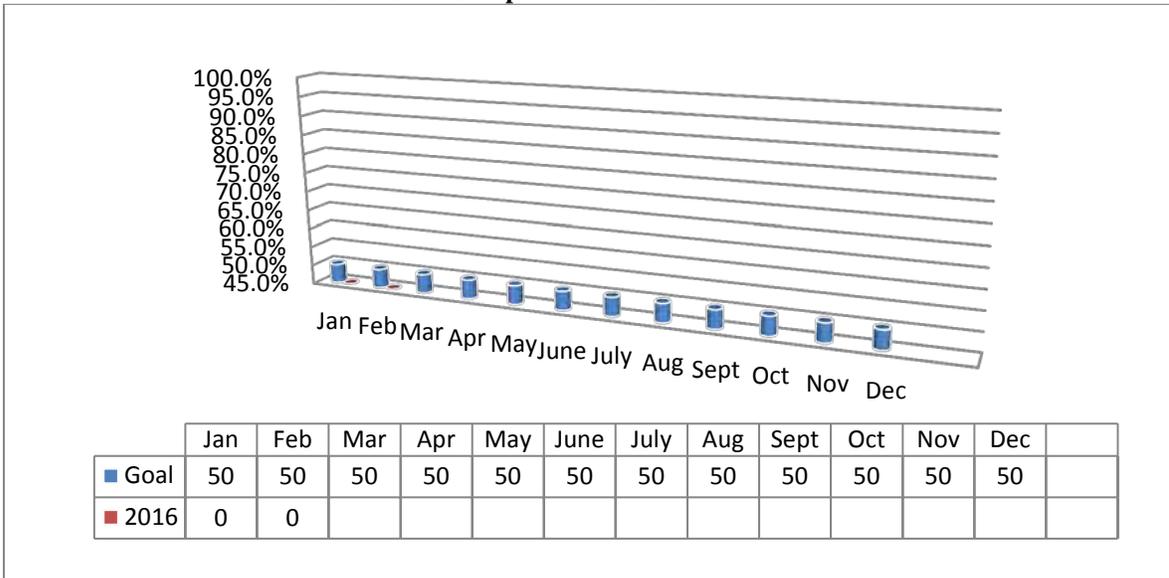
# HEALTH & HUMAN SERVICES

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## Intoxicated Driver Program Completions



## Successful Completion of AODA Treatment



# HEALTH & HUMAN SERVICES

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## Cumulative Report

Date Type: Create

Date Range: 01/01/2016 to 03/31/2016

Incident Jurisdiction: Douglas County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction: Douglas County

Transmission Status:

Resolution Status:

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

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### All diseases except Lead

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<u>Disease Name</u>	<u>Number of Incidents</u>
BABESIOSIS	1
CAMPYLOBACTERIOSIS	2
CHLAMYDIA TRACHOMATIS INFECTION	22
GIARDIASIS	4
GONORRHEA	2
HEPATITIS B, CHRONIC	1
HEPATITIS C, ACUTE	1
HEPATITIS C, CHRONIC	8
INFLUENZA-ASSOCIATED HOSPITALIZATION	13
LEGIONELLOSIS	1
LYME DISEASE	2
MENINGITIS, ASEPTIC (VIRAL)	1
MUMPS	1
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	1
PERTUSSIS (WHOOPIING COUGH)	4
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	3
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	2
SYPHILIS, LATE LATENT	1
SYPHILIS, SECONDARY	1
VARICELLA (CHICKENPOX)	1

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).

# HEALTH & HUMAN SERVICES

4/14/16

## Douglas County Department of Health and Human Services Public Health Nursing Services March 2016

**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	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total
Immunizations:					
# of Children Served	111	137	73	28	16
# of immunizations(general)	252	218	171	60	46
# Child. Seasonal flu shots	22	74	29	3	2
# of Adults Served	82	52	60	20	2
#of immunizations (general)	87	64	67	29	2
# Adult seasonal flu shots	6	1	11	0	NA
Referrals # of Children	3	18	19	3	0
CYSHCN # of Admits	NA	NA	13	0	NA
# of Encounters	4	22	22	3	0
Monthly Active	NA	NA	31	20	NA
Birth to 3 Referrals: YTD	74	111	74	115	22
Admissions: YTD	32	50	54	52	11
Monthly Active:	39	42	43	44	41
# ASQ/SE Sent YTD	52	15	19	17	3
# ASQ/SE Returned YTD	43	15	11	12	3
# With Risk Identified	NA	NA	NA	NA	3
Prenatal Care Coord. Client Referrals	116	73	85	59	15
Prenatal Care Coord. Client Admits	48	27	35	27	3
Prenatal Care Coord. Encounters	302	79	125	147	33
High Risk Newborn Referrals	180	208	290	319	85
High Risk Newborn Admits	116	100	72	78	18
High Risk Newborn Encounters	248	244	176	198	67
YTD # Court Ordered Urine Drug Tests	61	69	38	80	15
% of valid test = + <b>this mo.</b>	NA	38% (3/8)	0% (0/1)	50%(1/2)	50%(1/2)
% of valid test = + <b>YTD</b>	31%	39% (27/69)	55% (21/38)	40% (32/80)	57%(4/7)
TB Skin Tests*			340	249	81
LTBI - Latent TB Infection (YTD)			6	3	0
LTBI- monthly case management			3	2	1
TB Active Cases (YTD)			0	0	0

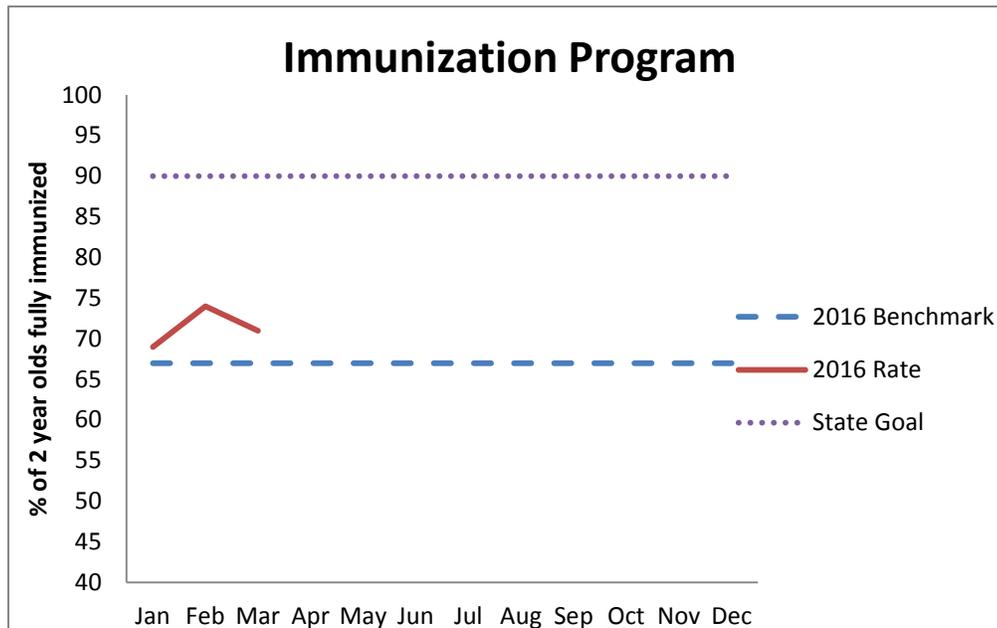
\*Previous year's numbers were tracked on the communicable disease report

# HEALTH & HUMAN SERVICES

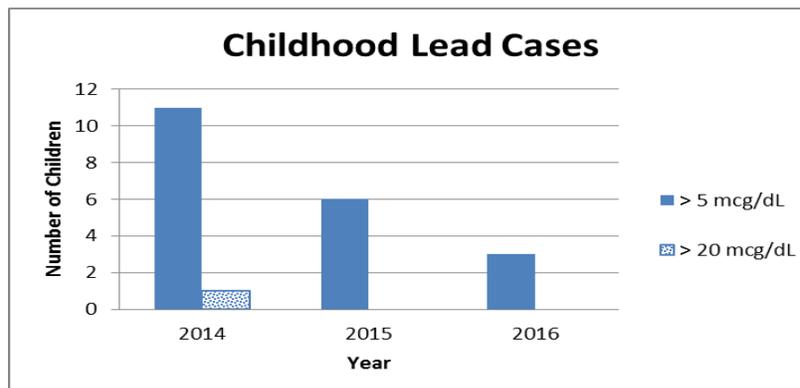
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**2016 Immunization Objective:** By December 31, 2016, 67% children residing in Douglas County jurisdiction who turn 24 months of age during the contract year will complete 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella and 4 Pneumococcal Conjugate (PCV) vaccinations by their second birthday. Progress towards the statewide goal of 90% will be measured using a Wisconsin Immunization Registry benchmark report each month. Immunization awareness outreach is performed by PHN's monthly.

- Ongoing challenge: Some parents and physicians have opted to follow an alternative immunization schedule making the child appear to be out of compliance with recommended schedule.
- Families who move without a forwarding address continue to be considered Douglas County residents until a confirmed new address can be found. These children continue to be counted in this report.



**2016 Childhood Lead Objective:** Throughout 2016, 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.

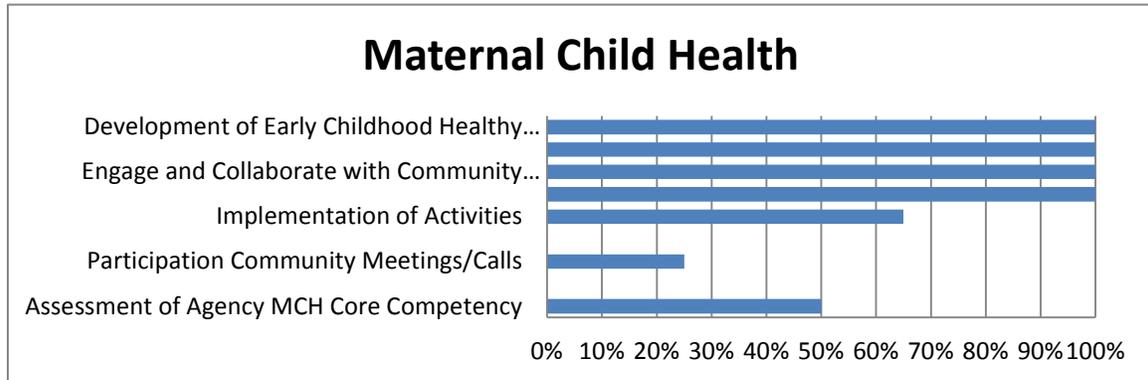


# HEALTH & HUMAN SERVICES

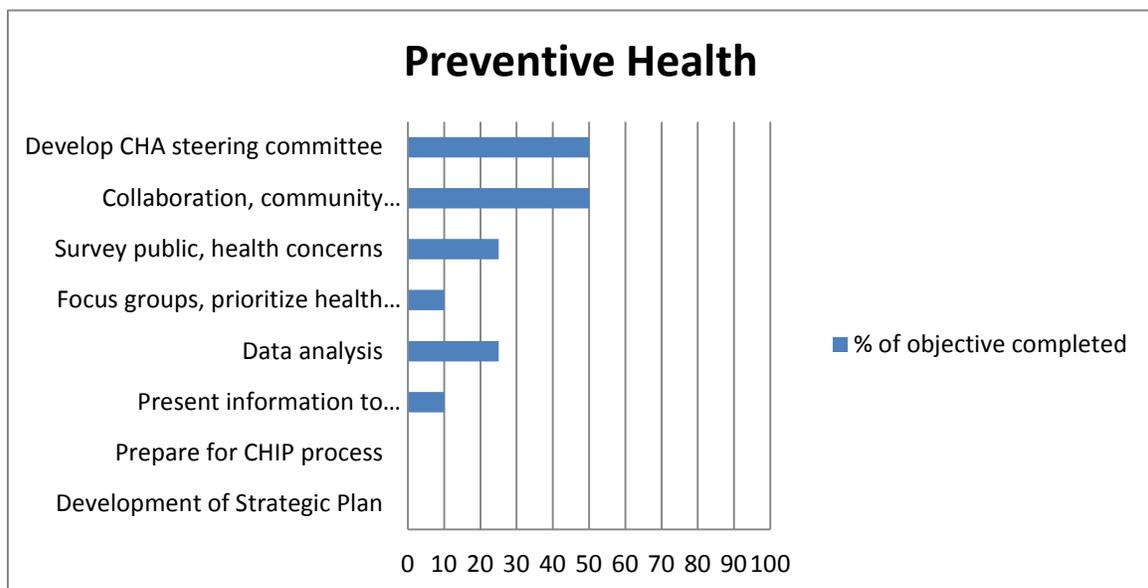
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## 2016 Maternal Child

**Health Objective:** By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the agency in collaboration with community partners, focusing on child development. The 2016 objectives build on previous assessment and planning activities with a focus on improving consistency of early childhood developmental screening with appropriate follow up when areas of concern are identified.



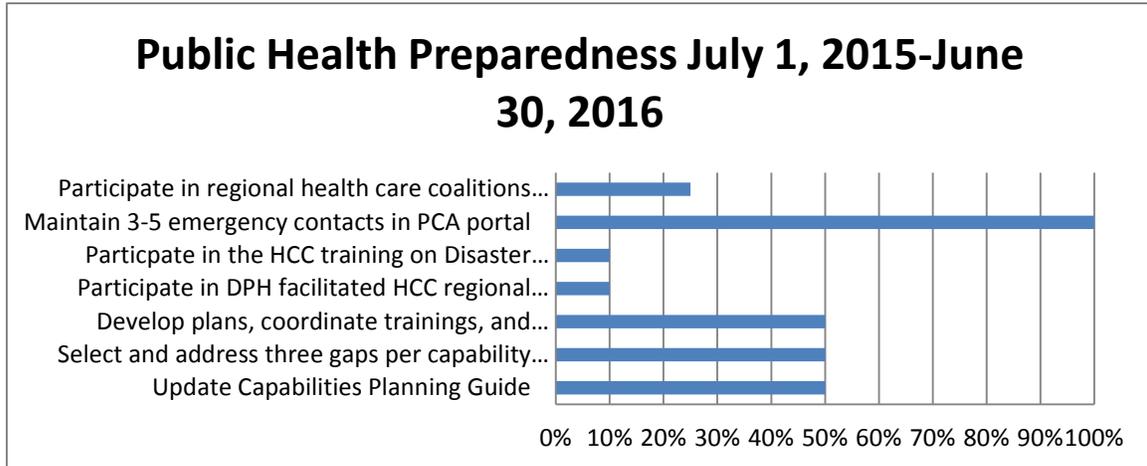
**2016 Prevention Objective:** By August 31, 2016, the Douglas County Department of Health and Human Services will complete a community health assessment (CHA) with measurable objectives and will conduct one activity to meet National Public Health Performance Standards (i.e. pursue accreditation readiness) by developing and agency strategic plan. The 2016 CHA will be in collaboration with Essentia Health.



# HEALTH & HUMAN SERVICES

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**2015-2016 Public Health Preparedness Objectives:** All agencies will work to close gaps identified in four focus capabilities (Medical Surge, Fatality Management, Mass Care and Volunteer Management) by completing the following activities.



## Communicable Diseases Investigations and Surveillance

Please refer to the communicable disease report for year to date reportable diseases in Douglas County.

Other diseases of concern across the state are Respiratory Syncytial Virus (RSV) and “influenza like illness”, both of which can be harmful to young infants and children, elderly and immunocompromised people.

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

# HEALTH & HUMAN SERVICES

4/14/16

## Youth and Family Services Unit

### Health and Human Services Board Update

#### April, 2016 Board Report

Submitted by: Cindy Ellefson, Youth and Family Services Supervisor on

April 1, 2016

#### 2015/2016 referrals by type:

Types of Service	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
2014/ 2015	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16	15/ 16
Juvenile Court Referrals	36/ 13	26/ 27	37/ 16	30/ 16	18/ 16	24/ 16	11/ 16	21/ 16	17/ 16	16/ 16	25/ 16	24/ 16
Type:												
TPC	12/2	3/8	3/ 16	5/ 16	2/ 16	9/ 16	4/ 16	7/ 16	2/ 16	1/ 16	2/ 16	2/ 16
Drug / Alcohol	0/1	3/1	0/ 16	1/ 16	1/ 16	1/ 16	0/ 16	0/ 16	0/ 16	0/ 16	5/ 16	1/ 16
Disorderly Conduct	4/3	0/4	3/ 16	0/ 16	2/ 16	1/ 16	0/ 16	1/ 16	2/ 16	3/ 16	6/ 16	5/ 16
Sexual Assault	2/0	1/0	2/ 16	4/ 16	1/ 16	0/ 16	0/ 16	1/ 16	1/ 16	1/ 16	0/ 16	0/ 16
Truancy	7/4	4/1	16/ 16	6/ 16	2/ 16	0/ 16	0/ 16	0/ 16	1/ 16	1/ 16	3/ 16	2/ 16
Battery	2/2	3/5	4/ 16	2/ 16	1/ 16	0/ 16	0/ 16	1/ 16	1/ 16	2/ 16	0/ 16	0/ 16
Theft	2/0	2/ 1	1/ 16	4/ 16	1/ 16	0/ 16	0/ 16	2/ 16	6/ 16	1/ 16	2/ 16	6/ 16
Burglary	0/0	0/1	0/ 16	1/ 16	0/ 16	0/ 16	0/ 16	1/ 16	0/ 16	0/ 16	0/ 16	3/ 16
Stolen Vehicle	0/1	0/0	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16	0/ 16
Other:	7/0	10/6	9/ 16	7/ 16	8/ 16	13/ 16	0/ 16	8/ 16	4/ 16	7/ 16	7/ 16	7/ 16
Total Caseload:												
Delinquency/ Status Offenders	93/ 75	91/ 76	103/ 78	86/ 16	92/ 16	95/ 16	87/ 16	89/ 16	90/ 16	79/ 16	85/ 16	80/ 16
CPS On-Going	54/ 52	57/ 49	53/ 50	52/ 16	54/ 16	55/ 16	60/ 16	58/ 16	61/ 16	64/ 16	58/ 16	57/ 16
Electronic Monitor	N/A/ 31	N/A/ 7	29/ 27	34/ 16	0/ 16	0/ 16	0/ 16	12/ 16	10/ 16	15/ 16	21/ 16	15/ 16

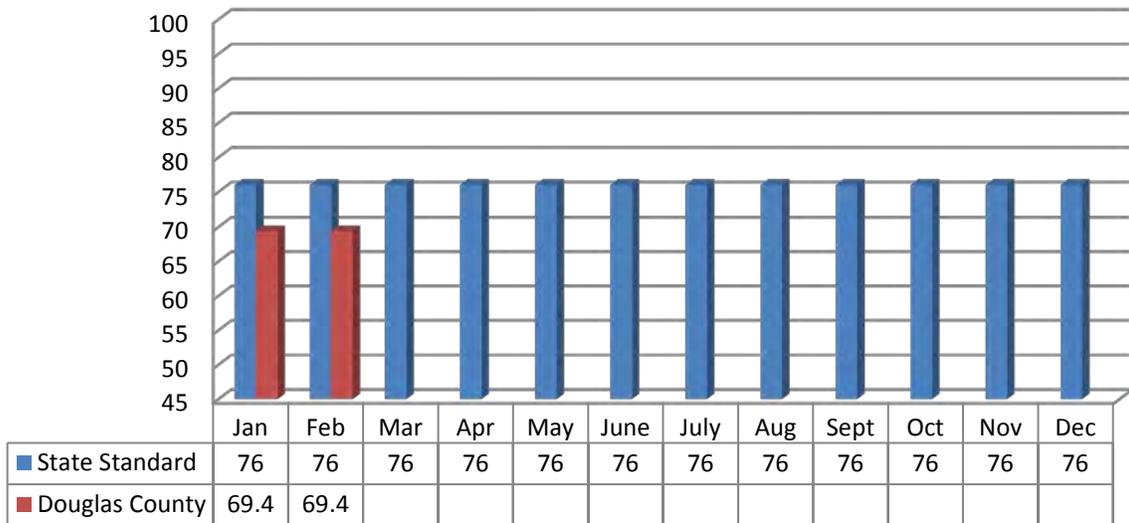
# HEALTH & HUMAN SERVICES

4/14/16

Secure Detention Days	19/12	20/6	3/6	25/	0/	0/	3/	6/	6/	11/	9/	16/
Offer of Services	0/1	0/0	0/0	0/	0/	0/	3/	4/	4/	1/	0/	0/
Independent Living Services	7/9	7/9	7/9	7/	7/	7/	7/	7/	7/	7/	7/	7/

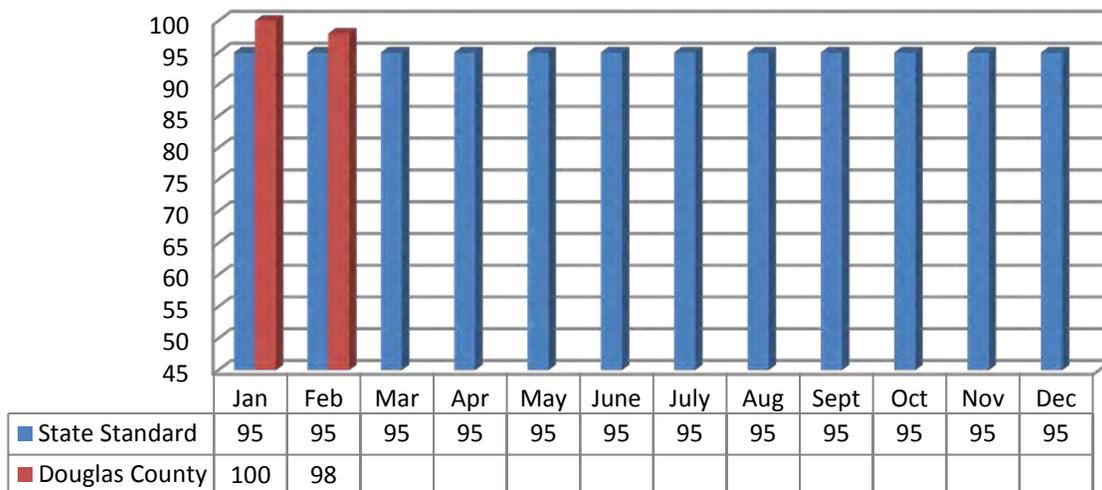
## Reunification 2016

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.



## Face to Face Contacts 2016

Social workers will successfully have face-to-face contacts with 95% or more of all children in out-of-home care on a monthly basis.

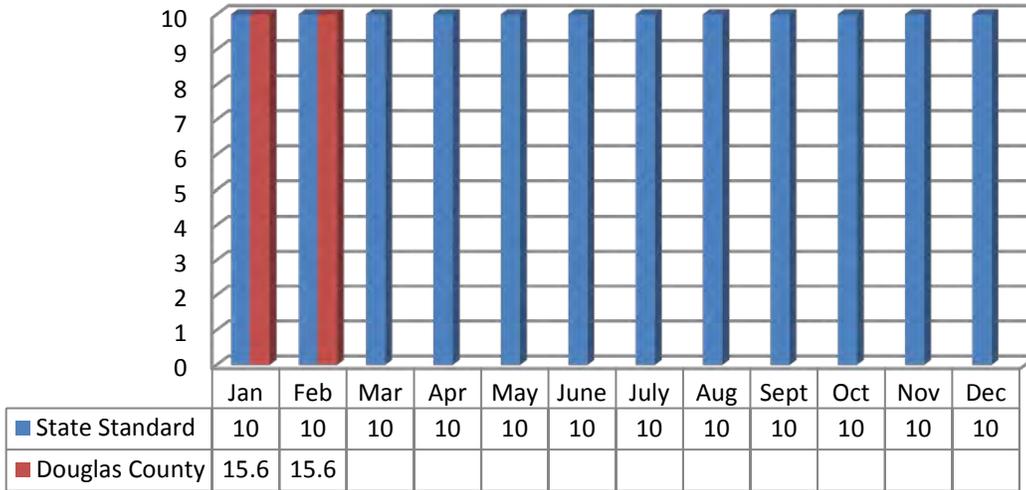


# HEALTH & HUMAN SERVICES

4/14/16

## Re-Entry into Foster Care 2016

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.



## HEALTH & HUMAN SERVICES

4/14/16

Activity	Program/ Service	Brief Description	Contact Person	Attch ment
Health Fairs/Community Events	ADRC	2/6/16- ADRC resource table at the Mariner Business Center Health Expo- (approx. 75 in attendance) 3/22/16- ADRC resource table at the WITC Health Fair (approx. 50 in attendance)	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Outreach/Marketing	ADRC	2/16/16- ADRC Presentation on services and the Caregiver Coalition work at the Sunrise Rotary Club – 9 members  2/12/16- ADRC presentation to Douglas County Adult Leadership Group- approx. 29 attended  ADRC billboards on N 28 <sup>th</sup> Street and the Viaduct and are scheduled to rotate through 2016.  ADRC Ad in the Senior Reporter Magazine (Feb/March edition)	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Initiatives	ADRC	Caregiver Coalition- training for Caregiver Coalition members on how to train businesses on becoming dementia friendly is scheduled for March 3 <sup>rd</sup> . The committee will then implement a plan to train businesses. Grant funding is being considered to assist with Caregiver Coalition work.	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no

## HEALTH & HUMAN SERVICES

4/14/16

Legislative	ADRC	<ul style="list-style-type: none"> <li>• Family Care/IRIS 2.0 – DHS is working to redesign the Family Care and IRIS long term care programs. Public hearings were held and a draft concept paper is scheduled to be released early March. No change to ADRC services but changes to long-term care will be made.</li>   <li>• ADRC/IM Integration- DHS is required to study the integration of Income Maintenance and Aging and Disability Resource Centers and to present a report to the Joint Finance Committee by April 1, 2016 regarding efficiencies and whether a merger would be appropriate. DHS recommendation that a merger not take place.</li> </ul>	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Child Abuse Awareness Month	Child Protection	<p>Council on Child Protection will host a mandatory reporter training/panel at WITC on April 20<sup>th</sup> from 6:00-8:00 PM titled What Happens When I Report?</p> <p>Safety Awareness For Our Kids – Sat; April 9, 2016 @ 11 AM – 1 PM at the Superior Public Library.</p>	<a href="mailto:doreen.wehmas@douglascountywi.org">doreen.wehmas@douglascountywi.org</a>	no
Foster Parent Appreciation Month	Foster Care Program	May is Foster Parent Appreciation Month. Douglas County HHS – IAU is working with Coalition For Children, Youth & Families to host Celebrating Families through Life Books Event for Foster Parents.	<a href="mailto:doreen.wehmas@douglascountywi.org">doreen.wehmas@douglascountywi.org</a>	no

## HEALTH & HUMAN SERVICES

4/14/16

Pending Legislation	Initial Assessment and Ongoing CPS	<p>“Justice for Children” AB 429/SB 326 – have stalled.</p> <ul style="list-style-type: none"> <li>• SB 326 - was passed out of committee but has not been scheduled for a floor vote.</li> </ul> <p>AB 429 – was pulled from an executive session vote in committee.</p>	<a href="mailto:doreen.wehmas@douglascountywi.org">doreen.wehmas@douglascountywi.org</a>	no
Outreach		<p>1/21/16 PHN provided tobacco and skin cancer prevention education at Twin Ports Baptist School. (Prevention)</p> <p>2/2016 Heart Health education provided to City/County employees and public. (Prevention)</p> <p>2/12/16 Adult Leadership (Public Health)</p> <p>2/6/16 Health Fair at Mariner Retail Business Center (MCH)</p> <p>02/09/2016 WITC Health Fair</p>	<a href="mailto:Kathy.ronchi@douglascountywi.org">Kathy.ronchi@douglascountywi.org</a>	no
Environmental Health	Potential Human Health Hazard	<p>In November, staff attended the Land Conservation Committee Meeting to discuss Hog Island issues. Also in attendance was Henry Nehls-Lowe, DHS.</p>	<a href="mailto:Kathy.ronchi@douglascountywi.org">Kathy.ronchi@douglascountywi.org</a>	no
Drinking water samples and well inspections	SDWA	<p>100% of the required water sample collections, and well inspections were completed for 2015.</p>	<a href="mailto:Brian.becker@douglascountywi.org">Brian.becker@douglascountywi.org</a> <a href="mailto:Ken.zurian@douglascountywi.org">Ken.zurian@douglascountywi.org</a>	no

## HEALTH & HUMAN SERVICES

4/14/16

<p>Microbiology presentation</p>	<p>Food Safety</p>	<p>Microbiology students at UW-Superior focusing on recent food borne outbreaks, causes, prevention, and the role EHS plays in minimizing these events in Douglas County. About 25 students attended.</p> <p>Highlights of Presentation: Environmental Health Specialists use the science of Microbiology to prevent illness every day. For example: 3.4 million people die every year due to drinking water contamination. In the United States, around 10 people die per year due to drinking water contamination. Douglas County contributes to this public health success by implementing the Safe Drinking Water Act for Transient Non- Community Systems</p>	<p><a href="mailto:Brian.becker@douglascountywi.org">Brian.becker@douglascountywi.org</a>  <a href="mailto:Ken.zurian@douglascountywi.org">Ken.zurian@douglascountywi.org</a></p>	<p>no</p>
<p>Health Expo</p>	<p>Several topics</p>	<p>Held at the Mariner Retail &amp; Business Center. About 150 people attended. Topics included radon, lead, and food safety handouts, inquiries, and information was provided to the public.</p> <p>Highlights of Presentation: Several participants at the fair discussed the lead contamination of drinking water in Flint Michigan. Environmental Health Specialists in Douglas County investigate the homes of lead poisoned children to identify the cause of their lead poisoning, including testing water.</p>	<p><a href="mailto:Brian.becker@douglascountywi.org">Brian.becker@douglascountywi.org</a>  <a href="mailto:Ken.zurian@douglascountywi.org">Ken.zurian@douglascountywi.org</a></p>	<p>no</p>

## HEALTH & HUMAN SERVICES

4/14/16

Radon Presentations	Radon Awareness	<p>Radon Presentations to 2 Northwestern High School science classes. 25 radon kits were distributed to students as part of their curriculum.</p> <p>Highlights of Presentation: Radon is the leading cause of lung cancer for a high school student who does not smoke. The only way to identify a radon problem is to test for it. The Environmental Health unit has distributed more radon test kits in 2016 than they have in any of the past 4 years</p>	<p><a href="mailto:Brian.becker@douglascountywi.org">Brian.becker@douglascountywi.org</a> <a href="mailto:Ken.zurian@douglascountywi.org">Ken.zurian@douglascountywi.org</a></p>	No
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**RUSK COUNTY**

ROLL CALL Board Members	AYE (Yes)	MAY (No)	Abstain (Excused)
1. PETER BOSS			X
2. JERRY BILLER			X
3. BOB NAWROCKI			
4. TONY BAUSER			
5. ARIAN KNIPS			
6. ROBERT STOUT			
7. RANDY TADLER			
8. LYLE JEFFRING			
9. MICHAEL TILLION			
10. KEN PEDERSEN			
11. PHIL SCHMIDT			
12. RUGER DIBKE			
13. MARK SCHMITT			X
14. KARE FISHER			
15. JIM HANSON			X
16. KATHY MAI			
17. DAVE WILINGHAM			
18. MICHAEL BRADAN			X
19. JIM PLATTEIER			
TOTAL			5

**BOARD ACTION**

Vote Required: Majority Vote (6/10/Unanimous)

motion to approve  yes

for Schmidt  Deleted

3<sup>rd</sup> Reads

No  Yes  Exc.

Reviewed by: \_\_\_\_\_, Comp. Council

Reviewed by: \_\_\_\_\_, Finance Director

**FISCAL IMPACT:** (Note if there is any fiscal impact or not)

**Certification:**

I, Denise Wetzel, Clerk of Rusk County, hereby certify that the above is a true and correct copy of a resolution that was adopted on the 27th day of February, 2016, by the Rusk County Board of Supervisors.

Denise Wetzel  
Denise Wetzel  
County Clerk, Rusk County

**RESOLUTION #**  
**RESOLUTION IN SUPPORT OF THE DEPARTMENT OF HEALTH SERVICES**  
**ENHANCING THE QUALITY OF THE MEDICAID NON-EMERGENCY MEDICAL**  
**TRANSPORTATION SYSTEM**

*12/2016*  
*4*

TO THE RUSK COUNTY BOARD OF SUPERVISORS:

1 **WHEREAS**, Prior to 2010, the Wisconsin Medicaid Non-Emergency  
2 Transportation (NEMT) program was largely county-administered; and

3 **WHEREAS**, The Wisconsin Legislature enacted law in 2010, which required the  
4 county-administered system to be replaced by a transportation brokerage model;  
5 and

6 **WHEREAS**, The brokerage model is operated by a provider under contract with  
7 the Wisconsin Department of Health Services, as well as subcontractors of the  
8 contracted provider; and

9 **WHEREAS**, The Wisconsin Legislative Audit Bureau conducted an audit of this  
10 program and issued a Legislative Audit Bureau report # 15-4 in May 2015,  
11 detailing its findings; and

12 **WHEREAS**, The Legislative Audit Bureau report # 15-4 documented  
13 performance metrics of the system and found that within a one - year period,  
14 5.8% of the recipients experienced at least one instance of having a scheduled  
15 medical appointment fail because the provider never arrived; and

16 **WHEREAS**, The Legislative Audit Bureau report 15-4 estimates that the cost of  
17 the program increased from an estimated \$44.4 million in FY2009-2010 to \$6.1  
18 million in FY 2013-2014, an increase of over 26%. There was also a \$782,800  
19 retroactive payment to Medical Transportation Management under a February  
20 2015 contract amendment. The 2015-2016 line states \$70,723,400. The 2016-  
21 2017 line states \$71,774,000; and

22 **WHEREAS**, The contract between the Wisconsin Department of Health Services  
23 and the broker is based upon a capitated rate system, in which the vendor is paid a  
24 set amount based on membership, rather than the number of rides or quality of  
25 service, which is a potential disincentive to provide the service.

26 **NOW THEREFORE, BE IT RESOLVED**, That the Board of Supervisors of Rusk  
27 County herein assembled urges the State of Wisconsin Legislature and the Wisconsin  
28 Department of Health Services to utilize the information in the Legislative Audit Bureau  
29 reports and feedback from consumers to guide substantive changes to the program which  
30 address the inconsistency of trips, cost growth and contract payment structure. In addition  
31 in the consideration of the reinstatement of county operated Medicaid Transportation  
32 system should a county choose to do so. This solution would better serve consumers and  
33 maintain a strong stewardship of public funds.

34

35 **BE IT FURTHER RESOLVED** That this resolution be forwarded to all Wisconsin  
36 County Clerks, the Wisconsin Counties Association, the Health and Human Services  
37 Steering Committee of the Wisconsin Counties Association, Local State Legislators, and  
38 all County Human Social Services Boards.

39

40 Dated this 11<sup>th</sup> day of February 2016

41

42 (All statistics are from the legislative audit bureau 15-4 or the legislative fiscal bureau)

43

44

# HEALTH & HUMAN SERVICES

4/14/16



3349 Church Street, Suite 1, Stevens Point, WI 54481  
Phone: (715) 345-5961  
Toll-Free: (877) 622-6701  
Fax: (715) 345-5721

December 21, 2015

Douglas Finn  
1004 Cumming Avenue  
Superior, WI 54880

**RE: COMMUNITY CARE CONNECTIONS OF WISCONSIN (CCCW)**

Dear Board Chair Finn:

I write as a follow-up to letters and telephone calls we have received over the past several months regarding whether the eleven (11) northwest Wisconsin counties served by CCCW effective January 1, 2014, and the five (5) counties historically served by CCCW need to adopt resolutions to join or otherwise reorganize the long term care district. It is CCCW's position that counties need **not** adopt any resolutions at this time.

First, we are aware of the Attorney General's opinion relating to the "jurisdiction" of a long term care district such as CCCW and the ability of a long term care district to serve members residing in counties outside a long term care district's "jurisdiction." We respectfully disagree with the Attorney General's conclusion and believe that the conclusion failed to consider additional statutory authority allowing for cooperation between governmental and quasi-governmental entities. It is our understanding that the Department of Health Services (DHS) relied upon this additional statutory authority in concluding that a long term care district is not limited in its operations as the Attorney General has suggested. Accordingly, DHS and CCCW have entered into a contract whereby CCCW has agreed, and is contractually obligated, to provide Family Care program benefits to residents of counties other than the counties that originally formed CCCW.

Next, you are all aware of the significant changes to the Family Care program looming on the horizon. The state legislature is scheduled to receive a report from the Department of Health Services in April of 2016 relating to Family Care program redesign. Once that report is made public, CCCW will likely need to make organizational and operational modifications in order to participate in the redesigned program. It would be prudent for CCCW to wait for direction from DHS regarding the Family Care redesign before engaging in a reorganizational effort.

We thank Chair Kopisch and Price County for inquiring as to whether the counties having residents that CCCW serves need to take additional action to ensure that members enrolled in the Family Care program continue to receive managed care services from CCCW. Please rest assured that CCCW, with DHS's support, will continue to provide managed care services to its members while CCCW considers what organizational changes may be necessary once Family Care redesign plans are clarified.

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[www.mycocw.org](http://www.mycocw.org)