



**HEALTH AND HUMAN SERVICES BOARD MEETING**  
**Douglas County Board of Supervisors**  
**Thursday, June 9, 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, Alan Jaques, June Farkas (left at 5:31 p.m.), Amida Gallito (arrived 4:47 p.m.), Patricia Ryan (arrived 4:34 p.m.). Absent – Jim Bolin, Marvin Finendale. Others present – Pat Schanen, Dave Longsdorf, Joan Finckler, Andy Lisak, Brian Becker, Ken Zurian, Erika Leif, Kathy Ronchi, Cary Breitlow, Cindy Ellefson, Brian Erickson, Brittany Johnson, Carissa Skifstad, Nicole Berini, Donald Simmons, Kaci Lundgren (Committee Clerk).

**APPROVAL OF MINUTES:** Motion by Jaques, second Farkas, to approve the minutes of the April 14, 2016, meeting. Motion carried.

**ACTION ITEMS:**

**Schedule August Budget Meeting:** Regular meeting will still be held; need additional meeting for budget approval.

**ACTION:** Motion by Farkas, second Jaques, to approve a second meeting in August. Motion carried.

**ACTION:** Motion by Ryan, second Jaques, to hold budget meeting on Wednesday, August 24, 2016, at 4:30 p.m. Motion carried.

**Position Requests:**

**Income Maintenance/Economic Support FTE Lead Worker – New Position:** No cost to county; consortium position, paid for by consortium.

**ACTION (REFERRAL):** Motion by Ryan, second Jaques, to approve position request and refer to Administration Committee. Motion carried.

**Approval of Veterans Service Assistance Position Change From Limited Term to Full-Time Employee:** Position essential for outreach activities among other office duties.

**ACTION (REFERRAL):** Motion by Jaques, second Ryan, to approve position request as 2017 budget allows, and refer to Administration Committee. Motion carried.

**UPDATES AND REPORTS:** Included with agenda; reviewed. New employees, Nicole Berini and Donald Simmons, Economic Support, introduced. Brittany Johnson, Child Protective Services/Foster Care, presented “Sweet Cases” project created by local 8<sup>th</sup> grade students. Project consisted of care bags put together for new foster children.

**INFORMATIONAL ITEMS:**

**CY 2015 Budget:** 2016 reports distributed.

**Updates:**

**Comprehensive Community Services:** Application received back from state with additional questions; to resubmit.

**Coordinated Services Team (Children's Services):** State site review of program to take place June 10.

**FUTURE AGENDA ITEMS:** Chart of services; budget.

**ADJOURNMENT:** Motion by Ryan, second Jaques, to adjourn. Motion carried. Meeting adjourned at 6:28 p.m.

Submitted by,

Kaci Jo Lundgren, Committee Clerk

### 3.4 DOUGLAS COUNTY VETERANS SERVICE COMMISSION

THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF DOUGLAS DOES ORDAIN AS FOLLOWS:

#### SECTION I. ESTABLISHMENT

The Douglas County Veterans Service Commission, hereinafter called the Commission, was established pursuant to Wisconsin Statute 45.81. The Commission shall consist of at least three residents of Douglas County who are also veterans that are appointed for staggered 3-year terms. Each commissioner shall be bonded in accordance with Wis. Stat. 59.21(1).

#### SECTION II. PURPOSE

It shall be the purpose of the Douglas County Veterans Service Commission to provide oversight of the Douglas County Soldiers and Sailors Relief Fund (SSRF). The SSRF shall be comprised of the tax levied and collected by the Douglas County Board for purposes of providing aid to needy veterans and their families as provided for under Wis. Stats. 45.81 to 45.86. The SSRF shall also contain monies collected through fundraising events and financial donations made specifically to the fund.

#### SECTION III. APPOINTING AUTHORITY

The Douglas County Administrator shall annually, on or before the 2<sup>nd</sup> Monday in December, appoint one person as a member of the Commission for the term of 3 years subject to County Board confirmation. The Commission shall be organized by the election of one of their members as chairperson.

The Douglas County Veterans Service Officer shall serve as executive secretary of the Commission.

#### SECTION IV. POWERS AND DUTIES

The Commission shall:

- A. Furnish aid to needy veterans, needy spouses, surviving spouses, minor and dependent children of such veterans and needy parents of such veterans if the right of such person to aid is established to the Commission's satisfaction. The aid provided may take the form of money or supplies, depending on what is deemed appropriate by the Commission.
- B. Delegate authority for making eligibility and need determinations in regards to the SSRF to the Douglas County Veterans Service Officer.

- C. Ensure that total disbursements made by the Commission do not exceed the sum total of the amounts collected through the tax levied and financial donations made to the SSRF.
- D. Maintain a list containing the name, place of residence, and amount of aid furnished to each person.
- E. Provide a detailed report to the County Board annually showing the amount expended through the SSRF. The report shall not include any personally identifying information regarding the person who has received aid.

SECTION V. EFFECTIVE DATE

This ordinance shall take effect immediately upon passage and publication.

---

**DOUGLAS COUNTY**  
**SOLDIERS AND SAILORS RELIEF FUND**  
**POLICIES AND PROCEDURES**

---

EFFECTIVE June 1, 2016



### **Statement of Purpose**

The purpose of the Douglas County Soldiers and Sailors Relief Fund, hereinafter called SSRF, is to provide aid to needy veterans and their families. The SSRF shall provide financial assistance to eligible veterans their family members to assist with basic needs such as rent, food, transportation, utilities and emergency situations.

### **Funds Generated**

The SSRF is generated from a tax levy by the Douglas County Board of Supervisors to provide aid for needy veterans, needy spouses, surviving spouses, minor and dependent children of such veterans and needy parents of veterans (See Wis. Stat. 45.86 for taxing authority). The SSRF also includes monies collected through fund raisers and donations.

### **Administration**

The Douglas County Veterans Service Commission, which was established under Wis. Stat. 45.81, provides oversight of the SSRF. The Douglas County Veterans Service Officer is responsible for determining the eligibility of applicants and awarding assistance from the fund.

### **Eligibility**

Only eligible veterans and their family members may receive assistance from the SSRF. The determination of eligibility and need for funding from the SSRF is made by the Douglas County Veteran Service Officer. Applications are valid for 90 days. It is the applicant's responsibility to report any changes in status during this 90 day period of time. After 90 days a new application must be completed.

Applications for assistance shall include the following:

1. The applicant must provide a Certificate of Release or Discharge from Active Duty (DD Form 214) establishing that the veteran earned an honorable discharge.
2. The applicant must complete a Statement of Claim (VA Form 21-4138) along with a Financial Status Report (VA Form 5655) documenting the need for assistance and the requested aid amount.
3. The applicant must have been a resident of the State of Wisconsin for at least six months and have resided in Douglas County for a minimum of 30 days immediately prior to obtaining assistance from the SSRF. Post office boxes shall not be a means of establishing residency.
4. The applicant must be indigent. One or more of the following definitions shall be used to determine if an applicant is indigent:

## SOLDIERS AND SAILORS RELIEF FUND – POLICIES AND PROCEDURES

- Receiving one of the following types of public assistance: temporary assistance for needy families, general assistance, poverty-related Veteran's benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid, or supplemental security income.
- Receiving an annual income, after taxes, of one hundred and fifty percent or less of the current federally established poverty level. Income received during the 31 day period prior to the date of application shall be annualized to determine an annual income. **Note:** Income includes all funds received by the applicant and their spouse or domestic partner, and all other individuals in the household who will benefit from the assistance.\*

\* Examples of included income which must be reported on the financial statement for the purpose of determining income eligibility are as follows:

- Money, wages and salaries after any deductions;
- Net receipts from self-employment;
- Labor and industries payments;
- Savings;
- Workers compensation;
- Alimony;
- Veterans; compensation and disability;
- Military family allotments or other regular support from an absent family member or someone not living in the household;
- Retirement, pension (including veterans' pension) and annuities;
- Insurance payments;
- Dividends, interest, and periodic receipts from estates or trusts;
- Unemployment compensation;
- Child support;
- Social security other than supplemental security income;
- Foster child payments;
- Tax refunds, gifts, loans, lump sum inheritance, one-time insurance payments or compensation for injury or death;
- Dependency and indemnity compensation for service-connected death;
- Educational assistance benefits (including veterans' educational Assistance benefits not paid directly to the school for tuition and books), Vocational rehabilitation subsistence allowance, and work-study benefits (including veterans' work-study benefits)

**Note:** Grants, loans and Veterans' educational assistance for tuition and books paid directly to the training institution are not included as income. Applicants who report no income for the previous 30 days must provide additional documentation showing their means of support and verification showing they have applied for assistance from other government agencies and social services programs deemed appropriate by the Soldiers and Sailors Relief Fund staff of the Douglas County Veterans Service Office.

## SOLDIERS AND SAILORS RELIEF FUND – POLICIES AND PROCEDURES

### **Assistance**

Financial assistance may be provided to eligible veterans and their family members to assist with basic needs such as rent, food, transportation, utilities and other emergency situations as deemed appropriate by the Douglas County Veterans Service Officer.

#### Types of Assistance

##### A. Rent or Mortgage

Eligible applicants may receive assistance with past due rent, first and last month's rent, past due mortgage payments, or nonrefundable deposits on the applicant's residence.

The applicant must provide a written rental agreement or documents proving ownership of the property. The applicant must provide documentation establishing that he/she will be able to sustain rent or mortgage payments for 3 of months if assistance is provided.

Payments for rental assistance will be paid directly to the property owner, management company or the owner's legal representative. Payments will not be made to an property owners who are family members of the applicant . Rental assistance shall only be available for the applicant's primary residence.

Mortgage payments will be made directly to the mortgage lender and will only be paid for the applicant's primary residence.

##### B. Utilities

Eligible applicants may receive assistance with delinquent utilities including power, water, propane, oil and wood after utilizing Douglas County fuel assistance resources. No assistance shall be available for cable television or internet services..

The applicant must provide a utility bill, a shut-off notice or letter of impending disconnection from the power, water or fuel company showing the current amount owed. Payment shall be made directly to the utility or fuel company and may include shut-off and reconnection fees.

Payment shall be made to the utilities or fuel company for an account in the veteran or eligible family member's name only. Utilities shall only be paid for the residence where the veteran or eligible family member current and primary residence. **Note:** The veteran or eligible family member may be required to first utilize other energy assistance programs prior to the approval of funding from the fund.

## SOLDIERS AND SAILORS RELIEF FUND – POLICIES AND PROCEDURES

### C. Telephone

Eligible applicants may receive assistance for telephone services only in circumstances in which a physician has provided written documentation that the telephone is required for medical assistance or emergencies.

### D. Transportation

Eligible applicants may receive assistance for daily or monthly bus passes within Douglas County and the Twin Ports area. Assistance may also be provided for transportation for documented appointments at the United States Department of Veterans Affairs' Clinics in St. Paul / Minneapolis, Minnesota.

### E. Care of Graves

Eligible applicants may receive assistance of up to \$500 for the burial or cremation of a eligible veteran or surviving spouse of a an eligible veteran who dies without leaving means sufficient to defray funeral expenses and does not have any known next of kin available.

### F. Other Requests

Other requests for financial assistance not listed in these policies and procedures shall be evaluated on a case-by-case basis by the Douglas County Veterans Service Officer and awarded or denied at his/her sole discretion.

## **Assistance Allocation**

Eligible applicants may receive up to \$800 in financial assistance in a twelve month period of time. Additional assistance may be awarded at the discretion of the Douglas County Veterans Service Officer for cases of extreme need. There is no automatic annual entitlement to assistance.

All awards of assistance are subject to the availability of funds.

Eligible applicants who receive financial assistance for two consecutive years shall not be eligible for further funding for a period of twelve months.

## **Application Certification**

All applicants by filing an application authorize the Douglas County Veterans Service Officer to verify the accuracy of the information provided by the applicant. The applicant acknowledges that providing fraudulent information in the application or to the Douglas County Veterans Service Officer shall be grounds for denial as well as prosecution under the law. Any assistance provided based

## SOLDIERS AND SAILORS RELIEF FUND – POLICIES AND PROCEDURES

upon fraudulent information shall be repaid by the veteran and/or family member. Lost or stolen payments may not be reissued.

If the Veterans Service Commission and Douglas County Veterans Service Officer determine that the applicant provided false information or the misuse of assistance funds has occurred, the recipient shall be ineligible for assistance from the SSRF for a period of up to ten years.

### **Appeal**

Applicants who have been denied assistance may request a review of the denial by the chairman of the Douglas County Veterans Service Commission. Said appeals must be filed within twenty days of denial of assistance. The chairman or the designee may request additional information in order to make an informed decision and shall issue a decision within ten days of receiving the information. The chairman's or designee's decision is final.

Date: August, 2016

ADRC Report 2016

Submitted by: Erika Leif, Director

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	26/11	31/6	26/8	27/8	21/	18/	12/	16/	11/
Disability Benefit Specialist (new cases opened)	5/4	5/1	5/9	4/3	8/12	1/3	6/1	7/7	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	48/73	21/42	54/	57/	55/	51/	146/	92/	77/
MDS Q referrals	1/3	2/1	1/2	1/5	1/4	5/1	3/4	6/1	1/	5/	3/	11/	3/
Total Number of ADRC Contacts*	315/ 331	285/ 380	258/ 343	344/ 362	366/ 351	362/ 309	379/ 342	386/ 232					
Memory Screens	0 /0	0 /0	0/0	0/0	0/2	0/1	0/0	0/1	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/ 473	434/ 476	439/ 477	451/ 482	454/	458/	459/	464/	466/
IRIS	111/ 114	111/ 114	112/ 115	113/ 114	112/ 114	115/ 113	115/ 112	113/ 112	112/	112/	114/	115/	114/
Disenrollment/ From CCW/IRIS	2/4	3/12	8/3	6/7	4/6	8/10	5/7	6/1	12/	6/	11/	5/	4/
Enrolled into IRIS	1/0	1/2	1/2	2/1	2/1	4/0	1/0	1/0	1/	1/	3/	2/	0/
Enrolled into CCCW-MCO	2/5	4/8	1/7	14/5	8/11	9/9	10/7	15/6	13/	9/	11/	9/	5/
Nursing Home Relocation to CCCW	0/0	0/0	0/1	1/0	0/0	1/0	1/0	0/0	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 an encounter and will demonstrate one instance of providing any ADRC activity. A Contact records the **ADRC Outcomes**. An **Outcome** is categorized into the following and must be recorded as such for reimbursement purposes: 1.) Provided Information and Assistance, 2.) Provided Follow Up, 3.) Provided Options Counseling, 4.) Administered Long Term Care Functional Screen, 5.) Provided Assistance with Medicaid Application Process 6.) Provided Short Term Service Coordination 7.) Provided Enrollment Counseling 8.) Provided Disenrollment Counseling, 9.) Memory Screen 10.) Behavioral Mental Health Screens, 11.) Complaints/Advocacy 12.) Community Partners, 13.) Referral for ADRC

**Disability Benefit Specialist (DBS) Monetary Impact**

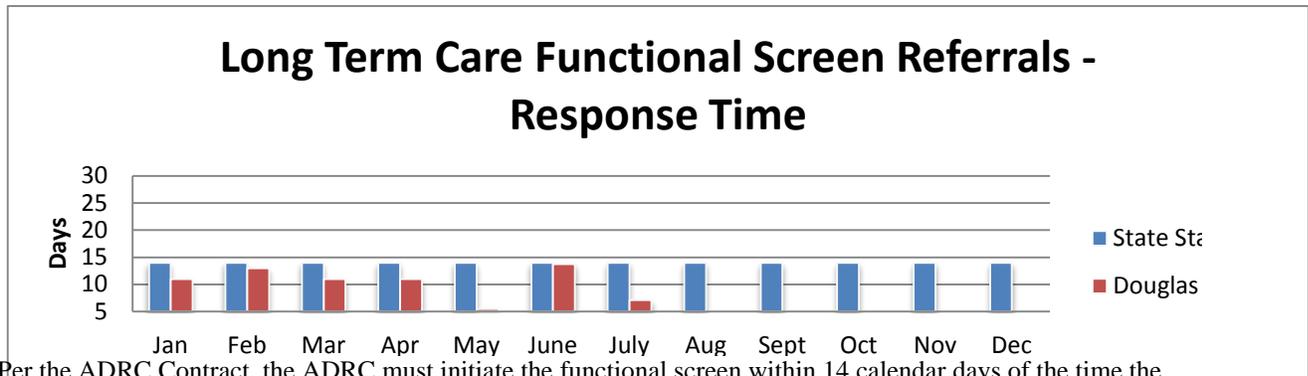
- As of July 31, 2016: Ongoing cases: 27
- Monetary Impact of Cases Closed:
  - May \$24,885 (8 cases closed)
  - June \$30,168 (9 cases closed)
  - July \$39,064 (9 cases closed)

**Alzheimer’s Family and Caregiver Support Program**

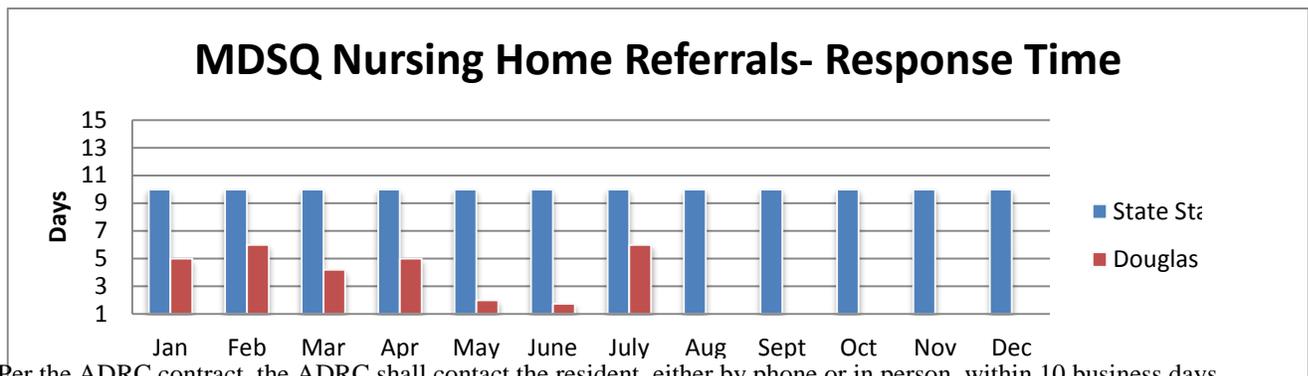
Programs	2007 Total	2008 Total	2009 Total	2010 Total	2011 Total	2012 Total	2013 Total	2014 Total	2015 Total	2016 YTD
Alzheimer’s Respite cases	17	15	9	12	9	7	7	10	8	6
Current Alzheimer’s Cases as of 7.31.16										6

**Children’s Long Term Support Program**  
**Children’s Community Options Program**

Current Waiting List Amount: 40  
 Current Amount Being Served: 24



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.



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

**Economic Support Unit  
June, July, August 2016**

**Prepared By: Cary Breitlow, Economic Support Supervisor  
Date: 08/01/2016**

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/ <b>5,736</b>	6,186/ <b>5,798</b>	6,164/ <b>5,675</b>	6,151/ <b>5,693</b>	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/ <b>2,202</b>	2,207/ <b>2,198</b>	2,218/ <b>2,192</b>	2,210/ <b>2,192</b>	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/ <b>6,317</b>	6,567/ <b>6,302</b>	6,465/ <b>6,291</b>	6,429/ <b>6,220</b>	6,434/ *	6,424/ *	6,416/	6,390/	6,271/	6,289/
“Other” Medicaid Recipients	602/ <b>580</b>	590/ <b>573</b>	580/ <b>563</b>	555/ <b>556</b>	573/ <b>569</b>	567/ <b>583</b>	560/*	562/*	566/	570/	589/	574/
Food Share Recipients	6,833/ <b>5,997</b>	6,819/ <b>5,977</b>	6,699/ <b>5,832</b>	6,684/ <b>5,741</b>	6,622/ <b>5,735</b>	6,573/ <b>5,712</b>	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/ <b>205</b>	232/ <b>210</b>	233/ <b>199</b>	226/ <b>202</b>	213/*	213/	231/	218/	222/
Caretaker Supplement Cases	53/ <b>44</b>	55/ <b>53</b>	54/ <b>54</b>	55/ <b>49</b>	56/ <b>51</b>	56/ <b>50</b>	57/ <b>50</b>	52/*	53/	43/	51/	51/
General Assistance Applications	1/1	1/0	0/0	1/0	0/0	0/0	0/3	4/*	2/	0/	3/	1/
Final Statistics not yet available *												

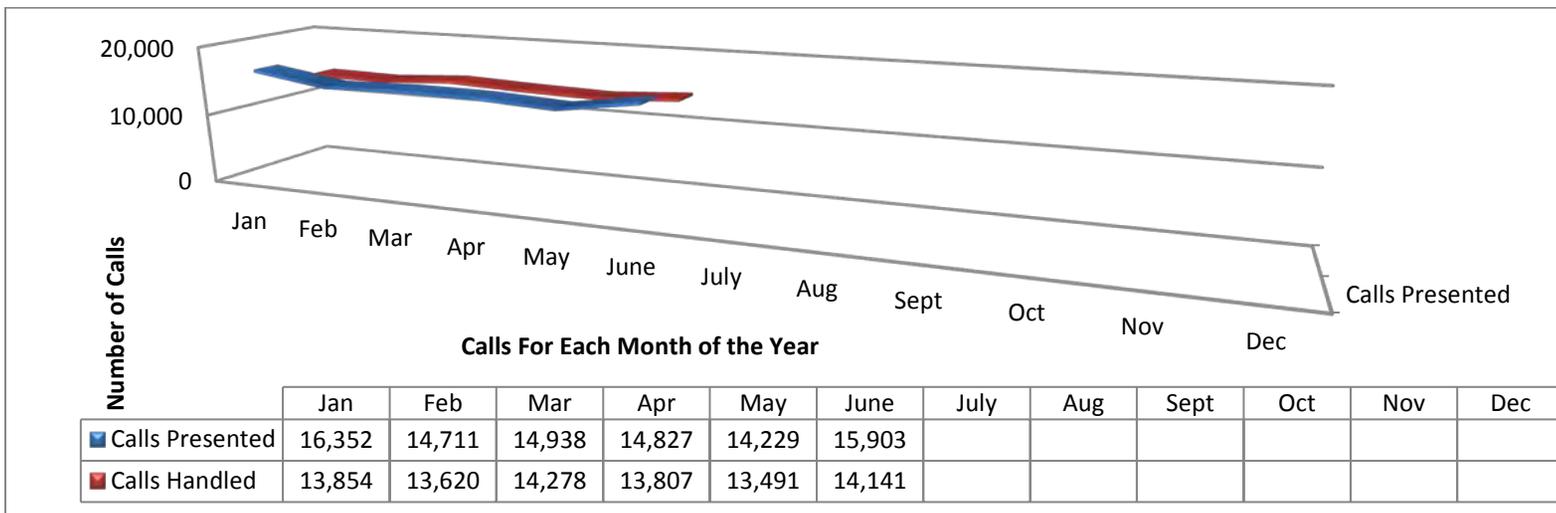
**Wisconsin Home Energy Assistance Program- Year End Figures for Douglas County**

Program Runs October 1- May 15

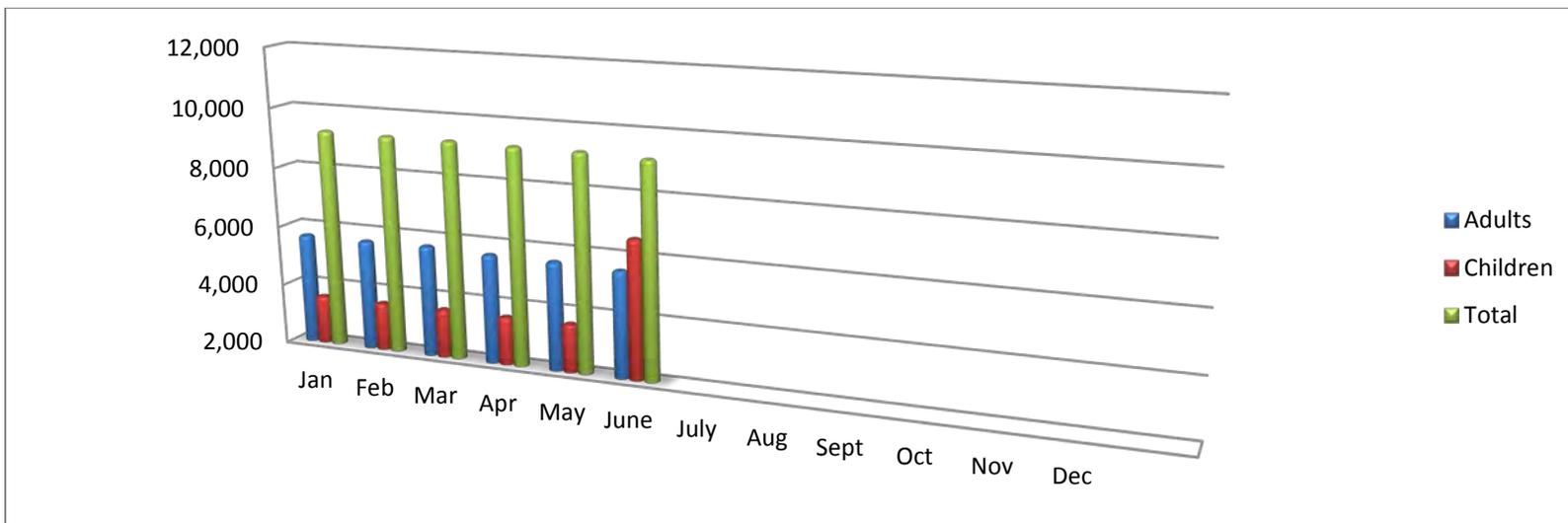
	<b>2014/2015 ( Final)</b>	<b>2015/2016 (Final)</b>
Total Households Applied	2,321	2,360
Total Households Paid	2,110	2,110
Total Yearly Expenditures Heat & Public Benefit (non-electric)	\$937,086	\$936,222
Emergency Furnace	\$123,217 for 35 Repairs and 33 Replacements	\$127,206 for 35 Repairs, 34 Replacements and 0 Assessments
Total Yearly Crisis Payments	\$124,740	\$230,623
Available Crisis Balance	\$0	\$0

\*Statistics not yet available

## Great Rivers Call Center Call Volume - 2016



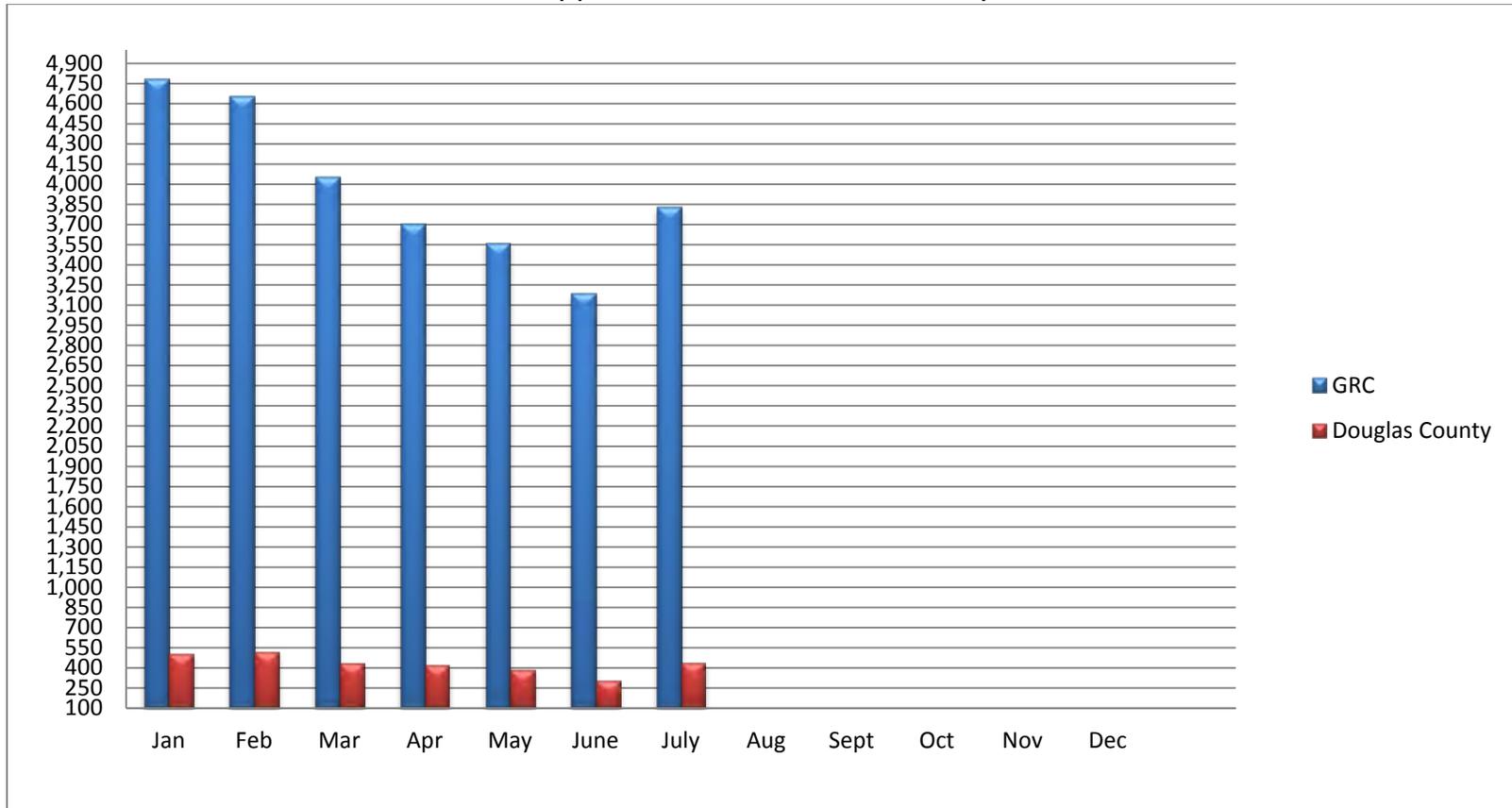
## IM Recipients- Douglas County



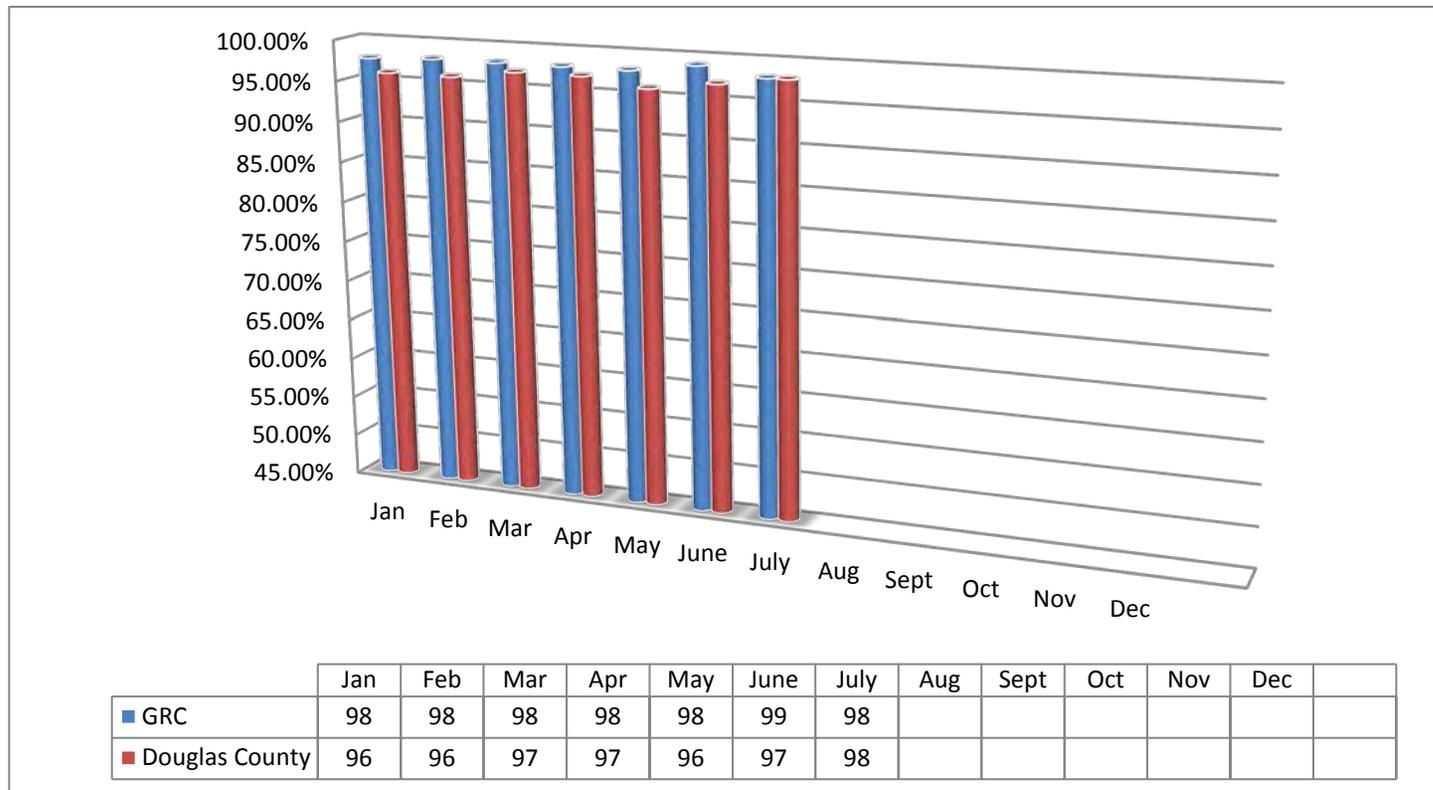
**Data in recipient graph represents number of recipients rather than number of cases and illustrates Economic Support services approximately 21% of Douglas County’s population of 43,698 per the U.S. Census Bureau 2014 estimates.**

\*July 2016 statistics not yet available

Total Applications Processed Monthly 2016



## 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.**

# ENVIRONMENTAL HEALTH UNIT UPDATE

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

August, 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.*

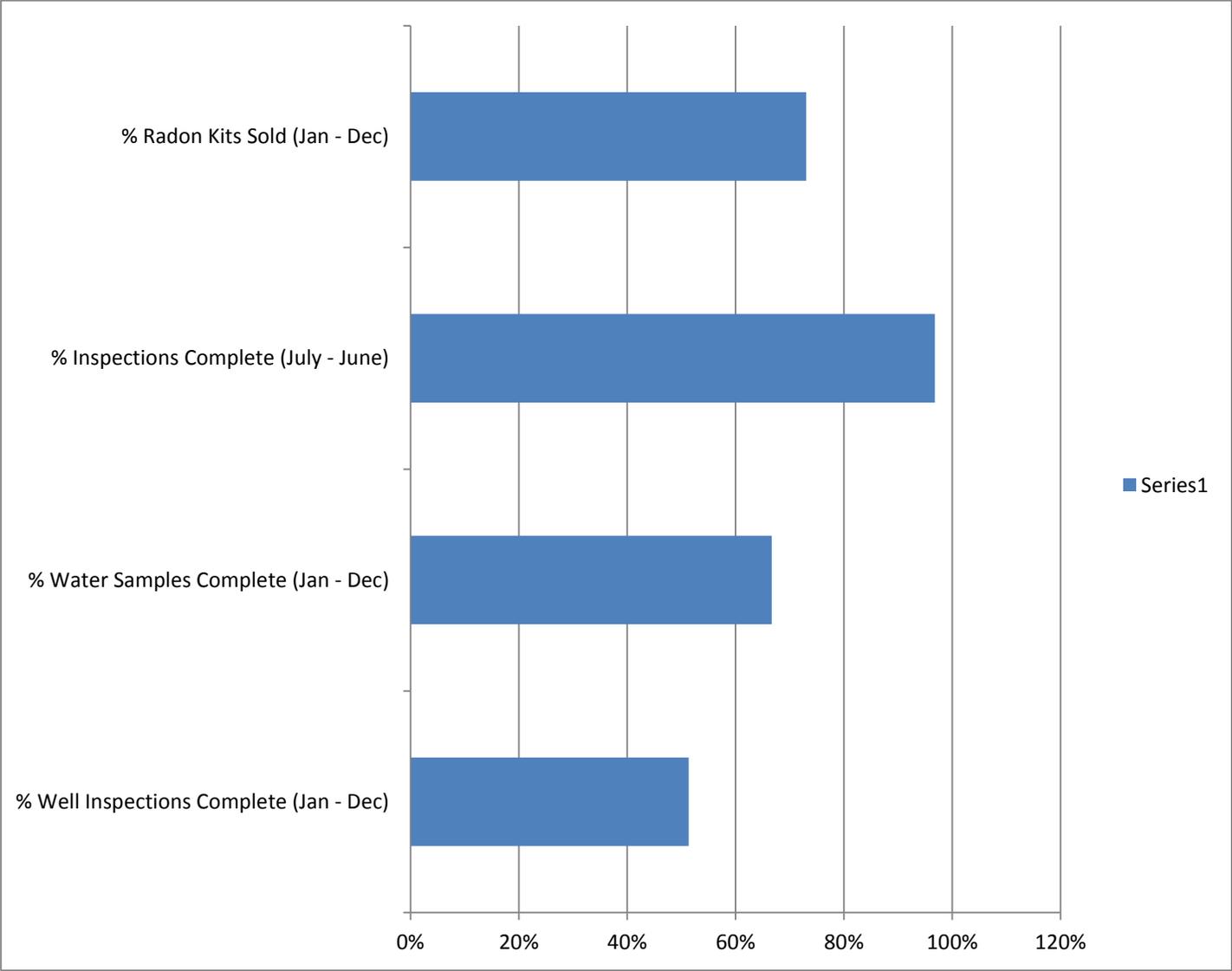
**Health Focus Areas:** Alcohol and drug, chronic disease, communicable diseases, environmental and occupational, growth and development, injury and violence, mental health, nutrition, oral health, physical activity, reproductive and sexual and tobacco. **Infrastructure Focus Areas:** access, capacity 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
	TOTL	TOTL	TOTL	TOTL	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	5	2	9	9						51
Restaurants	284	295	266	274	31	15	16	15	21	42	23						163
Hotels & Motels	47	66	51	54	2	1	1	2	4	23	4						37
Campgrounds	39	37	38	45	0	0	0	1	9	18	2						30
Swimming Pools	27	21	27	30	2	9	0	0	1	8	0						20
Mobile Home Parks	13	17	18	18	0	1	2	3	0	1	5						12
Rec. & Educational Camps	7	5	6	5	0	0	0	0	0	5	0						5
Tattoo & Piercing Estab	11	8	13	5	0	0	0	1	1	1	0						3
Sanitary "Well" Surv SDWA	37	40	37	31	9	6	0	4	4	9	0						32
DPI-School Kitchens	26	29	28	30	0	0	2	11	1	0	0						14
<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>42</b>	<b>43</b>	<b>116</b>	<b>43</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>367</b>
<b>INVESTIGATIONS:</b>																	
Food or Waterborne Illness	5	19	3	7	3	1	0	3	0	0	0						7
West Nile	1	1	1	2	0	0	0	1	0	0	0						1
Animal Bites/Rabies Prot	19	28	24	34	2	3	3	1	3	2	6						20
Air Quality Issues	42	58	42	58	6	6	7	7	3	4	6						39
Housing Issues	30	43	42	42	5	4	3	3	4	5	16						40
Animal/Insect	29	29	25	37	7	3	1	1	1	3	7						23
Consumer Complaints	21	45	24	28	5	1	2	2	3	2	5						20
Water Quality Issues	10	88	104	111	13	10	9	6	8	7	18						71
<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>24</b>	<b>22</b>	<b>23</b>	<b>58</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>221</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	0	0	0						0
Lead Risk Assessments	6	0	1	1	0	0	0	0	0	0	0						0
Lead Inspections - other	2	0	2	1	0	0	0	1	0	0	0						1
Clearance Inspections	0	2	1	0	0	0	0	0	0	1	0						1
<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>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>SAMPLE COLLECTION:</b>																	
City Water	48	48	48	48	4	4	4	4	5	4	4						29
SDWA	299	209	251	244	28	21	8	18	19	51	14						159
Retail Food Swabs	0	40	30	30	0	0	0	0	0	0	30						30
<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>22</b>	<b>24</b>	<b>55</b>	<b>48</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>218</b>
<b>TRAINING PROGRAMS:</b>																	
Presentations / Outreach	7	6	4	5	2	2	1	1	0	1	1						8
Participants	1000	750	590	950	65	175	150	500	0	10	200						1100
<b>HOME RADON TESTS:</b>	<b>63</b>	<b>63</b>	<b>16</b>	<b>71</b>	<b>66</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>						<b>73</b>

<b>LABORATORY ACTIVITY</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>Water Analysis</b>																	
Biological: Coliforms																	
3300-51 Public TNC	322	262	295	291	30	29	17	23	34	47							180
3300-217 Private	441	309	311	294	36	32	27	24	19	27							165
Municipal	237	227	235	219	20	20	18	20	20	19							117
Chemical: Chlorine Residual	237	227	235	219	20	20	18	20	20	19							117
Total Coliform Tests	1010	804	854	817	86	81	67	67	73	93							467
Total Chemical Tests	237	227	235	219	20	20	18	20	20	19							117
Total Biological & Chemical Tests	1247	1031	1089	1036	106	101	85	87	93	112							584
<b>Pasteurized Milk Analysis</b>																	
Total Milk Tests	616	633	559	498	57	59	72	0	56	55							299
<b>Medical Waste: Loads</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>							<b>2</b>
<b>Autoclave Spore Tests</b>	<b>0</b>							<b>0</b>									

# Work Completion Tracking Chart



**Unit Update Report  
Intake and Assessment**

**Prepared By: Doreen Wehmas, Intake and Assessment Supervisor**  
**Date: 7/27/2016**

2015/ 2016	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Referrals by Type:												
<b>Cases Assigned</b>												
Traditional Response	23/10	16/14	21/20	26/12	16/17	14/21	12/24	14/	14/	25/	18/	15/
Alternative Response	12/11	16/10	12/15	7/16	13/16	18/9	10/8	6/	12/	18/	14/	12/
# of victims	49/34	51/29	49/54	73/39	33/47	57/50	29/54	22/	35/	55/	48/	37/
<b>Physical Abuse</b>												
# of cases	18/7	9/11	11/9	16/10	12/10	14/6	11/2	3/	11/	15/	14/	10/
# of victims	10/7	20/12	14/9	19/10	12/10	16/6	12/2	3/	14/	16/	17/	10/
<b>Neglect</b>												
# of cases	18/13	20/11	20/24	34/16	16/18	20/19	10/28	11/	13/	21/	18/	15/
# of victims	28/26	37/15	33/41	49/25	20/24	43/38	14/48	19/	14/	13/	31/	24/
<b>Sexual Abuse</b>												
# of cases	4/0	10/1	5/1	2/2	6/1	2/6	2/5	0/	1/	1/	3/	3/
# of victims	4/0	12/1	5/1	6/4	6/2	4/8	3/7	0/	1/	1/	3/	3/
<b>Emotional Abuse</b>												
# of cases	1/0	0/1	0/2	0/0	0/0	2/0	0/0	0/	1/	0/	1/	2/
# of victims	1/0	0/1	0/4	0/0	0/0	2/0	0/0	0/	1/	0/	1/	2/
Screened out cases	34/55	49/40	52/57	53/45	67/41	36/41	30/35	30/	46/	42/	38/	41/
Offer of Services	13/11	8/15	8/13	11/20	16/14	16/14	8/16	27/	22/	12/	9/	14/

\*\*\* Numbers are reflected up to July 27, 2016

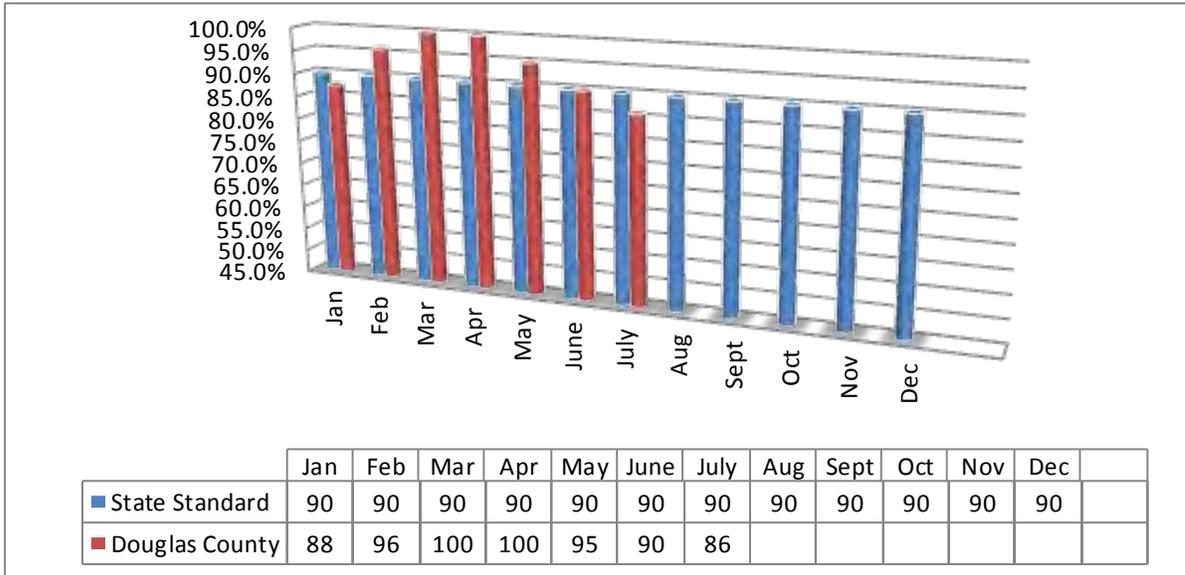
- During the month of June and July 4 cases was transferred from IAU to YFS.

## Quality Assurance

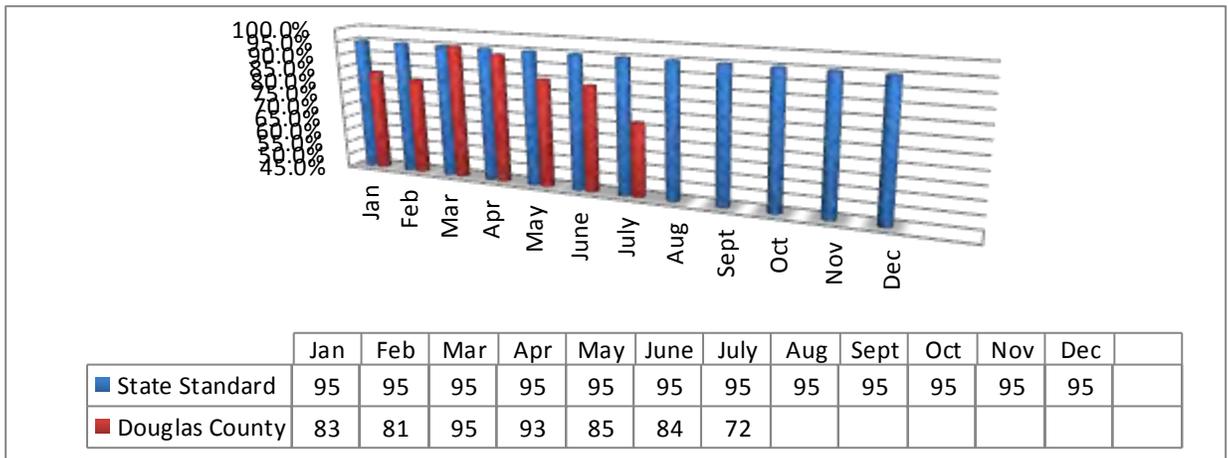
Wisconsin's Program Improvement Plan – Strategies to Improve Child Welfare

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

### Initial Assessment 60 Day Completion 2016



### Face to Face Response Times 2016



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

2015/ 2016	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Licensed Foster Care Homes	11/16	11/16	11/15	11/15	11/16	11/14	12/15	12/	12/	15/	15/	15/
Level One Foster Care Homes	6	6/6	5/6	6/6	6/5	6/5	5/5	4/	5/	7/	7/	7/
Kinship Cases Voluntary Court ordered	69/60 15/26	70/60 15/26	69/60 13/21	66/59 13/15	66/59 11/20	67/56 10/19	67/56 12/19	66/ 12/	66/ 14/	67/ 17/	63/ 15/	61/ 15/
ICPC providers Licensed by another state	4	4	4	4	4	5	5					

- 16** pending Level 2 Foster Homes Licensures
- 8** pending Level 1 Foster Home Licensures
- 6** pending Voluntary Kinship Cases
- 4** pending ICPC providers needing Do County to license

### Child Care Certification

2015/ 2016	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Child Care Certification	23/10	24/10	24/10	24/11	21/11	18/8	17/8	18/	13/	11/	11/	11/

- 1** Child Care Certification inquire pending

Douglas County Department of Health and Human Services  
Public Health Nursing Services  
**August, 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.

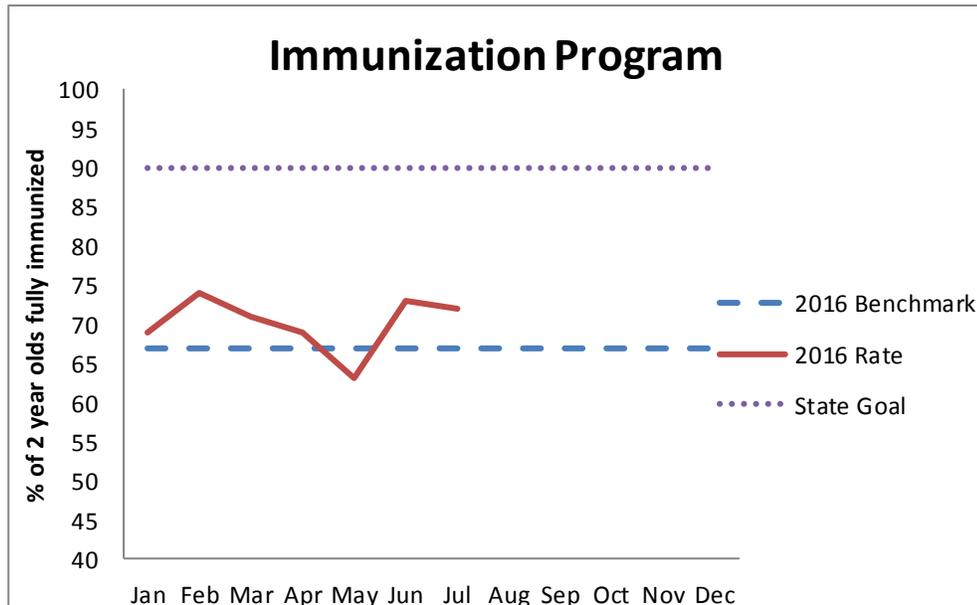
**General Public Health Nursing Services:**

Programs	2012 Total	2013 Total	2014 Total	2015 Total	2016 Total
Immunizations:					
# of Children Served	111	137	73	28	20
# of immunizations(general)	252	218	171	60	54
# Child. Seasonal flu shots	22	74	29	3	2
# of Adults Served	82	52	60	20	7
#of immunizations (general)	87	64	67	29	11
# 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	53
Admissions: YTD	32	50	54	52	20
Monthly Active:	39	42	43	44	40
# ASQ/SE Sent YTD	52	15	19	17	5
# ASQ/SE Returned YTD	43	15	11	12	4
# With Risk Identified	NA	NA	NA	NA	3
Prenatal Care Coord. Client Referrals	116	73	85	59	21
Prenatal Care Coord. Client Admits	48	27	35	27	3
Prenatal Care Coord. Encounters	302	79	125	147	55
High Risk Newborn Referrals	180	208	290	319	210
High Risk Newborn Admits	116	100	72	78	29
High Risk Newborn Encounters	248	244	176	198	131
YTD # Court Ordered Urine Drug Tests	61	69	38	80	45
% of valid test = + <b>this mo.</b>	NA	38% (3/8)	0% (0/1)	50%(1/2)	33% (3/9)
% of valid test = + <b>YTD</b>	31%	39% (27/69)	55% (21/38)	40% (32/80)	45% (17/38)
TB Skin Tests*			340	249	183
LTBI - Latent TB Infection (YTD)			6	3	1
LTBI- monthly case management			3	2	1
TB Active Cases (YTD)			0	0	0

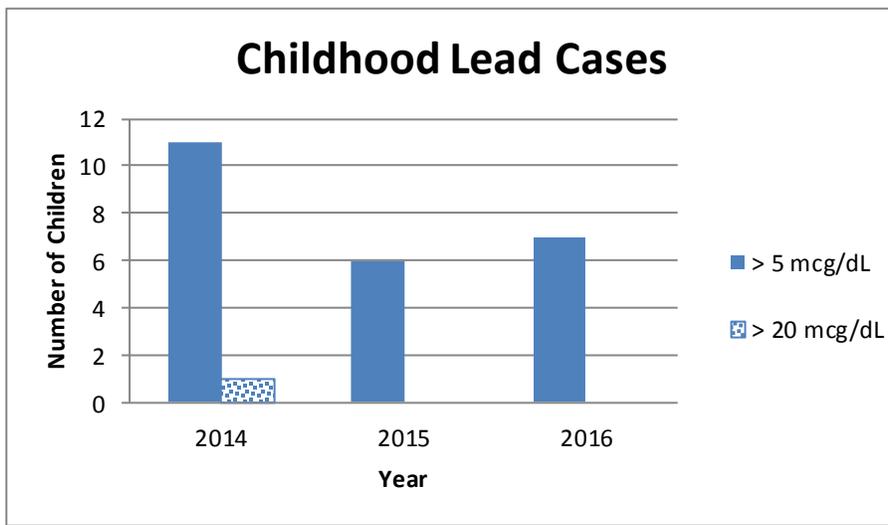
\*Previous year's numbers were tracked on the communicable disease report

**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.

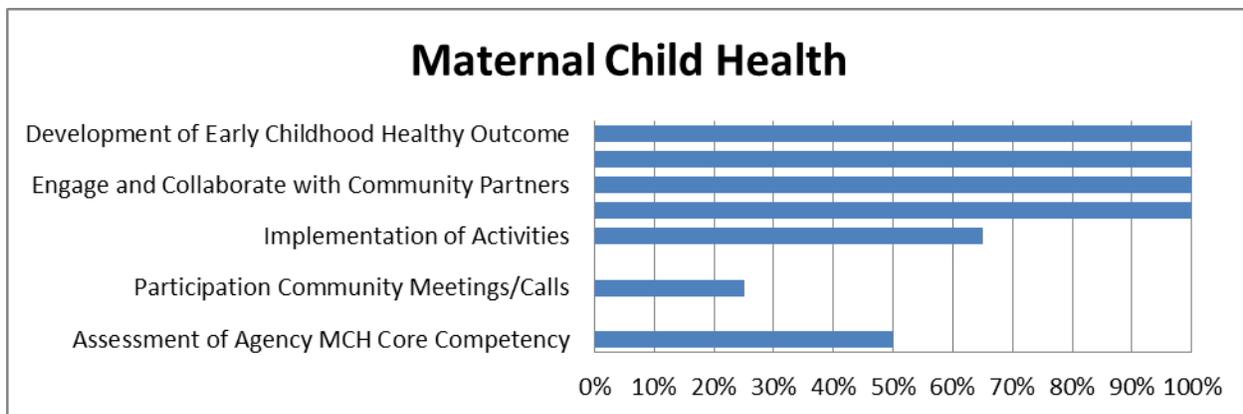
- Ongoing challenge: Some parents and physicians have opted to follow an alternative immunization schedule making the child appear to be out of compliance with recommended schedule.
- Families who move without a forwarding address continue to be considered Douglas County residents until a confirmed new address can be found. These children continue to be counted in this report.
- Outreach education planning has begun with a focus on Human Papilloma Virus (HPV) vaccine for young adults. HPV vaccination rates in Douglas County are very low but sexually transmitted disease rates are rising. HPV is a cancer causing virus that is transmitted sexually.



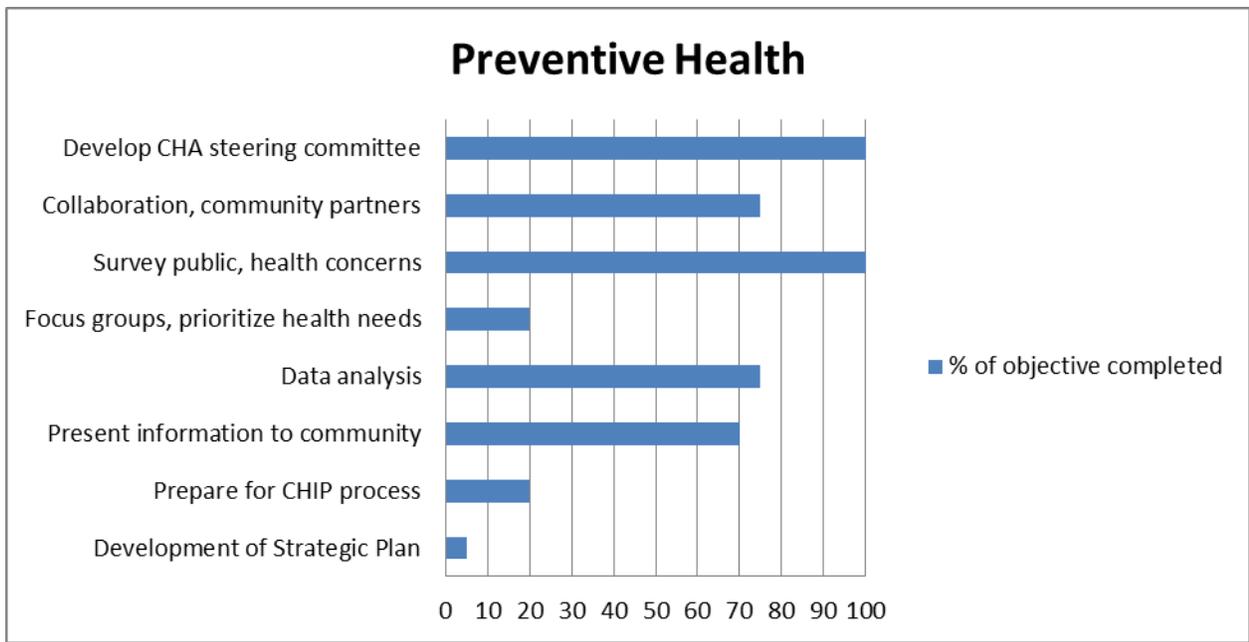
**2016 Childhood Lead Objective:** Throughout 2016, residents from Douglas County will receive lead poisoning prevention and intervention services that are provided according to federal and state guidelines. All children with a capillary blood lead level of 5 mcg/dL or higher received an offer of educational information and/or intervention.



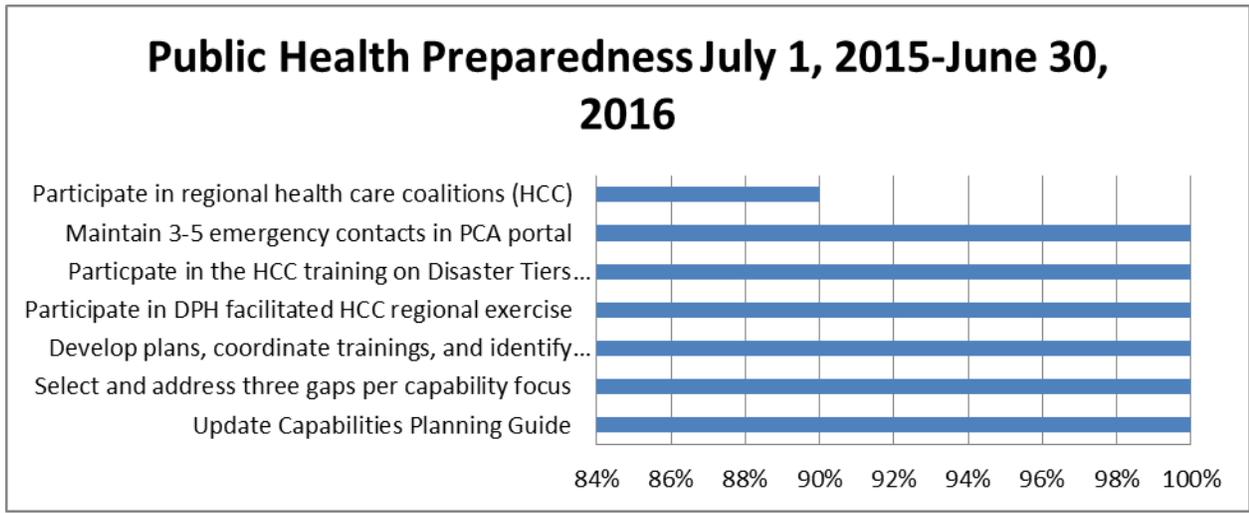
**2016 Maternal Child Health Objective:** By December 31, 2016, implementation and evaluation activities for the Wisconsin Healthiest Families Initiative will be undertaken by the agency in collaboration with community partners, focusing on child development. The 2016 objectives build on previous assessment 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. The Community Health Improvement Plan (CHIP) will be developed based on the results of the CHA and related community feedback and prioritization.



**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. Budget Period 5 objectives are in the process of being finalized.



**Communicable Diseases Investigations and Surveillance**

Please refer to the communicable disease report for year to date reportable diseases in Douglas County. Zika Virus remains a concern as people continue to travel to areas where the mosquitos known to transmit the virus are found. There have been 11 people in Wisconsin that have been diagnosed with Zika Virus after traveling to affected regions.

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

# Cumulative Report

Date Type: Create

Date Range: 01/01/2016 to 07/29/2016

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

---

## All diseases except Lead

---

<u>Disease Name</u>	<u>Number of Incidents</u>
AFB SMEAR POSITIVE	1
BABESIOSIS	2
BLASTOMYCOSIS	1
BRUCELLOSIS	1
CAMPYLOBACTERIOSIS	5
CHLAMYDIA TRACHOMATIS INFECTION	69
COCCIDIOIDOMYCOSIS	1
CRYPTOSPORIDIOSIS	1
EHRlichiosis, E. chaffeensis	2
EHRlichiosis/ANAPLASMOSIS, A. phagocytophilum	11
EHRlichiosis/ANAPLASMOSIS, undetermined	4
GIARDIASIS	4
GONORRHEA	7
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	1
HEPATITIS A	1
HEPATITIS B, CHRONIC	2
HEPATITIS B, Unspecified	1
HEPATITIS C	1
HEPATITIS C, ACUTE	1
HEPATITIS C, CHRONIC	19
INFLUENZA-ASSOCIATED HOSPITALIZATION	18
KAWASAKI DISEASE	1
LEGIONELLOSIS	1
LYME DISEASE	31

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: 01/01/2016 to 07/29/2016

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

---

**All diseases except Lead**

---

<u>Disease Name</u>	<u>Number of Incidents</u>
MEASLES (RUBEOLA)	1
MENINGITIS, ASEPTIC (VIRAL)	1
MUMPS	1
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	10
PERTUSSIS (WHOOPING COUGH)	7
SALMONELLOSIS	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	5
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	3
SYPHILIS, LATE LATENT	1
SYPHILIS, SECONDARY	1
TOXOPLASMOSIS	1
VARICELLA (CHICKENPOX)	2

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).

**Youth and Family Services Unit  
 Health and Human Services Board Update  
 August, 2016 Board Report  
 Submitted by: Cindy Ellefson, Youth and Family Services Supervisor on  
 August 1, 2016**

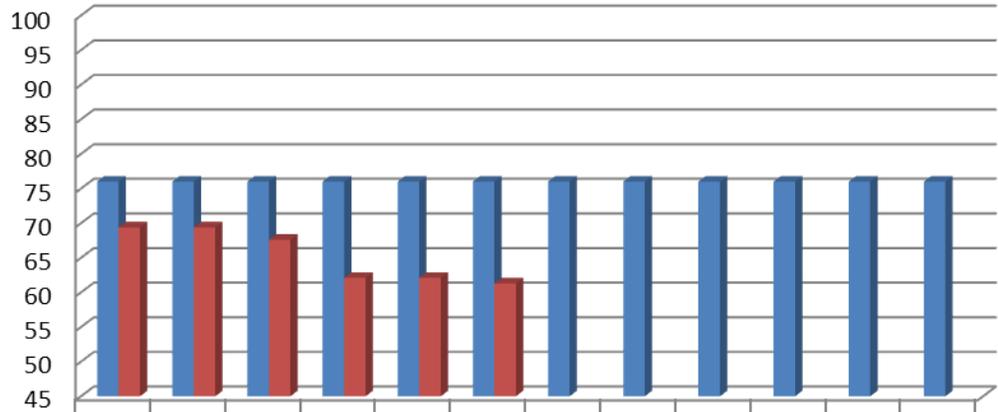
**2015/2016 referrals by type:**

Types of Service 2014/ 2015	Jan 15/ 16	Feb 15/ 16	March 15/ 16	April 15/ 16	May 15/ 16	June 15/ 16	July 15/ 16	Aug 15/ 16	Sept 15/ 16	Oct 15/ 16	Nov 15/ 16	Dec 15/ 16
Juvenile Court Referrals	36/ 13	26/ 27	37/ 20	30/ 14	18/ 6	24/ 24	11/ 38	21/ 17	17/ 16	16/ 25	25/ 16	24/ 16
Type:												
TPC	12/2	3/8	3/9	5/1	2/1	9/8	4/10	7/	2/	1/	2/	2/
Drug / Alcohol	0/1	3/1	0/0	1/0	1/0	1/2	0/0	0/	0/	0/	5/	1/
Disorderly Conduct	4/3	0/4	3/1	0/3	2/0	1/0	0/3	1/	2/	3/	6/	5/
Sexual Assault	2/0	1/0	2/0	4/0	1/0	0/0	0/0	1/	1/	1/	0/	0/
Truancy	7/4	4/1	16/2	6/4	2/3	0/1	0/3	0/	1/	1/	3/	2/
Battery	2/2	3/5	4/0	2/5	1/0	0/1	0/3	1/	1/	2/	0/	0/
Theft	2/0	2/1	1/4	4/1	1/1	0/2	0/2	2/	6/	1/	2/	6/
Burglary	0/0	0/1	0/2	1/0	0/0	0/0	0/0	1/	0/	0/	0/	3/
Stolen Vehicle	0/1	0/0	0/0	0/0	0/0	0/0	0/0	0/	0/	0/	0/	0/
Other:	7/0	10/6	9/2	7/0	8/	13/	0/17	8/	4/	7/	7/	7/
Total Caseload:												
Delinquency/ Status Offenders	93/ 75	91/ 76	103/ 78	86/ 77	92/ 80	95/ 84	87/ 86	89/ 86	90/ 86	79/ 86	85/ 86	80/ 86
CPS On-Going	54/ 52	57/ 49	53/ 50	52/ 54	54/ 54	55/ 53	60/ 54	58/ 54	61/ 54	64/ 54	58/ 54	57/ 54

Electronic Monitor	N/A/ 31	N/A/ 7	29/ 27	34/ 58	0/ 14	0/ 22	0/ 41	12/	10/	15/	21/	15/
Secure Detention Days	19/ 12	20/ 6	3/ 9	25/ 21	0/ 9	0/ 6	3/ 3	6/	6/	11/	9/	16/
Offer of Services	0/1	0/0	0/0	0/0	0/0	0/0	3/0	4/	4/	1/	0/	0/
Independent Living Services	7/9	7/9	7/9	7/9	7/9	7/8	7/8	7/	7/	7/	7/	7/

### Reunification 2016

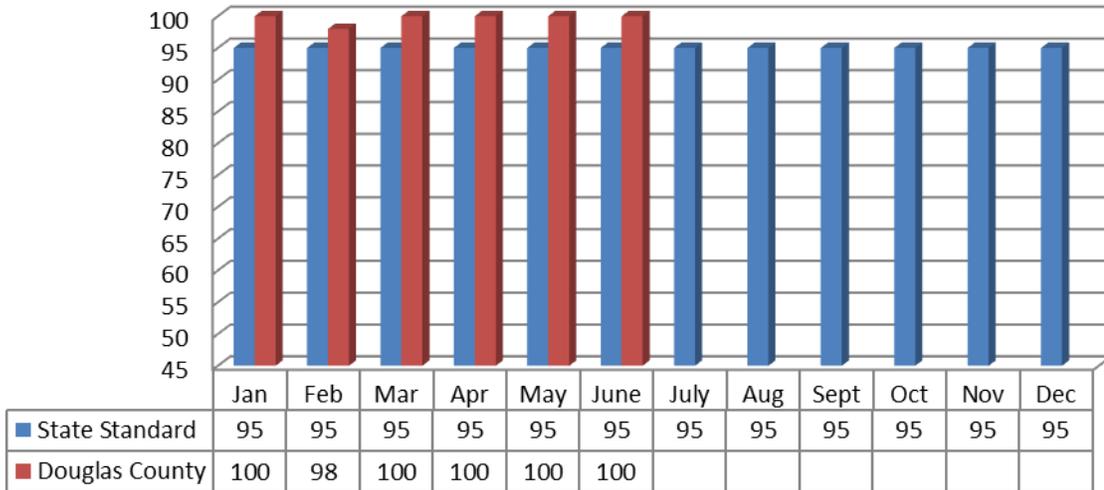
Of all children reunified with parents or caretakers, 76.1% or more are reunified within 0 - 12 months from the time of the latest removal from the home.



	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	69.4	69.4	67.6	62.1	62.1	61.3						

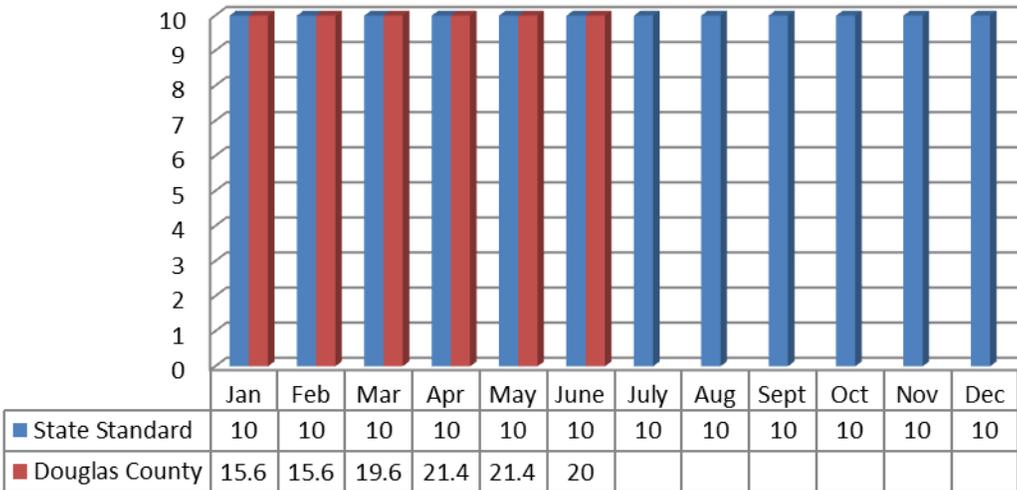
### Face to Face Contacts 2016

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.



### 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

8/11/16

Activity	Program/ Service	Brief Description	Contact Person	Attch ment
Health Fairs/Community Events	ADRC	7/28/16 – North Country Independent Living Expo- ADRC resource table, 850 in attendance	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Outreach/Marketing	ADRC	<p>Marketing to promote public awareness for the ADRC:</p> <ul style="list-style-type: none"> <li>*An ADRC billboard is currently located at 19<sup>th</sup> and Tower Avenue</li> <li>*The ADRC placed an ad in the Senior Reporter Magazine (June/July edition)</li> <li>*The ADRC placed an ad in Senior Connections Newsletter (July/August edition)</li> </ul>	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Initiatives	ADRC	<p>Caregiver Coalition- Dementia friendly business training for service providers and businesses. Two service providers trained to date.</p> <p>Douglas County Transportation Network Team-rural transportation focus groups will be held in August to address transportation barriers and needs for Douglas County residents.</p> <p>Caregiver conference being planned for May 2017.</p>	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no
Legislative	ADRC	<p>Family Care/IRIS 2.0 – DHS withdraws concept plan approval from Joint Finance on 6.9.16 outlining changes to long term care programs in WI.</p> <p>ADRC/IM Integration- Report submitted to Joint</p>	<a href="mailto:erika.leif@douglascountywi.org">erika.leif@douglascountywi.org</a>	no

## HEALTH & HUMAN SERVICES

8/11/16

		<p>Finance Committee on 4/1/16. DHS recommendation that a merger not take place. Waiting for feedback.</p> <p>ADRC Board Roles- DHS assessing responsibilities of governing boards via conference calls that are duplicative of functions performed by DHS. Report submitted 7.1.16 to Joint Finance. Recommendations include: no changes for the composition of ADRC governing boards, eliminating the requirement that ADRCs review Managed Care Organizations related grievances, deleting obsolete duties of boards regarding the county long-term planning committee, eliminating regional long-term advisory committees.</p>		
Outreach	Prevention/ Preparedness	<p>Public Health and Environmental Health attended the North Country Independent Living sponsored health fair.</p> <p>Public Health assisted in coordinating with community agencies to set up cooling centers in extreme hot weather.</p> <p>Public Health provided education to public and media regarding safety and appropriate clean up after a flood</p>	<a href="mailto:Kathy.ronchi@douglascountywi.org">Kathy.ronchi@douglascountywi.org</a>	no
Outreach	Public Health	<p>Public Health Nurse presented information about the Community Health Assessment at a Rotary Club meeting.</p> <p>Public Health assisted in facilitating child</p>	<a href="mailto:Kathy.ronchi@douglascountywi.org">Kathy.ronchi@douglascountywi.org</a>	no

## HEALTH & HUMAN SERVICES

8/11/16

		development assessment training at Mariner Clinic.		
Education	McNair Scholarship Group	Staff discussed science and science based research used in their field. The McNair Scholarship program promotes international students engaged in graduate degree programs.	<a href="mailto:Brian.becker@douglascountywi.org">Brian.becker@douglascountywi.org</a>	no
Applied for the Treatment Alternatives and Diversion (TAD) grant through the Department of Justice.	Drug Court	An application was submitted for the TAD grant. This funds requested would expand and enhance the current Douglas County Drug Court by providing funding for a full time Drug Court Coordinator/Case Manager, Inpatient/residential alcohol and drug treatment and would help pay for an enhanced drug testing procedure	<a href="mailto:dave.longsdorf@douglascountywi.org">dave.longsdorf@douglascountywi.org</a>	no

**Aging and Disability Resource Center  
Funding Sources and Contracted Services  
Douglas County**

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Information and Assistance</u></b></p> <p>Provision of information and referral about services, resources and programs for adults with disabilities, children with disabilities transitioning to adulthood, and elderly in need of assistance.</p> <p>Assistance is provided by linking consumers to public and private resources, providing advocacy services, and follow-up after service delivery. The information is provided to members of the client populations, their families, friends, caregivers, advocates and others who ask for assistance on their behalf at hours that are convenient for the public.</p>	Yes	<p>ADRC All Areas</p> <p>Program Cost \$297,829</p> <p>Tax Levy \$-0-</p>	County	1149	Wisconsin Statutes 46.283(3)(a) (b)(f)(g)(i)	<p>ADRC workers are required to record all <b>Contacts</b>. 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 <b>ADRC Activities</b>. An <b>Activity</b> is categorized into the following and must be recorded as such for reimbursement purposes:</p> <ul style="list-style-type: none"> <li>• Provided Information and Assistance</li> <li>• Provided Options Counseling</li> <li>• Provided Follow-up</li> <li>• Administered Long Term Care Functional Screen</li> <li>• Referred to Economic Support</li> <li>• Provided Assistance with Medicaid Application Process</li> <li>• Referred for Financial Related Needs Other than Economic Support</li> <li>• Referred for Private Pay Service Options</li> <li>• Provided Short-Term Service Coordination</li> <li>• Provided Youth Transition Support</li> <li>• Provided Enrollment Consultation</li> <li>• Provided Assistance/Referral for Health Promotion or Information</li> <li>• Referred for Mental Health Services</li> <li>• Referred for Substance Abuse Services</li> <li>• Refused Nursing Home Pre Admission Consultation</li> </ul>	<p>These services cannot be eliminated per statute.</p> <p>ADRCs were created to fill gaps and avoid overlaps between systems. Eliminating services would result in people accessing services through multiple entities versus in one location.</p> <p>Local resources vary widely and cannot always be accessed statewide. ADRC workers are knowledgeable about community resources and what is available.</p> <p>ADRCs provide free, un-biased information and can be viewed as a trusted resource as there is no financial incentive to refer community members to services within the community.</p> <p>ADRCs assist with long-term planning. Often times this planning can help individuals avoid a crisis situation. When a crisis situation does arise, they have a local contact to help them plan for next steps.</p> <p>Advisory or governing boards help assure that elderly and disabled populations are represented and have input in how services are provided.</p> <p>The ADRC works with a vulnerable population who experience difficulty physically getting to an office if the service is not local. If more barriers exist, they may decide to do without. ADRCs are also able to meet with individuals in their homes.</p>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Elder Benefits Counseling</u></b></p> <p>Anyone 60 years of age or older who is having a problem in securing a public or private benefit is eligible for the Elderly Benefit Specialist Program. The program provides accurate and current information on private and public benefits. Suggests alternative actions to take to secure benefits or appeal denials of benefits. Provides advocacy services. Explains what legal action or other possible solution is required.</p>	Yes	Tax Levy \$-0-	Services provided by Senior Connections through a MOU	108 cases	46.283(3)(d)	<p>Provide assistance with a variety of programs and issues, including:</p> <ul style="list-style-type: none"> <li>• Medicare; Medicare Part D</li> <li>• Medicare Supplemental Insurance</li> <li>• Supplemental Security Income (SSI)</li> <li>• Social Security</li> <li>• Medical Assistance</li> <li>• Consumer problems</li> <li>• Age discrimination in employment</li> <li>• Homestead Tax Credit</li> <li>• Housing problems</li> <li>• Supportive Home Services</li> <li>• Food Stamps</li> <li>• Veteran’s Administration benefits</li> <li>• General Relief</li> <li>• Other legal and benefit problems</li> </ul>	<p>These services cannot be eliminated per statute.</p> <p>Elderly Benefits Specialist (EBS) services are provided free of charge. Community members may not be financially able to seek assistance from an attorney when applying for benefits and the attorney’s fees impact the monetary award to the community member.</p> <p>EBS services provide a positive economic impact. When benefits are awarded, household budgets become more stabilized which lessens the pressure on local crisis or emergency services.</p> <p>An EBS has extensive knowledge about public and private benefits. The EBS offers education and un-biased information to community members. Without this assistance, community members may not access all the benefits that they are entitled to.</p> <p>An EBS will advocate for a community member in the event that benefits are not awarded properly.</p> <p>The EBS has the ability to meet with community members in their home in the event that they are homebound.</p>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Disability Benefits Counseling</u></b></p> <p>Provides services to people ages 18 to 59 with physical disabilities, developmental disabilities, and mental illness and substance use disorders.</p> <p>Provides information about public and private benefit programs including assistance with application and appeal procedures.</p> <p>This position is a .5FTE</p>	Yes	Tax Levy \$-0-	County	99 cases	46.283(3)(d)	<p>Provide assistance with the following areas and programs:</p> <ul style="list-style-type: none"> <li>• Medicaid (Medical Assistance)</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Supplemental Security Income (SSI)</li> <li>• Medicare, including Part D</li> <li>• Prescription Drug Assistance</li> <li>• FoodShare</li> <li>• Low-Income Tax Credits</li> <li>• Private Health and Disability</li> <li>• Insurance Issues</li> <li>• Housing and Utility Issues</li> <li>• Veterans' Benefits</li> </ul>	<p>These services cannot be eliminated per statute.</p> <p>Disability Benefits Specialist (DBS) services are provided free of charge. Community members may not be financially able to seek assistance from an attorney when applying for benefits and the attorney's fees impact the monetary award to the community member.</p> <p>DBS services provide a positive economic impact. When benefits are awarded, household budgets become more stabilized which lessens the pressure on local crisis or emergency services. In 2015, the DBS helped net \$206,199 in public benefits for Douglas County residents.</p> <p>People who obtain help from a DBS are more likely to receive a favorable decision when applying for benefits.</p> <p>A DBS has extensive knowledge about public and private benefits. The DBS offers education and un-biased information to community members. Without this assistance, community members may not access all the benefits that they are entitled to.</p> <p>The DBS has the ability to meet with community members in their home in the</p>
<p><b><u>Access to Emergency Services</u></b></p> <p>Recognize emergency situations, and know the emergency services that are available in their service area and the protocols for connecting people to appropriate emergency services.</p>	Yes	Tax Levy \$-0-	County	Serves the population at large	46.283(4)(i)	<ul style="list-style-type: none"> <li>• Follows procedures established by the 9-1-1 system and other resources in the community that respond to circumstances that involve immediate risk for individuals.</li> <li>• Has an after-hours answering machine that instructs callers about who to contact in case of an emergency</li> </ul>	<p>These services cannot be eliminated per statute.</p> <p>ADRC staff helps link community members to emergency services and resources that help de-escalate a crisis situation.</p>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Marketing, Outreach and Public Education</u></b>  Ongoing program of marketing, outreach and public education to make its services known to members of its client population(s), including people who are isolated or otherwise hard to reach, and to community agencies and service providers in its service area to inform them of the availability of its services. Ongoing outreach and public education to make known the services of the ADRC</p> <p>The Aging and Disability Resource Center provides information on risk and safety issues, prevention of disabling conditions, and early intervention measures as part of its public education, information and assistance, and options counseling activities.</p>	Yes	Tax Levy \$-0-	County	Serves the population at large	46.283(4)(e)	Marketing and Prevention activities include: <ul style="list-style-type: none"> <li>• Participating in 17 community speaking events/health fairs.</li> <li>• Sponsoring a memory screen clinic that provided free memory screens to community members.</li> <li>• Co-facilitating free evidence based workshop on falls prevention.</li> <li>• Increasing marketing through advertisement in printed materials such as newsletters, magazines, resource guides and the newspaper.</li> <li>• Partnering with services providers to coordinate a Twin Ports Elder Abuse Awareness and Prevention Community Forum.</li> </ul>	<p>These services cannot be eliminated per statute.</p> <p>Community members would not be aware of ADRC services or where to access help.</p> <p>Outreach activities help build collaborative partnerships and enhance relationships with other service providers that have a positive impact on community members seeking services.</p> <p>ADRCs collaborate with other service providers to provide prevention education and intervention efforts. This type of education helps reduce the need to access long term care and prolongs independence in the community</p>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Alzheimer’s Family and Caregiver Support Program (AFCSP):</u></b> This program assists caregivers to find appropriate community resources to “share the care” of their loved one who carries a diagnosis of Alzheimer’s or other like dementia.</p>	No	<p>Program Cost \$21,125</p> <p>Tax Levy \$3,464</p>	County	8	46.87	<p>This is a State funded grant that considers the participant’s diagnosis and income (not assets) for eligibility.</p> <p>The program provides or contracts for the provision of services and goods or makes payments for services to a person with Alzheimer’s disease or their caregiver. Services may include counseling to the caregiver or the person with dementia about changes in personality, safety instruction, professional equipment recommendations, respite care, community assistance, and funding assistance for services to those with dementia.</p> <p>Persons in the household must be ineligible for the Family Care benefit under s. 46.286. Persons eligible for Family Care but choosing not to enroll in Family Care are not eligible for AFCSP. Some AFCSP funds will remain in each county for persons not eligible for Family Care.</p>	<p>This program provides stop-gap assistance to family caregivers of individuals who have a form of dementia, and are not eligible for Family Care or IRIS. With the conclusion of the Long Term Care Waiting List the numbers served by this program has declined, however those who use this funding for respite or other allowable services are prolonging the time the affected person is able to remain in his or her home.</p> <p>In 2015, past and current caregivers of program participants were surveyed; 87% reported that the program helped avoid caregiver burnout and 86% reported that the program helped prolong the need to place their loved one in a care facility.</p>



Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b>Intake and Assessment – cont.</b>  ❖ Respite Care for Foster Families	No	Program Cost \$ 3,020  Levy \$ 3,020	Purchased	15 families	State expectation, Not mandated	This funding is used to offer foster parents respite placement for children with exceptional needs	Stability of placement may be jeopardized if foster parents are not afforded a break from caring for children who require extensive supervision and care. Children with exceptional needs may require a more restrictive placement without offering their foster parents respite.



Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b>Pre-placement Foster Parent Training</b>	Yes	Program Cost \$210  Levy \$210	Purchased/ County Provided	9 new parents	Pre-service SacWIS required	Enhances foster parent's knowledge base of child development, cultural issues, attachment, separation, behavior management and promotes a coordinated effort between foster parents and the Department serving children and families.	Foster parents may need additional skills necessary to meet the needs of children and families served. Children placed in foster care often exhibit high levels of needs which warrant advanced skill sets on behalf of foster parents. Well trained foster parents with appropriate expectations are more likely to result in successful placements.
<b>Kinship Care</b>  <b>Court Ordered Kinship Care (COKC)</b> Assessment Services Benefit payments  Section 48.57 (3m) Wisconsin Statutes  HFS 58 - COKC	Yes	Benefits \$ 179,366  Benefits \$57,146  Levy \$ -0-  Assessments \$ 10,119  Levy \$ -0-	Assessments are County Provided Benefits are paid to relatives	93 children       109 background checks	48.57 (3m) WI. Stats.  HFS 58	Federal law states that safety and permanence is paramount for children. In cases where a parent(s) are unable to provide the necessary care for their child(ren), the child(ren) may be placed with a relative. The Kinship Care program is a resource used to assist the relative. The child(ren) must meet the criteria of being a child or juvenile in need of protection or services and the relatives must participate in an assessment process to determine eligibility for Kinship Care. Eligible relatives receive a payment of \$232 per month per child.	This service cannot be eliminated - Legislative mandate  Provides alternative care for children by family choice vs requiring county intervention.
<b>Child Care Certification</b>	Yes	Program Cost \$ 19,215  Levy \$ -0-	County	11 providers	48.651  DCF 202  DCF 12	State law requires counties/tribes to certify providers who receive public funding but are exempt from the licensing law. Department of Children and Families promulgates rules establishing standards for the certification of child care providers and contracts certification functions to local counties and tribes.	This service cannot be eliminated - Legislative mandate  Provides safe child care for children and families of Douglas County.

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b>Child Welfare Alternate Care:</b></p> <ul style="list-style-type: none"> <li>❖ Temporary Shelter</li> <li>❖ Child Placement Foster Homes</li> <li>    Treatment Foster Homes</li> <li>    Group Homes</li> <li>    Child Care Institutions</li> </ul>	Yes	Program Cost \$ 684,640  Levy \$ 640,084	County foster homes and purchased providers	5  49  9  1  4	Chapter 48 Children's Code  Chapter 938 Juvenile Justice Code	Children placed out of their home to protect their safety or the safety of their family and community, including foster care and residential treatment.	This service cannot be eliminated - Legislative mandate which is prescribed by court orders.
Subsidized Guardianship	Yes	Program Cost \$ 19,941  Levy \$19,941	Benefits are paid to guardians who meet eligibility criteria	1 family	Chapter 48.623	Subsidized guardianship may be established if parties meet eligibility under 48.623, to support legal permanence when reunification and adoption of a child are not deemed appropriate and to establish consistency in the use of subsidized guardianship agreements and payments statewide.	This service cannot be eliminated to eligible individuals. Legislative mandate which is prescribed by court order.

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p>Brighter Futures</p> <p>Funding sources: Safe &amp; Stable Families, Alcohol and Other Drug Abuse (AODA) Block Grant, Youth and Family Services, County Fund balance</p>	No	<p>Program Cost \$146,625</p> <p>Levy \$ -0-</p>	Purchased	48 families		<p>Early Intervention &amp; Prevention program targets students aged 8–12 who are experiencing early indicators of academic, behavioral, emotional, and/or family problems and are not involved in formal social service and legal systems. The first criterion was selected in order to target students before transitioning into middle school; the second criterion was selected in order to avoid duplication of resources and to ensure early intervention when problems are most amenable to change. The focus of our program is building assets using the youth development model by intervening at the individual, family, school, and community levels to help youth become productive, contributing members of our community.</p>	<p>Acceptance of this grant is not mandatory but Federal Law requires that preservation and reunification services must be provided to families. This funding assists the county in meeting this mandate. Research shows support at the time risk factors are first evident is the most effective means of addressing child maltreatment. Preventing abuse, neglect and juvenile delinquency deters the need for more costly future interventions and enhances family well-being.</p>
Parent Skills	No	<p>Program Cost \$102,060</p> <p>Levy \$102,060</p>	Purchased	37 Families		<p>Support parents providing a safe and stable environment for their children through parent skills training, homemaker services, daily living skills assistance, and supervised visitations.</p>	<p>Parents may not have the learned skills to care for and nurture children. This service needs to be available in order to provide parents education to keep their children safe and ensure the Department is providing diligent efforts to do so.</p>

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
Supervised Visitation	Yes	Program Cost \$40,070  Levy \$40,070	Purchased	41 Clients	Chapter 48.335(3)	After providing due notice to the parent or guardian, the court makes a finding that if it would be in the best interest of the child, the court may set reasonable rules of parental visitation.	This service cannot be eliminated – Legislative mandate
Independent Living  Chafee Independence Program, Section 477 of the Social Security Act	Yes	Program Cost \$ 629  Levy \$125	County	9 participants	Established in Title I of the Foster Care Independence Act (P.L. 106-169) 1999	Federal legislation requires that youth, in out-of-home care, age 15 and over, participate in independent living skills training. Youth who complete high school and have training in obtaining and maintaining a job, money management, housing resources, interpersonal and social skills, nutrition and health care, responsible sexual behavior, purchase and rental agreements, car purchases, and a driver's license have a better chance of becoming successful adults.	This service cannot be eliminated - Legislative mandate
Juvenile Court Services: Youth & Family Aids	Yes	Program Cost \$ 704,238  Levy \$ 231,751	County	285 Referrals	Chapter 938 Juvenile Justice Code	Assessment and case management of juvenile offenders and their families, court work, ongoing monitoring and coordination of treatment services, juvenile intake responsibilities, intensive supervision program and group activities.	This service cannot be eliminated - Legislative mandate

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
Child Welfare Permanence (Contracted legal services)	No	Program Cost \$25,464  Levy \$17,430	Purchased	10 Clients		This service allows the County to continue to expedite the legal process for children who have reached permanency timelines in out-of-home placement. The Department contracts with a private attorney with expertise in termination of parental rights cases.	There could likely be a backlog of permanency cases whereas children eligible for permanency would continue in out-of-home placement rather than provide them with a stable permanent option.
Serious/Violent Chronic Offender  ❖ Intensive Supervision Program Funding Sources; Community Intervention Program	No	Program Cost \$ 52,020  Levy \$ 39,520	Purchased	18 youth	Chapter 938.534	The program works with juvenile offenders to keep them in the community and with their families. Youth may start out wearing an electronic monitoring device and must provide a detailed schedule to the contract agency. Unscheduled daily contact occurs by program staff with each youth. During the time on ISP the youth are allowed increasing levels of free time and unscheduled contact levels decrease. Contract staff also works with the families.	Of the 18 youth served by the Intensive Supervision Program, 12 were at risk of out-of-home placement. Of the 12 youth at risk of out-of-home placement, 7 were successfully maintained in their own home. Maintaining children in their home allows the family to address behaviors which impact functioning and maintains family connection and community safety.
State Corrections	Yes	Program Cost \$93,709  Levy \$12,552	Purchased	2 youth	Chapter 938.538	Copper Lake School (CLS) for girls and Lincoln Hill School (LHS) for boys are the juvenile correctional institutions in the State of Wisconsin operated by the Division of Juvenile corrections. CLS and LHS are charged with the responsibility of providing services to juveniles that are court ordered to the facility in the following areas: public safety, holding youth responsible for their behaviors, and offering them opportunities to build competencies. The institutions currently offer a comprehensive array of services, providing each youth with the opportunity to learn and to become a productive member of society.	This service cannot be eliminated. Legislative mandate prescribed by court order.

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
Sex Offender Treatment	No	Program Cost \$7,575.00  Levy \$ 7,575	Purchased	5 Juveniles		Psychological testing; individual and group therapy provided to clients who are court ordered to such services due to sex offenses.	The youth served by these specialized services are provided in a community based setting while continuing to live at home to ensure these clients are treated with the goal of rehabilitation so that they are not repeat offenders.

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b>Youth &amp; Family Aids</b></p> <ul style="list-style-type: none"> <li>❖ After hours intake</li> <li>❖ Juvenile Justice Ongoing Case Management Services (938.06)</li> <li>❖ Child Placement: <ul style="list-style-type: none"> <li>Foster Homes</li> <li>Treatment Foster Homes</li> <li>Temporary Shelter</li> <li>Group Homes</li> <li>Residential Treatment</li> </ul> </li> <li>❖ Electronic Monitoring</li> </ul>	<p>Yes</p> <p>Yes</p> <p>Yes</p> <p>No</p>	<p>Program Cost \$ 490,600</p> <p>Levy \$ 161,447</p> <p>Program Cost \$ 858</p> <p>Levy \$ 858</p>	<p>County</p> <p>County</p> <p>Purchased</p> <p>Purchased</p>	<p>Avg .90 youth/month</p> <p>0</p> <p>0</p> <p>8</p> <p>3</p> <p>9</p>	<p>Chapters: 48.067 938.067 938.06</p> <p>HFS 44</p> <p>Chapter 938.34 (3g)</p>	<p>Youth and Family Aids funding was made available in 1980 to assist counties in reducing the number of youth who were placed in state correctional facilities. The grant must first be used to pay for any youth placed with the State in a secure correctional facility. The balance of the funding must be used to provide other less restrictive services. Funds must be used to provide services to juveniles and their families who meet Chapter 938 (Juvenile Justice Code) criteria. Funding may not be used to provide juvenile court intake services nor purchase or provide Shelter Care services. Community programs and services are developed based on local needs.</p> <p>Monitor juveniles leaving and returning to family home.</p>	<p>This service cannot be eliminated - Legislative mandate</p> <p>Children may require more restrictive placement without the technology of monitoring their coming and going from home.</p>

Program Description	Mandated Legislation Yes/No	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b>Youth &amp; Family Aids – (cont.) –</b></p> <ul style="list-style-type: none"> <li>❖ Corrective Thinking</li>   <li>❖ Alcohol and Other Drug Abuse (AODA) Services</li>   <li>❖ Targeted Case Management</li> </ul>	<p>No</p> <p>Yes</p> <p>No</p>	<p>Program Cost \$ 10,000</p> <p>Levy \$ 3,291</p> <p>Program Cost \$ 23,238</p> <p>Levy 2,897</p> <p>Program Cost \$ 32,316</p> <p>Levy \$32,316</p>	<p>Purchased</p> <p>Purchased</p> <p>Purchased</p>	<p>18 juveniles</p> <p>22 parents</p> <p>84 Youth</p> <p>43 Families</p>		<p>Truththought Publications has developed a Corrective Thinking curriculum based on research performed by Dr. Stanton E. Smenow and the late Dr. Samuel Yochelson.</p> <p>The Corrective Thinking process reinforces cognitive based, responsible decision-making and genuine responsible lifestyles. The premise is to teach people to identify nine Thinking Barriers and corresponding nine Steps to Responsible Thinking.</p> <p>Assess and serve youth with suspected alcohol or drug abuse issues.</p> <p>Case Management services assist children and their families access to and coordination of services; e.g. medical, social, educational, vocational, etc.</p>	<p>Combined with other support services, Corrective Thinking has shown to decrease recidivism and the need for out-of-home placement. In addition, youth participating in Corrective Thinking demonstrate a higher understanding of the consequences of their behavior and are less likely to become repeat offenders.</p> <p>Reduction or elimination of formal support service will leave families with unmet needs which cannot be met by informal supports. Unmet needs tend to become more exaggerated with time and can detract from family strengths to the extent more restrictive services become mandated.</p> <p>Reduction or elimination of formal support service will leave families with unmet needs which cannot be met by informal supports. Unmet needs tend to become more exaggerated with time and can detract from family strengths to the extent more restrictive services become mandated.</p>

**Children's Long-Term Support Program  
Family Support Program  
Funding Sources and Contracted Services  
Douglas County**

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b><u>Children's Long-Term Support Waivers (CLTS)</u></b>	Yes  Medicaid Home & Community Based Waiver Manual	Program Cost \$276,069  Tax Levy \$73,342	County	23	WI Statutes 46 & 51  HFS 73	The Children's Long-Term Support Home and Community-Based Medicaid Waivers (CLTS Waivers) provide a structure within which Medicaid funding is available to support children who are living at home or in the community and who have substantial limitations in multiple daily activities as a result of one or more of the following disabilities: developmental disabilities, severe emotional disturbances, and physical disabilities. Funding can be used to support a range of different services that are identified based on an individual assessment of the child and his or her needs.	Without the program, families would not be able to access services that help keep their child in their home.
<b><u>Family Support Program (FSP).</u></b>  *Effective 1/1/16, program name changed to Children's Community Options Program.	Yes	Program Cost \$27,125  Tax Levy \$10,299	County	20	WI Statute 46	The Family Support Program provides individual services and supports to families that include a child with severe disabilities. The program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family's emotional, physical and financial resources. The program offers: information and assistance in finding services and maximizing community resources; limited funding to buy needed services and goods that cannot be bought through other sources; help in linking families with other families to strengthen natural supports.	Without the program, families would not be able to access services that help keep their child in their home.

**Environmental Health Services  
Funding Sources and Contracted Services  
Douglas County**

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Environmental Health Unit</u></b></p> <p>Health Priority: Environmental &amp; Occupational Health Hazards</p> <p>A. Environmental Health Licensing &amp; Regulation Programs including Agent for the state.</p>	<p>Yes, in part</p>	<p>Program Cost \$ 198,628</p> <p>Levy \$39,483</p> <p>Fee revenue: \$153,309.75</p>	<p>County</p>	<p>All citizens of Douglas County.</p>	<p>Ch. 252 Ch. 141</p>	<p>Statutory requirements met by providing the following services:</p> <p>These programs are paid for by the licensing fees collected from operator of facilities regulated. Douglas County provides these services as an Agent for the Department of Health and Human Services, Department of Natural Resources, Department of Commerce, and Department of Agriculture, Trade, and Consumer Protection, and the Department of Public Instruction. In addition, the City of Superior pays Douglas County an administrative fee per facility for the inspections of Class "A", Class "B", and Class "C" and Class "B" beer and liquor, mobile home parks, body artists, and hotel/motels</p>	<p>These services support the Public Health Service, Level II Designation mandated by DHS.</p> <p>State inspectors cannot respond in a timely manner to food and water borne illnesses, product tampering, consumer complaints and facility consultations placing the general public at an increased risk of illness and injury. Facilities in counties with State inspectors can go five to seven years without an inspection.</p> <p>We are required to inspect annually. If these services were reduced or eliminated, Douglas County would lose approximately \$153,309.75 in revenue gathered from fees for service and the Level II designation.</p> <p>See previous overview of County Environmental Health Licensing and Regulation Programs.</p>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b>Environmental Health Unit – cont.</b>  a.1) – Body Artists and Body Piercing Program  a.2) – Class “B” Beer and Liquor Inspections  a.3) – Mobile Home Parks  a.4) – Retail Food	No  No  No  No		County  County  County  County	Clientele utilizing 5 facilities  Customers who use the 88 licensed facilities.  Citizens who reside in 13 parks  All persons who purchase groceries at 73 local stores	SS 252 DHS 173  SS 125 City Ordinance 5-2  DSPS 95 City Ordinance  DATCP 97 Wisconsin Food Code	Licensing and inspection of tattoo and body piercing facilities and the operating procedures of the practitioners involved in tattooing and body piercing, 5 inspections.  Inspection of facilities to ensure compliance with applicable codes.  Inspection and licensing of facilities to protect citizens who reside in mobile home parks. 18 inspections  Inspection and licensing of grocery stores, convenience stores, bakeries, and confectioneries. 103 inspections	a.1) See previous overview  a.2) See previous overview  a.3) See previous overview  a.4) See previous overview

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b>Environmental Health Unit – cont.</b>							
a.5) – Safe Drinking Water Act	No		County	Individuals who visit 166 establishments serving 25 or more people for 60 days of the year.	Clean Water Act NR 809 NR 812	Drinking water at these facilities is analyzed for bacteria, nitrite, and nitrate. Sanitary surveys are performed on the wells. (31 sanitary surveys and 244 water samples).	a.5) See previous overview
a.6) – National Breakfast and Lunch Program	No		County	All County (12) school programs	National Breakfast Lunch Act	License and inspection of food preparation facilities in all City/County schools.	a.6) See previous overview
a.7) – Food Safety and Recreational Licensing Program	Yes		County	People who utilize the 428 licensed hotels, restaurants, campgrounds, camps, and swimming pools	DHS 195 DHS 175 DHS 172 DHS 178 DHS 195 DHS 197 DHS 198  WI Food Code  City Ordinance	Licensing, inspection, and investigation of food service restaurants, lodging, campgrounds, public swimming pools, tattoo and body piercing establishments, and vending machines on an annual basis.	a.7) See previous overview
B. Consumer Complaints, Product Recalls, Waterborne and Foodborne Illness. <u>Health Priority:</u> Environmental health hazards	Yes		County	All Douglas County Residents  28 consumer complaints  7 food/waterborne illnesses  111 water quality issues	WI Food Code DATC 97 FDA USDA  SS 254	To investigate sources of food and waterborne diseases.  Provide information on tainted products and product recalls and consumer complaints.	These services cannot be eliminated – legislative mandate.

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
C. Vector borne Diseases; Human Health Hazards Abatement <u>Health Priority:</u> Environmental health hazards	Yes		County	All Douglas County Residents  107 calls/complaints  4 Placarded properties	SS 254	Investigation identification and prevention of vectors and human health hazards that are known to have the potential to cause acute or chronic illness or death to residents of Douglas County.	These services cannot be eliminated – legislative mandate.
D. Housing Indoor Air, Lead Based Paint Investigations <u>Health Priority:</u> Environmental health hazards	Yes, in part	Partial Grant	County	Cases: Air – 58 Lead – 42 Radon kits-73, 28 elevated results.	DHS 163  SS 254	Investigate building and substandard housing concerns, children with elevated blood lead levels, worksite concerns and air quality issues.  Provide educational resources and guidance for health related indoor air complaints.	These services cannot be eliminated – legislative mandate.
E. Outreach and Other Educational Program <u>Health Priority:</u> Environmental health hazards, collaborative partnerships .	No		County	5 outreach  950 participants		Improve the quality and safety of the food supply and natural, built and work environments. Promote safe and healthy homes in our community.	Less opportunity to collaborate with community partners on topics identified to be of concern. Less opportunity to promote environmental health and safety.
F. Rabies Prevention Program	Yes		County	34 investigations	SS 95.21	Investigation of animal bites, quarantine of animals and submission of brain tissue for testing.	These services cannot be eliminated – legislative mandate.

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
G. West Nile Virus	No		County	2 investigations		Follow up on dead bird reporting, shipping specimens to the state for testing.	Less opportunity to assist in monitoring for presence of West Nile Virus in Douglas County.
Laboratory Services <u>Health Priority:</u> Environmental and occupational and health hazards	No	Program Cost \$ 95,541  Levy \$ 95,541  Partial private pay for water testing.	Purchased	Services available for protection of all Douglas County Residents  1036 water tests  498 milk tests	DHS 145  SS 252  NR 809  WI Food Code  DHS 172  DHS 195  City Ordinance  DHS 173	Water testing for bacteriological quality is performed for waterborne disease investigations and general public.  Dairy products sold within Douglas County are analyzed for bacteria and antibiotics to ensure safety of milk supply. Douglas County is partially reimbursed by the Department of Agriculture for these analyses.  Spore analysis is performed to determine if area body artists are adequately sterilizing their equipment. This is paid for fee for services.	Laboratory services support Environmental and Public Health Nursing services. Reduction of these services would hamper communicable disease, water, and milk quality in Douglas County.

**Public Health  
Funding Sources and Contracted Services  
Douglas County**

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Prenatal Care Coordination Program</u></b></p> <ul style="list-style-type: none"> <li>• Medicaid funded program to provide case management services to high risk pregnant women with the goal of improving birth outcomes and decrease the economic impact of poor health care during pregnancy</li> <li>• <u>Health Priority:</u> <ul style="list-style-type: none"> <li>- Access to primary and preventative health services</li> <li>- Alcohol and other substance use and addiction</li> <li>- Tobacco use and exposure</li> <li>- Healthy growth and development</li> <li>- Reproductive and sexual health</li> </ul> </li> </ul>	No	Program Cost \$ 46,469  Levy \$ 42,005  MA Revenues	County	High risk pregnant women who meet Medicaid eligibility and program criteria.  59 Referrals  27 Admissions  147 contacts		Coordinated health and social services to assist the woman with a health pregnancy and baby <ul style="list-style-type: none"> <li>• Guidance toward accessing and staying compliant with medical care</li> <li>• Nutritional counseling.</li> <li>• Reduce tobacco use and exposure</li> <li>• Drug use prevention.</li> <li>• Referrals for Mental Health and Social Services.</li> <li>• Alcohol prevention during pregnancy</li> <li>• MOU in place with WIC (Women’s, Infants &amp; Children Program) to provide the nursing component for WIC clients.</li> <li>• Pregnancy testing</li> <li>• Collaborate with schools when providing services to teens.</li> <li>• Promote sexual and reproductive health</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of low birth weight infants and associated health risks.</li> <li>• Unmanaged mental illnesses due to non-compliance with medications and medical interventions.</li> <li>• Loss of Medicaid revenues.</li> <li>• Less impact on reducing incidence of Fetal Alcohol Syndrome and drug affected children and the long term financial effects.</li> <li>• High risk WIC cases wouldn’t have PHN expertise.</li> <li>• Less opportunity to deliver tobacco cessation support to these high risk mothers-to-be.</li> <li>• Risk for increased child protection cases due to negative maternal behaviors causing adverse effects in infants.</li> <li>• Teen pregnancy, smoking, obesity, alcohol use and children living in poverty are higher in Douglas County than the state, increasing need for early intervention and education.</li> </ul>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b>Public Health Services</b></p> <ul style="list-style-type: none"> <li>Includes general public health nursing, community health education, chronic disease prevention, promoting equal access to care</li> <li><u>Health Priority:</u> <ul style="list-style-type: none"> <li>- Access to primary and preventative health services</li> <li>- Alcohol and drug prevention</li> <li>- Healthy growth and development</li> <li>- Nutrition and healthy foods</li> <li>- Tobacco use and exposure</li> <li>- Chronic disease prevention</li> <li>- Collaborative partnerships</li> </ul> </li> </ul>	Yes	<p>Program cost: \$153,078 levy: \$151,284</p> <p>General PHN cost</p>	County	<p>All residents of Douglas County</p> <p><b>Community Health Education and Collaboration:</b> 16 health sessions with 780+ participants from public and community partners.</p>	<p>DHS 140 Ch. 253 S.251 S.252 S.254 HFS 144</p>	<p>Statutory requirements met by providing the following:</p> <p><b>Community Health Education-:</b></p> <ul style="list-style-type: none"> <li>Topics targeted to identified health priorities and local needs.</li> <li>Community Health Fairs.</li> <li>Health education topics targeted at identified need at community locations such as schools and senior centers.</li> <li>Collaboration with local partners on child development coalition and developmental assessment training for local clinics provided by the state.</li> <li>Participating in local coalitions in effort to promote health in all policies.</li> </ul>	<p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>Risk of increased drug and alcohol use.</li> <li>Less opportunity for identifying developmental delays.</li> <li>Less opportunity for identifying early and risk of postpartum depression.</li> <li>Loss of case coordination service that ensures the provision of referral information and access assistance.</li> <li>Increased cost of delayed early intervention.</li> <li>Loss of state funds- MCH grant.</li> <li>Increased adverse health behaviors with long term increased health care costs.</li> <li>Lack of coordination between community partners lessens impact and effectiveness of health improvement efforts.</li> <li>Lack of awareness of resources.</li> <li>Less opportunity for developing partnerships and collaboration with local partners.</li> </ul>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b>Maternal Child Health</b></p> <ul style="list-style-type: none"> <li>Engage in collaboration with community partners with a focus on child development through the Healthiest Families Initiative, achieving successful implementation of coalition objectives.</li> <li>Provide anticipatory guidance, health assessments/screening and health care counseling for eligible pregnant women and infants.</li> <li>Children and Youth with Special Health Care Needs (CYSHCN)</li> <li><u>Health Priority:</u> <ul style="list-style-type: none"> <li>- Access to primary and preventative health services</li> <li>- Alcohol and drug prevention</li> <li>- Healthy growth and development</li> <li>- Nutrition and healthy foods</li> <li>- Tobacco use and exposure</li> <li>- Collaborative partnerships</li> </ul> </li> </ul>	No	<p>(Includes PHN cost.) MCH Program cost: \$102,259 levy: \$75,640</p> <p>Part of Consolidated Contract- state grant</p> <p>CYSHCN Program cost: \$ 2,579 levy: \$579</p>	County	<p>Eligible women and children of Douglas County</p> <p><b>MCH/New Baby Visits:</b> 319 Referrals 78 Admissions 198 Encounters</p>	None	<p><b>Maternal Child Supportive Visits for high risk infants and mothers:</b></p> <ul style="list-style-type: none"> <li>Addressing growth and development questions.</li> <li>Providing health and safety education.</li> <li>Newborn physical assessments.</li> <li>Post-partum assessment of mother.</li> <li>Community resource information, referral and support for CYSHCN.</li> <li>Breastfeeding support.</li> <li>Impact of exposure to tobacco, alcohol and drugs on infant.</li> <li>Bonding and attachment.</li> <li>Shaken Baby Prevention education.</li> <li>Sudden Infant Death education.</li> <li>Collaboration with Child Protection/Intake and Assessment unit for providing education to high risk parents.</li> <li>Collaboration with local clinics and hospitals by referrals for PHN follow up with high risk families.</li> </ul>	<p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>Risk of increased drug and alcohol use.</li> <li>Less opportunity for child abuse prevention.</li> <li>Less opportunity for breast feeding support.</li> <li>Less opportunity for identifying developmental delays.</li> <li>Less opportunity for identifying early and risk of postpartum depression.</li> <li>Loss of case coordination service that ensures the provision of referral information and access assistance.</li> <li>Increased cost of delayed early intervention.</li> <li>Loss of state funds- MCH grant.</li> <li>Increased adverse health behaviors with long term increased health care costs.</li> <li>Lack of awareness of resources.</li> </ul>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Communicable Diseases &amp; Immunizations:</u></b></p> <ul style="list-style-type: none"> <li>Immunization</li> <li>Communicable disease investigations and surveillance</li> <li>Tuberculosis monitoring and surveillance</li> <li>PHN service (and environmental health support with surveillance)</li> <li><b><u>Health Priority:</u></b> <ul style="list-style-type: none"> <li>Communicable diseases containment and prevention</li> <li>Align resources to eliminate health disparities</li> </ul> </li> </ul>	Yes	<p>Grant Funding</p> <p>Immunizations Program cost: \$ 66,712 levy: \$ 48,198 Revenue: Hep B- \$707.50 TB Test \$4,290</p> <p>Communicable Disease program Cost: \$ 96,593 levy: \$ 96,593 Ebola cost: \$1,317 Levy: -0-</p> <p>TB Dispensary Program cost: \$2,581 Levy: \$2,133</p>	County	<p>All citizens of Douglas County have access to service. No income guidelines.</p> <p><b>Immunizations:</b> 27 children 63 vaccines</p> <p>20 adults 29 vaccines</p> <ul style="list-style-type: none"> <li>TB skin tests: 249</li> </ul> <p><b>Communicable Disease</b></p> <ul style="list-style-type: none"> <li>166 STD investigations</li> <li>273 Reportable disease investigations (other than STD's)</li> <li>1 Ebola monitoring</li> </ul> <p><b>TB monitoring</b></p> <ul style="list-style-type: none"> <li>1 LTBI monitoring</li> <li>118 food &amp; water investigations</li> </ul>	SS.252, DHS 145; 144; 250	<p>To prevent disease, prevent transmission of diseases and provide a system of surveillance for early detection of emerging illnesses and vaccine efficacy.</p> <ul style="list-style-type: none"> <li>Disease and food borne illness investigation.</li> <li>Information and referral.</li> <li>Regional resource for communicable disease policy and procedure.</li> <li>Provision of testing, investigation and surveillance for jail inmates.</li> <li>Disease outbreak management.</li> <li>Reporting to the State, using electronic systems.</li> <li>Collaborate with environmental health staff educational programs.</li> <li>Sources of direction and information for County wide agencies and businesses regarding disease outbreaks.</li> <li>Provide Tuberculosis case management.</li> </ul> <p><b>Immunizations:</b></p> <ul style="list-style-type: none"> <li>State immunization registry maintenance</li> <li>Promote equal access to immunizations for eligible Douglas County residents.</li> <li>Promote insured to accessing medical home for treatment and immunizations.</li> <li>Vaccine preventable disease community education across age spectrum.</li> <li>Monitor school and daycare vaccine compliance.</li> <li>Monitor vaccine preventable disease trends and outbreaks.</li> </ul>	<p>These services cannot be eliminated – Legislative mandate</p> <p>Impact if eliminated or reduced;</p> <ul style="list-style-type: none"> <li>Risk of increased rates of STD's, HIV and associated medical costs.</li> <li>Less effective control and containment of communicable disease.</li> <li>Increased costs associated with spread of disease related to missing work, potential hospitalizations and death.</li> <li>Less opportunity to partner with school nurses in communicable disease management.</li> <li>Less opportunity to partner with providers resulting in inconsistent following of state guidance for testing and treatment.</li> <li>Low immunization rates in Douglas County increases risk of vaccine preventable disease outbreaks.</li> </ul>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<p><b><u>Childhood Lead Poisoning Prevention and Intervention Program:</u></b></p> <ul style="list-style-type: none"> <li>• PHN &amp; Environmental Health</li> <li>• <u>Health Priority:</u> - Environmental &amp; occupational health hazards</li> </ul>	Yes	Program Cost \$7,293  Levy \$ 773  Partial grant	County	3 lead assessments  7 children with lead levels $\geq 5$ mcg/dl/ to	DHS 140 DHS 163	<p>Douglas County has the oldest housing stock in the State and the 11<sup>th</sup> oldest in the nation. Dwellings built before 1957 have potential to have lead based paint.</p> <p>Receive testing results from the State Lab of Hygiene and physician's office for follow up.</p> <p>Case management for children and their families when blood level elevated; Referral to Environmental Health Lead Program for Lead Risk Assessment and follow-up on abatement.</p> <p>Provide education and information on prevention during clinics in the County, health fairs, and other maternal/child health public health activities.</p>	<p>These services cannot be eliminated – Legislative mandate</p> <p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>• Lack of education regarding lead contamination sources in homes.</li> <li>• Risk of inconsistent blood lead level testing.</li> <li>• Increase costs associated with lead poisoning.</li> <li>• Loss of grant funds.</li> </ul>
<p><b><u>Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)</u></b></p>	Yes	Program cost: \$24,689  Levy: \$18,880  Partial grant	County	All persons in Douglas County	Chapter DHS 140.04	<ul style="list-style-type: none"> <li>• Public Health must ensure that a community health assessment and health improvement plan is completed.</li> <li>• Assessments are to be completed at minimum every 5 years with the CHIP (Community Health Improvement Plan) updated annually.</li> <li>• The Public Health Service provides the leadership for a steering committee composed of a wide range of policy and decision makers from the County.</li> </ul>	<p>Legislative mandate; cannot be eliminated</p> <p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>• Less opportunity to assess the health status and needs of our community.</li> <li>• Less opportunity to develop a community health improvement plan based on the needs and priorities of the community.</li> <li>• Less impact on prevention of chronic disease in aging population.</li> <li>• Less collaboration with community partners.</li> <li>• Loss of grant funds.</li> </ul>

Program Description	Mandated	Tax Impact	Purchased or County Provided	2015 People Served	Governing Legislation	Service Description	Impact to County if Reduced or Eliminated
<b><u>AIDS/HIV Counseling &amp; Testing</u></b>	Yes	Part of PHN Cost  State fee for service	Eau Claire County Health Dept.	No income guidelines	DHS 145 DHS 144	Counseling, testing, education and referral services are provided to diagnosed individuals by Eau Claire County Health Department.  Douglas County Health Services provides: Education on transmission for all who seek information, referral to community and state resources, and printed materials to community and individuals.	<ul style="list-style-type: none"> <li>These services cannot be eliminated – Legislative Mandate</li> </ul> <p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>Less opportunity for prevention education and providing testing/treatment referral resources.</li> <li>Less opportunity to promote regular HIV testing as local STD rates remain high.</li> </ul>
<b><u>Urine Drug Test</u></b>  <ul style="list-style-type: none"> <li>Court ordered urine drug tests for Youth and Family Services.</li> </ul>	No	Decreased cost for Human Services	County	80 urine drug tests completed, 40 % tested (+).		<ul style="list-style-type: none"> <li>NIDA Certified Urine Drug testing, using Chain of Custody for handling of sample</li> <li>PHN's trained on NIDA guidelines.</li> <li>Supports Human Service Division by covering cost and improving access for this service.</li> </ul>	<p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>Youth would have to go to local clinics that have this service.</li> <li>Increased cost for Human Services and tax payers.</li> </ul>
<b><u>Public Health Emergency Preparedness (PHEP)</u></b> <ul style="list-style-type: none"> <li>Grant funded program to assure public health preparedness in the 18 county and 2 tribe western region of Wisconsin.</li> <li>Local planning with consortium grant objectives and performance measures.</li> <li>Infrastructure focus for State Health Plan (Healthiest Wisconsin 2020)</li> </ul>	Not mandated although the responsibility to plan for emergencies falls to local government.	Grant  PHEP Program cost: \$ 53,325 levy: \$ 8,526  Bioterrorism Preparedness cost: \$1,323 Levy: \$23	County	All persons in Douglas County	DHS 140 SS: 250.03, 250.042	<ul style="list-style-type: none"> <li>Provision of education on emergency preparedness.</li> <li>Emergency responses to detect, control, abate and prevent communicable disease outbreaks and bioterrorism.</li> <li>Provision of mass clinic immunization, prophylaxis and treatment for select diseases and biological exposures.</li> <li>Orders voluntary and involuntary isolation and quarantine to prevent the spread of diseases.</li> <li>Supports the health and safety needs for persons in shelters due to evacuation of population.</li> </ul>	<p>Impact if eliminated or reduced:</p> <ul style="list-style-type: none"> <li>Risk of poor response to emergency situations.</li> <li>Less opportunity to collaborate with local partners in developing readiness plan.</li> <li>Less preparation to act quickly and efficiently in the event of an emergency.</li> <li>Less opportunity to share updated knowledge about public health threats.</li> <li>Loss of grant funds.</li> </ul>

**Income Maintenance  
Funding Sources and Contracted Services  
Douglas County**

Program Description	Mandatory (Yes/No)	Tax Impact	2015 Customers Served	Purchased or County Provided	Governing Statutes	Service Description	Impact to County if Reduced or Eliminated
<b>Income Maintenance Administration</b>	Yes	Program Cost \$ 1,203,636  Levy \$ 407,912	Medical Assistance 9,201 households (end of year)  MA Benefits Paid 59,572,041.63  Food Share Benefits 6,505 consumers (monthly average)  FoodShare Benefits Paid \$7,986,064	County Provided	WI Statutes Ch. 49 (Public Assistance), 46.23, Fraud 49.197, 49.45. Title I-A Social Security Act, Reg. 45 CFR 233 Food Stamp Act, 1977, Fed. Reg, 42 CFR 271-280 Title XIX Social Security Act HSS 100-199 HSS 201.12 (AFDC Fraud)  49.43 MA  49.79 FS	Eligibility Determinations and Case Maintenance for: <ul style="list-style-type: none"> <li>• FoodShare</li> <li>• Medical Assistance (includes BadgerCare, Family Planning Waiver, etc.)</li> <li>• Fraud Investigation: Prevention, Investigation, Prosecution</li> <li>• Benefit Recovery</li> <li>• Administrative funding for County's General Assistance Program</li> </ul>	This service cannot be eliminated – Legislative mandate
<b>General Assistance</b>	No	Program Cost \$ 0  Levy \$0	0 cases  GA Benefits Paid \$ 0	County Provided	Tax Levy and reimbursement from the State  WI Statute 49.031	Eligibility Determinations and Case Maintenance for: <p>General Assistance</p> <ul style="list-style-type: none"> <li>• Very limited assistance with rent, utility and fuel expenses for County residents.</li> </ul> <p>*Eligibility set by Health &amp; Humans Services policy; \$1,000 allocated.</p>	

Program Description	Mandatory (Yes/No)	Tax Impact	2015 Customers Served	Purchased or County Provided	Governing Statutes	Service Description	Impact to County if Reduced or Eliminated
<b>Child Care</b> Administrative Funding (Authorization and Payment) Eligibility	Yes	Program Cost \$ 127,476  Levy \$ 0	264 Families  Benefits paid \$ 895,433.87	County Provided	42 U.S.C. 618, Social Security Act, Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Public law 104-193, 42 U.S.C. 9858, Child Care Development Block Grant of 1990, Balanced Budget Act of 1997, Public Law 105-33	Eligibility Determinations and Case Maintenance for:  Child Care <ul style="list-style-type: none"> <li>• Authorization of hours needed for child care for eligible households</li> <li>• Processing of payment (directly to provider) for eligible households</li> <li>• Determination and collection of overpayments or underpayments made</li> </ul>	This service cannot be eliminated – Legislative mandate
<b>Wisconsin Home Energy Assistance Program</b>	Yes	Program Cost \$ 123,724  Levy \$317	2,110 Households  Paid Directly by Department of Administration to Recipients  Household Paid Energy Assistance \$936,222  Total Crisis Paid \$230,623  Total Heating Units Paid \$127,206	County Provided	Low Income Home Energy Assistance Act of 1981 Federal Law: P.L. 103-112., P.L. 103-133., P.L. 97-35 as amended, P.L. 101-1501, P.L. 103-252, Section 1405 if P.L. 101-510, WI Stats. 16.385	Eligibility Determinations and Case maintenance for:  Wisconsin Home Energy Assistance Program <ul style="list-style-type: none"> <li>• Provides assistance to Low Income households with the costs of heating and/or lighting and/or cooking</li> <li>• Provides crisis benefits to households who are experiencing a heat or utility (NOT WATER) emergency</li> <li>• Provider referrals to the Weatherization Program. Assists households in crisis with the costs of furnace replacement or repair</li> <li>• Assists households who are having credit problems with a provider of fuel (for heat or utilities). Refers to Budget counseling classes.</li> </ul>	This service cannot be eliminated – Legislative mandate

**DOUGLAS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT  
PUBLIC FORUM  
Thursday, July 21, 2016, 3:00 p.m., Room 207C, Douglas County Courthouse  
1313 Belknap Street, Superior, Wisconsin**

Public Forum called to order at 3:00 p.m. by Patricia Schanen, Director, Health and Human Services Department.

Present: Dave Longsdorf, Erika Leif, Doreen Wehmas, Cary Breitlow, Patricia Schanen, Pamela Tafelski (Committee Clerk).

Schanen explained this is a public information meeting on the 2017 budget to gain citizen input on any perceived gaps in services or needs in the community that are not being met. It was noted that Jim Taray, Superior Vocations Center Executive Director, had corresponded with Schanen regarding that organization's re-allocation for 2017. That correspondence will be made part of August 11, 2016, Health and Human Services Board agenda.

No public in attendance. Public Forum adjourned at 3:15 p.m.

Submitted by,

Pamela Tafelski  
Committee Clerk



**Superior Vocations Center Inc.**  
**2320 Hill Avenue**  
**Superior, WI 54880**  
**PH 715-392-6171**  
**FX 715-392-6172**

RECEIVED  
JUL 11 2016

7/6/2016

Patricia Schanen, Director  
Douglas County Dept. of Health & Human Services  
1316 N 14<sup>th</sup> Street, Suite 400  
Superior, WI 54880

Dear Director Schanen,

Enclosed is the final draw on the Douglas County Boards appropriated funding for the Mental Health Employment training program at Superior Vocations Center.

This year we requested partial funding for a program that at one time was mandated and fully funded. A few years ago vocational programs for persons with mental illness was deemed non-mandated and counties in Wisconsin discontinued funding those programs. Douglas county did not and continued to fund these programs for a number of years without the mandate and we thank you. 2016 marks the first year that the Health & Human Service budget did not allow for SVC mental health employment training services but then by a motion voted on by the County Board of Supervisors the program was funded in the amount of \$34,000 again thank you.

For 2017 SVC would like to request between the City of Superior and Douglas County that the SVC Mental Health Employment Training program be fully funded for the individuals currently enrolled. The cost is projected at \$83,500 for 12 individuals receiving both prevocational and supported employment services.

We are requesting \$25,000 from the City of Superior and the balance of \$58,500 from Douglas County. It is my belief that we should not discontinue services to individuals that once had a funded program and now do not. We owe it to the people who are currently enrolled and receiving services to continue these services uninterrupted. \$4,875 is the cost per-individual per-year. I would imagine the cost to be much higher if we discharge these folks from a program that has been one of the most normalized and rewarding reasons to get up each day.

Please let me know what the next step is in requesting the future funding of this program and as always contact me with any questions.

Sincerely,

James Taray

Executive Director  
Superior Vocations Center

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

<b>Committee/Initiative</b>	<b>Purpose/Mission</b>	<b>Frequency of Meetings</b>	<b>Committee Members/Representation</b>
Council on Child Protection (CCP)	<p>The CCP meets to discuss common issues and concerns regarding child abuse and prevention strategies in Douglas County</p> <p>Mission: to encourage child safety by promoting awareness of child protection issues and resources.</p>	Monthly	DCHHS – Intake & Assessment, Human Development Center, Family forum, CASDA, Harbor House, UW-Superior, Superior School District, Northwestern School District, Solon Springs School District, UW Extension
Coordinated Community Response Team (CRRT)	<p>The Coordinated Community Response Team meets to discuss prevention and education strategies to address domestic violence in Douglas County</p> <p>Mission: To facilitate safety for victims of domestic violence and accountability of offenders in a coordinated community response.</p>	Monthly	DCHHS – Intake & Assessment, CASDA, District Attorney, Victim Witness, Probation and Parole, Douglas County Sheriff Dept., Superior Police Dept., Human Development Center, WITC, Lutheran Social Services, UW-Superior, EssentiaHealth Medical Center, Douglas County Communication Center, Clerk of Courts, Public Defender
Child First	<p>Child First is a Multidisciplinary Team Approach in responding to and investigating reports of Child Sexual Abuse.</p> <p>The Team Adheres to the doctrine that: The Safety of the Child is First Priority.</p>	Monthly	DCDHHS Intake and Assessment unit, Superior Police Department , Douglas County Sheriff Department , District Attorney’s Office , other professionals from the community attend at times for information and training purposes such as the expert sexual abuse physician

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

<p>Family Services Advisory Board (FSAB)</p>	<p>The Family Services Advisory Board provides comprehensive community support while fostering community partnerships with local businesses and service organizations to provide a network for shared ideas and information. The Family Services Advisory Board is a format that provides community agencies in Douglas County an opportunity to network and share information, in order to better serve the families we serve.</p>	<p>Monthly</p>	<p>IAU Supervisor or Foster Care Superior school district, UW Extension, CASDA, Family Forum – Head Start, Human Development Center – Project Outreach, UW-Superior, WITC, Family Resource Center, Superior Police Dept., YMCA, Harbor House</p>
<p>Child Death Review (CDR) Team</p>	<p>The Child Death Review Team is a multi-agency, multi-disciplinary response to a child’s death. The team reviews both intentional/unintentional child deaths and determines if there is a need for interventions and prevention strategies. (e.g., improving birth outcomes, access to care, system collaboration, and gaps in services).</p>	<p>Meets as needed, upon notice of a child’s death.</p>	<p>IAU Supervisor and Initial Assessment worker who may be involved in case being reviewed, Public Health Nurse, Public Health Officer, YFS Supervisor, Superior Police Department, Douglas County Sherriff Department, Douglas County Medical Examiner, Emergency Medical Technician, Fire Department, Any other professionals who may have been part of the response on the scene</p>
<p>Drug Endangered Children (DEC)</p>	<p>Multidisciplinary approach to law enforcement and child protection cases that involve children exposed to drug use by care providers and drug environments.</p> <p>Mission of the Wisconsin Alliance: The Wisconsin Alliance for Drug Endangered Children is a multidisciplinary partnership that assists communities in assessing service needs, coordinating efforts and keeping</p>	<p>Meets prior to a search warrant being executed or when training or education is being provided.</p>	<p>IAU Supervisor and assigned IA Social Worker, Superior Police Department, Drug Task Force, Douglas County Sherriff Department, District Attorney</p>

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

	children safe and free from exposure to dangerous drug environments.		
Transportation Network Team	The Transportation Network Team creates and implements a transportation coordination plan to help assess current transportation services; assess the needs of individuals with disabilities and older adults; create goals and implement activities to address the identified gaps in current services and needs; determine priorities for implementation based on resources. Current initiative/focus includes facilitating focus groups and surveying Douglas County residents on transportation needs to help identify needs and gaps in services.	Every other month	North Country Independent Living*, Aging and Disability Resource Center, Senior Connections, Community Care Connections of Wisconsin, Challenge Center, Include, Respect, I Self-Direct (IRIS), County Board Member, Veterans Office, Duluth Transit Authority (DNT)  *Chair
Caregiver Coalition	The Caregiver Coalition recognizes all caregivers of older adults and empower them through support, education, advocacy, and awareness of community resources. Current initiatives/focus includes creating a dementia friendly community by training businesses/service providers on becoming dementia friendly and planning a Caregiver Conference for 2017.	Monthly	Aging and Disability Resource Center*, Senior Connections, North Country Independent Living, Community Care Connections of Wisconsin, St. Luke's Mariner Clinic*, Superior Helping Hands, Wisconsin Indianhead Technical College Gerontology Program, Parish Nurses, Superior Housing Authority, Superior Nursing and Rehab  *Chair
Douglas County Community on Transition (CCOT)	The Douglas County Community on Transition aids youth and young adults with disabilities in meeting their future education, training, employment and independent living goals by identifying available resources.	Monthly (break through summer)	Aging and Disability Resource Center, North Country Independent Living, Superior Vocation Center, Division of Vocational Rehabilitation Office (DVR),

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

	Current initiative/focus includes building knowledge of families, students, and teachers on agencies and services (creating awareness of services available for students and families) and Creating a roadmap (guide) for families to use to guide them through important steps of how/when to access services for their children.		Northwest Wisconsin Concentrated Employment Program (CEP), Superior School District, Cooperative Educational Service Agency (CESA)*  *Chair
Twin Ports Elder Abuse Awareness and Prevention (TPEAA)	Twin Ports Elder Abuse Awareness and Prevention coordinates planning for an annual conference focusing on elder abuse.	January-June with the annual conference held in June.	Aging and Disability Resource Center, Douglas County Adult Protective Services, UWS-Continuing Education*, St. Louis County Adult Protective Services, American Association of Retired Persons (AARP), Minnesota Elder Justice Center  *Chair
Caregiver Conversations Support Group	Caregiver Conversations Support Group provides a confidential open forum for caregivers to receive support and receive advice and support from other caregivers. Topics include: stress management, caregiver challenges, community resources, nutrition and other topics brought forth by caregivers.	Monthly (3 <sup>rd</sup> Wednesday)	Aging and Disability Resource Center, Senior Connections
Local Emergency Planning Committee	Collaboration with community partners in developing local emergency planning for Douglas County.	Quarterly	Elected officials, emergency management, Dept of Transportation, citizen representative, Red Cross, Calumet, Dept. of Natural Resources (DNR), Essentia Health, Douglas County

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

			sheriff, Douglas County fire dept, Enbridge, Vacationland Fire Assn.
Community Health Assessment (CHA) Steering Committee	The purpose of the CHA is to identify, quantify and describe community health concerns and assets that may help improve the community's health. Collaboration between public health and the hospital provides an opportunity to bring partners together and improve communication and reduce duplication of effort.	Frequency varies	EssentiaHealth, St Lukes, CASDA, parent/community member, Heath & Human Services, Chamber of Commerce, Parish Nursing, UW-Superior, Mariner Clinic manager, Superior schools, Superior Housing Authority,
ECHO (Every Child = Healthy Outcomes) Coalition	The purpose of the ECHO Coalition is to collaborate with community partners in assessment and development of strategies for addressing gaps in community practices and services relating to child development. Part of the Maternal Child Health block grant.	Every 2-3 months	Birth to 3, Women, Infant, & Children (WIC), Family Forum/Head Start, Human Development Center, Cooperative Education Service Agency (CESA 12), School District of Superior, School District of Maple, Northwest Connection Family Resource, Essentia Health Superior clinic, St. Luke's Mariner Medical Center, Lake Superior Community Health Center

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

<p>Community Health Improvement Plan (CHIP): Alcohol and Other Drug Abuse (AODA) subcommittee</p>	<p>The Alcohol and Other Drug Abuse subcommittee collaborates with community partners to identify needs and develop strategies to address issues relating to alcohol and other drug abuse.</p>	<p>Monthly</p>	<p>Community Health Improvement Plan subcommittee group (Prevention grant) Community Partners involved: Douglas County Sheriff and City of Superior Police, School District of Superior, Human Development Center, Harbor House Crisis Shelter, Aids Resource Center of Wisconsin, Superior Housing Authority, Health &amp; Human Services AODA unit, Public Health, WITC, UW-Superior, WIC</p>
<p>Community Health Improvement Plan (CHIP): Local Foods Coalition subcommittee</p>	<p>The purpose of the coalition is to increase healthy eating and physical activity to reduce obesity/overweight in Douglas County.</p>	<p>Meets quarterly.</p>	<p>Parish nurse, Essentia Health, YMCA, UW-Superior, Superior Bikeways planner, WIC, UW Extension, local Master Gardeners, UWS Intern, ADRC, and Local Farmer's Market representatives.</p>
<p>Northland Breastfeeding Coalition</p>	<p>Support, educate, and empower members of the community for breastfeeding success.</p>	<p>Every other month</p>	<p>Local lactation counselors, hospitals, Public Health Nurses and WIC staff from Douglas County as well as surrounding counties in MN.</p>
<p>Calumet Community Advisory Panel (CAP)</p>	<p>Promote good community relations to the public, to inform the public and emergency responders of emergency response related issues, especially those which were handled "in house".</p>	<p>Every other month</p>	<p>Superior Fire Dept, Superior Police, Emergency Management, DNR, Calumet Employees, Local Contractors, UW- Superior, Superior School District, community members.</p>

**DOUGLAS COUNTY HEALTH & HUMAN SERVICES  
COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES**

Interdisciplinary Team (I Team)	The Interdisciplinary Team promotes education and collaboration between community partners working with adults at risk.	Quarterly	DCDHHS (MH/AODA, Public Health, ADRC), Twin Ports Guardianship and Payee, Superior Police Department, Community Care Connections of Wisconsin, Superior Choice Bank, Harbor House Shelters and local nursing homes (representation varies)
Drug Court Steering Committee	The purpose of the Douglas County Drug Court is to reduce substance abuse and criminal behavior in order to promote the health and safety of the participants and the community by providing intensive supervision, support, and AODA treatment and services.	Every other month	DCDHHS (MH/AODA Supervisor and social worker), Judge, District Attorney, Public Defender, Probation, Private AODA Provider (HDC). The Complete Drug Court also includes representatives from the Douglas County Jail
Behavioral Health Coordinated Community	<p>The purpose of the committee is to promote collaboration amongst community organizations involved with mental health and address barriers in behavioral health.</p> <p>This committee formed as a result of Essentia Health's community health assessment.</p>	Quarterly	Essentia Health, DCDHHS, Superior Police Department, Human Development Center, Lutheran Social Services, Creative Counseling, North Country Independent Living, Center Against Sexual and Domestic Abuse, University of Wisconsin Superior, Lake Superior Community Health Center.

## DOUGLAS COUNTY HEALTH & HUMAN SERVICES COMMUNITY INVOLVEMENT - COMMITTEES/INITIATIVES

<p>Coordinated Services Team (CST) Coordinating Committee</p>	<p>The CST Coordinating Committee provides oversight of the Coordinated Services Team (CST) Initiative in Douglas County. The mission of the CST Initiative is; To implement a practice change and system transformation in Wisconsin by having a strength-based coordinated system of care, driven by a shared set of core values, that is reflected and measured in the way we interact with and deliver supports and services for families involved in multiple systems of care, such as: substance abuse, mental health, child welfare, juvenile justice, and special education.</p>	<p>Quarterly</p>	<p>Douglas County and Burnett County DHHS, Douglas County Court, School district representative from both Douglas and Burnett county, Douglas and Burnett County Board and family representatives representing 1/3 of the Coordinating Committee.</p>
<p>Truancy Committee</p>	<p>The Superior School District Administrator is required to convene a committee to review and make recommendations to the school boards of the three school districts of Douglas County on revisions to the school districts' truancy plans.</p>	<p>Once every four years</p>	<p>A representative from each of the three school districts in the county, District Attorney, Sheriff's Department, Superior Police Department, Juvenile Court Judge, Douglas County Health and Human Services representatives, parent of a private school pupil, parent of a public school pupil, parent of a home-based pupil, any other member as determined by the committee.</p>

## **DOUGLAS COUNTY HEALTH & HUMAN SERVICES DEPARTMENT INVOLVEMENT -STATE AND REGIONAL INITIATIVES/ MEETINGS**

Department management and direct services staff participate in regional and state initiatives/meetings to obtain information, consult with colleagues, and collaborate on programs and initiatives.

These meetings include:

Wisconsin County Human Service Association (WCHSA), Wisconsin Social Services Association, Wisconsin Association of Local Health Department & Boards (WALHDAB), Aging and Disability Professionals Association of WI, Aging and Disability Resource Center directors' state meeting, Coordinated Services Team Coordinators' meeting, Western Region Humans Services Directors' meeting, Great Rivers Consortium Directors' meeting, Great Rivers Consortium supervisors' meeting, Children's Long-Term Support regional network meeting, Mental Health/Alcohol and Other Drug Abuse regional coordinators' meeting, Adult Protection regional meeting, Western WI Public Health Readiness Consortium, Western Region Community of Practice for Public Health infrastructure, Western Region environmental network, Prenatal Care Coordination regional meeting, Health Care Coalition regional meeting, Child Welfare supervisors' regional meeting, Juvenile Court Intake regional meeting, Promoting Safe and Stable Families regional meeting, Child Protective Services worker regional meeting, Alternative Response regional meeting, Child Care regional meeting, Foster Care Coordinators' regional meeting, Birth to Three Regional networking meeting, Spring/Fall Western Region State meeting.