

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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***AMENDED Post Date: 2/20/17**

The following documents are included in the packet for the Department of Health & Human Services Board held on Monday, February 13, 2017

- February 13, 2017 DHHS meeting agenda 5:00 p.m.
- DHHS Draft Minutes – December 12, 2016
- * 2016 DHHS Annual Report
- * 2017 DHHS Training Plan
- * 2016 Veteran's Service Annual Report
- Aging Advisory Committee Draft Minutes – January 18, 2017
- Health Advisory Committee Draft Minutes – January 11, 2017
- DHHS December Expenditure/Revenue Comparison
- DHHS Semi-Final 2016 Expenditure/Revenue Comparison
- 2016 Billing Summary
- *Revised Financial policies
- Out-of-State Training Behavioral Health Unit
- January 2017 Behavioral Health Unit Report
- Out-of-State Training Children & Family Services Unit
- January 2017 Children & Family Services Unit Report
- January 2017 Health Unit Report

- January 2017 Environmental Health Report

Thanks

Karen



GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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Health & Human Services Committee Meeting Notice

Date: February 13, 2017 Time 5:00 PM

Green Lake County Government Center

571 County Rd A, COUNTY BOARD Room #0902 Green Lake WI

AGENDA

Committee Members

*Joe Gonyo,
Chairman
Nick Toney, Vice-
Chair
Brian Floeter
John Gende
Nancy Hoffman
Harley Reabe
Tom Reif
Richard Trochinski
Joy Waterbury, Secretary*

Kindly arrange to be present, if
unable to do so, please notify our
office. Sincerely, Karen Davis,
Administrative Assistant

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes 12/12/16
6. Appearances:
7. Correspondence:
 - Committee Appointments
 - Health Advisory Committee
 - CCS Regional Committee Board Representative
 - 2016 Annual Report
 - 2017 Training Plan
8. Veteran's Service Office Report
 - 2016 Annual Report
9. Advisory Committee Reports
 - Aging Advisory Committee – (Trochinski)
Meeting – Meeting January 18, 2017 Berlin
Senior Center
 - Health Advisory Committee Report- meeting –
January 11, 2017
 - Family Resource Council – Next Meeting March 6,
2017 (Trochinski)
 - Transportation Coordinating Committee – Next Meeting
April 12, 2017 (Trochinski)
 - ADVOCAP/Headstart Report (Gonyo)
 - ADRC Coordinating Committee – Next Meeting-
February 9, 2017 - Marquette Co. (Gende/Waterbury)
10. Unit Reports
 - Administrative Unit
 - Health & Human Services Billing Update
 - Aging/Long Term Care Unit
 - Behavioral Health Unit
 - Drug Court Grant Update
 - Out-of-State Training Request

(Continued on next page)

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.



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SERVICES**

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- Children & Family Services Unit
 - Out-of-State Training Request
 - Child Support
 - Economic Support Unit
 - Fox River Industries
 - FRI building update to maintain/update/repair
 - Health Unit
11. Policies/Procedures Update
 - Financial Policies
 12. Purchases
 13. Health & Human Services Budget 2016/2017
 14. Committee Discussion
 - The Board May Confer With Legal Counsel
 - Future DHHS Meeting Date (March 13, 2017 at 5:00 p.m.)
 - Future Agenda items for action & discussion
 15. Adjourn

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HUMAN SERVICES BOARD HELD AT GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI 54941 ON MONDAY, December 12, 2016 AT 5:00 P.M.

PRESENT: Brian Floeter, Member
Harley Reabe, Member
Joy Waterbury, Secretary
Nancy Hoffman, Member
Richard Trochinski, Member
Tom Reif, Member

EXCUSED: Joe Gonyo, Chairman
Nick Toney, Vice Chairman
John Gende, Member

OTHERS PRESENT: Jason Jerome, Director
Karen Davis, Administrative Assistant
Jon Vandeyacht, Veteran's Service
Officer
Cathy Schmid, County Administrator

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

Call to Order: The meeting was called to order at 5:02 p.m. by Director Jerome.

Jerome requested that County Board Chair Reabe Chair the meeting. Motion/second (Waterbury/Floeter) to seat Reabe as the Chair for the meeting. All ayes. Motion carried.

Pledge of Allegiance: The Pledge of Allegiance to the Flag was recited.

Approval of Agenda: Motion/second (Trochinski/Waterbury) to approve the agenda. All ayes. Motion carried.

Reabe introduced Tom Reif as the new member of the Health & Human Services Board.

Action on Minutes: Motion/second (Waterbury/Floeter) to approve the minutes of the 11/14/16 Health & Human Services Board meetings as presented. All ayes. Motion carried.

Appearances: None.

Correspondence: Committee Appointments: CCS Regional Committee Board Representative: Jerome explained what the CCS Regional Committee Board consists of and does. Jerome updated Committee members that the DHHS Board needs a representative for this Committee. Discussion followed. A decision will be made at the next meeting.

Discharge the DHHS Personnel and Finance Sub-Committees: Reabe reported that those responsibilities from the DHHS Personnel and Finance Sub-Committees will be transferred to the County Administrator, Cathy Schmid.

Motion/second (Waterbury/Trochinski) to discharge the DHHS Personnel and Finance Sub-Committees. All ayes. Motion carried.

Veteran's Service Office Report: Vandeyacht reported regarding office activities and reported regarding activities within the Veteran's Service Office.

Advisory Committee Reports: Aging Advisory Committee Report: Trochinski reported regarding the November 15, 2016. (See attached.) Discussion followed.

Health Advisory Committee: The next meeting will be held on January 11, 2017.

Family Resource Council: The meeting was held on December 5, 2016. Trochinski reported regarding the meeting. (See attached minutes.)

Transportation Coordinating Committee: The meeting was held on November 16, 2016. (See attached minutes.) Trochinski reported regarding the meeting.

Advocap/Headstart Report: No discussion.

ADRC Coordinating Committee Report: The next meeting will be held on February 9, 2017 in Marquette County.

Unit Reports:

Administrative: Health & Human Services Billing Update: Jerome updated Committee members regarding the status of the billing.

Aging/Long Term Care: ADRC Satisfaction Survey: Jerome directed Committee members to the ADRC Satisfaction Survey. (See attached.)

Behavioral Health Unit: Drug Court Grant Update: Jerome updated Committee members regarding the status of the Drug Court Coordinator Position being presented at the December County Board meeting for approval. It is anticipated that someone will be hired for position in January 2017 if approved.

Children & Families Unit: See attached report.

Child Support: No discussion.

Economic Support Services: No discussion.

Fox River Industries: FRI building update to maintain/update/repair: Reabe reported that he will be talking to the Ad Hoc Committee Chair to start meeting and moving forward with this.

Supported Employment Maintenance: Jerome updated Committee members that the supported employment maintenance costs were put back into the 2017 budget.

Health: Current Health Abatements: No discussion.

The November Health and Environmental Health Specialist Reports were presented. (See attached.)

Policies/Procedures Update: Jerome updated Committee members regarding the updated financial policies. Committee members will review and this will be presented at the January 2017 meeting.

Purchases: None.

Health & Human Services Budget 2016/2017: No report.

Committee Discussion: No discussion.

Administrative Committee Report: No discussion.

Finance: No discussion.

Personnel: No discussion.

Property & Insurance: Trochinski reported regarding the meeting.

IT Committee: Waterbury reported regarding the meeting and the next meeting will be in March 2017.

Facilities & Security Committee Report: No meeting.

The Board May Confer With Legal Counsel: None.

Future Meeting Date: The next Health & Human Services Board meeting will be Monday, January 9, 2017 **at 5:00 p.m. at the Green Lake County Government Center.**

Future Agenda Items For Action and Discussion:

Adjournment: Motion/second (Trochinski/Waterbury) to adjourn the meeting. All ayes. Meeting adjourned at 5:43 p.m..

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2016 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 2016 Annual Report for the Department of Health & Humans 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.

2016 was a year of change and growth for Green Lake County Health & Human Services. Through these changes and staff turnover Green Lake staff have worked extremely hard to continue and provide quality services to the residents of Green Lake County.

In January 2016 Paul Vander Sande became the Behavioral Health Unit Manager. He along with the other Unit Managers, Betty Bradley, Shelby Jensen, Kathy Munsey, Ed Schuh and Sue Sleezer along with Directors Linda Van Ness and as of September 1 2016 Jason Jerome saw this Department through the changes and turnover. 2016 ended on a positive note and management and staff expect more of the same in 2017.

As a rural county, Green Lake County continues to struggle with access and availability. Green Lake County has continued our involvement in the Central Wisconsin Healthcare Partnership (CWHP) consisting of Adams, Green Lake, Juneau, Marquette, Waupaca and Waushara counties. The CWHP pools together resources as we strive to work together to provide needed and helpful services to the people of our counties more efficiently.

In 2013 Governor Walker created an initiative to expand mental health services and funding for counties wishing to collaborate. In 2014 Green Lake County, along with the counties of Adams, Juneau, Marquette, Waupaca and Waushara applied as a consortium to provide Comprehensive Community Services (CCS). In 2016 all counties in this consortium now provide CCS services as both Marquette and Waupaca became certified. We have continued to partner with these counties, while also expanding our CCS program.

Additional initiatives/projects implemented in 2016 include but not limited to:

- The Child Support Unit, at the time a stand-alone unit in the County, came under Health & Human Services in the Economic Support Unit. More detail will be provided in the Economic Support section of this annual review.
- Staff have worked with our auditors Schenk to completely re-write our fiscal policies and procedures. We are now in line with new Uniform Grant Guidance procedures.
- Staff have worked diligently to implement Netsmart's MyAvatar paperless electronic records and billing software.
- Administrative staff are in the process of updating the intake flow process to better serve those needing services from the Department. With the changes we are trying to make the process as efficient as possible. These changes will also help us capture more information on the front end to help ensure more revenues for services are captured.
- As a Department, in the area of Child Welfare, we have successfully implemented grant initiatives and continued programs which have included: Alternative Response (AR); Safe and Stable Families (SSF); Coordinated Services Teams (CST); Post- Reunification (PR); Intensive in-Home Safety Services (IHSS); Family Find; and the Community Response Program (CRP). In 2016, the agency successfully applied for and was granted a three-year funding from the Child Abuse and Neglect Prevention Board. Under this initiative, our agency will act as the lead over a four county consortium comprised of Adams, Green Lake, Marquette and Waushara Counties. The total grant award over the three year period is \$350,000.
- Nichol Grathen from the Behavioral Health Unit wrote for and received the Treatment Alternative & Diversion Court (TAD) grant. The grant is for \$134,490 for the year of 2017 to cover planning and early implementation. The program has a three-phase structure which supports collaboration between treatment responses and sanctions designed to enhance accountability for criminally involved adults with substance use disorders. We specifically target high and medium risk individuals with high needs related to treatment and community resources.

We anticipate that individuals would be in the program for between 16-18 months for full completion with service intensity decreasing as they reach the later phases.

The basic plans for grant money are to cover costs of hiring a part time coordinator for the treatment court, supporting inpatient treatment for offenders with this higher level of treatment need, providing random and frequent drug testing for participants, and offering small incentives and positive reinforcement. Some of the money would also be used for training and continuing education for staff required under the grant and may be available for miscellaneous program costs.

There has been significant change and staff turnover in Health and Human Services. Our ability to continue and provide quality services to the residents of Green Lake County is a tribute to the Health & 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,

Jason Jerome
Director

2016 Annual Report

Administrative Unit

The administrative Unit consists of the Director, Administrative Assistant, Account Clerk Specialist, Accounting Specialist, three Receptionist/Data Entry Specialist, a Secretary and newly added in 2016 a Billing Specialist. 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, court reports, state reports and general correspondence; inputting and transmitting a variety of data to the State via several reporting systems; 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.

In 2016 we have seen some staff turnover. Changes in 2016 include Director, Accounting specialist, two Receptionists/Data Entry Specialists, and a Billing Specialist position was created. The MyAvatar electronic record keeping and billing software program has been live since April 2015. 2016 saw the Department successfully using the system to bill and receive payment for services provided. The Administrative Unit along with other Units of the Department continue to receive assistance from Netsmart to fully implement the software. Administrative support staff have worked diligently and together through the staff turnover to make great strides in implementing and utilizing the software, as well as creating much more efficient workflow procedures to capture all necessary information at intake to help ensure we capture all revenues for the service provided.

As shown on the enclosed chart, public usage of services provided at the Health & Human Services center totaled 37, 774 contacts (28,015 phone contacts and 9759 walk-ins) in 2016. This is an increase from 36, 736 contacts (29,213 phone contacts and 7523 walk-ins) in 2015. Not reflected in the chart is the number of individuals/families utilizing the food pantry and directly accessing the Aging Disability Resource Center or calls routed to the Call Center for Economic Support Services. These numbers will be accounted for in the Aging/Long-Term Care and Economic Support/Child Support Unit reports.

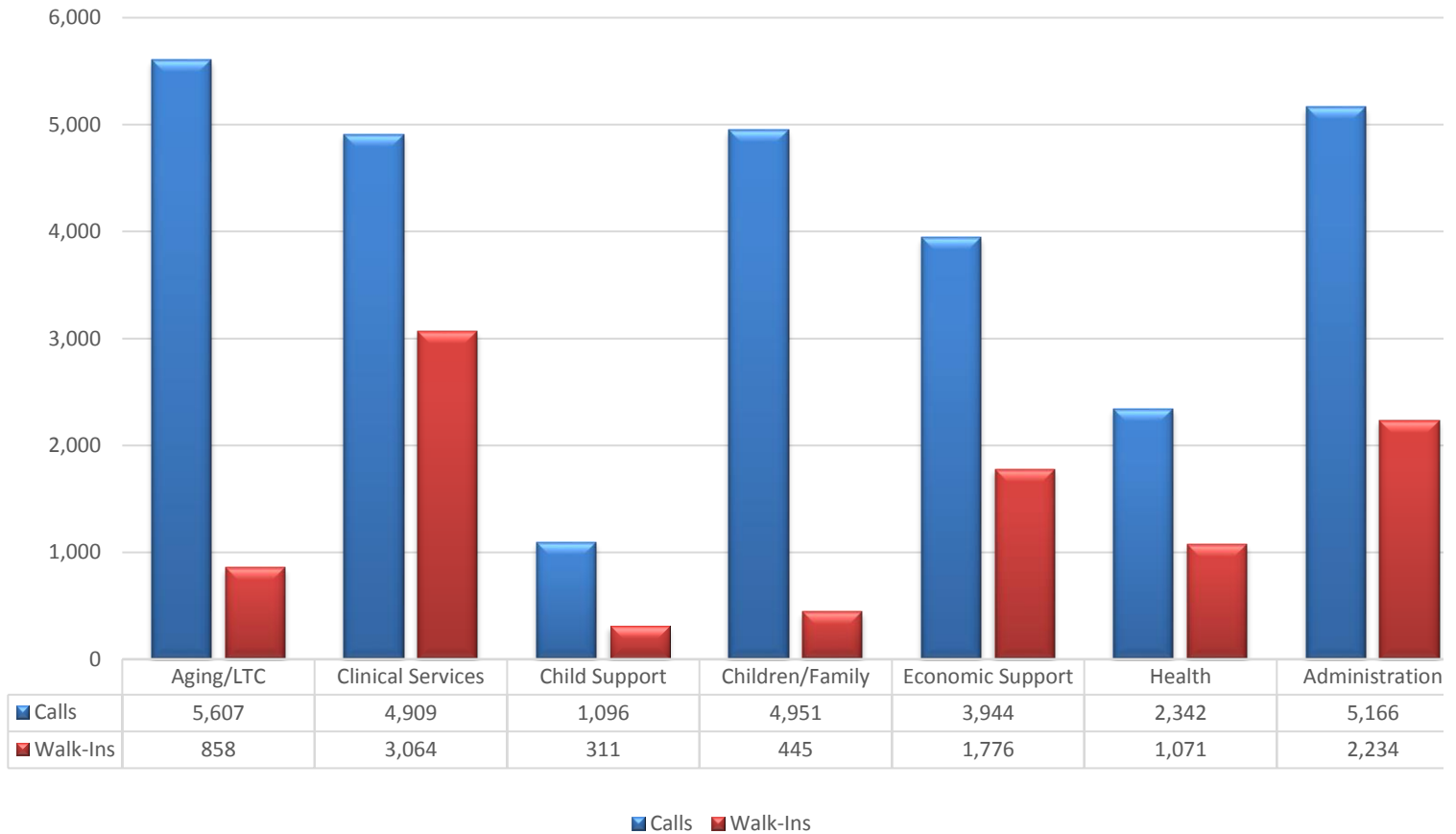
The Administrative Support staff continue to adapt to the various demands placed onto them to help ensure consumers have access to needed services. The staff is friendly, knowledgeable and work extremely well together. Administrative Support staff is often the face of the agency as they are the first people consumers and constituents have contact with. The current Administrative Unit staff ensures that this first contact is always a positive one.

Respectfully Submitted,

Jason Jerome

Director

Agency Activity 2016



2016 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 are 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 11 staff in the Aging and Long Term Care Unit during 2016 including the Unit Manager, two Resource Specialist Social Workers, the Adult Protective Services Worker, three 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. The 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 Director, 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 people ages 18 to 59 who have any kind of disability, in applying for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). The DBS assists people with Medicare, to find the best Medicare Part D prescription drug plans for their individual needs.

In 2016 a 138 new cases were opened, 115 cases were closed, 50 cases were carried over and 220 cases were served. A conservative estimate of the economic impact of the DBS program in Green Lake County for 2016 shows that is brought in over \$1,207,000.00 to the local economy. The DBS carries an average caseload of 73 cases at any one time.

	2016	2015
New Cases Opened	138	131
Cases Closed	115	108
Cases Carried Over	50	55
Total Served	220	210
Approximate Dollars for Clients	\$1,207,000.00	Over 1 million dollars
Average Caseload	73	60

HEALTH PROMOTION PROGRAMS

The ADRC offers community health and disease prevention education programs, with an emphasis on falls prevention and chronic disease self-management. In 2016, 3 classes were held in Green Lake County. Twenty-seven individuals participated in workshops offered through the Health Promotion Programs. The workshops offered were Healthy Living with Diabetes and Stepping On.

AGING PROGRAMS

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 2016, volunteers provided 838.5 hours equal to **\$7,789.887** In-Kind match for Title III-B programs. (2015 - 688.5 hours equal to \$11,539.57) 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 2016, 6914 meals were served at three Mealsites: Berlin Senior Center, Dartford Bay Apartments - Green Lake, and Grand River Apartments - Markesan. Volunteers play a vital role in all our C-1 programs; twenty-five **(25)** volunteers donated approximately 1,720 hours in the Nutrition Program. These hours equal **\$12,774.00** 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 **\$19,960.00.***

	2016	2015
Meals served at mealsites	6914	7083
Volunteer hours	1720	1725
In-Kind Dollars	\$12,774.00	\$12,508.06
Congregate Meal Donation Dollars	\$19,960.00	\$23,650.14
Homebound meals delivered	14,743	14,221
Homebound meal donation dollars	60,456.00	62,721.87

HOMEBOUND MEAL PROGRAM (C-2)

In 2016, 14,743 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 Nutrition Coordinator 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 Nutrition Coordinator as necessary.

Donations at \$4.00 per meal received in this Program in 2016 were \$60,456.00.*

* Subject to Audit

TITLE III-D PROGRAM

In 2016, this program funded two Healthy Eating for Successful Living for older Adults classes. Twenty-four 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 2016. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults were provided 12,359 trips in 2016 with 85.21 funding.

	2016	2015
85.21 State Grant funds received	\$81,740.00	\$81,740.00
Number of trips	12,359	26,262

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. The Food Pantry is funded by TEFAP 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 31 volunteers who staff the days the food pantry is open and pick up donations.

Eligible residents of the County may attend once each month. Throughout 2016, the Food Pantry served an average of 215 households, and 473 individuals per month. Each household was provided an average of 73 pounds of food for a month.

Food Pantry	2016	2015
Average households served monthly	215	259
Average number of individuals	473	535

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 nineteen **Elder Abuse** investigations in 2016, with three Elder Abuse cases substantiated. The remaining cases were either unsubstantiated (7) or unable to be substantiated (9) for a variety of reasons. The most frequent concern was self-neglect, followed by material / financial abuse.

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 2016, there were 12 **reports** of abuse to **Vulnerable Adults**; 4 were substantiated, 1 unsubstantiated, and 7 unable to substantiate.

	2016	2015
Elder Abuse Investigations	19	27
Elder Abuse Cases Substantiated	3	10
Vulnerable Adults Abuse Reports	12	4
Vulnerable Adult Abuse substantiated	4	2

ADULT PROTECTIVE SERVICES/GUARDIANSHIPS

The Adult Protective Services Social Worker performed **six** guardianship studies for adults in 2016. (2015 - 12) These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-nine Protective Placement reviews were completed. (2015 - 37) All reviews require a brief summary hearing 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. Placements are 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.

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. The Elderly Benefit Specialist assists people age sixty and over to apply for Social Security, Social Security Disability, Medicare, Medicare Part D, Medical Assistance, and Senior Care.

In 2016, there were 209 Open Cases, and 101 hours of training. Through these efforts, the Elderly Benefits Specialists' program saved Green Lake County elderly clients over \$2,240,000.00.

There were 1407 Information and Referral inquiries to the Aging Unit and 268 hours of Outreach Services and 36 hours of presentations at the various Senior Centers and meal sites.

	2016	2015
Elderly Benefit Specialist open cases	209	382
Hours of training	101	92
Dollars saved for elderly clients	Over \$2,240,000.00	Over \$2,382,891.00
Information and Referral Inquiries	1,407	1473
Outreach Service Hours	268	204.5
Senior Center presentation hours	36	29

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 thirty - two caregivers in 2016 through this program. (2015 - 15 caregivers served)

OTHER PROGRAMS

The Senior Sentinel is a bi-monthly newsletter published by the Aging Unit and delivered to over **950** households in the County. 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 provide healthy recipes and health tips. The publication contains current information concerning County, State and Federal programs that affect Senior Citizens in Green Lake County.

Each year in August, the Aging Unit sponsors a countywide Senior Picnic. In 2016, **165** 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. (2015 - 180 in attendance)

ALZHEIMER'S FAMILY CAREGIVERS SUPPORT PROGRAM

During 2016, we received **\$5434.00** in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to **three** individuals who suffer from Alzheimer's disease. (2015 - \$5434.00 for two individuals).

SUPPORTIVE HOME CARE

Throughout the year, one **(1)** individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc. (2015 - 2 individuals)

2016 Annual Report Behavioral Health (Clinical Services) Unit

2016 was a year of transition for the Behavioral Health Unit. All the staff of the Behavioral Health Unit did a stellar job at meeting the mental health needs of Green Lake County.

The Behavioral Health Unit construct for 2016 was: a unit manager, 5 counselors, one mental health case manager for the CCS, CSP and CLTS programs, one CSP case manager for CSP, one CSP facilitator, one crisis case worker, two part-time psychiatrists (child and adult specialties) one psychiatric nurse, and a part time psychologist who provides clinical supervision. 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. 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 a team we are also joining the shift in updating the units name to the Behavioral Health Unit to reflect what the state of Wisconsin has encourage over the last several decades. This alignment with state and national practices helps affirm the unit's focus on health and recovery support for consumers.

As a unit, we continued to provide community outreach training, mobile crisis intervention services, and growth within program service arrays throughout the year. 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 several of the unit programs including the 24/7 on-call mobile crisis intervention services program. Our unit focuses on providing professional and ethical services when engaging consumers in all Behavioral Health programs.

Crisis Intervention

Dr. Kent Berney (Forensic Licensed Psychologist) joined the behavioral health unit team in November 2015. Dr. Berney brings a plethora of experience including former Director of Psychology at Winnebago Health Institute, supervisor for the Forensic Psychiatric Residents at UW-Madison Medical School and a professional demeanor that allows staff to learn and professionally from his supervision. During the year of 2016, our unit served **423** crisis calls. (2015 – 337) There is an excellent commitment by the behavioral health unit's staff to provide community based crisis services. This partnership includes collaboration between Behavioral Health Unit crisis staff, schools, hospitals, and law enforcement professionals in Green Lake County.

The following is a summary of crisis intervention services:

- 0 adults were diverted from psychiatric facility to a diversion facility (2015 – 0)
- 329 adults were served through crisis diversions to the community (2015 – 260)

- 47 adults were placed on an emergency detention/psychiatrically hospitalized (2 of those were detox) (2015 – 36)
- 48 adults utilized our services after crises (2015 – 30)

As a state certified crisis intervention provider, the behavioral health unit continues to collaborate with, schools, local law enforcement, and area hospitals to provide the most appropriate level of community based crisis treatment. The unit 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) 24/7. The current emphasis is on providing a comprehensive assessment and response plan by the on-call crisis worker when determining safety of individuals when being called by law enforcement.

Seven clinical staff rotate handling crisis calls during and after business hours. 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. When determined that most appropriate level of care is a psychiatric hospitalization, an emergency detention is initiated by the crisis worker and law enforcement.

We also 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.

Outpatient Counseling

During 2016, 297 clients were served in the outpatient AODA program, the outpatient Mental Health Unit served 464 clients. The Community Comprehensive Service Program Served 90 Consumers, the Community Support Program served 9 consumers and the children's long term support waivers program served 9 consumers. Green Lake County Behavioral Health Unit has served approximately 4% of the population of Green Lake County increased by 1% since 2015.

Dr. Shirley Dawson, MD is currently serving as Green Lake County's Medical Director and also sees consumers for psychiatric services. She is currently seeing consumers two days a week to meet the needs of our residents and as well as providing supervision for both our Mental Health and our AODA Counselors. Dr. Baldomero, MD continues to provide child psychiatric services one day every other week.

The Behavioral Health Unit is no longer certified by the State of Wisconsin as a TeleHealth provider

Combined our psychiatrists provided services to over 212 clients in 2016. (2015 – 280)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 -2-3 weeks out. Emergencies are seen immediately on a walk-in basis for needed services 24 hours a day, 7 days a week. Intake counselors are available to speak with anyone on a walk-in basis to our unit as a crisis intervention session or simply to support a consumer in filling out intake paperwork to see a counselor, or as a support to talk with consumers on various resources throughout the county and how to access needed services.

Our unit takes a whole system approach in serving residents in Green Lake County and we understand how each aspect of a person's life can affect quality of life in others (e.g. mental health, financial, housing concerns, childcare, employment, etc.).

Community Support Program (CSP)

The CSP provides intense community services to people with severe and persistent mental illness. 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 community based. This program utilizes the consumers identified strengths to 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 a 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 professional and a service facilitator. CCS works closely with the Children & Family Unit to help provide services to keep children in their homes instead of foster care placement and to help return a child back to their home with the proper supports. This program also created a strong connection with schools as teams that serve child partner with schools in providing needed supports toward goals.

The program model provides an excellent opportunity for Green Lake residents to experience a collaborative community based approach to mental health recovery. We have built the number of counselor that can provider for this program through functional screening and service facilitation.

We also have a full time mental health case manager that is experienced and dedicated to serving CCS consumers. Following our commitment to consumer driven care this year saw the development of consumer inclusion in program development. A consumer subcommittee was developed to provide direct program feedback to the program.

We are also currently in a Regional CCS Consortium that has been approved by the state of Wisconsin. The Regional CCS Central Wisconsin Health Partnership (CWHP) includes six surrounding counties working together. Due to approval of our certified region medically necessary services are approved to be reimbursed at a rate of 100% for the services we provide CCS consumers. The Regional CCS Consortium meets as a subcommittee on a monthly basis.

Aftercare Coordination Program

As the behavioral health 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 designated staff member to provide 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. This focus is of critical importance to our unit as the individuals being severed by the aftercare coordinator have entered our unit due to reported harm to themselves (e.g. reported suicide threats or attempts, substance abuse, or inability to care for themselves due to mental health etc.) or harm to others. Helping them stabilize and re-enter their communities with their highest level of functioning of great importance to our providers.

Drug Court Program—Treatment Component

The Drug Court Treatment Program of Green Lake County Behavioral Health was awarded a \$100,000.00 federal grant due to the hard work of Nichol Grathen, our dual diagnosis counselor. The program will start in January of 2017. The positions involved are a program administrator and treatment providers. These treatment providers maintain responsibility for assessing treatment needs for individuals referred to the Drug Court Program. That provider then follows the individual through the treatment court providing clinical therapy, participating in treatment court reviews, and staffing. Treatment providers also add clinical perspective and addiction & recovery education to the Drug Court team as they develop program policies and cross-system responses to participant needs. These treatment providers maintain current knowledge of level-of-care assessment and are able to make referrals for individuals who need a higher level of care at any point during their participation. Drug court team, in addition to treatment providers, includes representatives from Probation & Parole, peer specialist, District Attorney and public defender, law enforcement, correctional facility, and a specialized Drug Court Judge.

Recovering Together—Women’s’ Group

The Green Lake County AODA program is beginning a gender-specific AODA recovery program that addresses the unique therapy needs of women. The program relies on a relational-cultural model that incorporates mindfulness practices and trauma-informed treatment modalities. The group will serve 6-10 women at a time.

Children’s’ Long Term Support Waiver

The Children’s Long Term Support Waiver (CLTS) is a Medicaid Waiver program for children with developmental or physical disabilities or Severe Emotional Disturbances (SED). Children qualify for the waiver through Medicaid eligibility and use of a functional screen. The families then meet with a caseworker to develop a person-centered ISP that draws on the strengths and needs of the child and their family to identify specific complementary supports that would not be otherwise covered by Medicaid. Examples of such supports include: Autism/ Behavioral in-home treatment, accessible home modifications, sensory supplies/ therapeutic aids, respite care-ongoing and specialized, and support & service coordination.

CART—Tricounty Child Abduction Response Team

Green Lake County DHHS is a partner stakeholder in the development of the tri-county Child Abduction Response Team (CART) serving Green Lake, Marquette, and Waushara County. The CART is in development stages during 2015 and the entire tri-county team participated in a national certification training focused on coordinating timely and effective interdisciplinary responses to missing child situations. The Behavioral Health Unit designates one therapist as a clinic representative to be present in these trainings and to support appropriate responses of clinical crisis staff should this type of a crisis arise.

School Office

In November, the Behavioral Health Unit was approved by the state to have a satellite office at Berlin Middle School. The office is certified by the state for 2 days a week up to 16 hours a week. We believe this will make a major impact by addressing the need for mental health counseling in the Berlin School Community. If this project continues to be successful, we will be considering opening up more offices in other schools.

On the Same Page Training and Discussion.

In November 2016, the clinic staff organized and facilitated a discussion and training bringing together medical professionals, public health workers, emergency room staff, law enforcement, mental health and substance abuse treatment staff, school professionals, and the recovery community to address issues related to crisis, state statues and working together. There were over 60 people in attendance. Green Lake County Behavioral Health Unit continues to build bridges and reestablish positive working relationships with law enforcement in our county.

Behavior Health Unit 2017 program development areas:

Wellness and Recovery Support Group

Aftercare Wellness and Recovery Support Group Berlin Area

Central Wisconsin Health Partnership

Wellness Coalition Mental Health and Substance Abuse

Heroin Awareness Campaign

Dementia Capable Systems

Crisis Diversion Center Development

Interagency Meetings

Development of the Drug Court Program

School Transformation Advisory Committee

Head Start Committee, Consultation Partnership

AWARE Mental Health Work Group

Aviator/Netsmart Medical Records Implementation

**2016 Annual Report
Children & Family Services Unit**

2016 was a year that there were several staff changes. The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), and 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 and Coordinated Services Team worker. The In-Home Therapist was promoted to the Agency Director; the Community Response Social Worker was promoted to replace the In-Home position; a new Community Response Worker was hired; the Initial Assessment Worker resigned her position and a new Initial Assessment Worker was hired.

In the spring semester of 2016, one (1) undergraduate field placement students were with the agency. The undergraduate was from (1) from Marian College. The agency later hired this intern to fill the Initial Assessment vacancy. In the fall semester of 2016, one (1) undergraduate field intern was with the agency from the University of Wisconsin - Oshkosh.

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 2016.

The Unit staff continued to engage in several newer initiatives that started in prior years: the Permanency Roundtables; the Community Response/Quad Counties Family Resource Network (CRP); Alternative Response (AR); and the Intensive Safety Services program (IHSS) and Post Reunification (PR) Services.

Access

The ACCESS staff for the Unit received 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 total of all Access reports was 433. Of these, the Unit received a total of 282 reports of Child Abuse/Neglect. 88 were screened in for a response from the Initial Assessment Worker. 194 reports were screened out. The screened in reports had a total number of 119 children that were identified as potentially being child victims. The total victims in all reports was 410. The screened in reports by maltreatment type were: 39-Physical Abuse; 59-Neglect; 24-Sexual Abuse; 0-Emotional Abuse and 7 - Unborn Child Abuse. 151 Service Reports were received. Of these, 128 were screened in. These were comprised of 66 Child Welfare Reports, 49 Juvenile Justice Reports, 10 Kinship Care applications, 2 for court ordered study, 1 adoption related, and 1 re-open closed case and 1 for drug affected Infants.

	2016	2015
Number of Access Reports	433	425
Child Abuse/Neglect Reports	282	245
Number Screened in	88	79
Number Screened out	194	166
Types of maltreatment		
Physical Abuse	39	36
Neglect	59	73
Sexual Abuse	24	35
Emotional Abuse	0	5
Unborn Child Abuse	7	0

	2016	2015
Service Reports Received	151 (128 screened in)	180 (142 screened in)
Child Welfare Reports	66	75
Juvenile Justice Reports	48	59
Kinship Care Applications	10	5
Court Ordered Study	2	1
Adoption Related	1	1
Re-open closed care	1	1
Drug Affected infants	1	2

Juvenile Court - Delinquency

In 2016, Juvenile Court Intake received fifty-three (53) new referrals. This is down by 5 referrals from 2015. Thirty-six (36) Delinquency and Juvenile in Need of Protection & Services petitions were filed.

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 2015. No adult court waivers were filed. Two (2) youth were placed at Rawhide Boys Ranch in 2016. One youth participated in the About Face Program and the other in the Residential Care Program. One of these youth was later transferred to Treatment Foster Care, and the other to the community.

Two (2) summer groups were held in 2016. This year, two (2) staff from the Green Lake County DHHS collaborated to facilitate the Boys group. The youth that engaged in the Summer Youth Program participated in Equine Therapy through Mihala's Hope. There were five (5) males that participated and completed the group. Additionally they 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 girls group, "Like a girl" was facilitated by three staff for the first time in 2016. Twenty (20) girls participated in this activity.

The Intensive Supervision worker for the unit facilitated a court ordered groups on "Teens in Action". Twelve (12) youth participated in this curriculum both in group and one-to-one. (2015 - 20 youth)

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

Electronic Monitoring/GPS Monitoring

Eleven (11) youth were on monitors in 2016. Four (4) of the youth were female; Seven (7) of the youth were male. The agency began to use the EM in lieu of out-of home placements. The Agency has loaned two (2) monitors to Marquette County who in turn reimburses Green Lake County for their use. (2015 - 7 youth - all male)

Mediation

In the second half of 2013, the Green Lake County DHHS staff began Court Mediation services for the Family Court. This service has continued in 2016 for the Court. Initially, the duties were split between one staff in the Behavioral Health Unit and the Juvenile Court Intake Worker. However due to the extended leave of the Behavioral Health Manager all the mediations were completed by the Juvenile Intake Worker in 2016. Thirty-two (32) mediations were completed in 2016. (2015 - 30)

Child Abuse/Neglect/Child Welfare

As the State has been preparing for the Federal Review, a number of new policies were in-acted in 2016. As stated earlier, Seventy-nine (79) Initial Assessments were conducted. By years end, thirteen (13) Child in Need of Protection and Services Petitions were filed. (2015 - 79 initial assessments with 31 petitions filed)

Due to the rise of prescription drug abuse, opiate/heroin addictions on the rise, two (2) adult females were placed in Community Based Residential Facilities until the children were born. Of the 245 Child Abuse/Neglect referral received by the agency a number of them were under the Drug Effectuated Children (DEC) protocol.

Seven (7) of the children in Voluntary Kinship Care are placed with their relatives due to drug issues related to the parent(s). Seventeen (17) of the children placed in court-ordered relative care, foster care and subsidized guardianship are out of their parental homes due to drug related issues by the parent(s). One (1) youth in treatment foster care is placed due to drug related issues by the child and the parent(s).

Parenting

The Family Training program provided services to nineteen (19) families with a total of forty-two (42) children in 2016. Of these children, ten (10) were in out of home placements. They provided both parent training and education, parent aide services and in-home therapy. In 2015, 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.

In addition to the parent training contracted through Family Training Program, an agency staff (Dispositional Worker) worked with eleven (11) families on an individual basis. Additionally agency staff co-facilitated two (2) Strengthening Families groups in the spring 2016 & fall 2017. Six(6) families participated in Strengthening Families. The agency contracted with Lutheran Social Services for parent training for one (1) family with two (2) parents and ten (10) children. Progressive Parenting LLC also provided parent-mentoring services in addition to Comprehensive Community Services team facilitation. Nineteen (19) families were served in-home by this agency. In addition, one (1) group was conducted with three (3) families in participation.

In-Home Therapy/Targeted Case Management/Comprehensive Community Services

The In-Home therapist has taken a lead role in the development of the Targeted Case Management (TCM) program. Whenever possible, TCM is billed to help recover the cost of the services provided. The In-Home therapist is cross-trained to facilitate Comprehensive Community Services (CCS) teams as well as perform Children's Functional Assessments. The In-home team is augmented by a TCM case manager as well as other mental health professionals. At year end, seventy-three (73) cases of TCM were authorized for billing. (2015 - 24 cases)

Three (3) staff in the Unit perform service facilitation on Comprehensive Community Services Cases in addition to contract providers. The Unit referred twenty-seven (27) individuals that were served the CCS program in 2016. (This number is a separate statistic from those facilitated for by/for the Behavioral Health Unit.)

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). In 2016, Nineteen (19) children were in foster care. Additionally, two (2) youth were in residential treatment; two (2) youth were in treatment foster care; three (3) children were in relative homes that did not convert into foster care placements; fourteen (14) children were in Voluntary Kinship Care; two (2) children were under a subsidized guardianships. Two (2) children were subject to Termination of Parental Rights; One (1) child was placed into subsidized guardianship; One (1) child was placed into relative guardianship; Three (3) children are pending on Termination of Parental Rights petitions.

In 2015, two (2) youth were in residential treatment; two (2) youth were in treatment foster care; seventeen (17) children were in foster care; twenty (20) children were in court-ordered relative care; six (6) children were in Kinship Care; One (1) child was under a subsidized guardianship. Four (4) children were subject to Termination of Parental Rights petitions.

Courtesy Supervision

Courtesy Supervision for both Child in Need of Protection and Services as well as Juvenile Justice Cases was performed for other Wisconsin Counties including Portage, Fond du Lac, Winnebago County and Rusk County. The Unit also provided courtesy supervision for an out of home placement for the State of Washington. In addition to courtesy supervision, home checks to confirm safe environment (CSE) for other counties.

Community Response Grant

Our agency continued to lead a Quad County consortium which developed/facilitated the Family Resource Center/Community Response grant. A three year grant cycle ended in June, 2016. 89 referrals were made to the program. (2015 - 130 referrals) The program services Green Lake, Waushara, Marquette and Adams County. Our agency successfully applied for and received a three year grant once again in 2016. The new grant began in October, 2016. The first year of the grant is \$100,000. In year two and year three will receive \$125,000 per annum.

Contractual Services

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 and KD Counseling Services.

The Lutheran Social Services agency was awarded grant funds through an Intensive Safety Services program funded by the State from 2012 to 2016. This program has served two (2) families in Green Lake County. The Dodge Consortium decided to not reapply for funding in 2017. Green Lake County applied for this funding and as needed will be able to access slots in the next year. The program is designed to prevent the removal of children from their home.

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. In 2016, twenty (20) children were served; this consisted of eight (8) females and twelve (12) males. (2015 - 20 children were served)

Coordinated Services Program

After a successful grant application, Green Lake County began the Coordinated Services Initiative in April 2014. The target population for this grant is children and families with multiple needs who are served in the Child Welfare/Juvenile Justice system, Mental Health and AODA service system. Seventeen (17) teams were open in 2016. (2015 - 15 teams) Outreach has been done to other agency staff, schools, inter-agency groups and the Boys and Girls Club.

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 the Community Response Program. 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. Unit staff has participated on the SART (Sexual Abuse Response Team), CART (Child Abduction Response Team, Child Death Review Team, and the Drug Endangered Children team.

Agency staff coordinated a 5 K (CAP Run) with other community partners in the month of April, 2016 to promote child abuse and neglect awareness. One Hundred Ten (110) adults and forty (40) children participated in this event.

In from October to December 2016, Unit staff coordinated the annual Angel Tree Christmas giving program along with other community partners. One hundred twenty-two (122) families were served for a total of two hundred eighty-four (284) children.

Licensing

The Green Lake County foster care coordinator actively converted a number of relative placements to licensed level two foster homes in 2016 as well as continued the licensing process on non-relative caregivers. Our agency had fifteen (15) level II foster homes in 2016. Two (2) of these licenses were studies conducted for neighboring counties due to conflict of interests. One (1) additional home was licensed for the State of Washington through the inter-state compact agreement. Four (4) additional homes are certified for respite care.

2015 there were eleven (11) licensed level II foster homes. At the year's end, the agency had one (1) active level I licensed home. Three (3) additional homes are certified for respite care.

Respectfully submitted,

Susan Sleezer
Children & Family Services Unit Manager

2016 ANNUAL REPORT **CHILD SUPPORT UNIT**

~Protecting Children, Strengthening Families, Building Communities~

The Wisconsin Child Support Program helps parents get court orders for financial and medical support for their children. It also enforces these support orders when needed, and makes sure that all money collected is paid out correctly.

Two Child Support workers, ¼ time Receptionist, and a Unit Manager make up the Child Support Unit for Green Lake County. This Unit though on a 'learning curve' is performing above performance standards.

Presently, the Child Support Unit has 1036 cases. This number includes 109 Non-IVD cases. These cases have not applied for our services. The agency still has the responsibility to work the cases. An example of work that is required would be sending out wage assignments. The work we complete on these cases does not affect the Performance Standards.

2016 Green Lake Child Support Performance

Green Lake County continues to meet the Performance Standards set forth by the State.

Green Lake County has 819 cases with a child support order, which is 91.59% of our cases.

Green Lake County has a paternity establishment rate of over 100%.

Green Lake County has collected over 80% of current child support ordered monthly in 2016.

Green Lake County was successful in collecting an arrears payment on 80.70% of cases court ordered to pay arrears. This performance measure is difficult to meet by several counties in Wisconsin and Nationwide.

Looking to 2017

Child Support is mandatory for E-Filing with the Circuit Court. We go "live" with E-Filing, February 17, 2017.

Currently, all Child Support cases files are paper and stored in file cabinets. All open files will be scanned into Laserfiche, an electronic case file system.

Submitted by: Shelby Jensen
 Economic & Child Support Unit Manager

2016 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.

Six Economic Support workers 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 1990 Green Lake County households. Customers may be receiving assistance from Medicaid, BadgerCare Plus, Family Care, FoodShare, Wisconsin Shares, and Energy Assistance. This is a 1.5% caseload increase from last year. This is a continuous trend we have seen for the last five years.

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

2011	1593 households receiving assistance
2012	1828 households receiving assistance
2013	1883 households receiving assistance
2014	1947 households receiving assistance
2015	1970 households receiving assistance
2016	1998 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.

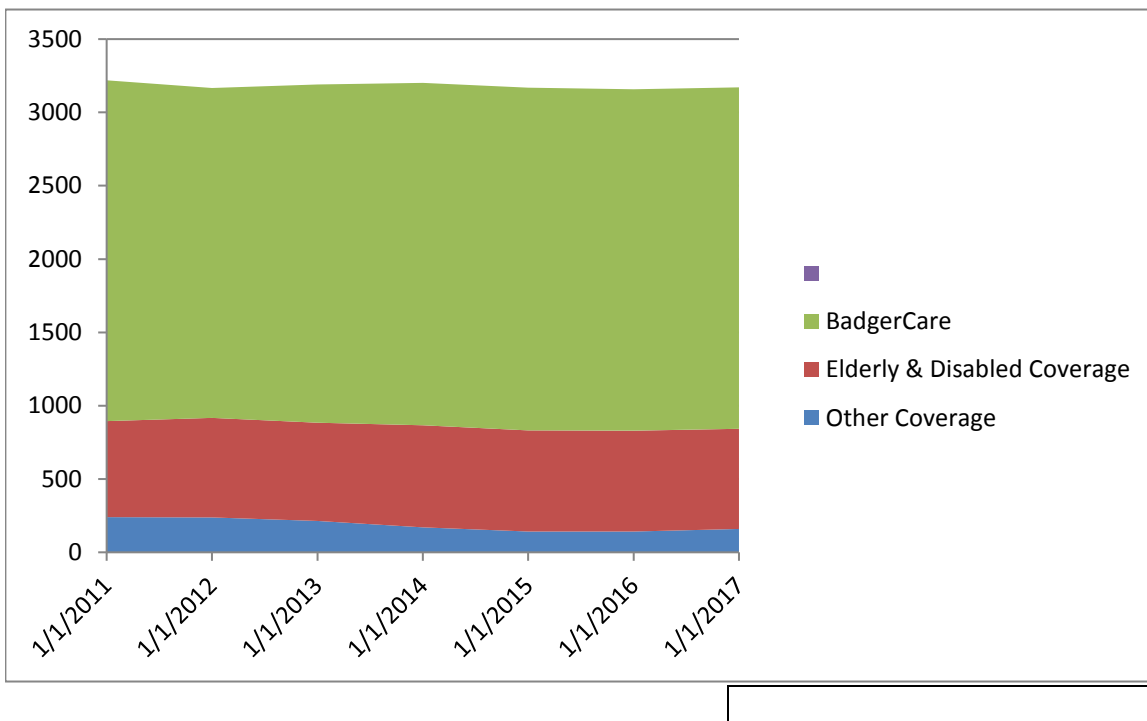
January 1st, 2016 Sheboygan County decided to elect to leave ECIMP to join another Consortia.

Each county is responsible for “staffing” the CCA. Green Lake County staffs CCA with 1.4 FTE. This FTE count has increased again this year with the increase of caseload for Green Lake County. ECIMP’s CCA took 21,961 calls in the month of December. The number of calls received in CCA has increased. However, with the increase in call volume, 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, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary and Family Care. Each Program has its own specific non-financial criteria for eligibility. Some eligible customers pay a monthly premium for their Medicaid 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 year.

Members Certified by County/Tribe and Coverage Type Each Year



FoodShare- is a Federal Program that provides a monthly FoodShare allotment to low income customers. Eligibility is based upon income, household composition and allowable expenses. The eligible customer receives a QUEST card that is used to purchase food. April 1, 2015, able-bodied adults without dependents (ABAWD) were required to meet a work requirement to be eligible for FoodShare. To meet this requirement the FoodShare Employment and Training program (FSET) is available. This program is administered by Forward Services Corporation. If recipients of FoodShare fail to comply with the work requirement for three months they will be found ineligible for FoodShare for three years. FoodShare participation decreased slightly in 2016. The FoodShare average caseload in 2016 for Green Lake County was 1015 households (2,035 participants).

The Calendar year-to-date monthly average FoodShare benefit for Green Lake County was \$202,509. The total FoodShare benefit given in 2016 excluding December was \$2,227,595. (2015 Foodshare total - \$2,353,048.)

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 2016, the monthly average of families receiving assistance was 30 households / 55 children. This is a 40% decrease of children receiving this benefit in Green Lake County. The decline in assistance is a Statewide.

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 2016, 785 households applied, 706 approved, and \$412,912 was the total paid out in Energy Assistance. (\$351,080 in Energy Assistance, \$37,438 in Crisis Assistance, and \$24,393 in Heating Unit Activity) The number of applications and the applications that received benefits decreased by 3% in 2016. However, the amount of benefit increased 9% in 2016. The reason for caseload decrease is uncertain. I speculate that the warmer winter months contributed to the decrease as well as the willingness for utility companies to work with customers on overdue accounts.

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). FSC is co-located in the Advocap building with the Job Center. The W-2 program focuses 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.

In 2016 FSC provided W-2 services to 41 participants. (2015 – 72 participants)

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 & Child Support Unit Manager

2016 ANNUAL REPORT - FOX RIVER INDUSTRIES

Overall Services Provided:

Fox River Industries (FRI), an agency of Green Lake County DHHS located in Berlin, Wisconsin, provides a variety of services to individuals residing in and around Green Lake County. The goal of FRI is to enhance consumers' lives by providing high quality services on a daily basis in our Prevocational, 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 and young adults transitioning into community jobs. These services are provided to enable these individuals 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 primarily with Care Wisconsin of Madison. Following is a description of services provided through Fox River Industries.

Supported Employment Program:

The FRI Supported Employment (SE) program serves individuals who experience barriers to obtaining and maintaining community employment. This department consists of a 40 hour/week SE Coordinator and a 35 hour/week Job Coach, as well as part time help from other FRI departments as needed to maintain effective community job supports. Starting January 2017, FRI has hired an additional 35 hour/week staff member to split time between SE (Job Coach) and Day Services (Program Aide). Supported Employment services include functional assessments, work trials, job development, job placement, and ongoing support/training for the duration of the individual's employment. In most cases, the Division of Vocational Rehabilitation (DVR) funds the initial supported employment services with FRI SE providing the long term supports necessary for each individual to maintain employment. Ongoing supports for Family Care members are funded through the Care Management Organization.

As political pressure to reduce center based employment services continues to escalate, the demand for community based jobs, and the SE services needed to match qualified employees with these jobs, continues to grow at an increasing rate. In 2016, 42 consumers held 55 integrated community jobs at 33 different employers, 19 consumers are currently receiving job development services. The waiting list for DVR services at FRI is currently at 6. Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely for individuals receiving SE services, even after initial DVR funding is exhausted. SE is projected to be a high growth department at FRI in the coming years.

Supported Employment	2016	2015
Number of Consumers	42	36
Integrated Community Jobs	55	45
Different Employers	33	29
Number of Consumers receiving job development services	19	19
DVR waiting list	6	5

Prevocational Services Program:

The FRI Prevocational Services program provides opportunities for individuals with barriers to employment or limited employment experiences to learn job readiness skills and other related social skills to enhance their ability to obtain and maintain employment in the future. Skills focused on include following directions, maintaining attention to task, accepting constructive advice from supervisors, practicing appropriate workplace behavior, dressing appropriately for the workplace, etc.

A wage study is completed annually to determine consumer wages based on the same kind of work done by a non-disabled employee with at least one year of experience. This method ensures that the consumers receive a fair wage and insures that rates are comparable to local industry. Federal and State special commensurate wage certificates are issued as a result of these wage studies, with each license expiring in alternating 2 year cycles, at which time FRI reapplies for another two-year term.

Currently there are approximately 53 consumers receiving pre-vocational services in the workshop: 35 full-time, 15 part-time, and three seasonal. 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.

2015 there were approximately 51 consumers receiving pre-vocational services in the workshop: 32 full-time, 16 part-time, and three seasonal.

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 Generac Mobile Products (formerly 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, Reinders, and several smaller outlets in the Green Lake County area. Squirrel corn business was once again very strong in 2016 with sales of approximately \$187,000. (2015 - \$172,000) In our pressroom we continue to print for many of the Green Lake County offices, and other smaller jobs in the community.

In 2015, Fox River Industries negotiated a rate for a new service, Community-based Prevocational Services, with Care Wisconsin. This service features a 10-week curriculum with a 4:1 ratio, with 4 hours of classroom time each week. Programming occurs mostly in community based settings, and focuses on skills designed specifically to allow participants to explore community employment options. The desired outcome for FRI is to generate interest in community employment for participants in this program. FRI then will support these individuals in seeking a DVR referral at this time. Center-based and Community-based Prevocational Services are reimbursable for Family Care members through Care Wisconsin. In 2016, FRI ran spring and summer Community-based Prevocational Services classes, as well as two 4 week curriculums in "Skills to Pay the Bills", which is a similar program coordinated with and funded through DVR.

On July 22, 2014, the Workforce Innovation and Opportunity Act, commonly referred to as WIOA, was signed into federal law. This legislation, which went into effect on July 22, 2016, focuses on transitioning students and young adults (up to age 25), with a strong emphasis on community employment placement for everyone. The overall effect of WIOA will be to reduce incoming consumer numbers in Center-based Prevocational Services, while proportionately increasing demand for these same consumers in SE Services. The goal is an integrated community-based employment outcome for every consumer interested in community employment, with job coaching and other SE services provided as needed. Going forward, FRI will continue to gradually shift resources from production (Center-based Prevocational Services) to SE services as programming demands shift and participant needs/desires change.

Adult Day Services Program:

Adult Day Services programming at FRI promotes community inclusion and independence for adults with disabilities. Our goal is to assist those we serve in acquiring, maintaining, and improving the skills needed for individuals to live in a community setting.

FRI currently provides a variety of health, social, and support services to program participants 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 Social Appropriateness, 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. The exercise program, provided to a majority of our consumers, includes weight lifting, aerobics, and endurance training. This service also encompasses personal care needs.

Community inclusion is a key element in Adult Day Services programming. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and swimming trips. Volunteering is also highly valued in our program as a form of community inclusion. Day Services program participants currently volunteer at Theda Care, several local area libraries, and the animal shelter in Green Lake.

Three Certified Nursing Assistants, a Teacher, and a Services Coordinator currently staff our Day Services Program. Day Services programming is currently provided to approximately 45 consumers on a part-time basis, and 4 additional full-time Day Services consumers between the hours of 9:00 AM and 3:30 PM Monday through Friday. Adult Day Services are billable for Family Care members. (2015 – approximately 45 consumers)

Transportation Services:

Disabilities Services, Inc. (DSI), a private non-profit corporation created to support DD services, has been working with Green Lake County to provide vehicles for the developmentally disabled and elderly residents of Green Lake County and the surrounding area since 1978 by writing annual section 5310 grants as vehicle needs dictate. These 5310 federal grants cover 80% of the cost of the vehicles, with the funding designated to the states (in our case through WisDOT), with DSI/Green Lake County paying the remaining local match of 20%. Over the years, DSI has been awarded over 32 vehicles at a worth of well over \$1,000,000. Current vehicles are primarily used by Fox River Industries, but DSI also writes the 5310 grant for Southern Green Lake County Senior Transport and City of Berlin Senior Center, each of whom also provides transportation services for elderly and disabled passengers who otherwise have no access to affordable transportation services for medical, educational, or social functions. These two entities pay their own 20% local match.

In 2016, DSI applied for 2 vehicles under the 5310 vehicle grant program. This application was successful, and DSI was awarded two 8/1 diesel mini-buses which will be delivered in late 2017. These vehicles each have a value of \$62,000.

Also in 2016, DSI applied for and was awarded a 5310 grant for Operating Project expenses in the amount of \$47,493. This grant opportunity became available under section 5310 in 2014 and can be used to supplement 85.21 operating expense dollars for qualifying elderly and disabled transportation service programs. This is the third year DSI has applied successfully for this grant. As in previous years, this award will arrive quarterly in 2017 to offset qualifying transportation expenses as they occur during the year.

Our FRI fleet currently serves individuals living in Green Lake, Fond du lac, and Waushara counties. Transportation service expenses are included in the Prevocational and Adult Day Services Family Care billing rates. Transportation is billed as a fee for service for non-Family Care program participants.

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 94 consumers and receives frequent new referrals. This program employs one full-time individual and is supported with assistance from other department staff as needed. Protective Payee services are billable partially through Care Wisconsin (Family Care members only), with the remaining members self-paying for services. (2015 – 90 consumers)

Summary

Fox River Industries, through the various services it provides, touches the lives about 200 individuals in Green Lake County and the surrounding area on a daily basis. In addition to the 57 folks in participating in Prevocational and Adult Day Services, FRI serves over 40 consumers at jobs in various communities, about 94 consumers in the Representative Payee program, additional students referred to our Community-Based Prevocational and “Skills to Pay the Bills” classes, and other production employees (often at-risk populations) as seasonal work demands permit. We have a dedicated, caring staff, and we are proud of our excellent reputation for outstanding service.



2016 Health Unit Annual Report

Mission:

The mission of the Green Lake County Health Department is to promote and protect health and prevent disease.

Vision:

We will become the leader in Public Health in Green Lake County promoting healthy people, thriving communities, and safe environments.

Core Values:

- *Prevention*
- *Professionalism*
- *Evidence-based Practices*
- *Collaboration*
- *Good Stewardship of All Resources*
- *Responsive*
- *Performance Improvement*
- *Health Equity*



Health Unit Staff: From left, Tracy Soda, PHN, Melanie Simpkins, RN, MPH, Health Educator and Accreditation Coordinator, Shari Krause, Public Health Program Specialist, Jeri Loewe, PHN, Kari Schneider, PHN, Kathy Munsey, RN, Health Officer, Renee Peters, Birth-3/Children's Community Options Program, Ashley Rondorf, Environmental Health Specialist



Public Health
Prevent. Promote. Protect.



Executive Summary

In 2016, one of our biggest accomplishments was to complete a Community Health Assessment (CHA) with five other counties, including Adams, Marquette, Juneau, Waupaca and Waushara. These six counties have been partnering as the Central Wisconsin Healthcare Partnership (CWHP) since 2011 and decided to complete the CHA as a group since we share so many similarities. All six counties chose priority areas of mental health and substance abuse. Green Lake County also chose a third priority –chronic disease. Data was collected, focus groups and key informant interviews were conducted, and the community felt these three areas need work. The Green Lake County Wellness Coalition changed from three Action Teams to two. They now are Mental Health/Substance Abuse Action Team and the Chronic Disease Action Team. These teams looked at gaps in current services and will be looking at evidence-based programs to address these priority areas in the Community Health Improvement Plan (CHIP), which will be completed in 2017. We were very excited to collaborate with Theda Care to create a Community Health Action Team who will be looking specifically at “Kids in Crisis” in the upcoming year. This group will be involving several community members to try to affect the issues our children face such as abuse, drug issues in their homes, incarcerated parents, bullying, divorce and more. Please take time to read the entire Community Health Assessment, which can be viewed by visiting www.co.green-lake.wi.us and clicking on the Health Unit link under departments.

In 2016, we also experienced reorganization of our staff due to the resignation of Jeri Loewe, Public Health Nurse (PHN) in July. Due to a shortage of Public Health Nurses, we hired Julia McCarroll who has her Master’s Degree as a Community Health Educator. This has been an excellent fit since we provide so much community education. In addition to Julia, staff members include Kathy Munsey, Health Officer, PHN’s Tracy Soda and Kari Schneider, Renee Peters who coordinates the Birth to 3 and Children’s Community Options program, Melanie Simpkins, Health Educator, Ashley Rondorf, Environmental Health Specialist and Shari Krause, Public Health Program Specialist. The Health Advisory Board members include chairperson, Jeanne Lyke M.D., Katherine Vergos, Tammy Bending, Jean Kessler, Pat Brandstetter, Harley Reabe, Nancy Hoffman and Kathy Munsey. The board was instrumental in passing a countywide policy to add E-cigarettes to the countywide smoking ban. They also passed a new communications policy, a resolution for the state to provide local funding for communicable disease and passed an amendment to update the Food Safety Regulation and licensing resolution.

Our unit continues to work towards accreditation, which is a goal for all health departments by 2020. This process makes us much more accountable for performance excellence since we have programmatic goals and policies to guide us. Staff have been trained in quality improvement and they implement program changes if deficiencies are noted. This process also mirrors the 140 Review, which is the state accreditation process that we are evaluated with every 5 years.

Our 2015 Programs and Services

Disease Control and Prevention

Public Health is 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 2016, along with previous year comparables.

Frequency of Reported Diseases in Green Lake County	2013	2014	2015	2016
Arbovirus (West Nile Virus)				1
Blastomycosis	-	1	-	-
Brucellosis	1	-	-	-
Campylobacteriosis	4	6	2	13
Chlamydia	41	42	47	43
Cryptosporidiosis	1	2	2	7
E-Coli	-	-	3	2
Ehrlichiosis	1	1	5	3
Giardiasis	2	3	-	5
Gonorrhea	-	2	2	1
Ebola Monitored Traveler	-	1	1	-
Histoplasmosis	-	-	-	1
Hepatitis B	3	-	1	2
Hepatitis C	13	12	16	15
Influenza (hospitalized)	7	9	6	2
Legionellosis	-	1	-	-
Lyme Disease	39	28	20	14
Measles (Rubeola)	-	-	1	-
Mycobacterium (non-tuberculosis)	2	-	5	1
Pertussis (whooping cough)	10	2	-	2
Q Fever	-	1	-	-
Salmonellosis	7	4	5	5
Shigellosis	-	1	-	-
Invasive Strep Disease	1	2	4	8
Syphilis	-	-	1	-
Tuberculosis	-	-	-	1
Latent TB infection	-	3	1	2
Varicella	2	3	2	1
Vibriosis (Non Cholera)	-	-	-	1
TOTAL	134	124	124	130

Tracy Soda, PHN, training County Staff on Blood Borne Pathogens.



Public Health Preparedness

We are an active member in the Region 6 Healthcare

Coalition and attend monthly meetings in addition to being active partners in the Local Emergency Planning

Committee. We participated in several exercises working closely with Gary Podoll, Emergency Management

Director, local law enforcement, our coroner, fire departments,

hospitals, nursing homes, Red Cross and surrounding counties to test our ability to handle a variety of public health issues including: Ebola, flooding, tornadoes and much more. We also work with the Northeast WI Public Health Preparedness Partnership and because of that, we were able to write for scholarships to attend the national Preparedness Summit in Dallas. At the summit, we were able to get training on everything from active shooter to Zika Virus, responding to surges of pediatric patients, disaster mental health and building resilient communities. We also were able to be a part of opening our Emergency Operations Center to assist WI Task Force I Search and Rescue Team as they trained in our county in September with 80 members of their team for 3 days after a simulated tornado with several victims hit the Green Lake area.

Kathy Munsey, Tracy Soda, and Mark & Gary Podoll at 2016 Governor's Conference on Preparedness.



PHN donning and doffing PPE during an exercise.



Immunizations for Children and Adults

We continue to have monthly immunization clinics in Green Lake. However, we have decided that due to extremely low turnout at Care 4U clinic in Dalton, we will be eliminating that clinic in 2017. Tracy Soda is part of a workgroup with several counties and the State Immunization Program to develop a statewide, standardized tracking form for immunizations for the Amish children in schools. We currently have eight Amish schools, which due to the lack of immunization compliance would be a concern in the event we have a vaccine-preventable disease outbreak.

The Affordable Care Act requires anyone with insurance to see their primary care physician for immunizations, which does create a hardship in rural counties due to lack of access. We have seen our compliance numbers go from close to 90% to less than 70% for our two-year-old cohort. According to the new rules, we can only immunize those who are uninsured or have Medical Assistance. We continued to have flu clinics in all communities in the fall as usual. Overall, 1046 vaccines were given in 2016, including flu shots, compared to 1447 vaccines administered in 2015.

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.

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. In 2016, 181 blood lead tests were completed, 13 had a level over 5, compared to 16 in 2015. Kari Schneider, Public Health Nurse and Ashley Rondorf, Environmental Health Specialist have done the follow-up with families in their homes if a child tests high with risk factors.

2016 Blood Lead Testing

Total Number of Tests: 181
Children <5 ug/dl = 151
Children >5 ug/dl = 13
Children >10 ug/dl = 1
Home assessments = 3

Mother, Child and Family

There were 213 births in Green Lake County in 2016 up from 180 births in 2015. We had 1 birth to a girl under age 18, compared to 1 last year. We also had 13 babies that were considered “low birth weight” (weighing less than 5lbs, 8oz), compared to 11 last year. In 2016, the percentage of women who smoked during pregnancy was 24% which is up from 2015 when it had been 18.8% (28% in 2014, 25% in 2013). Eight of the 52 women who reported smoking during their pregnancy had low birth weight babies. Nine infants were transferred to Neonatal Intensive Care Units. This is an area that we continue to target by offering the First Breath program, a smoking cessation program for pregnant women at our WIC clinics.

We continue to utilize the **“Life Course Model”** as promoted by the Family Resource Council through our Maternal Child Health grant. Through the Healthy Babies Coalition which is a partnership with Green Lake, Marquette and Waushara Counties, we sponsored training to educate local providers and families on the Life Course Model and ACE’s (Adverse Childhood Experiences) Over 100 people attended the conference in April. As part of our MCH grant, we also worked with two day cares to make them “Breastfeeding Friendly”. This designation can be given once they completed training for all staff as well as designating a breastfeeding room for moms. Berlin Community Day Care and Community Options Day Care in Green Lake worked with our staff to receive the designation. Breastfeeding is proven to improve the mental health of infants and that is why we have prioritized it as part of our overall Maternal Child Health goals.



Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children.

WIC helps income-eligible pregnant and breastfeeding women, those 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 over 250 clients in 2016. In addition, breastfeeding education was available to all WIC clients. 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. Last summer, they started using electronic benefit cards instead of the paper vouchers. This has added an extra educational component to the program, but increased convenience for the client.

Kari Schneider and Shari Krause attend all WIC clinics to provide immunizations, information, assist with signing families up for dental and immunization follow-up appointments as well as try and decrease smoking rates of moms by enrolling them in the First Breath Program, which all staff have been trained on.

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 2016, 51 new children were referred to the program compared to 40 in 2015. Referrals came

from a number of sources including: physician, family member, social worker, and school district. Sixteen of those children received services through an Individualized Family Service Plan. Twenty-two children were found to be developing within age appropriate levels through a screening or did not meet eligibility through an evaluation. Twelve families did not follow through with a screen or evaluation/were not interested. One child moved to another county shortly after referral. These children along with those who had previously been in the program brought the total number of children served to 34 in 2016. In addition to those with significant developmental delays, there were several children with specific diagnoses including: DiGeorge Syndrome, Down Syndrome, William's Syndrome, significant prematurity, Maroteaux-Lamy Syndrome, cerebral palsy, and delays related to non-accidental injury.

Renee Peters is the Program and Service Coordinator/Educator. Contracted service providers included Jenny Hoffman and Sara McNamara, Occupational Therapists from Rehab Resources in Beaver Dam. Kristen Mertens provides Speech and Language therapy and comes from Theda Care in Berlin. Jody Streeter is the Physical Therapist from Walk of Ages in Oakfield.

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 **2016** 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.

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.

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.

Children’s Community Options Program (CCOP)

This program, formerly known as Family Support Program provides each county with a yearly allocation to support families who care for their disabled children in the home. The Program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family’s emotional, physical and financial resources. The Coordinator for the Family Support Program is Renee Peters.

In 2016, 8 children had a CCOP plan written for a variety of goods and services. The Program was able to fund respite, conferences related to a diagnosis, in-home parental support/consultation, home modifications, individualized recreational opportunities, therapeutic/sensory materials, and medical supplies not covered by insurance.

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, however, the tobacco compliance checks are now being done by Fond du Lac County. In 2016, 2 retailers sold to minors, compared to 7 in 2015. We are definitely seeing an increase in E-cigarette sales and usage.

Teeth Healthy Lives Program

The Dental clinic served 8 adults and 70 children. Seventeen were referred for additional services. We had previously provided services to the migrant

daycare, but that was taken over by another agency so we had fewer children than in 2015. Clinics are held 1- 2 times a month at our agency as well as summer outreach sites at the Boys & Girls Club and at Head Start in Markesan. Clients need to be on Medical Assistance or Badger Care.

Food Safety & Recreational Licensing Program

The Tri-County Health Consortium, consisting of Ashley Rondorf, Environmental Health Specialist (EHS) Green Lake, Ann Robbe, EHS for Marquette County and Mary Robl, Registered Sanitarian, Program Director from Waushara County Health Department. They are responsible for maintaining the Food Safety and Recreational

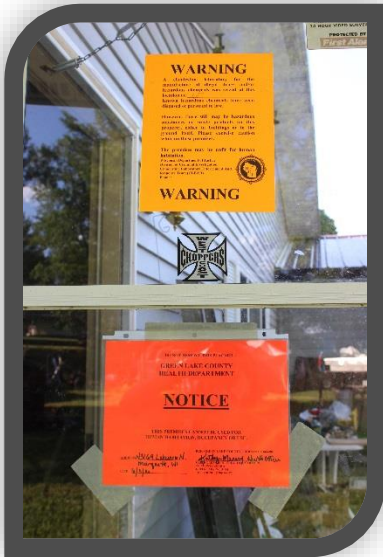
Licensing Program. As agents of the state, this program licenses and inspects food facilities, swimming pools, hotel/motels, school food programs, campgrounds, kennels, recreational education camps, tattoo, body piercing, and bed and breakfast establishments. During 2016 there were approximately 800 inspections performed in the Tri-County area. The 3 inspectors support each other to ensure that facilities are in compliance with applicable regulations to promote health and safety for consumers.

Facility Type	Number of Inspections 2016	Total Number of Facilities
Restaurants and Retail Food	113	139
Campgrounds	12	13
Swimming Pools	19	21
Hotel/Motels/TRH	85*	117
Summer Camps	3	3
Tattoo Shop	0	0
Total—including pre-inspections & complaints	232	290

*TRH’s Tourist Rooming Housing only need to be inspected every other year per state directive.

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. The Environmental Health division of the Health Department is responsible for enforcing the Health and Sanitation chapter of the Green Lake County ordinance to ensure that citizens are not exposed to hazardous conditions that could affect their health.



Placards placed by Health Unit on meth house in Berlin

that citizens are not exposed to hazardous conditions that could affect their health.

Environmental Issues Addressed

Animal Bites—38
Well Water Concerns—11
Housing Inspection Cases—34
Meth House Placards--2
Nuisance/Other—6
Radon Test Kits Given Out--41



Employees check out health related booths at the 2016 Worksite Wellness Health Fair.

2016 Public Health Program Contacts	Totals
Accreditation	137
Adult Health	198
Birth to 3	640
Children's Community Options	66
Bioterrorism/Preparedness	68
Coalition for Wellness & Needs Assess.	455
Dental	142
Immunization	1856
Lead Tests & Follow-up	14
Maternal Child Health	2458
Public Health	1088
Worksite Wellness	874
Other	88
TOTAL	8084
PRESENTATIONS/EDUCATION CONTACTS	
Blood Borne Path Training	78
Berlin School Wellness	44
Employee Wellness Fair	35
Healthy Babies Coalition Conference	100
Heroin Summit	200
Lunch and Learns	128
Safety and Wellness to TRIAD	35
Preparedness for Tornado Exercise	112
Diabetes Education	226
Provider/Partner Meeting on Lyme	18
Parenting Class & Breastfeeding	28
Nutrition Presentations	381
Women's Health Events	200
Economic Development	169
Worksite Wellness Outreach	10,206
MCH Life Course	95
Amish Culture and Safety	24
Other	19
Total	12,098

Worksite Wellness/Employee Health Program

Melanie Simpkins, RN, MPH coordinates the employee wellness program using funds provided by Group Health Trust. In 2016, we had over 25 outreach activities including a health fair, individual health screenings, lunch and learns, Healthy Monday Tips, challenges, walking contests and more. 35 employees participated in 5 or more events. Seventy completed their annual physicals.

Over \$5000 was given back to employees in the form of prizes, gift cards, gas cards and cash when they participated. We are very grateful to GHT for providing the funds to help keep our employees happier and healthier with the activities we share.

The Green Lake County Wellness Coalition (GLCWC) worked on a number of initiatives working to impact chronic disease and mental health and substance abuse by providing education to the community on the benefits of healthy eating, healthy relationships and getting adequate exercise. The “Real Happy Hour” program was presented at numerous community events to get families to work on all 3 of those activities to reconnect and improve physical and mental health within families. Once the new Community Health Assessment was completed with new priorities, the group decided to reduce the action teams to two instead of three. There’s now a

Mental Health/Substance Abuse Action Team and a Chronic Disease Action Team. Partners within the coalition addressed access to mental health services by hiring new staff and having them work in at least one school district. Berlin School

District continues to train on Mental Health First Aid and have developed a website to assist families with mental health and behavioral issues. It provides extensive resources to families. Other initiatives included providing all city clerks were given educational packets to share with non-profits who apply for liquor licenses on safe serving and checking ID’s to deter underage drinkers. The Parents Who Host Lose the Most campaign was initiated in all four school districts. Senior nutrition

classes were held and members helped to form a Community Health Action Team (CHAT) with the help of Theda Care and Kaye Thompson who coordinates this initiative. The CHAT is working on “Kids in Crisis” as a “PLUNGE” activity to educate our community on the difficulties our children are experiencing and in 2017, we will work to address the issues.



Julia McCarroll, Health Educator, our newest employee, promoting the importance of good nutrition.

Julia McCarroll is a member of the Berlin School Wellness Coalition and works with them to improve physical activity opportunities for the children as well as improve the environment. We will be working to have a presence on all 4 district committees.

Our efforts paid off since we improved in the County Health Rankings from ranking 62nd out of 72 counties in 2014 to 53rd in 2015 to 25th in 2016!

The Green Lake County Wellness Coalition meets monthly and is open to anyone interested in improving the health of Green Lake County. Additional information is on our website: www.glcwc.org.



Kathy Munsey, along with other local partners gave a presentation on drug abuse at Our Day event to help combat the heroin problem in Green Lake County

Submitted by Kathy Munsey, RN

Green Lake County Health Officer

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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DEPARTMENT OF HEALTH & HUMAN SERVICES STAFF TRAINING PLAN 2017

The attached Department of Health & Human Services staff training plan outlines known/projected training activities for employees of the agency for 2017.* It has been the philosophy of the Department of Health & Human Services that training is essential to the professional development of employees and that employees who are kept abreast of current information and techniques pertinent to their job are valuable to the agency, the clients they serve and the County as a whole.

Requests for specific workshops/conferences/college and technical institute courses will be approved in advance by the Unit Manager and for the Unit Managers by the Director. Considerations will be given to priority of need for training, scheduling, budget, etc. The attached form must be used when requesting a specific training/course (see attached). The Unit Manager will determine whether or not the training is considered to be "mandatory or non-mandatory". The attached listing of potential training does not imply that trainings are mandatory, only potential. While the majority of trainings for staff are not considered "mandatory", it is assumed that professionals wishing to remain current in their areas of expertise will opt to attend trainings even if it means they will receive a maximum of a regular day's wages. **Staff are required to submit a written training request (See attached) to their Unit Manager for approval. The original is then given to the Administrative Assistant for data entry into the staff registry and then placed in the employee's personnel file.**

The Unit Manager will give the approved brochure/training registration to the Accounting Specialist to register the employee and see that this is vouchered for payment. Expenses (mileage, lodging) should be included on the employee's monthly expense sheet for reimbursement. Meals for one-day workshops should be claimed on the pink-colored form entitled "Out-Of-County Meals". All requests for reimbursement must be within approved County limits.

Staff attending training may be asked to prepare a brief report to be shared with their Unit or other interested individuals.

Tuition Assistance Program

The Green Lake County Tuition Assistance Program is designed to provide financial assistance to employees who voluntarily attend job-related, educational courses **that are of benefit to the County as the employer.**

Eligibility for Tuition Assistance

Actively employed, regular full-time employees are eligible for tuition assistance.

Acceptable Course Work

Tuition assistance benefits are available for:

1. Courses which are directly related to the employee's current job or would improve their skills on the job;
2. Courses that are directly related to the employee's current job and that may be within relevant Associates Degree or Bachelor's Degree programs. Acceptable degree programs are those that relate to County functions or services.

In order to be eligible under this program, the school or course must be accredited by one of the following agencies:

1. North Central Association of Colleges and Secondary Schools;
2. National Home Study Council or American Council on Education;
3. Wisconsin State Board of Vocational, Technical and Adult Education

Reimbursements of Tuition Expenses

Expenses that may be reimbursed under this program include tuition, books, materials and lab fees. The County will pay 75% of these educational costs up to \$300/ 3 credits, with a maximum of \$600 per semester, and \$1,200 per calendar year.

Reimbursement will be made only after satisfactory completion of the course(s). This is interpreted as at least a grade of "C" or better for an undergraduate course or a grade of "B" or better for a graduate level course.

Minimum Employment After Reimbursement

Employees are required to maintain full time employment with the County for one (1) year after course completion. If an employee does not remain employed full-time with the County for that period of time, that employee must repay 100% of the tuition assistance provided to them during that twelve (12) month period.

Participation Goals

To the greatest extent possible, all regular employees who meet the program qualifications will be afforded access to the program. ***However, participation in the program is not an employee right.*** An employee's participation in the program ***may be curtailed or discontinued at any time as a result of budgetary limitations,*** an employee's work record at the time of enrollment, or other relation factors. Curtailment of the program will not affect payment for a course that has been previously approved.

Program Limitations:

1. Employees eligible for other forms of educational assistance, i.e., Veteran's Educational Program, scholarships, etc., must first exhaust that financial aid before applying for benefits under the County's Tuition Assistance Program.

2. All courses must be taken outside an employee's regular work hours. Vacation, compensatory time or an adjusted work schedule may be used if department head approval has been given. Adjusted work schedules may be authorized only when they are not in violation of any Federal overtime laws or collective bargaining agreements.
3. Reimbursement of expenses will not be made to an employee who terminates employment with the County before completion of the course(s).
4. Reimbursement will not be made to an employee who withdraws from the course(s) due to personal reasons.
5. Workshops, seminars, conferences and in-service training are not part of the tuition assistance program.
6. This program does not include training required by the County or training mandated by state or federal regulations for employees to maintain their qualifications, proper certification or licensure.
7. In addition to the above listed criteria, ***all reimbursement of expenses is contingent on availability of departmental funds in accordance with department budget.***

Procedure to Receive Reimbursement

Employees should discuss with their immediate supervisor any class they wish to take and the reasons for taking it. The employee should request, in writing, tuition reimbursement for the class, designating where the class will be taken, the cost of the class, description of the class content and the beginning and ending dates of the class. The supervisor will indicate on the written request whether the request is approved or denied. If the request is approved, the employee shall, at the completion of the course, submit to their supervisor a copy of their grade report, the original paid receipts for tuition, books, materials and/or lab fees. These materials must be submitted no later than thirty (30) days after course completion. Supervisors will submit information to the payroll department who will reimburse the employee up to the maximum allowed.

Professional Certifications and Licenses

Employees are personally responsible for obtaining and maintaining professional certifications or licenses that are required as minimum qualifications for the position that the employee holds. However, the County may provide certain training to employees that may incidentally result in a certification or license, if the training is beneficial for County purposes or improves an employee's performance in their job.

Professional certifications and licenses that are required as minimum qualifications of a job are stated in the training and experience requirements of the classification specification. Employees in these classifications, or employees who wish to transfer or be promoted into these classifications, are personally responsible for obtaining and maintaining such certifications and licenses. If a change to the qualifications of any classification occurs as a result of a federal or state requirement or rule, the employee in the position is responsible for obtaining and maintaining the newly required certification or license.

Required Approvals

1. In-State training/schooling shall be approved by the governing committee.
2. Out-of-State training/schooling must be approved by majority voice vote of the County Board upon recommendation by the governing committee.

3. Approved training/schooling shall be at no expense to the employee, and will be accomplished without loss of vacation time or pay. Any expenses paid by the employee will be reimbursed at the pre-approved rate established by County Board resolution.
4. Employees selected for such training are expected to make a good-faith effort to satisfactorily complete the program in which enrolled. Failure to comply may result in a requirement to repay all expenses.

Health & Human Services Agency Wide Training: All new employees are required to attend Affirmative Action/Civil Rights Training. Also, in-house training (1 day or equivalent) may be done within the County and Department of Health & Human Services.

*Note: Trainings listed are not all-inclusive or "mandatory" -- requests will be reviewed with consideration of budgetary and program needs by Administrative staff and respective Unit Managers. It is the responsibility of the respective Unit Managers/Director to monitor utilization of training and expenditures to insure that training is within Unit budgetary constraints and County Policy.

2017

HEALTH & HUMAN SERVICES BOARD MEMBER TRAINING PLAN

Health & Human Services Board members have responsibility for policy development and oversight of a very broad, complex service system. In light of this responsibility, it is important that Board members participate in training, which assists them in understanding the various services/needs of the Department of Health & Human Services.

Training for 2017 may include but not be limited to the following:

- In-service training of specific programs may be provided by each Unit or contracted Service Providers of Health & Human Services.
- Tours of various facilities, and the services provided, such as Residential Child Caring Facilities, Mental Health and Correctional facilities.
- "Job Shadowing". Board members may go along with various workers in performance of job duties as a way of learning about services. This must be arranged with the Director and done with the written consent of the client(s) involved.

Board members may also attend Wisconsin Counties Human Services Association conferences and related meetings and will be notified as they come up.

Director:

The Director will attend trainings/meetings pertinent to the various Health & Human Services programs and management of Health & Human Services.

Administrative Unit

Staff Training and Development Plan 2017

- A. Receptionist/Data Entry Specialists may attend training specific to their job duties, which may include:
1. Computer Software Training (i.e. Microsoft, Excel and Access offered through the County's IT Department.). Other software program examples: eWISACWIS, SAMS, SHIP and PPS and any other Unit-specific software training
 2. Office Management/functions
 3. College courses that are work-related
 4. NETSMART User Group Meetings (is applicable to duties)
 5. Records Management Training
- B. Account Clerk Specialist/Accounting Specialist/Billing Specialist may attend:
1. Financial Managers Workshops
 2. Billing Workshops
 3. NETSMART Training (billing)
 4. Meetings that pertain to specific program/fiscal areas. (e.g. Managed Care, etc.)
 5. NETSMART User Group Meetings
- C. Administrative Assistant may attend:
1. Supervisory and Office Management Workshop(s)
 2. Computer Software Training
 3. SHIP and any other specific Unit software Training for data entry
 4. NETSMART User Group Meetings

The Director will give approval for such trainings.

Aging/ Long Term Care Unit
Staff Training & Development Plan 2017

***Aging/Long Term Care Unit Manager:**

1. May attend training re: Guardianship, Protective Placements and Chapter 54, 55 (no cost)
2. May attend Bureau on Aging Network Training semi-annual (2days estimated cost \$160.00)
3. May attend State Aging Director's Conference (estimated cost \$100.00)
4. May attend Supervisory and Program Administration In-services (UW-Ext no cost)
5. Quarterly Planning and Service Area Meetings with GWAAR (no cost)
6. May attend quarterly Northeastern Region Coordinator meetings for APS (no cost)
7. May attend PAC meetings (no cost)
9. May attend annual ADRC conference (estimated cost \$160.00)
10. May attend monthly State sponsored ADRC Meetings (no cost)
11. May attend ADPAW meetings (no cost)
13. May attend semi-annual APS conference (estimated cost \$160.00)
14. May attend annual Alzheimer's Conference (estimated cost \$200.00)

Elderly Benefit Specialist: May attend:

1. May attend Bureau on Aging Network Training semi-annual
2. May attend BI-monthly CWAG training and/ or network meetings for case review, (or as stated in yearly calendar announcement for Elderly Benefit Specialists)
3. May attend Semi-annual meetings for update training and SAMS June – Annual Benefit Specialist conference plus state training (2 day) spring – Medicare Part D training required by DHFS–
4. May attend any other training/meetings as requested by the unit manager
5. May attend Medical Assistance Billing training

*** Nutrition/Volunteer Coordinator: May attend:**

1. May attend Commodity Training Program - yearly training
2. May attend GWAAR meetings for Nutrition Directors
3. Must attend Food Safety Certification course every five years
4. May attend any other training/meetings as requested by the Unit Manager
5. May attend Aging conference
6. May attend ADRC Conference
7. May attend NFCSP trainings/meetings
8. May attend Alzheimer's Conference

Meal Site Managers

1. Must attend 6 hours per year of Nutrition related training, with 3.5 hours coming from the Regional Staff training coordinated by GWAAR and aging units.
(Estimated cost \$25.00 per person)
2. Must secure and maintain current Food Safety Certification.

ADRC Coordinator

1. Must attend the quarterly state sponsored meetings for ADRC as scheduled
2. Must attend the monthly State scheduled conference calls as scheduled
3. Must attend Adult Functional Screen Trainings
4. May attend other trainings as requested by the Unit Manager.
5. May attend quarterly regional ADRC trainings/meetings
6. Must attend IRIS trainings/meetings
7. Must attend AIRS training/meetings
8. May attend semi-annual AIRS conference
9. May attend semi-annual ADRC conference

*Disability Benefit Specialist

1. Must attend mandatory DBS training provided by Disability Rights WI.
2. Must attend required DBS orientation and basic trainings as scheduled.
3. May attend annual Benefit Specialist Conference
4. May attend graduate level classes totaling up to six credits with partial reimbursement subject to prior approval and budget constraints.
5. May attend local ARDC trainings/meetings
6. Must maintain Social Work Certificate for the State of Wisconsin in accordance with ADRC State Contract
7. May attend semi-annual ADRC conference
8. May attend annual Medicare Part D training

* Resource Specialist/Options and Enrollment Social Worker

1. May attend SAMSIR training – as offered
2. May attend Training on Case Management, and assessment
3. May attend Adult LTC Functional Screen Training,
4. May attend graduate level classes totaling up to six credits with partial reimbursement subject to prior approval and budget constraints
5. May attend quarterly regional ADRC meetings/trainings
6. May attend semi-annual ADRC conference
7. May attend Medical Assistance billing training
8. May attend IRIS trainings/meetings
9. May attend AIRS trainings/meetings
10. May attend Family Care trainings/meetings

* Social Worker – Adult Protective Services Social Worker

1. May attend trainings on Chapter 51, 54, 55, Adult Protection and Adult at Risk.
2. May attend quarterly APS meetings (no cost)
3. May attend training on Case Management, MA Case Management if offered
4. May attend other trainings as requested by the Unit Manager.
5. May attend semi-annual aging conference (estimated cost \$160.00)
6. May attend annual Alzheimer's Conference (estimated cost \$160.00)
7. May attend semi-annual APS conference (estimated cost \$160.00)
8. Must attend annual AFCSP training (estimated cost \$50.000)
9. Must attend Ethics/Boundaries training semiannually (estimated cost \$75.00)

* These positions require Social Worker Certification. Their Continuing Education requirement is a minimum of 30 continuing education units (hours) biannually to maintain certification. This is an individual staff responsibility that in all likelihood will be met through trainings and in-services provided by the Department. Staff may be allowed to attend trainings that will meet the requirement.

Behavioral Health Unit Staff Training & Development Plan 2017

A. General Unit Training Goals:

1. Continue utilizing Wednesday and Tuesday staff meetings with Medical Director and Psychologist providing clinical supervision to approach individual treatment plans, review intakes and address group-training issues.
2. Comprehensive Community Services Team training for mental health and AODA staff to develop an integrated systems approach in working with families. Regional trainings.
3. Benefits and Resources training.
4. Boundaries & Ethics Training.
5. Recovery Training that will meet Comprehensive Community Services certification standards.
6. Crisis Training that will meet DHS 34 standards
7. Wellness and Recovery

B. Clinical Therapists may attend:

1. Conferences on any of the following topics or conferences and workshops on any such clinically relevant topic:
 - a. Abuse (sexual, emotional, physical) Assessment, Intervention, and Treatment
 - b. Marital/Couples Therapy
 - c. Children & Families
 - d. Mental Health Prevention/AODA
 - e. Anger Management
 - f. Crisis Intervention Training
 - g. Wellness and Recovery
 - h. Professional Development
2. Conferences or Workshops on topic identified during the year that are relevant to the position.

C. AODA Counselor(s) may attend:

1. Training related to IDP assessment certification.
2. Continuing Education for Certification or Re-certification as outlined by the Wisconsin Certification Board for AODA counselors.
3. Conferences and Workshops related to the following topics:
 - a. Women's Issues, AODA issues and co-dependency
4. Conferences specific to AODA treatment
 1. WAAODA Conference
 2. Training of Trainers
5. Suicide Risk Assessment
6. Wellness and Recovery
7. Professional Development

D. Community Support Program (CSP) Comprehensive Community Services (CCS) Administrator/ Coordinator may attend:

1. State CSP, CCS, CLTS Conferences
2. Any topics relating to CSP, CCS or CLTS mental illness, and medication up-date, especially regarding developing treatment plans and goals and/or documentation for meeting CSP standards
3. Treatment of Schizophrenia and Bi-Polar Disorder
4. Treatment of Dual Diagnosis
5. Treatment of PTSD-Dissociative Disorder
8. Conferences/Workshops on Programs for Chronically Mentally Ill
9. Treatment of Personality Disorders
10. Wellness and Recovery
11. Professional Development

E. CSP Case Worker may attend:

1. Annual CSP State Conference.
2. Any topics relating to CSP, mental illness, and medication up-date, especially regarding developing treatment plans and goals and/or documentation for meeting CSP standards
3. Conference/Workshop on strength-based programming/psycho-social rehabilitation for chronically mentally ill clients
4. Conferences/Workshops on Vocational Programs for Chronically Mentally Ill.
5. Treatment of Schizophrenia and Bi-Polar Disorder
6. Treatment of Dual Diagnosis
7. Treatment of PTSD-Dissociative Disorder
8. Conferences/Workshops on Programs for Chronically Mentally Ill
12. Treatment of Personality Disorders
13. Wellness and Recovery

All new staff will attend Civil Rights Training/Affirmative Action, Crisis Intervention Training (Behavior Health Partnership offers courses as needed) and Blood Borne Pathogen training. In addition, efforts to provide as many in-services as possible to meet the training needs listed in this plan. These are more cost-effective and efficient in most cases, and provide an opportunity for cross training with other Units/Departments.

Children & Families Services Unit

Staff Training & Development Plan 2017

- All Unit staff that are Social Workers are required to have continuing education requirements per the Wisconsin Department of Regulation & Licensing. "All levels of Social Workers will be required to complete 30 hours of continuing education for each two-year period beginning July 1, 1999. Of the 30 hours, 2 hours in Social Work Ethics and 2 hours in issues concerning professional boundaries are required."
- All other Intake Workers providing services under the Chapter (WI STATS 938.06(1) (am) 1 and 2 (b) 1 and 48.06(1) (am) 1 and 2 (b) shall have successfully completed 30 hours of intake training approved or provided by the Department prior to the completion of the first 6 months of employment in the position or being placed in the on-call rotation.
- They may select the trainings to be attended from their respective development plan. All Unit staff required to utilize the agency computer system will attend trainings as deemed necessary.
- All Unit staff that have not completed Affirmative Action/Civil Rights Training or updates must attend course if offered. All staff must attend County-offered courses on diversity, safety, harassment and other topics.
- Unit staff may attend college course related to their respective position.

Unit Manager

1. Attend core competencies for child welfare supervisors dealing with supervision and/or personnel management, personnel records, etc.
2. Attend one training dealing with legislative mandates/updates under Chapter 48 and Chapter 938, such as the annual Juvenile Justice Conference.
3. Attend one training on Case Management and Targeted MA Case Management.
4. Attend quarterly Child Protection Supervisors meeting, and Juvenile Court Supervisors meetings and mandatory State Supervisor meetings.
5. Attend one training regarding or meeting regarding Kinship Care.
6. Attend Safety Skills Enhancement and/or Safe & Stable Families, Family Teams, Coordinated Service teams or Comprehensive Community Care (CCS).
7. Attend trainings on the as applicable on grant programs received (Permanency Roundtables, Community Response Program/Family Resource Networks and In-Home Safety Services, Alternative Response, Office of Justice Assistance, Carey Guides or COMPAS).
8. Attend trainings related to updated Child Protection Standards.
9. May attend trainings and/or meetings related to eWISACWIS updates.
10. Attend trainings related to trauma-informed practice, ACES and Cultural Competence.

Social Worker - Dispositional Worker (1 Social Worker) - Foster Care Coordinator

1. May attend one foster care/independent living training such as annual Foster Care Conference.
2. May attend quarterly Foster Care Coordinator's meetings.
3. May attend Advanced Child Abuse and Neglect training as well as Crisis Stabilization/Safety Training.
4. May attend Social Worker Core Courses for Employee Development and advancement.
5. May attend Family Based Services Training and Skills Enhancement.
6. May attend SAFE trainings and DFS 56 (foster care) trainings.
7. May attend the Wis. Conference on Child Abuse/Neglect.
8. Attend trainings as needed on the Family Teams including the Principles of CST, Crisis Stabilization, Substance Abuse issues, Domestic violence, and Trauma informed care.
9. Must attend any training related to Child Protective Service Standards or Alternative Response.

10. May attend trainings related to the use of evidence based practices for Juvenile Justice.

Social Worker - Dispositional Worker (3 Social Workers):

1. Must attend Basic Juvenile Court Intake Training if applicable (In-home therapy excluded)
2. May attend required Core courses offered through the Professional Development System ie. Child Abuse & Neglect, Courtroom training).
3. May attend two training events dealing with the treatment of adolescents (AODA issues, peer group dynamics, dealing with aggressive acting-out behaviors, teen suicides, crisis stabilization/safety training.
4. One state training dealing with Juvenile Law, Juvenile Intake, and court process updates (In-home therapy excluded)
5. May attend Family Based Services Training and Skills Enhancement/Family teaming Training and Trauma Informed care.
6. May attend trainings for Juvenile Court Intake (In-home therapy excluded)
7. Must attend trainings as needed on the Family Teams including the Principles of CST, and Domestic Violence, Substance Abuse or Crisis Stabilization. Must attend any training related to Child Protective Services Standards and Alternative Response.
8. Must attend MA Targeted Case management training if it is included as a job function
9. May attend training related to the use of evidence based practice with the Juvenile Justice population.

Social Worker - Juvenile Court Intake Worker:

1. May attend annual W.A.R.P. (Restitution) Conference.
2. May attend annual Juvenile Court Intake Conference.
3. May attend two training events dealing with the treatment of adolescents (e.g. Peer Group Dynamics, Dealing with Aggressive, acting-out Behaviors, Teen Suicide, etc.)
4. One state training dealing with Juvenile Law, Juvenile Intake and Court process updates.
5. One training related to personal-professional development (e.g. case management, case planning, time management, etc.)
6. May attend Family Based Services Training and Skills Enhancement/Family Teaming Training.
7. Attend trainings as needed on the Coordinated Services Teams including Principles of CST, Crisis Stabilization/Safety Training and Trauma-Informed care.
8. Must attend any training related to Child Protective Services Standards and Alternative Response.
9. May attend training related to evidence based practices related to the Juvenile Justice population.

Social Worker - (Child Protective Services):

1. Must attend basic and/or advanced Child Abuse and Neglect Training(s).
2. Must attend Social Worker Core courses offered through the Professional Development System for Employee Development and Enhancement.
3. May attend Family Based Training and Skills Enhancement.
4. May attend annual Child Abuse and Neglect Conference.
5. Must attend basic Juvenile Court Intake training if have not previously attended.
6. May attend the WI Conference on Child Abuse & Neglect.
7. Must attend Safety Training(s) and Crisis Stabilization training.
8. Attend trainings on the Coordinated Services Teams including Principles of CST, Crisis Stabilization/Safety Training, and Trauma Informed Care.
11. Must attend trainings related to Child Protective Services Standards and

Alternative Response.

Community Response Worker

1. Must attend Grant related trainings/meetings as scheduled by the Child Abuse and Neglect Prevention Board.
2. Must attend any required affirmative action/civil rights trainings.
3. Must attend Foundation courses offered through the Professional Development System.
4. May attend Family Based Services Training and Skills Enhancement/Family Teaming Training.
5. Must attend trainings related to Targeted Medical Assistance Case Management/Crisis Billing
6. May attend trainings related to Trauma Informed Care.
7. Must attend trainings to become culturally competent.
8. Must complete Child Welfare pre-service training, Child Welfare Foundation Training and CANS training.

Social Worker - In -Home Therapy

1. Must attend Family Teams Training.
2. Must attend any required affirmative action/civil rights training.
3. Must attend trainings related to Targeted Case Management/Crisis Billing
4. Must attend trainings required to maintain Crisis Training that will meet DHS 34 Standards.
5. Must attend trainings related to Trauma Informed Care.
6. Must attend trainings that will meet Comprehensive Community Services certification standards.
7. May attend trainings on any of the following topics or conferences: Abuse (Sexual, physical, emotional) Assessment, Intervention and Treatment; Children & Families, Anger Management, Psycho-Sexual Abuse Assessment, Safety Standards.

CST Coordinator

1. Must attend any trainings related to Coordinated Services Teams that are required via the grant funding.
2. Must attend any required affirmative action/civil rights training.
3. Must attend trainings related to Targeted Case Management/Crisis Billing and Comprehensive Community Services.
4. Must attend Foundation Courses through offered through the Professional Development System.
5. Must attend trainings as needed on the Family Teams including the Principles of CST, and Domestic Violence., Substance Abuse or Crisis Stabilization.
6. May attend trainings on any of the following topics or conferences: Children Come First; Trauma Informed Care; Family Based Services; Skills enhancement.

ECONOMIC & CHILD SUPPORT UNIT
STAFF TRAINING AND DEVELOPMENT PLAN
2017

- A. Economic Support Unit Manager may be mandated to attend:
1. Required training for Medicaid, Childcare, WHEAP, Food Stamps
 2. Refresher Training as required.
 3. New Program Training as applicable
 4. Professional Development (12 hours per year/State Mandated)
 5. Annual Civil Rights Training.
 6. Required training for LIHEAP program and Childcare Authorization and payment.
 7. Annual LIHEAP Training Conference.
 8. Annual Child Support Conference.
 9. Annual Child Support Director's Dialogue.
 10. Consortia In-Service (1 per year)
 11. Economic & Child Support Unit in-service. (1 per year for ½ day)

May attend: Other training as needed or required and as budget permits.

- B. Economic Support Worker
Must Attend:
1. Required training for Medicaid, ChildCare, FoodShare, as mandated by the department.
 2. Refresher Training as required
 3. New Program Training as applicable
 4. Annual Civil Rights Training
 5. Consortia In-Service (1 per year)
 6. Economic & Child Support Unit in-service (1 per year for ½ day)

May attend other training as needed or required and 1 Conference per Calendar year pertaining to programs administered if budget permits.

- C. Economic Support Worker with WHEAP (WHEAP)
Must attend:
1. Required training for Medicaid, ChildCare, FoodShare, WHEAP as mandated by the department.
 2. Refresher Training as required.
 3. New Program Training as applicable.
 4. Annual LIHEAP Training Conference.
 5. Consortia In-Service (1 per year)
 6. Annual Civil Rights Training.
 7. Economic & Child Support Unit in-service (1 per year for ½ day)

- D. Child Support Worker
Must attend:
1. Required training for Child Support program as mandated by the department.
 2. Refresher Training as required.
 3. New Program Training as applicable.
 4. Annual Child Support Conference (if
 5. Annual Civil Rights Training.
 6. Economic & Child Support Unit in-service (1 per year for ½ day)

These are the training requirements as mandated by the department at this time. In the event that requirements change, the plan may have to be modified. Employees will be encouraged to attend inter-agency and employer sponsored seminars that would have an impact on their jobs.

Shelby Jensen
Economic & Child Support Unit Manager

FOX RIVER INDUSTRIES
2017 STAFF TRAINING & DEVELOPMENT PLAN

In-house In-services:

All staff members are eligible, with Unit Manager approval, for training and information sessions directly related to and required for job performance. The sessions could cover the following topics:

- A. Advanced Defensive Driving Skills/Passenger Securement Training
- B. Working with challenging behaviors
- C. First Aid/CPR/AED Training
- D. Blood Borne Pathogens Training
- E. Autism Awareness Training
- F. Forklift Safety Training/Certification
- G. Other consumer interaction training as related to services provided at FRI.

Conferences, Seminars and Continuing Education Programs:

Each staff member may attend training in areas described below (when appropriate and required for completion of job duties) in addition to the in-house programs:

- A. Aides may attend annual training on working with developmentally disabled/chronically mentally ill adults in the areas of behavior management, documentation, motivation, treating others with dignity and respect, and client rights.
- B. Production Supervisor may attend conferences put on by the Wisconsin Association of Rehabilitation Programs (RFW), LEAN, Wisconsin Bureau of Procurement or other such organizations concerned with sheltered workshop, wage and hour regulations, time management, program evaluation, inventory counts, and safety management. Computer training may consist of Microsoft Office programs and Peachtree Accounting.
- C. Service Coordinator may attend programs concerning goal writing/monitoring, consumer rights, personal futures, managed care, DD Network conferences, and day service planning. Computer training may consist of Microsoft Office programs.
- D. Teacher may attend trainings on rehabilitation, interpersonal relationships, adaptive equipment/physical education, and activities of daily living. Computer training may consist of Microsoft Office programs.
- E. Administrative Staff may attend the Annual Wisconsin Community Human Services Secretarial Association, general DD program orientation sessions, and office management. Computer training may consist of Microsoft Office programs and Peachtree Accounting.
- F. Drivers will participate in training on vehicle safety and education in regards to transporting handicapped and elderly adults.
- G. Supported Employment Staff may attend training in regards to supported employment, job placement, evaluation, job-site development, and DVR regulations and standards. Also attend the annual conference sponsored by Association for Persons in Supported Employment (APSE). Computer training may consist of Microsoft Office programs.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

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Health Unit

Staff Training & Development Plan 2017

Attached are the individual Training Plans for the Health Unit employees. The format was developed to meet the PHAB (Public Health Accreditation Board) accreditation requirements. Standard 8.2.

Individual Annual Training Development Plan 2017

Employee Name: Shari Krause Hire Date: 4/13/15 Title: Public Health Program Specialist

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th. Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Bloodborne Pathogen Training	X					
CPR (Biennially)	X					
HIPPA/Confidentiality	X				PH	
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Trng.						
Breastfeeding Support	X				MCH	
WIR User Meeting	X	Fond du Lac			Immunization	
First Breath Annual Training		WWHF				
VFC Annual Training						
Monthly Meetings						
County Mutual Safety- Jan-	X	Co. Mutual online	01/3/2017		PH	.5
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				
County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				

Monthly Performance Mangement						
QI/Accreditation Training -Jan		Green Lake Co.	01/09/2017		Accreditation	2
QI/Accreditation Training-Feb		Green Lake Co.			Accreditation	2
QI/Accreditation Training-Mar		Green Lake CO.			Accreditation	2
QI/Accreditation Training-Apr		Green Lake Co			Accreditation	2
QI/Accreditation Training-May		Green Lake Co			Accreditation	2
QI/Accreditation Training-Jun		Green Lake Co			Accreditation	2
QI/Accreditation Training-July		Green Lake Co			Accreditation	2
QI/Accreditation Training-Aug		Green Lake Co			Accreditation	2
QI/Accreditation Training-Sept		Green Lake Co			Accreditation	2
QI/Accreditation Training-Oct		Green Lake Co			Accreditation	2
QI/Accreditation Training-Nov		Green Lake Co			Accreditation	2
QI/Accreditation Training-Dec		Green Lake Co			Accreditation	2

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Julia McCarroll Hire Date: 01/03/2017 Title: Health Educator

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Health Unit Trainings						
Bloodborne Pathogen Training	X					
CPR (Biennially) (1/23/17)	X	GLC Health Dept.				3
HIPPA/Confidentiality	X					
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Trng.						
Breastfeeding Support	x					
First Breath Training(3/7/17)		GLC Health Dept.				
County Mutual Monthly Safety Trainings						
County Mutual Safety Jan-Ergonomics and Work Station Design	X	Co. Mutual online	1/3/2017			.5
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				
County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				

Self-Assessment Trainings	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Planning and Budgeting for Public Health Part I & II		University of Minnesota/Webinar				
Leadership, Strategic Planning and Systems Approaches		South Central Public Health Partnership/Webinar				
Introduction to Management in Public Health		University of Minnesota/webinar				
Preparedness Trainings	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
CERC Training(3/14-3/15)		Appleton			Preparedness	
CHES Continuing Ed	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Tobacco and Lupus		Directors of Health Promotion and Education/Webinar	1/11/2017			1
Additional Trainings	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
WEDSS Update Training (1/26/17)		HCET/Online				2
The Role and Use of Evidence in Policy		WiCPHET/Webinar	1/10/2017		CHIP/CHA	
Operationalizing Quality Improvement in Public Health		University of Minnesota/Webinar				
Using Evidence Based Practices Webinar		University of Iowa	1/12/17		Accreditation /CHIP	1
SAPST Training (3/28-3/31)		Alliance for WI Youth			Wellness Coalition	

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Kathy Munsey Hire Date: 2/16/89 Title: Health Unit Manager

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th . Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Bloodborne Pathogen Training	X	GL Co DHHS Public Health				1
CPR (Biennially)	X	S. Dolata GL				4
HIPPA/Confidentiality	X					
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Training						
Breastfeeding Support	x					
Governor’s Conference on Preparedness		WI Emergency Management	3/8-9th			16
Debris Management during Emergencies		WI Emergency Management	2/22-24			24
County Mutual Safety Jan-Ergonomics		Co. Mutual online	1/4/17			.25
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				
County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				
Annual WPHA/WALHDAB conference		WPHA	5/23-25			
Accreditation Training		WI DHS				
PLUNGE Kids in Crisis		Theda Care	3/14			8

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Renee Peters Hire Date: 08/28/2000 Title: Birth to 3/Family Support/CCOP Coordinator

Review Assessment with Manager prior to July 30th. _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Bloodborne Pathogen Training	X					
CPR (Biennially)	X	Public Health	Scheduled 1/23/17			
HIPPA/Confidentiality	X					
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Trng.						
Breastfeeding Support	X					
QI/Accreditation		Public Health	1/9/17,		Accreditation	2
Emergency Preparedness						
County Mutual Monthly Safety Trainings	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
County Mutual Safety Jan-		Co. Mutual online	1/5/17			15 min
County Mutual Safety-Feb		Co. Mutual online				
County Mutual Safety-Mar-		Co. Mutual online				
County Mutual Safety-Apr-		Co. Mutual online				
County Mutual Safety-May-		Co. Mutual online				
County Mutual Safety-Jun		Co. Mutual online				
County Mutual Safety-Jul		Co. Mutual online				
County Mutual Safety-Aug		Co. Mutual online				

County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				
Birth to 3 Data Discussion Trainings	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
New Data Report Code: CFR2017		State Birth to 3 Program	1/17/17		Birth to 3	1
Reconciliation		State Birth to 3 Program	Scheduled 2/7/17			
		State Birth to 3 Program				
		State Birth to 3 Program				
		State Birth to 3 Program				
		State Birth to 3 Program				
CCOP/CLTS teleconferences	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Teleconference		State	Scheduled 1/19/17		CLTS	2 hours
Teleconference		State			CLTS	
Teleconference		State			CLTS	
Birth to 3 Regional and State Network Training meetings (6)	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Winter Leadership			Cancelled on 1/17/17 due to weather			
Spring State		State Birth to 3/Fox Valley Technical College (FVTC)			Birth to 3	
Spring Service Coordinator		State Birth to 3/Fox Valley Technical College (FVTC)			Birth to 3	
Summer Leadership		State Birth to 3/Fox Valley Technical College (FVTC)			Birth to 3	

Fall State		State Birth to 3/Fox Valley Technical College (FVTC)			Birth to 3	
Fall Service Coordinator		State Birth to 3/Fox Valley Technical College (FVTC)			Birth to 3	
Healthy Baby Workshop		Tri-County Healthy Babies Coalition	Scheduled 4/28/17		Birth to 3/Public Health	3 hours
Autism Internet Modules (2) For DPI License	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
		OCALI			Birth to 3	
		OCALI			Birth to 3	
WIC Annual Training						

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Kari Schnieder Hire Date: 4/6/15 Title: Public Health Nurse

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th . Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Bloodborne Pathogen Training	X					
CPR (Biennially)	X					
HIPPA/Confidentiality	X				PH	
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Trng.						
Breastfeeding Support	x				MCH	
County Mutual Safety Jan-		Co. Mutual online				
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				
County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				
WIR user meeting		Fond du Lac			Immunization	
MCH Conference					MCH	
WPHA-WALHDAB 2017 Annual conference					Preparedness	
First Breath Annual Conference		WWHF			MCH	

Breastfeeding Summit		WBC			MCH	
First Breath Annual training		WWHF			MCH	
Wisconsin Lead program annual meeting		DHS			Lead	
VFC annual training		TRAIN			Immunization	
QI/Performance Management		Green Lake Co			Accreditation	

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Melanie Simpkins Hire Date: 4/28/14 Title: PHN/Community Health Educator

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th . Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Bloodborne Pathogen Training	X					
CPR (Biennially)	X					
HIPPA/Confidentiality	X					
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Training						
Breastfeeding Support	x					
Grapevine Honoring Choices (scholarship for conf)						
WAHLDAB/WPHA Conference (scholarship)						
1 st Qtr Wellness Webinar or CEU						
2 nd Qtr Wellness Webinar or CEU						
3 rd Qtr Wellness Webinar or CEU						
4 th Qtr Wellness Webinar or CEU						
1 st Qtr Accreditation Webinar Using Evidence-Based Practice		U Iowa PRC	1/12/17		Accreditation	.75
2 nd Qtr Accreditation Webinar or Train class						
3 rd Qtr Accreditation Webinar or Train class						
4 th Qtr Accreditation Webinar or Train class						
WI ADA Conference						
1 st Qtr Chronic Disease Webinar or CEU						
2 nd Qtr Chronic Disease Webinar or CEU						
3 rd Qtr Chronic Disease Webinar or CEU						
4 th Qtr Chronic Disease Webinar or CEU						
1 st Qtr Co. Health Rankings Webinar						
2 nd Qtr Co. Health Rankings Webinar						

3 rd Qtr Co. Health Rankings Webinar						
4 th Qtr Co. Health Rankings Webinar						
Annual Grapevine Conference (scholarship for lodging and conference)						
County Mutual Safety Jan-Ergonomics & Work Station Design		Co. Mutual online	1/4/17			
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				
County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

Individual Annual Training Development Plan 2017

Employee Name: Tracy Soda Hire Date: 11/08/1993 Title: Public Health Nurse

Complete Competency Assessment prior to July 1st. Completion Date:

Review Assessment with Manager prior to July 30th. Completion Date: _____

Training Title	Mandatory	Sponsor/Location	Date Completed	TRAIN	Program	Hrs.
Blood Borne Pathogen Training	X					
CPR (Biennially)	X					
HIPPA/Confidentiality	X					
Diversity/Civil Rights	X					
Resp. Fit Testing/PPE	X					
Workforce Development						
Cultural & Linguistic Competency Training						
Breastfeeding Support	X					
8 Steps to Building and Sustaining Effective Coalitions		South Central PH Partnership/Web-Based		X	Public Health/Prevention	2hrs.
A Public Health with Impact: The Path to What Works		NACCHO/Webinar		X	Public Health/Prevention	15min.
Advanced Program Evaluation		NYC-Tri-Cty PH Training Center		X	Public Health/Prevention	45min.
Using Evidence Based Practices: PH Practitioners and Community Partners		Prevention Research Centers- Univ. of Iowa/Webinar	01/12/2017		Public Health/Prevention	1hr.
PHEP Q &A's		DHS/Webinars	01/10,		Preparedness	1hr. average
Shop Tabletop Exercise		DHS/Disaster Tabletop-Appleton Library	02/14/2017		Preparedness	3.5hrs.
Governor's Conference on Emergency Management and Homeland Security		WEM/Chula Vista WI Dells	3/8 and 3/9		Preparedness	16hrs.
County Mutual Safety Jan-		Co. Mutual online				
County Mutual Safety- Feb		Co. Mutual online				
County Mutual Safety- Mar-		Co. Mutual online				

County Mutual Safety- Apr-		Co. Mutual online				
County Mutual Safety- May-		Co. Mutual online				
County Mutual Safety- Jun		Co. Mutual online				
County Mutual Safety- Jul		Co. Mutual online				
County Mutual Safety- Aug		Co. Mutual online				
County Mutual Safety- Sep		Co. Mutual online				
County Mutual Safety- Oct		Co. Mutual online				
County Mutual Safety- Nov		Co. Mutual online				
County Mutual Safety- Dec		Co. Mutual online				
CD Update: AFM, influenza, and Respiratory Updates		DPH- BCD/Webinar	01/13/2017		Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.
CD Update:		DPH- BCD/Webinar			Communicable Disease	1hr.

End of Year Review

_____ did or did not fulfill all of the required trainings, certifications, and licensure renewals, prior to December 31st.

TO THE HONORABLE BOARD OF SUPERVISORS
Green Lake County, Wisconsin

We herewith submit our Annual Report for the Veterans Service Office from January 1, 2016 to December 31, 2016.

During the past year, 2016, this office has continued to experience a high level of activity across many different functions. We look at this as a positive indication that we have been successful at bringing awareness to the veteran population of this county about the services we provide and have them take advantage of the programs that are of benefit to them and to our county.

The following is a summary of the activities of our office for the past year.

During the period, this office affected approximately **3,357** personal and telephonic contacts; 4,165 in 2015. and handled a total of **10,642** pieces of correspondence in the course of providing aid and assistance to the veterans, their dependents and their survivors of this county; 11,599 in 2015.

Providing transportation to the veterans of this county to various VA Hospitals and clinics has been an important service of this office and is vital in securing cost-effective health care for these veterans. Transportation were provided to VA facilities primarily at Madison & Milwaukee with some trips to Appleton, Green Bay, and Tomah. 167 veteran transports were made to VA facilities for outpatient and hospitalization appointments with an expenditure of **1,003** driver hours. In 2015 there were 175 transports with 1,277 driver hours. The reimbursement to the county for transportation that was received from the VA hospitals and veteran's contributions total **\$5,597.25** as compared to \$7,195 in 2015

This office also provides veterans, their dependents and their survivors with assistance regarding Social Security, SSI, Medicare, insurance forms, Champus/ChampVA, Social Service programs, Retirement Benefits, Nursing Home applications and many other services when the need arises in conjunction with information needed to obtain veterans benefits.

Green Lake County CVSOS Budget Analysis – Based on VA & WI DOR 2015 & 2016 Data

VA Expenditures \$10,062,000 (\$8,656,000 in 2015)

CVSOS Expenditures \$111,053 (\$139,036 in 2015)

FEDERAL BENEFITS AND SERVICES:

The following Federal benefits were received by the Green Lake County veterans, their dependents and their survivors.

Compensation Payments (for service-connected disabilities), Dependency and Indemnity Compensation, Survivor Benefit Plan Payment, Disability Pension (Non service-connected causes), Death Pension (Non service-connected causes), Servicemen's Government Life Insurance, Education Benefits, Vocational Training and/or Rehabilitation, and Burial Benefits.

Total = \$4,699,000 (\$4,644,000 in 2015)

Veterans Administration Hospital Benefits, which include inpatient and outpatient appointments at VA Hospitals and clinics and prescriptions for Green Lake County veterans. **\$5,271,000** (\$4,273,000 in 2015)

STATE BENEFITS AND SERVICES:

The following State benefits were received by the Green Lake County veterans, their dependents and their survivors.

Housing Loans, Home Improvement Loans, Personal Loans, Medical Aid Grants, Part-Time Study Grants, Subsistence Aid Grants, Claims processing assistance, Appeals counsel, Discharge Reviews and other various benefits, programs and services. (This does not include services/benefits received through cooperating agencies or service organizations.)

The Veterans Service Office received the Wisconsin Department of Veterans Affairs County Veterans Service Office Grant in the amount of **\$8,500**, for the purpose of extending and strengthening service to the veterans of this county which is the same as years past.

The Veterans Service Office also received a grant in the amount of **\$2,507** from the Wisconsin Department of Veterans Affairs to assist in transporting veterans to VA Healthcare appointments. \$1,809 was granted in 2015

The Wisconsin Veterans Home provides a retirement community and nursing home care for veterans and their families. Green Lake County currently has **6** members residing at the Wisconsin Veterans Home at King WI.

COUNTY BENEFITS AND SERVICES:

The County Veterans Service Commission consists of Victor Shrock, Chairman; Robert Burdick and Anthony Soda, members; and Jon Vandeyacht, Secretary. Quarterly meetings were held to review grant applications and policy. The Annual Veterans Service Commission Conference at King, WI was attended by commission members. The Veterans Service Commission provided 1,926.82 Emergency Aid Grants to veterans and/or their families and also provided Holiday Meals to 9 families.

Total Service Commission Grants and Expenses = \$2,011 (\$2,907 in 2015)

There were no funds granted to cover burial of indigent veterans in the past year.

Care of veterans' graves: (including providing of flag holders and rods.) **Total = \$1,142** (\$1,249 in 2015)

Respectfully submitted,

Jon D. Vandeyacht
Veterans Service Officer

COMMISSION ON AGING ADVISORY MINUTES

January 18, 2017

Present: Dick Trochinski, Barb Behlen, Barb Reif

Others Present: Betty Bradley

Not Present: Pat Flanigan, Yolanda Gallegos,

Requirements of Open Meeting Law have been met.

CALL TO ORDER:

The meeting was called to order at 10:01 a.m. by Trochinski at the Berlin Senior Center.

PLEDGE OF ALLEGIANCE:

The Pledge of Allegiance was recited.

APPROVAL OF AGENDA:

Motion/second (Trochinski/Behlen) made a motion to approve the agenda. All ayes. Motion carried.

ACTION ON MINUTES:

Motion/second (Behlen/Reif) to approve the November 15, 2016 minutes. All ayes. Motion carried.

APPEARANCES: None.

CORRESPONDENCE: Bradley read a letter from GWAAR approving our 2017 budget.

GREATER WISCONSIN AGENCY ON AGING RESOURCES, INC (GWAAR): Bradley reported Regarding the GWAAR conference call from January 17, 2017. The following topics were discussed: Medicare, Medicaid, social security, Senior Care, NAPS conference. Discussion followed.

HEALTH & HUMAN SERVICES BOARD REPORT There was no meeting.

OLD BUSINESS: November & December Program Information: Bradley provided the November and December Program reports for Committee review. Discussion followed. Bradley also distributed year end ADRC data. Discussion followed.

2017 Aging Budget: Bradley updated Committee members regarding the 2017 Aging Budget.

85.21 Transportation Grant: Bradley updated Committee members regarding the 85.21 Transportation Grant application.

NEW BUSINESS: None.

COMMITTEE DISCUSSION

Future Meeting Date: The next meeting of the Aging Advisory Committee will be Tuesday, March 14, 2017 at the Green Lake County Government Center at 10:30 a.m.

Future Agenda Items for Action and Discussion: volunteer recognition

Motion/second (Behlen/Reif) to adjourn the meeting. All ayes. Motion carried.

The meeting adjourned at 11:50 a.m.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

FAX: 920-294-4139

Email: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

VOICE: 920-361-3484

FAX: 920-361-1195

Email: fri@co.green-lake.wi.us

THE FOLLOWING ARE THE OPEN MINUTES OF THE HEALTH & HUMAN SERVICES HEALTH ADVISORY COMMITTEE HELD AT THE GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI ON WEDNESDAY, JANUARY 11, 2017 AT 8:00 A.M.

MEMBERS PRESENT: Kathy Munsey, Jeanne Lyke, Pat Brandstetter, Harley Reabe, Jean Kessler, Tammy Bending, Tami Moffat-Keenlance, Nancy Hoffman

ALSO PRESENT: Karen Davis, Jason Jerome

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

The Pledge of Allegiance was recited.

Call to Order: Lyke called the meeting to order at 8:03 a.m.

Approval of Agenda: Motion/Second (Bending/Brandstetter) to approve the agenda. All ayes. Motion carried.

Approval of Minutes: Motion/second (Kessler/Brandstetter) to approve the minutes of the October 12, 2016 meeting. All ayes. Motion carried.

Introductions – New Committee Member: Introductions were made.

Appearances: None.

Quarterly Report on Health Unit Activities: Munsey shared/explained the mission, vision and core values of the Health Unit. (See attached.)

Munsey explained to Committee members the accreditation process and what is required.

Munsey reviewed the draft 2016 Annual Report with Committee members., i.e. 2016 Community Health Assessment; CHAT (Community Health Action Team), etc. A final will be emailed to all members when completed (See attached.)

Board Education – HUD Rule to Restrict Smoking in Public Housing: Munsey reported to Committee members that there is a new rule that came out in November 2016. Munsey reported that all low income housing units are required to be smoke-free by mid-2018. Munsey reported where the low income public housing units are located in Green Lake County. Discussion followed.

Munsey distributed/explained to new Committee members the “Responsibility of Board Members”. (See attached.)

Workforce Development and Training Plans: Munsey explained the Workforce Development and Training Plan which is required for accreditation. Munsey reported that this plan was revised to include the new County Neo-Gov system.

Environmental Health/Agent Status Report: Wind Turbines: Munsey updated Committee members regarding discussion regarding the wind turbines. Discussion followed. A Resolution will be presented at the next meeting for approval/recommendation.

Munsey updated Committee members regarding concerns with elderly individuals in their own homes and health issues. Discussion followed.

Public Health Preparedness: Munsey reported that Green Lake County is part of the Northeast Wisconsin Preparedness group. Munsey updated that the Coordinator has resigned and the position will be advertised to be filled.

Accreditation Update/140 Review: Munsey shared the 2016 Community Health Assessment. (See attached.) Board members were previously sent a draft and shared thoughts and suggestions for changes. Munsey reported regarding the requirements of the Community Needs Assessment for both Accreditation and the 140 Review. Discussion followed and board members agreed that the document was well done and it was nice to have comparatives with the 5 surrounding counties.

Committee Discussion: No discussion.

Future Meeting Date: The next Health Advisory Committee meeting will be held on April 12, 2017 at 8:00 a.m. at the Human Services Center.

Future Agenda Items After Action and Discussion: Health Officer Abatement issues, quarterly update; wind turbines

Adjournment: Motion/second (Brandstetter/Kessler) to adjourn the meeting. All ayes. Motion carried.

The meeting adjourned at 9:09 a.m.

DHHS Expenditure/Revenue Comparison

	<u>Expenditures</u>		<u>Revenues</u>
Admin			
Total Budget:	\$ 696,589.00		\$ 610,354.00
YTD Expenses	\$ 587,581.16	YTD Revenues	\$ 649,622.55
% YTD Expenses	84%	% YTD Revenues	106%
% Should Be:	100%	% Should Be:	100%
Health			
Total Budget:	\$ 594,079.00		\$ 594,079.00
YTD Expenses	\$ 517,876.98	YTD Revenues	\$ 590,326.06
% YTD Expenses	87%	% YTD Revenues	99%
% Should Be:	100%	% Should Be:	100%
Children & Families			
Total Budget:	\$ 1,612,441.00		\$ 1,607,655.00
YTD Expenses	\$ 1,512,170.14	YTD Revenues	\$ 1,879,478.03
% YTD Expenses	94%	% YTD Revenues	117%
% Should Be:	100%	% Should Be:	100%
Economic Support			
Total Budget:	\$ 477,629.00		\$ 477,629.00
YTD Expenses	\$ 438,343.60	YTD Revenues	\$ 462,573.08
% YTD Expenses	92%	% YTD Revenues	97%
% Should Be:	100%	% Should Be:	100%
FRI			
Total Budget:	\$ 1,121,224.00		\$ 1,120,224.00
YTD Expenses	\$ 1,054,277.34	YTD Revenues	\$ 922,890.47
% YTD Expenses	94%	% YTD Revenues	82%
% Should Be:	100%	% Should Be:	100%
Behavioral Health			
Total Budget:	\$ 1,440,999.00		\$ 1,440,999.00
YTD Expenses	\$ 1,591,991.98	YTD Revenues	\$ 1,259,727.42
% YTD Expenses	110%	% YTD Revenues	87%
% Should Be:	100%	% Should Be:	100%
Child Support			
Total Budget:	\$ 228,323.69		\$ 228,323.69
YTD Expenses	\$ 176,011.31	YTD Revenues	\$ 257,235.83
% YTD Expenses	77%	% YTD Revenues	113%
% Should Be:	100%	% Should Be:	100%

Aging

Total Budget:	\$	977,126.00		\$	922,173.00
YTD Expenses	\$	1,069,249.48	YTD Revenues	\$	849,131.20
% YTD Expenses		109%	% YTD Revenues		92%
% Should Be:		100%	% Should Be:		100%

Total DHHS

Total Budget:	\$	7,148,410.69		\$	7,087,671.69
YTD Expenses	\$	6,947,501.99	YTD Revenues	\$	6,870,984.64
% YTD Expenses		97%	% YTD Revenues		97%
% Should Be:		100%	% Should Be:		100%

DHHS Expenditure/Revenue Comparison

<u>Expenditures</u>		<u>Revenues</u>	
Admin			
Total Budget:	\$ 696,589.00		\$ 610,354.00
YTD Expenses	\$ 610,002.46	YTD Revenues	\$ 650,057.64
% YTD Expenses	88%	% YTD Revenues	107%
% Should Be:	100%	% Should Be:	100%
Health			
Total Budget:	\$ 594,079.00		\$ 594,079.00
YTD Expenses	\$ 550,565.78	YTD Revenues	\$ 610,695.78
% YTD Expenses	93%	% YTD Revenues	103%
% Should Be:	100%	% Should Be:	100%
Children & Families			
Total Budget:	\$ 1,612,441.00		\$ 1,607,655.00
YTD Expenses	\$ 1,596,494.15	YTD Revenues	\$ 1,912,765.91
% YTD Expenses	99%	% YTD Revenues	119%
% Should Be:	100%	% Should Be:	100%
Economic Support			
Total Budget:	\$ 477,629.00		\$ 477,629.00
YTD Expenses	\$ 459,769.64	YTD Revenues	\$ 487,247.38
% YTD Expenses	96%	% YTD Revenues	102%
% Should Be:	100%	% Should Be:	100%
FRI			
Total Budget:	\$ 1,121,224.00		\$ 1,120,224.00
YTD Expenses	\$ 1,106,764.19	YTD Revenues	\$ 1,023,189.79
% YTD Expenses	99%	% YTD Revenues	91%
% Should Be:	100%	% Should Be:	100%
Behavioral Health			
Total Budget:	\$ 1,440,999.00		\$ 1,440,999.00
YTD Expenses	\$ 1,662,906.93	YTD Revenues	\$ 1,272,552.31
% YTD Expenses	115%	% YTD Revenues	88%
% Should Be:	100%	% Should Be:	100%
Child Support			
Total Budget:	\$ 228,323.69		\$ 228,323.69
YTD Expenses	\$ 181,908.31	YTD Revenues	\$ 318,886.50
% YTD Expenses	80%	% YTD Revenues	140%

% Should Be:	100%	% Should Be:	100%
Aging			
Total Budget:	\$ 977,126.00		\$ 922,173.00
YTD Expenses	\$ 1,115,228.84	YTD Revenues	\$ 892,073.61
% YTD Expenses	114%	% YTD Revenues	97%
% Should Be:	100%	% Should Be:	100%
Total DHHS			
Total Budget:	\$ 7,148,410.69		\$ 7,087,671.69
YTD Expenses	\$ 7,283,640.30	YTD Revenues	\$ 7,167,468.92
% YTD Expenses	102%	% YTD Revenues	101%
% Should Be:	100%	% Should Be:	100%

Semi-Final 2016 Report - 2016 Revenues can be posted through February 28, 2017.

Green Lake County
Department of Health and Human Services

Financial Policies and Procedures

Green Lake County Health and Human Services Department Financial Policies and Procedures

Section	Sub-Section
1 – Business Standards	1.1 – Controls and General Grant Management
2 – Cash and Receipts	2.1 – Cash Receipts and Deposits
	2.2 – Accounting for Revenues
	2.3 – Billings and Collections
	2.4 – Petty Cash
3 – Expenditures	3.1 – Purchases and Disbursements
	3.2 – Purchase of Service Contracts
	3.3 – Payroll and Time Reporting
	3.4 – Allowable Cost Policy (DHHS)
4 – Budgets	4.1 – Budget Creation and Amendments
5 – Reporting	5.1 – Reporting and Reconciliation

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 1 –Business Standards	Effective Date:
Sub-Section: 1.1 – Controls and General Grant Management	Revision Date:
Authorized By:	

POLICY

As a county governmental agency, the Green Lake County Department of Health & Human Services (“DHHS”) is required to have an accountable and effective financial management system in order to receive county, state and federal funds. DHHS will maintain a system of internal controls to safeguard its assets, verify the accuracy and reliability of its assets, check the timing and reliability of its accounting data, promote operational efficiency, and encourage adherence to prescribed managerial policies.

PROCEDURES

General Provisions

DHHS is part of the county single-audit process and county fiscal structure and must comply with numerous state and federal laws and administrative rules, contracts, program manuals, administrative memos, etc.

To address and monitor adherence to the above, there are multiple levels of management oversight incorporated into the control environment for the Department of Health and Human Services: County Board → DHHS Board → DHHS Director → Unit Managers. The County Administrator and County Clerk’s staff are also instrumental in providing oversight for the Department.

Under the direction of the DHHS Director, policies and procedures will be reviewed on an annual basis incorporating an overall risk assessment to address necessary changes. The DHHS Board will review and approve changes to the financial policies and procedures.

General Procedures on Management of Grant Funds

Throughout the financial policies and procedures, management has addressed/incorporated key internal controls to maintain an effective financial management system. As the Department receives substantial federal funding, pertinent policies and procedures designed to provide financial accountability and compliance with specific federal requirements have been incorporated throughout. Federal Grant Information Forms will be completed for each individual grant received by the Department. This form references the applicable compliance requirements for each grant and identifies the related County and/or Department-specific procedure. The following are the Federal compliance requirement categories, along with the reference to the specific policies or procedures. Note that not all may be relevant to each individual grant.

Federal Compliance Requirements

- Activities Allowed or Unallowed (*see Section 3.3*)
- Allowable Costs/Cost Principles (*see Section 3.4*)
- Cash Management (*see Section 5.1*)
- Eligibility (*program specific, see Federal Grant Information Forms*)
- Equipment and Real Property Management (*see Section 3.1*)
- Matching Level of Effort, Earmarking (*see Section 5.1*)
- Period of Performance (*see Section 5.1*)
- Procurement and Suspension and Debarment (*see Sections 3.1 and 3.2*)
- Program Income (*see Section 5.1*)
- Reporting (*see Section 5.1*)
- Subrecipient Monitoring (*see Section 3.2*)
- Special Tests and Provisions (*program specific, see Federal Grant Information Forms*)

Training Related to Federal Grants

DHHS will provide department specific training on the allowable use of federal funds to all staff involved in federal programs through activities such as:

- Distributing federal guidance documents;
- Distributing County policies and procedures;
- Developing templates, checklists and other guidance documents as appropriate;
- Internal training sessions;
- Routine staff meetings; and
- Informal technical assistance.
- Link to the Electronic Code of Federal Regulations related to Uniform Grant Guidance:
<http://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.200&rgn=div5>

The County will promote coordination between all staff involved in federal programs through activities such as:

- Routine staff meetings;
- Joint training sessions;
- Policies and procedures that address all aspects of federal grants management;
- Sharing information that has cross-cutting impact such as single audits, monitoring reports, letters from oversight entities, etc.

Conflict of Interest

The Federal Uniform Grant Guidance requires the Department to follow the conflict of interest policies set forth below:

1. Employee Conflict of Interest

The Department will adhere to the standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award, and administration of contracts per the County's procedures. Related to Federal Uniform Grant Guidance, the following provisions are applicable: "No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. The officers, employees, and agents of the County may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts."

2. Organizational Conflict of Interest

Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, the Department is unable or appear to be unable to be impartial in conducting a procurement action involving the related organization (non-profit organizations).

3. Disclosing Conflict of Interest

The Department must disclose in writing any potential conflict of interest to the granting agency in accordance with applicable Federal awarding agency policy.

Record Retention

The purpose of a records retention procedure is to ensure that necessary records and documents of the Department are adequately protected and maintained and to ensure that records that are no longer needed by the Department, or are of no value, are discarded at the proper time. An electronic copy of the County Board approved record retention policy can be found on the County-wide intranet. Federal requirements per Uniform Grant Guidance will also be reviewed, with the Department following the most restrictive where applicable (Sections §200.333 through §200.337 <http://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.200&rgn=div5>).

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date:
Sub-Section: 2.1 – Cash Receipts and Deposits	Revision Date:
Authorized By:	

POLICY

Green Lake County Department of Health and Human Services (“DHHS”) will follow County policy and procedures related to cash receipting and depositing with the Treasurer’s office related to timely deposits and proper control over funds prior to deposit. The following is required:

- Pre-numbered receipts are required for all payments. For manual receipt books, triplicate receipts are required.
- Cash drawer shall be reconciled on a daily basis.
- Deposits are to be made daily intact unless below \$500. Ideally, the deposit will be made daily but if below the identified threshold, the deposit may be locked in a secure location and deposited the subsequent day.
- Checks shall be restrictively endorsed “For Deposit Only” upon receipt.
- All receipts on hand the last working day of the month must be deposited that day.
- Undeposited funds shall be kept in a secure location with access limited to only authorized personnel.

PROCEDURES

Cash Receipts

- Primary Receptionist receives and receipts cash and/or checks from clients directly at the reception desk, from staff on behalf of clients (examples: Aging meal sites, Public Health immunization clinics) or through the mail.
- Mail is opened and date-stamped by Administrative staff.
- A manual receipt book, in triplicate, is utilized. The top copy is given to the client, the second copy is attached to the deposit and stored in the deposit bag, and the third copy is retained in the receipt book.
- All voided receipts must be approved by a Unit Manager. Supporting documentation will be retained and filed with the voided receipt.
- Refunds may not be given from the front desk. If a refund is due, a check request will need to be processed and paid through accounts payable.

- The Accounting Specialist (backup – Secondary Receptionist/Data Entry Specialist) will collect the daily receipts. He/she will count and verify daily receipt amount less the \$50 which is retained in the change fund at all times. The Accounting Specialist then logs all receipts on the monthly check register. The information recorded includes: Initials of individual logging receipts, date of receipt, receipt number, payer name, unit name, check number or cash and amount paid including daily total.
- Upon completion (no later than 1:00 pm), the Accounting Specialist will forward the deposit and receipts to the Account Clerk Specialist who will code the deposits and forward to the County Treasurer.
- It is the responsibility of each individual to have backup assigned in their absence. Those covering these responsibilities may not also provide backup for the Account Clerk Specialist deposit functions.

Deposits

- The Account Clerk Specialist prepares daily deposit after receipt from the Accounting Specialist.
- The daily deposit is recorded on either the “Remittance Slip to County Treasurer” or the “Remittance Slip to Circuit Court” forms. The deposit is summarized based on total amount per appropriate account code as determined by the Account Clerk Specialist.
- There is a separate checkbook for restitution receipts. The Account Clerk Specialist prepares the deposit for these receipts.
- The total of the remittance slips plus the restitution deposit must equal the daily deposit. This is verified by the Account Clerk Specialist.
- Upon completion, the deposit is delivered to the Treasurer in a timely manner by the Account Clerk Specialist by 2:30 pm.
- The County Treasurer issues a receipt for the DHHS deposit which is returned to the Account Clerk Specialist and is retained with the daily deposit.
- Any funds received after delivery of deposit are locked in a secure file cabinet until the next business day.
- In the absence of the Account Clerk Specialist, the Secondary Receptionist/Data Entry Specialist will log the receipts and the Accounting Specialist will then fulfill the depositing functions. The Administrative Assistant may also serve as back-up in either role.

Restitution Program:

A separate checkbook is maintained for receipt of and payments for restitution to victims and victim/witness. Fees collected are taken to the Circuit Court Office and they deposit accordingly. Upon receipt, the Account Clerk Specialist records the collected fees on a spreadsheet to monitor payments. The following individuals and related tasks are as follows:

- *Victim/Witness Coordinator* – provides green sheet to Account Clerk Specialist identifying victims and amounts owed to each.

- *Juvenile Court Intake Worker* – enters Deferred Prosecution agreement with juvenile and parents; provides copy to Account Clerk Specialist with restitution amounts owed and to whom.
- *Dispositional Workers* – in the event a payment is given to Dispositional Worker during a home or school visit, the worker will issues a written receipt for the monies collected and will deliver to the Receptionist upon return to the office.
- *Account Clerk Specialist* – processes monthly billing to juveniles for restitution and witness fees; deposits funds and issues payments to victims (along with a letter signed by his/her social worker); provides monthly reports to Social Workers regarding outstanding balances for each juvenile on their caseload.
- *County Treasurer* – receives monthly bank statement for the Restitution account and provides a copy to the Account Clerk Specialist; prepares a monthly bank reconciliation; signs checks to victims as two signatures are required (Account Clerk Specialist and Treasurer).

Other Cash Receipts and Deposits

- All revenue received by DHHS is in the form of checks or cash, excluding the following monthly electronic payments:
 - CARS (Community Aids Reporting System) - State of WI Department of Health Services
 - SPARC (COrE) payment - State of WI Department of Children and Families
 - GWAAR payment – Greater Wisconsin Area on Aging

These payments are deposited directly into the County's bank account via electronic funds transfer. The Accounting Specialist provides the account numbers to the Treasurer for accurate recording into the General Ledger. A copy of the transmittal letters and receipts are forwarded to the Accounting Specialist.

- Medicare Part B (NGS) payments are also received electronically. The Account Clerk Specialist provides the Treasurer with the appropriate account numbers (either for the Behavioral Health Unit or the Health Department for flu vaccinations).

FORMS

- Log for multiple payments received for singular purpose (Home Delivered Meals, Donations)
- Monthly check register for logging receipts
- Remittance slip to County Treasurer
- Remittance slip to Circuit Court

REMITTANCE SLIP TO COUNTY TREASURER

DATE:

FROM: DHHS

CHECKS: _____

CASH: \$0.00

TOTAL:
\$0.00
 (Will auto total)

DEPOSIT INTO THE FOLLOWING:

DESCRIPTION	ACCT #XX-XXX-XX-XXXXX-XXX-XXX	AMOUNT
	TOTAL:	\$0.00

(Will auto total)

REMITTANCE SLIP TO CIRCUIT COURT

DATE:

FROM: DHHS

CHECKS: _____

CASH: \$0.00

TOTAL:
\$0.00
(Will auto total)

DEPOSIT FOR THE FOLLOWING:

JUVENILE	CASE #	AMOUNT
	V/W FEE 16 JV 019	
	TOTAL:	\$0.00

(Will auto total)

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date:
Sub-Section: 2.2 – Accounting for Revenues	Revision Date:
Authorized By:	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) generates revenues from various sources including property taxes, intergovernmental funding and charges for services. DHHS will properly recognize these revenues in conformity with accounting standards, statutory requirements and local budgetary practices.

PROCEDURES

The primary forms of revenue recorded by DHHS include intergovernmental revenues and charges for service. Property taxes are recorded county-wide by the County Clerk’s office. See Section 2.1 for cash receipting and depositing procedures. Below is a summary of revenues received by unit within DHHS:

- Administrative Unit
 - Other Public Charges
 - See attached – Copying Charges Policy
 - See attached – Policy on Use of Fax Machine
- Health Unit (Insurance or self pay)
 - Intergovernmental revenues
 - Vaccines (Flu, Pneumonia, Immunizations)
 - Hepatitis Vaccines
 - Miscellaneous (Adult Health Screenings, Cholesterol Clinics, Medical Supplies)
- Children and Families Unit
 - Intergovernmental revenues
 - Foster Care
 - Family Mediation
- Behavioral Health Unit
 - Intergovernmental revenues
 - Intoxicated Driver Program (self pay only)
 - Inpatient Services (self pay portion)
 - Outpatient Services (third party reimbursement, self-pay including copays)
- Economic Support/Child Support Unit
 - Intergovernmental revenues
 - Badger Care and child support payments (payments received from consumers which are receipted, logged and forwarded directly to the State)

**Green Lake County Human Services Dept. Of HHS
Copying Charges Policy**

In order to be consistent throughout the County, any party requesting copies of an agency record must have:

1. An appropriate release of information signed, Court ordered, or be exempt (no charge) as defined in the Agency's confidentiality policy.
2. An appointment with the records custodian or designee to review the record and determine which pages the requesting party wants copied.
3. The requesting party needs to be informed that there will be a 25¢ per page copying charge. This charge will be paid prior to the copies being made. In addition, if there is **significant** staff time involved in reviewing the record, such as in child abuse/neglect records, in order to blackout reporter's identification, the Agency reserves the right to make an additional charge for this service.
4. Money from copying will be given to the Account Clerk (Roxanne Haedt) who will make a receipt and deposit the money into the appropriate revenue account
5. If there are any questions about what can or cannot be released, contact your Unit Manager or the Director/Deputy Director for clarification.

**GREEN LAKE COUNTY HUMAN SERVICES DEPARTMENT
POLICY ON USE OF THE FAX MACHINE**

The Fax Machine will be located in the cubicle adjacent to Karen Davis (the cubicle across from the Deputy Director's office). The fax number which people can dial directly into will be 294-4139. Other fax numbers frequently used will be listed next to the fax machine.

Administrative Unit staff will be available to any staff in the building wishing to fax material. They will assist individual staff in faxing their material. The Administrative Unit staff will also orient/instruct staff that frequently use the fax machine on how to send their own fax.

The following guidelines are to be used when considering faxing material:

1. Confidential documents or information should not be sent by fax unless there is good reason for doing so. If a more secure method for transmitting confidential data is feasible under the circumstance, the more secure method should be used.
2. In deciding whether to send confidential data by fax, department staff should consider whether it would be practical and advisable to delete portions of the document to eliminate the material of greatest confidential concern. For example, it may be that the substance of a highly sensitive document concerning a particular client needs to be sent by fax, but there is no necessity for including the client's name. Perhaps the intended recipient already knows through telephone call or otherwise who the client is, or doesn't need to know the client's identity at all. In such an instance, the information identifying the client could be deleted from the document before faxing the document.
3. The fax machine will be continuously monitored by Administrative Unit staff to reduce the likelihood that incoming fax transmissions will sit in the fax machine indefinitely, potentially being seen by unauthorized staff.
4. When a fax message arrives, ideally the message should either be delivered to the intended recipient immediately by Administrative Unit staff or the person monitoring the fax machine should notify the recipient's office immediately that the fax message has come in. If it is necessary for an incoming fax message to sit for awhile awaiting pick-up, that message should be kept at a location where access by unauthorized personnel will be minimized.

5. Whenever material is sent by fax, ideally the operator sending the fax should either alert the intended recipient in advance of the transmission or notify the intended recipient immediately after the transmission to insure that any error in sending the message to the wrong fax machine is immediately detected.
6. Finally, if department staff receive an incoming fax message sent in error, they should immediately notify the sender of the error.

Please use the attached cover sheet which will be printed for sending all faxes from the department. This cover sheet also outlines the confidentiality of the material being sent.

PERSONAL USE

The department fax machine may be used for personal use by employees of the Human Services Department or Veteran's Service office. Personal usage will be allowed to the extent that it does not affect the official use of the fax machine by the department.

In order to be consistent with the Finance Committee and the memo dated July 14, 1995, both in-coming and out-going fax charges will be as follows:

\$1.00 for the first page, and
\$.50 per page for any and all additional pages.

This fee will be paid to Karen Davis when the fax transmission is picked up by the recipient. These charges are to cover the use of the fax machine and expense associated with the telephone usage.

A separate cover sheet will be drafted and attached to this policy for the personal use of the fax machine.

If there are any questions regarding the official or personal usage of the fax machine please direct your questions to the Director or Deputy Director.

GREEN LAKE COUNTY CLERK

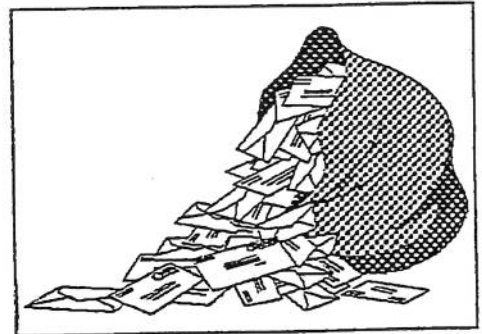
Marge Bostelmann

P.O. Box 3188, Green Lake, WI 54941-3188

Phone 414 294-4005 - Fax 414 294-4009

MEMO

TO: All Personnel
FROM: Marge Bostelmann
DATE: July 14, 1995
SUBJECT: Fax Charges



The Finance Committee has approved the following fax charges effective immediately:

Both in-coming and out-going fax charges:

\$1.00 for the first page and

.50 per page for any and all additional pages.

If you have any questions please contact me.

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 2 – Cash and Receipts	Effective Date:
Sub-Section: 2.4 – Petty Cash	Revision Date:
Authorized By:	

POLICY

Petty cash and change funds are needed in the day to day operations of Green Lake Department of Health and Human Services (“DHHS”). Establishment of and changes to petty cash funds are approved by the DHHS/County Finance Committee. Funds will be kept in a secure location in the department with access limited to only selected individuals. These individuals are identified by the DHHS Director.

PROCEDURES

Front Desk Change Fund

- A change fund in the amount of \$50 has been established and is used at the front desk to make change for customers as needed. The balance of \$50 is retained each day after the daily deposit is withdrawn from the envelope. The Accounting Specialist/Secondary Receptionist/Data Entry Specialist are responsible for counting and verifying the balance in the change fund.

Petty Cash Funds

- The following petty cash funds have been approved:
 - General \$100 – to be used for making change for payments at the Reception desk
 - Aging \$100 – to be used for meal sites, food pantry and program related supplies and activities
 - Fox River Industries \$333 – to be used for general program related supplies and activities (excluding workshop purchases)
- Purchases should not exceed \$20.
- Prior approval is required for purchases by Unit Managers.
- A log describing what the funds were used for and who approved the usage will be maintained.
- Receipts must be submitted and retained in the cash fund, with approval and type of expenditure clearly documented on the petty cash log (see link below).
- Sales tax will not be reimbursed for purchases.
- Designated individuals shall be appointed for each petty cash fund, who will be responsible for securing the funds in a locked drawer or safe. Unit Managers will have access along with a designated individual within the unit is responsible for the petty cash fund along with the reconciliation and replenishment of funds.
- The petty cash fund is to be monitored and balanced monthly by the Designated Individual. The monthly reconciliation is to be forwarded to the Unit Manager for approval.

DRAFT #1 11/29/16

- Petty cash replenishment forms are forwarded to the Accounting Specialist, along with a copy of the log and receipts. Replenishment of petty cash shall be completed at a minimum, once per year.
- Personal checks will not be cashed using the petty cash funds.
- The Accounting Specialist reviews the petty cash transactions when entering the voucher for payment.

FORMS

- Petty Cash Log
- Petty Cash Replenishment Form

COA Aging/LTC Petty Cash

A Request for Petty Cash Replenishment was Requested on (Date) _____

	Amount for Reimbursement	Total
Authorized Amount	A.	\$100.00

Cash Left on Hand: B.

Pending Reimbursements/Receipts on Hand C.

Other Operating Supplies- III-B 209-32-54603-349-340	<input type="text"/>
---	----------------------

Postage - III-B 209-32-54603-311-340	<input type="text"/>
---	----------------------

Other Account Not Listed Account # _____	<input type="text"/>
---	----------------------

<input type="text"/>	
Other Account Not Listed Account # _____	<input type="text"/>

Subtotal:

Petty Cash Reconciliation: (B+C=A)

Petty Cash Custodian Signature: _____

Unit Manager Approval: _____

*****Please Attached all Receipts in order to be reimbursed**

FRI (Penny Bahn) Petty Cash

A Request for Petty Cash Replenishment was Requested on (Date) _____

	Amount for Reimbursement	Total
Authorized Amount	A.	\$333.00

Cash Left on Hand:

B.

Pending Reimbursements/Receipts on Hand

C.

Educational Supplies- Day Service
207-35-54802-348-561

Operating Supplies- Supported Employment
207-35-54807-340-561

Recreation & Leisure- FRI Admin
207-35-54806-272-000

Postage
207-35-54806-311-000

Building Maintenance- FRI Admin
207-35-54806-247-000

Other Account Not Listed
Account # _____

Other Account Not Listed
Account # _____

Subtotal:

Petty Cash Reconciliation: (B+C=A)

\$333.00

Petty Cash Custodian Signature: _____

Unit Manager Approval: _____

*****Please Attach All Receipts to be Reimbursed**

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date:
Sub-Section: 3.1 – Purchases and Disbursements	Revision Date:
Authorized By:	

POLICY

The purpose of a purchasing procedure is to ensure the Department’s funds are appropriately spent in the most cost effective manner and that the purchase has been approved by the required administrative hierarchy. The Green Lake County Department of Health and Human Services (“DHHS”) will follow the County’s purchasing policies for procurement of supplies and services.

DHHS will not enter into any procurement contracts or commitments with a suspended or debarred vendor or business.

PROCEDURES

There are various means in which to initiate a purchase for DHHS. The following processes are available and shall be followed:

Purchases Orders

- Purchases order requests are to be completed for hotel reservations, purchases over \$1,000 with committee approval, and general credit card purchases initiated through the Clerk’s office.
- The purchase order request form is located on the County’s intranet site with link provided below.
- All requests must be signed by requestor and be approved by the DHHS Director/Unit Manager.
- When purchasing items with Federal funds, the identified grant administrator must also document approval on the purchase order and invoice upon receipt.
- Staff complete the purchase order request and submit to DHHS Director/Unit Manager for approval and forward to the Purchasing agent in the Clerk’s office for processing and related initiation of purchase as DHHS does not have access to the County’s credit card.
- Purchases in excess of \$1,000 require 2-3 bids and must be approved by the governing committee and the County Property and Insurance Committee.
- When initiating purchases with federal dollars, the Unit Manager will review the five acceptable procurement methods to ensure the appropriate procurement procedures are followed (per Section §200.320 from the Uniform Grant Guidance <http://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.200&rgn=div5>). The five methods relate to micro purchases (supplies and services below \$3,000), small purchases (supplies, property or other sales between \$3,000 and \$150,000), sealed bids (in excess of \$150,000), competitive proposals (projects over \$150,000) and noncompetitive proposals (sole source).

Walmart Credit Card Purchases

- DHHS has Walmart credit cards that are available for client specific purchases, office supplies, and other allowable purchases (i.e. foster clothing, grant specific items, medical supplies, etc.).
- When receipt is returned, the Unit Managers are to code, sign and stamp the receipt identifying it as an allowable cost.
- The Accounting Specialist retains control over the Walmart credit cards. Cards must be requested of the Accounting Specialist or Administrative Assistant in the absences of the Accounting Specialist.
- The Accounting Specialist maintains control of the tracking sheet that must be completed. Information required is as follows:
 - Staff name
 - Date card signed out
 - Date card signed in
 - Receipt returned
 - General ledger account provided
- Walmart invoices are all entered into Alio by the Account Budget Coordinator in the County Clerk's office.

Purchase of Service Contracts

- See Section 3, Subsection 3.2 for purchase of service contract procedures.

Vouchers

- New vendor requests are emailed to the DHHS Director for approval. He/she will approve via email which will then be forwarded to the Clerk's office for set up in the Alio system. A completed W-9 form is required for new vendors. The County Clerk's office will notify the Accounting Specialist if a W-9 form needs to be sent to new vendor.
- Invoices are received from vendors at the beginning of each month, with a preferred receipt date of the 5th day of the month.
- Invoices are routed upon receipt to the appropriate Unit Manager for review, coding (Vendor ID and general ledger account) and approval.
- For purchases made with federal funds, approval that the cost is allowable per Uniform Grant guidance (2 CFR part 200) must be documented. The Unit Manager will stamp "Allowable" and initial the invoice signifying the cost is allowable per Uniform Grant Guidance and program requirements.
- Upon approval and proper coding, the Unit Managers will route the invoices to the Accounting Specialist for review and entry into the Alio system. The invoice is entered into the system which generates a voucher that is printed in duplicate.
- One copy of the voucher/invoice is sent to the Clerk's office for payment. A second copy is retained at DHHS with the original invoice stapled to it and filed.
- One primary payment batch is processed each month for approval by the board.
- The Accounting Specialist prepares a summary voucher listing and a detail voucher listing by unit for the Department of Health & Human Services Board meeting. The vouchers are reviewed and approved by the DHHS Director and full Health and Human Services Board prior to issuance of payment.
- Vouchers are delivered to the Clerk's office by 4:30 pm by Wednesday after the second Monday of the month's board meeting for posting to appropriate expense accounts.

- Checks are then processed by the Clerk's office and delivered to the Treasurer's office for mailing the Friday following the Board Meeting or as soon as possible within reason.
- As checks are only processed once per month, there are situations that arise requiring immediate payment. To address these situations, an emergency batch is run each Wednesday by the Clerk's office. Any payment to be included is entered and processed by the Clerk's office, not by DHHS. These payments are then included on the subsequent listing for the board's approval.
- The Board has approved payment for the following types of emergency payments: utility bills, outpatient invoices, doctor/psychiatrist invoices, conferences and training.

Mileage and Staff Expense Reimbursement

- County-wide procedures are followed, utilizing the "Mileage Report" and "Out of County Meals" forms available on the Intranet with links provided below.
- Staff must complete and provide to Unit Manager for approval and coding. Unit Manager will then forward to Accounting Specialist for processing with the Vouchers as noted above.
- Receipts must be provided for meal reimbursement.

Equipment Purchases in Excess of \$5,000 and Real Property

- Records will be maintained to identify all equipment having a useful life of more than one year and valued over a \$5,000 threshold when purchased with federal grant funds. Disposal of equipment acquired with federal funds will be completed in accordance with federal requirements. All equipment purchased with federal funds will be safeguarded, maintained and insured in accordance with the capital asset policies set forth by the County.

Suspension and Debarment – Federal Funds

- All vendors and contractors for sub-awards of any value and procurement contracts equal to or exceeding \$25,000 will be compared to listings in the federal System for Award Management (SAM) for suspended, debarred or excluded parties. This comparison will be completed by the Administrative Assistant/Accounting Specialist prior to entering into the contracts with payment from federal funds. A print-out from the SAM website will be retained in the contractor's file. For new vendors not requiring a purchase of service contract, documentation from the SAM website will be retained in an electronic file for this purpose.

FORMS

- Purchase Order Request
- Purchase Order Request – Seminars/Conventions/Training
- Mileage Report
- Out of County Meals

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date:
Sub-Section: 3.2 – Purchase of Service Contracts	Revision Date:
Authorized By:	

POLICY

Wisconsin Statute 46.036 requires counties to use contracts under certain circumstances. When deemed necessary per Wisconsin Statute, the Department will follow the criteria set forth in the guidance provided by Wisconsin Department of Health Services, Wisconsin Department of Children and Families and Federal Uniform Grant Guidance (2 CFR Part 200).

Federal award information and compliance requirements will be provided to sub-recipients of federal grants. Sub-recipients activities will be monitored which will include review of annual audit, follow up on any identified issues in the audit and other ongoing monitoring deemed necessary based on risk assessment.

PROCEDURES

When contracting for purchase of care and services, the Department shall:

Draft and Issue Purchase of Service Contracts

- Unit managers determine the need for ongoing and new contracts through the budgetary process, or as needs arise throughout the year.
- Unit managers draft the contract identifying the units and rates along with other provider specific requirements.
- The Administrative Assistant reviews and types the final contract which is then signed by the DHHS Director.
- State contracts and addendums are signed by the County Board Chairman.
- In accordance with current departmental policy, any contractor receiving \$25,000 annual payments from the department will be required to annually conduct and submit a copy of their audit to the department for review, unless the department has requested a waiver and received approval from the regional office.
- The Administrative Assistant/Accounting Specialist track contracts to ensure signed contracts are on file, along with required licensure and insurance. In addition, the following related to suspension and debarment shall be included:
 - All vendors and contractors for federal sub-awards of any value and procurement contracts equal to or exceeding \$25,000 need one of the following:
 - Search of the federal System for Award Management (SAM) for verification that vendor or contractor is not suspended, debarred or an excluded party
 - A signed certification from vendor/contractor regarding suspension and debarment
 - A clause or condition added to the covered transaction with the entity

Monitor Purchase of Service Contracts

- The Accounting Specialist maintains a spreadsheet to monitor all contracted payments. Unit managers received this information quarterly for review and approval.
- All audits received are tracked and reviewed by the Accounting Specialist.
- Issues identified will be discussed with the Unit Manager and DHHS Director, as needed.
- Corrective action plans are reviewed with contractor and monitored by the Unit Manager and/or Accounting Specialist.

Complete Subrecipient Determination and Monitoring

- Subrecipient Determination
 - The “Subrecipient/Contractor Determination Checklist” will be completed for each contract issued by the Department. Once completed the DHHS Director will sign and date the checklist which will then be retained in the contract file.
 - The contract for all sub-recipient organizations will be modified to include the required information related to the federal award including fund source information (e.g., CFDA title and number, award name, name of federal agency) and applicable compliance requirements of the federal grant award, agency and funding source (refer to § 200.331 of the Federal Register for an all-inclusive list of the 15 specific data elements).
- Subrecipient Monitoring
 - To comply with the Uniform Grant Guidance, the following will be completed:
 - The Unit Manager will perform risk assessments to determine appropriate subrecipient monitoring, with assistance from the Accounting Specialist related to financial matters and DHHS Director related to department oversight.
 - The Unit Manager and/or the Accounting Specialist will perform appropriate and ongoing monitoring of each subrecipient which could include on-site reviews, training, technical assistance, and/or contracting for an agreed-upon procedure engagement as examples.
 - The Unit Manager and/or Accounting Specialist will review reports that the pass-through entities require of the subrecipient.
 - The Accounting Specialist will review subrecipient’s audits, as considered necessary.
 - The Unit Manager, along with the DHHS Director, will consider how to address subrecipient noncompliance.
 - The DHHS Director will issue a management decision for audit findings of the subrecipient within six months.

- The following are examples of items to consider during the risk assessment:
 - General Assessment

- Maturity of subrecipient to managing grant funds?
- Has there been staff turnover at the subrecipient, either in the fiscal or programmatic areas?
- To what extent has the subrecipient developed or implemented new or substantially changed systems?
- How long has the subrecipient been in business?
- Monitoring & Audit Assessment
 - What did prior audits report with respect to internal control or noncompliance findings?
 - Has any on-site monitoring been performed in the recent years and, if so, what were the results of those monitoring visits?
- Financial System Assessment
 - Does the subrecipient have an effective financial management system in place?
 - Does the accounting system identify the receipts and expenditures of program funds separately for each award?
- Overall Fiscal Assessment
 - How material is our funding in terms of overall funding for the subrecipient?
 - Has the subrecipient been untimely in the drawdown of funds?
- Financial Stability Assessment
 - What does the current and prior year financial statements report as far as financial strength?
 - Has the subrecipient been able to meet its cash needs?
- Program Assessment
 - What is the program manager's assessment of the services from a programmatic perspective?
 - Has the subrecipient been meeting its current reporting requirements?
 - Does the subrecipient also subcontract funds to other providers?

FORMS

- Subrecipient/Contractor Determination Checklist

Subrecipient-Contractor Determination



Provider: _____

§200.330 Subrecipient and contractor determinations.

Payments on purchase of service contracts are generally financed with a combination of federal, state and local sources. A provider may be a subrecipient or a contractor, as defined by federal and state guidance, depending on the substance of its agreements with us. As a pass-through entity, we are responsible to assess each provider and make a case-by-case determination as to whether provider is a subrecipient or a contractor. The determination requires the use of judgment with the substance of our relationship more important than the form of our contract. It is also expected that not all characteristics would be present in each relationship.

Subrecipient Characteristics	Yes	No
1. Determines who is eligible to receive what Federal assistance.		
2. Has its performance measured in relation to whether objectives of a federal or state program were met.		
3. Has responsibility for programmatic decision making.		
4. Is responsible for adherence to applicable federal and state program requirements specified in the federal and state award.		
5. In accordance with its agreement, uses the federal and state funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of _____.		

Contractor Characteristics:	Yes	No
1. Provides the goods and services within normal business operations.		
2. Provides similar goods or services to many different purchasers.		
3. Normally operates in a competitive environment.		
4. Provides goods or services that are ancillary to the operation of the federal or state program.		
5. Is not subject to compliance requirements of the federal or state program as a result of the agreement, though similar requirements may apply for other reasons.		

Conclusion:

Based on a review of the characteristics of the provider and our understanding of the services to be provided, we have concluded that the provider is (circle one):

Subrecipient

Vendor

Signature	Date
Completed by:	
Approved by:	

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date:
Sub-Section: 3.3 – Payroll and Time Reporting	Revision Date:
Authorized By:	

POLICY

The Green Lake County Department of Health and Human Services (“DHHS”) will follow county-wide policies and procedures related to the human resources functions including bi-weekly payroll processing. Specific department procedures are identified below.

Additionally, all employees whose compensation is paid, in full or in part, with Federal funds (including those used to meet a match/cost share requirement) must maintain time and effort records in accordance with the federal standards. Employees must provide the information required on a timely basis and in accordance with all procedures. Time and effort records must be maintained in order for the Department to charge employee compensation costs to Federal grants. Compliance with these procedures prevents disallowance of salary and wages charged to Federal grants.

PROCEDURES

Biweekly Payroll

- Department personnel complete excel-based timesheets for each two-week period, documenting in and out time in addition to paid time off hours.
- Employee and supervisor signatures are required on each timesheet.
- Approved timesheets are forwarded to the County Clerk’s office for processing.

Human Resources

The DHHS hiring procedure follows the County policy (see County Administrative Code – Hiring Procedure):

When a position is vacated, the following steps are to be followed:

- Justification – complete the “Position Review” form, reviewing the 4 points as to the reason for the request to fill the position.
- Present the “Position Review” form to the DHHS Committee/County Personnel for approval.
- Upon approval, the County Clerk’s office will post the position internally for 3 days and then advertise the position for a selected period of time, based on recommendation from the DHHS Director/Unit Manager/Administrative Assistant.
- Applications are then reviewed.
- Qualified applicants are selected and interviewed.
- References are provided by applicant(s) and checked by management staff.
- Successful applicant(s) is required to take Personnel Evaluation Profile (“PEP”), and complete the Background Information Disclosure (BID) and Post-Offer of Employment Drug Testing forms.

- Management staff score the PEP test and will complete the background check.
- If hired for the position, the individual is required to pass the pre-employment physical before determined start date. Letter confirming the start date and required paperwork is then sent.

Documentation of Personnel Expenses, Time and Effort Reporting and Approval Process

As the Department has more grants and programs than employees, almost all employees need to have their payroll expenditures allocated between programs based on monthly time logs, or service allocation logs (“SALs”). For programs funded with federal dollars, it is critical to implement a system such as this to document time and effort as required per the Federal Uniform Grant Guidance.

Standards for Documentation of Personnel Expenses

All employees paid with Federal funds must adhere to the following procedures to complete the appropriate time and effort records. These procedures also apply to employees paid with non-Federal funds that are used as a match (or in-kind contribution) in a Federal program.

Charges to Federal awards for salaries and wages must be based on records that accurately reflect the work performed. These records must:

- Be supported by a system of internal control which provides reasonable assurance that the charges are accurate, allowable, and properly allocated;
- Be incorporated into the official records of the County;
- Reasonably reflect the total activity for which the employee is compensated by the County, not exceeding 100% of compensated activities.
- Encompass both federally assisted and all other activities compensated by the County on an integrated basis, but may include the use of subsidiary records as defined in the County's written policy.
- Comply with the established accounting policies and practices of the County.
- Support the distribution of the employee's salary or wages among specific activities or cost objectives if the employee works on more than one Federal award; a Federal award and non-Federal award; an indirect cost activity and a direct cost activity; two or more indirect activities which are allocated using different allocation bases; or an unallowable activity and a direct or indirect cost activity.

Budget estimates (i.e., estimates determined before the services are performed) alone do not qualify as support for charges to Federal awards, but may be used for interim accounting purposes, provided that a comparison to actual and a reconciliation is made at year end. If the Department identifies a variance between how an employee's salary was charged and how the employee actually worked, the Department will adjust its payroll charges so that the amount charged to Federal funds reflects the employee's actual time and effort.

Specific Department Procedures For Time and Effort Reporting

- Department personnel are assigned to a primary unit, with 100% of their salary and fringe benefits charged to this unit through the payroll process.
- The monthly time logs/SALs are designed to capture time spent in various programs and grants that are operated within each unit within the Department.

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- A workbook has been created for each unit to summarize this data and to create the allocation and related journal entry to accurately charge payroll expenditures to each grant and/or program.
- Upon completion of the monthly time logs/SALs, the employee and supervisor each electronically approve the completed report by the 5th of the following month. SALs are submitted in hard copy to the Accounting Specialist. The remaining time logs are saved electronically in a shared drive for each unit.
- The Accounting Specialist reviews the time logs/SAL reports for reasonableness and copies the data from the time logs/SALs into the unit worksheet. There are checks and balances built into the worksheets to aid in the accuracy review by the Accounting Specialist. The Accounting Specialist will lock the approved time studies after her review to deter subsequent changes.
- The Accounting Specialist will also obtain the monthly payroll report from the Clerk's office. The report should include all pay dates recorded in the general ledger that align with the time period for the SALs.
- Journal entries are created upon entry of time and payroll expenditures. The Accounting Specialist will review the entries ensuring they are balanced and reasonable in comparison to previous months. Upon completion, the worksheet is reviewed and approved by Account Budget Coordinator/County Clerk.
- Journal entries are approved and signed by the County Clerk. The Account Budget Coordinator (County Clerk's office) then posts the entries in the Alio system and retains the approved journal entries.
- The Accounting Specialist will store the approved documentation and entries on the shared drive for each unit), which need to be maintained for a period of seven (7) years per County retention policy.
- For a more in-depth explanation of each step, see the Instructions tab located in each payroll allocation workbook.

FORMS

- Position Review Form
- Timesheet Template
- Administrative Unit Payroll Allocation Workbook
- Aging Unit Payroll Allocation Workbook
- Behavioral Health Services Unit Payroll Allocation Workbook
- Children and Families Unit Payroll Allocation Workbook
- Economic Support Unit Payroll Allocation Workbook
- Public Health Unit Payroll Allocation Workbook
- Fox Rivers Industries Payroll Allocation Workbook
- Professional Services Allocation Workbook

POSITION REVIEW

List position here:

- a. **Job Description.** The (list position here) position was reviewed and (explain why changed or that it remained the same).
- b. **Job Designation. Description – see sample** This is a Bachelor's Degree position requiring a degree in Social Work or a closely related field. The individual must be certified as a Social Worker in Wisconsin or meet the criteria to be certified.

The starting wage is _____
- c. **Necessity. Describe – see sample** This position primarily provides Initial Assessments, Protective and Safety Plans for Children alleged to be abused or neglected. This position also has court related functions as well as afterhours on-call. This position is funded through Basic Community Aids as well as County tax levy.
- d. **Evaluation of Existing Staff. Describe – see sample.** This is the only position at the agency that performs this function. This position is being vacated for a due to staff resignation to remain home subsequent to birth of a child.

10/2016

GREEN LAKE COUNTY

TIME SHEET

Employee Name: _____

Employee Signature: _____

I certify that the below is true and correct to the best of my knowledge and belief and any misrepresentation may be cause for discipline.

Supervisor Signature: _____

Pay Period
Beginning: 12/9/2016



Date	Use Military Time				Use Hours											Other Time Total	Notes
	Time In	Time Out	Time In	Time Out	Hours Worked	Regular Time	Flex	If Flex - Select	Holiday	Vacation	Personal Day	Sick Leave	Sick Bank	Funeral Leave	Leave w/o Pay		
Fri 12/9					0.00	0.00	0.00									0.00	
Sat 12/10					0.00	0.00	0.00									0.00	
Sun 12/11					0.00	0.00	0.00									0.00	
Mon 12/12					0.00	0.00	0.00									0.00	
Tue 12/13					0.00	0.00	0.00									0.00	
Wed 12/14					0.00	0.00	0.00									0.00	
Thu 12/15					0.00	0.00	0.00									0.00	
Week Total					0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Fri 12/16					0.00	0.00	0.00									0.00	
Sat 12/17					0.00	0.00	0.00									0.00	
Sun 12/18					0.00	0.00	0.00									0.00	
Mon 12/19					0.00	0.00	0.00									0.00	
Tue 12/20					0.00	0.00	0.00									0.00	
Wed 12/21					0.00	0.00	0.00									0.00	
Thu 12/22					0.00	0.00	0.00									0.00	
Week Total					0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Pay Period Total					0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Hours Worked	0.00
Regular Hours To Be Paid	0.00
Flex Used	0.00
Flex Accrued	0.00
Running Total Flex	33.25

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 3 – Expenditures	Effective Date:
Sub-Section: 3.4 – Allowable Cost Policy (DHHS)	Revision Date:
Authorized By:	

POLICY

Green Lake County Department of Health and Human Services (“DHHS”) will only charge costs for allowed activities to each federal and state grant. All costs must be in accordance with Generally Accepted Accounting Principles (GAAP). All costs must also be in compliance with the terms and conditions of the agreement for the Federal or State award, grant, contract, or financial assistance, as well as any other guidance or limitations provided by the awarding agency.

For Federal awards, grants, contracts and financial assistance, “allowable costs” shall be as defined in Subpart E – Cost Principles, of U.S. Office of Management and Budget (OMB) Uniform Grant Guidance, Part 200 – *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

For State awards, grants, contracts and financial assistance, “allowable costs” shall be as defined in the State Single Audit Guidelines issued by the Wisconsin Department of Administration.

PROCEDURES

DETERMINING ALLOWABLE COSTS

Framework for Analyzing Allowable Costs

Federal grant programs are governed by a variety of Federal rules including statutes, regulations, and non-regulatory guidance. To determine whether a cost may be paid with Federal funds, i.e. whether the cost is permissible, staff must be familiar with these rules and how they work together. Generally, when analyzing whether a particular cost is permissible, it is useful to perform the following analysis:

- Is the cost specifically included in the County’s approved grant budget?
- Is the cost forbidden by Federal laws such as 2 CFR 200s? (see below for examples)
- Is the cost permissible under the relevant Federal program?
- Is the cost consistent with the Federal cost principles in 2 CFR 200s?
- Is the cost consistent with program specific fiscal rules?
- Is the cost consistent with an approved program plan and budget, as well as any special conditions imposed on the grant?

While there are other important considerations Department staff must take into account when analyzing whether a specific proposed cost is permissible, the above questions can provide a useful framework for the analysis.

Allowable Costs*

Costs that may be allowable under 2 CFR 200s under specific conditions:

- Advisory councils

- Audit costs and related services
- Bonding costs
- Communication costs
- Compensation for personal services
- Depreciation and use allowances
- Employee morale, health, and welfare costs
- Equipment and other capital expenditures
- Gains and losses on disposition of depreciable property and other capital assets
- Insurance and indemnification
- Maintenance, operations, and repairs
- Materials and supplies costs
- Meetings and conferences
- Memberships, subscriptions, and professional activity costs
- Security costs
- Professional service costs
- Proposal costs
- Publication and printing costs
- Rearrangement and alteration costs
- Rental costs of building and equipment
- Training costs
- Travel costs

Unallowable Costs*

2 CFR 200s identifies certain costs that may never be paid with Federal funds. The following list provides examples of such costs. If a cost is on this list, it may not be supported with Federal funds. The fact that a cost is not on this list does not mean it is necessarily permissible. There are other important restrictions that apply to Federal funds, such as those detailed in 2 CFR 200s; thus, this list is not exhaustive.

- Advertising and public relations costs (with limited exceptions), are prohibited includes promotional items and memorabilia, including models, gifts and souvenirs
- Alcoholic beverage
- Bad debts
- Contingency provisions (with limited exceptions)
- Fundraising and investment management costs (with limited exceptions)
- Donations
- Contributions
- Entertainment (amusement, diversion, and social activities and any associated costs)
- Fines and penalties
- General government expenses (with limited exceptions pertaining to Indian tribal governments and Councils of Government (COGs))
- Goods or services for personal use

*Link to the most recent listing of allowable and unallowable costs, 2 CFR 200 Subpart E – Cost Principles: <http://www.ecfr.gov/cgi-bin/text-idx?node=pt2.1.200&rgn=div5>

Program Allowability

Any cost paid with Federal funds must be permissible under the Federal program that would support the cost. Many Federal programs detail specific required and/or allowable uses or activities of funds for that program. Issues such as eligibility, program beneficiaries, caps or restrictions on certain types of program expenses, other program expenses, and other program specific requirements must be considered when performing the programmatic analysis.

Federal Cost Principles

The Federal Uniform Grant Guidance defines the parameters for the permissible uses of Federal funds. While there are many requirements contained in it, it includes five core principles that serve as an important guide for effective grant management. These core principles require all costs to be:

- **Necessary** for the proper and efficient performance or administration of the program.
- **Reasonable.** In other words, it should be clear to an outside observer why a decision to spend money on a specific cost made sense in light of the cost, needs, and requirements of the program.
- **Allocable** to the Federal program that paid for the cost. This means that a program must benefit in proportion to the amount charged to the Federal program—for example, if a worker is paid 50% with funds from Program A, the worker must work in Program A at least 50% of the time. This also means that recipients need to be able to track items or services purchased with Federal funds so they can prove they were used for Federal program purposes.
- **Authorized** under state and local rules. This means that all actions carried out with Federal funds must be authorized and not prohibited by state and local laws and policies.
- **Adequately documented.** A recipient must maintain proper documentation so as to provide evidence to monitors, auditors, or other oversight entities of how the funds were spend over the lifecycle of the grant.

Approved Plans, Budgets and Special Conditions

As required by Uniform Grant Guidance (2CFR 200s), all costs must be consistent with approved program plans and budgets when required. Costs must also be consistent with all terms and conditions of Federal awards, including any special conditions imposed on the County's grants.

Revision of Budget and Program Plans: The budget plan is the financial expression of the project or program as approved during the federal grant application process. It shall be related to performance for program evaluation purposes whenever appropriate. During the year, funding strategies may change for a variety of reasons. If an allowable cost is not in the original budget, a budget amendment must be submitted. Approval shall be obtained whenever any of the following changes is anticipated under a non-construction award:

- Revision which would result in the need for additional funding.
- Cumulative transfers among direct cost categories, or among separately budgeted programs, projects, functions, or activities which exceed or are expected to exceed ten percent of the current total approved budget.

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 4 – Budgets	Effective Date:
Sub-Section: 4.1 – Budget Creation and Amendments	Revision Date:
Authorized By:	

BACKGROUND

The Department of Health & Human Services (“DHHS”) partakes in the annual budget preparation process required of the County in accordance with Section 65.90 of the Wisconsin Statutes. The budget is a legal document that represents the financial plan for County operations. The County Board adopts the budget in November.

POLICY

DHHS will follow county-wide policies and procedures related to budget creation and subsequent budget amendments. Department specific procedures are as follows:

PROCEDURES

Budget Creation

- A budget calendar is created by the Clerk’s office each year identifying key deadlines for various components of the budget.
- The Account Budget Coordinator (Clerk’s Office) provides the Department with a worksheet to complete for the upcoming budget year. The DHHS Director, in collaboration with the Unit Management staff, prepares the annual budget by reviewing the worksheets and calculating estimates for current year revenues and expenditures along with budget estimates for the upcoming year.
- The budget worksheets are initially prepared with the prior year salary and fringe benefits until the Personnel Committee approves any changes for the upcoming budget year. The Administrative Assistant will review and update the salary and fringe benefit information accordingly after committee approval.
- DHHS budget must be presented to its board for approval at the August board meeting (which includes a public hearing) or sooner, based on the budget calendar.
- Upon approval, the DHHS budget is forwarded on to the County Finance Committee and subsequently to the County Board for approval in November.

Budget Amendments

- Amendments to the budget may be necessary throughout the year. Amendments are first prepared by the Accounting Specialist and approved by the DHHS Director and then forwarded via email or written communication to the Account Budget Coordinator in the Clerk’s office.
- All budget amendments are then reviewed and approved by the Finance Committee.
- Approved amendments are then entered into Alio by the Account Budget Coordinator.

**Green Lake Department of Health and Human Services
Financial Policies and Procedures**

Section: 5 – Reporting	Effective Date:
Sub-Section: 5.1 – Reporting and Reconciliation	Revision Date:
Authorized By:	

POLICY

The Green Lake County Department of Health & Human Services (“DHHS”) will prepare and timely file and/or provide required reports due to other local, state and federal agencies as defined by program and contractual requirements.

Reports of federal awards required to be submitted to the Federal awarding agency or pass-through entity will be prepared with all activity of the reporting period, will be submitted by underlying accounting or performance records and will be fairly presented in accordance with program requirements.

PROCEDURES

Financial Statements (General Ledger):

- The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles for state and local governments. The County’s accounting and reporting policies follow these generally accepted accounting principles.
- The general ledger for DHHS has been structured for transparency in reporting for various funding sources. All revenues and expenditures, including cost allocations, are to be reported in the general ledger.
- Monthly allocations of staff wage and benefits are to be completed based on time reporting prepared and submitted by staff (see Section 4.3, Payroll and Time Reporting)
- Monthly cost allocations for indirect costs and agency, management, support and overhead (“AMSO”) costs are prepared monthly and recorded in the general ledger.
- All journal entries are reviewed, approved and posted in the Alio system in the County Clerk’s office monthly.
- The Alio system is closed annually.

Internal Reporting:

- Unit managers are responsible for managing their budgets. To assist them, the Accounting Specialist provides the following reports on a monthly basis:
 - Expense summary report (Alio)
 - Revenue summary report (Alio)
- Reporting to the DHHS Board occurs monthly under the “Budget” agenda item for reports and/or updates as to the status of the budget.

External Reporting:

- There are numerous reporting requirements for DHHS, a few are defined as follows (a complete listing of fiscal and program reporting requirements are identified in the link below, “Annual Reporting Calendar”):
 - *Monthly expenditure claims for federal and state grants:* The Department does not obtain advances on Federal Funds. The Department makes claims on a reimbursement basis only. The Accounting Specialist is responsible for timely preparation of these reimbursement claim forms. He/she will utilize the Alio report which summarizes the monthly net expenditures by program and funding source for reporting purposes. The claims are to be reviewed and certified by the Account Budget Coordinator (County Clerk’s office) before submission to the State or Federal government. The review is to be documented with the reviewer initialing and dating the claim approval form which is to be retained per the Uniform Grant Guidance requirements.
 - *Annual Expenditure (F-20942) and Revenue (F-22540) Reports:* Per the State and County Contract, the department must report annual revenues and expenditures based on services provided by cluster and target groups served.
 - *Annual Wisconsin Medicaid Cost Report (WIMCR):* As DHHS bills Medicaid on a fee-for-service basis for several programs, the department is required to file annual Wisconsin Medicaid Cost Reports (“WIMCR”). The State has provided Web tool that is used to calculate the department’s cost per unit of service for the various programs billed to Medicaid. The due date for this report varies from year to year. Training and support is available from the State’s contracted provider (currently, Public Consulting Group “PCG”). To complete the cost report, the Accounting Specialist and Account Clerk Specialist will work together to compile the required financial information and units of service data from the billing software.

Reconciliation:

- The Accounting Specialist completes a monthly “General Ledger Expenditure to Claim Reconciliation”. This includes a reconciliation of reportable expenditures from the Alio system to reported expenditures by Claim type (CARS, SPARC (CORe), DOT, GWAAR, Consortium Lead Counties, DOA, Advocap). Corrections may be discovered during this process. If identified, they are noted and then corrected on subsequent claims. A link to this document template is provided below.
- The Accounting Specialist also completes a monthly reconciliation of revenues to ensure receipt of anticipated revenues based on claimed expenditures. Claims not paid in a reasonable amount of time will be investigated by the Accounting Specialist.
- If any corrections to either revenues or expenditures need to be posted in the General Ledger, an email with supporting documentation is sent to the Account Budget Coordinator (County Clerk’s office) for review and posting. DHHS financial staff do not have access to journal entries in Alio.

- As noted, the Accounting Specialist completes the monthly reconciliation. These reconciliations are then reviewed and approved by the Account Budget Coordinator (County Clerk's office).

Federal Grant Reporting – Additional Requirements:

- *Program Income:* Program income from activities funded with federal awards will be correctly earned, recorded and used in accordance with grant or program requirements. Where applicable, program income will offset expenditures with the net expenditures reported to the grant. This process is incorporated into the monthly expenditure reporting process identified above.
- *Matching, Level of Effort and Earmarking:* Any matching, local level of effort or earmarking requirements of any federal award will be met using only allowable funds or costs which are properly calculated and valued. A cost claimed for reimbursement or used to meet cost sharing or matching requirements in one Federal or State program (including in-kind contributions) cannot be claimed for reimbursement or used to meet cost sharing or matching requirements in another Federal or State program (unless otherwise permitted in the grant agreement). Identification of these requirements are noted on the Federal Grant Forms and tracked within the monthly expenditure claim reporting process to ensure compliance with this requirement.
- *Period of Performance:* The Department will only incur expenditures during the grant period of performance. The grant period of performance will be communicated to the employees approving expenditures and processing for payment. When filing expenditure claims, the Accounting Specialist will ensure only costs incurred during the period of performance are reported on the final claim forms.
- *Monitoring:* A tracking system related to the various reporting requirements is maintained and revised annually by the Accounting Specialist. A link to the document is noted below under "Forms".

FORMS

- Annual Reporting Calendar
- General Ledger Expenditure to Claim Reconciliation

Name of Report	Due Date	Who's Responsible	Date of Submission
Cars 610	Monthly (25th) + Final End of Year	Fiscal Staff	
Cars 630	Monthly (25th) + Final End of Year	Fiscal Staff	
Cars 615 IM - Sent to Marquette	Monthly (25th) + Final End of Year	Fiscal Staff	
Core CTF	Monthly (20th) + Final End of Year	Fiscal Staff	
Core Child Welfare	Monthly (28th) + Final End of Year	Fiscal Staff	
Core Shared Costs	Monthly (28th) + Final End of Year	Fiscal Staff	
GWAAR Claims	Monthly (15th)	Fiscal Staff	
ADRC Workbook- Sent to Waushara County	Monthly (15th)	Fiscal Staff	
Employee Count Report	Quarterly (Due First week of March, June, Sept, Dec.)	Fiscal Staff	
Post-reunification Support (P.S.) Program, Expenditure Reporting	Quarterly (Due 60 days after quarter end)	Fiscal Staff	
WHEAP Claims	Monthly (30th)	Fiscal Staff	
Community Options Plan Update	2/1/2016	Public Health/Behavioral Health	
Independent Living Annual report	2/4/2016	Children & Families	
Alzheimer's Family and Caregiver Support Program Annual Fiscal Report	3/15/2016	Fiscal Staff	
Final Human Services Programs Cost Report	3/25/2016		
Final IM-RMS Income Maintenance Report	3/25/2016		
Final IM-RMS Direct Expense Report	3/25/2016		
Promoting Safe and Stable Families (PSSF) Annual Report	3/31/2016	Children & Families	
Birth to 3 Program Reconciliation	3/31/2016	Fiscal/Public Health	
Final DCF/DHS Shared Cost Report	3/31/2016	Fiscal Staff	
F-20942 - Expense Report for Human Service Programs	4/30/2016	Fiscal Staff	
F-22540 Human Services Revenue Report	4/30/2016	Fiscal Staff	
Final SAP-SIS Submission	5/1/2016	Behavioral Health	
Substance Abuse Block Grant	5/2/2016	Behavioral Health	
Mental Health Block Grant Plan & Report	5/2/2016	Behavioral Health	
CY 2015 Cost Reports for WIMCR	May-16	Fiscal Staff	
Public Participation Planning Process	7/1/2016		
Birth to 3 Program Year End data Certification	Mid-Late September	Public Health	
CY 2016 Amendments (if any) to Title IV-E Reimbursement	9/30/2016	Children & Families	
CY 2017 Title IV-E Reimbursement Application Due	10/31/2016	Children & Families	
Child Care Annual Agency Summary (DCF-F-425E)	10/31/2016	Economic Support	
Birth to 3 Program October 1 Child Count Certification	11/1/2016	Public Health	

Intoxicated Driver Program Supplemental Funds Request	11/20/2016	Behavioral Health	
Independent Living Work Plan	12/2/2016	Children & Families	
2017 Signed State/County Contracts for Social Services and Community Programs	12/31/2016	Director	
2017 Alzheimer's Family and Caregiver Support Program Annual Budget	12/31/2016	Aging/Long-Term Support	

Highlighted areas are the reporting responsibilities of fiscal staff.

GREEN LAKE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A

PO Box 588

Green Lake WI 54941-0588

VOICE: 920-294-4070

FAX: 920-294-4139

Email: glcdhhs@co.green-lake.wi.us



FOX RIVER INDUSTRIES

222 Leffert St.

PO Box 69

Berlin WI 54923-0069

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FAX: 920-361-1195

Email: fri@co.green-lake.wi.us

**TO: Green Lake County Board
Green Lake County Health & Human Services Board**

**FROM: Jason Jerome, Director
Department of Health & Human Services (DHHS)**

DATE: February 8, 2017

**RE: Out-of-State Travel Request – Behavioral Health Unit for the Drug Court
Grant Training (2 staff from DHHS)**

I am requesting that the Green Lake County Health & Human Services Board and the Green Lake County Board allow two of the Behavioral Health Unit staff to travel out-of-state for training to the National Association of Drug Court Professionals Conference.

Ms. Nichol Grathen, AODA Counselor and writer of the grant, and the Drug Court Coordinator (to be hired) would like attend the National Association of Drug Court Professionals Conference as part of the implementation of the Drug Court in Green Lake County.

The grant that we received covers for each:

Airfare/travel:	\$700/each
Registration:	\$750/each
Lodging:	\$100 x 4 nights/each
Meals:	\$42/day x 5 days/each

(See attached.) This is all covered by grant dollars

We are requesting that Ms. Grathen and the Drug Court Coordinator be allowed to attend this training.

EMPLOYEE BENEFITS

Justification: Healthcare and PTO for personnel

COST

Position Jail Personnel (Drug Testing)
Name
Description of your computation: 35%

Source: State	0.00
Source: Cash Match (New Approp.)	850.00

Position Law Enforcement
Name
Description of your computation: \$17,000 x 8%

Source: State	0.00
Source: Cash Match (New Approp.)	1,360.00

Position Treatment Provider- County
Name
Description of your computation: \$17,000 x 10%

Source: State	0.00
Source: Cash Match (New Approp.)	1,700.00

Employee Benefits

Year 1 Total:

3,910.00

TRAVEL (INCLUDING TRAINING)

Justification: Attendance at state and national drug treatment court conferences and seminars to support staff development and implementation of evidence-based best practices into treatment court protocol. Additional travel expenses include estimated mileage for treatment court coordinator and personnel for purposes of collaborating with community resources and program operation needs that may arise.

COST

Purpose of Travel National Association of Drug Court Professionals Conference
Location Washington DC
Item Airfare/ Travel
Description of your computation: \$700 x 6

Source: State	4,200.00
Source: Cash Match (New Approp.)	0.00

Purpose of Travel	National Association of Drug Court Professionals Conference		
Location	Washington DC		
Item	Registration		
Description of your computation:	\$750 x 6		
		Source: State	4,500.00
		Source: Cash Match (New Approp.)	0.00

Purpose of Travel	National Association of Drug Court Professionals Conference		
Location	Washington DC		
Item	Lodging		
Description of your computation:	(\$100 x 4 nights) x 6		
		Source: State	2,400.00
		Source: Cash Match (New Approp.)	0.00

Purpose of Travel	National Association of Drug Court Professionals Conference		
Location	Washington DC		
Item	Meals		
Description of your computation:	(\$42/day x 5 days) x 6		
		Source: State	1,260.00
		Source: Cash Match (New Approp.)	0.00

Purpose of Travel	WATCP Coordinators Conference		
Location	WI Dells		
Item	Meals		
Description of your computation:	\$38/ day x 2 days		
		Source: State	0.00
		Source: Cash Match (New Approp.)	76.00

Purpose of Travel	WATCP Coordinators Conference		
Location	WI Dells		
Item	travel		
Description of your computation:	.51 cents per mile/ 114 miles round trip		
		Source: State	0.00

BEHAVIORAL HEALTH UNIT – 2017

January 2017

(5) Emergency Detentions.

Fond du Lac County – DCP – Please refer to voucher list for actual cost and number of days

Three clients are in **Community Based Residential Facilities:**

Brotoloc North – (One person) One person for one day. They over charged us. We waiting for a new bill with changes. Please refer to voucher list for actual cost and number of days

Our House I, II, III LLC – (One Person) Please refer to voucher list for actual cost and number of days

Friends of Women in Recovery Beacon House –

Summit House- (One Person) Please refer to voucher list for actual cost and number of days

Pine Valley (one person) Please refer to voucher list for actual cost and number of days

IMD

Trempealeau County Health Care Center: (One Person) Please refer to voucher list for actual cost and number of days

Winnebago: Please refer to voucher list for actual cost and number of days

St Agnes Hospital: Please refer to voucher list for actual cost and number of days

Exodus: Please refer to voucher list for actual cost and number of days

Hope Haven: Please refer to voucher list for actual cost and number of days

Contractual Services – **CCS/CLTS:**

White Pines Consulting, Adams County Regional County CCS Activities:

Lutheran Social Services, Service Facilitation,

Steve Shekels: \$- service assessments, planning, supervision and facilitation.

KD therapy Services – (Katie Douglas) – Comprehensive Community Services (CCS) service assessments, planning, supervision and facilitation

Wellhoefer Counseling – CCS, service assessments, planning, supervision and facilitation.

Contractual Services – **Psychiatric/Psychological:**

Kent M Berney, PhD - @ \$175.00/hr; \$6562.00

Dr. Maria Luisa Baldomero @ \$ 154.74/hr; \$2,253.60

Dr. Shirely Dawson Medical Director: \$250.00/hr; \$22,312.50

Court ordered evaluations:

Robert Schedgick PhD. Travel \$110.00/hr ; \$130.00/hr =

Marshall Bales MD: 150.00/hr \$2,655.00 (6 court ordered evaluations)

Oershing MD \$450.00

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DEPARTMENT OF HEALTH & HUMAN SERVICES*

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February 3, 2017

TO: Green Lake County Board
Green Lake County Health & Human Service Board

FROM: Susan Sleezer
Unit Manager – Children & Family Services

RE: Out-of-state travel request – Lisa Schiessl

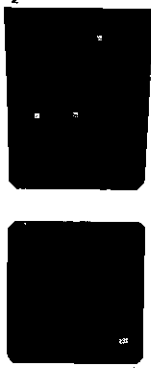
I am requesting that the Green Lake County Health & Human Services Board and the Green Lake County Board allow one of my unit staff to travel out-of-state for training to the State of Illinois.

Ms. Schiessl is requesting to attend the Chicago Metro Area Conference on April 25-27, 2017, which will be held in Glen Ellyn, Illinois. More specifically, she is interested in attending the session on April 26, 2017 entitled “The Zones of Regulation: A Framework to Foster Self-Regulation and Emotional Control”. This is a framework and related curriculum designed to foster skills in self-regulation, including emotional control, sensory regulation, and executive function. This conference will teach the concept as well as when, why, and how to use the tools effectively.

Ms. Schiessl, in addition to performing on going case management for Children in Need of Protection and Services and Juvenile Justice, is the Foster Care Coordinator. In this role, she is there to train and support birth and foster parents who struggle with the day-to-day behaviors of their children. This training will be of benefit in her position.

The cost of the training is \$196.00 for one day of attendance or 495.20 for three days attendance. Ms. Schiessl is asking to attend only one day of the three day conference. She has stated that she will not be asking for meals or other associated travel costs such as mileage or hotel rooms. This training is NOT being offered in Wisconsin.

We are respectfully requesting that Ms. Schiessl be allowed to attend this training.



Social Thinking®

Chicago Metro Area • Apr. 25 - 27, 2017

Learn Strategies to Teach:

- social thinking & social skills
- self-regulation
- perspective taking
- self-awareness
- executive functioning
- and more!

Our Mission

At Social Thinking, our mission is to help people develop the skills needed to better connect with others and live happier, more meaningful lives. We create unique treatment frameworks and strategies to help individuals ages 4 through adulthood develop their social thinking and social skills (including self-awareness, perspective taking, self-regulation, executive functioning, and organizational systems) to meet their personal social goals. These goals often include sharing space effectively with others, learning to work as part of a team, and developing relationships of all kinds: with family, friends, classmates, co-workers, romantic partners, etc. We also create quality educational products and services that help parents, professionals, and other stakeholders break down the social learning process to more effectively teach social thinking and related social skills in a practical and engaging way. Social Thinking was founded by Michelle Garcia Winner, M.A., CCC-SLP as a small clinic over 20 years ago, and today our curricula have been implemented in specialty and mainstream classrooms, schools, and districts around the world.

Who We Help

We help people ages 4 years through adulthood with solid language and learning abilities develop their social thinking and related social skills. Our strategies help parents and professionals teach social information to individuals around the world with and without diagnoses, including neurotypical children. Among those with a diagnosis, the most popular that we address are: Asperger's syndrome, Autism Spectrum Disorders Levels 1 & 2, Social Communication Disorder, PDD-NOS, ADHD, NVLD, Mixed Receptive-Expressive Language Disorder, twice exceptional, social anxiety, head injury, etc.

Who Should Attend

Teachers; speech-language pathologists; therapists (MFTs, LCSWs, OTs, PTs); autism specialists; clinical, educational, developmental psychologists; clinical and educational administrators; physicians, social workers; paraprofessionals; students; parents, family members, and caregivers of individuals with social learning challenges.

Continuing Education Available

6 hours of instruction EACH DAY.

Attend all 3 courses and earn 1.8 CEUs or 18 CE hours!

- **ASHA:** 0.6 CEUs for SLPs
- **NBCC:** 6 CE hours for Certified Counselors
- **Commonwealth Educational Seminars (CES):** 6 CE hours for Social Workers, LMHCs, LMFTs, Clinical & School Psychologists
- **IBCCES Autism Certification:** 6 CE hours. By attending a Social Thinking course you will be qualified for the certification. Use registration code: SOCIAL for 20% off at IBCCES.org!



Social Thinking Publishing is approved by the Continuing Education Board of the American Speech Language Hearing Association (ASHA) to provide continuing education activities in speech-language pathology and audiology. See course information for number of ASHA CEUs, instructional level and content area. ASHA CE Provider approval does not imply endorsement of course content, specific products or clinical procedures.



These courses are offered for 0.6 ASHA CEUs (Intermediate level, Professional area).

www.socialthinking.com • 408-557-8595 • 877-464-9278 • conferences@socialthinking.com

Conference Schedule

Each day: 8:30 am – 3:45 pm



Executive Functioning: Tackle Homework and Classwork with these Helpful Strategies! 5th graders - young adult
Michelle Garcia Winner



Focusing on executive functioning – What is it and how do you teach its many moving parts? Like our social skills, our organizational skills are expected to advance over time without much instruction – though they are critical for success across childhood and adulthood. In this conference, discover strategies that foster an individual's executive functioning skills. Explore the 10 steps to completing a homework assignment and learn a strategy aligned to each step - including strategies to find the motivation to tackle a task. Strategies can be used at home, in the community – and in any classroom. People give this conference stellar reviews!



The Zones of Regulation®: A Framework to Foster Self-Regulation and Emotional Control kinder – young adult
Leah Kuypers



The Zones of Regulation is a framework and related curriculum designed to foster skills in self-regulation, including emotional control, sensory regulation, and executive functions. It is a cognitive behavior approach that uses four colors (or "zones") to help students visually and verbally self-identify how they are functioning in the moment given their emotions and state of alertness. A variety of tools (sensory supports, calming techniques, and thinking strategies) are explored to help students recognize their internal emotions, sensory needs, and thinking patterns in each zone, when shifting from one zone to another, and then self-regulate within zones. Conference participants explore ideas on how to teach the concept as well as when, why, and how to use tools effectively.



"I'm going to be a video game designer!" Helping Teens Prepare for the REAL Adult World
upper elementary - young adult
Michelle Garcia Winner & Pamela Crooke



Adolescence, angst, and apathy - the characteristics routinely used to describe teens and young adults who yearn for independence, but often have no plan for getting there. This transition can overwhelm individuals born to social learning challenges, even those who are "bright" with strong language skills. This conference focuses on helping parents and professionals prepare for - and respond to - this transition. Specifically, we will explore the more nuanced expectations that come with the emergence into adulthood and strategies to help individuals develop a more mature social mindset.

Learn More

See learning objectives at www.socialthinking.com



Michelle Garcia Winner

Michelle Garcia Winner, MA, CCC-SLP is the founder of Social Thinking and specializes in the treatment* of individuals with social cognitive learning challenges. She is a senior therapist at the Social Thinking Center in Santa Clara, California, as well as a prolific writer and international speaker. Michelle helps educators, mental health professionals, and parents appreciate how social thinking and social skills are integral to a person's success – be it in school, in relationships, in the community, or in his/her career. In 2008, Michelle was honored with a Congressional Recognition Award for her groundbreaking work.

Apr.
25 & 27



Pamela Crooke

Pamela Crooke, Ph.D., CCC-SLP is Social Thinking's Chief Strategy Officer of Research, Content, Clinical Services and the Director of Social Thinking Training & Speakers Collaborative. She is also a clinician at the Social Thinking Center in California, where she has an active caseload of children, teens and adults. She is an international Social Thinking speaker and is the co-author (with Michelle Garcia Winner) of four award-winning Social Thinking books. Pamela has served on the clinical faculty of three universities, worked in the Arizona public schools for 15 years, and published a study on the effectiveness of using Social Thinking vocabulary in the schools.

Apr. 27



Leah Kuypers

Leah Kuypers, MA Ed., OTR/L created *The Zones of Regulation®*, a framework designed to teach self-regulation. She is the author of the book and two apps by same name. In addition to working with students, Leah provides trainings and consultation to parents and professionals on self-regulation and challenging behavior, as well as conducts workshops on The Zones framework to groups across North America. She resides in Minneapolis, MN with her husband, son, daughter and their dog.

Apr. 26

*Treatment refers to conceptual and strategy-based frameworks for building understanding and use of social skills and social thinking.

"Social Thinking conferences are 'real world' trainings complete with immediate strategies to implement in your school or clinic."

– Terese, Director of Special Education

"Best conference I have ever attended, eye opening and more informative than I could have ever imagined. I am thrilled I was able to attend!"

– Bridget, SLP



Chicago Metro Area Conference

April 25 - 27, 2017 • 8:30 am - 3:45 pm
Abbington Distinctive Banquets
3 S. 002 Route 53, Glen Ellyn, IL 60137

Registration Form

NOTE: You are not registered until we receive and process payment. When submitting registration(s) for others, include the name and email of the actual attendee and not your own, as the confirmation email should go to the true attendee. Name substitutions will incur a \$25 change fee. Any onsite changes will incur a \$75 fee.

Name: _____ Email: _____
 Professional (Continuing Ed. Included) Non Professional

- Apr. 25: Executive Functioning: Tackle Homework and Classwork with these Helpful Strategies!
- Apr. 26: The Zones of Regulation®: A Framework to Foster Self-Regulation and Emotional Control
- Apr. 27: "I'm going to be a video game designer!" Helping Teens Prepare for the REAL Adult World

Total Price: _____
Based on number of days attending. Refer to pricing chart.

Name: _____ Email: _____
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Total Price: _____
Based on number of days attending. Refer to pricing chart.



CANCELLATION and CHANGE POLICY:
Conference attendees who cancel their registration for any reason up to 15 days prior to the first day of the Conference will be charged a \$25.00 Administration Fee for each day they are canceling. The remainder of the paid Conference Fee will be refunded no later than 4 weeks past the cancellation date. No cancellations are accepted 14 or fewer days before the first day of the Conference. If any other change is requested such as a name change on any attendee Registration, there is a \$25 Administration Fee per change.

Print and attach more forms if needed.

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April 25 - 27, 2017 • 8:30 am - 3:45 pm
Abbington Distinctive Banquets
3 S. 002 Route 53, Glen Ellyn, IL 60137

Registration Form



Submit this form by scanning and emailing it to conferences@socialthinking.com or faxing it to 408-557-8594 **Lunch Provided**

EARLY BIRD PRICING Valid through April 12, 2017			
# OF DAYS	PROFESSIONAL *		NONPROFESSIONAL **
	SINGLE	TEAM*	SINGLE
Discount^	20%	25%	30%
1 Day	\$196.00	\$183.75	\$171.50
2 Days	\$347.20	\$325.50	\$303.80
3 Days	\$495.20	\$464.25	\$433.30

REGULAR PRICING			
# OF DAYS	PROFESSIONAL **		NONPROFESSIONAL **
	SINGLE	TEAM*	SINGLE
Discount^		10%	15%
1 Day	\$245.00	\$220.50	\$208.25
2 Days	\$434.00	\$390.60	\$368.90
3 Days	\$619.00	\$557.10	\$526.15

- * Professional Pricing: Applies to individuals who will use the information presented at the conference as part of their paraprofessional or professional work.
- ** Nonprofessional Pricing: Applies to individuals who are 1. family members or caregivers assisting those in their care with social learning challenges 2. students enrolled in an academic program who are training to become a paraprofessional or professional.
- * Team pricing applies if 5 or more professionals register at the **SAME TIME**. Prices are per person.
- ^ All discounts based on the price of a Regular Professional ticket. See website for Regular vs. Early Bird pricing.

Contact Info

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Check here if you would like to receive our e-newsletter

Payment Info

Visa/MC/Discover# _____

Exp. Date ____ / ____ Sec. Code _____

Auth. Signature: _____

Please call me for credit card details

Organization: _____

Pay by PO: PO # _____

To pay by PO please attach it to this form

Pay by Check:

Make checks payable/send form to:

Social Thinking

404 Saratoga Ave. # 200, Santa Clara, CA 95050

Total Number of Attendees: _____

Grand Total Price: _____

Fill out the information below for each attendee.

Sum the total price for each attendee.

CHILDREN & FAMILY SERVICES UNIT –January 2017

Out-of-Home Care – as of 01/31/2017

Foster Care – Level I & II (Range of costs from \$232.00 to 2000.00)

A total of nine (9) children were in local foster care at months end. All were in level II homes. Three (3) additional children are on trial reunification.

Two (1) children were subject to TPR.

Treatment Foster Care – Two (2) youth were placed in Treatment Foster Care through Family Works, Inc. One youth is placed with Rawhide's Treatment Foster Care program. The youth in the Rawhide program was returned home. At month's end, one (1) youth remained in care.

Court-ordered Relative Care (\$232.00 month per child)

At month's end, four (4) children were in court ordered relative care. All were placed during the month of January, 2017.

Subsidized Guardianship – Two (2) Court ordered relative placement(s) were converted to a court-ordered subsidized guardianship.

Kinship Care – Voluntary (\$232.00 month per child)

Twelve (12) were in Kinship care at month's end.

Total out of home at month's end = 28

Other Exceptional Costs:

Family Training Program - Parent Training & Education: \$7110.00

Nine (9) families in service in January, 2017 - 790.00/ month. Sixteen (16) parents participated in the program that with a total of nineteen (19) children, in home and 0 out of home.

Wellhoefer Counseling: Targeted Case Management, In Home Therapy, Comprehensive Community Services Team Facilitation.

Progressive Parenting Solutions - Steve Shekels- Parent Training & Parent Mentoring.

Community Options Inc. - Sixteen (**16**) children – \$ 8086.90 enrolled in Mentoring Program

Nancy Baker – In-Home Therapy. \$942.60 – January, 2017

Penny Bahn – Respite Care/Child Mentoring:
\$500.00 Respite two (2) children for the month of January, 2017

Pillar & Vine – Visitation supervision & transportation Services for children in Foster Care.

Lutheran Social Services - CCS – Service Facilitation.

KD Therapy Services – Targeted Case Management, In Home Therapy, Comprehensive Community Services Team Facilitation:

·
STOP - GPS monitoring for youth.

SOPORT - \$1000.00 Sex offender treatment; not covered by insurance or MA.

Healthlink - Hair follicle testing

GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

HEALTH & HUMAN SERVICES

571 County Road A.

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January 2017 Report to the Health & Human Services Board

- Renee Peters and Julia McCarroll met with the Healthy Babies Coalition from Marquette and Waushara counties to plan a conference focusing on infant health and promoting healthy development. It will be held in April.
- Kathy Munsey and Renee Peters are on the Head Start Advisory committee and met with members to discuss current programming at the 2 programs in our county. One is at Prairie View and the other is in the Berlin School District.
- A Community Health Action Team meeting was held & a community “Plunge” event is scheduled for March 14. The day will focus on kids in crisis.
- We assisted the Sheriff’s Department with their annual Defensive Tactic trainings by doing health screenings during the sessions.
- The Health Advisory Board met, reviewed, and accepted the new Community Health Assessment plan that was completed in December.
- All Health Unit staff completed their annual fit testing requirement and CPR.
- Tracy Soda gave a presentation to the Women In Management group on plastics and nutrition.
- Julia McCarroll and Pam Alf from our wellness coalition had a display booth at Wellness Night at Clay Lamberton and provided demonstrations on how to make healthy snacks. Over 70 families participated in the snack making activity.
- Melanie Simpkins completed training on “Honoring Choices” which is a program to assist people in making end of life choices related to power of attorney for healthcare. She will use this in future worksite wellness presentations as well as community presentations.
- We have received training on how to follow-up on possible Seoul Hantavirus cases. Currently there are 17 counties in our area affected with this issue. The virus is spread from rats to humans. There are several ratteries in WI where people raise rats to feed snakes and then they sell them. At least 4 human cases have been diagnosed, all traced back to the ratteries.
- Other communicable diseases that staff investigated included: Chlamydia, Lyme Disease, Campylobacter, Haemophilus Influenza, Hepatitis C, Kawasaki Disease, Invasive Strept. Pneumoniae and latent tuberculosis disease. All of these are documented in the WI Electronic Disease Surveillance System (WEDSS) and each have a certain protocol for follow-up. Some take one phone call to complete

the case follow-up and others take extensive contact investigations and some like the latent TB case can take up to a year to complete treatment and follow-up.

- Kari Schneider was approached by the Federated Church in Green Lake and they wanted to help families who may be struggling to make ends meet, so they donated diapers for Kari and Shari Krause to give to families in need at our WIC clinics. Below is a picture of the most generous donation from the Federated Church. We are most grateful for their generosity.



Shari Krause and Kari Schneider with the diaper donation from Federated Church

Respectfully Submitted by,

Kathryn S. Munsey

Kathryn S. Munsey, RN
Green Lake County Health Officer

Environmental Health
Green Lake County
JANUARY 2017

Animal Bites: # of investigations – 2 (1 dog/human, 1 bat)
Reported Animal Bites – 1
Animal Quarantines for Animal v. Human Exposures – 1
Animal Quarantines for Animal v. Animal Exposures – 0
Quarantine Violations and Enforcement Actions Taken – 0
Animals Exhibiting Positive Signs of Rabies During Quarantine – 0
Animals Exhibiting Negative Signs of Rabies During Quarantine – 1
Enforcement Actions Taken for Violations of Vaccination Requirements – 0
Animals Sacrificed for Exhibiting Symptoms of Rabies or Being Rabies Suspects- 1 bat

Well Water: Received results for sample completed for a house that will have daycare services. Positive for bacteria and high nitrates. Contacted property owner who will be re-testing and was aware of high nitrates.

Lead: None.

Sewage: None.

Solid Waste: None.

Radon: 26 test kits distributed (January is radon awareness month and we asked local grocery stores to hand out coupons for free radon test kits).

Housing: House in Berlin passed clearance and placard was removed.

Referral from City of Berlin regarding a house in Berlin associated with a church. Worked with Mental Health Unit and made several contacts to church personnel, who are now working with tenant.

Vector: Referral from CPS regarding cockroaches in a large apartment complex in Berlin. Visited property and talked with property manager. Several additional complaints from tenant, and CPS worker observed live cockroach during visit. Attempted contact in person and via phone with property manager with no success. Issued abatement order early February.

Asbestos: None.

Food/Water Illness: None

Abandoned Bldgs: None

Other: Meth house still placarded.

Agent

20 inspections in Green Lake, 2 inspections in Marquette Co. with Ann. 1 holiday and ½ day vacation.

Site visit and pre-inspection completed for new Amish grocery store in southern part of county. A&E's Discount Grocery has closed.

New tattoo facility in Berlin. Several contacts for variance approvals and other paperwork needed by new operator. Approved for operation.

Pre-inspection for new retail facility selling frozen, raw beef and pork.

contacts regarding facility in Markesan that wanted to open. Significant repairs needed to made, and facility was approved for operation after majority of repairs completed. Facility opened under a conditional permit to complete repair work to hood system by April 3, 2017. If conditions are not met, operating permit will be revoked and facility closed.

Police report from City of Berlin received about a man performing illegal tattoo activities on a minor. Multiple contacts with local police and State DSPS. Police are not pursuing charges – issued letter and cease and desist early Febraury.

Multiple phone calls with Crossroads Grocery regarding operational changes. They are looking to utilize former J&T's grocery in Berlin to expand services, but many questions on licensing requirements and procedures.

Working with owner on problem with ventilation hood and fire suppression system at Hitching Post in Manchester.

Multiple contacts from owners of Willow Inn in Waushara County that has been assigned to GL Co. inspector. Renter that was operating closed and owner is updating for new operator.

Contacts with new Dollar General store that will opening in Green Lake soon.

Meeting with potential new campground operator. Possibly developing a campground in Dalton area.

Goose Blind requested information on obtaining variance for allowing dogs in outdoor seating area. Still waiting for a piece of information to approve request.