

*GREEN LAKE COUNTY  
DEPARTMENT OF HEALTH & HUMAN SERVICES*

*HEALTH & HUMAN SERVICES*

*500 Lake Steel St.  
PO Box 588  
Green Lake, WI 54941-0588  
VOICE: 920-294-4070  
FAX: 920-294-4139  
Email: [glcdhhs@co.green-lake.wi.us](mailto:glcdhhs@co.green-lake.wi.us)*



*FOX RIVER INDUSTRIES*

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

---

**2007 ANNUAL REPORT**

To: The Honorable Board of Supervisors of Green Lake County  
Green Lake County Health & Human Services Board

Ladies and Gentlemen of the County Board and Health & Human Services Board Members:

We respectfully submit for your consideration the 2007 Annual Report for the Department of Health & Human Services (DH&HS).

Attached you will find summaries by Unit of the work done by the Department in CY 2007. Each Unit has provided an excellent overview of their respective unit responsibilities, services provided and related data. Because it's not possible to include everything accomplished in this type of report, I would encourage each of you to visit Health & Human Services in Green Lake and Fox River Industries in Berlin for a tour and more detailed review of the services provided and programs available.

Given the diverse nature of the services we provide, the needs of County residents, and State changes/requirements, we are always a "work in progress". This means that we must continually evaluate programs and make adjustments to provide quality, cost-effective services to County residents.

As an agency, it is critical that we focus on issues of quality to insure the best, most cost effective results. Our mission is to provide a comprehensive array of services to a broad group of County residents with individual needs in the areas of public health, developmental disabilities, mental health, alcohol and drug abuse, economic assistance, child welfare, family-based social services, aging and long term care. We strive to provide services that will enhance individual functioning, safely promote independence and self-sufficiency and support integration into natural support systems within the community.

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

Respectfully submitted,

Linda Van Ness  
Director

LeRoy Dissing  
Deputy Director

## 2007 Annual Report

### Administrative Unit

The Administrative Unit consists of the Director, Deputy Director, Administrative Assistant, two Accountants, a Receptionist, Data Entry Specialist and two Secretaries. In addition, the Unit also has an Experience Works person placed. These staff perform a variety of functions for the Department including, but not limited to, information and referral to the general public; billing for services provided and collecting payments from consumers and third party payers; reporting expenditures to the State for reimbursement; inputting client notes, court reports, state reports and general correspondence; inputting and transmitting a variety of data to the State via several reporting systems; and maintaining management of the closed client files, contract files, and personnel records. Staff within the Unit also maintain and record meeting minutes for the Health & Human Services Board and the various sub-committees.

Over the past year, several staff within the Unit have posted into other positions within the Department. As a result, we hired a new Data Entry Specialist and Receptionist in 2007. Additionally, we also have had turnover in our Experience Works program. This is a program that enables individuals, age 60 and over to learn job skills through on-the-job training so that they are able to obtain competitive employment.

As demonstrated on the enclosed chart, public usage of services provided at the Human Services Center has risen in 4 year increments to just over 72,000 contacts for 2007. This number is slightly lower than the 75,000 contacts recorded in 2006. One factor that may account for the decrease in numbers from 2006 to 2007, could be the diversion of phone calls to the Aging/Disability Resource Center(ADRC). Previously these calls had come through our reception area and now go directly to the Information and Assistance person in the ADRC. Those numbers should be reflected in the Aging/Long-Term Care Unit Report. Also not reflected in the chart is the number of people/families utilizing the food pantry because these people do not actually access the Human Services Center building. Again, I would refer you to the Aging/Long-Term Care Unit Report for those numbers.

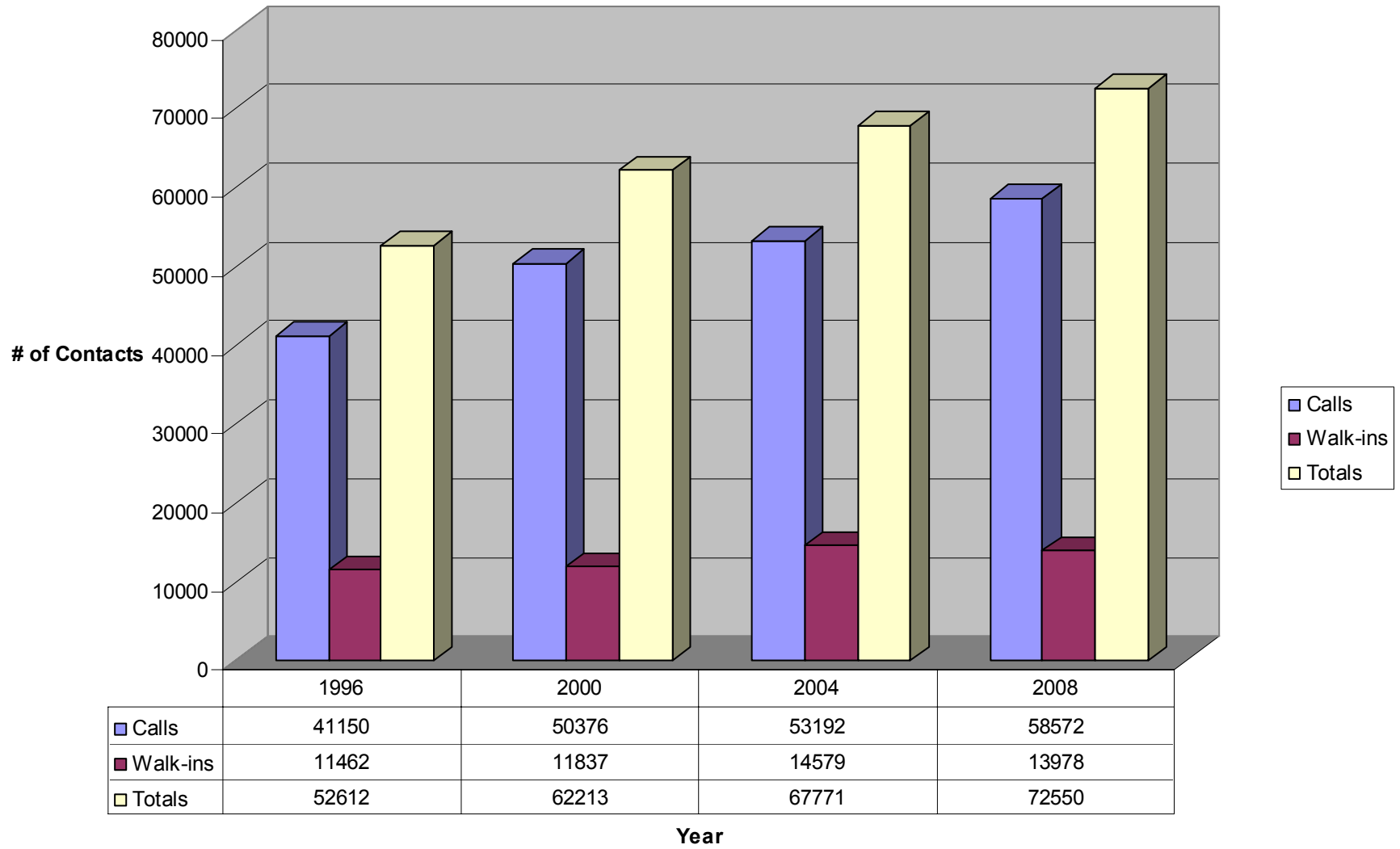
In 2008, a number of changes will occur that will impact the Administrative Unit. In particular, the implementation of Family Care within the Aging/Long-Term Care Unit may involve some staff relocating and phone contacts that we currently receive going to the Care Management Organization. However, contacts to the Aging and Disability Center may increase and, at some point, may involve more people actually visiting the Human Services Center building.

In addition, the contacts made to the Aging and Disability Resource Center will have to be data entered into the Beacon software. This will be handled by our Data Entry Specialist. Although the number of contacts initially have decreased from 2006, the work load, in terms of data entry and overall contacts may level off or increase as the Aging and Disability Center services become known in the community.

Overall, the Administrative Unit continues to adapt to the various demands for information and managing of that information in a way that staff and clients have access to needed services. Technology has been utilized where appropriate to make staff more efficient and effective in carrying out their varied duties.



### 2008 GCDHHS Activity





**2007 Annual Report  
Aging and Long Term Care Unit**

The Aging / Long Term Support Unit provides services to Elderly and Disabled residents of Green Lake County. The staff is divided into program areas largely defined by funding source, however, the programs overlap in many areas, and the combined unit is able to maximize these resources to the advantage of the people we serve.

There are 16 staff in the Aging and Long Term Care Unit including the Unit Manager, the Developmental Disabilities/Long Term Support Coordinator, the Community Options Program Coordinator, the Social Worker II/Developmental Disabilities, the Social Worker II/Adult Protective Services, the Long Term Care Manager, Children's Waiver /CCS Care Manger, the Long Term Support Nurse, the Community Residential Services Aide, three Meal Site Managers, the Resource Specialist, Elderly Benefit Specialist, Disability Benefit Specialist, and the Aging Disability Resource Center Coordinator.

**Aging and Disability Resource Center**

Since July 2006, Green Lake County has operated the **Aging and Disability Resource Center (ADRC)** with consortium with Marquette and Waushara Counties. This consortium is funded by the state to provide a single point of entry for Long Term Care and Information and Assistance for the residents of the three counties. Green Lake County employs the ADRC Coordinator who works with the multi-county committee that contracts with the state to assure ADRC service provision. Additional ADRC staff are hired by each county and duties are shared across county lines.

In 2007, the ADRC compiled and published the Tri-county Resource Directory. The ADRC Coordinator made public presentations in each of the three counties explaining the ADRC concept and how to access the ADRC services.

In 2007, the ADRC for Green Lake County alone was contacted 424 times for Information and Assistance (I&A), one of the core services. In addition, the .6 FTE Disability Benefit Specialist (DBS) position, created in May 2007, received 50 referrals from persons requesting assistance in applying for or appealing Social Security benefits decision. The DBS had 39 open cases as of December 31, 2007.

**AGING**

The County Aging Unit is the Agency designated by the County Board and authorized by the Older Americans Act to continue to develop, support, assist, and evaluate County-based programs for older adults ( over age 60) with the purpose of fostering independence and enhancing the quality of life for older adults in the county.

All Federal money from the Older Americans Act, Title III, is

distributed to the state, which gives it to the regional Area Agency on Aging and then to the Counties. The amount each County receives is determined by a set formula. Included in the formula is the number of elderly, low-income elderly, and isolated elderly individuals within the County.

Federal Title III-B money is used for various service programs such as elderly health screening, transportation, the elderly benefit specialist, and program development for Senior Centers. Matching local funds and required In-Kind assistance provides the rest of the resources for the Aging programs. In 2007, volunteers provided **2790** hours equal to **\$18,134** In-Kind match for Title III-B programs. Federal Title III C-1 & 2 must be used for elderly nutrition. See below for more information on the elderly nutrition and matching In-Kind amounts.

### **CONGREGATE NUTRITION PROGRAM (C-1)**

The Aging Unit Resource Specialist is trained as a certified Professional Food Manager and oversees both the Congregate and Homebound Meal Programs.

In 2007, **8105** meals were served at four Mealsites: Berlin Senior Center, Dartford Bay Apartments - Green Lake, Vista Valley Apartments - Markesan, and Princeton Senior Center. The meals are prepared by Berlin Senior Center Kitchen (Berlin only) and the rest by Feil's Catering from Randolph.

Menus are prepared a month in advance and approved by a state approved Nutritionist to ensure that they meet the USDA dietary requirements.

Volunteers play a vital role in all our C-1 programs; **eight (8)** elderly volunteers donated approximately **895.5** hours in the Nutrition Program. These hours equal **\$5820.75** in In-Kind Dollars. In-Kind includes activities such as setting tables, serving food, clean-up tasks, and doing paperwork and are a requirement of the Older Americans Act to earn funds for the meal programs.

Donations at **\$2.50** per meal received in this program were **\$14,394.14** \*

### HOMEBOUND MEAL PROGRAM (C-2)

In 2007, **22,393** meals were served throughout the County to persons who are unable to go to the meal sites for health related reasons. Requests for Homebound meals come from hospital discharge planners, meal site managers, units of Health and Human Services, doctors, and families and enable the older person to remain in his or her own home as long as possible. Requests are referred to the Resource Specialist who meets with each new enrollee to conduct a thorough nutritional assessment; these are updated as individual needs change. The meal delivery program is also a part of a support system that checks on the elder person four days per week. Drivers are trained to watch for changing needs and to alert the Resource Specialist as necessary.

Donations at **\$2.50** per meal received in this Program were **\$45,981.76 \***

\* Subject to Audit

### TITLE III-D PROGRAM

Funding in 2007 provided funding for nutrition services, medication management and adult health screening.

### TRANSPORTATION

One of the greatest needs for the elderly and/or handicapped person is transportation. The Aging Unit receives and administers the 85.21 State Grant monies, \$74,238 in 2007. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES.

Over **1100** handicapped and older adults made over **27,696** trips in 2007 with 85.21 funding.

### TEFAP - (THE EMERGENCY FOOD ASSISTANCE PROGRAM)

The Food Pantry is operated by the Aging/Long Term Care Unit of the Department of Health and Human Services and is available to any indigent person/family in an emergency situation. The Food Pantry is funded by TEFAP, FEMA and private donations from fundraisers and local donors. The pantry also received **800** pounds of venison through the **Hunt for Hunger** program in 2007.

The Emergency Food Assistance Program/Food Pantry operates the first, second, and fourth Thursdays each month, and the third Tuesday evening. Eligible residents of the County may attend once each month.

Throughout 2007, the Food Pantry served approximately 2619 individuals, double the number served in 2006 (1310). This year, 511 eligible households received food at least once during the year. This includes 136 households that received food for the first time. Each household was provided an average of 38 pounds of food for a month.

#### **ELDER ABUSE AND NEGLECT PROGRAM**

The County Aging and Long Term Care Unit has been designated as the lead Agency in the Elderly Abuse Reporting System. Services provided to elders in crisis include Relocation and Shelter costs, Medical care, Legal Services, Supportive Homecare, Guardianship evaluations, and Outreach. These services are offered to older adults to help them resolve abusive or neglectful situations. The Adult Protective Services Social Worker investigates abuse and neglect referrals.

There were a total of **twenty-five (25) Elder Abuse** investigations in 2007, with **seven (7)** Elder Abuse cases substantiated. The remaining cases were either unsubstantiated (**15**) or unable to be substantiated (**3**) for a variety of reasons. The most frequent concern was self-neglect, followed by material / financial abuse. (Also see Adult Protection / Guardianship in Long Term Support Section).

In 2007, a parallel system for Abuse and Neglect investigation and reporting for **Vulnerable Adults** was instituted by state law. The Adult Protective Services worker is the lead for this system also. The reporting requirements are very similar to the Elder Abuse system. In 2007, there were **6 reports** of abuse to **Vulnerable Adults**; **4** of these were substantiated, **2** were unsubstantiated.

In either system, investigations are handled in different ways depending on the initial referral and assessment. Some cases will go directly into the Court system due to a need for a Protective Placement. These can result in a 72-hour placement with guardianship assessment for competence. Other cases may involve various support systems including: family members, physicians, homecare, banks, attorneys, and law enforcement, and may take months for each case to be resolved.

#### **BENEFIT SPECIALIST PROGRAM**

The Benefit Specialist coordinates information and counseling regarding the public benefit program to individuals **sixty** years of age and older. Case records are maintained and all are kept confidential. Monthly reports are completed and forwarded to the State and Bay Area Agency on Aging.

The Benefit Specialist also attends ongoing training programs, maintains public relations, does public speaking, writes media releases, performs Outreach services at Senior Centers, Mealsites, Community Meetings, and contributes articles Bi-monthly to the Senior publication, the Senior Sentinel.

Outreach services may include providing Medicare Part D, Senior Care and Homestead Tax Credit appointments. Moreover, Social Security, SSI, Medical Assistance, Spousal Impoverishment, Medicare and Supplemental Insurance may be reviewed along with Information and Referral services.

In 2007, there were **491** Open Cases: **491** Closed Cases and **109.5** hours of training. Through these efforts, the Benefits Specialists' program saved Green Lake County elderly clients **\$1,031,850**. Additionally, the Benefit Specialist assisted with **one hundred sixty-one (161)** Homestead Credit applications, **154** Senior Care applications, **two hundred forty-two (242)** Medicare Part D applications and **one hundred and two (102)** **Lifeline Link Up Program** applications through Century Tel.

There were **1410** Information and Referral and **514** Medicare Part D inquiries to the Aging Unit and **224** hours of Outreach Services and **29** hours of presentations at the various Senior Centers and meal sites.

#### **FAMILY CAREGIVER PROGRAM**

Under the Federal Family Caregiver Grant, the Volunteer Coordinator identifies and meets with caregivers who are elderly, including grandparents who are raising grandchildren. A monthly support group, training, loan library, respite care and information and assistance are available for caregivers. We served **twenty-six (26)** caregivers in 2007 through this program.

#### **OTHER PROGRAMS**

**The Peer Counseling** program was implemented in April 1992. Currently, we have **two (2)** peer counselors who are working with frail and vulnerable elderly homebound clients in Green Lake County.

Volunteers for programs in the Aging Unit are recognized for their services at the Volunteer Luncheon in May. In 2007, over 115 persons were invited and given a small gift of thanks. The volunteers serve in all the programs listed for this Unit. They are most valuable; we could not serve the public without them.

The Senior Sentinel is a bi-monthly newsletter, which is published and delivered to over **800** households. The articles that appear in this publication help elders keep up-to-date with current information about our services and programs. The Aging / Long Term Care Unit Nurse writes a health column, and the Nutrition program provides healthy recipes. Notices are published concerning Immunizations, Blood Pressure Clinics, up-coming programs, Food Pantry news, and Benefit Specialist updates.

Articles are also submitted by the local senior centers. The publications let the community know what is happening at each center.

Each year in August, the Commission on Aging sponsors a countywide Senior Picnic. In 2007, **157** elders from throughout the County attended the County Senior Picnic at Soldiers and Sailors Park, Markesan.

## LONG TERM CARE UNIT

### SERVICES FOR ADULTS/PHYSICALLY DISABLED

#### COMMUNITY OPTIONS PROGRAM (COP)

#### COMMUNITY INTEGRATION PROGRAM (CIP II)

#### NURSING HOME RELOCATION AND DIVERSION

During 2007, there was continued growth in the county's Long Term Care Programs for adults. There were approximately **seventy-four (74)** new referrals to these programs. At year's end, **fifty-four (54)** people remained on a waiting list for services. Throughout 2006, **ten (10)** individuals received COP funds. These funds were used to purchase the following services: mobile meals, supportive home care, group home care, transportation, laundry services, chore services, housing modifications, equipment purchases and monitoring and supervision.

We served **twenty-four (24)** individuals through the COP-Waiver Program and **four (4)** clients through the CIP II Program. In 2007, Green Lake County COP Program continued to expand its outreach effort. **Thirty-seven (37)** assessments were conducted in 2007 and **nine (9)** case plans were written. The Nursing Home Relocation Initiative resulted in **Four (4) Relocations** and **two (2) Diversions**. This program offers those in a nursing home to opportunity to move back into the community, or remain in the community when they are no longer private pay.

In 2007, Green Lake County maintained the required "significant proportions of elderly - 66%; Developmentally Disabled - 12%; Chronically Mentally Ill - 7%; Physically Disabled - 14% and AODA - 0%.

We continue to have a strong referral and assessment system provided by the Community Options Program and the Commission on Aging, Developmentally Disabilities services, and Mental Health. The ADRC is now the entry point for all referrals, however, alkl long term care assessments are done by the Long Term Care Staff.

#### ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2007, we received **\$7914.00** in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to **two (2)** individuals who suffer from Alzheimer's Disease.

### SUPPORTIVE HOME CARE

Throughout the year, **nineteen (19)** individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry. The Supportive Home Care funds totaled **\$25,072**.

### SSI/SSI-E

During 2007, the Long Term Support Social Workers completed **five (5)** new SSI/E applications

### ADULT PROTECTIVE SERVICES/GUARDIANSHIPS

The Adult Protective Services Social Worker performed **eighteen (18)** guardianship studies for adults in 2007. These consisted of Temporary, Permanent and Successor Guardianships. In addition, **fifty-seven (57)** Protective Placement reviews were completed. All reviews require a brief summary hearing is on each of these placements to ensure that the continuation of the placement is appropriate, and least restrictive. The Adult Protective Services worker submits a report top the court and attends each review hearing. The Protective Placement reviews consisted of **twenty-one (21)** due to Infirmities of Aging, **twenty-five (25)** associated with Developmental Disabilities, **six (6)** with Mental Illness and **four (4)** due to Degenerative Brain Disorder or Serious and persistent Mental Illness. Placements were monitored in nursing homes, Community Based residential Facilities (CBRF), State Centers for the Developmentally Disabled, Adult Family homes, and private homes or apartments. In addition, Power of Attorney documents and advanced planning information is regularly requested and assistance provided as needed. (Also see Elder Abuse/Neglect)

### LONG-TERM SUPPORT UNIT

#### SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS AND CHILDREN

##### COMMUNITY INTEGRATION PROGRAM (CIP I)

In 2007, there were **forty-nine (49)** CIP IB slots. **Ten (10)** slots are fully matched with state funds; **thirty-nine (39)** are local match (COP, Family Support, and County). In 2007, there were **seven (7)** CIP IA slots. Total cost of the CIP I program for 2007 was approximately **\$1,802,014**.

**Five (5)** new Intakes were received in 2007, **four (4)** of these were children..

Approximately **Thirty-six (36)** consumers were provided follow along

services, primarily to children and young adults.

### FAMILY SUPPORT PROGRAM / CHILDREN'S LONG TERM CARE WAIVER (CLTS)

Family Support served **twelve (12)** children within **eleven (11)** families in 2007. Families were referred to CIP, COP, Respite, and informal resources as appropriate. Family Support funding was used as CIP IB match in two families. The waiting list for Family Support is **thirteen (13)**.

During 2007, **five (5)** children were served with the Children's long Term Support Waiver (CLTS) for Autism, is fully funded at \$57,650. There were also **three (3)** Children's Waiver slots for Mental Health, funded at \$39,000.

### MEDICAL ASSISTANCE SERVICES

**Twelve (12)** Developmentally Disabled individuals received Medical Assistance Billable Case Management.

**Twenty-five (25)** adults received MA Personal Care services, totaling **\$317,000** in revenue and supervised by the Long Term Care Nurse, RN. She also provided medications set up and health monitoring for **seven (7)** other long term care consumers.

The Long Term Care nurse is available to long term care staff for consultation and information on health and care issues and provides a vital support for consumers who reside in the community. She also assists with assessments for both the adult and children's programs. In 2007, the nurse trained to become a **Sure Step Assessor** for the prevention programs offered through the Aging Unit and the ADRC. She completed 9 billable assessments in 2007.

### COMMUNITY PLACEMENTS

#### COMMUNITY RESIDENTIAL SERVICES PROGRAM

Community Residential Services (CRS) provided independent living / supportive homecare services to **eight (8)** consumers in 2007. CRS staff also performs all representative payee services for **thirty-four (34)** consumers.

#### ADULT FAMILY CARE

Adult Family Care (AFC) - **Seventeen (17)** adults resided in Adult Family Care (1 to 4 bed homes).

#### COMMUNITY BASED RESIDENTIAL FACILITIES

**CBRF's - Group Homes - Twelve (12)** developmentally disabled (DD) adults resided in Community Based Residential Facilities in 2007.

#### **INDEPENDENT LIVING ARRANGEMENTS**

**Twenty Seven (27)** developmentally disabled (DD) adults lived in their own homes with supportive staff in 2007. Of the twenty-seven, **seven (7)** required 24-hour supports and staff. An additional **fourteen (14)** live with family members and receive county services and programming regularly.

#### **INSTITUTIONAL AND NURSING HOME PLACEMENTS/D.D.**

Case Management/Follow Along Services and court reviews were provided to **two** persons in state centers and **three (3)** in nursing homes. Only **one (1)** county resident remains in a state institution at Central Wisconsin Center in Madison. One resident passed away at Central Center in 2007.

## 2007 Annual Report

### Children & Family Services Unit

2007 was a year with one vacancy in the Social Work staff. The Juvenile Court Intake Worker transferred to the Long Term Support Unit. Three field placement students from the University of Wisconsin - Oshkosh, IV-E Program, (Masters Program) were placed at the agency in 2007. Two field students were also placed from the undergraduate program at the University of Wisconsin-Oshkosh in fall 2007.

The Children & Family Services Unit is responsible for the provision of a number of programs and services available to individuals and families in the community. The following is a brief summary highlighting activities in 2007.

#### Juvenile Court

In 2007, Juvenile Court intake received 135 referrals.

<b>Year</b>	<b>Total Referrals</b>	<b>SJO (Severe Juvenile Offender)</b>	<b>Electronic Monitors</b>
2007	135	2	6
2006	124	1	6
2005	113	3	10
2004	129	2	10
2003	210	0	21
2002	204	2	22

Two youth were sent in SJO in 2007. Sixty-nine new juvenile delinquency petitions were filed. Twenty-two new children in Need of Protection and Services petitions were filed. These numbers are up in 2007.

The Summer Youth Group was held in July 2007. Nine youth were referred. Five youth participated in a weekly group. Activities included Ropes and a therapeutic equine program. The summer group targeted those who had been the subject of TPR or out-of-home placement.

**Referrals/Out-of-Home Placements**

YEAR	CAN*	SERVICES INTAKE	JUV CRT**	CORRECT Placements	SJO ***	GROUP HOME	RCC	FOSTER CARE	NON-KINSHIP CARE RELATIVE PLACEMENT	WMH I	KINSHIP CARE	TOTAL # KIDS
1989	70		199	2		3	9	6	1			21
1990	161		104	2		4	6	5	1			18
1991	121		182	1		4	7	3	2			17
1992	210		176	1		7	7	9	2			26
1993	220		205	1		3	4	13	2			23
1994	161		186	1		3	2	18	2			26
1995	176		228	1		2	2	14	1			20
1996	125		148	0		4	1	16	1	1		22
1997	212		132	0		3	4	16	2	1		25
1998	763		161	1		3	4	13	1			22
1999	131		239	3	3	7	4	19	2	0	13	51
2000	147		228	5	3	8	4	15	1	1	16	50
2001	85		223	4	3	5	7	30	0	4	18	71
2002	95		204	3	2	3	7	30	FPI 4	1	13	63
2003	103		210	1	0	2	2	20	4	1	11	40
2004	Not Avail.		129	1	2	1	5	20	7	1	13	40 undup-licated
2005	Not Avail.		113	0	3	1	4	22	N/A	0	15	36 undup-licated
2006	192		124	1	1	1	4	28	7	1	12	40 undup-licated
2007	93	127 ****	135	1	2	4	3	28	9	2	12	53 undup-licated

\*Child Abuse Neglect referrals. The count for these are derived from State reports.

\*\*Juv Ct –total Juvenile Court referrals

\*\*\* Serious Juvenile Offender Program

\*\*\*\* Includes Alternative Response

The out-of-home placements (Corrections, group homes, RCC/CCI's and foster care placements) total equals 33 children. The children/youth have moved between the various placement types. This number is up from 25 children in 2006.

The Assistant District Attorney terminated parental rights on 2 children in 2007.

Juvenile Court staff is on-call twenty-four hours per day for the purpose of juvenile intake/detention. The following is a summary of the average number of after-hours calls.

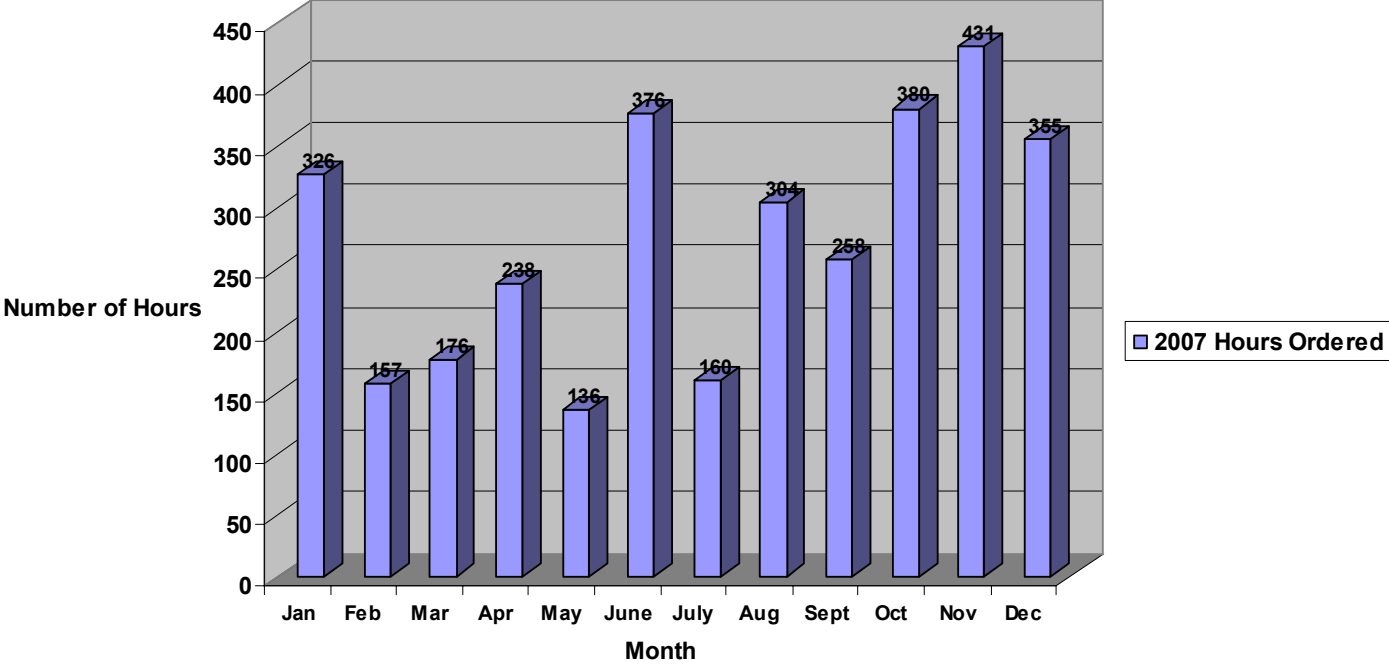
1988 - 129	1994 - 150	2000 - 532
1989 - 190	1995 - 232	2001 - 264
1990 - 118	1996 - 145	2002 - 247
1991 - 135	1997 - 240	2003 - 148
1992 - 130	1998 - 376	2004 - 129
1993 - 164	1999 - 563	2005 - 68
		2006 - 147
		2007 - 175

## **Community Service Program**

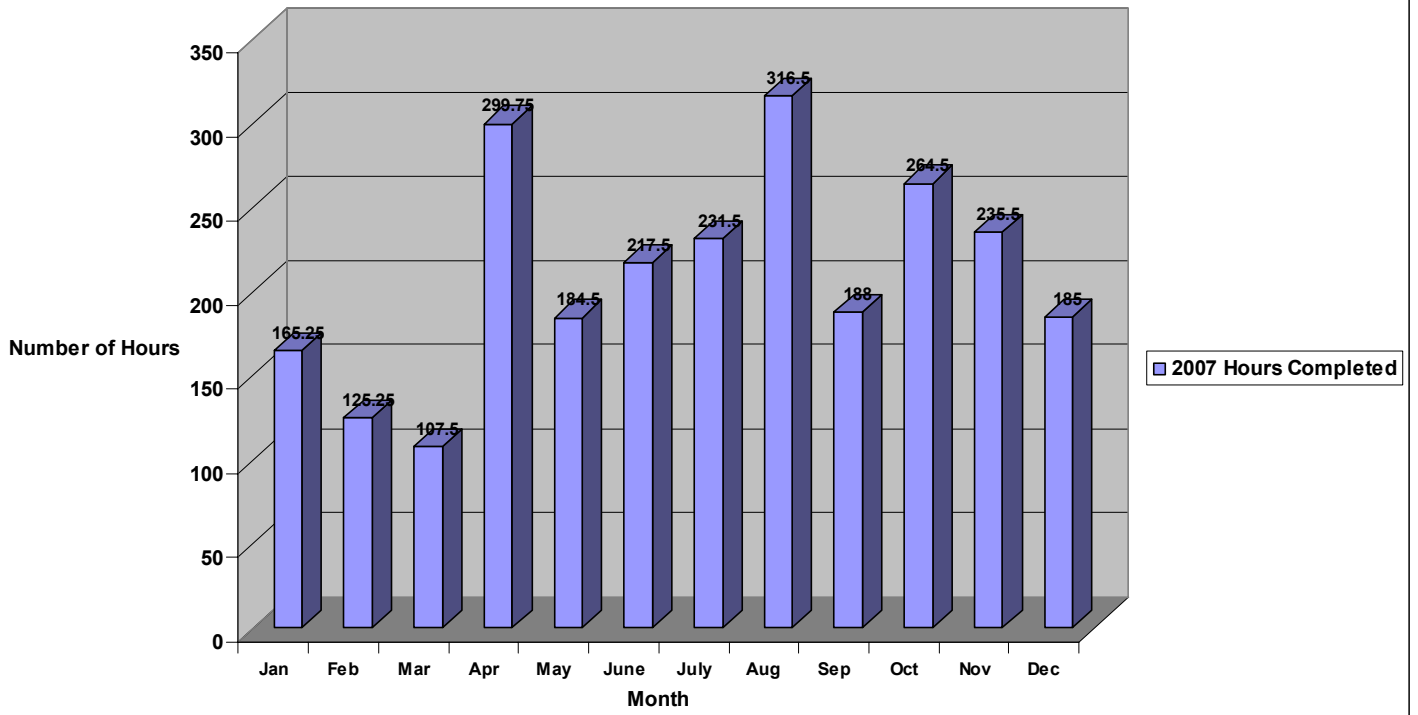
In 2002, the Green Lake County Department of Health & Human Services began an informal community service program for youth that had been Court-ordered to complete community service hours. In the summer of 2002, the agency received grant money from the State of Wisconsin - Department of Juvenile Corrections to run a limited-term program from June to September to address a backlog of youth who owed hours back to 1999. Due to the success of the limited program, the agency applied for a grant from the Office of Justice Assistance to continue the program. This grant was received in October 2001. In June 2002, the agency received 2-year funding from OJV for this program. In September 2002, the position was made permanent. In October 2003, the staff person for Youth Services left the position. An employee was hired to fill the position and the program has continued.

See chart for 2007.

### 2007 Hours Ordered



### 2007 Hours Completed



## **Electronic Monitoring**

In 2007, BI bracelets were used for Electronic Monitoring. Six youth were on monitors.

## **Child Abuse/Neglect/Child Welfare**

In 2007, there have been a number of changes to the system as the State began to implement the changes required through the Program Enhancement Plan (PEP).

Wisconsin's Child Welfare System will continue to undergo major changes in 2007 as the State continues to improve service delivery. Green Lake County was selected to participate as a pilot for the Caregiver Protective Capacities Family Assessment. Green Lake County also piloted scanned documents into the eWISACWIS system (court orders).

The Family Training program provided services to 40 families with a total of 105 children in 2007. They provided both parent training and education, parent aide services and in-home therapy. In 2007, the Crisis Intervention was continued. It is primarily utilized in an effort to return children to their parental homes post removal.

The agency contracted for Wrap-Around Case Management Services in 2007 with Lutheran Social Services. This served 5 families for a total of 9 children.

The contract was discontinued with Big Brothers/Big Sisters of Dane County. That agency decided to no longer serve Green Lake County children. Our agency developed an informal mentoring program which served youth in 2007. We have a total of 7 mentors. Fifteen children were served. One child is on a wait list. Three adults have been served.

## **Prevention/Education**

Children & Family Services Unit staff have presented public presentations in the community on agency services and programs as well as training topics to groups. Presentations have been on the topic of child abuse and neglect, community service and intensive supervision. Staff have also been involved on committees on the local level such as the Inter-Agency committee, the Family Resource Council, Crisis Intervention Team, the ADVOCAP/Headstart Policy Council, and the Big Brothers/Big Sisters steering committee. In 2007, the Children & Family Services Unit participated in the Safe & Stable Families initiative. Staff have written quarterly and annual plans for this effort. The Unit Manager and Agency Director have participated in the State PEP workgroups.

## Licensing/Certification

Licensing/Certification		
Year	Total Foster Homes	Certified Child Care
2007	12	7
2006	13	10
2005	15	16
2004	16	9
2003	15	20
2002	18	
2001	17	

## Coordinated Services Team

In 2007, Green Lake County continued the Coordinated Services Teams. The agency contracted with several consultants as well as the Family Training Program to begin to implement this program. Families were involved in informal teams. Additionally, 5 families were involved with FPI/LSS teams. One formal team was held in 2007

Unit staff began to utilize the CST model in other new programs including the CCS (see Clinical Services Unit Report). With the assistance of a consultant, high-cost children/youth were identified and referred to that program for assessment/case planning and services.

The Family Resource Council began to act as the advisory group.

Staff from the Children & Family Services Unit as well as the Clinical Services Unit attended trainings offered throughout the year. A multi-disciplinary team was continued. This team reviews cases that may be referred to the Coordinated Services Team or other agency services.

## Alternative Response Grant/Respite Care Grant

Green Lake County received an Alternative Response Grant in conjunction with Marquette County to serve as an alternative to Child Protective Services. The grant is anticipated to be three years in duration. The grant was commenced in October 2006. 113 families were referred (76 from Green Lake and 37 from Marquette). 98 families accepted services. Of these, 66 were from Green Lake and 32 from Marquette County). A total of 198 children were served (131 - Green Lake; 67 - Marquette). Twelve MA cases were billed. A second grant was received from the Respite Association and the Children's Trust Fund for respite care services. This grant is a tri-county initiative between Green Lake, Waushara and Marquette County.

Susan Sleezer  
Children & Family Services Unit Manager

**Clinical Services Unit (CSU)  
2007 Annual Report**

**Psychiatric & Psychological Services**

Psychiatric court ordered evaluations for mental health commitments and/or psychiatric medication prescription/management are done by Medical Director Dr. Felipe Ambas or Dr. Maria Baldemero. In addition, Dr. Felipe Ambas provides group supervision to staff for all the mental health programs. Each psychiatrist is scheduled to be at the agency one day per week.

Dr. Marianne Niles, a licensed psychologist, provides psychological examinations for mental health commitments and also does competency evaluations for the Court when guardianships and/or protective placements are being considered. She also provides individual staff, crisis intervention and coordinated services team program supervision. She is contracted to provide these services at the agency each Tuesday, and every other Thursday.

Annabelle Humphrey, Registered Nurse (R.N.), retired in July of 2007. Her position was officially filled by Mary Johanknecht, R.N. in Dec, 2007. This position entails, but is not limited to the following duties for over 700 clients receiving medications connected with our agency. Coordination with hospitals, pharmacies, patient assistance, insurance, pharmaceutical representatives, and psychiatrists for medication refills, medication management, monitoring of side effects, tracking and scheduling appointments, ordering and administering injections, home visits, updating medication informed consents, and ensuring that all operations for medication meet state and federal Medicaid/Medicare guidelines.

Cindy Stobbe, Mental Health Technician (MHT), provides payee and case management services to clients in all programs. Case management entails, but is not limited to, medication drop offs, coordination of transportation with a volunteer driver, appointment scheduling, follow up calls with clients, physicians, agencies, coordination with Social Security offices, medical clinics, apartment complexes, landlords, and several agencies, guardians, individuals who need a variety of supports and aid. Cindy works with staff and clients in all programs provided by the Clinical Services Unit.

**Individual, Marital and Family Counseling**

Assessment and counseling services are provided full-time by two Master's level Licensed Professional Counselors (LPC) (Mari Krueger, LPC and Amy Morrissey, LPC). Amy Morrissey, LPC, works primarily with children and adolescents. Mari Krueger, LPC works primarily with adults. Ruth Holmquist, MSW, CSAC works primarily with dual diagnosed persons (alcohol/drug or mental health) Emily Roth Johnson, LPC, Amy Baudhuin MS, works primarily with clients who have severe and persistent mental illness.

Katie Douglas, MS and Sherrie Nichols, (intern), work primarily in home with couples and families. Katie is part of the CSU and Children & Family Services units. Both Ms. Douglas and Ms. Nichols are working towards licensure as Marriage and Family Therapists. Linda Richards, LPC is clinical coordinator for all mental health programs, as well as specializing in serving clients with trauma related disorders.

### **Alcohol & Drug Abuse Services**

The agency employs two Licensed Substance Abuse Counselors who do individual alcohol and drug assessments as well as provide ongoing individual, family and group treatment. Both alcohol and drug abuse (AODA) counselors (Ann Frintner and Ruth Holmquist) do court ordered Intoxicated Driver Assessments and Driver Safety Plans. Our counselors work closely with the Department of Transportation to ensure that individuals convicted of Operating While Intoxicated (OWI) are assessed and receiving treatment services before they can legally drive.

In addition to the above services, our AODA counselors, in collaboration with Waushara County, offer substance abuse individual counseling to students at Berlin High School and share in offering an Underage AODA Educational Program to those cited for underage drinking.

### **Crisis Intervention Services**

Walk in crisis counseling and after hours crisis services are provided by Amy Baudhuin, MS, Ann Frintner, CSAS, Ruth Holmquist, MSW, CSAS, Emily Roth Johnson, LPC, Mary Johanknecht, R.N., Mari Krueger, LPC, and Amy Morrissey, LPC. Linda Richards, LPC is responsible for 24/7 back up and supervision of services as needed.

In 2007 there were 74 after hours crisis phone calls, and 65 emergency detentions. One third of those detentions were from Waushara county. Green Lake and Waushara County DHHS are currently working together to resolve issues related to statutory rules that govern how 51 services are shared. Of those that go to hearing, 98% of those are stipulation agreements.

Half of all emergency detentions are dismissed within a 72 hour timeframe.

The overall number of detentions has decreased from 2006. The majority of emergency detentions involve persons who have never obtained services at GLCHHS.

## Comprehensive Community Services (CCS)

Under Chapter HFS 36, WI Administrative Code, Comprehensive Community Services (CCS) for Persons with Mental Disorders and Substance-Use Disorders provide a flexible array of individualized community based psycho-social rehabilitation services authorized by a mental health professional to consumers with mental health or substance use issues across their lifespan.

The intent of the services and supports is:

- to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders
- to restore consumers to the best possible level of functioning
- to facilitate their recovery

The services to be provided are individualized to each person's need for rehabilitation as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under CFR 440.130 (d) in order for the services to be reimbursed by Medicaid.

Wisconsin has long been a leader in the development of supportive services to persons with mental health and substance abuse service needs who are living in the community. With the development of Comprehensive Community Services (CCS), Wisconsin is increasing access to supportive services for children, adolescents and adults, including older adults with mental health or substance use disorders. CCS programs will use a wraparound model that is flexible, consumer directed, recovery oriented, strength and outcome based.

CCS is a progressive mental health model in how services will need to be delivered in all programs. It is part of the plan of action created after the 2001 President's New Freedom Commission on Mental Health. For further reading this report can be accessed at <http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.htm>.

Gretchen Malkowsky, MSW coordinates services for CCS. She shares positions with CSU and Long-Term Care units. Linda Richards, LPC oversees and authorizes services obtained by CCS. There are 6 people enrolled in CCS and 5 people who are currently undergoing the screen and assessment process. Any mental health therapist who refers a person to CCS becomes part of the CCS team. All agency staff and any identified persons, or organizations can be CCS providers if they have the required training and provide the required documents to fulfill Medicaid requirements for psychosocial services.

The CCS assessment covers 16 domains related to most life circumstances such as life satisfaction, basic needs, social networks and family support, finances, mental, physical, substance abuse, trauma, life stressors, crisis, medications, legal issues and any other issue identified.

Barriers to this model are lack of resources in transportation, employment, housing, agency/staff capacity and buy in for outside providers to meet CCS requirements for training and necessary documentation of services.

Possible solutions to these barriers are increased in house and community advocacy and training. Recruitment of volunteers. Peer mentor training and utilization.

Additional training for agency staff across all units will be needed to facilitate the transformation and paradigm shift of how mental health services are provided.

### **Community Support Program (CSP)**

A Community Support Program or CSP is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services in the community for persons with severe and persistent mental illness.

Most CSU staff meet the requirements to provide CSP and CCS services. Emily Roth Johnson, LPC, Amy Baudhuin, MS, Cindy Stobbe, MHT, Mary Johanknecht, R.N. and Linda Richards, LPC, provide the majority of CSP services to consumers.

CSP as well as outpatient mental health services are moving towards a recovery based model such as CCS.

There are currently 20 consumers in the CSP program. There are few hospitalizations of CSP consumers as most remain stable due to consistent relationships with their case managers, therapists, and medication management. In 2006 there were 31 consumers in the CSP program. The drop in numbers is due to one death, four persons placed in long term care facilities, and six persons reaching sufficient stability to be transferred to regular outpatient services.

## Clinical Services Current Status

Overall, there are approximately 720 consumers being served by the Clinical Services Unit. The average time for a person to get an initial psychiatric assessment is three months or longer. At the time of this report, psychiatric appointments are booked out three to four months. Follow up psychiatric care and psychiatric crisis appointments are difficult at best to meet a minimum standard of care. The direction of service delivery for mental health services is moving towards a paradigm shift across the nation. It is expected that in the next 2-3 years, all mental health services will follow a CCS or trauma model of system and service delivery.

The majority (90%) of all persons seen in the CSU are diagnosed with several mental illnesses. (co-morbidity) This is consistent with the 2007 report *prepared for*:

National Technical Assistance Center for State Mental Health Planning (NTAC),  
National Association of State Mental Health Program Directors (NASMHPD)  
Under contract with the Center for Mental Health Services (DMHS), Substance abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). For further information and full online report, see <http://www.theannainstitute.org/MDT2.pdf> or request a copy from Linda Richards.

This report indicates that public mental health service agencies serve those that are in most need of quality care by providers that are educated and informed about the long term effects of trauma, neglect, abuse, alcohol and drug issues, violence, and poverty. These up and coming programs will all require consumer led, multidisciplinary teams, with evidenced based approaches that show forward progress on outcomes.

Our clinical services strive to serve the people of Green Lake County with quality care, despite the high demand. In order to meet the requirements of program change, agency roles will need to shift to a more cohesive, seamless system of service delivery. We are taking a closer look at current systems and its efficiency to operate on less when demand for services is greater.

Mental illness is not an isolated disorder that affects a few. It is a continuum of human experiences, and learned ability to avoid, cope or defend against pain and suffering. None of us are untouched or untouchable from pain and suffering. This is the "new" face of mental illness. So in essence, we are all in "recovery". This is the concept we must embrace in our treatment of each other, and especially in those we serve.

**ECONOMIC SUPPORT  
2007 ANNUAL REPORT**

The Economic Support Unit of the Green Lake County Department of Health and Human Services continues to see an increased demand for services in every area each year while funding to administer the programs has remained static or has decreased. As a result, the level of services remains a concern in most areas. It has been in the past and remains our goal to provide superior services to recipients of our programs.

Currently, the unit consists of (1) Unit Manager, (3) Resource Specialists/Supportive Services Planners (RS/SSP), (1) Financial and Employment Planner (FEP), 1 Energy Assistance/Childcare worker and a 15% Employment Specialist..

In 2007, the Economic Support Unit processed 581 new intakes for services bringing our case total at year- end to 1161.

Green Lake County was awarded the W-2 contract for the period from January 1, 2006 through December 31, 2009 in November of 2005 after writing and submitting a plan that met with the State's approval. Funding was very barely enough once again but we were hopeful that we would be able to keep providing the program for Green Lake County residents. December 31, 2007 marks the end of the second year of that contract and we remained on track and met the goal not exceeding the allocation for the two-year period. During year 2007, there was an average of 3 cash payments per month and an average of 1 non-payment case management only case. As a result, our average benefit amount per month in 2007 was less than \$ 2,000.00 and our benefit allocation allowed us to average \$ 4,749.83. Under the terms of our contract, any benefit dollars that are not used for cash payments can be used interchangeably with service dollars thereby creating a cushion for a shortfall in either category. Many of the services, such as AODA counseling, mental health services, public health services and children and family needs have been absorbed by the respective units under the Human Services umbrella. Other services, however, have still needed to be funded with W-2 dollars. Transportation is the single most pressing issue for W-2 participants. Many have no driver licenses, or licenses that need reinstatement and many lack vehicles to look for work or to provide transportation to and from work once employment is secured. The agency issues gas vouchers for this purpose.

Food Stamp Employment and Training (FSET) participants, which represent able-bodied adults without children or with children over the age of six, also receive gas vouchers as they are required to make several employment contacts per week in order to meet program guidelines. In 2007, FSET mandatory participants averaged about 25 per month with a total of 292 served. Of those 292 individuals, 97 secured employment with an average wage of \$8.50 per hour. Eight participants were able to get drivers licenses and 8 individuals took the tests to receive a high school equivalency diploma. Job Club was attended by 241 participants and 41 attended 7 training sessions geared toward motivation and life skills.

In the 2008-2009 state budget recently passed by the legislature, individuals formerly required to participate in this program will not be required to do so. There will be no requirement to look for work or cooperate with child support in order to receive FoodShare benefits.

Jackie Westover, FEP, spearheaded the fifth annual Operation Backpack program funded entirely with donated money. This year, over 300 students from kindergarten through high school were given backpacks filled with all of the items required for his/her school grade. Other items like gym shoes, socks, gift cards etc were also provided.

The Food Stamp program served an average of 806 individuals per month in 2007. The average monthly total of Food Stamps issued in Green Lake County was \$53,492.00. The Green Lake County Food Pantry as well as several community-based pantries were also heavily utilized in 2007. Actual counts are available in the Aging report.

The Medical Assistance program served an average of 2228 individuals per month accounting for 11.5 % of Green Lake County's population in 2008 with monthly expenditures averaging \$ 839,549.57 per month or \$10,074,594.78 total. Approximately 90 percent of Medical Assistance recipients use their benefit in any given month. Sixty-six percent of all medical assistance expenditures in Green Lake County can be attributed to the elderly, blind or disabled population even though this group comprises only 25.9% of Medicaid participants. On the other hand, family cases represent 74% of the Medicaid participants but only 31% of the expenditures. BadgerCare, a State program that requires waivers from the Federal Government for the federal dollars used in the program (about 65% funded by the State) has seen tremendous growth as it has less stringent guidelines than Medicaid) represents an average of \$ 60,032.91 per month of the \$ 839,549.57 monthly average of Medicaid expenditures in Green Lake County in 2007. A new statistic came to light this year in that 4% of Green Lake County Medicaid expenditures were paid out for undocumented aliens.

The Medical Assistance program allows assistance with burials for individuals that are indigent and meet the program guidelines. A maximum of \$1,500.00 for funeral expenses and \$1,000.00 for burial expenses is allowed after any available income and/or assets are expended. In 2007, the total expense for MA burials was \$ 16,295.95.

Medical Assistance mileage is a program that allows any Medical Assistance recipient to claim mileage at the rate of 24 cents per mile for travel to and from doctors, hospitals, pharmacies, etc. In 2007, Green Lake County Medical Assistance eligible individuals received an average of \$ 3,580.31 per month. Some of these charges are paid through the county in the form of per mile reimbursement and others are direct charges by Green Lake County MA recipients who use commercial medical transportation for their trips to medical appointments ETC.

One hundred five families including 175 children were utilizing low-income childcare assistance by the end of 2007. Green Lake County childcare providers received approximately \$391,007.83 in low-income childcare payments in the course of the year.

The Emergency Assistance Program makes payments for rent, security deposits and heating bills for families facing eviction, who are homeless, or have received shut-off notices and have already received assistance through the Wisconsin Home Energy Assistance Program. Only families with dependent children may access this program. It could be accessed only once in a 12-month period for homelessness or impending homelessness, and in documented cases of domestic violence. Disaster funding is also available once per year in the event of flooding, tornadoes, fires, etc. The income and assets of the family are examined prior to payment by the program. The maximum of \$150.00 per household member may be paid to the family. A total of \$12,088.00 was paid out on this program in 2007, assisting 35 adults and 50 children. The average payment was \$ 503.67 per family.

The Economic Support Unit contracts with O'Brien and Associates for our fraud and program integrity services. The contract is based on our allocation from the state, which is sum sufficient. In 2007 we were awarded \$6402.00. There were 5 fraud investigations and 14 front-end home visits. Fraud was found in 4 of the referrals and restitution was ordered in the amount of \$5,230.00. The case-heads of the cases found to have committed fraud are ineligible for FoodShare benefits for 12 months. The overpayments are being recouped through current benefit amounts. In 2008, Green Lake County has joined Juneau, Marquette, Columbia, LaCrosse, Monroe, Adams, Sauk and Waushara counties in a Fraud Prevention Investigation (FPI) consortium. O'Brien and Associates will be the contracted agency to provide the investigation, prosecution and recovery services. Columbia County will be the fiscal agent for the consortium and each county agency will receive \$3000.00 per year for administrative costs related to preparation and referral of cases for investigation. This is a pilot program for Green Lake, In 2009 all counties will be required to join a consortium for the purpose of fraud prevention.

Interim Assistance, which is funded by county levy, was used for one indigent non-Medicaid eligible individual in 2007 in the amount of \$ 1773.00. Medication payments for one customer in the amount of \$229.17 is being recovered from her SSI back payment and will be returned to the Interim Assistance fund.

There were 650 applications for regular Energy Assistance (WHEAP) in Green Lake County in fiscal 2007. Of that 650 households applying, 543 households were found eligible for assistance either from LIHEAP or Public Benefits or both for a total paid out of \$175,900.00. The average household payment for LIHEAP benefits was \$324.00, while \$208.00 was the average paid in Public Benefits. Crisis applications totaled 575 and 208 of those households qualified for one or another type of crisis funding for a total expenditure of \$ 80,740.00. There were 12 furnace repairs completed totaling \$2216.00 with an average per repair cost of \$185.00. There were 2furnace replacements each costing an average of \$3080.00 for a total of \$6160.00

There will be three new programs to implement in the Economic Support Unit in 2008. BadgerCare Plus, the new program for family-related Medicaid, will see its first eligible customers on 2/01/2008. All current medical assistance categories have been pared down to about 8, all of which are encompassed in this new program.

In February 2008, all Elderly and Disabled Medicaid recipients will be transferred to HMOs from straight Title 19. These individuals will now have to choose service providers included in their HMOs, which will result in many changes for this population.

In August, 2008, Family Care will roll out in Green Lake County. It will take up to two years to move all waiver recipients from Medical Assistance to Care Maintenance Organizations(CMO). Accomplishing this transition will be a joint effort of the Adult Disability and Resource Center(ADRC), and the Economic Support unit.

The Economic Support Unit continues in its efforts to provide prompt and courteous services to our customers. Caseload sizes prohibit as much one on one contact with customers as we have had in the past, however, it will always be our primary goal to provide services within the guidelines mandated by the State. We continue to search out new approaches to age-old problems in an attempt to encourage personal responsibility and self-sufficiency.

**2007 ANNUAL REPORT  
FOX RIVER INDUSTRIES**

**Overall Services Provided:**

Fox River Industries, a sheltered workshop located in Berlin, Wisconsin, provides work and work training primarily to developmentally disabled persons residing in Green Lake County. The goal of Fox River Industries is to provide quality consumer services on a daily basis in our Sheltered Workshop, Adult Day Services, Supported Employment, and Transportation Services units. While the primary target population is adults with developmental disabilities, Fox River Industries also serves individuals with chronic mental illness, W-2 participants, and juveniles. These services are provided to enable these persons to optimize their abilities and to live in the least restrictive setting possible. Changing client needs and a desire to provide services that will best meet these needs has caused Fox River Industries to change and evolve over the years. Following is a description of services provided through Fox River Industries:

**Supported Employment Program:**

Supported Employment is paid, meaningful work that is performed in an integrated community-based setting. Through the assistance of Supported Employment staff (a full-time SE Coordinator and a full-time Job Coach), employers hire consumers to become part of their work force. Supported Employment services include functional assessment, job development/placement and ongoing support/training for the duration of the individual's employment. In many cases, the Division of Vocational Rehabilitation funds the initial supported employment services with Green Lake County providing the long term support which is necessary for each individual to maintain employment.

FRI SE staff has experienced an increase in demand for their services in the past several years because (1) The unemployed populations eligible for these services has dramatically increased and (2) in 2006 FRI expanded the services it provides to include DVR Direct Placements. This service helps those who have typically been in the workforce before, may vary considerably in skill level and education, but need some type of retraining and job search services. These clients typically do not require job coaching to retain their jobs, but they do require extensive SE staff time up front for career development (resumes, cover letters, job applications) and job readiness and retention skills.

Supported Employment had a productive year in 2007: 29 new jobs were created, 19 existing jobs were supported, and a total of 59 clients were served in the program (34 SE, 14 DVR direct placements, and 11 Economic Support referrals). *24 different employers* either hired or retained employees through FRI SE in 2007. Job creation and development of natural supports within the community are time consuming but essential.

Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely for individuals in this group, even after DVR funding is exhausted. Some of the consumers in this group qualify for CIP funding but most do not.

DVR funded consumers make up a large percentage of the SE program consumers at FRI. These folks require the same long-term supports as do the DD folks, and come to us through DVR referrals. To accommodate the needs of this group, SE staff often develops and offers employer incentives such as Trial Jobs, Work Experiences, and WOTC Tax Credits. Prior to 2005, FRI received 3<sup>rd</sup> Party grants through DVR that equaled approximately \$600 a month for the 4 to 5 individuals served. DVR replaced these grants with a Fee-for-Services Program in 2005.

### **Sheltered Work Services:**

The sheltered workshop provides training and paid work to the developmentally disabled, chronically mentally ill, W-2 participants and those referred for community service. The consumers receive special training to increase their chances of gaining meaningful employment in the community. Expanding the type of consumers served has allowed the workshop to increase production capabilities and revenues as well.

An extensive wage study is completed annually to determine consumer wages based on the same kind of work done by a non-disabled person with one year's experience. This method insures that the consumers receive a fair wage and insures that rates are comparable to local industry.

At the end of 2007 there are 65 consumers receiving pre-voc services in the workshop: 57 full-time and 8 part-time. At this time there is no waiting list for these services. We currently have 3 Production Aide positions running 3 consumer groups, with the lead driver helping out as production needs dictate. We also have a Production Supervisor and a Material Handler rounding out our production staff.

The workshop continues to have three steady sources of income: Alliance Laundry Systems, Wilson-Hurd, and Fleet Farm (corn sales). In addition, we perform smaller packaging/assembly/sewing jobs on a repeating basis for JP Luther, Images Stitchery Design, and AFK of Ripon (cattle bowl valve assembly). We also continue to sell corn to Havegard, Javic Wholesale (for Steins Garden and Gift), Wisconsin Garden and Pet Supply, Berlin Kitz and Pfeil Hardware and Reinders. Corn business has been very strong this year, and AFK has recently started a new (and increasingly busy) paint-dipping job with us. FRI had 4 ongoing mowing jobs this summer, and several moving jobs throughout the year.

In our pressroom we continue to print for many of the Green Lake County offices. We also printed the Friendship Bike Tour brochures, the Berlin United Way letterhead, ADRC envelopes and letterhead, and other smaller jobs in the community.

## Adult Day Services:

The purpose of our Day Services Program at Fox River Industries is to improve and enrich the quality of life for the consumers we serve by offering them choices that provide meaningful life experiences through individual program plans. Attendance in this program also provides respite for the primary care provider.

We currently provide a variety of health, social, and support services to our consumers in a protective setting as we attempt to maximize the functional levels of each individual we serve. These services include education, therapy, exercise and recreation. Specific skill areas currently being emphasized through classes include **S**kills **T**raining for **A**ssertiveness, **R**elationship Building and **S**exual Awareness (STARS), Social Appropriateness, Computers Usage, Independent Living Skills Group, Cooking and Nutrition, Money Skills, Academic Skills (such as numbers and letters identification), Community Appropriateness Skills, and Safety Skills. We also are utilizing the services of our Long Term Care Nurse to teach general health and hygiene to our consumers as well as helping us with our nutrition classes.

Activities of daily living are a big component of the day services program. Therapy and exercise programs are necessary fundamentals to maintain consumers' quality of life. Consumers receive physical therapy through a medically prescribed program. The exercise program includes weight lifting, aerobics, and endurance training. Health and fitness are important components of our consumers' programs.

Another large component of the community-based program is volunteer services. Consumers are given experience working in sites such as the library, hospital, food pantry, senior center and community stores. With time and experience some of these consumers may develop the potential to find paid employment.

We also place an emphasis on community involvement for the consumers we serve. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and swimming trips.

3 Certified Nursing Assistants, a Teacher, and a Services Coordinator currently staff our Day Services Program. Services are currently provided to approximately 45 consumers between the hours of 9:00 AM and 3:30 PM Monday through Friday.

### **Transportation Services:**

Disabilities Services, Inc. (DSI - a private non-profit corporation created to support DD services) has been providing vehicles for the developmentally disabled and elderly of Green Lake County since 1978 when they received their first 16B2 vehicle. The 16B2 (now 5310) grants fund 80% of the cost of the vehicles with State Department of Transportation (DOT) monies and DSI/Green Lake County pays the remaining match of 20%. Over the years, DSI has purchased 26 vehicles at a worth of over \$700,000 and an actual 20% match amount of \$140,000. Current vehicles are primarily used by Fox River Industries, the Southern Green Lake County Senior Transport Project, and City of Berlin Senior Center for elderly and handicapped transportation. In 2007 we received two of three new grant vehicles, with the third one due in early 2008. We also applied for 5310 assistance with two new vehicles which, if approved, will arrive in fall 2009. FRI Transportation is staffed by a full-time Lead Bus Driver and a full-time Material Handler/Driver who drives part-time, with transportation coordination provided by the FRI Lead Secretary.

### **Recreation and Leisure:**

Fox River Industries coordinates a variety of leisure activities, which take place on weekdays, evenings, or weekends. This is part of the program that offers consumers recreational choices beyond their normal day. Activities such as community activities, dances, field trips, outdoors activities, sporting events and vacation trips are designed to provide meaningful recreation opportunities. A calendar of monthly events is provided to over 80 consumers and service providers by Fox River Industries. The calendar serves as information on upcoming events, staff changes and general operations.

**GREEN LAKE COUNTY HEALTH UNIT  
2007 ANNUAL REPORT**

The Health Unit includes: Kathy Munsey--Health Officer, Public Health Nurses--Tracy Soda, Jeri Loewe, and Judy Kasuboski. Renee Peters, Birth to 3 Coordinator and Maternal Child Health Educator. Marilyn Voeltner, Health Educator for tobacco and many other wellness projects. Deb Washkoviak, coordinator for the WI Well Woman Program (WWWP) and Immunization Program. Ashley Rondorf is our contracted Environmental Health Specialist from Waushara County who works on the agent status program in Green Lake County and also deals with environmental complaints. In January, after serving Green Lake County for over 30 years, Betty Freimark retired. Betty was honored for her many years of service to the citizens of Green Lake County.

Every five years, state statutes require local public health agencies to do a community-wide needs assessment. Green Lake County completed ours in 2007. We did not find many changes from our 2002 assessment. We continue to have higher than state averages in stroke, cardiovascular disease and obesity, inactivity and tobacco use continue to be problem areas. The complete needs assessment document is available for you to view. The Green Lake Area Health and Wellness Coalition meets monthly and will be strategizing in 2008 to help improve the health of the community.

We have many different types of clinics and services that we provide throughout the year. Over 5000 clients visited our clinics or received public health services. This included immunization clinics where we gave over 1600 flu shots, 228 shots to protect teens against meningitis and 189 Gardasil vaccines were given. This is new this year and is to protect girls from Human Papilloma Virus which is the leading cause of cervical cancer. In addition, we gave the usual childhood vaccinations. We decided to change our clinic sites in 2008 since so many people come to the Green Lake site due to vaccine storage issues. We will discontinue childhood immunizations in Markesan and Princeton due to low turnout and will add a late afternoon clinic in Green Lake to accommodate families that work. We will continue with flu shots in all areas of the county as in previous years. At our WIC clinics, 330 children received blood lead tests, 4 of whom had elevated levels.

The Public Health Nurses are required to do follow-up on acute and communicable diseases, of which we had 96 in 2007. This included seven cases each of Hepatitis C and Lyme's disease, three cases of cryptosporidiosis, 48 sexually transmitted diseases, various cases of gastrointestinal illnesses, chicken pox, lead poisonings, encephalitis, E. Coli and even a case of cholera just to name a few. Nurses contact the person and do follow-up to determine a cause or source of the illness and work to prevent further spread of the diseases.

In 2007, we rewrote the animal control ordinance to make it compliant with the state statutes. The ordinance was approved by state veterinarian, Dr. Yvonne Bellay. Dr. Richelle Ackerman agreed to be our local veterinarian for this program and we will meet with her on a regular basis to review animal control issues. We had 41 animal bites in 2007 and had issues with a local puppy mill that caused us to review our current policy. Now anyone with more than 5 dogs must get a kennel license and it must be inspected prior to getting a license. This will be done by Ashley Rondorf.

There were 36 referrals made to the Birth to 3 Program in 2007. Nine children were found eligible for Birth to 3 services while one child is still in the process of evaluation. Thirteen children were found to be developing age appropriately and five families were not interested or have not followed through with a screening. Eight children continue to be monitored. A total of twenty-nine children had an Individualized Family Service Plan in place sometime in 2007. We continue to contract with four agencies for our therapy services.

The Tobacco Program continues to do the Wisconsin Wins compliance checks of county tobacco retailers, using local teens. In 2007 we completed 82 checks. Of those, only three violations occurred. Retailers without a previous violation received warnings from local or county law enforcement, while those who had previously violated received citations. We continue to work with the retailers and provide educational information regarding sales of tobacco products. Overall, our efforts seem to be successful, as the number of violations decreased from 13 in 2006, to only three in 2007. Because we have been doing this program for several years now, most tobacco retailers are very well acquainted with the WI Wins program, and several establishments have acquired in-store equipment that helps clerks more accurately check the potential buyer's age. Interestingly, more retailers seem to be opting not to sell cigarettes at all.

As part of the WI Wins program, county youth conduct anti-tobacco activities in addition to the compliance checks. Princeton High School held a Life Skills Fair March 7, 2007. One of the sessions focused on "Teens and Tobacco" and two students, Holly Pulvermacher and Amy Pulvermacher assisted Green Lake County Health Officer Kathy Munsey in her presentation. The girls distributed anti-tobacco materials as well as black armbands to the 33 students who attended the tobacco sessions. Students then wore the armbands for the remainder of the day to draw attention to the number of deaths caused by tobacco each year. In another youth activity, after a class presentation on the health risks associated with smoking, Princeton students wrote letters to their state legislators, urging them to support the tax increase on cigarettes.

As part of our ongoing tobacco program, we continue to offer tobacco education and resources to interested individuals or organizations.

The WIC (Women Infant and Children) Program continues to be provided by the Family Health Medical and Dental Clinic out of Wautoma. We do, however, provide a nurse and educator at 3 full day clinics each month to provide various services such as immunizations, lead testing, counseling regarding pregnancy and family planning and child development. We currently have nearly **270** families enrolled in the WIC program. We had 214 births in 2007, which is the same as 2006 to Green Lake County women. Of those, 5 were ages 15-17 and 8 were ages 18-19. 18.2% reported smoking during pregnancy and were given information on smoking cessation programs and information on the dangers of exposure to second hand smoke to their children. We implemented the First Breath smoking program which is a program for moms who smoke and had 12 agree to enroll in the program. We contact all new moms and give them information on infant health and wellness and immunization clinic times and dates. We also offer home visits to first time moms and will do a home safety assessment and offer programs and services if needed. We also had 10 babies that were considered "low birth weight" (weighing less than 5lbs, 8oz), compared to 7 last year. Smoking during pregnancy is a leading cause of low birth weight babies and an area that we are targeting at this time.

The Health Unit continues to promote the employee wellness program. Our goal is to educate employees, do health screenings and do a prevention-based program that will in the long run reduce healthcare costs. We have good employee participation and the program was very well-received. We plan to continue it into 2008 if funding is approved. The program has spurred many to lose weight, exercise and eat healthier. We have started a TOPS (Taking off Pounds Sensibly) group and many others have joined Weight Watchers, LA Weight Loss, Curves, and more. All new employees are given a handout on the program and are encouraged to join.

We are now in the second year of the Tri-County Environmental Health Consortium, which was formed to do the Agent Status Program. In the 3 counties, there are nearly 1100 facilities to inspect. We are finding that many facilities have improved in their programs due to the education on the regulations which were provided last year. We had several facilities in which enforcement actions were taken, including one for which a citation was issued. In addition to all these inspections, Ashley and Chris Hinz had over 100 environmental health issues to investigate related to lead, water, air, sewage, asbestos, hazardous materials, radiation, housing, rabies, solid waste and other general public health nuisances. This included one significant lead poisoning of a child. We also are working closely with the Green Lake County Sheriff's Department regarding odor complaints stemming from the rendering plant and landfill area.

We also participated in several training sessions for many types of disasters including pandemic influenza. We participated in a drill that tested distributing medications if a flu pandemic occurred. We worked with the Local Emergency Planning Committee to improve our Public Health Emergency Plan and have done extensive training on the National Incident Command System so all could respond appropriately in the event of a disaster. To test skills, we did a mock evacuation of Juliette Manor Nursing Home in Berlin. The drill went quite well and shortly thereafter, we had to do a real evacuation due to a bomb threat, so the drill was most helpful.

Respectfully submitted,  
Kathy Munsey, Health Officer