

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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2013 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 2013 Annual Report for the
Department of Health & Human Services (DHHS).

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

Difficult times require creative ways to continue to do our work despite cuts
to state funding in critical areas. The Green Lake County Department of
Health & Human Services is part of numerous collaborative efforts with other
counties and departments. This will continue in 2014 and beyond as we
continue to find ways to sustain services in the most cost-effective manner
possible. The past several years' annual report went into great detail
regarding the various collaborative efforts with other counties we engaged
in. Nearly all of those efforts continue with a few added initiatives that
began in 2012 and will continue into 2014.

They are:

- The Central Wisconsin Health Partnership (CWHP) consisting of now six
counties: Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara
along with LaClinica in Wautoma. LaClinica is a Federally Qualified
Healthcare Center providing primary and dental care to low income
families in this region. The goal of CWHP is to begin integrating
primary and behavioral healthcare. Since Federally Qualified Healthcare
Centers received a higher reimbursement rate from Medical Assistance, a
further goal is to expand behavioral healthcare by having LaClinica
contract with counties for this service. With the recent Governor's
initiative to expand mental health services for those counties wishing
to collaborate, this makes the CWHP a perfect venue. The CWHP has
applied as a consortium to provide Comprehensive Community Services
(CCS) to residents via a "shared services" model which, if approved,
would mean the State would pay the 40% federal match versus the county.

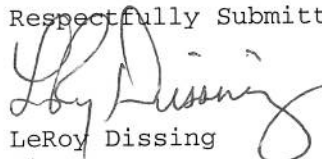
This would provide 100% funding for people who are eligible for CCS. The earliest projected date to implement CCS as a consortium is July 1, 2014.

Additional initiatives/projects this upcoming year include:

- Paperless electronic records: This will be accomplished by migrating from our current CMHC/MIS to Netsmart's MyAvatar software which will allow for electronic signature, scanning of documents into client records and a consumer portal for those wishing to access portions of their record. This system will also aid in our crisis response as it will be remotely accessible. The "go live" date is July 2014.
- Expanding supported employment services to developmental disabled individuals that will enable more people to be placed in private sector employment with job coaching support.
- Assisting residents to apply for insurance benefits via the Marketplace and Badgercare. Many adults with children currently on Badgercare who earn over 133% of the federal poverty level (FPL) will now have to apply for health care at the Marketplace. Those childless adults who earn less than 100% of the FPL will for the first time be eligible to apply for Badgercare. Most of this transition will occur in March/April of 2014.
- Coordinated Services Teams (CST) will be re activated in Green Lake County with expansion funding through the Governor's budget that will be made available for new or former service sites. This program for high needs children and families supports our philosophy and practice will collaborative systems of care.
- Interagency meetings involving schools, law enforcement, other county departments and board members as well as a host of other agencies, was reinstated in 2013 and will continue indefinitely. These meetings provide a forum to share resources and ideas as well as training on a variety of topics such as; what are the roles of each agency in a particular situation; how do we identify and deal with opiate users; homelessness and the like.

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,



LeRoy Dissing
Director



Philip Robinson
Deputy Director

2013 ANNUAL REPORT
ADMINISTRATIVE UNIT

The Administrative Unit consists of the Director, Deputy Director, Administrative Assistant, two Account Clerk Specialists, a Receptionist, Data Entry Specialist and two Secretaries. In addition, the Unit also has Experience Works person placed. These staff perform a variety of functions for the Department including, but not limited to, information and referral of the general public to appropriate staff; billing for services provided and collecting payments from consumers and third party payers; reporting expenditures to the State for reimbursement; inputting client notes, service activity logs, 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.

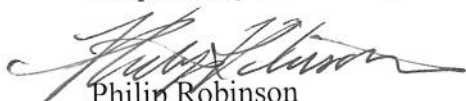
As shown on the enclosed chart, public usage of services provided at the Human Services Center totaled 47,005 contacts (38,498 phone contacts and 8,507 walk-ins) in 2013. This is another slight drop from 52,635 in 2012 and 55,990 contacts in 2011, and 57,023 in 2010. As a broad measure of activity for the Department, most units saw an average decrease in front-end activity by 18% in calls and 8% increase for walk in services.

This continued shift in activity is consistent with changes in the W2 program and the Economic Support Unit going to a "call center" which is accessed directly by the ESU staff. However, the amount number of contacts with the agency's main receptionist increased (by 20 % for calls and 225% by walk-in) during 2013. This increase in activity is tied to changes in recording practices as well as inquiries for economic support that were routed to the call center. An increase in activity is also attributed to changes in healthcare due to the Affordable Care Act.

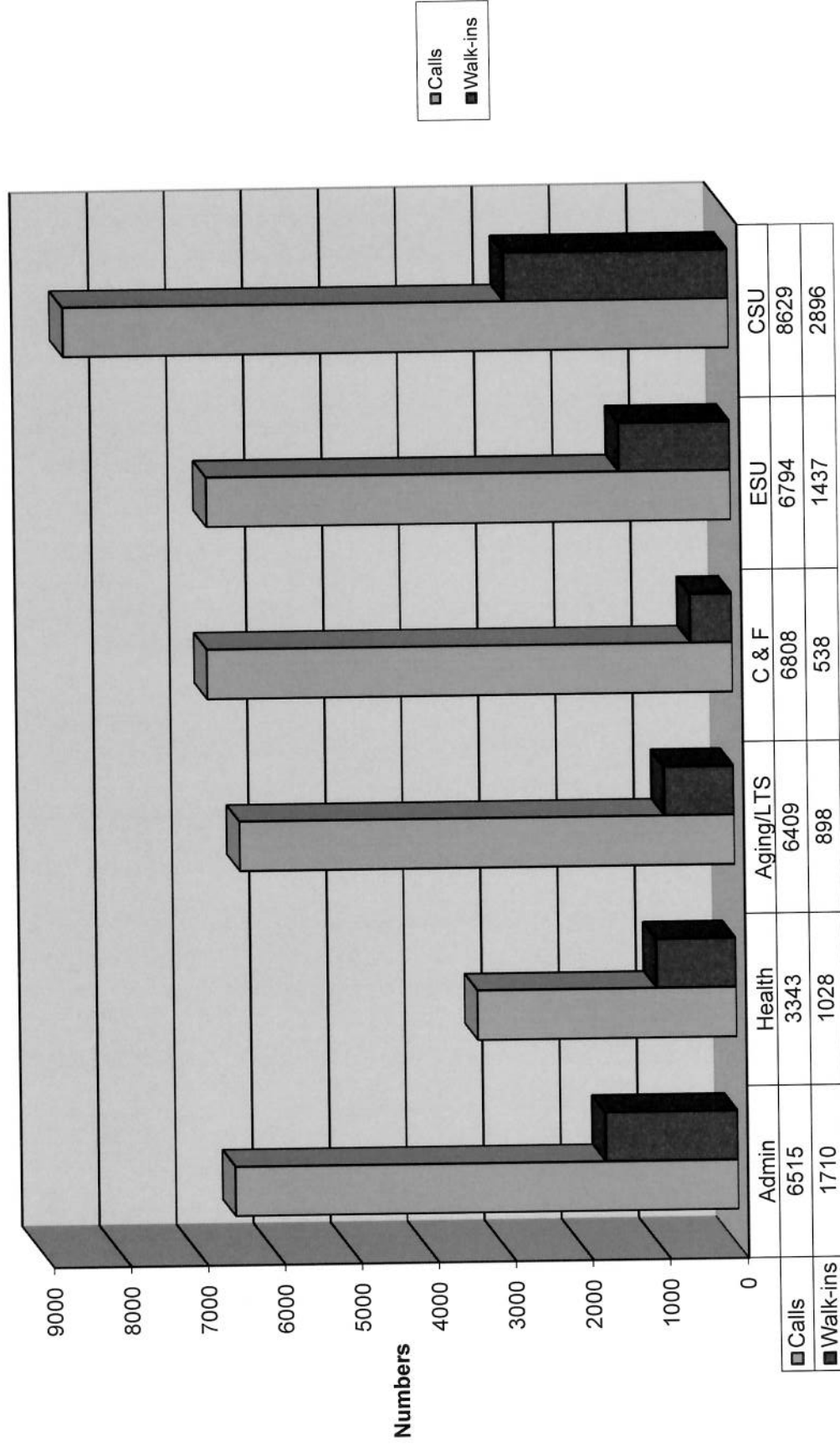
Also not reflected in the chart is the number of people/families utilizing the food pantry and directly accessing the Aging Disability Resource Center. Access to these services are accounted for in the Aging/Long-Term Care Unit Report. Contacts received directly by the Aging Disability Resource Center are also reported separately.

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. Staff changes include a new receptionist as well as an expansion of duties of our secretary/records clerk into the role of support services planner helping the Economic Support Unit meet the demands of our energy assistance program. Technology has been utilized where appropriate to make staff more efficient and effective in meeting demands for our array of services. The planning and implementation of the My Avatar system began in 2013 and will continue into 2014. Administrative support staff have all stepped up to assist with considerable planning and preparation for this new software.

Respectfully submitted,


Philip Robinson
Deputy Director

2013 Agency Activity



2013 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 all of the people we serve.

There were 10 staff in the Aging and Long Term Care Unit during 2013 including the Unit Manager, 2 Resource Specialist Social Workers, the Adult Protective Services worker, two Meal Site Managers, the Nutrition/Volunteer Coordinator, the Elderly Benefit Specialist, the Disability Benefit Specialist, and the Aging Disability Resource Center Coordinator.

Aging and Disability Resource Center

Green Lake County operates the Aging and Disability Resource Center (ADRC) in a consortium with Adams, Marquette and Waushara Counties. This consortium is funded by the State to provide a single point of entry to Long Term Care Services and Information and Assistance for residents of the four counties. Aging and Disability Resource Centers are the first place to go to get accurate, unbiased information on all aspects of life relating to aging or living with a disability. The ADRC provides information on a broad range of programs and services, helps people understand the various long term care options available to them, helps people apply for programs and benefits, and serves as the access point for publicly-funded long term care. Green Lake County continues to employ the ADRC Coordinator, who works with the multi-county committee that contracts with the state to assure ADRC service provision. Additional ADRC staff are employed by each county and duties are shared across county lines.

DISABILITY BENEFIT SPECIALIST

The Disability Benefit Specialist (DBS) position provides assistance for persons ages 18 to 59 who have any kind of disability, in applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). Like the EBS, the DBS assists people with Medicare, to find the best Medicare Part D prescription drug plans for their individual needs.

The DBS program is overseen locally by the Aging Unit Supervisor and technical assistance is provided by attorneys at the Disability Rights of Wisconsin (DRW), their office is based in Madison. DRW is a private non-profit organization that fights for the rights of disabled people across Wisconsin. DRW has a contract with the State of Wisconsin to provide technical assistance to the Disability Benefit Specialist across the State. DRW provides monthly training through meetings and web casts with all DBS positions across the state. Each DBS also has a weekly phone conference with the assigned attorney to provide assistance with day to day questions.

In 2013 a total of 132 new cases were opened, 146 cases were closed, 67 cases were carried over and a total of 199 cases were served. A conservative estimate of the economic impact of the DBS program in Green Lake County for 2013 shows that is brought in 1.42 million dollars to the local economy. The DBS carries an average case load of 75 cases at any one time.

HEALTH PROMOTION PROGRAMS

The ADRC has actively offered community health and disease prevention education programs, with an emphasis on fall prevention and chronic disease self management. In 2013 6 classes were held in Green Lake County. There were 66 individuals who participated in workshops offered through the community Health and Prevention Programs. The workshops offered were: MedWise, Tai Chi, and Stepping On.

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 2013, volunteers provided 1400 hours equal to **\$10,150.00** 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 Nutrition Program assists older individuals to live independently by promoting better health through improved nutrition. It reduces the isolation of older individuals through nutrition related and supportive services. It prevents malnutrition and promotes good health through nutrition education, screening and intervention. The Aging Unit Nutrition/Volunteer Coordinator is trained as a certified ServSafe Professional Food Manager/Nutrition Director and oversees both the Congregate and Homebound Meal Programs.

In 2013, 6655 meals were served at three Mealsites: Berlin Senior Center, Dartford Bay Apartments - Green Lake, and Grand River Apartments - Markesan. 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 contracted state approved Nutritionist to ensure that they meet the USDA dietary requirements.

Volunteers play a vital role in all our C-1 programs; twenty-nine (29) volunteers donated approximately 1,700 hours in the Nutrition Program. These hours equal **\$12,325.00** in In-Kind Dollars. In-Kind includes activities such as setting tables, serving food, clean-up tasks, and doing paperwork and are a requirement of the Older Americans Act to earn funds for the meal programs.

Donations at **\$4.00** per meal received in this program were **\$21,724.42.***

HOMEBOUND MEAL PROGRAM (C-2)

In 2013, 14,002 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 annually. The meal delivery program is also a part of a support system that checks on the elder person four to five days per week depending on their location. Drivers are trained to watch for changing needs and to alert the Resource Specialist/Nutrition Director as necessary.

Donations at \$4.00 per meal received in this Program were \$59,023.56.*

* Subject to Audit

TITLE III-D PROGRAM

In 2013 this program provided funding for nutrition services, medication management and adult health screening. Eating Healthy for Successful Living for older Adults, was also funded in Green Lake County. 17 seniors attended and enjoyed the classes.

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, \$81,740.00 in 2013. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults made approximately 24,576 trips in 2013 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 Emergency Food Assistance Program/Food Pantry operates the first, second, and fourth Thursdays each month, and the third Tuesday evening. The Food Pantry currently has 26 volunteers who staff the days the food pantry is open. The volunteers also help pack food bags, pick up donations and food that has been purchased at Feeding America or local grocery stores.

Eligible residents of the County may attend once each month. Throughout 2013, the Food Pantry served an average of 251 households, and 531 individuals per month. Each household was provided an average of 44.64 pounds of food for a month. The bags include such things as fresh potatoes, carrots, margarine, cheese, cereal, canned fruit and vegetables, pasta, peanut butter, and soup, etc. In 2013 the food pantry was able to provide turkeys and hams for the holiday season.

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 forty (40) **Elder Abuse** investigations in 2013, with four (4) Elder Abuse cases substantiated. The remaining cases were either unsubstantiated (25) or unable to be substantiated (11) 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 2013, there were 12 **reports** of abuse to **Vulnerable Adults**; 4 were substantiated, 5 unsubstantiated, and 3 were unable to substantiate.

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.

ELDERLY BENEFIT SPECIALIST PROGRAM

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

The Elderly 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 or Senior Care appointments. Moreover, Social Security, SSI, Medical Assistance, Spousal Impoverishment, Medicare, Medicare Part D, Medicare Advantage and Supplemental Insurance may be reviewed along with Information and Referral services.

In 2013, there were 689 Open Cases, and 69 hours of training. Through these efforts, the Elderly Benefits Specialists' program saved Green Lake County elderly clients \$168,586.00 for the Senior Care program, \$1,308,598.32 for Medicare Part D, \$81,076.00 for MA QMB/SLMB, \$174,552.00 for Food Share, \$77,386.15 for Medicare Part B, \$369,940.00 for SS/SSI Disability and \$520,997.00 for other MA. This is a total savings of \$3,462,887.27 for the elderly citizens of Green Lake County.

There were 1353 Information and Referral and 310 Medicare Part D inquiries to the Aging Unit and 219 hours of Outreach Services and 20 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-two (22) caregivers in 2013 through this program.

OTHER PROGRAMS

Volunteers for programs in the Aging Unit are recognized for their services at the Volunteer Luncheon in April. In 2013, over 150 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 950 households. The articles that appear in this publication help elders keep up-to-date with current information about our services and programs. The UW Extension Office and the Nutrition program provides healthy recipes and health tips. Notices are published concerning Immunizations, Foot Care Clinics, up-coming programs, Food Pantry news, Support Group dates, TRIAD meetings 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. Information is also published regarding Health Promotion classes, Energy Assistance, Homestead Tax Credit, Social Security and how to contact your legislators, as well as volunteer opportunities, and menus for the Senior Nutrition Program.

Each year in August, the Commission on Aging sponsors a countywide Senior Picnic. In 2013, 192 elders from throughout the County, along with 10 staff and volunteers, attended the County Senior Picnic at St John the Baptist Catholic School Gym in Princeton.

LONG TERM CARE UNIT

COMMUNITY OPTIONS PROGRAM (COP)

Throughout 2013, one (1) individual received COP funds. These funds were used to purchase group home care, monitoring and supervision.

The ADRC is the entry point for all former long term care programs, as well as for Adult Protective Services.

ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2013, we received \$5434.00 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, two (2) individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc.

ADULT PROTECTIVE SERVICES/GUARDIANSHIPS

The Adult Protective Services Social Worker performed **eleven (11)** guardianship studies for adults in 2013. These consisted of Temporary, Permanent and Successor Guardianships. In addition, forty-two **(42)** 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, least restrictive and most integrated into the community. The Adult Protective Services worker submits a report to the court and attends each review hearing. The Protective Placement reviews consisted of nine **(4)** due to Infirmities of Aging, eighteen **(18)** associated with Developmental Disabilities, **four (9)** with Mental Illness and nine **(11)** due to Degenerative Brain Disorder or other incapacities. 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)

**2013 Annual Report
Children & Family Services Unit**

2013 was a year that there were several staff changes. There were two vacant positions in the Unit. The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), the Juvenile Court Intake Worker, three (3) Dispositional Social Workers, a Medical Assistance Targeted Case Management Social Worker, the Community Response Social Worker, an In-Home Therapist. The In-home therapist left the agency as did the Medical Assistance Targeted Case Manager (TCM). The Community Response Worker (CRP) transferred to the TCM position and the agency hired for the CPR worker. The agency successfully received a grant from the Office of Justice Assistance. An LTE position was created as a result of that grant. A staff person was hired in September, 2013 to help facilitate the new program.

Four field placement students from the undergraduate program at University of Wisconsin - Oshkosh and three from the undergraduate program from Marian College were placed with the Unit. A Masters student from the University of Wisconsin - Madison joined the agency for placement in September, 2013. Students from the local high schools also shadowed agency unit staff for their class projects.

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 2013.

The Unit staff continued to engage in several new initiatives started in 2011 and 2012, the Permanency Roundtables, the Community Response/Quad Counties Family Resource Network, Alternative Response and the Intensive Safety Services program. A new initiative started in 2013 as a result of the OJA grant was Youth Employment/Youth Job Coach/Mentor. The agency unit staff participated in COMPAS training in 2013 as a result of that grant. All of The unit staff collaborated with other counties on all of these programs.

Access

The ACCESS staff for the Unit received 473 referrals that were logged into the eWISACWIS system. These numbers include the Juvenile Court Intake referrals, Community Response, Child Abuse/Neglect Reports, and Child Welfare Intakes and other Service requests. The Unit received a total of 293 reports of Child Abuse/Neglect. Of these, 70 were screened in for a response from the Initial Assessment Worker. 293 reports were screened out. The screened in reports had a total number of 99 children that were identified as potentially being child victims. The screened in reports by maltreatment type were: 35-Physical Abuse; 40-Neglect; 26-Sexual Abuse; and 2-Emotional Abuse. 180 Service Reports were received. Of these, 161 were screened in. These were comprised of 64 Child Welfare Reports, 89 Juvenile Justice Reports, 3 Kinship Care applications, 0 requests for assistance with minor guardianships, 0 court-ordered study and 1 adoption related matters. 3 cases were re-opened for service after being closed in error.

Juvenile Court - Delinquency

In 2013, Juvenile Court Intake received eighty-nine (89) new referrals. This is down from the prior year when ninety-nine (99) referrals were received. At years end, thirty-nine (39) juvenile justice Cases were open.

Green Lake County staff has noticed the same trend that has been experienced State-wide which is that fewer juveniles are being referred to the Court Intake offices. State statistics indicate a downward trend in the number of youth in detention as well as in the Institutions which led to the closing of Ethan Allen and Southern Oaks in 2011.

No (0) new youth were placed in the Severe Juvenile Offender Program in 2013. One (1)

adult court waivers were filed. Two (2) youth were served by both the Adult and Juvenile probationary systems. One (1) youth was placed in residential care and subsequently order to Lincoln Hills in 2013.

One (1) Summer Youth Group was held in June 2013. This year three staff from the Green Lake County DHHS collaborated to facilitate the group. The youth engaged in the Summer Youth Program participated in Equine Therapy through "Buy the Yard". There were six (6) males that participated and completed the group. This included five (5) Caucasian males and one (1) Hispanic male. The youth additionally participated in group therapy activities which focused on prevention, group process, and problem-solving as well as social skill development. The group was 9 weeks in duration.

A "Skills to pay the Bills" group was facilitated by the Job Coach/Youth Mentor and the Juvenile Court Intake Worker. Six youth participated in this group. This included three (3) males and three (3) females. In addition, a group of youth participated in equine therapy.

Juvenile Court staff is on-call twenty-four hours per day for the purpose of Juvenile Intake/Detention, Child Abuse/Neglect and Energy Assistance.

Community Service Program

In 2011, the municipalities contracted for Judicial Services which dramatically changed the amount of hours ordered for community service. The municipal court judge opted to order fines versus Community Service. A total of 1145 hours of Community Service were performed in 2013. The community services hours ordered/performed are for the individuals that appear in the Green Lake Circuit Court and Juvenile Court in 2013.

Electronic Monitoring

In 2013, BI bracelets were used for Electronic Monitoring only by Waupaca County. In 2013, Waupaca County opted in mid-year to have their own contracted services. In late 2012 Green Lake County began to contract for GPS monitors. Sixteen (16) youth were on monitors in 2013. The agency began to use the EM in lieu of out-of home placements. All of the youth on monitoring were from Green Lake County. This number included ten (10) males and six (6) females.

Mediation

In the second half of 2013, the Green Lake County DHHS staff began Court Mediation services for the Family Court. The duties were split between one staff in the Clinical Services Unit and the Juvenile Court Intake Worker. Eleven (11) mediations were completed, six (6) of which were done by the Juvenile Court Intake Worker.

Child Abuse/Neglect/Child Welfare

The Child Welfare System continued to undergo major changes in 2012 as the State continues to improve service delivery subsequent to the Federal Review conducted in 2010. As stated earlier, 70 Initial Assessments were conducted. At years end, 31 Child Welfare cases were open, 16 On-Going Child Protection cases and two cases that were a combination type of both On-Going Child Protection and Juvenile Justice. State staff reviews the county performance monthly in respect to monthly face-to-face contact with foster children, timeliness of assignment of Initial Assessments, face-to-face contact by the Initial Assessment (IA) worker as well as completion of Assessments within sixty days of assignment. Reports are forwarded to the County with the expectation that if performance standards are not met, a corrective action plan will be completed. Green Lake County staff was at 91.7 % for timeliness in completing IA's for the period 01/01/2013 to 12/31/2013. The state-wide average for all counties during that same period was 70.6%.

Parenting

In addition to the Parent Training contracted through Family Training Program, an agency staff (Dispositional Worker) worked with Seven (7) families on an individual basis. Additionally agency staff co-facilitated two (2) Strengthening Families groups in the spring 2013 & fall 2013. Nine (9) families completed the groups.

Foster Care/Kinship Care

Foster Care, Kinship Care, Group Homes and Residential Care facilities are used for children who are unable to reside in the home of their parents or guardians. The State changed how foster homes are now licensed and have set up Levels of Care as well as an evaluation tool for the Level of Need. All the unit staff is certified to perform the Child and Adolescent Needs and Strengths Assessment (CANS). Eleven (11) total children were in foster care. This number is down significantly from 2012 when twenty (20) children were in foster care. Of the children in care, two (2) children/youth were placed in treatment foster care in 2013. No (0) children/youth were placed in group home. One (1) youth was placed in residential care facilities in 2013. The number of children residing in court-ordered Kinship Care placements was six (6). The number of children residing in voluntary Kinship Care in 2013 was seven (7).

Additional monitoring began in the area of rate setting for foster children in 2013 was conducted by the State in 2013. Green Lake County had no (0) rates that needed correction. During the federal reporting period from 10/01/2012 to 09/30/2013, Green Lake County staff was 98.3% compliant with meeting the monthly face-to-face contacts for children in out-of-home care. Overall, state-wide average for all Counties compliance level was 87.7%.

Courtesy Supervision

Courtesy Supervision for both Child in Need of Protection and Services as well as Juvenile Justice cases were performed for other Wisconsin Counties. This included Kenosha, Winnebago, Fond du lac, Rock, Portage, Columbia and Marquette. In addition to courtesy supervision, home checks to confirm safe environment as well as licensure were conducted.

Community Response Grant/Respite Care Grant

Our agency continued to lead a Quad County consortium which developed/facilitated the Family Resource Center grant. The program services Green Lake, Waushara, Marquette and Adams County. One Hundred Twenty-one (121) families were served in the four-county area in 2013. The Respite Care grant ended in mid-2013.

Contractual Services

The Family Training program provided services to thirteen (13) families with a total of eighteen (18) parents and thirty-two (32) children in 2013. They provided both parent training and education, parent aide services and in-home therapy. In 2013, the Crisis Intervention slots were continued. These slots are primarily utilized in an effort to return children to their parental homes post removal or prevent the removal in an emergency situation.

The Unit In-Home Therapist also served families through Mental Health Crisis planning and services. This worker worked in conjunction with an Independent Contractor, Wellhoefer Counseling to provide in-home therapy services to youth and their families. Wellhoefer Counseling provided therapy to Fifteen (15) families which included Twenty-six (26) parents and Forty-five (45) children throughout the year. In addition, Nancy Baker, an independent therapist provided services to one family with two (2) children.

The agency contracted for Wrap-Around Case Management Services in 2013 with Lutheran Social Services. They served no (0) families. The Lutheran Social Services agency was awarded grant funds through an Intensive Safety Services program funded by the State in 2012& 2013. This program has served three (3) families in Green Lake County which included three (4) adults and nine (9) children.

Mentoring

Our agency sub-contracted with Community Options, Inc to take over the management of the mentoring program in 2010. That agency has continued to provide mentors to our children/youth. We had a total of twelve mentors serve children in 2013. Twenty-eight (28) children were served. The agency also sub-contracted with one (1) private individual to provide mentoring services to a parent and child with autism.

Prevention/Education

Children & Family Services Unit staff have presented public presentations in the community on agency services and programs as well as training topics to groups. Presentations have been on the topic of child abuse and neglect, shaken baby syndrome and community service as well as Community Response. Staff has also been involved on committees on the local level such as the Family Resource Council, the ADVOCAP/Headstart Policy Council, and the WCSHA Children & Families Sub Committee. In addition the CPS Initial Assessment worker assisted in the development of the MOU's with law enforcement regarding Drug Affected Children as well as the SART (Sexual Abuse Response Team) protocol.

Licensing/Certification

The Children and Family Unit staff no longer certify child care providers. This activity is now performed by Economic Support staff. Green Lake County ended the year with five licensed level II foster homes. At the year's end, the agency had one (1) active level I licensed home. The staff also conducted studies of four (4) additional families that wished to pursue licensure. One (1) home was licensed for Kenosha County. This placement was later discontinued. Four (4) homes were studied for Court-ordered Kinship Care placements.

Respectfully submitted,

Susan Sleezer
Children & Family Services Unit Manager

2013 Annual Report

Clinical Services Unit

The Clinical Services Unit (CSU) consists of a full-time unit manager, six counselors, one mental health technician, a part-time psychiatrist, a part-time child psychiatrist, a full-time psychiatric nurse, and a part-time psychologist. All of the counselors have Master's degrees in a mental health related field and bring a variety of strength-based skill sets to our service array. We are very excited to have welcomed our new staff this year. Each person brings a wealth of knowledge in the mental health field and a renewed excitement towards providing services to the consumers we serve in Green Lake County.

As the clinic moved forward with 2013, we continued to provide community outreach training, mobile crisis intervention services, and growth within program service arrays such as our Comprehensive Community Services program. We also continue to be committed to consumer participation within programs, and providing health and wellness recovery groups as a source of mental health treatment.

The clinicians and psychiatric nurse have been cross trained to work in all the CSU programs including the 24/7 on-call mobile crisis intervention services program. This provides everyone with a collaborative knowledge base of services within the community when working with consumers. We are focused on health and wellness, education, and prevention when engaging consumers in all Clinical Services programs.

Crisis Intervention

We increased our community-based crisis interventions by 100% this year from 106 to 222 in 2013. We believe this has had a direct impact on the decrease of Emergency Detentions to psychiatric hospitals. We decreased the number of Emergency Detentions by 40% this year from 53 ED's to 33 ED's in 2013. This is due to an excellent collaborative effort between Clinical Services crisis staff, schools, hospitals, and law enforcement professionals in Green Lake County.

During this last year, 256 consumers were served for crisis intervention services. The following is a summary of crisis intervention services:

- 1 adult was diverted from psychiatric facility to a diversion facility
- 162 adults were served through crisis diversions to the community
- 28 adults were placed on an emergency detention/psychiatrically hospitalized (0 of those were detox)
- 60 children were served through crisis diversions to the community
- 5 children were placed on an emergency detention/psychiatrically hospitalized.

As a state certified crisis intervention provider, the clinic continues to partner with, schools, local law enforcement, and area hospitals to provide the most appropriate level of community-based crisis treatment. The clinic crisis workers have the ability to provide crisis counseling on a walk-in basis or go mobile to the most appropriate location to provide crisis assessment, safety planning and response (e.g. Emergency Rooms). The current emphasis is on providing a comprehensive assessment and response plan by the on-call crisis worker when determining safety of individuals.

There are 8 clinical staff who rotate handling crisis calls during and after business hours. The unit manager is also back-up to all of the staff for supervision, consult, and additional coverage at all times. When a counselor meets in-person with a consumer in crisis they are able to engage the person on what resources/supports they are most in need of to create a safe crisis response plan in the least restrictive environment. This collaborative effort between multiple systems allows a partnership to provide Green Lake County residents with the most appropriate level of care, in the safest situation in the least restrictive setting.

We contract with a crisis diversion facility, Summit House in Oshkosh, WI for the few that need safety supervision, but do not need hospitalization. We have also established a relationship with Berry House in Fond du Lac, WI as a community-based diversion option for residents in need of structured transitional supports and supervision around mental health needs upon discharge from a psychiatric facility.

This multi-system initiative is fostered through a Memorandum of Understand among the stakeholders.

Outpatient Counseling

During 2013, there were 144 Mental Health Assessments provided for consumers through our outpatient mental health counseling, 40 Substance Abuse Assessments provided to consumers, and 100 IDP Assessments were conducted through our AODA/IDP program. These cases are spread out amongst 7 counselors.

Dr. Felipe Ambas, psychiatrist, is currently seeing adult consumers every Tuesday and is also in the clinic on every other Wednesday. Dr. Luisa Baldomero is a children's psychiatrist who is here two days per month. Combined, our psychiatrists provided 58 psychiatric evaluations for new clients in 2013. Both doctors are able to see clients within 2 months from request for services and often times sooner as scheduling space opens up. Appointments with a therapist that are non-emergencies are 1-2 weeks out. Emergencies are seen immediately on a walk-in basis for needed services.

A Wellness and Recovery Support Group was started by one of our new Dual Diagnosis Counselors and assisted by our Masters level student intern). These two staff co-facilitate a men's and women's psycho-educational group to help support individuals reaching their highest level of well-being in their communities. This group is open to individuals 18 years and older.

Community Support Program (CSP)

The CSP provides intense community services to people with severe and persistent mental illness. In 2013, there were 13 persons enrolled in the program.

Staff provides counseling, support, transportation, case management, representative payee, medication management, crisis services and more. Without this community-based mental health service, it would be difficult for many individuals to remain at home and in their communities.

Comprehensive Community Services (CCS)

The Comprehensive Community Services program is a strength-based consumer driven psychosocial rehabilitation recovery program that is based in the community. This program is constructed to utilize consumer's identified strengths in the support of their goal directed recovery process. This is a Medicaid funded program which requires each individual enrolled in the program to have Medicaid, and Axis I Diagnosis (mental health diagnosis, substance abuse e.g depression, bi-polar etc.), be motivated to work on self-identified recovery goals, and utilize a collaborative team-based model which emphasizes natural supports in recovery.

This client-centered approach provides consumers the opportunity to select who will be on their recovery team which can be composed of family, friends, staff persons or other natural community supports. Included in this team are the person's mental health therapist(s) and a service facilitator. CCS works closely with the Children & Family Services Unit to help provide services to keep children in their homes instead of foster care placement, or to help return a child back to their home with the proper supports.

As a focus area of growth for our clinic in 2013, this program has increased its enrollment by 4 times the number of individuals it served last year. There are currently 8 people in the CCS program. The program model provides an excellent opportunity for Green Lake residents to experience a collaborative community-based approach to mental health recovery. We are building the number of internal providers for this program with three of our mental health counselors going through Service Facilitator training so that we may work towards doubling the number of individuals served in this program for 2014.

We are also currently in a Central Wisconsin Health Partnership (CWHP) with six surrounding counties working together to be approved by the State of Wisconsin DHS as a certified region. If approved, this would allow our clinic to be reimbursed at a rate of 100% for the services we provide CCS consumers. This opportunity would increase the revenue to Clinical Services and increase the opportunities of our clinic to service more consumers in this program.

Children's Long-Term Support Program (CLTS)

Wisconsin has three approved CLTS Waivers for children with developmental disabilities, physical disabilities, and severe emotional disturbances. The purpose of the waivers is to help families support their children with severe disabilities within their own home. The CLTS Waivers are funded through Medicaid. They are known as Medicaid Waivers because the federal government "waived" certain regulations so that Medicaid dollars can pay for services in the community. The CLTS Waivers began in 2003 and were developed as a part of the Children's Long-Term Support Redesign Project in Wisconsin.

The CLTS Waivers are available to children and youth under the age of 22 who have a developmental disability, physical disability, or severe emotional disturbance. The county's role is to assist families and children in the initial application process and service coordination when a child is receiving CLTS Waiver services. This includes working with the family to develop an Individualized Service Plan (ISP) that will include the services and supports that are needed to address the child and family's unique needs. Service coordinators continue to work with children and their families to assure that all needs are being met over time and under changing circumstances. This program currently serves 10 children and their families in Green Lake County.

Recidivism Reduction Program

The purpose of this program is to reduce the revolving door in the criminal justice system. It is fully funded by a grant and is in its third year.

Direct clinical services to clients in the jail RR program are provided by one Mental Health/AODA counselor and a psychologist. This program provides immediate crisis interventions, assessments, individual and group counseling to inmates at the Green Lake County Jail, as well as to those on probation/parole.

There are several facets to this program which involve education, (obtaining an HSED/GED), probation and parole, health and wellness, stress and coping and several other life skill opportunities (jail garden project, etc.). It also includes classes on parenting and financial skill building. This program works on linking inmates with available resources and facilitating any family/community supports.

Aftercare Coordination Program

As the clinical services unit continues to provide crisis prevention/intervention services for county residents, it also continues to provide crisis linkage and follow-up post psychiatric hospitalization. Starting at the end of 2012, there is a Masters level clinician designated to providing coordinated linkage and follow-up for each individual that is placed by the court system on a 90-day settlement or 6 month commitment order for mental health or AODA treatment. Currently, we are providing aftercare coordination for 12 individuals in Green Lake County. This focus is of critical importance to our clinic as the individuals being served by the aftercare coordinator have entered our clinic due to reported harm to themselves (e.g. reported suicide threats or attempts) or harm to others. The goal is to help them stabilize and re-enter their communities with their highest level of functioning.

Clinical Services 2013 program development areas:

Wellness and Recovery Support Group

Crisis Intervention Training Grant

Central Wisconsin Health Partnership

Wellness Coalition Mental Health and Substance Abuse

Heroin Awareness Campaign

Crisis Intervention Collaborative Memorandum of Understanding

Dementia Capable Systems Training

Crisis Diversion Center Development

Christine Ann Center Partnership

Interagency Meetings

2013 ANNUAL REPORT **ECONOMIC SUPPORT UNIT**

~ Providing and Coordinating Resources to Strengthen Families ~

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

Three Economic Support workers, one and a half Supportive Services Planners, and a Unit Manager make up the Economic Support Unit for Green Lake County. The expertise in our unit goes back to January 2001 to current.

Presently, our Economic Support Unit is serving over 1883 Green Lake County households. Customers may be receiving assistance from Medicaid, BadgerCare Plus, Family Care, FoodShare, Wisconsin Shares, and Energy Assistance. This is a 3% caseload increase from last year.

ECONOMIC SUPPORT PROGRAMS

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

The Economic Support services are necessary to meet an emergency need such as homelessness or medical needs. Each program serves a specific population and has different income guidelines and requirements. The self-sufficiency of Green Lake County households and individuals is the program goal. The number of customers requesting financial assistance from Economic Support Programs continues to grow each year. Requests for the programs continue to grow due to the current economic conditions.

Caseload Growth

2010	1443 households receiving assistance
2011	1593 households receiving assistance
2012	1828 households receiving assistance
2013	1883 households receiving assistance

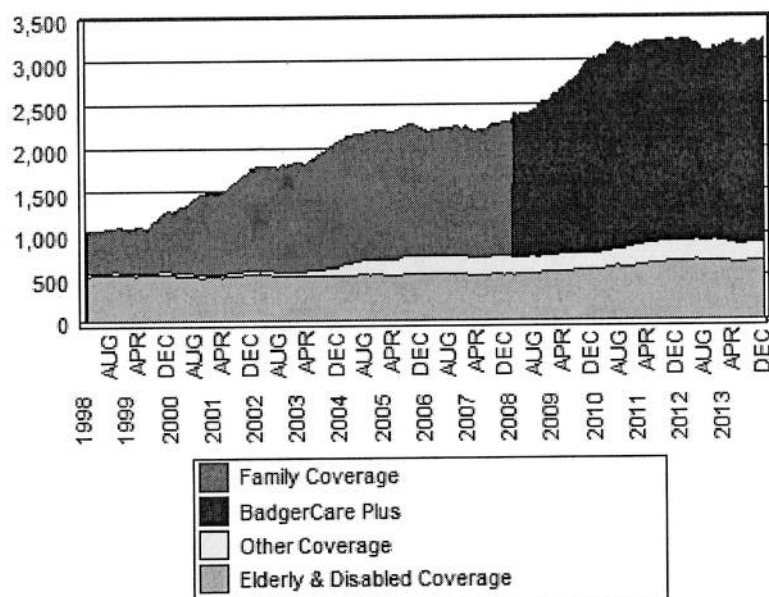
Requests for program assistance are made by contacting Green Lake County Health & Human Services and speaking to the intake worker or by coming into the agency. Customers may also use the ACCESS website at www.access.wi.gov to learn about the programs, apply and update their status online. Customers also have the option of calling our Call Center at 1-888-256-4563 to request program assistance.

The 2012 Mandate required counties to form consortia. A total of 10 consortia were formed in Wisconsin. Green Lake County joined 9 other counties to form East Central Income Maintenance Partnership (ECIMP). This “partnership” in less than six months created a Call Center (CCA) that was to handle all incoming Income Maintenance calls within the 10 counties. Each county was responsible for “staffing” the CCA. Green Lake County staffs CCA with 1 FTE. With the change in our process Green Lake County and ECIMP have maintained and exceeded the required performance standards.

Medical Assistance is a State and Federally funded program that provides low income customers comprehensive, affordable healthcare. Numerous individual programs are included under the umbrella of Medical Assistance including: BadgerCare Plus, BadgerCare Core, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary and Family Care. Each Program has its own specific non-financial criteria for eligibility. The eligible customer receives a white Forward card which is taken to the provider to verify coverage. Most Medical Assistance customers must participate in a HMO.

The following chart shows the number of participants certified by Green Lake County and the coverage type for each month and year.

Members Certified by County/Tribe and Coverage Type for Each Month and Year



FoodShare- is a Federal Program that provides a monthly FoodShare allotment to low income customers. Eligibility is based upon income, household composition and shelter expenses. The eligible customer receives a QUEST card that is used to purchase food. Customers in search for employment may volunteer to participate in the FoodShare & Employment training program (FSET) and work in coordination with an Economic Support Worker to develop their employability plan. Like the Medical Assistance Programs, FoodShare participation continues to increase. The FoodShare average caseload in 2012 for Green Lake County was 1485 households (2,174 participants) with a total average benefit issuance of \$248.80. In 2013 the average caseload for Green Lake County was 1690 households (2,313 participants) with a benefit issuance of \$261.20. This is a 12.1% increase in FoodShare cases within the last year. We anticipate this number will continue to grow as we have seen over the last four years.

Wisconsin Shares-Child Care- is a program that provides child care subsidies for low income working families to assist in their payment of child care expenses. The subsidy payment is made to the child care provider, with the family responsible for the co-payments. In 2013, the monthly average of families receiving assistance was 40 households / 62 children.

Energy Assistance- is a program that provides a one time payment during the heating season to low income customers who need help paying their heating costs. The energy payment is made directly to the fuel supplier. In 2013, 855 households applied, 783 were approved, and \$385,995 was the total paid out in Energy Assistance. 44% of the recipients were elderly (60 or over).

WISCONSIN WORKS (W-2)

~The W-2 program focuses upon alleviating the specific employment barriers a family member may have~

In 2013 the W2 contract was awarded to Forward Service Corporation (FSC). The W-2 program focused upon alleviating the specific employment barriers a family member may have by providing intensive case management and service coordination. The W-2 program determines how a customer's strengths can be enhanced, employment obtained and maintained with an emphasis on stabilizing the household income and guiding the family to self-sufficiency. W2 participants typically receive other services or participate in other programs with Green Lake County. To continue this "wrap around service" to our community FSC has an office located in the Economic Support Unit.

Prior to the contract going to FSC a total of 36 households in Green Lake County were receiving services through the W2 program. In 2013 FSC provided services to 68 households.

Emergency Assistance- is a limited program designed to meet the immediate needs of an eligible family facing current emergency due to fire, flood, homelessness or impending homelessness. This program is a sub-program of W2. This program will be handled by FSC as with all other W2 services.

Submitted by: Shelby Jensen
Economic Support Unit Manager

2013 ANNUAL REPORT - FOX RIVER INDUSTRIES

Overall Services Provided:

Fox River Industries (FRI), an agency of Green Lake County DHHS located in Berlin, Wisconsin, provides work and work training primarily to developmentally disabled persons residing in Green Lake County. The goal of FRI is to provide quality consumer services on a daily basis in our Prevocational Services, Adult Day Services, Supported Employment, Protective Payee, and Transportation Services units. While the primary target population is adults with developmental disabilities, FRI also serves individuals with chronic mental illness, W-2 participants, transitioning students and juveniles. These services are provided to enable these persons to optimize their abilities and to live and work in the least restrictive setting possible.

In 2008, Green Lake County transitioned to Family Care, contracting with Care Wisconsin of Madison. This transition has further increased demand for the services provided by Fox River Industries. Since the transition, FRI has added consumers from Marquette and Waushara Counties. 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 40 hour/week SE Coordinator and a 35 hour/week 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. Ongoing supports for Family Care members are funded through the Care Management Organization (our CMO is Care Wisconsin).

FRI SE staff continues to experience an increase in demand for their services in the past several years for several reasons: (1) The unemployed populations eligible for these services have dramatically increased, especially with the recent economic recession and slow recovery, (2) in 2006 FRI expanded the services it provides to include DVR Direct Placements, and (3) the transition to Family Care has made SE services available to a wider segment of the population.

Supported Employment had another strong year in 2013: 34 job search consumers received FRI Supported Employment services to either find new jobs or maintain existing community jobs. 35 consumers held 43 integrated community jobs at 32 different employers. 15 new jobs were secured. 11 temporary work experiences were created to provide training for future employment. Time was spent at employer locations to train natural supports, who in turn provide assistance to the consumer working there, throughout the year. 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. 2013 DVR revenues through November 30 were \$42,130 (against a budget of \$38,908).

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 3rd 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.

Prevocational Services Program:

Prevocational Services 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.

A 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.

Currently there are approximately 58 consumers receiving pre-voc services in the workshop: 32 full-time and 26 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 Bus 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 main sources of revenue: Alliance Laundry Systems, Wilson-Hurd, and cob corn squirrel feed sales. In addition, we perform smaller packaging/assembly/sewing jobs on a repeating basis for JP Luther and assembly and packaging for Magnum Power Products. FRI continues to sell corn to Fleet Farm, Havegard, Javic Wholesale (for Steins Garden and Gift), Wisconsin Garden and Pet Supply, Berlin Kitz, & Pfeil Hardware, Northern Exchange, Reinders, and several smaller outlets in the Green Lake County area. Squirrel corn business was once again very strong in 2013 with sales projected sales at \$165,000. In our pressroom we continue to print for many of the Green Lake County offices, and other smaller jobs in the community.

Prevocational services are billable for members of the Family Care program. The definition of prevocational services was recently updated by Wisconsin DHS to ensure "reasonable and continued progress" toward integrated community employment is being made by all members. Member's progress in this area is evaluated every 6 months by the interdisciplinary team to determine the effectiveness of their current programming. The long-term effect of this update, as well as any potential actions by CMS and/or DHS, on prevocational services funding is unknown at this time.

Adult Day Services Program:

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 meet the specific needs of each individual we serve. These services include education, therapy, exercise and recreation. Specific skill areas currently being emphasized through classes include Skills Training for Assertiveness, Relationship Building and Sexual Awareness (STARS), Social Appropriateness, Equine therapy at a horse stable outside Berlin, Independent Living Skills Group, Cooking and Nutrition, Money Skills, Academic Skills (such as numbers and letters identification), Community Appropriateness Skills, and Safety Skills.

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.

Adult Day Services are billable for Family Care members.

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. The 16B2 (now 5310) grants fund 80% of the cost of the vehicles with State Department of Transportation (DOT) funding, with DSI/Green Lake County paying the remaining match of 20%. Over the years, DSI has purchased 30 vehicles at a worth of over \$950,000 and an actual 20% match amount of \$190,000. Current vehicles are primarily used by Fox River Industries, Southern Green Lake County Senior Transport, and City of Berlin Senior Center for elderly and handicapped transportation. DSI received two grant vehicles in the fall of 2011. At that time, DSI completed a cycle 37 5310 vehicle grant application for two 7/1 accessible vans for the DSI fleet and one 3/2 minivan for Southern Green Lake County Senior Transport. This application was successful, and these vehicles were delivered in fall of 2013.

FRI Transportation, which provides fixed route transportation for our consumers, recently added a fifth route to enable us to expand services to accommodate a growing number of Wautoma area members. The FRI transportation program is staffed and coordinated by a full-time Lead Bus Driver and a full-time Material Handler/Driver who drives part-time, along with Program/Production Aides to drive the vehicles on consumer outings and non-CDL routes.

Transportation service expenses are included in the Prevocational and Adult Day Services CMO billing rates.

Protective Payee Services:

In 2009 FRI added protective payee services to the list of services provided. This collective account, administered and run through FRI, continues to grow. It currently serves 79 consumers. Protective Payee services are funded partially through Care Wisconsin (Family Care members only), with the remaining members self paying for services.

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.



HEALTH UNIT



Public Health
Prevent. Promote. Protect.

2013 ANNUAL REPORT

The mission of the Health Unit is to “Assure the health of Green Lake County by promoting and protecting health and preventing disease.”

Our vision:

**GREEN LAKE COUNTY: HEALTHY PEOPLE, COMMUNITIES
AND ENVIRONMENT**

Health Advisory Committee Members

Cindy Skipchak, Chair, Berlin
Jeanne Lyke, MD, Ripon
Jack Meyers, Green Lake Co. Board Chairman
Katherine Vergos, Ripon Medical Center
Abbie Griswold, Community Health Network
Jean Kessler, Markesan
Sara Mueller, Princeton
Kathy Munsey, Health Officer, Green Lake

Health Unit Staff

Kathy Munsey, Health Officer
Tracy Soda, PHN
Jeri Loewe, PHN
Judy Kasuboski, PHN
Renee Peters, Birth-3/Family Support
Jackie Westover, WWP
Marilyn Voeltner, Health Educator
Ben Weiler, Registered Sanitarian

In 2013, we worked with key community partners from the Green Lake County Wellness Coalition to develop the Community Health Improvement Plan (CHIP). Three “Action Teams” were formed to work on the key focus areas identified in the 2012 Community Health Needs Assessment. The teams will all address “Healthy Growth and Development” since this is so important. The three teams are: 1) Mental Health along with Alcohol/Tobacco & other Drug Abuse (ATODA), 2) Physical Activity, and 3) Nutrition and Healthy Foods. This dedicated group of individuals will use evidence-based and promising practices to educate individuals, communities, policymakers, schools, businesses and more so they can make decisions that hopefully will guide us towards becoming one of the healthiest counties in the state.

Our 2013 Programs and Services:

Disease Control and Prevention

Public Health Nurses are required by statute to follow up on acute and communicable diseases. Using the WI Electronic Disease Surveillance System (WEDSS) we are able to monitor trends and track outbreaks as they occur. Below are some of the diseases we followed in 2013, along with previous year comparables. As you can see, we had a significant increase in Lyme disease investigations. The cases for Hepatitis C also continue to increase. One reason for this is shared needle use by drug addicts.

Frequency of Reported Diseases in Green Lake County	2010	2011	2012	2013
Arboviral, West Nile Virus	-	1	-	-
Brucellosis	-	-	-	1
Campylobacteriosis	6	7	4	4
Chlamydia	45	33	38	41
Cryptosporidiosis	2	4	2	1
E-Coli (Shiga Toxin)	3	1	-	-
Ehrlichiosis/Anaplasmosis	1	1	2	1
Giardiasis	6	2	1	2
Gonorrhea	-	1	3	-
Hib-Invasive	-	2	-	-
Hepatitis A	-	2	1	-
Hepatitis B	1	-	2	3
Hepatitis C	10	5	8	13
Influenza (hospitalized)	-	1	1	7
Legionellosis	-	1	-	-
Lyme Disease	16	16	18	39
Meningitis (bacterial)	-	1	-	-
Mycobacterium (non-tuberculosis)	-	3	3	2
Parapertussis	-	1	1	-
Pertussis (whooping cough)	-	2	21	10
Salmonellosis	3	1	3	7
Invasive Strep Disease	6	4	1	1
Syphilis			2	-
Latent TB infection	2	4	2	-
Tetanus	1	-	-	-
Varicella	6	2	8	2
TOTAL	108	95	121	134

Public Health Preparedness

Our department works closely with Gary Podoll, Emergency Services Director, local law enforcement, fire departments, hospitals, nursing homes, Red Cross and more to assure that we are prepared for disasters. We completed an exercise to test our skills on handling a 4 day power outage due to an ice storm.

We learned a great deal and improved our partnerships with local key players.

Immunizations for Children and Adults

We continued to have clinics in Green Lake, Berlin and Kingston each month and added clinics in Markesan and Princeton during flu season. In October of 2012, we received a directive that we are only to immunize the uninsured or those on Medical Assistance or BadgerCare. As part of the Affordable Care Act, all others are encouraged to be served by their "medical home" provider. This did affect our immunization numbers. In 2012, 2800 vaccinations were given by public health staff and in 2013 we gave 2052 immunizations. Due to small numbers at our outlying clinics, we determined in 2014 we will have all clinics in Green Lake, except for a clinic at Care 4U clinic in Dalton every other month to accommodate the large number of uninsured in that part of the county. We will continue to have flu clinics in all communities in the fall as usual.

Childhood Lead Testing

There is no safe level of lead in the human body; even very low levels of lead exposure can negatively affect health throughout the lifespan.

The Centers for Disease Control and Prevention changed their definition of lead poisoning as a blood lead level of 5 or greater in May of 2012 . The Green Lake County Health Advisory Board approved these changes in our lead policy in 2013. Children with a lead level of 5 or greater are provided with follow-up and consultation by a Public Health Nurse. Follow-up may include phone calls, home visits, consultation with the primary health care provider and a home lead risk assessment by the Health Department's Environmental Health Specialist. Of the 194 children tested, 14 had a level over 5, compared to 2 last year. One child had a level over 20 in late December of 2012, so the inspection was done in January of 2013. A certified contractor was hired to clear the home of lead hazards and the property was cleared and declared lead safe by our Environmental Health staff.

2013 Blood Lead Testing

Total Number of Tests: 194
 Children <5 ug/dl = 180
 Children >5 ug/dl = 14
 Home inspections = 1

Mother, Child and Family

There were 195 births in Green Lake County in 2013, compared to 207 in 2012. We had 3 births to girls under age 18, which was the same as 2012. We also had 1 baby that was considered “low birth weight” (weighing less than 5lbs, 8oz), compared to 1 last year. Twenty per cent of women stated they had smoked during their pregnancy which is actually down from 25% in 2012 and 25.4% in 2011. Smoking during pregnancy is a leading cause of low birth weight babies and an area that we continue to target by offering the First Breath program, a smoking cessation program for pregnant women. Nine infants were transferred to Neonatal Intensive Care Units and 23 were born with abnormal conditions. We had 18 high-risk women on our Prenatal Care Coordination Program, which is billable to M.A. due to high-risk issues. Fourteen babies were born premature. Our Family Resource Council continues to promote the **“Life Course Model”** as part of our Maternal Child Health grant. Through the Healthy Babies Coalition which is a partnership with Green Lake, Marquette and Waushara Counties, we sponsored a training to educated local providers and families on the Life Course Model and ACE’s (Adverse childhood Experiences) and how it can effect a child’s growth and development. Over 95 people attended the conference in April.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. WIC helps income-eligible pregnant and breastfeeding women, women who recently had a baby, and infants and children up to five years of age who are at health risk due to inadequate nutrition.

Green Lake County served 541 clients in 2013. In addition we also provided breastfeeding education to dozens of women. WIC provides a breastfeeding peer mentor which is an invaluable resource to new mothers. The State of WI contracts with Family Health La Clinica in Wautoma to provide WIC services to Green Lake, Marquette and Waushara counties. Each county then provides nurses and other staff for immunization services.

Jackie Westover and Judy Kasuboski attend all WIC clinics to provide immunizations, information and assist with signing families up for dental appointments. Oral health education has been a key

component in WIC this year to advertise our new “Healthy Teeth Healthy Lives” program. They were able to sign up 104 children and 37 adults for cleanings and oral assessments.

Birth to 3

Birth to 3 is Wisconsin’s early intervention program for families of infants and toddlers with developmental delays and disabilities. The Green Lake County Health Unit has been designated by the county board to be the administrative agency in our county for this mandated program. The county is required to maintain a base level of funding for this program. Some families do have a cost share for services depending on their income. Medicaid and Private Insurance are billed for services when available and with parental permission.

In 2013, 48 new children were referred to the program compared to 39 in 2012. Thirteen of those children received services through an Individualized Family Service Plan which brought the total number of children with plans in 2013 to 23. In addition to a significant developmental delay in one or more areas of development, several children had specific diagnoses such as Mobius Syndrome, club foot, autism, hydrocephalus, Epilepsy with ADHD, DiGeorge Syndrome, Snip 1 Syndrome, Alagille Syndrome and significant prematurity.

Renee Peters is the Program and Service Coordinator/Educator. Contracted services include: Jenny Hoffman, Occupational Therapist from Rehab Resources in Beaver Dam. Kristen Mertens provides Speech and Language therapy and comes from CHN in Berlin. Jody Streeter is a Physical Therapist from Rehab Arisces in Fond du Lac.

Child Find is an important component of Birth to 3, as we want to assure that all children that may be eligible for services are referred in a timely fashion. In **2013** our outreach consisted of:

Spring Child Development Days – We participated in our area school districts Child Development Day by providing an informational display with brochures and providing assistance as requested.

First Annual Berlin Early Childhood Mini-Conference and Community Resource event for childcare Providers was held on 11/9/13.

Brochures – Brochures are available at our county WIC clinics as well as in the lobby of Health and Human Services and in the Public Health Unit.

Brochures are also included in the New Parent Packet shared by our Public Health Nurses.

Interagency Agreements – Agreements are in place with each county school district and UMOS (United Migrant Opportunity Services, Inc.) and Advocap-Head Start.

On November 22, 2013, the Birth to 3 Program was issued their yearly letter from the state notifying us that the review and analysis of Green Lake County's data for FFY 2012 with regard to Federal Compliance Indicators (related to the timeliness of evaluation and assessment, initial IFSP and Service implementation and timely transition), and the Program was 100% compliant in meeting these Indicators..

The Program also received positive ratings from parents through the yearly family survey and other correspondence.

Renee also collaborates as a committee member of the Head Start Advisory Committee, Green Lake County Family Resource Council and Healthy Babies Coalition of Green Lake, Marquette and Waushara Counties.



We contract with local providers for Birth to 3 Services. Above left, Jenny Hoffman, Occupational Therapist, Kristen Mertens, Speech Therapist, Renee Peters Birth to 3 Coordinator, and Jody Streeter, Physical Therapist

Family Support Program

The State provides each county with a yearly allocation to support families who care for their disabled children in the home. The Coordinator for the Family Support Program is Renee Peters. In 2013, 11 children had a Family Support Plan written for a variety of goods and services which are not covered by insurance. The Program was able to fund specialized equipment (adaptive stroller and adaptive bicycle), respite, specialized camps, nutritional supplements, individualized recreational opportunities, therapeutic materials, medical supplies, in-home parent education and expenses related to an extended hospitalization.

Tobacco Control and Prevention

Green Lake County continues as a member of the "Five Counties for Tobacco Free Living," a coalition that includes the counties of Fond du Lac, Marquette, Waushara and Washington. This past year Green Lake County conducted 20 tobacco compliance checks as well as quarterly inspections to monitor other tobacco products available in the county and 4 retailers sold the cigarettes to the minor.

Wisconsin Well Woman Program

The Wisconsin Well Woman's Program provides mammograms, Pap tests, and other health screenings to help prevent Breast and Cervical Cancer. Women between the ages of 45-64 that are at or below 250% of the federal poverty limit and have no health insurance or are under insured are eligible to apply for the program. Jackie Westover, the WWP Coordinator, helped over 120 women get their annual mammogram and 40 women received their cervical exam in Green Lake, Marquette and Waushara Counties in 2013. We have been informed that the program will end June 30, 2014 as most women will be eligible for BadgerCare or insurance through the Affordable Care Act.

Healthy Teeth Healthy Lives Program

The Dental clinic continued to grow strong through 2013. Clinics are held 2 times a month at our agency as well as summer outreach sites at the Boys & Girls Club and a UMOS Migrant Child Care Center in Berlin. Clients need to be on Medical Assistance or Badger Care or have no insurance at all – in which case a small grant received from Salvation Army is

used to pay for the service. Carrie, the dental hygienist, provided 104 cleanings to children and 37 adults. If they need any additional work done, a referral is then made to Family Health La Clinica. More outreach sites are being added for 2014 for the program to continue to grow.

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Ben Weiler, Registered Sanitarian, Green Lake, Jayme Shenk, Registered Sanitarian and Program Director, Marquette County and Mary Robl, EHS from Waushara County Health Department, are responsible for maintaining the Food Safety and Recreational Licensing Program. As agents of the state, this program licenses and inspects food facilities, swimming pools, hotel/motels, school food programs, campgrounds, kennels, recreational education camps, tattoo, body piercing, and bed and breakfast establishments. During 2013 there were approximately 800 inspections performed for these facilities of which 224 occurred in Green Lake County. Inspections are performed to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

Facility Type	Number of Inspections 2013	Total Number of Facilities
Restaurants and Retail Food	170	142
Campgrounds	10	13
Swimming Pools	23	22
Hotel/Motels	18	25
Summer Camps	3	3

Radon is a colorless, odorless gas caused by the natural breakdown of uranium in the ground. High levels of radon gas can build up in homes if there is a strong enough source. Radon is the second leading cause of lung cancer next to smoking. The only way to know if your home is at risk for high levels of radon is to perform testing. The Green Lake Health Department is part of a four county Radon Information Center (RIC). Our RIC consists of Portage, Marquette, Waushara and Green Lake County. This center serves as a resource to citizens with questions about radon testing, health effects, and mitigation systems. If you are a resident in one of

these counties you are eligible to receive a free test kit that can be used to check your home's radon level. During 2013 forty-three free test kits were distributed to citizens in Green Lake County. Thirty five percent of homes tested in our county were above the EPA's recommended radon level of 4 pCi/L. If you are interested in testing your home for radon, contact the Health Department or visit www.lowradon.org.

Environmental Health

Tri-County also deals with a wide variety of environmental issues that arise within the consortium. Investigations into nuisance complaints, housing issues, water quality issues and animal bites are some of the problems encountered.

Other Public Health Statistics for 2013	Totals
Blood Pressure Checks	81
Breastfeeding Education	59
Cholesterol	14
Communicable Disease/TB Test	423
Environmental Issues	11
General Health Promotion	127
Immunizations Given	2052
Immunization information	1156
Infant & Child Health (WIC contacts)	2463
Lead Tests & Follow-up	251
Mental Health	4
Postpartum Visits/Contacts	102
Pregnancy Outreach	42
Prenatal Care Coordination	188
Reproductive Health/Pregnancy Tests	10
STD follow-up	80
Tobacco Education/First Breath	7
Wellness Checks	63
WI Well Women's Contacts	226
PRESENTATION ATTENDEES	
Blood Borne Path Training	37
CHN Health Fair	220
Child Development Days Berlin	25
Healthy Babies Coalition Conference	95
Lunch and Learns	55
Public Health Preparedness to TRIAD	24
Diabetes Fair	150
Puberty Class	30
Stress & Nutrition Presentation	34
Women's Health Events	190
Tongue Tie Presentations	17
Strategic Planning	12
Total	8248

Animal Bites – 23 Free Water Test – 8 Housing Cases – 25 Nuisance/Other – 21

professional expertise that was shared with our staff has been extremely valuable. We anticipate that we will be ready for accreditation in 2016 and again I have appreciated all the support from our Board, especially our long term members Cindy Skipchak and Jeanne Lyke who have been on the Board since 1995!

The Green Lake Area Health and

Wellness Coalition took charge of completing the Community Health Improvement Plan (CHIP) and will be working on implementing the plan in 2014. The coalition formed three “Action Teams” that are very active and looking at various ways to improve the health of Green Lake County. To join the coalition, contact any staff member in the Health Unit at 920-294-4070.

Health Advisory Board and Accreditation

The Health Unit is officially governed by the Department of Health and Human Services Board, however, the Health Advisory Board oversees the day to day activities of the Health Unit Activities. The board members are very dedicated, and spent a great deal of time this past year reviewing our CHIP and also looking at updating policies and procedures such as our lead policy in order to align it with WI State Statutes and the Administrative Rules. The Board has supported the Health Unit staff as we wrote for grants to begin our journey towards national accreditation with Quality Improvement projects and program reviews. In addition to a CDC grant to work on accreditation, we received a grant from the National Network of Public Health Institutes (NNPHI) which is funded through Robert Wood Johnson foundation for a Quality Improvement grant to help decrease the number of missed opportunities when a child is seen for immunizations. This grant provided extensive training through NNPHI including a mentor for the nine month grant cycle to help us with our Quality Improvement project. Using many of the QI tools that we learned, we were able to decrease the number of missed opportunities from 59% to 13%! (See attached storyboard). This successful project has inspired our staff to continue to look at all programs to determine if there are ways we could be more efficient, effective and save money. We feel very fortunate to have had this opportunity and we would like to thank not only the Health Advisory Board, but the County Board for approving out of state travel for the NNPHI program. The



The Green Health Advisory Board is comprised of Katherine Vergos, RN, COO Ripon Medical Center, Jean Kessler, Community Member, Jeanne Lyke M.D. Medical Advisor. Back row: Jack Meyers, County Board Chairman, Cindy Skipchak, Health Advisory Chairperson, Sara Mueller, Community Member, Kathy Munsey, Health Officer. Absent: Abbie Griswold, RN Community Health Network



Public Health
Prevent. Promote. Protect.

Green Lake County QI Project Reducing the Number of Missed Opportunities

Plan

1. Identify the Problem or Process that can be Improved

A recent audit by the Wisconsin Immunization Registry (WIR) indicated that the Green Lake County Health Department is missing opportunities to immunize a significant number of clients who would potentially benefit from mandated or optional vaccines.

2. Assemble the team



Staff: L-R: Nick Zupan, intern, Tracy Soda, Jackie Westover, Judy Kasuboski, Kathy Munsey, Renee Peters, Jeri Loewe, absent—Marilyn Voeltner

AIM Statement:

By July 21, 2013, Green Lake County Health Department will decrease missed immunization opportunities for children ages 11-18 years insured through BadgerCare or Medical Assistance (MA) from 59% to 40%.

3. Examine the Current Approach and Identify the Possible Solutions

We used a variety of tools to examine the process for immunizing adolescents including a fishbone diagram, followed by a process map and a swim lane diagram which further identified duties of staff. The entire staff determined that the number of missed opportunities were either due to: a lack of standardized immunization procedures, obstacles presented by parents and/or providers, and the availability of all necessary vaccines at the immunization clinics. For example: some vaccines must remain frozen, and our outlying clinic sites do not have freezer facilities which means we could compromise the integrity of the vaccine, so it is only available at our home site.

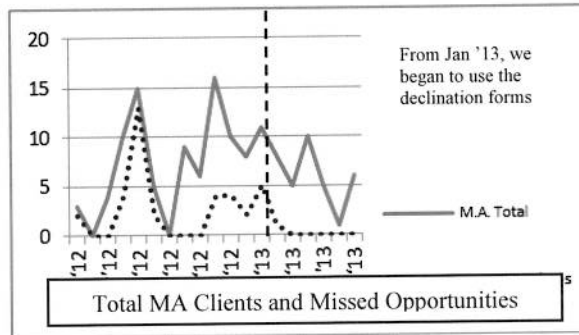
Do

4-5. Develop & Test the Improvement Theory

To reduce the percentage of missed opportunities we standardized the process & educated staff. Staff members reviewed the immunization procedure and learned how to use a declination form. Parents signed the form if they declined any of the vaccines that we offered. Using this form prevented the visit from being recorded on WIR as a missed opportunity. We compiled the data by tabulating the number of visits from clients on MA 11-18 years of age, and which of these visits were recorded as a missed opportunity

Study

6. Study the results



The graph shows the total number of clients on MA and the number of missed opportunities from each month starting January 2012. The dotted line indicates when we began to implement the declination form.

In 2013 (Jan-Jul), we have been able to reduce the percentage of visits that result in missed opportunities compared to 2012. We found that from January through July 2012, 59% of clients on MA had a missed opportunity. During those same months in 2013 with the inclusion of the declination form & parental education, **only 13%** of visits from clients on MA resulted in a missed opportunity.

7. Lessons Learned and Future Plans

We have found the declination form & procedural changes to be successful in the early stages of use, and we will now recommend this process for other providers.

Act

8. Standardize the Improvement or Develop a New Theory

We will continue to use the declination form for all clients and we will measure the success of this strategy alone and determine how to pair it with other strategies (education of the parents) to further reduce the number of missed opportunities. We have decided to survey parents to see why they decline vaccines. Additionally we want to survey providers to see why they miss opportunities. Finally, we would like to track the number of parents who initially declined vaccines, but changed their mind once they were educated about the various formulations and their safety and side effects.

