



Health and Human Services Committee
Wednesday, January 9, 2019 at 5:00 PM
Health and Human Services Center
Community Room
303 W Chapel Street
Dodgeville, Wisconsin

**Iowa
County
Wisconsin**

For information regarding access for the disabled please call 935-0399.

Any subject on this agenda may become an action item.

1	Call to order.
2	Roll Call.
3	Approve the agenda for this January 9, 2019 meeting
4	Approve the minutes of the December 5, 2018 meeting
5	Reports from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.
6	Consider Resolution Requesting Increased Funding and Oversight Reforms for Wisconsin's Child Protective Services System
7	Presentation on Social Service's Youth and Family Unit Programs and Provide Additional Information on Foster Care
8	ADRC: Department Update
9	BLOOMFIELD HEALTHCARE AND REHABILITATION CENTER: Department Update
10	HEALTH DEPARTMENT: Department Update
11	Next meeting date February 6, 2019 @ 5:00 PM.
12	Adjournment.
Posting Verified by: Tom Slaney Date: 1-3-2019 Initials: t.s.	

State of
Wisconsin
County of
Iowa

UNAPPROVED MINUTES
Health & Human Services Committee
Wednesday, December 5, 2018 at 5:00 pm.
Health & Human Services Center – Community Room,
303 W. Chapel Street, Dodgeville, WI 53533

2018-11

Item		Index
1)	Chair Nankee called the meeting to order at 5:00 pm.	Call to Order
2)	Roll Call – Members Present: Joan Davis, Dan Nankee, Justin O'Brien, Bruce Paull, and Richard Rolfsmeyer. Others Present: Larry Bierke, Rochelle Kruchten, Tom Slaney, Nohe Caygill, Marylee Oleson, Bruce Haag, and Steve Deal.	Roll Call
3)	Approval of the December 5, 2018 Agenda. Motion made by Rolfsmeyer and seconded by O'Brien to accept the agenda. Aye: 4. Nay: 0. Motion carried.	Agenda Approval
4)	Approval of the November 7, 2018 meeting minutes. Motion made by Davis and seconded by O'Brien to accept the meeting minutes. Aye: 4. Nay: 0. Motion carried.	Meeting Minutes Approval
5)	Slaney – introduced Nohe Caygill who is a new Department Assistant within the Department of Social Services. She has volunteered to take HHS Committee meeting minutes beginning next month. Nohe is observing Marylee Oleson tonight. Present members introduced themselves. Bruce Paull entered the meeting. Chair Nankee mentioned receiving the annual SUN letter of appeal, which Obrien has had a hand in updating. Davis was especially impressed with the layout and information. The main point of the letter is that SUN meals help keep seniors in their homes longer. SUN will be raising their suggested donation by \$0.50 starting January 2019. SUN is also close to working out the logistics of having a PayPal link on the Iowa County website for people who would like to make a donation that way. Rolfsmeyer and Chair Nankee attended the meeting concerning Iowa Co. Fair date change. No decision yet. It may go to referendum. Chair Nankee said interviews are scheduled for next week for the 4H Coordinator position. Veteran's Newsletter – dental information is interesting. Substance Abuse/Mental Health Coalition progress was mentioned. Slaney said there are some trainings coming up in Fennimore/Blanchardville for the Coalition. Paull and Davis gave a brief update from the Health Dept. committee with the HeART Grant results. News and Views newsletter highlight – Medicare 101 presentation next Tuesday by Stacey Terrill.	Comments from the Committee
6)	Report Provided and presented by Rochelle Krutchen, Bloomfield Administrator. Distributed the Bloomfield Bulletin, which they haven't done since 2016. They will work with the IT department to post online and send electronically. Staffing update: Karen Oellerich retired on 11/29/18. Hired Angela McLean for MDS Coordinator on 11/19/18. Current census is 53 beds. Will begin working on marketing plan. Awaiting annual state survey when the state of Wisconsin visits. Reviewing current staffing needs before posting Karen's job. Davis asked if one person could take multiple open shifts and Krutchen responded that it depends. Davis asked if the rate increase helped fill open positions. Krutchen said minimally. Evening shifts are always a struggle to fill. Bierke said positions are advertised on the Wis. County Assoc. website, Indeed.com, The Dodgeville Chronicle, The Shopping News, and the Iowa County website. Paull inquired if all the staff are vaccinated for the flu. The majority have been but it isn't mandatory. If they don't want a flu shot, they have to use a mask. They are not advertising yet for the Director of Nursing because they have contracted someone through Upland Hills Health for the time being. Haag questioned when they are going down to 50 beds. The County Board resolution goes into effect on 1/1/19 limiting Bloomfield to 50 beds but no one will be moved if they are over the 50-bed limit. They	Bloomfield Healthcare & Rehab Center

	are licensed for 65 beds.	
7)	Report Provided. Tom Slaney presented. Slaney recently attended a conference where they clarified Act 185. Lincoln Hills will be converted to an adult prison. The state has told counties that new facilities need to be built to house juveniles. Iowa County hasn't used a juvenile correction facility in up to 20 years. Majority of juveniles are from southeastern Wisconsin. Due to our infrequency of use, we would choose to be pay as you go. Davis asked how many buildings need to be built. Slaney said they will be regional. Davis asked the ages of these children. Slaney isn't certain. This is a good time to revise the whole program to rehabilitate these children. WCHSA – will be working on the SRCCCY, levy limits, etc. At this conference, they also discussed Act 184, which affects Unified Counseling. The transfer of sexual predators back into the community. Act 184 put a financial burden on the county to find housing to relocate them. It's a mental health problem so it falls under Unified Counseling. Corp Counsel, Land Records, Unified, and DSS will form a committee to work on this. Slaney presented a Crisis PowerPoint. 2016/2017 regional directors meeting. 39% increase in number of kids in out-of-home care in six years. Median length of time kids were in out-of-home care increased by 127%. 80% of open cases are complicated or driven by drug and alcohol abuse. Meth and heroin use is exploding. We need shared liability between the county and the state. Children and Family Aids is the current funding source. The county must match CFA by 10%. The problem is we are putting in a lot more than 10%. State isn't paying their fair share. Iowa County out-of-home expenses are up over 15% from previous years. Other counties have had to cut departments and services to pay for these expenses. Out-of-home care can be foster care, group home, or a residential care center. Where the child goes depends on what the child's needs. In 2014, we had one child in care. Currently we have 13 children in out-of-home care. There are no caseload standards. Iowa County has 9 workers. We don't fit a mold. Davis asked what initial assessment means – we have 60 days to investigate a claim of abuse. Teachers are mandated reporters. The point is to keep CPS workloads manageable. Permanent placement is the key. 22 months maximum to get permanency. Can the children go back to parents? Slaney gave examples of what would prohibit a child not going home but going back to parents is the hope. Putting a child with other relatives (kinship care) works. Kinship care is paid at a lower rate than foster care. Lower caseloads gives the worker more time to spend with that child and find permanency. WCHSA is developing standards. (handouts provided). WCHSA is asking for an increase of \$30 million from the state. WCA handout provided. They would like our county to pass a resolution, which Slaney distributed and asked everyone to please consider. Chair Nankee would like it on the January agenda. Bierke will work with Slaney on adding "prevention" wording to the resolution. Iowa County may not benefit but it will be a good thing for the state. Slaney is a board member of WCHSA. We are following federal standards when children are removed from their homes. Rolfsmeyer would like to see what happens with the new governor. Slaney said the county associations are making this a top priority.	Social Services
8)	Next meeting: Wednesday, January 9, 2019. 5:00 PM. Health & Human Services Center, Community Room.	Set next meeting date
9)	Motion made by O'Brien and seconded by Rolfsmeyer to adjourn the meeting. Aye: 4. Nay: 0. Motion carried. Meeting adjourned at 6:54 PM.	Adjournment

AGENDA ITEM COVER SHEET

Title:Resolution Requesting Increased Funding for Wisconsin's CPS System

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Resolution requesting increased funding and oversight for Wisconsin's Child Protective Services System. Follow up action to last month's presentation on this topic.

RECOMMENDATIONS (IF ANY):

Approval

ANY ATTACHMENTS? (Only 1 copy is needed)

☒ Yes

☐ No

If yes, please list below:

Resolution

FISCAL IMPACT:

Uncertain, potential increased funding for child protective services already provided by agency.

LEGAL REVIEW PERFORMED:

☐ Yes

☒ No

PUBLICATION REQUIRED:

☐ Yes

☒ No

PRESENTATION?:

☐ Yes

☒ No

How much time is needed? 5 - 10 min.

COMPLETED BY: Thomas C. Slaney

DEPT: ADRC/Social Services

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE:

AGENDA ITEM #

COMMITTEE ACTION:

REQUESTING INCREASED FUNDING AND OVERSIGHT REFORMS FOR WISCONSIN'S CHILD PROTECTIVE SERVICES SYSTEM

WHEREAS, the Wisconsin child welfare system is county-operated and state-supervised, except Milwaukee County, where the system is administered by the Wisconsin Department of Children and Families (DCF), Division of Milwaukee Child Protective Services (DMCPS); and

WHEREAS, DCF provides insufficient funding to counties for the provision of child abuse and neglect services including *prevention*, investigation, treatment, and out-of-home placement costs, though the state has primary responsibility for compliance with federal requirements and shares liability for ensuring the system is meeting its obligations to children and families in all 72 counties; and

WHEREAS, in recent years the state of Wisconsin added numerous mandates and practice expectations which increased county child protective services (CPS) workload and costs; and

WHEREAS, the opioid and methamphetamine epidemics have brought Wisconsin's child welfare system to a point of crisis, with increasing concern about the system's ability to meet its obligations to children and families; and

WHEREAS, the capacity for counties to continue to bear the lion's share of financial responsibility to address this crisis has been exhausted, as rising county contributions to the CPS system have far outpaced increases to the DCF Children and Family Aids allocation and counties have used reserve funding to cover CPS expenses and increase staffing; and

WHEREAS, maintaining sufficient resources for Wisconsin's child welfare system is critical to secure the safety and future of our most vulnerable children; and

WHEREAS, without a proportional increase in the DCF Children and Family Services allocation, the CPS system has been stressed for over a decade, causing caseloads for CPS workers to grow to unreasonable levels, contributing to high levels of staff turnover in some counties and an overrun of out-of-home care costs above what counties can sustain within available resources; and

WHEREAS, Wisconsin's CPS system leaves significant gaps in state-level oversight for all counties except Milwaukee County, including the absence of caseload standards, no process for regular legislative evaluation and prioritization of CPS needs and the absence of a legislative committee that provides regular policy guidance concerning CPS system issues such as adequate funding, performance, cost sharing and long-term stability; and

WHEREAS, along with DMCPS, all eleven of Wisconsin's peer states with county-administered CPS systems have either adopted caseload standards for CPS caseworkers, completed thorough workload studies as a basis of determining funding needs, or otherwise have made significant recommendations related to keeping CPS workloads manageable; and

WHEREAS, the children within Wisconsin's CPS system are too important to allow the current level of under resourcing, oversight gaps and, disparity of attention, while shifting the burden to property taxpayers.

NOW, THEREFORE, BE IT RESOLVED that the Iowa County Board of Supervisors does hereby request that the state of Wisconsin increase the Children and Family Aids Allocation to counties in the 2019-21 state biennial budget by \$30 million annually in order to cover a greater share of out-of-home care costs, *prevention efforts* and increase staffing levels based on the caseload standards developed by the Wisconsin County Human Services Association (WCHSA) so Wisconsin's CPS system can meet its obligations; and

BE IT FURTHER RESOLVED that the Wisconsin Counties Association urges the state of Wisconsin to close critical oversight gaps by creating legislative mechanisms to review the CPS resource needs of all counties as part of the biennial budget process and ensure an appropriate committee provide ongoing policy guidance to respond to emerging CPS trends and ongoing system needs; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent to Governor Tony Evers, Department of Children and Families Secretary, Department of Administration Secretary, area legislators, and the Wisconsin Counties Association.

AGENDA ITEM COVER SHEET

Title: Presentation on Social Service's Youth and Family Unit Programs

☒ Original

☐ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Melissa Doescher, Social Worker, and Michele Klusendorf, Youth and family Unit Manager, will present an overview of the Youth and Family Unit's programs and additional information on Foster Care.

RECOMMENDATIONS (IF ANY):

None

ANY ATTACHMENTS? (Only 1 copy is needed)

☐ Yes

☒ No

If yes, please list below:

FISCAL IMPACT:

None

LEGAL REVIEW PERFORMED:

☐ Yes

☒ No

PUBLICATION REQUIRED:

☐ Yes

☒ No

PRESENTATION?:

☒ Yes

☐ No

How much time is needed? 15 Minutes

COMPLETED BY: Thomas C. Slaney

DEPT: ADRC/Social Services

2/3 VOTE REQUIRED:

☐ Yes

☒ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE:

AGENDA ITEM #

COMMITTEE ACTION:

January 2019 HHS Meeting

ADRC Update

We recently received data for a customer satisfaction survey; see the attached 2018 Final Report for ADRC of Southwest Wisconsin. This survey was facilitated by DHS Office for Resource Center Development and customers of each ADRC in the state were surveyed. Surveys performed in previous years by ORCD were done over the phone; this was the first mail/online survey.

January 2019 starts a new Aging Plan period (2019-2021) so we will be working on implementing strategies to meet the goals we have set. Aging Plan was approved by the HHS Committee in November 2018.

Have been assisting Upland Hills Health with their Community Health Needs Assessment.

We are planning our Wellness and Prevention Schedule for the year; working on developing partnerships with public and private agencies in order to implement the programs at low or no-cost to participants.

The 2019 Health and Wellness Expo at Hidden Valley Church is set for 9/27/19. Partnering again this year with Upland Hills Health.

Transportation Update-

Iowa County took over the Dodgeville Taxi Service from Grant County as of 1/1/19. We are currently leasing a van from Grant County to provide this service until our new van is available.

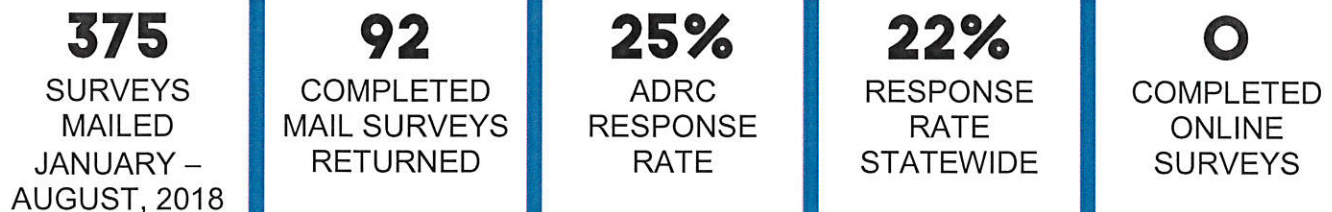
We are expecting our new handicapped accessible van acquired through a 53.10 grant from the Wisconsin Department of Transportation to be delivered any day.

Once the Wisconsin Department of Transportation approves Iowa County to place the new handicapped accessible van in service, the van will be used to provide transportation to rural Iowa County residents on Mondays and Tuesday, City of Dodgeville residents on Wednesdays and Fridays, and City of Mineral Point residents on Thursdays.

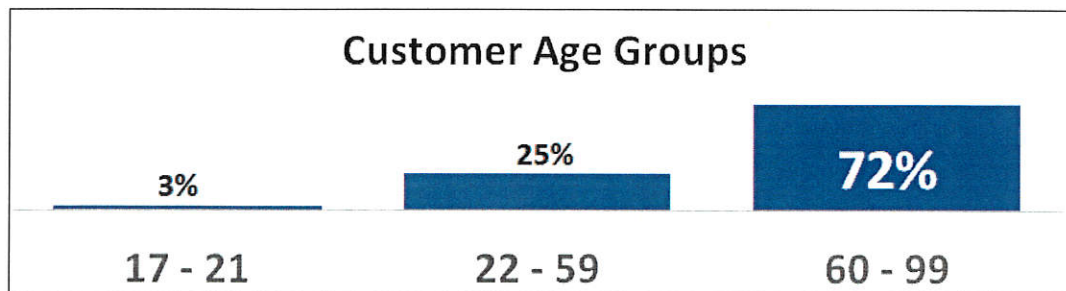
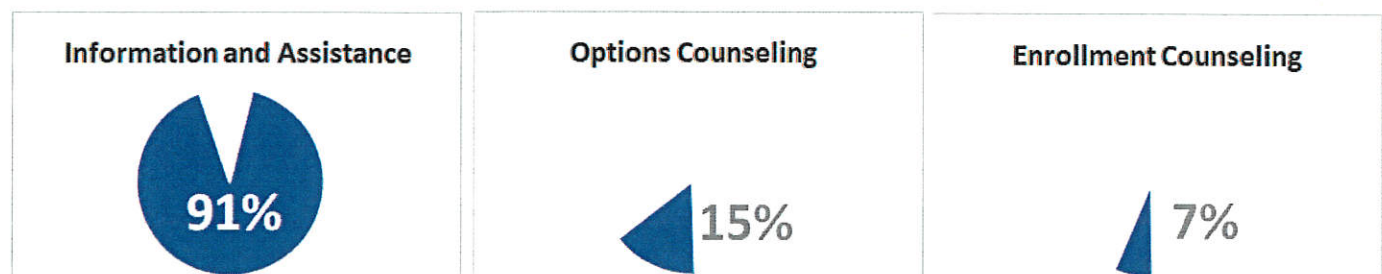
THE ADRC OF SOUTHWEST WISCONSIN

2018 CUSTOMER SATISFACTION REPORT

SURVEY METHODS



SAMPLE DESCRIPTION*



Customer characteristics



* This data is from the sample generated via the ADRC customer tracking system. It reflects the sample file information regarding those customers who completed a survey via the mail survey distribution. Multiple categories (e.g. I&A and Options Counseling) may have been checked. Note that these numbers may differ from the survey results that follow.

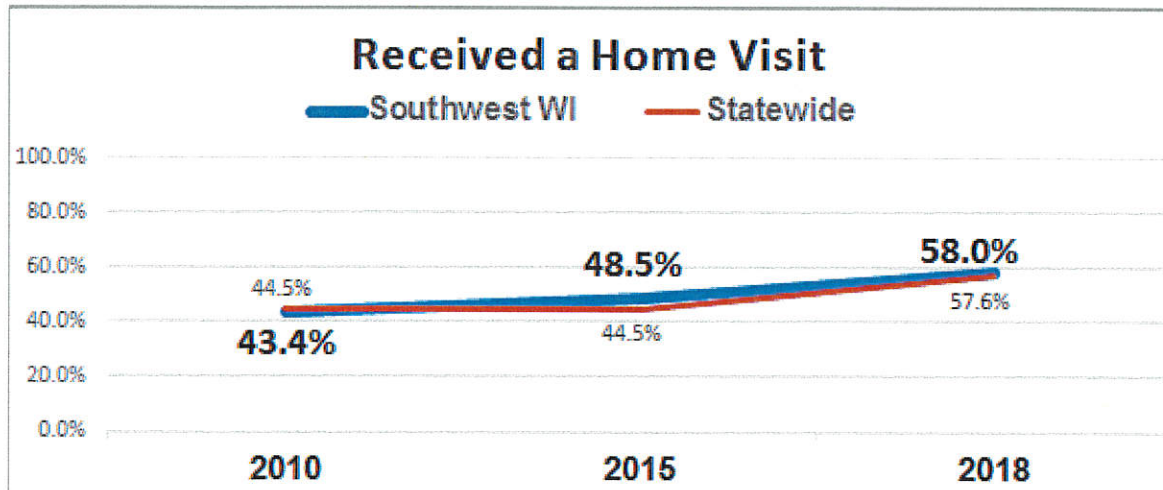
GETTING STARTED

First Heard about the ADRC:	
Family or friend	47.7%
Health care provider	23.3%
Brochure	17.4%
Newsletter	17.4%
ADRC sign	17.4%
Newspaper	16.3%
Resource guide	8.1%
Sample Size	86

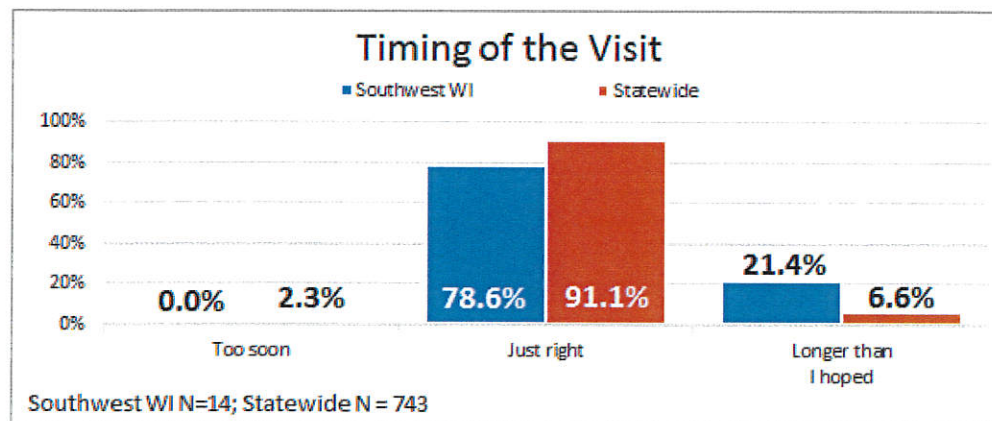
Main Issue or Concern:	
Caregiver services or information	35.1%
Medicare or other insurance questions	32.5%
Help with a disability	32.5%
General information	32.5%
Help paying for services	31.2%
Help staying in my home	29.9%
Help finding housing with services	19.5%
Concern about memory loss	13.0%
Information about Family Care or IRIS	11.7%
To appeal Medicaid decision	10.4%
Help finding a device like a walker	9.1%
Help with services needed after high school	1.3%
Sample Size	77

HOME VISITS

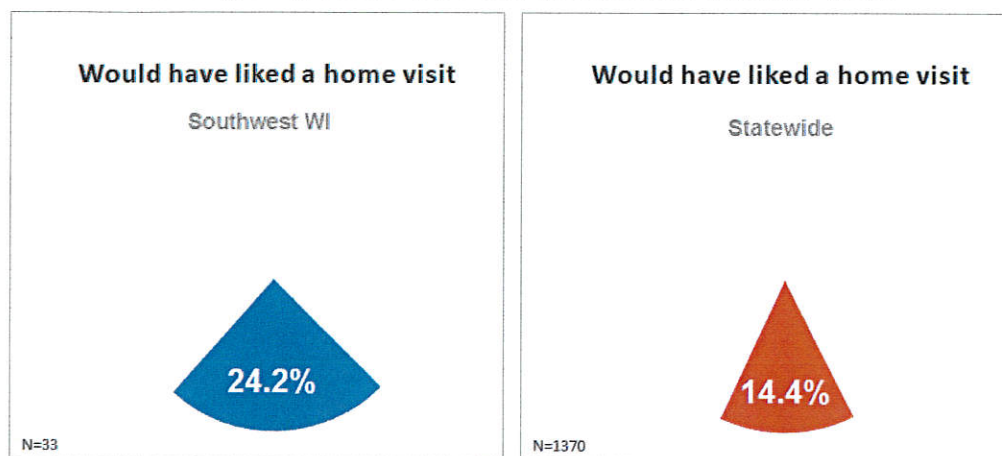
Among all Customers:



Among only those who received a home visit:

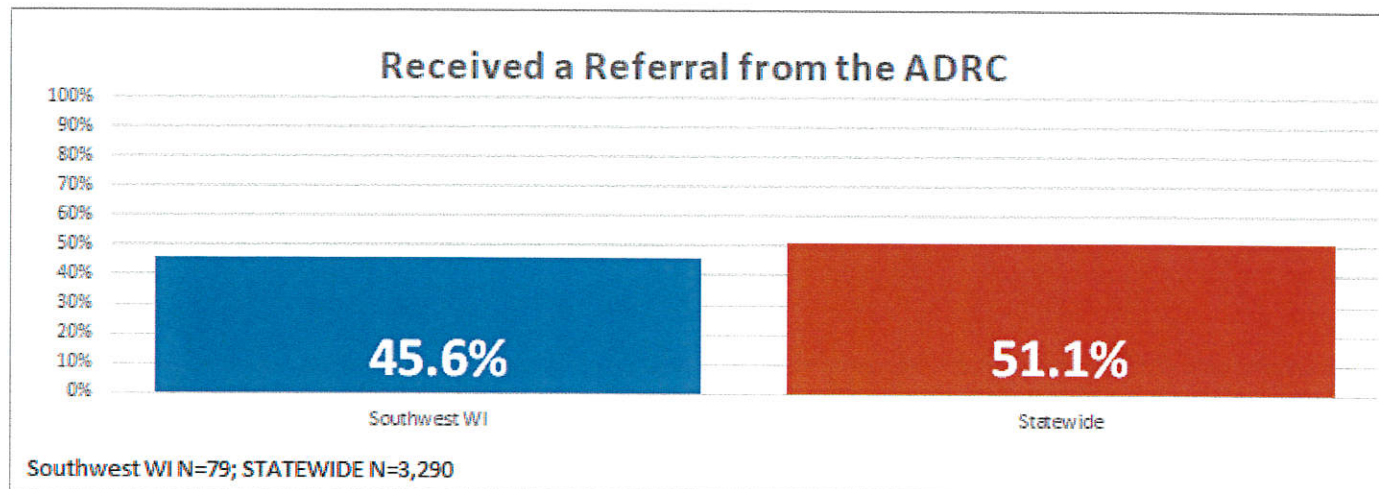


Among only those who did not receive a home visit:

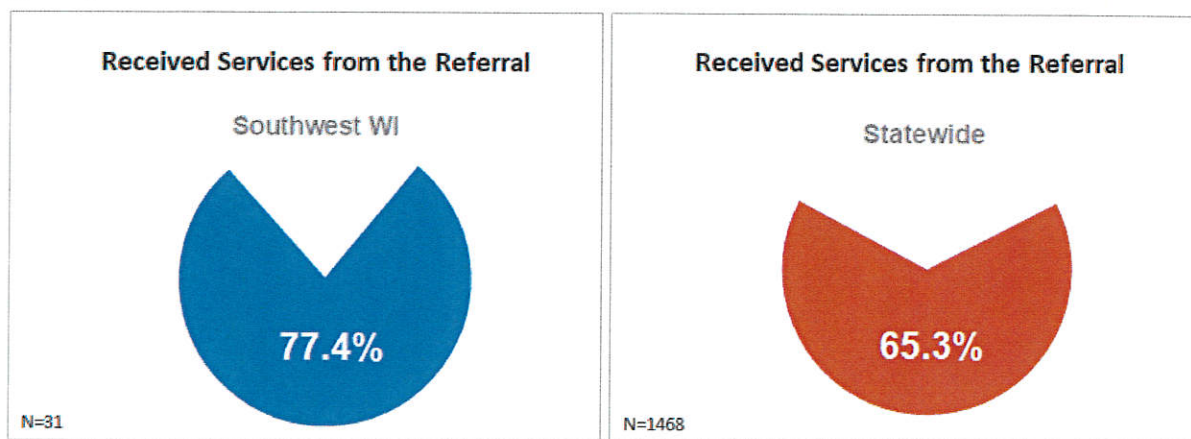


REFERRALS

"Received Referral" shows the percentage of customers who received a referral from the ADRC for one or more services and "Received Services" shows the percentage of people who acted on the referral and received service(s).



Among only those who received a referral:

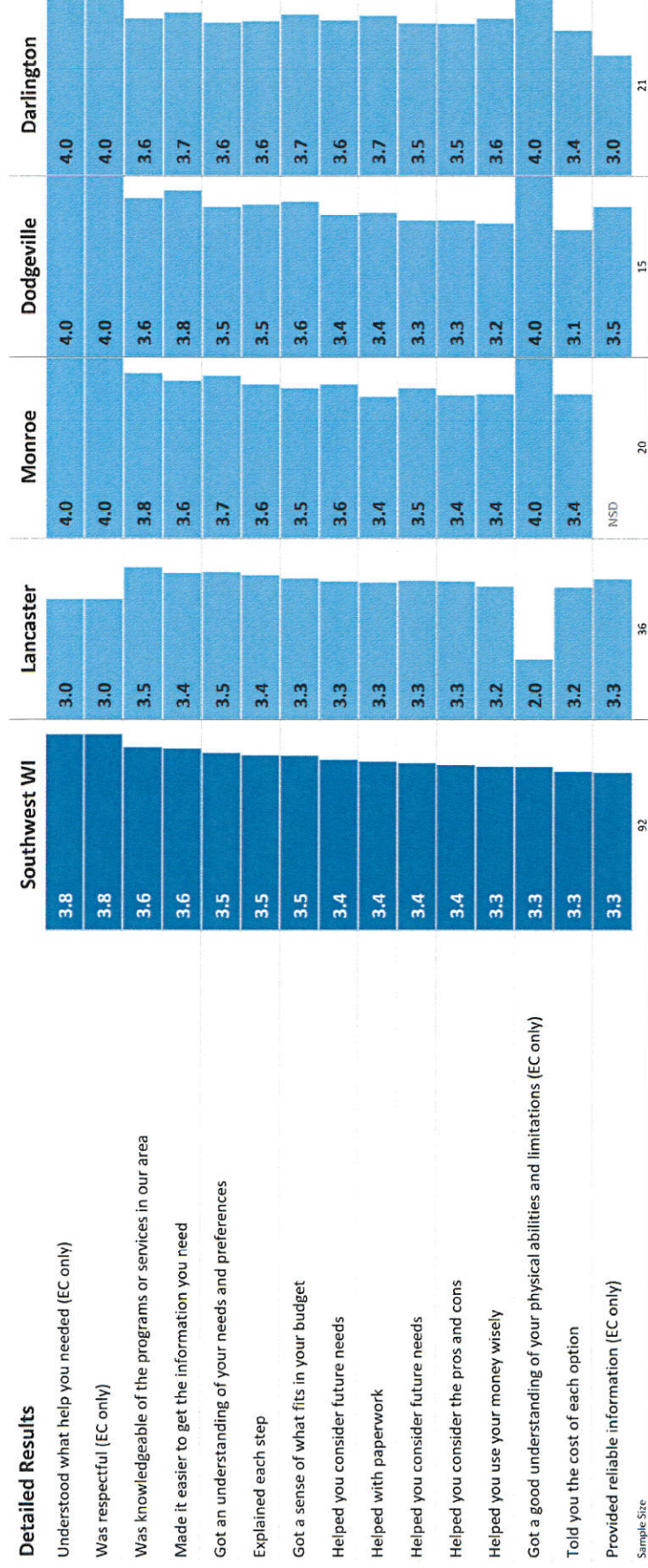


Among only those who received a referral but did not receive services:

	Southwest WI	Statewide
Haven't called yet but plan to	31.3%	26.8%
Decided not to contact	25.0%	18.5%
Service was not what I needed	18.8%	26.5%
Program was not available	18.8%	11.3%
Phone number did not work	6.3%	2.8%
I was not eligible	6.3%	28.0%
Sample Size	N=16	N=817

THE ADRC EXPERIENCE

Customers described a variety of aspects about the ADRC staff person who helped them on a scale from excellent to poor, the results of which are depicted in the chart below. Results are provided as an average, where 1 equals “poor” and 4 equals “excellent”.



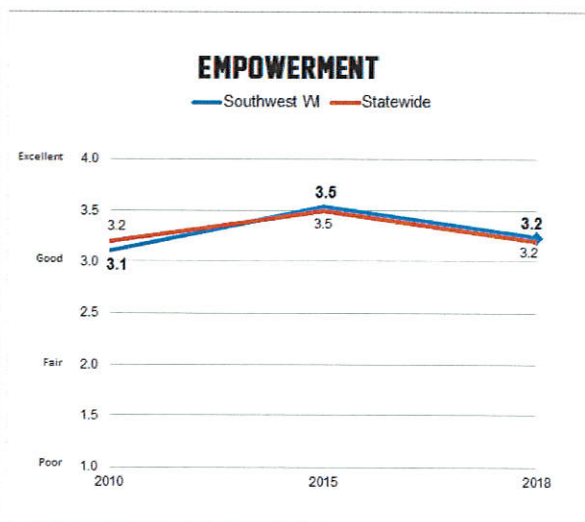
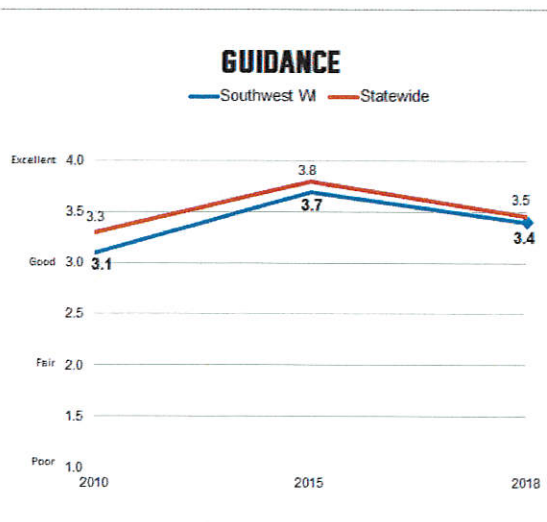
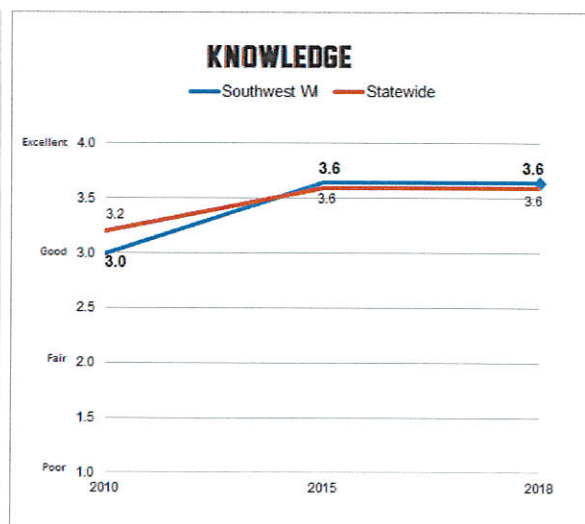
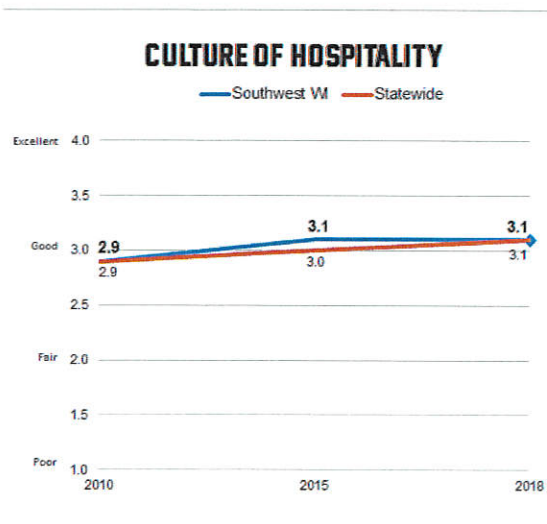
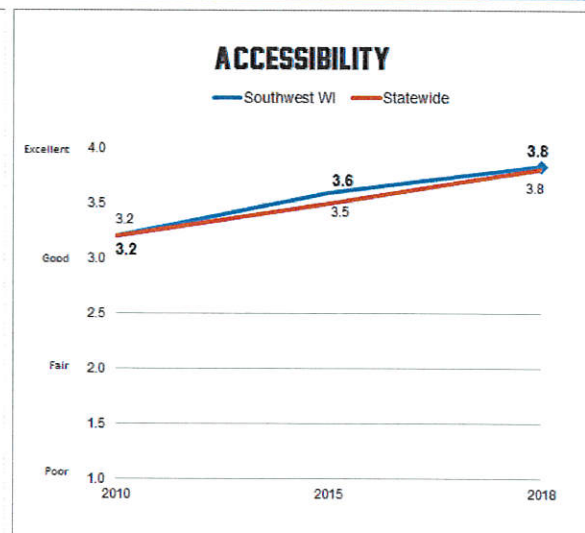
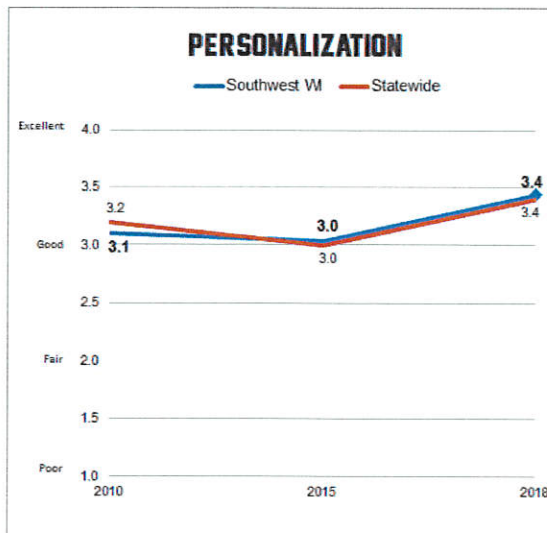
DOMAINS

Wisconsin has developed and used a set of domains to provide an understanding of the elements that comprise customer satisfaction. Through statistical analysis, these domains emerged as distinct qualities of the ADRC that are significant predictors, or key drivers, of all aspects of customer satisfaction.

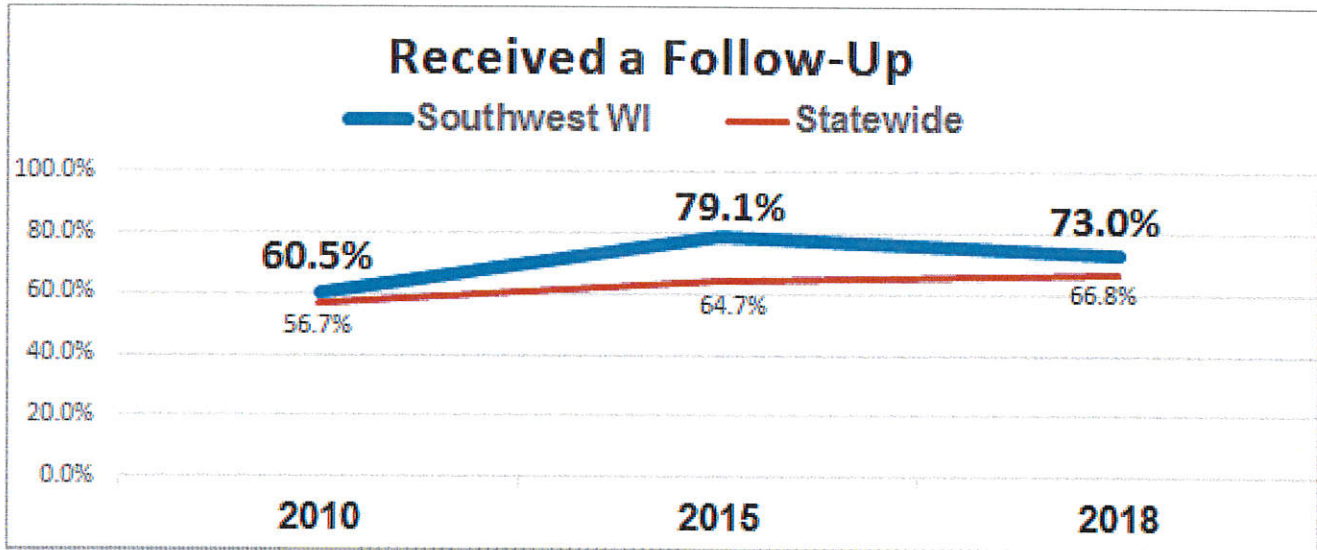
Domain scores are an average of all items that contribute to the domain. Customers were asked if each item was excellent (4), good (3), fair (2) or poor (1) or, in the case of statements, if they strongly agreed (4), somewhat agreed (3), somewhat disagreed (2) or strongly disagreed (1). Responses of "don't know" were removed from the analysis.

Domain	2018 Indicators
Personalization	The staff person understood the customer's needs and preferences The staff person was able to get a good sense of what the customer could afford. Customers have a single point of contact.
Accessibility	The customer found the ADRC's phone number easily. The ADRC returned customer calls promptly. Hours someone was available were convenient.
Culture of Hospitality	Number of times a customer needed to explain the situation before getting help. Privacy of the conversation.
Knowledge	Was knowledgeable about the programs or services in the area. <Did not> overwhelm you with too much information. Made it easier to get the information you needed.
Guidance	Helped the customer consider the pros and cons. Explained each step clearly. Helped the customer with the paperwork if needed. Helped the customer navigate the system.
Empowerment	Let the customer know what to expect next. Helped the customer follow through on decisions. Helped the customer consider future needs. Helped the customer understand the cost of each option. Helped the customer use money wisely.

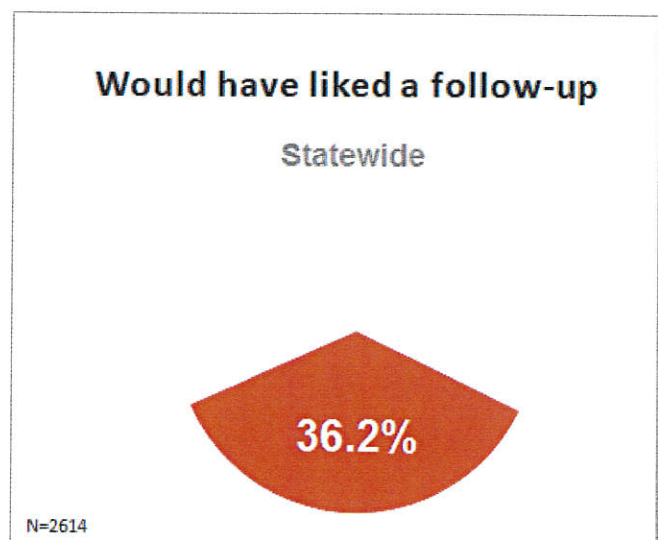
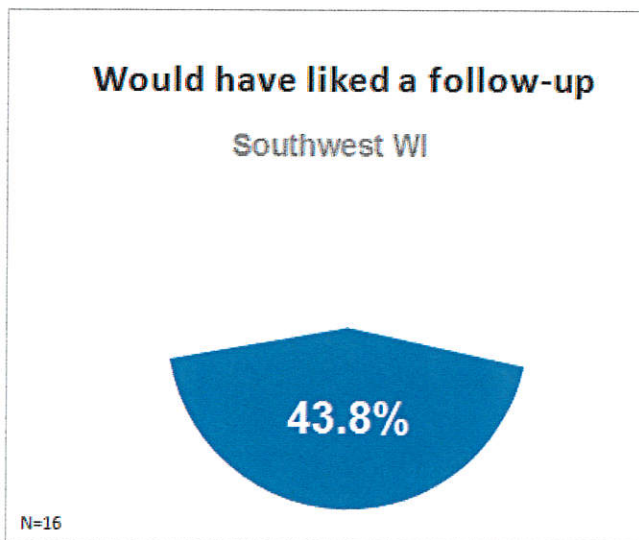
DOMAIN RESULTS OVER TIME



CUSTOMER FOLLOW-UP

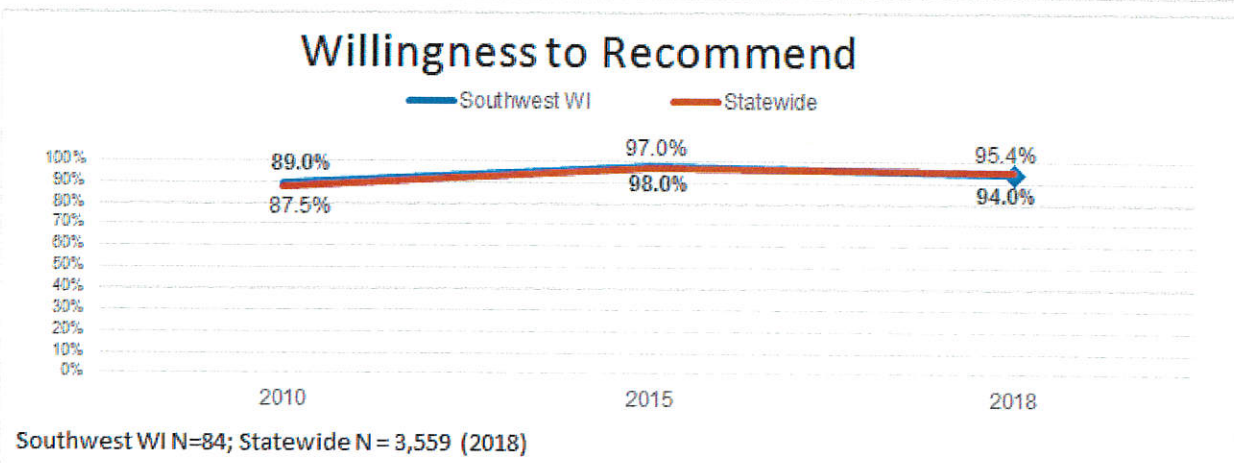
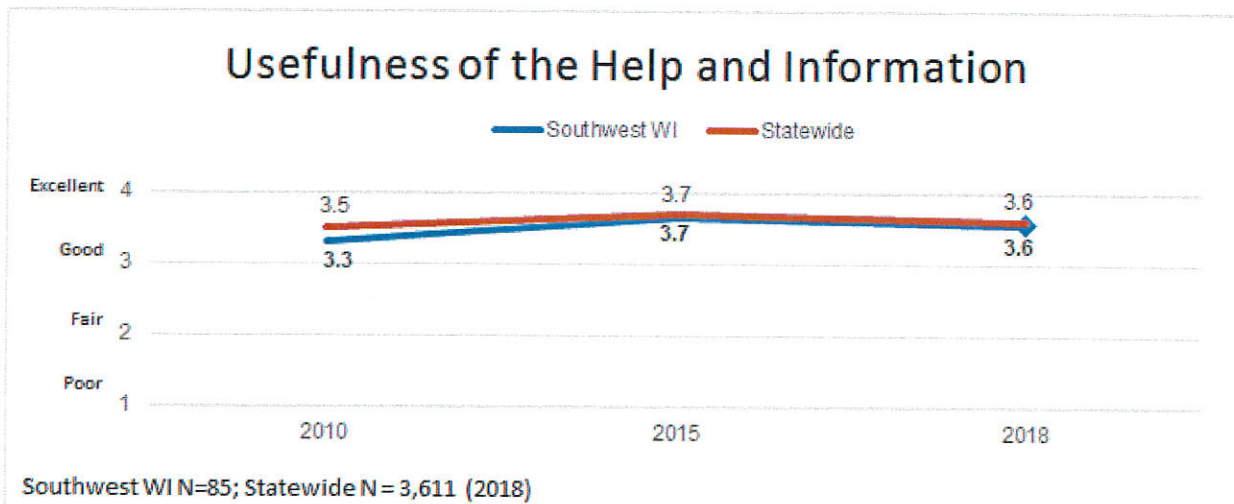
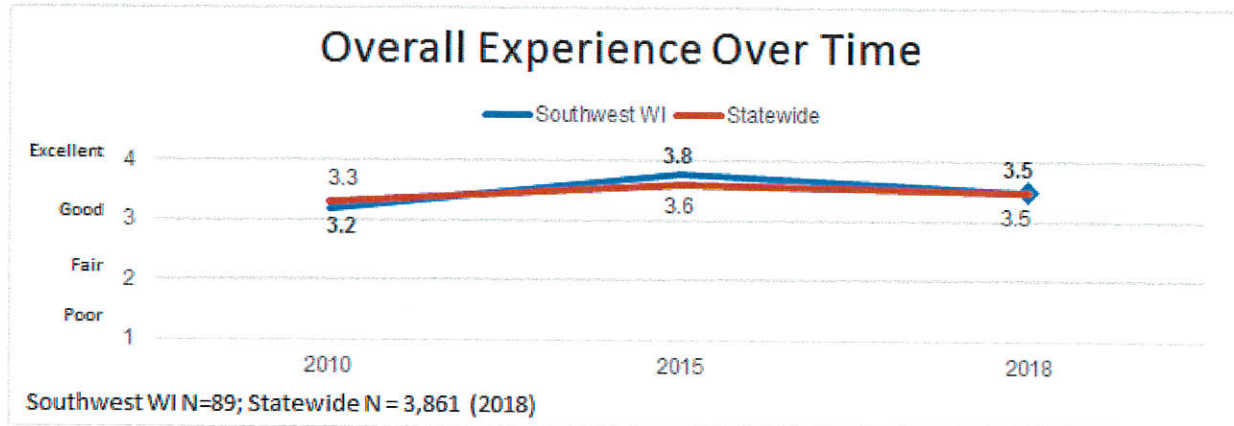


Among those who did not receive a follow-up:



CUSTOMER OUTCOMES

The chart below shows the usefulness of the help and information customers have received from the ADRC, as well as overall satisfaction with the ADRC experience measured over time. The first two charts below provide the customers' satisfaction on a scale of one to four, whereas willingness to recommend is measured as a percentage of customers who said "Yes, I would recommend the ADRC's services."



General Updates from Bloomfield:

- As of 1/3/19 our census is 50
- We are preparing for and awaiting our annual survey
- Researching grants
- Open Positions:
 - 2 – 1.0 CNAs still needed
 - Reviewing/Interviewing for Billing Specialist will start 1/4/19
 - 1 housekeeping position

**Health & Human Services Committee
Health Department- Director's Report
January 9, 2019**



- Wisconsin Institute for Healthy Aging Grant – Healthy Living with Chronic Pain
Healthy Living with Chronic Pain (HLCP) is a high-level evidence-based program for people who have on-going, persistent pain. Developed at Stanford University, the *HLCP* workshop meet for 2-1/2 hours once a week for six consecutive weeks. This community-based program is very interactive, where mutual support and success build participants' confidence in their ability to manage their pain and maintain active and fulfilling lives. It is facilitated by two trained leaders in a small group setting, and most of the learning comes from sharing and helping others in the workshop with similar challenges.

- Healthy Aging in Rural Towns “HeART” Coalition – Community Based Coordinator Position

DRAFT JOB DESCRIPTION FOR COMMUNITY-BASED COORDINATORS

1. Establish systematic, sustainable connections across agencies and service providers that have a need to network with each other.
 2. Develop a sustainable hub of information about local resources for aging in place (This possibly could involve building on an existing resource list).
 3. Promote the resource hub through presentations, advertisements, publicity.
 4. Coordinate trainings and network opportunities for older adults, caregiver groups, volunteers, and other stakeholders.
 5. Conduct a community awareness campaign about local needs and assets related to aging-in-place and caregiver issues. Make the case for the benefits of becoming an age-friendly community. Replicate successful models for increasing awareness, such as those in the World Health Organization's Global strategy and action plan on aging and health.
 6. Build relationships with people, organizations and businesses that have a stake in the wellbeing of older adults and caregivers in the community.
 7. Develop training partnerships with local libraries, hospitals, faith-based organizations, Extension, technical colleges, UW, Aging and Disability Resource Centers (ADRCs), emergency responders, etc.
 8. Work with project staff to evaluate whether efforts are meeting goals.
-
- Communicable Disease Activity - report attached

Respectfully submitted,
Sue Matye, Director/Health Officer

Cumulative Report

Date Type: Create

Date Range: 01/01/2018 to 12/31/2018

Incident Jurisdiction: Iowa County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

All diseases except HIV and Lead

<u>Disease Name</u>	<u>Number of Incidents</u>
ARBOVIRAL ILLNESS, WEST NILE VIRUS, NEUROINVASIVE	1
CAMPYLOBACTERIOSIS	14
CHLAMYDIA TRACHOMATIS INFECTION	35
CRYPTOSPORIDIOSIS	6
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	5
GIARDIASIS	2
GONORRHEA	8
HEPATITIS C, CHRONIC	2
INFLUENZA-ASSOCIATED HOSPITALIZATION	39
LEGIONELLOSIS	1
LYME DISEASE (B.BURGDORFERI)	4
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3
SALMONELLOSIS	10
SHIGELLOSIS	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	6
TUBERCULOSIS, LATENT INFECTION (LTBI)	2
VARICELLA (CHICKENPOX)	1
YERSINIOSIS	1

Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).

Date Type: Create

Date Range: 01/01/2018 to 12/31/2018

Incident Jurisdiction: Iowa County

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed

Process Status:

Prepared By: WEDSS (Preparer's Title)

Telephone: 9885297959

Fax: 9848999801

Information contained on this form or report which would permit identification of any individual has been collected with a guarantee that it will be held in strict confidence, will be used only for surveillance purposes, and will not be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 U.S.C. 242m).