

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
JANUARY 16, 2025
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Present	
Darren Kirby	Chippewa County	District 5	Present	
James Ericksen	Chippewa County	District 8	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	8:02 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Randy Scholz; Human Services Staff: Paul Brenner, Amy Doman, and Kyra Secraw; Public Health Staff: Brittnay Fortuna, Audra Knowlton, Sarah McQuillan, Breanna Moldrem, Kyle Ziegler, and Nikki Hoernke.

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Dean Mueller, District 20
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

1. Approve the Agenda

2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Dec 19, 2024 7:45 AM

3. Schedule Next Meeting Date - February 20, 2025

5. BUSINESS ITEMS

1. Human Services Policies to Convert to Procedures - Randy Scholz/Paul Brenner

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

January 16, 2025
7:45 AM

Chippewa County Administrator Randy Scholz briefly explained the difference between a policy and a procedure.

Human Services Senior Fiscal Manager Paul Brenner reviewed the policy list being converted to a procedure. He touched base on the reasoning for these actions, whether under County Policy, State Policy, or meets the definition of a procedure.

RESULT:	APPROVED [7 TO 0]
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

2. Human Services Policies to Delete - Randy Scholz/Paul Brenner

Human Services Senior Fiscal Manager Paul Brenner reviewed the policy list for deletion. He touched base on the reasoning for these actions, whether they are no longer relevant, part of County policy, or no longer in effect.

RESULT:	APPROVED [7 TO 0]
MOVER:	Marcia Kyes, Citizen Rep
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

3. Delete Public Health APH-Media Relations Policy - Brittnay Fortuna

Public Health Director Brittnay Fortuna is looking to delete the Public Health APH-Media Relations Policy as the County has a Media Communication section in the Human Resources Policy Manual.

RESULT:	APPROVED [7 TO 0]
MOVER:	Dean Mueller, District 20
SECONDER:	Lee Hennick, District 15, Vice-Chair
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch
AWAY:	Bullwinkel

6. REPORTS

1. Human Services Success Story - Birth to Three Amy Doman

Birth to Three Program Coordinator Amy Doman shared a success story achieved through the program. She shared the story of Rowan, a happy boy who loves music and being around his family. Rowan was diagnosed with Cerebral Palsy, along with other medical difficulties. His family worked with the Birth to Three program for therapy services and connecting him with resources in the community. Without the Birth to Three program, they would not be where they are today.

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

January 16, 2025
7:45 AM

2. **Public Health Policy, Practice, and People – Environmental Health Division - Breanna Moldrem**
Environmental Health Specialist Bre Moldrem presented on food safety. In her presentation, she highlighted the licensing of restaurants, campgrounds, county events, DNR water testing, beach water testing, human health hazards, and radon/lead. Moldrem reviewed what they look for when conducting inspections. She shared photos from inspections containing food safety violations and provided proper education. Environmental Health will educate owners and issue violations and/or fines, with the last resort shutting down the business.
3. **Public Health 2023-2026 Strategic Plan Amendments - Nikki Hoernke**
Planning and Strategy Division Manager Nikki Hoernke reviewed the amendments to the Strategic Plan. The Plan was updated with the new Public Health branding standards. Hoernke highlighted: the additional contributors, acknowledgments, addition of brief descriptions for each division, removal of VMSG verbiage to generic performance management software language, amendments to the goals and objectives of the priority areas, monitoring the work plan progress, and engagement and communication with stakeholders.

A discussion was held on proper staffing equivalent to the programs and services provided. This is a concern across all County departments.

4. **Human Services 2024 Social Media Report - Brandi Engel**
The Human Services 2024 Social Media Report was presented for informational purposes. Scholz stated the data is consistent with what is seen across County departments.
5. **Human Services Director's Program and Financial Report – Randy Scholz**
The Human Services Leadership-Director's Program and Financial Report was presented. County Administrator Randy Scholz gave an update on the Human Services Director interview status. The Leadership Team has continued with operations. They are a really great team that has been working hard. Leslie Fijalkiewicz will act as the interim ADRC Manager. The Recovery & Wellness Consortium Division has eliminated the Comprehensive Community Services wait list. Scholz pointed out the success of reducing the number of out-of-home placements over the year.
6. **Public Health Director's Program and Financial Report – Brittnay Fortuna**
Public Health Director Brittnay Fortuna presented the Public Health Program and Financial Report. Fortuna highlighted several items from her report:

*Community Health - January is cervical cancer awareness month, seeing an increase in norovirus and providing education, Avian Influenza updates, and communicable disease numbers.

*Environmental Health - highlighted statistics from December, sanitary survey components, and data from 2024.

*Nutrition - WIC caseload increased in 2024 and the state management evaluation results were reviewed.

*Planning and Strategy - Essential Resource Purchase program for children with special health care needs, and the Chippewa Health Improvement Partnership (CHIP) held its second retreat. The CHIP has chosen a new name: Healthy Chippewa Communities.

*The vending machine will be installed in the Jail lobby today. The sharps kiosks will be installed in the next few months.

*Years of Service-Sarah celebrated six years and Bre has one year of service. Congratulations.

7. **Public Health 2025 Program Prioritization Education - Brittnay Fortuna**
Public Health Director Brittnay Fortuna reviewed the mandated and essential services, the leadership

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

January 16, 2025
7:45 AM

ranking, and how it helps to assist in the future budget process. The ranking is due January 30. Audra Knowlton will email an electronic version to the members, and a few printed copies are available today.

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The meeting adjourned at 9:12 AM.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
DECEMBER 19, 2024
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21, Chair	Present	
Lee Hennick	Chippewa County	District 15, Vice-Chair	Present	
Darren Kirby	Chippewa County	District 5	Present	
James Ericksen	Chippewa County	District 8	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Robert Bullwinkel	Chippewa County	Citizen Rep, MD	Late	8:16 AM
Marcia Kyes	Chippewa County	Citizen Rep	Present	

Others Present: County Administrator Randy Scholz; Human Services Staff: Pauline Spiegel, Paul Brenner, Beth Nyhus, and Tom Diel; Public Health Staff: Brittnay Fortuna, Audra Knowlton, Sarah McQuillan, Allie Isaacson, JoAnna Bernklau, Kristen Walters, and Rachel Potaczek, Tabitha Wessels, Nikki Hoernke, and Maryn Bengs

The Board thanked Pauline Spiegel for all her hard work through the years and wished her good luck in her retirement.

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Lee Hennick, District 15, Vice-Chair
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch, Bullwinkel

1. Approve the Agenda

2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Nov 21, 2024 7:45 AM

3. ADRC Minutes 11-14-2024

Minutes Acceptance: Minutes of Dec 19, 2024 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

December 19, 2024
7:45 AM

ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Nov 14, 2024 3:30 PM

4. Schedule Next Meeting Date - January 16, 2025

5. BUSINESS ITEMS

1. Public Health Policy - APH-Wheelchair Loan Closet - Brittney Fortuna

Updates to the APH-Wheelchair Loan Closet policy were reviewed and approved. Fortuna highlighted the deletion of all medical equipment except wheelchairs, their partnership with Rutledge Charities, rental period extension, and added a statement about replacement cost.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Kyes
ABSENT:	Wallsch, Bullwinkel

2. Public Health 2025 Financial User Fees - Brittney Fortuna/Sarah McQuillan

Public Health Director Brittney Fortuna presented changes to the 2025 consumer fees for the addition of a Community Health in-home administration fee, an update to reflect billing the actual cost of the Hepatitis B vaccine, and an increase in the transient water test fee. Discussion was held on high Nitrates levels and mitigation options.

RESULT:	APPROVED [6 TO 0]
MOVER:	Lee Hennick, District 15, Vice-Chair
SECONDER:	Marcia Kyes, Citizen Rep
AYES:	Ives, Hennick, Kirby, Mueller, Halbleib, Kyes
ABSENT:	Wallsch, Bullwinkel
RECUSED:	Ericksen

3. Approval to Place Public Health Vending Machine in the Chippewa County Jail - Brittney Fortuna/JoAnna Bernklau

Public Health Director Brittney Fortuna, Community Health Division Manager Allie Isaacson, and Planning & Promotion Specialist JoAnna Bernklau gave an overview of the Public Health vending machine. Fortuna is asking for approval to place the vending machine in the jail. They highlighted:

- *The history of receiving grant funding to purchase the vending machine and supplies.
- *Substance misuse was ranked one of the top health concerns from the Community Health Assessment (CHA) and statistics on Chippewa County overdose deaths.
- *The vending machine contents - products are in color-coded packaging for discretion with a code on the side of the vending machine along with resource information.
- *The community will have 24/7 access to the vending machine to meet people where they are at.
- *Location responses from the survey and the benefit of the location at the jail.

Discussion was held regarding the metrics of success, which may reduce overdose deaths, reduce pregnancies, reduce STIs, and see a decrease in EMS response calls.

Minutes Acceptance: Minutes of Dec 19, 2024 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

December 19, 2024
7:45 AM

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Marcia Kyes, Citizen Rep
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

6. REPORTS

1. **Public Health Success Story - Community Health Division - JoAnna Bernklau**
Community Health Planning and Promotion Specialist JoAnna Bernklau provided successes in harm reduction, as an outcome from the Overdose Fatality Review team. She reviewed:
 - *Products that play a factor in harm reduction, including Naloxone, Fentanyl, and Xylazine test strips.
 - *The journey to success through education and awareness and increased access.
 - *Staff, Senator Jesse James, and a past law enforcement officer will be meeting with school officials to promote and train about the Oak Box.
 - *Statistics of supplies distributed by other counties with vending machines.
 - *Picture of the Public Health vending machine with branding and content coding.
2. **Human Services Policy, Practice, and People - Economic Support Beth Nyhus**
Economic Support Lead Worker Beth Nyhus highlighted the following Economic Support programs:
 - *FoodShare and its options for enrolling, making changes, and using the Quest card
 - *BadgerCare Plus and its eligibility and renewal process
 - *Family Planning Only Services and its services
 - *Medicaid with Long Term Care and Medicaid Purchase Plan
 - *Child Care subsidy program to help get quality care and the use of the EBT card
 - *Caretaker Supplement benefit to parents and its eligibility; option to apply for services
 - *Required information for applying
 - *MyACCESS Mobil App options
 - *ebtEDGE app benefits
 - *Survey result comments
3. **Public Health Environmental Health Division - Nitrate Testing - Kristen Walters/Bre Moldrem**
Environmental Health Specialist Kristen Walters presented information on the presence of nitrates in private wells. She highlighted:
 - *The harm of high levels.
 - *Map of nitrate levels in Chippewa County.
 - *The screening process using the mobile testing kit
 - *Education provided at testing events.
 - *Results from the screening events and the importance of the program.

Kristen Walters highlighted that the \$10,000 Environmental Health Data Tracking Grant that PH received from WI DHS has allowed for free private well-water testing to occur within the townships throughout Chippewa County.

Discussion held on mitigation options. Four nitrate-free fill stations are located in Chippewa County for

Minutes Acceptance: Minutes of Dec 19, 2024 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

December 19, 2024
7:45 AM

residents to utilize. Scholz added Chippewa County is more advanced than other counties in terms of nitrate testing, tracking, education, and outreach. Public Health collaborates with Land Conservation for the nitrate program.

4. Human Services Director's Program and Financial Report – Tim Easker

The Human Services Program and Financial Report were presented. Randy Scholz will be acting as the Human Services Interim Director. Human Resources is working on recruitment at this time. Brenner added Human Services will end with a surplus of tax levy dollars for 2024.

5. Public Health Director's Program and Financial Report – Brittnay Fortuna

Public Health Director Brittnay Fortuna presented the Public Health Program and Financial Report. Fortuna highlighted several items from her report:

*Administration Division - working on updating policies and preparing meeting folders and agendas for 2025.

*Community Health - all-inclusive voice mail project to include Spanish and Hmong, completed Narrative Training, and communicable disease data.

*Environmental Health - wrapping up DNR well-water program for 2024, statistics on new businesses and routine inspections, nitrate testing events, FDA Retail Standardization Grant, and the Wisconsin Environmental Health Association Conference.

*Nutrition - celebrate WIC's 50th Anniversary, changes to the food packages, transition to remote clinics when needed, and Fit Families program.

*Planning and Strategy Division - Drug-Free Communities Project Coordinator, Grace VanDerhei, will begin February 3, Chippewa County Health Improvement Partnership met for their second retreat, Wisconsin Wayfinder initiative, and Single Point of Entry with Human Services for CRC-West.

*Public Health budget.

7. **AGENDA ITEMS FOR FUTURE CONSIDERATION**

8. **ADJOURN**

The meeting adjourned at 9:25 AM.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	James Ericksen, District 8
SECONDER:	Darren Kirby, District 5
AYES:	Ives, Hennick, Kirby, Ericksen, Mueller, Halbleib, Bullwinkel, Kyes
ABSENT:	Wallsch

Minutes Acceptance: Minutes of Dec 19, 2024 7:45 AM (Consent Agenda)

STATEMENT OF EXPLANATION
HUMAN SERVICES POLICIES TO CONVERT TO PROCEDURES - RANDY
SCHOLZ/PAUL BRENNER

Human Services created a number of policies years ago that are no longer applicable or are actually steps or a course of action in achieving a goal or purpose. The Leadership Team recently reviewed all the policies and determined the action to be taken - deletion or conversion to a procedure. This is the list of policies to be converted to procedures. Since the Board originally approved the policies, board action is needed for this process.

Chippewa County

Department of Human Services

Policy List Converted to Procedure

Systemwide policies are guiding principles that express the institutional culture, goals, and philosophy. Policies promote consistence and operational efficiency, enhance the University's mission and mitigate significant institutional risk. Policies allow for some discretion by guiding decision making and limiting or setting parameters or choices.

Procedures are step-by-step descriptions of the tasks required to support and carry out organizational policies. Procedures articulate the process for accomplishing controls. Procedures might also document a course of action accomplished in a defined order, ensuring the consistent and repetitive approach to accomplish control activities

Agenda Number	Policy Number	Division/Unit	Policy/Procedure Title	Action	Reasoning
5.1a	2	Administrative	Formal Discipline of Employees	<i>Administrative Procedure #3</i>	Under County Policy – Internal DHS Steps
5.1b	4	RWC	Funding for Adults and Children	<i>RWC Procedure #25</i>	Meets procedure definition (how to steps)
5.1c	7	Administrative	Admission Procedures for Medicaid-HMO Covered Youth Admitted to State Institutes	<i>RWC Procedure #26</i>	Meets procedure definition (how to steps)
5.1d	9	RWC	Community Access to Services and Support	<i>RWC Procedure #27</i>	Meets procedure definition (how to steps)
5.1e	10	Administration	Consumer Rights, Grievance, and Complaints Resolution Process	<i>Administrative Procedure #39</i>	Meets procedure definition (how to steps)
5.1f	12	Administrative	HIPAA Security and Privacy	<i>Administrative Procedure #40</i>	Meets procedure definition (how to steps)
5.1g	14	CWDA	Single Point of Access for Children with Differing Abilities	<i>CYF Procedure #24</i>	Meets procedure definition (how to steps)
5.1h	15	CWDA	Children with Differing Abilities Waiting List	<i>CYF Procedure #31</i>	Part of State policy but also require an internal program procedure
5.1i	16	RWC	Emergency Mental Health Crisis Plan Requirements	<i>RWC Procedure #28</i>	Meets procedure definition (how to steps)
5.1j	18	Administrative	Dress Code	<i>Administrative Procedure #41</i>	Under County Policy – Internal DHS Steps
5.1k	19	Multi-Division	Provider Contracts	<i>Administrative #18</i>	Under County Policy – Internal DHS Steps
5.1l	22	CWDA	Restrictive Measures	<i>CYF Procedure #32</i>	Part of State policy but also require an internal program procedure
5.1m	23	CWDA	Critical Incident Reporting & Monitoring	<i>CYF Procedure #33</i>	Part of State policy but also require an internal program procedure
5.1n	24	Administrative	Request for Proposal (RFP)	<i>Administrative Procedure #29</i>	Under County Policy – Internal DHS Steps

Agenda Number	Policy Number	Division/Unit	Policy/Procedure Title	Action	Reasoning
5.1o	28	RWC	Community Support Program – Waiting List Policy	11-18-2010	Meets procedure definition (how to steps)
5.1p	29	Administrative	Request for Information (RFI)	<i>Administrative Procedure #29</i>	Under County Policy – Internal DHS Steps
5.1q	34	CWDA	Linkage, Coordination, and Follow-up	<i>CWDA Procedure #21</i>	Meets procedure definition (how to steps)
5.1r	35	Fiscal	Consumer Financial Services – Billing and Collections Process	Fiscal Procedure #12	Meets procedure definition (how to steps)
5.1s	37	RWC	Admissions to Clark County Health Care Center	RWC Procedure 32	Meets procedure definition (how to steps)
5.1t	38	Administrative	Duty to Warn	Administrative Procedure 42	Meets procedure definition (how to steps)
5.1u	46	ADRC	ADRC Chippewa County Emergency Protective Placement	RWC Procedure #22	Adult Protective Services now in RWC Meets procedure definition (how to steps)

Chippewa County Department of Human Services

~~POLICY~~/PROCEDURE Number 32

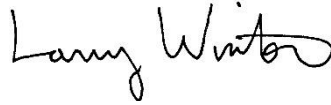
Title: Administrative – Formal Discipline of Employees

- I. ~~POLICY~~: PURPOSE: This Chippewa County Human Service Policy addresses the manner in which management will approach all formal discipline procedures following the completion of an investigation process on the matter.
- II. **APPLICABILITY**: Applies to all staff within the Human Service Department. This is per the Code of Ordinances for County of Chippewa Article IX, 48-60, 48-61, 48-62, 49-63 and all department policy and procedures (work rules).
- III. **DEFINITIONS**: For the details of the policy and procedure see Code of Ordinances for Chippewa County.
- IV. **PROCEDURE**:
 1. When consideration is given by a manager to move toward formal discipline on an employee, the manager shall document the following to the director:
 - a. The behavior the employee has demonstrated that is in violation of either county or department work rules.
 - b. The date(s) of the violations of the work rules.
 - c. Cite the county ordinance, work rule, or department policy violated.
 - d. The recommended progressive discipline to be imposed.
 2. When the director reviews the written documentation of the manager the director shall either schedule a time to meet with the manager to receive further clarification or -make a recommendation to the Human Resources Division on the matter.
 3. When necessary, a meeting shall occur with the director, manager, and Human Resources Division. Additionally, Human Resources may involve Corporation Counsel and the County Administrator.
 4. It is preferred that a consensus be reached on how to proceed; however, the director and Human Resources shall have final approval on all discipline imposed upon an employee.
 5. In the event it is determined that formal discipline of an employee is warranted, the manager shall compose a letter to the employee which shall include at minimum the following elements (this also applies to a verbal warning):
 - a. The behavior the employee has demonstrated that is in violation of either county or department work rules.
 - b. The date(s) of the violations of the work rules.
 - c. Cite the county ordinance, work rule, or department policy violated.
 - d. The county and/or department behavioral expectation and specific steps the employee shall take to achieve compliance with the county or department behavioral expectation.

- e. The discipline that the county and or department intends to impose.
 - f. Manager's signature and employee's signature. When employee declines to offer their signature the manager shall document the following at the bottom of the letter: "Employee signature offered but employee declined."
6. The manager and director (or designee) shall schedule a time to meet with the employee. Inform the employee that they have the right to have another employee present.
 7. When the employee arrives, go through each element of the letter and inform the employee of the type of discipline that is being imposed.
 - 8.

Prepared by: Larry Winter, Director

Director Approval:
(Signature Required)



Date: February 17, 2009

Human Services Board Approval

Date: February 19, 2009

Human Services Board Chair
(Signature Required)

Effective: February 19, 2009

Revised: July 20, 2016
[Converted to Procedure 01-16-25](#)

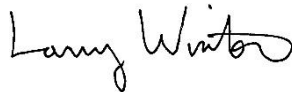
**Chippewa County Department of Human Services
Recovery & Wellness Consortium (RWC) ~~POLICY~~/Procedure 25
Number 4**

Title: Funding for Adults and Children

- I. ~~POLICY:~~ **PURPOSE:** This Chippewa County Human Services Policy addresses the manner in which mental health and substance abuse services will be funded by Chippewa County Department of Human Services
- II. **APPLICABILITY:** Applies to all mental health and substance abuse consumers of Chippewa County Department of Human Services. Chippewa County Department of Human Services is unable to subsidize Private Insurance, Medical Assistance, or Medicare for individuals who are receiving mental health or substance abuse services.
- III. **DEFINITIONS:** Chippewa County Department of Human Services (CCDHS)
- IV. **PROCEDURE:**
 1. CCDHS will be the payer of last resort when an adult is detained under a mental health commitment or admitted to a detox facility.
 2. Insurance, Medical Assistance, and Medicare will be the payer of first resort.
 3. Co-payments are the responsibility of the insured adult or parent/guardian of an insured child.
 4. Verification of insurance coverage and employment, or current wages may be made by checking Department of Industry, Labor, Human Relations; Forward Health Interchange; Cares Worker Web through a collaborative effort with Economic Support. DHS staff will contact the Economic Support Manager to provide this verification.
 5. CCDHS will be unable to fund services for children. Parents who are financially unable to pay for services may be eligible for medical assistance and shall be referred to Economic Support by their case worker to determine if the child is eligible for medical assistance.

Prepared by: Susan Klinger, Manager

Director Approval:
(Signature Required)



Date: 2/10/09

Human Service Board Approval Date: 2-19-09

Effective: 2-19-09

Revised: 01-16-25 (Converted to RWC Procedure)

Chippewa County Department of Human Services

RWC POLICY/Procedure Number 26

Number 7

Title: Admission Procedure for Medicaid-HMO Covered Youth Admitted to State Institutes

- I. **POLICY PURPOSE:** This Chippewa County Department of Human Services policy addresses the procedure to follow regarding admission of youth to Northern Center, Winnebago, and Mendota Mental Health Institutions to insure Chippewa County Department of Human Services is not financially liable for services.
- II. **APPLICABILITY:** Applies to all Service Coordinators within the Human Services Department regarding emergency and non-emergency admissions of youths to Northern Center, Winnebago, and Mendota Mental Health Institutions per DMHSA/DHCAA memo 2009-02, February 20, 2009.
- III. **DEFINITIONS:** Chippewa County Department of Human Services (CCDHS), Winnebago Mental Health Institution (WMHI), Mendota Mental Health Institution (MMHI), Economic Support Specialist (ESS), Service Coordinator (SC-Case Manager)
- IV. **PROCEDURE:**
 - A. Before a CCDHS SC pursues a voluntary admission by application of a youth to MMHI or WMHI, the SC must determine if the youth has Medicaid coverage and whether the youth is enrolled in a BadgerCare Plus and Medicaid SSI HMO or is Medicaid fee-for-service (FFS). This may be done by:
 1. Using either the online ForwardHealth Portal or
 2. Calling WiCall at 1-800-947-9627, option #2 to access Medicaid eligibility and HMO enrollment information 24 hours a day, seven days a week.
 3. Contacting the Institutional ESS or Economic Support Manager.
 - B. In a voluntary situation SC must notify either the Economic Support Manager or Institutional ESS immediately upon the knowledge of moving toward a voluntary admission. When the youth is in an HMO the SC must work with the HMO for authorization and planning prior to admitting a youth. The HMO may suggest alternate treatment options. The SC and HMO staff should work together to ensure the most appropriate admission and services provided to the youth and family.
 - C. In an involuntary or under emergency detention the SC must determine if a youth is in an HMO by following one of the options under 1 a-c above. When the youth is enrolled in an HMO the SC must contact the HMO and notify either Economic Support Manager or Institutional ESS immediately upon knowledge of the admission (must be within 72 hours - three business days plus any intervening weekends/and or holidays). The SC must work with the HMO to determine admission options in the HMO provider network and inform the court of treatment options available of which the HMO would authorize payment.

The following are the HMO providers:

Security Health	800-791-3044
Group Health	800 218-1745 or 715-552-7200
Compcare	888 -203-7771
 - D. If the youth has Medicaid coverage or other third-party insurance that covers inpatient psychiatric services, and is expected to remain for 30 days or more, an application for Institutional Medicaid should be submitted after admission. The youth, the youth's parent, or the superintendent of the WMHI or MMHI may sign

the application. The application for Institutional/Nursing Home Medicaid can be picked at the front desk in Economic Support.

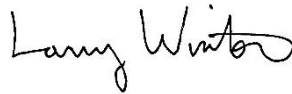
- E. SC will be responsible to see the application is completed and submitted to Institutional Medical Assistance ESS.

Prepared by: Mark Nelson, Sue Klinger, Stacey Frolik, Larry Winter

Revised by: Tim Easker, Melissa Christopherson, Michelle Brown, Rose Baier, Ann Holm, Sue Klinger and Tom Diel

Director Approval:

(Signature Required)



Date: 06-12-09

Human Services Board Approval

Date: 06-18-09

Human Services Board Chair

(Signature Required)



Effective: 06-18-2009

Revised: 07-13-10

01-16-25 (Converted to RWC Procedure)

Chippewa County Department of Human Services Recovery & Wellness Consortium ~~POLICY~~/Procedure 27 ~~Number 9~~

Title: Community Access to Services and Supports.

- I. ~~POLICY:~~ **PURPOSE:** This Chippewa County Human Service policy addresses the manner in which mental health services will be provided by Chippewa County Department of Human Services.
- II. **APPLICABILITY:** Applies to all consumers in Chippewa County in need of emergency mental health services.
- III. **DEFINITIONS:** Definitions taken from Wisconsin Department of Health Services Chapter 34
 - “Crisis” means a situation caused by an individual’s apparent mental disorder that results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.
 - “Crisis plan” means a plan prepared under s. DHS 34.23 (7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation will have the information and resources they need to meet the person’s individual service needs.
 - “Emergency mental health (EMH) services” means a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis.
 - “Mobile crisis service” means a mental health service that provides immediate, on-site, in-person mental health service for individuals experiencing a mental health crisis.
 - “Stabilization services” means optional emergency mental health services under s. DHS 34.22 (4) that provides short-term, intensive, community-based services to avoid the need for inpatient hospitalization.
 - “Telephone services” means telephone response services to provide callers with immediate information, counseling, support and referral, and to screen for situations that require in-person responses.
 - “Walk-in services” means emergency mental health services provided at one or more locations in the county where a person can come and receive information and immediate, face-to-face counseling, support and referral.

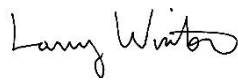
Recovery & Wellness Consortium (RWC)
Emergency Mental Health (EMH)

- IV. **PROCEDURE:**
 1. ~~CMHRS~~ **RWC** shall provide EMH services to persons in Chippewa County experiencing an EMH crisis.
 - a. EMH services may be accessed 24 hours per day, 7 days per week by calling 888-552-6642.
 - b. EMH telephone services shall screen calls and provide callers with information, counseling, support, and referrals to agencies that may assist the caller in reducing the level of crisis. Telephone services shall screen for situations that require face-to-face intervention from walk-in appointments at CMHRS during daytime office hours Monday through Friday, and through mobile crisis services.
 - c. Consumers seen in an EMH situation shall be asked to assist the EMH worker in developing a safety plan when the consumer is assessed to be at high risk of experiencing a mental health or behavioral crisis. The safety plan shall indicate, if a crisis occurs, how a mobile crisis worker shall respond to the situation and the resources they need to utilize in order to meet a consumer’s needs.
 - d. EMH initial contact and response services may include activities such as immediate relief of distress in pre-crisis and crisis situations, reducing the level of risk of escalating a crisis, referral and/or coordination for additional intervention, on-site response to protect consumers in a mental health crisis, suicide assessment, assisting law enforcement with

- mental health assessment, providing services that reduce or eliminate symptoms of mental illness so that the consumer does not need hospitalization, and obtaining clinical backup either by phone or on-site.
- e. Stabilization services shall be offered to individuals assessed to be in need of them to avoid ongoing mental health crisis. Services may include providing short-term, intensive, community based, individualized plans used to avoid inpatient hospitalization. Examples of services include substance abuse services, medication monitoring, coordinating psychiatric services, cognitive thinking groups, symptom management, WRAP plan, Emergency Mental Health Stabilization House and Recovery House.
2. Mental health and substance abuse recovery services shall assist consumers on a short-term basis based on ~~CMHRS~~ **RWC's** staffs' clinical assessments of consumer needs. Consumers must enter ~~CMHRS~~ **RWC** through emergency mental health services and may include intensive service coordination, community-based programs, and individualized plans used to prevent inpatient hospitalization. Exceptions to this include:
 - a. Consumers in need of the Community Support Program, Community Recovery Services, or Community Options Program.
 - b. Consumers under a WI Chapter 51 Commitment or court ordered Settlement Agreement.
 - c. Indigent consumers court ordered for substance abuse treatment referred from Community Counseling Services under the Intoxicated Driver Program.
 - d. Consumers who are referred from a CCDHS internal referral source. However, if the consumer has third party insurance or MA, community providers must be utilized first. In the event timely service cannot be provided in order to meet consumer need, then a referral shall be made to ~~CMHRS~~ **RWC**.
 - e. Indigent consumers referred for competency evaluations for guardianships and protective placements, commitment and recommitment evaluations, IQ testing, and other mental health examinations.
 - f. Indigent consumers in need of substance abuse assessment and treatment.
 3. Whenever possible consumers shall be referred to other community service providers or to 211.

Prepared by: Sue Klinger

Director Approval:
(Signature Required)



Date: 08-19-09

Human Service Board Approval Date: 08-20-09
Human Service Board Chair:



(Signature Required)

Effective: 08-20-09

Revised: 04-09-12, 6-11-12

01-16-25 (Converted to RWC Procedure)

Chippewa County Department of Human Services
ADMINISTRATIVE POLICY/PROCEDURE - Number 3910

Title: Consumer Rights, Grievance, Privacy, and Complaints Resolution Process

- I. **PURPOSE:** This Chippewa County Human Service Policy addresses the respectful and supportive manner in which staff and consumers shall evaluate and resolve complaints.
- II. **APPLICABILITY:** Applies to all staff within the Human Services Department and the consumers we serve in accordance with DHS Chapter 94.
- III. **DEFINITIONS:** Department of Human Services (DHS), Consumer Rights, Grievance and Privacy Coordinator (CRGPC), Human Service Professional (HSP), Program Manager (PM), Chippewa County Department of Human Services Resolution Request (CCDHSRR), and Consumer Rights & Grievance Specialist (CRGS)

IV. **POLICY**

Consumer Rights – Right to Request Amendment to Records

- If upon inspection of their case record, the consumer believes it is inaccurate or incomplete, the consumer has the right to request an amendment to the record. Consumers are to make amendment requests to the CRGPC by completing the ***CCDHS Request for Amendment of Private Information (Attachment A)*** and forward to appropriate program manager for resolution. A CCDHS program manager shall assure CCDHS responds to the request as outlined on the RAPI form. When another entity informs CCDHS of having granted an amendment that also covers CCDHS data, CCDHS shall also amend its record in accordance with the informing entity's decision. Whether the request for amendment is denied or granted, the completed RAPI form and any associated correspondence shall be linked to the area of the consumer record that is the subject of the request.

Consumer Rights – Right to Access Complaint Process

- A consumer has the right to file a complaint if a consumer believes his/her rights were violated. The consumer may also file a complaint concerning CCDHS's privacy policies and procedures, even without alleging a violation of rights. This complaint process is also to be followed for consumers challenging a denial of requests to access their records and denials of requests to amend records. The CCDHS CRGPC is responsible for receiving consumer privacy complaints, which are to be documented on the ***Consumer Grievance and Privacy Resolution Form (Attachment B)*** and forwarded to the appropriate program manager for resolution. The program manager shall provide a written response to the consumer and CCDHS complaint file (retained minimum of seven years, with some exceptions per division procedure) within 30 days from the date the complaint was filed. Consumers are permitted to have a representative of their choice to represent their interests during the complaint process.
- Consumers who request an outside agency to review their complaints may contact the State of Wisconsin Department of Health Services, Client Rights Office, P.O. Box 7851, Madison, WI 53707-7851, 608-266-2717.

Consumer Rights – Right to Be Free of Intimidation

- Any intimidation of or retaliation against consumers, families, friends, or other participants in the complaint process is prohibited. Staff who violate this policy are subject to disciplinary action up to and including termination.
- If the consumer's rights have been violated, staff who violated those rights are subject to disciplinary action up to and including termination. CCDHS shall mitigate, to the extent feasible, any known harmful effects of the violation.

V. PROCEDURE:

1. Each consumer that receives services from any division within Human Services shall receive at time of intake a copy of the rights, grievance, and complaint process. The HSP shall be responsible to advise the consumer of the steps.
2. When an issue arises, the consumer shall attempt to work through and resolve challenges with their assigned HSP. The HSP shall document the issue and its resolution in the case file.
3. When a resolution cannot be achieved, the HSP shall refer the consumer to their PM.
4. The PM shall attempt to informally resolve the issue with the consumer and the assigned HSP. When the issue is resolved, documentation of the issue and its resolution shall be placed in the case file.
5. When an informal resolution cannot be achieved, the Program Manager or Administrative Assistant shall offer the consumer a CCDHSRR form (to be submitted to the CRGC within 45 days of incident) or when a consumer chooses a state level review (provide state level contact information). Within five business days (excluding weekends and holidays) from receipt of the CCDHSRR form, the CRSC shall contact the consumer acknowledging the receipt of the form and next steps.
6. When a CCDHSRR is made by a consumer, the CRGC shall appoint a PM-CRGS from another division to review CCDHSRR and analyze the consumer's concern. The CRGC shall provide a copy of the resolution form to the director of Human Services. The CRGC shall obtain any case records upon request from the PM-CRGS from another division in order to assist in making a decision. The PM-CRGS from another division shall complete the report within 30/5 days (non-emergency and emergency).

Any recipient of **state or county funding** in an inpatient facility who is receiving services for mental illness, a developmental disability, or substance abuse may file a grievance. This includes Hospitals, Outpatient clinics, AODA providers, Vocational and Day Services, Crisis Programs, Community Support Programs, Residential Settings, Group and Foster Homes, Nursing Homes, Day Treatment, In-Home Programs, and any other program that provides services for mental illness, developmental disabilities, or substance abuse or for people protectively placed under Sec. 55.06, Wis. Stats. In such cases the CRGC shall follow the steps as outlined in DHS 94 Community Grievance Resolution Procedure available at: <https://www.dhs.wisconsin.gov/clientrights/dhs94-flow-chart.pdf>

7. The **Grievance Investigation Report (Attachment C)** shall be utilized to document each step in the formal grievance process.
8. The PM-CRGS shall interview all parties associated with the grievance or complaint. Minimally, this includes the HSP, PM, and consumer.
9. The PM-CRGS from another division shall complete a written summary recommendation on how to resolve the issue or suggest a next step.
10. The PM-CRGS shall determine whether the finding is founded or unfounded. The PM-CRGS may offer individual or system quality improvement suggestions regardless of the determination.
11. The PM-CRGS from another division shall submit the written summary and finding to the CRGC. The CRGC shall share the summary and recommendation or next step with the PM of the division where the grievance or complaint originated.
12. If the PM supports the recommendation the CRGC shall inform the PM-CRGS to proceed with writing a letter to the consumer presenting a summary, the action that shall occur to resolve the issue, and the next step in the grievance/complaint process. The letter shall be cc'd to PM, HSP and Director.

13. If either consumer or PM does not agree with the decision by another PM-CRGS, then PM issues own decision within 10/5 days (non-emergency/emergency) and submits to the Director. Consumer may appeal to the Director within 14 days.
14. When the PM is not in agreement with the PM-CRGS decision and submits their own decision the Director shall review the PM decision and either upholds the initial recommendation of the PM-CRS or schedules a meeting with both parties to mediate a resolution.
15. The Director shall evaluate, review, analyze and issue a decision to the consumer and/or PM within 30/10 days (non-emergency or emergency) of receiving the written request.
16. The Director's response is considered final unless a state level review of the decision can be requested under DHS 94.43. Under DHS 94.43 any consumer shall have 14 days from the date the consumer receives a county director's decision to request a state level review.
17. Grievances or complaints not applicable to DHS 94 include the following: The consumer requests a new HSP or the agency denies a specific service that a consumer wants because the agency determines the need can be met in a different manner. The steps in this procedure still apply. However, the Director's opinion is final. These decisions are a local decision only, the State has no authority.
18. At any time in the grievance process, the consumer may choose to contact the appropriate state level agency responsible to hear rights, grievances, or complaints. For some services, the consumer has the right under sec. 51.61 (7) Stats to take the matter to court.
19. Formal grievances regarding the reduction or termination of benefits for Food Share, Child Care, BadgerCare, and other Medical Assistance related programs are completed through the State of Wisconsin Division of Hearing and Appeals. Please contact the Great Rivers Consortium to obtain a Request for a Fair Hearing form.
20. Certain programs such as Child Welfare or Youth Justice have confidentiality requirements that limit case information that may be shared. Persons who are not directly receiving services will typically need the case participant to sign a **Release of Information Form (Attachment D)** in order to receive information.

The Department of Health Services
 Client Rights Office
 P.O. Box 7851
 Madison, WI 53707-7851
 608-266-2717
 (Applicable to consumers receiving services for
 mental health, developmental disability,
 substance abuse, adult protective services on
 protectively placed under Ch. 55 Wis. Stats.)

Department of Administration
 Division of Hearings and Appeals
 P.O. Box 7875
 Madison, WI 53707-7875
 (Applicable to Economic Support services, child
 care, foster care, Children's Community Options
 Program, and Children's Long-Term Support
 waivers.)

Birth to Three Program
 WI Department of Health Services
 Division of Long-Term Care
 1 W. Wilson St., Room 418
 P.O. Box 7851
 Madison, WI 53707
 608-266-8276

Department of Corrections
 Division of Juvenile Corrections
 3099 E. Washington Ave.
 Madison, WI 53704
 608-240-5900 or 608-240-5014

Area Administration
 Department of Children and Families
 610 Gibson St., Suite 2
 Eau Claire, WI 54701-3687
 715-836-2185
 (Child welfare)

Prepared by: Linda Hebert and Mark Nelson
Revisions by: Tim Easker and Pauline Spiegel
 Director Approval:
 (Signature Required)

Date: October 15, 2009

Health & Human Services Board Approval

Date: **October 15, 2009; September 15, 2022**

Human Services Board Chair
 (Signature Required)

Effective: October 15, 2009

Revised: 05/26/10, 11/18/10, 09/02/11, 10/06/11, 08/13/14, 06-15-17, **08-08-22**
Converted to Procedure 01-16-25

Attachment A

REQUEST FOR AMENDMENT OF PRIVATE INFORMATION			
Consumer Name:		Request Date:	
Street Address:		Birth Date:	
City/State/Zip:			
WHAT NEEDS TO BE AMENDED/CORRECTED & WHY			
Entry to be amended:			
Date & Author of entry:			
Please explain how the information is incorrect or incomplete. What should the information state to be more accurate or complete?			
Would you like this amendment sent to anyone to whom we may have disclosed this information in the past? If so, please specify the name and address of the organization or individual. Names & Addresses:			
I understand that CCDHS may or may not amend the case record with an amendment based on my request, and under no circumstances is CCDHS permitted to alter the original case record. In any event, this request for an amendment will be made part of my permanent case record.			
Signature of Consumer or Consumer's Legal Representative		Date	
FOR DEPARTMENT USE ONLY			
To be completed within 60 days of request (or 90 days with written explanation for extension provided to consumer.)			
Date received:	☐ Accepted	☐ Denied	
If denied, check reason for denial:			
☐ Data was not created by this organization ☐ Data is not available to the consumer for inspection as permitted by federal law ☐ Data is not part of consumer's designated record set ☐ Data is accurate and complete		Comments:	
☐ If denied, the individual was, in writing, informed of the reason for denial and how to further challenge this denial via the complaint process. (attach letter of communication) ☐ If approved, the Department informed other affected entities that also need to make the same approved amendment.			
Signature/Title of Staff Member		Date	

Attachment B
Chippewa County Department of Human Services



711 North Bridge Street, Room 305, Chippewa Falls, WI 54729-1876
Consumer Rights Grievance and Privacy Coordinator: Pauline Spiegel
 Phone: 715-726-7816 Fax: 715-726-7736 E-mail: pspiegel@co.chippewa.wi.us

CONSUMER RIGHTS GRIEVANCE AND PRIVACY RESOLUTION REQUEST FORM

In the interest of resolving your concern, please complete this form. Attach additional pages, if necessary.

Name: _____

Date: _____

Address: _____

Phone: _____

Person completing form (if different than above):

Name: _____

Date: _____

Address: _____

Phone: _____

Please describe your concern:

When did this happen?

Where did this happen?

Identify any staff members involved:

Have you talked to these staff members? ☐ Yes ☐ No

What do you want the Department to do in response to your concern?

Attachment C

Chippewa County Department of Human Services Grievance/Privacy Investigation Report

Part 1 – Receipt of Grievance/Complaint

Name of Consumer/Grievant:	Date Received by CRGPC:
Method Grievance Received: Given to Administrative Assistant ☐ Given to CRGPC ☐ Mail ☐ E-mail ☐	
Date Consumer Informed of Process:	Method: Phone ☐ In Person ☐ Mail ☐ E-mail ☐

Part 2 – Investigation by Program Manager – Consumer Rights & Grievance Specialist (PM-CRGS)

PM-CRGS Assigned:	Date:
PM-CRGS Report: (complete within 30 days)	
I believe the Grievance is: Founded ☐ Unfounded ☐ Plausible ☐	
<i>If founded or plausible, recommendations for resolution:</i>	
PM-CRGS Signature:	Date:
cc: Program Manager cc: Consumer Rights & Grievance Coordinator	

Part 3a – Program Manager in Agreement with PM-CRGS Decision

Program Manager Agrees with PM-CRGS Decision ☐	
Program Manager Signature:	Date:
cc: Consumer/grievant (in form of a formal letter sent to consumer/grievant from PM-CRGS) cc: Parent/guardian, if minor (in form of a formal letter sent to consumer/grievant from PM-CRGS) cc: Program Manager (include copy of letter sent to consumer/grievant) cc: Relevant staff members (include copy of letter sent to consumer/grievant) cc: Director cc: Consumer Rights Coordinator (include copy of letter sent to consumer/grievant)	

Part 3b – Program Manager Not in Agreement with PM-CRGS Decision

Program Manager Does Not Agree with PM-CRGS Decision ☐ Date:

If Program Manager does not agree with PM-CRGS decision, be specific as to the reason: (issue within 10 days).

Program Manager Signature:

Date:

Submitted to Director ☐ Date:

Director Report: (completed within 30 days)

Director Signature:

Date:

cc: Consumer/grievant (in form of a formal letter sent to consumer/grievant from Director)
 cc: Parent/guardian, if minor (in form of a formal letter sent to consumer/grievant from Director)
 cc: Program Manager (include copy of letter sent to consumer/grievant)
 cc: Relevant staff members (include copy of letter sent to consumer/grievant)
 cc: Consumer Rights Coordinator (include copy of letter sent to consumer/grievant)

Part 4 – Consumer not in Agreement with PM-CRGS Decision
(Consumer may appeal to the Director within 14 days of PM-CRGS decision date.)

Consumer Does Not Agree with PM-CRGS Decision ☐ Date:

Report by Director if consumer does not agree with decision by PM-CRGS: (issue within 30 days).

Director Signature:

Date:

cc: Consumer/grievant (in form of a formal letter sent to consumer/grievant from Director)
 cc: Parent/guardian, if minor (in form of a formal letter sent to consumer/grievant from Director)
 cc: Program Manager (include copy of letter sent to consumer/grievant)
 cc: Relevant staff members (include copy of letter sent to consumer/grievant)
 cc: Consumer Rights Coordinator (include copy of letter sent to consumer/grievant)

Attachment D
CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

CONSUMER NAME:	DATE OF BIRTH:
-----------------------	-----------------------

I hereby request and authorize:

Agency: Chippewa County Department of Human Services	Attention: _____
Address: 711 North Bridge Street	
City, State, & Zip Code: Chippewa Falls, WI 54729	
Phone/FAX Number: 715-726-7788 FAX: 715-726-7736	

☐ TO RELEASE TO
 ☐ TO OBTAIN FROM
 ☐ TO EXCHANGE WITH
 ☐ TO RELEASE TO SELF

Name:	Phone/FAX Number: _____
Agency:	
Address:	
City, State, & Zip Code:	

the following information from my records:

- | | | |
|--|--|--|
| ☐ Verbal Information | ☐ Social Work Reports | ☐ Student Academic/Administrative Records |
| ☐ Psychological Tests/Evaluation(s) | ☐ Medical and/or Related Health Records | ☐ Vocational Records/Evaluation(s) |
| ☐ Behavioral Health Records: | ☐ Financial Records/Accounts | ☐ Other: _____ |
| ☐ Assessments ☐ Clinical Notes
☐ Treatment Plan ☐ Discharge | | |

In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release treatment records pertaining to:

- | | | |
|---|--|-------------------------------------|
| ☐ Mental Health | ☐ Alcohol Abuse | ☐ Drug Abuse |
| ☐ Developmental Disabilities | ☐ Other _____ | |

Time period for which records are requested:

☐ From (date) _____ to _____	☐ All	☐ Update
---	------------------------------	---------------------------------

The purpose of such disclosure is:

- | | | |
|--|---|--|
| ☐ Verify/Determine Eligibility for Services | ☐ Provide Case Management | ☐ Continuity of Care* |
| ☐ Evaluation and/or Placement | ☐ Provide Treatment Services | ☐ Other(Specify): _____ |

*Coordination of care received by a patient over time and across multiple health care providers.

- ☐ I also specifically authorize the release of my medical information **created after the date of my signature.**
- I hereby release Chippewa County from all legal responsibility or liability that may arise from this act. I also understand that a copy of this release will be considered as valid as the original.
- Unless cancelled or otherwise noted below, **this authorization will remain in effect for one year.**
 - ☐ Authorization expires as of _____ (date).

In compliance with Wisconsin law, which requires special permission to disclose otherwise privileged information, I specifically authorize the use and disclosure of my "highly confidential information" selected above, if any. I have had an opportunity to review and understand the content of this authorization form, including the notices that appear on the back of this form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Consumer:	Date:
Signature of Person Legally Authorized to Consent:	Relationship
	Date:

**CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

REDISCLASURE NOTICE TO PATIENT: I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards if such person(s) and/or organization(s) re-disclose my health information.

DISCLOSURE NOTICE TO RECIPIENT OF PATIENT HEALTH CARE RECORDS: Unless otherwise authorized by Section 146.82 of the Wisconsin Statutes, you are prohibited from making any further disclosure of patient health care records without the specific written authorization of the person who is the subject of such records.

DISCLOSURE NOTICE TO RECIPIENT OF MENTAL HEALTH, ALCOHOL, AND/OR DRUG TREATMENT RECORDS: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person who is the subject of such information or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

- **Right to receive a copy of this authorization** – I understand that if I sign this authorization, I will be provided with a copy of this authorization.
- **Right to refuse to sign this authorization** – I understand that I am under no obligation to sign this form and that the person(s) and/or organizations(s) listed on the other side may not condition treatment, payment, enrollment in a health plan, or eligibility for health care benefits on my decision to sign this authorization except regarding:
 - research-related treatment
 - the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party
 - other exceptions (specify) _____
- **Right to withdraw this authorization** – I understand I may cancel this authorization at any time. If I want to cancel this authorization, I must do so in writing and give the written cancellation document to the agency I authorized to release information. I understand that my cancellation will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed herein have made prior to receipt of my cancellation form.
- **Right to inspect or copy the health information to be used or disclosed** – I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. **Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. (Section 51.30 Wisconsin Stats HFS 92.03-02-06 Wisconsin Adm. Code)**
- **Mental health treatment records** – I understand that I have the right to inspect and receive a copy of my mental health treatment records to the extent required by HFS 92.05 and 92.06 of the Wisconsin Administrative Code.
- **Re-release of records** – Chippewa County Department of Human Services will not re-release records without a court order or consumer release.

Chippewa County Department of Human Services
POLICY AND ADMINISTRATIVE PROCEDURE Number 40
Number 12

Title: Administrative – HIPAA Security and Privacy

- I. **PURPOSE:** This Chippewa County policy addresses the manner in which all Department of Human Services staff shall comply with their responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Department of Human Services security and privacy regulations.
- II. **APPLICABILITY:** This policy applies to all staff employed or assigned to the Chippewa County Department of Human Services that has access to individually identifiable health information. Familiarity with the policy and demonstrated competence in the requirements of the policy are an important part of every staff's responsibilities.
- III. **DEFINITIONS:**
 - ARCI - CCDHS Authorization for Release of Confidential Information
 - CCDHS - Chippewa County Department of Human Services
 - HIPAA - Health Insurance Portability and Accountability Act
 - PHI - Protected Health Information
 - NPP - CCDHS Notice of Privacy Practices
 - RAPI - CCDHS Request for Amendment to Privacy Information
- IV. **POLICY AND PROCEDURE:**
Consumer Rights – Right to Access Private Records
 - Record release requests from consumers or agencies which come into CCDHS are to be processed by the designated Admin staff
 - Release of Information forms do not need to be signed by the consumer
 - Requests can come in via any medium chosen by the consumer or agency requesting the records
 - Requests shall be processed upon receipt when possible but no later than within 15 days of receipt of the request and sent to the consumer through their preferred method of delivery (email, paper, faxed documents). Both parties shall agree that it is an acceptable delivery method.
 - An individual may request their information verbally, by text or email. To ensure the information is in fact being requested by the correct person, consumers shall be asked for identifying information such as address, date of birth, social security number or other identifying information as deemed appropriate.
 - Record requests shall be documented by the Admin staff on the Client Disclosure Tracking Form and saved on the O: Drive along with a copy of the documents sent. including the method of request, how it was delivered and if sent unsecured whether a general caution was provided as to the risks of sending the information via unsecured and the manner of identification. PHI shall only be sent unsecured to consumers. Information sent to another provider shall only be sent via secured format.
 - Documents generated by a third party shall also be released if they were used in any decision-making process for the consumer.
 - CCDHS can charge consumers for the time spent and cost of the supplies (if necessary) for the records requested

Consumer Rights – Right to Authorize Release of Private Information

- Except where already permitted by law, the sharing of consumer private data requires a release of information authorized by the consumer or the consumer's legal representative. **(Attachment A – Authorization for Release of Confidential Information Form)**
- Signature(s) of consumers on the ARCI shall be witnessed by a CCDHS staff member if the request to release information is initiated by CCDHS. When other entities initiate the request to release private information, the requesting department/agency is to secure the proper authorization for that release.
- **Externally initiated requests to release records** - Outside requests regarding active cases shall be directed to the involved program area manager. Requests concerning closed cases shall be directed to the program manager responsible for the related service area. Outside requests for access to CCDHS documents created by an entity other than CCDHS shall be redirected to the entity that created the documents unless court ordered to re-release/ released to an attorney authorized to receive any and all information on a consumer or where permitted by statute.
- The person releasing information shall sign, date, and identify the information released directly on the release form. Release forms shall be filed together in the case record.

Consumer Rights – Right to Request Accounting of Disclosure

- Upon consumer request, CCDHS shall provide an accounting of all releases of information it performed. The request, which can be made orally if it is to be provided directly to the consumer, is to be documented on the ***Request for an Accounting of Disclosures form - Attachment B***. Requests are to be made to the program manager. The program manager shall assure the ***Disclosure Tracking Log - Attachment C*** is completed and sent within required timeframes.

Physical Security

- **Verbal Sharing of Private Information** - All standards regarding the limits of sharing private information contained in this policy and applicable state and federal law do apply to the verbal sharing of such information. In addition, care shall be taken that verbal sharing of private information is conducted in settings where conversations cannot be overheard by individuals not authorized for disclosure of private information. No discussion regarding consumers should ever take place in hallways, open areas of the CCDHS premises or public places outside of the CCDHS premises. This applies even if no names are mentioned.
- When a staff member utilizes any machine that prints or copies consumer information, immediately secure this information to ensure confidentiality. Ensure you are using lock print feature. Anyone scanning documents shall verify that their employee number was entered correctly to ensure that the documents are going to the correct email address.
- CCDHS director and division managers shall conduct a review of staff offices and workspaces quarterly after 4:30 p.m. The results shall be submitted to the CCDHS director by the last business day of each quarter. ***(Attachment D – Confidentiality Compliance Review Form)***
- Telecommuting staff will adhere to individual plans noted in their annual telecommuting agreements. When a staff member takes consumer documents which contain any PHI, they shall ensure the security of the document(s) at all times. For example, documents shall not be left in unlocked vehicles, unsecured in their residence or in any other manner which could potentially allow for unauthorized disclosure of the information.
- When a staff member is discussing any consumer related information with another staff member, (e.g. phone, in person), this shall occur in an enclosed office or conference room ensuring the door is closed. Individuals who are working in cubicles shall not utilize speaker phone when talking with consumers.

Training on Privacy

- At implementation of updated policy, all staff of the CCDHS staff with access to consumer private information retained by CCDHS shall receive a copy of the **HIPAA Security and Privacy Policy and Procedures** document and its attachments as a part of CCDHS's HIPAA training effort. All new staff of CCDHS with access to consumer private information retained by CCDHS shall receive and read a copy of this policy and its attachments as a part of the orientation process to CCDHS. All staff with access to consumer private information retained by CCDHS shall then sign the ***HIPAA Security and Policy Acknowledgment Form - Attachment E***. Ongoing training shall be provided on an as needed basis.
- At minimum, a yearly refresher and updated training shall be provided to all staff. This supports the organization's value of continuous quality improvement.

Prepared by: Larry Winter, Pauline Spiegel, Alice Bates, and Connie Goss

05-01-2022 Revision by: Tim Easker, Ashley Bailey, Andrea Tweed

Director Approval:

(Signature Required)



Date: 10-12-11; **05-01-22**

Health & Human Services Board Approval

Date: 10-20-11; **05-19-22**

Human Services Board Chair
(Signature Required)

Effective: 12-17-09

Revised: 10-20-11, 12-12-12, 10-01-13, 12-3-14, 02-04-15, 03-12-15, 05-01-15, 06-01-15, **05-01-22**
Converted to Procedure 01-16-25

Attachment A
CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

CONSUMER NAME:	DATE OF BIRTH:
-----------------------	-----------------------

I hereby request and authorize:

Agency:	Chippewa County Department of Human Services	Attention:
Address:	711 North Bridge Street	_____
City, State, & Zip Code:	Chippewa Falls, WI 54729	
Phone/FAX Number:	715-726-7788 FAX: 715-726-7736	

☐ **TO RELEASE TO**
 ☐ **TO OBTAIN FROM**
 ☐ **TO EXCHANGE WITH**
 ☐ **TO RELEASE TO SELF**

Name:	Phone/FAX Number:
Agency:	
Address:	
City, State, & Zip Code:	

the following information from my records:

- | | | |
|--|--|--|
| ☐ Verbal Information | ☐ Social Work Reports | ☐ Student Academic/Administrative Records |
| ☐ Psychological Tests/Evaluation(s) | ☐ Medical and/or Related Health Records | ☐ Vocational Records/Evaluation(s) |
| ☐ Behavioral Health Records: | ☐ Financial Records/Accounts | ☐ Other: _____ |
| ☐ Assessments ☐ Clinical Notes
☐ Treatment Plan ☐ Discharge | | |

In compliance with Wisconsin Statutes, which require special permission to release otherwise privileged information, please release treatment records pertaining to:

- | | | |
|---|--|-------------------------------------|
| ☐ Mental Health | ☐ Alcohol Abuse | ☐ Drug Abuse |
| ☐ Developmental Disabilities | ☐ Other _____ | |

Time period for which records are requested:

☐ From (date) _____ to _____	☐ All	☐ Update
---	------------------------------	---------------------------------

The purpose of such disclosure is:

- | | | |
|--|---|--|
| ☐ Verify/Determine Eligibility for Services | ☐ Provide Case Management | ☐ Continuity of Care* |
| ☐ Evaluation and/or Placement | ☐ Provide Treatment Services | ☐ Other(Specify): _____ |

*Coordination of care received by a patient over time and across multiple health care providers.

- ☐ I also specifically authorize the release of my medical information **created after the date of my signature.**
- I hereby release Chippewa County from all legal responsibility or liability that may arise from this act. I also understand that a copy of this release will be considered as valid as the original.
- Unless cancelled or otherwise noted below, **this authorization will remain in effect for one year.**
 - ☐ Authorization expires as of _____ (date).

In compliance with Wisconsin law, which requires special permission to disclose otherwise privileged information, I specifically authorize the use and disclosure of my "highly confidential information" selected above, if any. I have had an opportunity to review and understand the content of this authorization form, including the notices that appear on the back of this form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Signature of Consumer:	Date:
Signature of Person Legally Authorized to Consent:	Date:
Relationship	

REDISCLOSURE NOTICE TO PATIENT: I understand that if the person(s) and/or organization(s) listed above are not health care providers, health plans or health care clearinghouses, the health information disclosed as a result of this authorization may no longer be protected by the federal privacy standards if such person(s) and/or organization(s) re-disclose my health information.

DISCLOSURE NOTICE TO RECIPIENT OF PATIENT HEALTH CARE RECORDS: Unless otherwise authorized by Section 146.82 of the Wisconsin Statutes, you are prohibited from making any further disclosure of patient health care records without the specific written authorization of the person who is the subject of such records.

DISCLOSURE NOTICE TO RECIPIENT OF MENTAL HEALTH, ALCOHOL, AND/OR DRUG TREATMENT RECORDS: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person who is the subject of such information or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

YOUR RIGHTS WITH RESPECT TO THIS AUTHORIZATION

- **Right to receive a copy of this authorization** – I understand that if I sign this authorization, I will be provided with a copy of this authorization.
- **Right to refuse to sign this authorization** – I understand that I am under no obligation to sign this form and that the person(s) and/or organizations(s) listed on the other side may not condition treatment, payment, enrollment in a health plan, or eligibility for health care benefits on my decision to sign this authorization except regarding:
 - research-related treatment
 - the provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party
 - other exceptions (specify) _____
- **Right to withdraw this authorization** – I understand I may cancel this authorization at any time. If I want to cancel this authorization, I must do so in writing and give the written cancellation document to the agency I authorized to release information. I understand that my cancellation will not be effective as to uses and/or disclosures of my health information that the person(s) and/or organization(s) listed herein have made prior to receipt of my cancellation form.
- **Right to inspect or copy the health information to be used or disclosed** – I understand that I have the right to inspect or copy (may be provided at a reasonable fee) the health information I have authorized to be used or disclosed by this authorization form. **Except for medication/somatic treatment records, a director/designee of a treatment facility for mental illness, developmental disability, alcohol or drug abuse may deny that right during treatment in some circumstances. (Section 51.30 Wisconsin Stats HFS 92.03-02-06 Wisconsin Adm. Code)**
- **Mental health treatment records** – I understand that I have the right to inspect and receive a copy of my mental health treatment records to the extent required by HFS 92.05 and 92.06 of the Wisconsin Administrative Code.
- **Re-release of records** – Chippewa County Department of Human Services will not re-release records without a court order or consumer release.

REQUEST FOR AN ACCOUNTING OF DISCLOSURES**CONSUMER INFORMATION**

Date of Request: _____ Case Record No.: _____

Name: _____ Date of Birth: _____

Address: _____

Address to send disclosure accounting (if different from above):

DATES REQUESTED

I would like an accounting of all disclosures for the following time frame. *Please note: the maximum time frame that can be requested is six years prior to the date of your request. The time frame does not precede April 14, 2003.*

From: _____ To: _____

FEES

There is no charge for the first accounting request in a 12-month period. For subsequent requests in the same 12-month period, the charge is \$_____. I understand that there is (check one):

_____ No fee for this request

_____ A fee for this request in the amount specified above and I wish to proceed.

RESPONSE TIME

I understand the accounting I have requested will be provided to me within 60 days unless I am notified in writing that an extension of up to 30 days is needed.

Signature of Consumer or Legal Representative_____
Date**FOR DEPARTMENT USE ONLY**

Date request received: _____ Date accounting sent: _____

Extension requested: ____ Yes ____ No

If yes, give reason: _____

Consumer notified in writing on this date: _____

Staff member processing request: _____

Attachment C

Consumer Disclosure Tracking Log

(up to six years – not earlier than April 14, 2003)

Consumer Name: _____

Date Received	Name of Requestor	Address (If Known)	Private Information Disclosed	Date Disclosed	Disclosed By:

Attachment: 5.1f ADM Policy 12 - HIPAA Security Privacy (8765 : Human Services Policies to Convert to

Attachment D Confidentiality Compliance Review

Department: Human Services

Division: _____ **Manager:** _____

Date of Confidentiality Compliance Review: _____

Name	In Compliance	Correction Needed	Action Taken
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	

Manager
Signature:

Date:

Director
Signature:

Date:

Attachment E

HIPAA Security and Privacy Policy Acknowledgement

I acknowledge that I have read and understand the HIPAA Security and Privacy Policy and Procedures, and its attachments.

In addition, my signature verifies that I have attended HIPAA training on date indicated below.

Signature

Date

Chippewa County Department of Human Services

CWDA POLICY/PROCEDURE Number 24

Number 14

Title: Single Point of Entry FOR Children with Differing Abilities

- I. ~~POLICY:~~ **PURPOSE:** To provide a single point of entry for all families of children with special needs in Chippewa County.

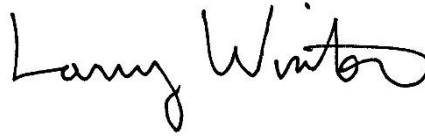
- II. **APPLICABILITY:** Applies to all referrals for services administered by the Chippewa County Department of Human Services Children with Differing Abilities Unit.

- III. **DEFINITIONS:**
 - Service Coordinator (SC)
 - Single Point of Access (SPA)
 - Chippewa County Department of Human Services (CCDHS)
 - Chippewa County Department of Public Health (CCDPH)
 - Children with Differing Abilities (CWDA), includes all children with special needs
 - Western Regional Center for Children and Youth with Special Health Care Needs (WRC)
 - Chippewa County Department of Public Health and Home Care Staff (HCS)
 - Recovery and Wellness Consortium (RWC)
 - Children's Community Options Program (CCOP)

- IV. **PROCEDURE:**
 1. Referrals:
 - (a) Requests for CWDA services from the community shall be directed to the Western Regional Center for Children and Youth with Special Healthcare Needs (WRC). Any requests coming to the Chippewa County Department of Human Services (CCDHS) shall be forwarded to the WRC's Central Point of Access. SCs and other staff making referrals shall inform the caller of the SPA and forward those calls to the WRC for the intake process.
 - (b) CCDHS staff making a referral may call, make a referral in person or electronically complete the Children with Differing Abilities Referral Form and forward it to the WRC.
 - (c) CCDHS staff who are referring children with special needs that are placed in a setting that is not waiver eligible, such as residential care facility, shall refer those children to the WRC for a functional screen 60 days before any planned discharge to a waiver eligible setting.
 - (d) Once the referral is made to the WRC, the WRC Center shall address that referral based on the terms of the CCDHS and CCDPH "Interagency Agreement."
 2. Children's Waiver and Children's Community Options Program (CCOP):
 - (a) Based on the terms of the CCDHS and CCDPH "Interagency Agreement," once the WRC determines that a family is functionally eligible for waiver or CCOP, the file information shall be given to the CCDHS lead worker or designee for addition to the CCDHS Children with Differing Abilities waitlist. The family shall be added to the waitlist per the CWDA policy number 15, "Waiting List."
 - (b) CCDHS shall inform the WRC when a family is moved from the waitlist.
 3. Birth to 3 Referrals:
 - a) Birth to Three referrals will be sent to the CCDHS from the WRC within 24 hours of receipt.
 - b) The CCDHS lead worker or designee shall check for new Birth to 3 referrals on a daily basis and assign new referrals to a Birth to Three Service Coordinator.

Prepared by: Melissa Christopherson and Tim Easker – Children with Differing Abilities Division
Revised by: Melissa Christopherson, Manager - Children with Differing Abilities Unit

Director Approval:
(Signature Required)



Date: February 12, 2010

Human Services Board Approval

Date: February 18, 2010

Human Services Board Chair
(Signature Required)



Effective: February 18, 2010

Revised: November 18, 2016

Converted to Procedure 01-16-25

Chippewa County Department of Human Services
Children, Youth and Families POLICY/PROCEDURE Number 31
Number 15

Title: Children With Differing Abilities - Waiting List

- I. **POLICY PURPOSE:** This Chippewa County Department of Human Service Policy provides a consistent and equitable framework for eligible children accessing services through the Children with Differing Abilities Division.
- II. **APPLICABILITY:** Applies to all children seeking services through the Children's Community Options Program and Children's Long-Term Support Waivers.
- III. **DEFINITIONS:**
 - Developmental Disability (DD)
 - Physical Disability (PD)
 - Severe Emotional disturbances (SED)
 - Children's Community Options Program (CCOP)
 - Children's Long Term Support Wavier (CLTSW) includes the target groups DD, PD, SED
 - Service Coordinator (SC)
 - Western Regional Center for Children and Youth with Special Healthcare Needs (WRC)
 - Human Services Reporting System (HSRS)
 - Eligible Child means a child that:
 - Meets financial eligibility.
 - Is functionally eligible as determined by the Children's Long Term Support
 - Functional Screen (CLTSFS).
- IV. **PROCEDURE:**
 1. Requests for services shall be made to the CCDHS Single Point of Access (SPA) per the **Single Point of Entry FOR Children with Differing Abilities Procedure Number 14.**
 2. Once a child is determined eligible, the WRC provides the file to the CWDA Lead Worker. The Lead Worker shall complete the following tasks:
 - a. The child's name shall be entered into the Program Participations System for placement onto the waitlist.
 - b. The family shall be notified of the child's placement on the list.
 3. If a child is found ineligible the family shall be notified in writing, via the "Sample Initial Denial Letter" available in the Waitlist Policy Folder of the CWDA shared Drive.
 4. Once notified, the CWDA Division shall ensure that children currently receiving CLTS services from another county who move into Chippewa County are placed on the local waiting list. The county of origin shall continue to be responsible for funding the waiver until CCDHS funds and service coordination become available.
 5. CCDHS shall notify children/families of their status on the waiting list, including an estimation of when funding for services may become available, every six months.
 6. In the event that the CCDHS is unable to contact the parent or legal guardian of a child when the child's name comes up on the waiting list, the child's name shall be removed from the waiting list. The CCDHS shall attempt to first contact the parent or legal guardian by phone and then by certified letter.
 7. A member of the Leadership team shall monitor the availability of service funds, SC capacity and projected expenses, to determine when a child may begin services. Prior to taking a child

off the waiting list, the CCDHS must ensure that the health and safety needs and functional needs of existing consumers are being adequately funded.

8. Children shall be added to the waiting list according to the date of referral to the Single Point of Access (SPA). Children shall be taken off the waiting list on a first come first served basis. The CCDHS agrees:
 - a. The child must receive all of the services necessary to assure health and safety and other functionally assessed needs as identified in his/her current assessment.
 - b. The high cost of a child's assessed service needs cannot be used as a reason to bypass the person to serve someone on the CLTS wait list with lower service costs.
 - c. When full program funding is not available to serve the next person on the CLTS wait list, CCDHS shall wait for sufficient funds to become available to assure health and safety and address other functionally assessed needs.
9. Once service funds are available, the application, eligibility and planning process, as described in Chapter IV of the Medicaid Waiver Manual, and/or the Children's COP Program Plan must occur for the new child being served.
10. Exemptions to the first come first served policy may be granted under the following circumstances:
 - a. Crisis conditions are present in the person's life situation. The need shall be classified as a crisis if an urgent need is identified as a result of any of the following:
 - i) Substantiated abuse, neglect or exploitation of the child in his/her current living situation; or
 - ii) The death of the child's primary caregiver or the sudden inability of that caregiver/support person to provide necessary supervision or support and there is no alternative caregiver available; or
 - iii) The lack of an appropriate residence or placement for the child due to a loss of housing; or
 - iv) The child has a documented terminal illness with a life expectancy of less than six months, based upon the opinion of a medical professional appropriately qualified to make such a determination; or
 - v) A sudden change in the child's behavior or the discovery that the person has been behaving in a manner that places the child or the people with whom the child shares a residence or the community at large at risk of harm.
 - b. An exception may also be made if there is a finding by the CCDHS that the health and safety of the child is in jeopardy due to the primary caregiver's physical or mental health status; or
 - i) A determination by CCDHS that the child is at imminent risk of a more restrictive placement to an ICF-MR or nursing home or other institutional setting; or
 - ii) A finding by CCDHS that other emergency or urgent conditions exist that place the individual at risk of harm; or
 - iii) A finding by CCDHS that the child has an opportunity for less restrictive placement, and a variance is approved by DHS.

CCOP Priority Status for Children Eligible

only for CCOP and/ or Families Originally enrolled in the Family Support Program prior to CCOP

1. Children with Severe Disabilities (meeting the CLTSW functional screen) that are at risk of out of home placement
2. Children with Severe Disabilities (meeting the CLTSW functional screen) that do not have any other county funding attached to them.

3. Children with Severe Disabilities (meeting the CLTSW functional screen) that have other county funding attached to them.

Each Child's priority status shall be reviewed annually (October-November). The priority status shall be determined based on a needs assessment that shall be sent to the parents for completion during October or November. Receiving funding one year does not guarantee funding the next year.

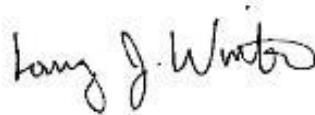
Annually, individual budgets shall be established based on agreement of assessed needs between the family and the SC. In considering ongoing budget requests for CCOP, the following priorities are established:

1. Meeting the child's health and safety needs.
2. Meeting the child's functional needs.
3. Meeting family needs for building modifications, ramps, bathroom adaptations etc.
4. Transportation issues related to vehicle modifications
5. Educational needs not supplied by the schools, i.e. evidence based computer software for home programs that will enable the child to be more independent, programs or materials that can be used to stimulate the child's development.
6. Social / Recreational activities.

Annually the DM will review the CCOP funds to determine the availability of Emergency CCOP funds to be used in crisis situations, which are defined as a period of time marked by high stress in the family. The stress may be caused by one of a number of factors including but not limited to: marital problems, poverty, single parenthood, more than one child with a disability, a child with a terminal illness, etc. The stress may be exaggerated by circumstances such as illness, birth of a child, divorce, etc. Funds may be used to decrease the risk of out of home placement, and assist the family in achieving a positive outcome.

Prepared by: Melissa Christopherson, CWDA Division Lead Worker

Director Approval:
(Signature Required)



Date: February 10, 2010

Human Services Board Approval

Date: 02-18-2010

Human Services Board Chair



(Signature Required)

Effective: 02-18-2010

Revised: 11/18/2016

Converted to Procedure 01-16-25

Chippewa County Department of Human Services Recovery & Wellness ~~POLICY~~/Procedure Number 28 Number 16

Title: Emergency Mental Health Crisis Plan Requirements

- I. ~~POLICY~~ **PURPOSE:** This Chippewa County Department of Human Services policy outlines the process for providing current and useful information to emergency mental health services and members of an individual's support team in order to facilitate appropriate and effective interventions for an individual in crisis.

- II. **APPLICABILITY:** Applies to all individuals who are open for services within Chippewa County Department of Human Services who meet one or more criteria identified in Section IV. ~~Procedure 2. Criteria for Writing a Crisis Plan. Crisis Plans may be developed for other individuals at the discretion of their service team.~~

- III. **DEFINITIONS:**

"Crisis" means a situation caused by an individual's apparent mental disorder that results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public that can not be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

"Crisis plan" means a plan prepared under s. DHS 34.23(7) for an individual at high risk of experiencing a mental health crisis so that, if a crisis occurs, staff responding to the situation shall have the information and resources they need to meet the person's individual service needs.

Chippewa County Department of Human Services (CCDHS)
~~Community Mental Health and Recovery Services Division (CMH&RSD)~~
Recovery Wellness Consortium (RWC)
 Children with Differing Abilities Division (CWDA)
~~Youth Support and Services Division (YSSD),~~
~~Children and Families Services Division (CFSB),~~
Children, Youth and Family Division (CYFD)
~~Service Coordinator (SC)~~ **Facilitator (SF)**
 Northwest Connections (NWC)
~~Youth Enterprise for Success (YES).~~

- IV. **PROCEDURE:**
 - ~~1.~~ **Crisis plans shall be completed for all clients who meet eligibility as determined in section five Criteria for Writing a Crisis Plan below—by meeting one of the following criteria:**
 - a. Individual is under involuntary commitment order **or settlement agreement with Chippewa County.**
 - b. Individual is in a county funded mental health placement.
 - a. Individual has exhibited significant self-injurious behaviors requiring medical intervention **in last 6 months**
 - c. Any individual who enters Crisis Services as result of emergency detention.
 - d. Any individual receiving services through CCDHS at the request of clinical supervisor or program manager.**

2. ~~SC Assigned SF~~ shall complete a crisis plan within 30 days of receiving an ongoing case, if the client meets eligibility.
3. ~~SC Assigned SF~~ shall complete a crisis plan within 7 days when circumstances in an existing case change, resulting in new client eligibility.
4. ~~SC Northwest Connections worker~~ shall complete a crisis plan within 7 days of immediately upon receipt of a case when a client the individual's enrollment into crisis stabilization services is currently in crisis and does not have an existing plan.
5. ~~Criteria for Writing a Crisis Plan:~~
 - a. ~~Individual is under a Chapter 51 commitment order with Chippewa County.~~
 - b. ~~Individual has an open case with Chippewa County and has prior Crisis Program contact, either by phone or mobile in the past three months.~~
 - c. ~~Individual has exhibited self injurious behaviors requiring medical intervention.~~
 - d. ~~Individual has had a suicide attempt in the past 12 months.~~
 - e. ~~Individual is transitioning from one placement to another (including transitioning home).~~
 - f. ~~Individual has a pattern of running behavior.~~
 - g. ~~Individual is enrolled in the YES program. The YES SC shall be responsible for completing the Crisis Plan following the Chippewa County format.~~
 - h. ~~Any other individual receiving services through CCDHS at the request or recommendation of their service team.~~
6. ~~In situations where an individual has more than one assigned SC, the most senior SC (the SC serving the family the longest) shall be responsible for completion of the Crisis Plan.~~
7. ~~Crisis plan development shall be a collaborative effort with the individual and his/her supports. Crisis plans should be signed by the individual and his/her guardian, if applicable. Crisis Best practice in social work would indicate the development of a Crisis Plan be completed with the individual and his/her support network. The Crisis Plan may be completed at an already scheduled Coordinated Services Team Meeting or a new team based meeting can be scheduled. The SC shall make efforts to coordinate this meeting based on dates, times and locations that are convenient for the individual's support network.~~
8. Completed crisis plan must be reviewed and signed by SC clinical supervisor within 14 days of completion. **Clinical supervisor will be responsible to download crisis plan document into the NWC portal.**
9. ~~The completed Crisis Plan shall be entered immediately into the portal maintained by NWC by the SC who created the plan.~~
10. ~~The completed plan shall be signed by the SC and the family and sent to the CMH&RSD Manager for signature immediately. CMH&RSD Manager signature must be obtained within 14 days of completion. The signed original shall be maintained in the CMH&RSD file.~~
11. Crisis Plans shall be updated at least every six months as required by HFS 34; or more often if the needs of the individual change. **NWC call center supervisor will remove out dated crisis plan from the portal.**
12. NWC shall ~~put~~ submit all paperwork from the previous nights/weekend into the NWC portal by 8:00 am each day. The information shall be entered into the portal system for Chippewa County under "Chippewa Mobile Drop Folder" and ~~NWCDropFolder~~ **Telephone Drop Folder"**
13. The Mobile Drop Folder and the ~~NWCDropFolder~~ Telephone Drop Folder shall be checked every work day morning at 8:00 am by **RWC staff** to collect information on calls from the previous evening/weekend. **RWC staff will send all reports in email to the Chippewa Crisis e-mail group identifying the worker assigned to each case.**
14. ~~From the effective date of this policy until September 1, 2010, adult and youth contacts from the previous evening shall be removed from the portal by the CMH&RSD Crisis Worker on duty at 8:05 a.m. each workday and assigned to that worker for linkage and follow up. The CMH&RSD crisis worker shall forward youth crisis information to the on-going social worker assigned to the case, if appropriate.~~

15. ~~After September 1, 2010, all youth contacts shall be removed for the portal by the CFSD access worker by 8:05 a.m. each business day. Linkage and follow up for all youth cases shall be provided by the CWDAD.~~

Prepared by: ~~Michelle Grambert and Sue Klinger~~ Kyra Secraw, Dan Strehlau, Tom Diel, and Lisa Hudson

Director Approval:
(Signature Required)

Date: February 10, 2010

Human Service Board Approval: Date: April 15, 2010
Human Service Board Chair:

(Signature Required)

Effective: April 15, 2010

Revised: 01-16-25 (Updated and Converted to an Administrative Procedure)

Chippewa County Department of Human Services
ADMINISTRATIVE POLICY/PROCEDURE Number 41
Number 18

Title: Dress Code

- I. **POLICY:** This Chippewa County Department of Human Services policy addresses the manner in which all staff shall be dressed in order to promote an atmosphere of professionalism in meeting the needs of consumers and is a consistent reflection of the 'best of public service'. Appearance shall reflect good judgment in a business environment.
- II. **APPLICABILITY:** Applies to all staff employed within the Chippewa County Department of Human Services.
- III. **DEFINITIONS:** Chippewa County Department of Human Services (CCDHS)
- IV. **PROCEDURE:**
 1. Clothing apparel shall be well maintained; no holes or frays. Additionally, at no time whether standing, bending, or sitting shall a person's midriff be exposed in the front or back.
 2. Logos depicting alcohol, drug use, or tobacco products shall not be permitted.
 3. Skirts, shorts, and skorts shall be no shorter than two inches above the top of the kneecap while standing.
 4. Spaghetti or thin strapped tops shall only be worn as an undergarment. All tops shall have a modest neck line.
 5. Due to health and safety issues, shoes or dress sandals shall be worn at all times. Beach flip flops, running, walking, or tennis shoes are not acceptable. Running, walking or tennis shoes are permitted on breaks for exercise purposes. If an exception is required, please speak to the Human Resources Division.
 6. Tattoos and body art depicting alcohol, drug use, or tobacco products shall be completely covered during work hours or while representing CCDHS.
 7. Blue jeans are permitted on Fridays, while attending a training, or other director approved "casual days." Shorts and blue jeans are not to be worn for court appearances or when representing CCDHS as a trainer, presenter, or panel member.
 8. If you are unsure your attire is appropriate, ask your division manager or director.
 9. In general, the manager or director constitutes appropriate professional attire. Manager or director may temporarily suspend any provision of this policy as appropriate to the scheduled activity of the individual employee.

Prepared by: Larry Winter with input by Rose Baier, Ann Holm, Melissa Christopherson, Tom Diel, Jessica Hughes, Sue Klinger, Michelle Grambort, Mark Nelson, and Linda Hebert

Revised 03-01-22 by: Human Services Leadership Team

Director Approval:
(Signature Required)



Date: March 18, 2010

Human Service Board Approval
Human Service Board Chair:

Date: March 18, 2010

Revision Approval: July 19, 2018; March 17, 2022

(Signature Required)

Effective: March 18, 2010

Revised: July 19, 2018; March 1, 2022 (Converted to Procedure 01-16-25)

Attachment: 5.1j ADM Policy 18 - Dress Code (8765 : Human Services Policies to Convert to Procedures - Randy Scholz)

Chippewa County Department of Human Services

Administrative ~~POLICY~~/Procedure Number 18 Number 19

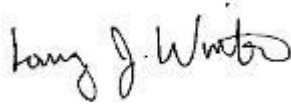
Title: ~~Performance Based~~ Provider Contracts

- I. **POLICY:** This Chippewa County Department of Human Services Policy addresses the manner to ensure a contract is secured prior to any staff member authorizing services for a consumer.
- II. **APPLICABILITY:** Applies to all CCDHS Divisions seeking services from a provider to meet consumer needs.
- III. **DEFINITIONS:**
 - Chippewa County Department of Human Services (CCDHS)
 - Fiscal Contracts Division (FCD), Human Service Professional (HSP)
 - Letter of Agreement (LOA)
 - Contracts
 1. Standard Department of Human Services Contract
 2. Adult Foster Home Contracts
 3. Community Based Residential Facilities Contracts
 4. Purchase of Service Agreement-Other Professional Services
- IV. **PROCEDURE:**
 1. HSP shall check to see if there is an existing contract:
 - a. Go to the intranet ~~http://intranet/default.aspx~~ **G: Drive**
 1. ~~Toward the top~~ Click on "Contracts" folder
 2. Click "Human Services" folder
 3. Click on the desired year
 4. Locate the contract
 5. Summary Service Sheet and/or Appendix will indicate the existing stipulations of the contract. Please verify that the contract specifically indicates the service your consumer needs. OR
 - b. Go to O:\All HS Shared\Fiscal and Contracts\2012 Contract rate Tracking-Contact Spreadsheet-
Contracts
 1. Check ~~these sheets~~ **documents in specific year folder** to locate information regarding rates, stipulations, contacts, etc. Yellow X indicates that there is a contract in affect.
 2. If there are services listed in the contract and they indicate either hourly, daily, or monthly rates, services may be authorized.
 3. If there is a contract, but it does not list the specific services needed, OR; there is no contract in place; THEN HSP shall inform the Division Manager or designee. The Division Manager or designee shall complete a Service Contract Form and submit to FCD.
 4. If there is no contract in place or there is a contract but does not list the specific services necessary, HSP are NOT allowed to authorize the service until such time there is a signed Agreement between CCDHS and the provider for the service.
 5. Division Manager or designee shall approve the request and coordinate with FCD to contract with a provider and secure a signed Service Contract for a new service or change of service.
 6. In the event of an emergency HSP or FCD can send an email to provider indicating the type of service, type of rate (hourly, daily, or monthly) and the rate. The provider shall reply by email agreeing to the terms until a formal contract can be secured no later than 60 days from receipt of a contract.
 7. FCD shall be the liaison between the Division Manager or designee and provider until an agreement on a rate and contract outcomes is satisfactory to both parties.
 8. Once an agreement is approved by both the Division Manager and Provider, FCD shall draft a contract for the Provider or issue an addendum to an already established contract for other services.
 9. FCD shall work with Provider to finalize the service contract/addendum.

10. New Contracts shall be reviewed and approved by Risk Management Division before sending Contract to provider.
11. Contract/addendum shall be sent to Provider for signature and then returned by Provider to FCD.
12. Signed contract shall be scanned by NP and sent to the County Administrator's Administrative Secretary to be placed on the Intranet.

Larry Winter, Linda Hebert, and Alice Bates

Director Approval:
(Signature Required)



Date: May 12, 2010

Human Service Board Approval Date: May 20, 2010
Human Service Board Chair:

(Signature Required)



Effective: May 20, 2010

Revised: 3/6/12
01-16-25 (Converted to an Administrative Procedure)

ADDENDUM - SERVICE CONTRACT
CHIPPEWA COUNTY DEPARTMENT OF HUMAN SERVICES

SECTION I - GENERAL INFORMATION

B. VENDOR NAME		TELEPHONE NUMBER/FAX	CONTACT PERSON – name/e-mail address
C. VENDOR ADDRESS		D. PARENT ORGANIZATION (or prime contract contact) name and address (if different than B & C)	
DURATION OF CONTRACT:	STARTING DATE:		ENDING DATE:

SECTION II - CONTRACT DETAIL

A. CLIENT NAME AND DATE OF BIRTH	B. TARGET GROUP - CODE(S) (Type of Service)	C. STANDARD PROGRAM – CATEGORY (SPC)	D. UNITS (hrs/days/mo)	E. RATE (per unit)	F. TOTAL
		SUBTOTAL			
		TOTAL			

Provider Contracts (8765 : Hu

SECTION III - (To be completed by FCD)

FCD APPROVAL SIGNATURE:_____ DATE:_____

E. CONTRACT NUMBER		F. ☐ New Contract ☐ Additional Services to Contract ☐ Rate Change		
		☐ New Placement ☐ Change in Placement ☐ New Unit		
G. () Regular Contract () CBRF Contract () Adult Family Home () Adult Family Home w/more than 2 beds () LOA				
H. Attachments needed for contract: (to be completed by fiscal & contracts manager)				
☐ Appendix	☐ Insurance Form	☐ Criminal Background Check	☐ Single State Audit Guidelines	
☐ AODA Confidentiality contract (facility specific)	☐ Lobbying Form	☐ Medicaid Waiver Registration Form (user specific)		
☐ Uniform Placement (facility specific)	☐ Civil Rights Policy & Standards (use for over 25 employees and over \$25,000.00)			

Provider Signature _____ Date _____

County Manager Signature _____ Date _____

County Supervisor Signature _____ Date _____

Chippewa County Department of Human Services
Children, Youth and Families POLICY/PROCEDURE Number 32
Number 22

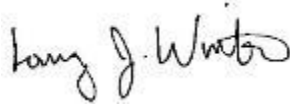
Title: Children with Differing Abilities - Restrictive Measures Policy

- I. **POLICY:** This Chippewa County Department of Human Services Policy defines the procedure for the use of restrictive measures in a consistent and safe manner as described in HFS 94.10.
- II. **APPLICABILITY:** Applies to all children receiving services through the Children's Long Term Support Waivers (CLTSW) and Family Support Program (FSP).
- III. **DEFINITIONS:**
 - Children's Long Term Support Waiver (CLTSW)**
 - Family Support Program (FSP)**
 - Chippewa County Department of Human Services (CCDHS)**
 - Children with Differing Abilities (CWDA)**
 - Service Coordinator (SC)**
 - Division Manager (DM)**
 - Children's Services Specialist (CSS)**
 - Department of Health and Family Services (DHFS)**
 - Division of Long Term Care (DLTC)**
 - HFS 94.10-** Guidelines and requirements for the use of restrictive measures
 - Restrictive Measure (RM):** Any device, garment, or physical hold that restricts the voluntary movement of a child's body or access to any part of the body and cannot be easily removed by the individual.
 - Restrictive Measures Committee (RMC):** A group of professional designated by the county who meet on a regular basis to review the use of a restrictive measure request. This committee will include the same members as CCDHS Support and Services Advisory Team (SSAT). The state CSS will be invited to all RMC meetings by telephone.
- IV. **PROCEDURE:**
 1. A RM shall only be used in a non-emergency situation when it has been approved by both the RMC and the DLTC.
 - a) In the case that a RM is used in an emergency situation; refer to CCDHS Critical Incident Policy.
 2. When an applicant and/or SC choose to request approval to utilize a restrictive measure in a non emergency situation, as defined HFS 94.10, the SC shall work with the applicant to complete form F-62607 and submit the completed form to the DM or designee.
 3. The DM or designee shall convene the RMC (as outlined in the definitions section of this policy) within 21 days to review the RM request.
 4. The RMC shall review the request and make one of the following determinations in writing:
 - a) Approve the request as written
 - b) Return the request to the applicant for further information or clarification
 - c) Deny the request
 5. If a request is returned to the applicant and SC for further information or clarification; the DM or designee shall consult with the applicant within 5 business days to discuss the recommendations needed to meet the conditions. The CSS shall be invited to participate in this consultation.

6. The applicant shall resubmit the amended request to the SC who shall review it and submit it to the DM or designee. The DM or designee shall reconvene the RMC within 21 days to make a final decision.
7. If the proposal is successfully approved by the RMC, the SC shall prepare and submit three copies of the application packet and the written RCM determination to the DLTC Restrictive Measures Lead.
8. The DLTC Restrictive Measures Lead shall review the proposal to ensure the information is complete. The application packet is then reviewed by the DLTC Restrictive Measure Committee Review Panel for final approval.

Prepared by: Krista Adler
Melissa Christopherson
Karen Harris
Julie Weber

Director Approval:
(Signature Required)



Date: 6/8/10

Human Service Board Approval
Human Service Board Chair:

Date: June 17, 2010



(Signature Required)

Effective: June 18, 2010

Revised: (Converted to Procedure 01-16-25)

Chippewa County Department of Human Services
Children, Youth and Families ~~POLICY~~/PROCEDURE Number 33
Number 23

Title: Children with Differing Abilities - Critical Incident Reporting & Monitoring

- I. ~~POLICY:~~ This Chippewa County Department of Human Services policy addresses “critical incidents” pursuant to the Medicaid Waivers Manual. By reporting and monitoring critical incidents the Department is continuing its ongoing effort to assure health, safety, and welfare in MA waivers administered by the Division of Long Term (DLTC)
- II. **APPLICABILITY:** This applies to all children receiving services through CLTS waivers.
- III. **DEFINITIONS:**

SC: Service Coordinator
MA: Medical Assistance
CCDH: Chippewa County Department of Human Services
CWDA: Children with Differing Abilities Division

“Critical Incident” is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well being of a waiver participant. The critical incidents include the following:

- Any abuse or neglect of the participant inflicted by others;
- Any misappropriation of the person’s funds or property;
- A violation of the person’s rights under Wisconsin Stat. 51.61 and Chapter HFS 94;
- All unexpected, untimely and urgent emergency hospital admissions including any that are or may be the result of substandard care; this excludes urgent care clinic visits for acute physical health issues;
- Errors in medical or medication management that result or could result in significant adverse medical reactions or behavioral responses indicating a threat to the person’s health;
- The initiation of an investigation by law enforcement authorities of an event or allegation that involves a waiver participant either as a perpetrator or victim that may lead to criminal charges;
- Any death of a waiver participant including those by natural causes. This does not replace any other death reporting requirements;
- All suspected or confirmed suicide attempts by a waiver participant, i.e., cutting, hanging or swallowing quantities of medication that endanger the overall health and safety of the child. This does not include verbal comments;
- A fire in the home or facility in which the participant lives or where the participant was receiving services if the fire required the response of a fire department and created a significant risk to the participant’s health or safety;
- Significant damage to property including but not limited to the property of the waiver participant, service provider; including damages that are the result of acts of nature such as storms;
- Unsafe or unsanitary environmental conditions in a person’s home or place where the individual receives services;
- Use of isolation, seclusion, or restraint (physical or chemical) by a service provider in violation of Wisconsin Stat. 51.61, HFS 94.10 without county and the department’s prior approval;

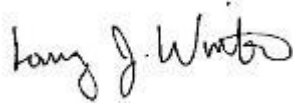
- Unanticipated absences of the participant including any unauthorized leaving, wandering or intentionally leaving which suggest the participant is at risk of harm.
- Definitions found in the “Incident Reporting – Medicaid Waiver Programs – Instructions” are also included in this policy.

IV. **PROCEDURE:**

1. Agency providers that are funded by the MA Waivers shall be trained on Critical Incident reporting requirements. Parents and legal guardians shall be notified of the reporting requirements.
 - a. Making a Critical Incident Report:
 - i. Critical incidents shall be reported immediately or the next business day (excluding weekends and holidays) directly to the child’s SC. If the SC is unavailable, the reporter shall be directed to contact the DM or designee. Reporting critical incidents under the waiver does not relieve providers of any other reporting obligations.
 - ii. Incidents of abuse or neglect shall be reported immediately to the CCDHS Single Point of Access at 715-726-7788. In cases of abuse and/or neglect the child’s SC shall work with the Child and Families Division social worker.
 - iii. In cases where a provider has made a report of abuse and/or neglect the provider is still obligated to make a critical incident report to the SC.
 - iv. Critical incidents occurring within a county licensed foster or respite home shall be reported by the child’s SC.
 - b. Agency and provider Response to a Critical Incident Report:
 - i. Upon receipt of a critical incident report the child’s SC shall ensure that the parent(s) have knowledge of the incident; unless this information would interfere with a pending child abuse and/or neglect assessment.
 - ii. The SC shall work with the parent, legal guardian and/or provider in order to take immediate steps to ensure the safety of the child.
 - iii. The child’s SC shall inform their direct manager or designee immediately upon receiving information of a critical incident.
 - iv. Provider agencies shall be responsible for completing page 1 of the Critical Incident Report form (F-22541) (see appendix A) and submitting it to the child’s SC within 24 hours (excluding weekends and holidays).
 - v. The SC shall complete the F-22541 form in cases when the critical incident occurred in a county licensed foster or respite home.
 - vi. The parent, legal guardian and/or provider shall work with the child’s SC on a corrective action plan outlining the steps that shall be taken to decrease and eliminate the risk of the incident occurring again. The child’s team shall provide information regarding any changes to the child/family as a result of the critical incident including revisions to the ISP, living arrangement, school, etc.
 - vii. The remaining portion of the F-22541 form shall be completed, as determined by the provider agency and SC.
 - viii. The child’s SC shall send the completed F-22541 to the DM or designee for review and approval of the outcome and conclusion of the critical incident.
 - ix. The F-22541 shall be e-mailed by the manager or designee to CSS within 30 days of the incident.
 - x. Copies of the form shall be provided to the child’s family or legal guardian.

Prepared by: Krista Adler, Melissa Christopherson, Karen Harris, Julie Weber

Director Approval:
(Signature Required)



Date: 06/10/10

Human Services Board Approval

Date: June 17, 2010

Human Services Board Chair
(Signature Required)



Effective: June 18, 2010

Revised: Converted to Procedure 01-16-25

Appendix A

DEPARTMENT OF HEALTH SERVICES

Division of Long Term Care
F-22541 (05/2009)

STATE OF WISCONSIN

Completion of this form meets the
requirements and conditions of the
CMS-approved Medicaid Waiver programs

INCIDENT REPORT – MEDICAID WAIVER PROGRAMS

Instructions: This form may be completed in stages but must eventually be completed in its entirety. It is applicable to all children and adults receiving services through the BI, CLTS, CIP 1A/1B, COR and IRIS Medicaid Waiver programs. Additional information may be attached to supplement but not replace information provided on the report form. This form must be submitted via mail or FAX to the designated Contact for the specific Waiver program. Please consult the instructions in the Waiver manual for information about notification requirements and report deadlines. **FAILURE TO REPORT INCIDENTS AS REQUIRED OR IN A TIMELY MANNER MAY RESULT IN A FULL OR PARTIAL DISALLOWANCE OF THE FUNDING CLAIMED FOR THE SUBJECT OF THE INCIDENT IF IT IS DETERMINED THAT THE PARTICIPANT'S SAFETY WAS NOT ASSURED BY THE WAIVER AGENCY.**

PARTICIPANT INFORMATION			
1. Name - Last		Name - First	
		MI	
2. Address – Street (Participant)		City / State / Zip Code	
4. Birthdate	5. Gender ☐ Male ☐ Female	7. Telephone Number ()	
6. Waiver Program CLTS ☐ DD ☐ PD ☐ SED ☐ CIP 1A ☐ CIP 1B ☐ BIW ☐ COR ☐ IRIS ☐ Other			8. Waiver Slot Number: (CLTS only)
9. County of Physical Residence			10. County of Fiscal Responsibility
NOTIFICATION OF INCIDENT			
11. Date Form Completed		12. Name - Primary Children's Services Specialist, Community Integration Specialist or person's chosen Independent Consultant.	
13. Type of Report (check all that apply below) ☐ Critical		14. Date of initial notification	
☐ Original ☐ Update ☐ Correction ☐ Incident Review Completed and Closed			
15. Original Reporter:			
☐ Waiver Participant		☐ Guardian (Can check other choices if this choice is checked)	
☐ Parent		☐ Other Family Member	
☐ Staff in Provider Agency		☐ Staff in other Provider Agency	
☐ Support and Service Coordinator/Broker		☐ Independent Consultant (IRIS only)	
☐ State/County Licensing or Certification Staff		☐ Other Governmental (e.g., law enforcement)	
☐ Anonymous Complaint		☐ Independent Provider/Non-Agency Staff	
☐ Other Community Member		☐ Other: Specify: _____	
16. Provide Brief Description of incident:			
17. Describe action taken to date as a result of the incident to resolve incident and assure health and safety of participant:			
PERSON COMPLETING FORM INFORMATION			
18. Name - Last		Name - First	
19. Title			
20. Name of Agency		21. Telephone Number ()	

SUPPORT & SERVICE COORDINATOR / INDEPENDENT CONSULTANT INFORMATION (If different from above)

22. Name – Last	Name - First	23 Telephone Number ()
24. E-Mail address		
25. Agency of Affiliation (If applicable):		

INCIDENT INFORMATION

26. Date of Event	27. Location Event Occurred (Street, City, State, Zip Code)
28. Type of Setting where incident likely occurred:	
Residence ☐ Natural or adoptive home (with parents) ☐ Adult family home 1-2 bed ☐ Person's own home ☐ Adult family home 3-4 bed ☐ Children's foster home/treatment foster home ☐ CBRF Other ☐ School ☐ Respite provider site ☐ Child care center ☐ Another person's residence ☐ Work site in community ☐ Waiver transportation provider; public ☐ Work site—congregate vocational provider ☐ Waiver transportation provider; agency or individual ☐ Day activity site ☐ Public transportation provider- not waiver funded ☐ Day treatment program ☐ Other - Specify: ☐ Community Setting—park, store, etc.	
29. Was the perpetrator or alleged perpetrator involved or alleged to have been involved in the incident a paid service provider for subject of incident or was he/she not compensated for providing services and supports? ☐ Paid provider ☐ Unpaid	
30. Name – Caregiver involved when incident occurred.	
31. Name – Employer of the caregiver involved when incident occurred	
32. Address of Provider Agency employing the caregiver (Street, City, State, Zip Code)	

OUTCOME AND CONCLUSION

33. Please provide a detailed description of the significant actions and events (e.g., staff terminated, arrested, etc.; person treated at ER) taken by all parties involved and their effects following the incident.	
34. Please discuss changes to the waiver participant's situation or status as a result of the incident including revisions to the person's individualized service plan, provider/staff, living arrangement, school, work, guardian, etc., and how these changes assure the participant's safety and improve his/her quality of life.	
35. Type of change made or action taken by County/Waiver Agency or contractor as a result of Incident (check all that apply)	
a. ☐ Nothing changed b. ☐ Corrective action initiated c. ☐ Terminate staff d. ☐ Change in personnel working with the participant e. ☐ Added staff coverage f. ☐ Change agency that provides service g. ☐ Change to Individualized Service Plan h. ☐ Added new service i. ☐ Reduced service j. ☐ Terminated service k. ☐ Increased amount and/or type of external monitoring of setting	l. ☐ Medically related consult m. ☐ Behavioral consult n. ☐ Staff providing training related to subject of incident o. ☐ Refer to Licensing (Children's) p. ☐ Refer to Licensing (Adult) q. ☐ Report to CPS r. ☐ Report to APS s. ☐ Report/Refer to caregivers t. ☐ Refer to Disability Rights Wisconsin u. ☐ Refer to District Attorney/law enforcement agency v. ☐ Other – Specify: _____

EVENT / ALLEGATION CHECKLIST

36. Check applicable event type(s) / allegations below. Check "Alleged Only" if there is uncertainty about whether the event occurred.

<u>Event Type / Allegation</u>	<u>Alleged Only</u>	<u>Event Type / Allegation</u>	<u>Alleged Only</u>
<u>Abuse</u>		<u>Neglect (Cont'd)</u>	
☐ Mental / emotional	☐	☐ Medical / failure to seek	☐
☐ Physical	☐	☐ Nutrition	☐
☐ Sexual	☐	☐ Unsafe or unsanitary environmental conditions	☐
☐ Verbal	☐	☐ Self-neglect	☐
☐ Misappropriation of the person's funds or property	☐	☐ Unanticipated absence of provider	☐
		☐ Error in medication resulting in significant reaction requiring medical attention	☐
<u>Death</u>		<u>Other</u>	
☐ Accidental	☐	☐ Unexpected serious illness / injury / accident	☐
☐ Anticipated	☐	☐ Unexpected, untimely, urgent, emergency hospitalization	☐
☐ Unanticipated	☐	☐ Overdose of drugs or alcohol by participant	☐
☐ Related to psychotropic medication*	☐	☐ Unexpected significant behavior, not addressed in a behavior support plan	☐
☐ Related to restraint or seclusion*	☐	☐ Emergency / unplanned use of isolation / seclusion / restraint	☐
☐ Related to Suicide*	☐	☐	☐
NOTE: *Deaths related to above factors in a licensed or certified facility must be reported to the Department Death Review Committee within 24 hours.		☐ Misuse of restraint or other restrictive measure	☐
<u>Law Enforcement Related</u>		☐ Suicide attempt	☐
☐ Commission of crime	☐	☐ Significant damage to property	☐
☐ Victim of crime	☐	☐ Fire	☐
☐ Arrest or incarceration	☐	☐ Unanticipated absence of participant	☐
<u>Neglect</u>		☐ Other—Please describe	☐
☐ Environmental	☐		
☐ Fail to follow plan / poor care	☐		

IF THE PARTICIPANT DIED, COMPLETE THE FOLLOWING:

37. Date of Death _____ 38. Official cause of death as reported on the death certificate _____

CONTACT / SUPPLEMENTAL REPORTING CHECKLIST

39. Check all persons / agencies contacted by county waiver agency

- | | |
|--|--|
| ☐ A. Child Protective Services | ☐ F. Parent / Guardian (Required) |
| ☐ B1. Adult Protective Services | ☐ G. Law Enforcement Agency |
| ☐ B2. Wisconsin Incident Tracking Report Submitted | ☐ H. Licensing Agency |
| ☐ C. CSS / Children's Services Specialist
(Required for CLTS Waiver) | ☐ I. Physician |
| ☐ D. Community Integration Specialist / CIS
(Required for CIP 1A / 1B) | ☐ J. Provider Agency |
| ☐ E. IRIS Independent Consultant | ☐ K. DHS Waiver Manager / Central Office |
| | ☐ L. Caregiver Misconduct Statewide Complaint Hotline: 800-642-6552 |
| | ☐ M. Other—Specify: _____ |

I affirm that the information provided on this report accurately reflects the information obtained by the worker or agency in investigating the incident and that I have not withheld information concerning this incident.

SIGNATURE – Person Reporting

PRINT Name

Date Signed

Chippewa County Department of Human Services

RWC ~~POLICY~~ Procedure Number **2831**

Title: Community Support Program - Waiting List Policy

- I. **PURPOSE:** This Chippewa County Department of Human Service Policy identifies a process for accessing Community Support Services through Community Mental Health and Recovery Services Division.
- II. **APPLICABILITY:** Applies to all eligible adult residents of Chippewa County seeking services through Community Mental Health and Recovery Services Division.
- III. **DEFINITIONS:**
 - Community Support Program (CSP)
 - Community Mental Health and Recovery Services Division (CMH&RSD)
 - Community Support Clinical Coordinator (CSCC)
 - Mental Health/ AODA Functional Screen (MH/AODAFS)
 - Community Based Residential Facility (CBRF)
 - Adult Family Home (AFH)
- IV. **PROCEDURE:**
 1. Request for services can be made to CMH&RSD. A CSP Referral Form shall be completed and forwarded to CSCC. When possible, a release of medical records form shall be signed for past psychiatric records.
 2. CSCC shall complete an outreach contact with the referent within seven (7) business days to provide an overview of CSP services and discuss functional eligibility. CSCC shall complete MH/AODAFS to determine eligibility and service needs if the person appears to meet eligibility requirements.
 3. Once the individual has been determined eligible for services, the CSCC shall place the person's name and date of eligibility on a waiting list that shall be maintained on computer record. The individual shall be informed of his or her eligibility status. CSCC shall provide outreach contact to facilitate referral to appropriate community resources and keep the person engaged. The CSCC shall ensure that safety and health needs of the individual have been adequately addressed while on waiting list.
 4. If the individual has not met with criteria for admission into CSP, the referent shall be notified of this decision in writing by CSCC.
 5. An individual shall be added to the waiting list according to the date that eligibility has been established. An individual shall be taken off the waiting list based upon the following criteria:
 - a) Individual experiences a serious and sudden onset of dysfunction causing the person's condition to move beyond basic outpatient clinical standards of practice, including short term crisis stabilization services.
 - b) Individual is at significant risk of continuing a pattern of institutionalization, Community Placement in CBRF or AFH if CSP services are not provided.
 - c) individual shows a pattern of significant community disruption as evidenced by:
 - 1) Repeated acts of or statement on dangerousness to self or others.
 - 2) Inability to secure and maintain basic needs (food/shelter).
 - 3) Repeated contacts with law enforcement agencies as a result of bizarre and psychotic behaviors.

- d) Individual lacks natural supports or persons currently providing care and support are unable to do so, which may then endanger their safety or may lead to a more restrictive placement outside the home.
- 6. Priority status shall be reviewed by CSCC of all individuals identified on the waiting list to determine order of importance for admission when the program has the capacity to accept a new enrollment.
- 7. CSP case load is regulated by staffing ratios of 20 consumers for each full time (40 hours/week) equivalent staff person.

Prepared by: Thomas La Martina and Thomas Diel

Director Approval:
(Signature Required)

Date: 11/4/10

Human Services Board Approval Date: November 18, 2010

Human Services Board Chair
(Signature Required)

Effective: November 18, 2010

Revised: Converted to Procedure 01-16-25

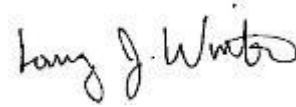
Chippewa County Department of Human Services
POLICY/ADMINISTRATIVE PROCEDURE Number 29
Number 29

Title: Administration: ~~Request for Information (RFI)~~ **DHS Contracting Process**

- I. ~~POLICY:~~ This Chippewa County Human Services Policy address the procedure in which Chippewa County Department of Human Services processes a Request for Information (RFI)
- II. **APPLICABILITY:** Applies to all Chippewa County Department of Human Services Departments seeking information on programming and service delivery methodologies from various providers that have specialized talents and capabilities to create innovative services for Chippewa County Department of Human Services.
- III. **DEFINITIONS:** RFI (Request for Information), CCDHS (Chippewa County Department of Human Services), ND (Network Developer), RMP (Risk Manager/Purchasing), DM (Division Manager), FCD (Fiscal/Contracts Division), Request for Proposal (RFP)
- IV. **PROCEDURE:**
 1. DM identifies a potential service need for the division but is unclear on how to specifically meet the need or what programs/services are available.
 2. DM sends an email to request a RFI be crafted to the Director which includes (Appendix A).
 3. Director sends an email of approval/disapproval to DM.
 4. DM sends Appendix A to ND.
 5. ND inserts appropriate **Appendix A** information into RFI template and sends to RMP.
 6. RMP finalizes RFI and notice of RFI, places ad in Herald Telegram (as appropriate) and provides copy of both RFI and RFI notice to ND. ND sends RFI notice to vendor list and copies in RM. Providers shall have 60 days to respond to a RFI.
 7. RMP maintains a log of vendors requesting RFI and send RFI to vendors.
 8. RMP opens RFI submissions after submit date and time, records vendors who submitted, and checks for completeness of proposal documents and sends copies of submissions to NC.
 9. ND meets with DM or designee to go over RFI(s).
 10. DM or designee decides whether the proposal(s) meet the goal of the request.
 11. If DM or designee believes that a RFI(s) meets the goal of the service request this information may be used to craft a RFP. Organizational policy/procedure #24-Request for Proposal shall be utilized.
 12. If RMP, DM, or designee believes a RFI('s) does not meet the goal of the service request a second RFI can be crafted and submitted to the provider or a conclusion may be reached that the goal of this service is unable to be met by the provider network. The Division shall explore other options.
 13. Request for Interest template – Appendix A – see below.

Prepared by: Alice Bates , Connie Goss

Director Approval:
(Signature Required)



Date: 12/8/10

Human Service Board Approval
Human Service Board Chair:

Date: January 20, 2011



(Signature Required)

Effective: January 20, 2011

Revised: Converted to Procedure 01-16-25

APPENDIX A

**OUTCOME BASED PROGRAM SERVICE REQUEST FORM
REQUEST FOR INTEREST (RFI)**

Department of Human Services
Chippewa County, Wisconsin

To be completed by Division Manager

1.0 INTRODUCTION AND BACKGROUND

Include a high level synopsis of services requesting and background of the division and program associated with request.

2.0 SCOPE OR PROJECT

Include detailed synopsis of the goal of the service requested.

2.1 Project Description. Provide detailed explanation of each service requested.

2.2 Excluded Services. Include if applicable

3.0 SERVICE OR PROGRAM GOALS

3.1 Service Offering Narrative. Please include the service array that DHS would offer DHS clients, agency experience working with the identified consumer population including any collaborative efforts or formal Memorandum of Understanding(s) and other written agreements with other agencies or partners that you provided similar services.

3.2 Organizational Capacity. Describe DHS experience and capabilities of providing similar services to the targeted population. Include a description of organizational philosophy when working with (identify specific consumer population). Be specific and identify projects, dates and results. Elaborate on DHS's experience working in teams and delivering community-based services.

3.3 Staff Qualifications. Please describe the staff qualifications required to deliver the service.

3.4 Other Information. Include any unique or innovative ideas or service offerings that the organization could or may be interested in providing based on the project scope.

Chippewa County Department of Human Services **Children, Youth and Families POLICY/PROCEDURE Number 21 Number 34**

Title: Children With Differing Abilities -- ~~Crisis Linkage Coordination and Follow-up~~

- I. **~~PURPOSE~~POLICY:** The Chippewa County Department of Human Services, Children with Differing Abilities Division, will provide linkage and coordination services for children utilizing emergency/crisis services.
- II. **APPLICABILITY:** This policy applies to all children in Chippewa County who have accessed crisis service.
- III. **DEFINITIONS:**

“Crisis” means a situation caused by an individual’s apparent mental disorder that results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public that can not be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual.

“Crisis plan” means a plan prepared under s. DHS 34.23(7) for an individual at high risk of experiencing a mental health crisis so that if a crisis occurs, staff responding to the situation shall have the information and resources they need to meet the person’s individual service needs.

CCDHS: Chippewa County Department of Human Services
CSC: Crisis Service Coordinators
DM: Division Manager
CMHRSD: Community Mental Health and Recovery Services Division
CWDAD: Children with Differing Abilities Division
LW: Lead Worker
- IV. **PROCEDURE:**
 1. The Chippewa County Department of Human Services (CCDHS) Children with Differing Abilities Division (CWDAD) shall have a minimum of 2 CSC available for linkage and follow up rotation.
 - a. CWDAD CSC shall be qualified under DHS 34.21. Documentation of training/qualifications shall be forwarded to and maintained by the CMHRSD manager.
 - b. CSC shall receive and document a minimum of 1 hour of clinical supervision per 30 hours of provided face to face mental health services. To achieve the standards, as outlined in the CMHRSD Clinical Supervision Policy, the CSC shall participate in CMHRSD staff meetings for supervision one time per month. Meetings occur every Thursday from 9:00 a.m. to 10:00 a.m. When a CSC has a crisis case open in which ongoing services are being provided, the CSC shall attend weekly staff meetings for the duration of the case. In both instances staff shall be required to sign the supervision log kept in the CMHRSD conference room.
 2. The CWDAD CSC shall meet by the 15th of each month to arrange the calendar of services for the next month. CSC shall rotate crisis days in an equitable manner or as determined by the DM or designee.
 - a. In the event that there is a lack of available CWDAD CSC coverage available due to a training or other such activity, the CWDAD DM or designee (which may be the CSC) shall contact the CMHRSD for assistance in arranging coverage.

- b. The CSC shall provide a copy of the calendar to the CWDA and CMHRS Office Associates by the 17th of each month. The calendar shall be integrated into the CCDHS access calendar.
3. Northwest Guidance and Counseling shall enter all crisis contacts into the Northwest Portal System, or fax them by 8:00 am each business day.
4. The assigned CSC shall log into the Northwest Portal system to check crisis contacts by 9:00 am at the start of each business day. If the initial crisis contact retrieved from the portal indicates mobile crisis was called, the CSC shall obtain a copy of the mobile workers crisis assessment from CMHRSD. The CSC shall also check for faxed crisis contacts by 9:00am at the start of each business day.
 - a. In the event the CSC is not able to check the portal by 9:00 am the CSC is responsible to make arrangements with the DM or LW for an alternative CSC to check the portal.
 - b. In the event CSC cannot complete linkage and follow up within 24 hours the CSC shall contact the DM or designee to make arrangements.
5. The CSC shall initiate linkage and follow up services as soon as possible after receipt of the report and prior the end of the business day on which the report was received.
6. In cases where there has been a Chapter 51 mental health commitment, the CSC shall provide ongoing services to the child/family as it pertains to the Chapter 51 commitment for the duration of the commitment. The CSC shall also be responsible to follow the billing procedure as defined in the CCDHS Policy 7, "Admission Procedures for Medicaid/HMO covered youth".
7. Linkage and Follow up services shall include one of the following DHS 34 outcomes:
 - a. Connection of a client with other programs to obtain ongoing mental health treatment, support and services, and coordination to assist the client and his or her family during the period of transition from emergency to ongoing mental health services.
 - b. Coordination with other mental health providers in the community for whom the program is designated as crisis care backup, to ensure that adequate information about the other provider's clients is available if a crisis occurs.
 - c. Coordination with law enforcement, hospital emergency room personnel and other county service providers to offer assistance and intervention when other agencies are the initial point of contact for a person in a mental health crisis.
 - d. CWDA CSC shall maintain contact by phone or face to face with individuals they are serving in linkage and follow up services until safety has been assessed and/ or treatment has been established.
 - e. CWDA CSC shall complete a Crisis Plan as part of linkage and follow up services per guidelines outlined in the Chippewa County Department of Human Services, Policy number 16, "Emergency Mental Health Crisis Plan Requirements".
10. CSC shall complete the Chippewa County Mental Health Services "Emergency Mental Health Service Note, Documentation for Linkage and Coordination of Follow Up Services" Form and submit to DM or designee within 3 days of the crisis contact. The CWDAD DM shall submit the form to the CMHRSD manager within 10 days for signature.
11. Any documents generated (originals) shall be sent to CMHRSD. Files shall not be kept in the CWDAD unless the case is opened and ongoing services are being provided. In those instances the original paperwork shall still be sent to CMHRSD.

12. To complete billing, the CSC shall check in WISSIS to determine if the case has already been opened in 501. If not, the CSC shall open the case under module 9 (canary color) HSRs. Once the case is opened in WISSIS the CSC is responsible for entering all case notes and contacts.

Prepared by: Timothy Easker, CWDA Manager, Melissa Christopherson, CWDA Division Lead Worker and Tara Mrozinski, CWDA Division Social Worker, Sue Klinger CMHRSD Manager

Director Approval:
(Signature Required)



Date: February 11, 2011

Human Services Board Approval

Date: February 17, 2011

Human Services Board Chair
(Signature Required)



Effective: February 17, 2011 Revised: Converted to Procedure 01-16-25

Chippewa County Department of Human Services

POLICY & Fiscal PROCEDURE Number ~~35~~12

Title: Consumer Financial Services – Billing and Collections Process

- I. **POLICY PURPOSE:** To establish a centralized system for documenting and processing financial information for consumers served through the Chippewa County Department of Human Services (CCDHS) and to establish a consistent revenue collections process through the Fiscal and Contracts Division (FCD).

- II. **APPLICABILITY:** These procedures shall apply in any event in which a consumer receives fee chargeable services through the Department.

- III. **DEFINITIONS:**
 - Chippewa County Department of Human Services (CCDHS)
 - ESD (Economic Support Division)
 - Fiscal and Contracts Division (FCD)
 - Consumer Financial Services Specialist (CFSS)
 - Medicaid (MA)
 - Service Coordinator (SC)
 - Tax Refund Intercept Program (TRIP)
 - Uniform Fee System/DHS 1 (a chapter within Wisconsin's administrative code intended to standardize on a statewide basis the determination of liability and ability to pay and otherwise regulate billing and collection activities for human services provided through certain public entities)

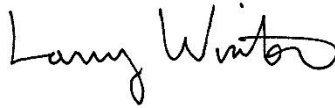
- IV. **PROCEDURE:**
 - In accordance with DHS 1, the Uniform Fee System, the Chippewa County Department of Human Services (CCDHS) shall charge fees for certain services provided to consumers and may charge for certain other services. These services may be provided by the County or purchased from other vendors.
 - Chippewa County's appropriate payment approval authority **may** establish a minimum payment rate up to \$25.00 per month or 3% of gross income across the board for all persons or families incurring liability for a fee chargeable service whose maximum monthly payment as calculated according to DHS 1.03(13)(2) through DHS 1.03(13)(6) to DHS 1.03(13)(12) is less than the minimum rate.
 - Should Chippewa County choose to establish a minimum payment rate up to \$25.00 per month or 3 percent of gross income, the chosen method must be applied across the board to all consumers.
 - In non-emergency situations, consumers shall complete the consumer financial services process prior to receiving any services.
 - Any consumer requesting or requiring a chargeable service through the Department shall fill out a Statement of Income, Assets, Debts and Living Expenses; Parental Statement of Income; or other form necessary to determine the consumer's financial ability to pay for services.
 - A consumer may request assistance from the Consumer Financial Services Specialist (CFSS) in filling out the required financial form but remains solely responsible for the information provided.
 - A consumer shall furnish the prior year's tax return, paycheck stubs, a bank statement or other means of verifying income.
 - Failure to provide the requested financial information within 10 business days of receipt of the financial packet shall result in consumer liability for the full cost of the service or, in some cases, denial of the service.
 - A service coordinator (SC) shall notify the CFSS when scheduling initial program intake in order to coordinate consumer financial service activities.
 - The CFSS shall share his or her calendar with program staff to facilitate ease of scheduling.
 - Following receipt of the necessary financial information, the CFSS shall verify the income and insurance information furnished by the consumer.
 - If the CFSS believes a consumer qualifies for Medicaid (MA), the CFSS shall help the responsible party complete an application and submit that application to the Economic Support Division (ESD) on the same day that the CFSS meets with the consumer or family for financial review.
 - The consumer's ability to pay shall be based on the Uniform Fee System, Parental Payment Limit, Birth to Three Parental Cost Share or other applicable system.

- Adults and parents/guardians of children who receive inpatient services shall be responsible for the full cost of hospitalization. If a consumer's liability exceeds \$1,000 and the payment plan would exceed five (5) years, the responsible party may enter into an agreement to pay a substantial portion of the outstanding liability as a lump sum.
- Parents of children court-ordered into foster care, treatment foster care, group homes, residential settings, Institutes for Mental Disease or juvenile corrections shall be required to pay child support through the designated Child Support Office.
- Adult clients who receive non-medical residential services shall be required to pay the full amount permitted to be charged under the Residential Cost Share form.
- In cases of hardship, the CFSS may negotiate an extended payment plan with the consumer and establish a minimum payment amount.
- Following service determination within the relevant Division and verification of income and insurance information, the CFSS shall notify the consumer (or responsible party) in writing of his or her financial obligation based on ability to pay.
- The consumer's ability to pay and maximum monthly payment determination shall be reviewed at least once per year or upon any significant change in income. It is the consumer's responsibility to notify the CFSS within 10 business days of any changes in contact information or other information affecting the consumer's financial liability.
- CCDHS shall serve as the payer of last resort for any service provided. The consumer shall utilize private insurance and/or other financial resources first, prior to the application of county funding. Co-pays and deductibles for third-party coverage shall be the responsibility of the consumer or his or her responsible party.
- The office associate for each division shall ask an existing consumer who appears for an appointment whether any changes have occurred that may impact the party's fee liability. If the party answers in the affirmative, the office associate shall furnish the consumer or responsible party with a new Statement of Income form. The responsible party shall fill in any changes to existing information on the SOI form and return the form to the office associate. The office associate shall forward the updated form to the CFSS.
- Notwithstanding a consumer's ability to pay, CCDHS shall establish a minimum monthly payment rate of \$25 for services rendered if those services are fee-chargeable under the Uniform Fee System. Any applicable co-pays or deductibles do not apply toward this amount. A responsible party may seek to waive part or all of this liability by following the procedures outlined in the Fee Waiver policy.
- The Fiscal and Contracts Division (FCD) shall assume responsibility for all billing and collections activities required under this policy by the CCDHS.
- The FCD shall follow the billing procedures of relevant third parties in order to maximize reimbursement amounts.
- The FCD shall send monthly billing statements to responsible parties, beginning the month following the provision of services. Monthly statements shall include the following components:
 - Any balance remaining from a prior statement.
 - Any payments received during the billing period.
 - Any services provided during the billing period and associated liability, with adjustments for maximum payment rates.
 - Total outstanding charges to date.
- If 30 days elapse following the initial billing without payment or contact by the responsible party, the FCD shall notify that party in the next monthly statement that the account is past due and request payment (first notice).
- If 60 days elapse without payment or an attempt to negotiate an alternate payment arrangement, the FCD shall send a reminder letter to the responsible party (second notice).
- If 90 days elapse without payment or an attempt to negotiate an alternate payment arrangement, the FCD shall notify the responsible party of the delinquent nature of the account and of the CCDHS's intent to certify any debt of at least \$20 to the state Department of Revenue through the Tax Refund Intercept Program, along with instructions for appealing that action. For any debt of less than \$20, the FCD shall consult with the designated SC in order to determine whether to continue monthly billings or to place the account in inactive status.
- If the responsible party fails to respond to the TRIP notice within 10 calendar days, the FCD shall certify any debt of at least \$20 through the Tax Refund Intercept Program (TRIP). If a responsible party asks to appeal the certification of debt within that timeframe, the FCD shall stay action pending resolution through the appeals process.

- The FCD Manager shall review and respond to any TRIP appeal within 10 business days. If the responsible party wishes to contest this decision, the FCD Manager shall notify the SC and forward a Fee Waiver Request form to the contesting party within five (5) business days. A notice stating the FCD's intent to refer the account to TRIP unless the form is returned to the FCD within five (5) business days shall accompany the form. Upon receipt within that timeframe, the CFSS shall follow the requirements of the Fee Waiver policy and procedures. If the Fee Waiver form is not received by the FCD within five (5) business days, the CFSS shall notify the FCD Manager.
- Once a debt is referred to TRIP, that consumer's account shall be placed in inactive status. No new attempts shall be made to collect from inactive accounts unless the consumer receives future fee-chargeable services.
- Alternatively, the FCD may pursue payment through small claims court if the CFSS has reason to believe the family possesses the ability to pay the claim or if the CCDHS has received no reimbursement more than one (1) year after certifying a debt through TRIP.
- A consumer whose account is delinquent may continue to receive services based upon the health and safety policies established by each division.
- The amount of new fee-chargeable services shall be added to the balance of any open or inactive account; however, the billing statement shall reflect only active charges.
- The FCD shall review all inactive accounts on at least a yearly basis to determine whether to write off any outstanding debts as uncollectable. Nonetheless, any payments received after that timeframe shall be recognized.
- CCDHS may seek payment from a responsible party for up to 10 years from the last date of service.

Prepared by: Financial Intake Project Team – Mary Zachau, Michelle Brown, Alice Bates, Cheryl Gast, Tim Easker, Melissa Christopherson, Rose Baier, Tara Mrozinski, Tom Diel, and Larry Winter

Director Approval:
(Signature Required)



Date: September 8, 2011

Human Services Board Approval

Date: September 15, 2011

Human Services Board Chair
(Signature Required)



Effective: September 15, 2011

Revised: September 20, 2015; Converted to Procedure 01-16-25

Chippewa County Department of Human Services RWC ~~POLICY~~/PROCEDURE Number 307

Title: ~~Community Mental Health & Recovery & Wellness Consortium Services Division –~~
~~Admissions to Clark County Health Care~~ Rehab and Living Center

- I. ~~POLICY PURPOSE:~~ This Chippewa County Department of Human Services policy outlines the funding responsibility for admissions to Clark County Health Care Center also known as Woodland Enhanced Health Services.
- II. **APPLICABILITY:** Applies to any resident of Chippewa County that meets admission standards to Clark County Health Care Center. Clark County Health Care Center is charging an additional daily rate to persons not from Clark County.
- III. **DEFINITIONS:**
 - Chippewa County Department of Human Services (CCDHS)
 - Community Health Partnership (CHP)
 - Clark County Health Care Center (CCHCC)
 - Community Mental Health and Recovery Services Division (CMHRSD)
- IV. **PROCEDURE:**
 1. Any attorney/petitioner filing petitions for guardianship and protective placement with the Chippewa County Court, shall be notified by the Probate Office that CCDHS – CMHRSD is an interested party and that he/she must send copies of the petitions to CMHRSD (Chippewa County Court House room 122) as soon as possible. If CCHCC is listed as the facility to receive the Ward, the Probate Office will give the attorney/petitioner the orange “Notification of Financial Responsibility” card.

CMHRSD staff shall assist the attorney/petitioner in receiving options counseling from the ADRC or CMHRSD depending on the case situation. CMHRSD staff shall explain the additional daily rate charged by CCHCC, shall not be paid by CCDHS, to the individual and/or guardian.
 2. Chippewa County residents protectively placed at CCHCC under a private pay arrangement and later requiring public financial assistance from Chippewa County shall not be guaranteed continued placement at CCHCC.
 3. Chippewa County residents considering placement under a protective placement by the court at CCHCC who may be functionally and financially eligible for long term care services shall be referred by CMHRSD staff to the Aging and Disability Resource Center of Chippewa County for options counseling. When determined functionally eligible for long term support services the resident shall be referred to CHP or IRIS. CCDHS shall assume no financial responsibility for these Chippewa County residents.

Prepared by: Sue Klinger

Director Approval:
(Signature Required)

Date: October 6, 2011

Human Service Board Approval
Human Service Board Chair:
(Signature Required)

Date: October 20, 2011

Effective: October 20, 2011

Revised: Converted to Procedure 01-16-25

Chippewa County Department of Human Services

~~POLICY~~/PROCEDURE Number 42

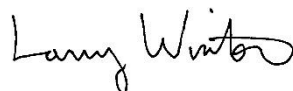
Number 38

Title: Administrative - Duty to Warn

- I. ~~POLICY~~**PURPOSE:** This Chippewa County Department Human Services policy addresses the legal, moral, and ethical responsibility that Chippewa County Department of Human Service staff has in regards to warning an intended victim of specific threats of harm made by another individual.
- II. **APPLICABILITY:** Applies to all Chippewa County Department of Human Services staff.
- III. **DEFINITIONS:**
 - CCDHS-Chippewa County Department of Human Services
- IV. **PROCEDURE:** Duty to Warn gives all CCDHS staff the right and responsibility to breach confidentiality of a consumer if there is a risk posed to another person or themselves.
 - a) When CCDHS staff believe they have knowledge of a situation that involves a safety threat made by a consumer to himself or herself, or others; staff need to assess the situation to see if it poses a threat to the level where confidentiality shall be breached in order to assure safety.
 - b) If the consumer who is making the threat is available to discuss the situation because he or she is in the office with staff, or staff is with a consumer in the community, or staff is on the phone with a consumer; staff shall continue to assess the dangerousness of the situation with the consumer.
 - c) If it is determined it is likely that the consumer may harm himself, herself, or others; it is the role of CCDHS staff to try to ensure safety of all individuals involved up to calling law enforcement and possibly warning a specific person of the threat.
 - d) If time permits, staff shall seek guidance from a manager prior to warning a specific person of the threat to them, or contacting law enforcement. The Division Manager or staff may seek input from the Chippewa County Corporation Counsel. When the situation is determined to be high risk and threats made without interventions are likely to be carried out, law enforcement shall be called immediately to intervene. In those situations, staff shall notify their division manager or designee after the fact about the situation and what was done to ensure safety of all individuals.
 - e) Staff shall document all actions taken in 'Duty to Warn' situations in the consumer's case record and present the documentation to the Division Manager. In situations where the action involves an individual who is not currently open for services, the situation shall be handled as an Emergency Mental Health Case for documentation. All case documentation for Emergency Mental Health Services -DHS 34 is required.
 - f) The Economic Support and Children, Youth & Families Divisions shall work with either the Children with Differing Abilities or Community Mental Health & Recovery Service Divisions to ensure proper documentation under Emergency Mental Health-DHS 34 when an individual is not currently open for services.
 - g) When time permits, either the division manager or a staff member prior to any action being taken to warn an individual of a safety threat shall notify the director.
 - h) A division manager or staff member shall notify the director by email, in writing, or verbally of all incidents that occur under this policy.

Prepared by: Michelle L. Phelps, LPC, and Sue Klinger, LCSW

Director Approval:
(Signature Required)



Date: February 14, 2012

Human Service Board Approval
Human Service Board Chair:

Date: February 16, 2012



(Signature Required)

Effective: February 16, 2012

Revised: Converted to Procedure 01-16-25

Attachment: 5.1t ADM Policy 38 - Duty to Warn (8765 : Human Services Policies to Convert to Procedures - Randy Scholz)

Chippewa County Department of Human Services
POLICY Recovery & Wellness Procedure Number 4622
Aging & Disability Resource Center Division

Title: Chippewa County Emergency Protective Placement

- I. **POLICY PURPOSE:** This Chippewa County Department of Human Services Policy addresses the manner in which all - residents found to ~~be in need of~~need Emergency Protective Placement, Chapter 55.135, due to Alzheimer's, dementia and other like degenerative brain disorders as their primary diagnosis. Clark County Health Care Center has been designated as the Emergency Protective Placement Facility for Chippewa County residents who are in need of placement pursuant to Chapter 55.135.
- II. **APPLICABILITY:** ~~Aging & Disability Resource Center~~Recovery & Wellness Consortium Division Staff
- III. **DEFINITIONS:**
 - Chapter 51.15: A law enforcement officer or other authorized person may take an individual into custody if the officer or person has cause to believe the individual is mentally ill, drug dependent, or is developmentally disabled and there is substantial probability of physical harm to himself or herself, to other persons, or demonstrates physical impairment or injury to himself or herself due to impaired judgment, as manifested by evidence of a recent act or omission.
 - Chapter 55.135: If from personal observation or receipt of a reliable report, a sheriff, police officer, fire fighter, guardian, (if any), or authorized representative of a county department (or an agency with which it contracts under 55.02(2)), it appears probable that an individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious physical harm to himself or herself or others as a result of developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities if not immediately placed, the individual who personally made the observation or to whom the report is made, may take into custody and transport the individual to an appropriate medical or protective placement facility.
 - LEO – Law Enforcement Officer
 - OSCP – On-Call Service Provider
 - CCDHSSW – Chippewa County Department of Human Services Social Worker
- IV. **PROCEDURE:**
 - I. LEO, SW or designee – OSCP make the determination that an individual requires to be detention under Chapter 55.135, elder adults-at-risk and adults at-risk in need of emergency protective placement via the following procedure:
 1. The LEO on duty, SW or designee – OSCP shall contact the local Emergency Room informing the hospital of the situation and request information that shall be required upon arrival so that medical clearance may be obtained.
 2. Upon initial contact, all efforts shall be made to contact the legal guardian or caretaker to involve them in decision-making.
 3. The customer shall be transported to the local Hospital Emergency Room. Transport method shall be determined at time of detention due to customers assessed need. This may occur via LEO, Private transportation vendor or CCDHSSW with a county fleet car and another staff member from Chippewa County Department of Human Services, non-emergency medical transport or medical transport.
 4. Upon arrival to the Hospital Emergency Room the LEO or CCDHSSW shall present a copy of Attachment A. Attachment A clarifies needed information so that the customer may be medically cleared and admitted to Clark County Health Care Center.
 5. The Department or its designee shall contact the Clark County Health Care Center Registered Nurse Supervisor on duty a via phone (715) 229-2172, requesting an emergency protective placement.
 6. The Clark County Health Care Center Registered Nurse Supervisor on duty shall gather the required information to assess the appropriateness of the customer for admission to the facility. Information may be gathered from the LEO, Emergency Room staff, known contacts, etc. The Clark County Health Care Center's Registered Nurse Supervisor will notify the LEO of the decision regarding admission.
 7. If a question(s) arises regarding the appropriateness of an admission, the Registered Nurse Supervisor shall consult with at least one of the following individuals: Director of Social Services, Director of Nursing, Admissions Coordinator or Administrator.

8. Once Clark County Health Care Center agrees to admit the customer under an emergency protective placement, transportation shall be arranged for the customer. This may occur via LEO, Private transportation vendor or CCDHSSW with a county fleet car.
9. The LEO, CCDHSSW or OCSP shall request that necessary information be faxed to the Clark County Health Care Center from the emergency room. This shall be done prior to the customer's arrival to the Clark County Health Care Center.
10. Identified party providing transportation shall contact the Registered Nurse Supervisor at Clark County Health Care Center prior to leaving the hospital emergency room to assure everything required is in place prior to the customer's arrival.
11. Upon admission, a copy of the completed *Chapter 55 Statement of Emergency Protective Placement (form # GN 4000)* shall accompany the customer being Protectively Placed along with any original copies of paperwork received from the hospital emergency room.
12. Upon admission, the *Chapter 55 Notice of Rights on Emergency Protective Placement (Form # GN-4010)*, shall be served to the customer by the Clark County Health Care Center Supervisory Registered Nurse or if during business hours by a Clark County Health Care Center staff member.
13. The Supervisory Registered Nurse shall make every attempt to locate contact information for applicable legal decision makers and/or emergency contact persons and shall provide verbal notice of the customer's admission to these persons.
14. The next business day, CCDHSSW shall contact Clark County Health Care Center staff and assure the appropriate follow up is made regarding the hospital emergency protective placement.
15. The next business day, CCHCCSW and nursing staff shall notify the appropriate legal guardian and community care workers about the admission. The CCHCCSW and nursing staff shall coordinate the following activities:
 - Medication/treatment consent forms.
 - Ensure contact has been made with the customer's county of residence regarding the admission and court proceedings.

REQUIRED FORMS:

Attachment A: REQUIREMENTS FOR EMERGENCY PROTECTIVE PLACEMENT ADMISSIONS TO CLARK COUNTY HEALTH CARE CENTER

Attachment B: GN-4000 Statement Of Emergency Protective Placement
*Fillable form: <https://www.wicourts.gov/forms1/circuit/>

Attachment C: GN-4010 Notice of Rights on Emergency Protective Placement
*Fillable Form: <https://www.wicourts.gov/forms1/circuit/>

REVIEW CYCLE: Annually

Prepared by: Jessica Barrickman

Updated by: Tom DieI

Director/Manager Approval:
(Signature Required)

Date: August 29, 2014/May 2023

~~**Aging & Disability Resource Center Board Approval:**~~

~~Date: September 18, 2014~~

~~**Aging & Disability Resource Center Board Chair:**~~
~~(Signature Required)~~

Effective: September 18, 2014; May 2023

Revised: Converted to Procedure 01-16-25

Attachment A**REQUIREMENTS FOR EMERGENCY PROTECTIVE PLACEMENT ADMISSIONS
TO CLARK COUNTY HEALTH CARE CENTER**

(Provide copy to Emergency Department if necessary)

Pursuant to Wisconsin State Statutes Chapter 132, CCHCC will NOT admit any individual without the following information:

1. A physician order (must include):

- ☐ a. Order for admission to a nursing home
- ☐ b. Medication orders
- ☐ c. Diet orders (type, texture, etc.)
- ☐ d. Any specific treatment orders (nebulizer, dressing changes, etc.)
- ☐ e. Any restrictions to mobility (no weight bearing, etc.)
- ☐ f. A statement that the resident is free from Communicable Disease (or necessary treatment) this can be put in the ER note.
- ☐ g. Chest x-ray to confirm that the individual is not positive for tuberculosis.

2. A copy of the Emergency Department visit note that includes a list of medical diagnoses and the physical examination information.

3. A copy of the *Chapter 55 Statement of Emergency Protective Placement (form # GN 4000)* from the Law Enforcement Officer.

4. If available, contact information for legal decision maker(s) and/or emergency contact(s).

5. If available, a copy of the most recent clinic or hospital H&P that was completed prior to the Emergency Department visit.

Attachment B

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

☐ Amended

Name _____

**Statement of Emergency
Protective Placement**

Date of Birth _____

Case No. _____

1. I am ☐ a sheriff or police officer.
☐ a fire fighter.
☐ a guardian.
☐ an authorized representative of the county department or an agency with which it contracts under §55.02(2), Wis. Stats.
☐ the corporation counsel or district attorney acting pursuant to §971.14(8)(b), Wis. Stats.

2. It appears probable that the individual is so totally incapable of providing for the individual's own care or custody as to create a substantial risk of serious physical harm to the individual or others as a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness or other like incapacities if not immediately placed in an appropriate medical or protective placement facility.

The specific factual information that is the basis for the emergency protective placement, based on personal observation or a reliable report by a person identified to me, is as follows: ☐ See attached

3. A Petition for Protective Placement is being filed with this statement. A Petition for Guardianship is also being filed unless the individual is
 A. currently under guardianship; OR
 B. a minor who is alleged to have a developmental disability.

4. The individual was detained at _____, [Name of Facility] _____,
 on [Date] _____, at [Time] _____ ☐ a.m. ☐ p.m.

Subject's Street Address	City	County	State	Zip code

Signature of Person Making Placement_____
Name Printed or Typed_____
Name of Department_____
Department's Address_____
Email Address_____
Telephone Number_____
Date

DISTRIBUTION:

1. Court
 2. Individual
 3. Facility
 4. Guardian ad Litem
 5. Department
 6. Other: _____

Attachment C

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF _____

☐ Amended

Name _____

**Notice of Rights for
Emergency Protective Placement**

Date of Birth _____

Case No. _____

I am the ☐ director ☐ director's designee of the facility at which the individual is detained.

You have been detained for emergency protective placement.

You are notified that you have the right to

- contact an attorney.
- contact a member of your immediate family.
- have an attorney provided at public expense or retain an attorney of your own choosing at your own expense.

There will be a hearing to establish whether there is probable cause for protective placement and whether the emergency placement shall continue on a temporary basis. You will be notified of the time and place of the hearing to establish probable cause for protective placement. This hearing must be held **within 72 hours** of your detention, excluding Saturdays, Sundays and legal holidays.

Along with this Notice of Rights, I am providing you with a copy of the Statement of Emergency Protective Placement and a copy of the Petition for

- ☐ Protective Placement (ward currently under guardianship).
- ☐ Guardianship and Petition for Protective Placement.
- ☐ Protective Placement (minor alleged to be developmentally disabled).

I provided you this Notice of Rights both orally and in writing on [Date] _____ at
[Time] _____ ☐ a.m. ☐ p.m.

DISTRIBUTION:

1. Court
2. Petitioner/Individual/Ward
3. Individual/Ward's Guardian
4. Individual/Ward's Legal Counsel
5. Guardian ad litem
6. Individual/Ward's agent under Power of Attorney for Health Care
7. Presumptive Adult Heirs
8. Facility in which the Individual/Ward resides/Physical Custodian
9. County Department of Individual/Ward's county of residence under §55.18(1)(a)
10. County Department of Individual/Ward's placement under §55.18(1m)
11. Other: _____

Signature of Director of Facility or Designee_____
Name Printed or Typed_____
Name of Facility_____
Facility's Address_____
Email Address_____
Telephone Number_____
Date_____
State Bar No. (if any)

STATEMENT OF EXPLANATION
HUMAN SERVICES POLICIES TO DELETE - RANDY SCHOLZ/PAUL
BRENNER

Human Services created a number of policies years ago that are no longer applicable or are actually steps or a course of action in achieving a goal or purpose. The Leadership Team recently reviewed all the policies and determined the action to be taken - deletion or conversion to a procedure. This is the list of policies to be deleted. Since the Board originally approved the policies, board action is needed for this process.

Chippewa County Department of Human Services Policy List to Delete

Agenda Number	Policy Number	Division/Unit	Policy Title	Effective Date	Notes
5.2a	3	CMHRS	Funding for Detox Services	02-19-2009	No longer relevant – DHS does not fund detox
5.2b	8	CMHRS	Human Services Funding of Ambulance Services	06-18-2009	No longer relevant – DHS does not fund ambulance
5.2c	13	Administrative	Human Services Board Confidentiality Agreement	12-11-2009	Not necessary – part of County HIPAA/Privacy
5.2d	17	Economic Support	Case Commenting Standards	03-18-2010	No longer relevant (governed through Great Rivers Consortium)
5.2e	20	CWDA	Children with Differing Abilities Parental Fee	05-12-2010	No longer in effect/relevant (governed through State policy)
5.2f	21	Multi Division	Wisconsin 2009 Act 78 “Child Welfare Public Disclosure”	05-28-2010	No longer in effect/relevant (part of State statute)
5.2g	25	CWDA	Health and Safety Based Framework for Service Protection	07-09-2010	No longer in effect/relevant (governed through State policy)
5.2h	27	RWC	Health and Safety Based Framework for Service Provision	11-18-2010	No longer in effect/relevant (governed through State policy)
5.2i	30	CYF – YJ	Juvenile Assessment and Intervention System	12-22-2010	No longer in effect/relevant (governed through State policy)
5.2j	31	CYF – YJ	Health and Safety Based Framework for Service Provision	12-27-2010	No longer in effect/relevant (governed through State policy)
5.2k	32	CYF – CPS	Health and Safety Based Framework for Service Provision	01-13-2021	No longer in effect/relevant (governed through State policy)
5.2l	36	Multi Division	Consumer Financial Services – Fee Waiver Committee	09-08-2011	No longer in effect/relevant
5.2m	40	Multi Division	Medicare Advantage/Medicare Part D - Conflict of Interest	09-20-2012	No longer in effect/relevant
5.2n	41	Multi Division	Medicare Advantage/Medicare Part D - Standards of Conduct	09-20-2012	No longer in effect/relevant
5.2o	42	Multi Division	Medicare Advantage/Medicare Part D – General Medicare Compliance	09-20-2012	No longer in effect/relevant
5.2p	45	ADRC	Confidentiality Statement for ADRC Board	<i>Deleted - No longer in effect (Per Leslie)</i>	Not necessary – part of County HIPAA/Privacy

Attachment: 5.2 DHS Policies Summary - Delete (8766 : Human Services Policies to Delete - Randy

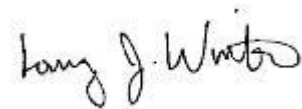
Chippewa County Department of Human Services RWC POLICY/PROCEDURE Number 3

Title: Funding for Detox Services

- I. **POLICY:** This Chippewa County Human Service Policy addresses the manner in which detox services will be funded by Chippewa County Department of Human Services.
- II. **APPLICABILITY:** Applies to all qualified consumers that utilize detox services under HFS 51.45 (2)(d) - "Incapacitated by alcohol" means that a person, as a result of the use of or withdrawal from alcohol, is unconscious or has his or her judgment otherwise so impaired that he or she is incapable of making a rational decision, as evidenced objectively by such indicators as extreme physical debilitation, physical harm or threats of harm to himself or herself or to any other person, or to property
- III. **DEFINITIONS:** Chippewa County Department of Human Services (CCDHS), Community Mental Health and Recovery Services of Chippewa County (CMHRSCC)
- IV. **PROCEDURE:**
 1. CCDHS will fund for detox services those consumers who have been placed under protective custody by law enforcement due to being incapacitated by alcohol.
 - a. Funding will be authorized until the consumer is no longer incapacitated by alcohol, maximum of 72 hours.
 - b. Consumers who are medically in need of detox after 72 hours must have a signed physician's order faxed to CMHRSCC prior to the completion on the first 72 hours in order to prior authorize any additional funding.
 2. Persons who are seeking voluntary funding for detox services must have prior authorization from CMHRSCC.
 - a. An assessment of need will be done by CMHRSCC during normal working hours.
 - b. When consumer need has been determined by CMHRSCC voluntary detox services may be authorized.

Prepared by: Susan Klinger, Manager

Director Approval:
(Signature Required)



Date: 2/10/09

Human Service Board Approval Date: 2-10-09

Effective: 2-19-09

Revised:

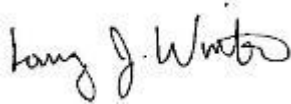
Chippewa County Department of Human Services RWC POLICY/PROCEDURE Number 8

Title: Human Services Funding of Ambulance Services

- I. **POLICY:** This Chippewa County Human Services Policy addresses that: Ambulance services are a provision of medical emergencies and are not funded through CCDHS.
- II. **APPLICABILITY:** Applies to all Chippewa County Residents
- III. **DEFINITIONS:** Chippewa County Department of Human Services (CCDHS)
- IV. **PROCEDURE:**
 - 1. CCDHS shall not fund ambulance services that are provided in medical emergencies.
 - 2. Individuals who may be eligible for Wisconsin Medical Assistance will be referred to CCDHS Economic Support Unit.

Prepared by: Susan Klinger, LCSW, Manager

Director Approval:



Date: 6/12/09

(Signature Required)

Human Services Board Approval
Human Services Board Chair:

Date: 06-18-09



(Signature Required)

Effective: 06-18-09

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE

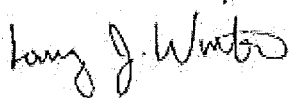
Number 13

Title: Health & Human Service Board Confidentiality Agreement

- I. **POLICY:** This Chippewa County Department of Human Service Policy addresses the manner in which all Health & Human Service Board members shall respect the privacy of consumers and hold in confidence all information obtained in the course of service.
- II. **APPLICABILITY:** Applies to information pertaining to performance of Department staff including data, compensation and grievances. Information pertaining to the provision of consumer services, including any information that would identify a person as a consumer of the Department; and issues related to the Human Services Board legal, moral and regulatory responsibility for the oversight of statistical data, risk management information and litigation information, and reviews of attitudes and opinions from those who work in the Department.
- III. **DEFINITIONS:** Health & Human Service Board (HHSB), Chippewa County Department of Human Services (CCDHS)
- IV. **PROCEDURE:**
 1. Each individual appointed to serve on the HHSB recognizes the sensitivity of information regarding services provided to individual consumers. As a member of the HHSB each individual agrees to keep confidential, during and after service on the Board, all confidential information pertaining to the Department and any related activities in the course of membership on the Board.
 2. When a member of the community, county board or employee of CCDHS approach s a HHSB member regarding confidential information, respectfully request that they not continue and refer the individual to either the director or a division manager.
 3. The HHSB Chair & County Administrator shall address infractions of confidentiality by a HHSB member. If an infraction were to occur, the HHSB Chair & County Administrator shall report the issue to the Chippewa County Board Chairperson. Further it is understood that there may be criminal, civil, or administrative action or penalty associated with breaching confidentiality.

Prepared by: Larry Winter, Director Chippewa County Department of Human Services

Director Approval:
(Signature Required)

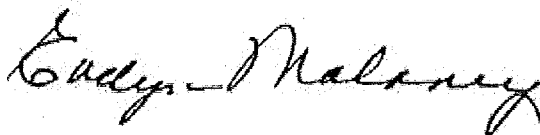


Date: 12/ 11/09

Human Services Board Approval

Date: 12-17-09

Human Services Board Chair: Evelyn Maloney



(Signature Required)

Effective: 12-17-09

Revised: 7-19-12

Reviewed: 07-10-17 (No changes)

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 17

Title: Economic Support - Case Commenting Standards

- I. **POLICY:** This Chippewa County Human Services Economic Support Policy addresses the manner Economic Support Specialists will document actions and changes in cases.
- II. **APPLICABILITY:** Applies to all Economic Support Specialists and overall case management practices.
- III. **DEFINITIONS:** Per State of Wisconsin Department of Health Services, Process Handbook 46 Case Comments: Case Comments are used to document factual information and to record a justification for action taken on a case. Comments provide a summary record of case and individual history that can be used to understand what is happening with a case and why. Comments provide a chronological history of documentation for a case or an individual that may be needed when reviewing a case for progress, quality assurance reviews, and when a case closes and subsequently reopens.
- IV. **PROCEDURE:**
 1. Enter Case Comments at intake, review, when a change is reported, case status changes, and contact from a customer.
 2. Maintain an objective, fact-based approach when entering comments. Do not include personal judgments or biases to describe information and/or a participant's behavior. For example:

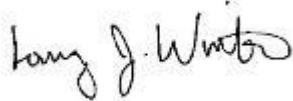
Subjective (Opinion)	Objective (Fact-based)
He was drunk.	The participant had an odor that smelled like alcohol.
She doesn't want to work.	Participant stated she wants to stay in the home to care for her child.
He will never get a job.	The participant has significant barriers to employment including no work history, no HS diploma or GED.
She isn't going to cooperate.	Participant stated she did not want to participate in the program

3. Organizing Case Comments:
 - Review your comments for accuracy, comprehension, readability, grammar, and completeness before proceeding off the page.
 - Document and summarize case action.
 - Document all participant contact including:
 - in-person
 - telephone
 - e-mail postal mail
 - Include in your comments your return of a participant's call, if you spoke to the individual and what you talked about, or if you needed to leave a message. Case Comments should also include a record of when someone calls on behalf of the participant.
 - When scheduling an appointment and sending out a manual notice, document the action in comments the day the notice is sent.
 - Use Headings or Titles and Flags to help locate information.

Flag As Important: You should choose to indicate if the comment is particularly important by checking the "Flag as Important?" box in CWW. Doing so will display a Flag icon next to the comment. The comment type (Intake, Review, Change, or General).

Prepared by: Mark A. Nelson , Economic Support Manger

Director Approval:



Date: March 18, 2010

(Signature Required)

Human Service Board Approval
Human Service Board Chair:

Date: March 18, 2010



(Signature Required)

Effective: March 18, 2010

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE

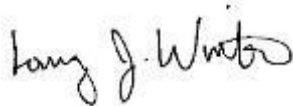
Number 20

Title: Children with Differing Abilities - Parental Fee

- I. **POLICY:** This Chippewa County Human Services policy addresses the manner in which parental fee guidelines are established for Children With Differing Abilities per Administrative Rule DHS 1 under s. 46.10(1) to (14) (a), stats.
- II. **APPLICABILITY:** For services received by children with long term support needs under the Children's Long Term Support Waiver and Family Support Program.
- III. **DEFINITIONS:** Service Coordinators (SC), Children With Differing Abilities Division (CWDAD) and Fiscal/Contracts Division (FCD).
- IV. **PROCEDURE:**
 1. Service Coordinator shall assist parents or legal guardian by filling out the Parental Fee Declaration of Income form. This shall occur annually or when supportive services begin for each new calendar year. The annual review shall be completed by April 15 of each new calendar year. Parent(s) or legal guardian experiencing a significant change in income, may request to their SC, at any time, a fee recalculation. The general guideline for a change shall be an increase or decrease of 10 percent in adjusted gross income.
 2. When the Declaration of Income form is completed, the SC shall give the form to the FCD.
 3. The FCD shall calculate the parental fee. The fee is calculated using a Wisconsin Department of Health Services automated worksheet. The calculation takes into consideration parents' annual income, the Department of Health Services standard disability deduction, current federal poverty guidelines, and service plan cost.
 4. FCD will send a letter to the parent(s) or legal guardian indicating their monthly parental fee and the right to appeal. The FCD shall also forward a copy of the letter to the SC for the client record.
 5. If the parent(s) or legal guardian chooses to appeal the parental fee, the SC shall assist the family in requesting a reduction or fee waiver through the Fee Waiver Committee.
 6. The SC shall attend the Fee Waiver Committee in order to clarify the reasons for the request. The decision of the Fee Waiver Committee is binding. The reduction or waiver of the fee shall be documented in the child's Individual Service Plan, along with the original fee assessment.
 7. Prior to commencing or continuing (annual review) any supportive services the SC shall insure that the parent(s) or legal guardian agree to the parental fee. This shall be verified by the parent(s) or legal guardian signature on the Individual Service Plan.
 8. While a child is receiving supportive services and parent(s) or legal guardian indicates they will no longer continue to pay the parental fee, the county may, with proper notice, terminate the child from the supportive services. The county shall make the family aware of the right to appeal.
 9. In the event parent(s) or legal guardian choose not to pay the parental fee and loss of the service could create either a health or safety issue, result in a more restrictive placement, and/or present a financial challenge to the Human Services Department the SC shall attend the Fee Waiver Committee. The SC shall request a waiver of the parental fee outlining the specific reason it is necessary to waive the parental fee.
 10. Method of Review: Annual review by the CWDAD manager and Lead Worker.

Prepared by: Larry Winter and Melissa Christopherson

Director Approval:
(Signature Required)



Date: May 12, 2010

Human Services Board Approval

Date: May 20, 2010

Human Services Board Chair
(Signature Required)



Effective: May 20, 2010

Revised: (Delete 01-16-25)

Attachment: 5.2e CWDA Policy 20 - Parental Fee (8766 : Human Services Policies to Delete - Randy Scholz)

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 21

Title: Multi-Division - Wisconsin 2009 Act 78 “Child Welfare Public Disclosure”

- I. **POLICY:** This Chippewa County Department of Human Services policy addresses the manner in which all staff shall notify the State of Wisconsin, Department of Children and Families, Division of Safety and Permanence of the death or egregious incident of a child by other than accidental means when the call comes through CCDHS Access or On-call systems. Act 78 documents who shall provide information to the media in such an event.

- II. **APPLICABILITY:** Applies to **all** incidents coming through CCDHS Access or On-call systems of child death, serious injury and egregious incidents due to maltreatment or suspected maltreatment **and** cases in which a child in a Chapter 48 or Chapter 938 court-ordered out of home care placement is suspected to have committed suicide.

- III. **DEFINITIONS:**
 - CCDHS:** Chippewa County Department of Human Services
 - CFSD:** Children and Families Services Division
 - YSSD:** Youth Support and Services Division
 - CWDAD:** Children with Differing Abilities Division
 - CFSDM:** Children and Families Services Division Manager
 - CFSDLW:** Children and Families Services Division Lead Worker
 - CWDADM:** Children with Differing Abilities Division Manager
 - DSP:** State of Wisconsin Division of Safety and Permanence
 - DCF:** State of Wisconsin Department of Children and Families
 - eWiSACWIS:** electronic Wisconsin state automated child welfare information system
 - Out of Home:** When a child/juvenile is removed from their parental or guardian home and placed elsewhere by a court order or a voluntary placement agreement. The placement can be a relative, foster, treatment foster or group home; residential care facility or correctional facility.
 - Chapter 938:** Legislation that is intended to promote a juvenile justice system capable of addressing issues associated with juvenile delinquency; a system that will protect the community, impose accountability for violations of the law and equip juvenile offenders with the competencies needed to live responsibly and productively.
 - Chapter 48:** Commonly referred to as the “Children’s Code” this legislation is ultimately intended to “protect children and unborn children, to preserve the unity of the family, whenever appropriate, by strengthening family life through assisting parents and the expectant mothers of unborn children, whenever appropriate, in fulfilling their responsibilities as parents or expectant mothers”. Chapter 48 also recognizes “that children have certain basic needs which must be provided for” (See the definition of neglect).
 - Incident of death or serious injury:** An incident in which a child has died or placed in serious or critical condition, as determined by a physician, as a result of any suspected abuse or neglect or an incident in which a child who has been placed outside the home by a court order under chapter 48 or chapter 938 is suspected to have committed suicide.
 - Incident of egregious abuse or neglect:** An incident of suspected abuse or neglect that has been reported, other than an incident of death or serious injury, involving significant violence, torture, multiple victims, the use of inappropriate or cruel restraints, exposure of a child to a dangerous situation, or other similar aggravated circumstances.
 - Physical abuse:** Per 48.02, physical abuse is physical injury inflicted upon a child by other than accidental means.
 - Neglect:** Per 48.13 (10), neglect is a parent, guardian or legal custodian’s refusal or inability for reasons other than poverty to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

IV. **PROCEDURE:**

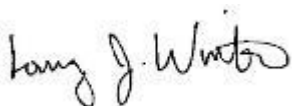
1. Upon receipt of information through CCDHS Access or On-call systems indicating there has been a child suicide, an egregious abuse or neglect incident, or an incident of child death or serious injury, CCDHS shall within two (2) working days report to DSP the following information:
 - a. The name of the agency and the name of a contact person at the agency
 - b. Information about the child, including the age of the child
 - c. The date of the incident and the suspected cause of the death, serious injury, or egregious abuse or neglect of the child
 - d. A brief history of any repots under Ch. 48 sub. (3) received in which the child, a member of the child's family, or the person suspected of the abuse or neglect was the subject of any services under Chapter 48 offered or provided to any of those persons
 - e. A statement of whether the child was residing in his or her home or was placed outside the home when the incident occurred
 - f. The identity of any law enforcement agency that referred the report of the incident and of any law enforcement agency, district attorney, or other officer or agency to which the report of the incident was referred

Form DCF-F-CFS-2091-E shall be utilized to make the report. "Agency contact person" shall be the initial assessment worker assigned to the case.

2. The access worker shall complete form DCF-CFS-2091-E and directly forward it to the CFSDM within two (2) hours of receipt of the report. If the CFSDM is not available, the form shall be given to the CFSDLW to which the report applies and if he/she is not available the form shall then be given directly to the Director.
3. The CFSDM or CFDLW shall review the form and immediately forward it to the Director. In the event the Director is absent but the CFSDM is satisfied that all fields of the form have been satisfactorily completed as required the CCDHS Administrative Assistant shall forward the document to DSP within two days of the initial notification to CCDHS.
4. When both the CFSDM and Director are absent the CWDADM shall ensure all fields of the form are satisfactorily completed as required. The CCDHS Administrative Assistant shall forward the document to DSP within two days' of the initial notification to CCDHS.
5. If the case is opened for an Initial Assessment, all case notes shall be entered and updated in eWiSACWIS within two (2) working days of the contact. All Safety Plans and Protective Plans shall be entered into eWiSACWIS immediately. This is due to DSP's use of eWiSACWIS to maintain up to date information and monitoring of the case.
6. Determination if the report falls under Act 78 shall be made by the access worker in conjunction with the CFSDM or CFSDLW or Director or CWDADM at the time of access based upon the information provided by the reporter.

Prepared by: Michelle Grambort, Nichole Paull, Anne Doughty, Krista Adler, and Andrea Bowe

Director Approval:
(Signature Required)



Date: 5/28/10

Human Service Board Approval
Human Service Board Chair:

Date: June 17, 2010



(Signature Required)

Effective: June 18, 2010

Revised: (Delete 01-16-25)

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Child Death, Serious Injury or Egregious Incident Notification

Use of form: Personally identifiable case and child information is collected to inform the Department of Children and Families (DCF) that a child death, serious injury or egregious incident due to maltreatment or suspected maltreatment has occurred. The DCF must also be notified about suspected suicide death of a child in out-of-home care placement. The DCF must receive this notification form within two working days of the county agency or the Bureau of Milwaukee Child Welfare (BMCW) becoming aware of the incident. Agencies must provide all of the requested information on this form where available and applicable.

The department must be informed of these incidents to fulfill its supervisory responsibility and comply with 2009 Wisconsin Act 78, Child Welfare Public Disclosure and Federal reporting requirements. Personal information provided may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Child death and serious injury are defined in statutes as "an incident in which a child has died or been placed in serious or critical condition determined by a physician, as a result of any suspected abuse or neglect . . . or in which a child who has been placed outside the home by a court order under this chapter or ch. 938 is suspected to have committed suicide."

Egregious incident is defined as "an incident of suspected abuse or neglect . . . involving significant violence, torture, multiple victims, the use of inappropriate or cruel restraints, exposure of a child to a dangerous situation, or other similar, aggravated circumstances."

Name – County Agency		
Name – Agency Contact Person	Title	Telephone Number
Case Name (Last, First, MI)		eWISACWIS Case Number
Date of Incident (mm/dd/yyyy)	Number of Children Involved in This Incident	
Check all that apply: ☐ Death / Alleged maltreatment ☐ Death / Alleged suicide ☐ Serious injury ☐ Egregious incident		

Child Information

Name (Last, First, MI)	Race or Ethnicity	Gender ☐ M ☐ F	Birthdate (mm/dd/yyyy)
Name (Last, First, MI)	Race or Ethnicity	Gender ☐ M ☐ F	Birthdate (mm/dd/yyyy)
Name (Last, First, MI)	Race or Ethnicity	Gender ☐ M ☐ F	Birthdate (mm/dd/yyyy)

Current or Prior Involvement with the Child Welfare System (check one)

- ☐ At the time of the incident there was an open child protective services (CPS) case on the child or the child's family, and
- ☐ Child was in out-of-home care placement, or
- ☐ Child was receiving child protective services in the home.

Type of out-of-home care placement: _____

- ☐ Child or family has an open case with agency – not CPS.
- ☐ An Access report on this child or family was received within the past 12 months.
- ☐ The last Access report on this child or family was received by the agency more than 12 months prior to this incident.
- ☐ Child or family was unknown to child welfare system.

Description of incident including suspected cause of child's death, serious injury or egregious incident.

Child welfare system history within past five years.

- ☐ Yes ☐ No Child, family, or alleged maltreater is known to child welfare.

If "Yes", complete the following.

Date of Report	Type of Report	Services Offered?	Services Provided – List
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Summarize actions taken by agency in response to this incident.

Reporter

☐ Law enforcement (provide complete name of LE agency) _____

☐ Other _____

Referrals made by the county agency (list all agencies receiving referral).

Additional Information (Optional)

Fax this form to the Director of the Bureau of Safety and Well-Being at (608) 266-0260 and continue to update the status of this case in the eWiSACWIS for cases involving suspected maltreatment.

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 25

**Title: Children with Differing Abilities -
Health and Safety Based Framework for Service Provision**

- I. **POLICY:** This Chippewa County Department of Human Services policy addresses the meaning of health and safety in practice within the Children with Differing Abilities Division. This policy is meant to be utilized as a guide when assessing a child's needs, developing outcomes, and creating an Individual Service Plan. It is the also the intent of this policy to promote the understanding of the role of Human Services amongst the Department of Human Services staff, the community and the families served.

- II. **APPLICABILITY:** Applies to all staff within the Children with Differing Abilities Division and the children with special needs and their families seeking services through the Children with Differing Abilities Division.

- III. **DEFINITIONS:**
 - **SC:** Service Coordinator
 - **CWDAD:** Children with Differing Abilities Division
 - **Children with Differing Abilities (CWDA):** Those children who have, or are at increased risk for, a chronic physical, developmental, behavioral or emotional condition; and who also require health and related services of a type or amount above that required by children reaching typical developmental milestones, in order to support their health, safety and functional skill development.
 - **Health:** Addressing emotional, physical, developmental and behavioral needs related to the body and mind that without support, (i.e. inadequate equipment, sensory aids, and/or tube feeding) may endanger an individual or lead to a placement outside of their home.
 - **Safety:** Evidence of abuse, neglect, domestic violence, significant self harm, aggression, inconsistent medicine management, and/or caretakers utilizing physical restraints/seclusion; relating to a child's disability, which may endanger their safety and may lead to a placement outside of the home.
 - **Functional Skill Development:** The ability to achieve basic daily living skills, (i.e. the reduction of violence or harm towards self, self care, communication challenges, mobility in the home/community, and ability to learn which impacts home/community functioning) as appropriate to the child's developmental level. Services may include teaching, coaching, and providing caregiver support to achieve a specific outcome related to increasing a child's daily living skills; with the absence of these services there is an increased likelihood of regression, likely resulting in health and/or safety issues.
 - **Quality of Life:** Applicable to all populations, involves general well-being, including environment, education, recreation, leisure time, and social belonging; there is no evidence of health or safety concerns and the child has mastered most basic functional skills as it relates to their development level. The provision of activities related to enhancing quality of life is the role of the family, natural supports and community.

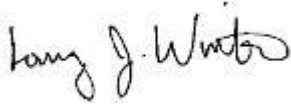
- Family Centered Planning (FCP): Family-centered planning focuses on the whole family, values family participation and experience, and respects the family's culture and ethnicity. Family-centered planning helps families identify their strengths, needs, and assists the family in achieving the goals and objectives of a service plan. This includes helping families access a range of community supports and services; communicating and planning with multiple service systems; and creating opportunities for families to learn and practice new skills. The emphasis on family participation, the use of community supports and services and encouraging families to practice their skills is intended to increase the sustainability of the plan.

IV. **PROCEDURE:**

1. FCP guides staff to ensure sustainability and community integration when supporting families. Therefore, when the needs of a family are identified, regardless of health/safety, functional skills and quality of life, funding sources shall be chosen in the following order:
 - a. Community and Natural Supports
 - b. MA or private insurance
 - c. Human Services as a funding of last resort
2. CWDAD staff shall consider the definitions of health, safety, and functional skill development to be a guideline when assessing a child and family's needs and creating an individual service plan. This includes utilizing the health, safety and functional skill development definitions as a mechanism to prioritize needs and outcomes when considering service requests.
 - a. CWDAD staff shall be familiar with the health, safety, and functional skill development definitions.
 - i. CWDAD staff shall integrate into their practice the concept that addressing health, safety and functional skill development is a collaborative effort between the family, natural supports, Human Services, other service providers and the community.
 - ii. When issues arise that can cause or are currently resulting in a health and/or safety concerns, and the family, natural supports and /or community are unable to support the area to alleviate that concern, it is the obligation of Human Services to prioritize and meet the service need.
 - b. CWDAD staff shall be familiar with the definition of quality of life.
 - i. CWDAD staff shall work collaboratively with families and the community in areas of quality of life with the acknowledgement that quality life is the role of the family, natural supports, and the community.
 - ii. Human Services shall, when possible, provide referrals to community agencies that address quality of life issues and collaborate with community members/agencies to aid in the development of such services; however, it is not the role of Human Services to provide direct services in this area.

Prepared by: Melissa Christopherson

Director Approval:
(Signature Required)



Date: 7/9/10

Human Services Board Approval

Date: July 15, 2010



Human Services Board Chair
(Signature Required)

Effective: July 15, 2010

Revised: Deleted 01-16-25

Chippewa County Department of Human Services RWC POLICY Number 27

Title: **Community Mental Health & Recovery Services Division
Health and Safety Based Framework for Service Provision.**

- I. **POLICY:** This Chippewa County Department of Human Service Policy addresses the meaning of health and safety practices within the Community Mental Health & Recovery Services Division. This policy is meant to be utilized as a guide when assessing the individual's needs, developing outcomes and creating person centered recovery plans. It is also the intent of this policy to promote an understanding of the role of CMH&RSD between the Department of Human Services staff, the community and consumers served.

- II. **APPLICABILITY:** Applies to all staff within the Community Mental Health & Recovery Services Division and the recipient of adult services offered by CMH&RSD.

- III. **DEFINITIONS:**
 - **CMH&RSD:** Community Mental Health and Recovery Services Division.

 - **Crisis:** Means a situation caused by an individual's apparent mental, physical and/or medical disorder that results in high level of stress or anxiety for the individual, persons providing care for the individual or the public that cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. This may endanger the individuals or communities safety and may lead to a placement outside of their current living situation.

 - **Safety:** Evidence that an individual is unable to satisfy basic needs for nourishment, medical care, and shelter. Evidence of abuse, neglect, domestic violence, significant harm to self, aggression and inconsistent medication management, which shall endanger the individual's safety and shall lead to a more restrictive placement.

 - **Health:** Entails the mental, emotional, and behavioral, needs related to the individual's well-being that without support, (i.e. inadequate symptom management skills, psychotropic medications, or referrals to other health providers) may endanger the individual or others, or lead to more restrictive placement outside their home.

 - **Functional Skill Development:** Ability to achieve and perform basic community living skills.(i.e. meal planning/preparation, household cleaning, personal hygiene, medication management, emotional regulation, crisis coping skills, shopping, transportation, financial management, social and recreational activities, developing and enhancing interpersonal skills). The absences of these services may increase the likelihood of further regression of their mental illness resulting in risk to the individual's health and safety being severely compromised or risk of recurring placements or hospitalizations.

- **Quality of Life:** Involves the general well-being of the individual in the areas of environment, educational, employment, housing, recreational and leisure time; the ability to engage in meaningful activity that provides a sense of belonging and/or contributes to the betterment of self or others. Enhancing quality of life is the role of family, natural supports and community.
- **Adults at Risk:** Is an adult (of any age) who has any physical or mental impairment that substantially restricts his or her ability to care for his or her needs, and who has experienced or is at risk of abuse or neglect.
- **CSP:** Community Support Program means a coordinated care and treatment system that provides a network of services through an identified treatment program. Staff ensures ongoing therapeutic involvement and individualized treatment in the community for individuals with serious and persistent mental illness.
- **Person Centered Plan:** Recovery plan that is created by an individual in collaboration with a service coordinator. Person centered planning focuses on the individual's personal values, life experiences and builds upon the strengths of the person to achieve desired outcomes. This includes accessing and managing involvement in multiple service systems and promoting functional skill development. Emphasis is placed upon collaborating with the individual in developing a service plan that utilizes natural supports, practicing of newly acquired skills and promotes sustainability in the community.
- **Serious and persistent mental illness:** A mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support, and that may be of lifelong duration. This includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories, but does not include degenerative brain disorder or a primary diagnosis of a developmental disability or of alcohol or drug dependence.
- **Cost Effective:** Effectively achieving a desired outcome (meeting a need) at reasonable cost and effort. Reasonable alternatives are those that would solve the problem and effectively meet the desired outcome(s) for individuals with similar needs.

IV PROCEDURE:

1. Person Centered Planning guides staff to ensure sustainability and community integration when supporting an individual. When the needs of an individual in apparent mental or behavioral health crisis or experiencing persistent mental illness are identified, regardless of health/safety and functional skills and quality of life, funding sources shall be chosen in the following order:

- a) Community and Natural Supports
 - b) MA or private insurance
 - c) Human Services as funding of last resort.
- 2. CMH&RSD staff shall consider the definitions of health, safety, and functional skill development to be the guideline when assessing an individual's needs and creating a person centered service plan. This includes utilizing the health, safety and functional skill development definitions as a mechanism to prioritize needs and outcomes when considering service request.
- a) CMH&RSD staff shall be familiar with health, safety and functional skill development definitions.
 - i. CMH&RSD staff shall integrate into practice the concept that addressing health, safety and functional development is a collaborative effort between the individual, natural supports Human Services and other service providers in the community.
 - ii. When issues arise that cause or are currently resulting in a health and/or safety concern and the individual, natural supports and/or community are unable to alleviate that concern, and they meet the definition of adult at risk it is the obligation of human services to prioritize and meet service need(s). Adult individuals who are not adults at risk shall be referred to the Adult Disability Resource Center or other health providers of their choice.
- b) CMH&RSD staff shall be familiar with the definitions of quality of life.
 - i. CMH&RSD staff shall work collaboratively with individuals and the community in areas of quality of life with the acknowledgment that quality of life is the role of the individual, natural supports and the community.
 - ii. Human Services shall, when possible, provide referrals to community agencies that address quality of life issues and collaborate with community members/agencies to aid in the development of such services; however, it is not the role of Human Services to provide direct services in this area.

Prepared by: Dan Brandt, Brenda Huhn, Ann Globensky, Tom Diel, and Sue Klinger

Director Approval:
(Signature Required)

Date: October 12, 2010

Human Services Board Approval

Date: November 18, 2010

Human Services Board Chair
(Signature Required)

Effective: November 18, 2010

Revised: Deleted 01-16-25

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 30

Title: Children, Youth and Families Division - Youth Support and Services
Juvenile Assessment and Intervention System

- I. **POLICY:** This Chippewa County Department of Human Services policy addresses the use and disclosure of the Juvenile Assessment and Intervention System
- II. **APPLICABILITY:** Applies to all staff within the Youth Support and Services unit of the Chippewa County Department of Human Services Children Youth and Families Division.
- III. **DEFINITIONS:**
 - CCDHS: Chippewa County Department of Human Service
 - YSS: Youth Support and Services Unit
 - JAIS: Juvenile Assessment and Intervention System
- IV. **PROCEDURE:**
 1. All YSS cases current as of January 1, 2011, with more than six months left on supervision shall have a short version risk assessment completed. The short version risk assessment shall be completed within 30 days of January 1, 2011. All cases scoring as high risk shall have the full JAIS assessment completed by the worker within 30 days of completion of the short version
 2. Cases referred to the YSS unit after January 1, 2011, shall have a full JAIS assessment completed at the first scheduled appointment after the dispositional hearing.
 3. Data shall be entered into the JAIS system within seven business days of collection and results shall be printed out and maintained in consumer's file.
 4. A JAIS reassessment shall be completed on all cases with a JAIS assessment within six months of the original assessment. The results shall be entered within seven business days of collection, printed and maintained in the consumer's file. A JAIS reassessment shall also be completed upon closure of a case; the results shall be entered within seven business days of collection, printed and maintained in the consumer's file.
 5. The full JAIS assessment shall not be shared with juvenile or family unless requested. A portion of the results shall be reviewed with the juvenile and family for purposes of case planning. With the appropriate request for release of information signed by the parent/guardian and the youth if over the age of 14 the full results of the JAIS shall be shared.
 6. The full JAIS assessment and information contained within shall not be shared with other entities without a release of information signed by the parent/guardian and the youth if over the age 14.

Prepared by: Michelle Brown, Rose Baier, Ann Doughty, Kyra Secraw, and Kerry Root

Attachment: 5.2i Policy 30 - CYF-YSS - JAIS (8766 : Human Services Policies to Delete - Randy Scholz)

Director Approval:

(Signature Required)



Date: 12/22/10

Human Service Board Approval:

Date: January 20, 2011

Human Service Board Chair:

(Signature Required)



Effective: January 20, 2011

Revised:

Attachment: 5.2i Policy 30 - CYF-YSS - JAIS (8766 : Human Services Policies to Delete - Randy Scholz)

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 31

**Title: Children, Youth and Families Division - Youth Support and Services
Health and Safety Based Framework for Service provision**

- I. **POLICY:** This Chippewa County Department of Human Services Policy addresses the meaning of health and safety in practice within Youth Support Services under the Children, Youth and Family Services Division. This policy shall be utilized as a guide when assessing a juvenile's needs, developing outcomes, referring for necessary services, and creating individual service plans. It is also the intent of this policy to promote the understanding of the role of Human Services throughout the Department of Human Services staff, the community and the families served.

- II. **APPLICABILITY:** Applies to all staff within Youth Support and Services, juvenile's and their families referred through Juvenile Court Intake.

- III. **DEFINITIONS:**
 - Service Coordinator (SC)
 - Youth Support Services (YSS)
 - **Juvenile:** A person who is less than 18 years, except for the purposes of investigating or prosecuting a person who is alleged to have violated a state or federal criminal law, or any civil law or municipal ordinance, "juvenile" does not include a person who has attained 17 years of age.
 - **Juvenile Delinquent:** An individual at least 10 years of age or older but under the age of 17 whom has been found by the Court to have committed a delinquent or criminal offense or violated a civil law or ordinance and in certain cases traffic or boating violations.
 - **Juvenile in Need of Protection and/or Services (JIPS):** A juvenile who is determined to be habitually truant from school; habitually truant from home (runaway); uncontrollable; has alcohol or drug abuse issues; or committed a delinquent act under the age of 10.
 - **Health:** Addressing serious emotional, developmental and behavioral needs (alcohol or drug abuse, psychological, diagnosed mental illness) related to the juvenile delinquent that without services may endanger an individual or community and lead to placement outside their home.
 - **Safety:** Behaviors such as physical aggression, sexual assault, burglary, property damage or drug dealing which, if left unaddressed, will result in serious endangerment of physical, emotional, sexual, or psychological well being of members of the community or the juvenile's family, victims of the juvenile, or the juvenile themselves and could lead to out of home placement.
 - **Competency Skill Development of the Juvenile:** Equip juvenile offenders with competencies in order to prevent further delinquent or out of control behavior so that they are capable of living more productively in society. This shall lead the juvenile to become a participating member in the community.
 - **Quality of Life:** Applicable to all populations, involves general well being, including environment, education, recreation, leisure time, and social belonging; there is no evidence of health or safety concerns and the juvenile has mastered most basic functional skills as it relates to their basic developmental level. The provision of activities related to enhancing quality of life is the role of the family, natural supports and community.

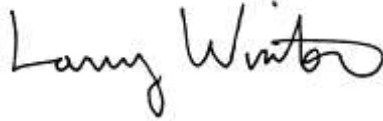
- **Juvenile Assessment and Intervention System (JAIS):** A strength based risk assessment utilized to assess risk and service needs of the juveniles along with criminogenic needs within the YSS.
- **Victim Restoration:** To ensure victims and witnesses of acts committed by juveniles that result in proceedings under chapter 938 are afforded the same rights as victims and witnesses or crimes committed by adults, and are treated with dignity, respect, courtesy and sensitivity and if at all possible, provided restitution.
- **Family Centered Planning (FCP):** Family centered planning focuses on family strengths and needs and assists the family in meeting the goals and objectives of the case plan. This includes helping families access a range of community supports and services; communicating and planning with multiple service systems; and creating opportunities for families to learn and practice new skills. The emphasis on family participation, the use of community supports and services and encouraging families to practice their skills is intended to increase sustainability of the plan and reduce juvenile recidivism rates.

IV. PROCEDURE:

1. FCP guides the YSS-SC to ensure sustainability and community integration when supporting families. Therefore, when the needs of a family are identified, regardless of health/safety, functional skills and quality of life, funding sources shall be chosen in the following order:
 - a. Community and natural support
 - b. Medical assistance, private insurance, or other governmental/family sources of funding
 - c. Human Services as funding of last resort
2. YSS-SC shall consider the definitions of health, safety, victim restoration, FCP, and competency development to be the guidelines when assessing a juvenile and family's needs and creating an integrated service plan. This includes utilizing the health, safety, FCP, competency development definitions as a mechanism to prioritize needs and outcomes when considering service options.
 - a. YSS-SC shall be familiar with the health, safety and competency development definitions.
 1. YSS-SC shall integrate into their practice the concept that addressing health, safety and competency development is a collaborative effort between the family, natural supports, Human Services, other service providers and the community.
 2. When issues arise that can cause or are currently resulting in a health and/or safety concern, and the family, natural supports, and/or community are unable to support the area to alleviate that concern, Human Services may be able to meet the service need.
 - b. YSS-SC shall be familiar with the definition of quality of life.
 1. YSS-SC shall work collaboratively with families and the community in areas of quality of life with the acknowledgement that quality of life is the role of the family, natural supports, and the community.
 2. Human Services shall, when possible, provide referrals to community agencies that address quality of life issues and collaborate with community members/agencies to aid in the development of such services; however, it is not the role of Human Services to provide direct services in this area.
 3. YSS-SC shall utilize assessment information from the JAIS to best determine the level of risk for juvenile re-offense.
 - a) Juveniles who score in the high risk category shall have an identified team and at minimum meet monthly.
 - b) Services shall be utilized from all levels of the continuum of care.
 - c) Case plans shall include FCP and be reflective of the strengths, needs and goals of the youth and family.

Prepared by: Rose Baier, Kerry Root, Kyra Secraw, Anne Doughty, Michelle Brown

Director Approval:
(Signature Required)



Date: December 27, 2010

Human Services Board Approval

Date: January 20, 2011

Human Services Board Chair
(Signature Required)



Effective: January 20, 2011

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE

Number 32

**Title: Children, Youth and Families Division – Children and Families
Health and Safety Based Framework for Service Provision**

- I. **POLICY:** This Chippewa County Department of Human Services Policy addresses the meaning of health and safety in practice within the Child and Family Services Division (CFSD). This policy shall be utilized as a guide when assessing and intervening in the lives of children and families, developing outcomes, referring for necessary services, and creating a case plan. It is also the intent of this policy to promote the understanding of the role of Human Services for department staff, the community and the families served.

- II. **APPLICABILITY:** Applies to all staff within the Child and Family Services Division and the families served by the division.

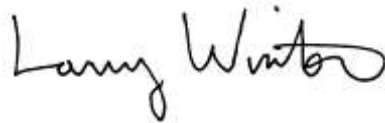
- III. **DEFINITIONS:**
 - **Child and Family Services Division (CFSD):** The division within the Chippewa County Department of Human Services that addresses the needs of families who have or who are at risk of abusing or neglecting their child/ren. This division is also responsible for referring families to community resources when appropriate and assisting in coordination of services. Every child has a right to adequate care and supervision and to be free from abuse/neglect. It is the responsibility of the parents to see that the physical, mental, emotional and medical needs of their children are adequately met. The CFSD should intervene only when parent's request assistance or fail to meet their children's basic needs and keep them safe. The CFSD shall make reasonable efforts to develop safety plans to keep children with their families whenever possible. The CFSD may refer for juvenile or family court intervention and placement when children cannot be kept safely within their own homes. When a child has been maltreated by an individual outside the family, CFSD acts as consultants and advocates for the parents/caregivers in meeting their child's needs.
 - **Health:** Addressing the emotional, physical and behavioral needs of the child and family that without intervention may endanger the safety of the child or lead to placement outside of the home.
 - **Safety:** Refers to the absence of impending danger threats (situations in which a family's behaviors, attitudes, motives, emotions and/or situation pose a threat which may not be currently active but can be anticipated to have severe effects on the child at any time) or present danger threats (an immediate and observable situation that is actively occurring or in the process of occurring and likely will result in harm to the child) or the capacity of the parent/caregiver to consistently protect a child from danger.

- IV. **PROCEDURE:**
 1. **Heath and Safety:** Staff in the CFSD shall use the following tools to ensure for the immediate and on-going health and safety of the child in situations where it has been determined that there has been or there is significant risk of serious harm to a child.
 - a. **Protective Plan:** Refers to an immediate, short term action plan that protects a child from present danger threats in order to allow completion of the initial assessment and, if needed, the implementation of a safety plan.

- b. **Safety Plan:** In home or out of home service strategy implemented immediately after following completion of a safety assessment or safety re-assessment to control identified threats to child safety.
- 2. **Functional Skill Development:** Staff in the CFSD shall use the following tools to support and encourage families to develop capacities that shall consistently and effectively protect their children from harm.
 - a. **Family Engaging:** the process of interacting with the family in such a way as to respect the values and experiences of the family, to identify the strengths of the family and the goals necessary to eradicate any present or impending danger threats that may be putting the child at risk of maltreatment, causing an out of home placement or hindering a reunification plan.
 - b. **Teaming:** preparing, leading and facilitating a collaborative of individuals whose working relationship shall result in successful implementation of resources needed to build, strengthen and sustain protective capacities of parents/caregivers.
 - c. **Community Response:** staff shall refer families to community resources in order to better support their development of functional skills. This shall eliminate any present or impending danger threats that may be putting the child at risk of maltreatment, causing an out of home placement or hindering a reunification plan.
- 3. **Quality of Life:** Children living in Chippewa County have the right to live within a safe, permanent and nurturing family. The CFSD shall partner with the community to support prevention and early intervention efforts.

Prepared by: Ann Holm, Tony Hudson, Paul Moltzau, Nichole Paull, Andrea Bowe, Pam Bowe, Sheila Poirier, Connie Fedie, Lisa Kastel and Michelle Brown

Director Approval:
(Signature Required)



Date: January 13, 2011

Human Services Board Approval

Date: January 20, 2011

Human Services Board Chair
(Signature Required)



Effective: January 20, 2011

Revised:

Chippewa County Department of Human Services Policy/Procedure – Number 36 Multi-Division

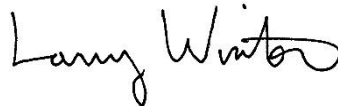
Title: Consumer Financial Services - Fee Waiver Committee

- I. **POLICY:** Establish guidelines for the review of fee waiver requests made by consumers of services provided by or through the Chippewa County Department of Human Services (CCDHS).
- II. **APPLICABILITY:** This policy shall apply in any instance in which a consumer served by CCDHS requests a full or partial waiver of fees imposed under the Uniform Fee System.
- III. **DEFINITIONS:**
 - Chippewa County Department of Human Services (CCDHS)
 - Community Mental Health and Recovery Services Division (CMH&RSD)
 - Children with Differing Abilities Division (CWDAD)
 - Children, Youth and Families Division (CYFD)
 - Economic Support Division (ESD)
 - Fiscal and Contracts Division (FCD)
 - Consumer Financial Services Specialist (CFSS)
 - Fee Waiver Committee (FWC)
 - Service Coordinator (SC)
 - Statement of Income (SOI)
- IV. **PROCEDURE:**
 - The initial fee determination letter sent to the consumer shall notify the consumer of the need to inform the FCD of any significant changes in income or insurance and of the right to request a new financial review. The letter shall include a copy and explanation of the Request for Financial Review form.
 - A consumer shall submit the following forms to the FCD to request a new financial review: the Financial Review Request form and an updated SOI form (if applicable). The consumer may request a copy of the original SOI to assist in this task.
 - The CFSS shall review and respond to the request within seven (7) business days, verifying updated information as necessary. One copy of the completed form stating the results of the review shall be placed in the consumer's file, and one copy shall be retained by the FCD.
 - Upon redetermination of the fee, the CFSS shall notify the consumer in writing and cc the SC of the results and the right to request a fee waiver. The letter to the consumer shall include a copy of the Fee Waiver Request form if the redetermination results in a fee to the consumer.
 - A consumer shall submit a completed Fee Waiver Request form to the CFSS.
 - The CFSS shall review the form for completeness and may contact the SC for additional comments. In filling out the comment section, the CFSS shall contact the ESD and list any benefits received by the consumer on the form.
 - The CFSS shall assume responsibility for coordinating between the consumer/family and FWC to schedule a fee waiver request for review.
 - Review of the request by the FWC shall be scheduled at the earliest possible date but no longer than 30 days following the request unless the consumer/family agrees to waive the time limit or requests postponement. A timeslot within the weekly Support Service Advisory Team meeting shall be selected for this purpose whenever possible; however, an alternate timeframe shall be arranged if necessary to accommodate the consumer.
 - If scheduled during the Support Service Advisory Team time slot, the CFSS shall indicate the purpose of the meeting is for the FWC.

- The CFSS shall forward the completed Fee Waiver Request form to members of the FWC at least one (1) calendar week prior to the scheduled fee waiver review.
- The consumer/family may invite other individuals (with the exception of Chippewa County Department of Human Services staff) to the meeting to speak on the family's behalf.
- The FWC shall be comprised of the managers or designees of the following divisions: CWDAD; CYFD; CMH&RSD; and FCD. A lead worker may be appointed as a designee to vote on behalf of the manager for that division.
- Prior to rendering a decision, the FWC shall consider the following criteria: the health and safety of the consumer and community, the potential need for a more restrictive placement, the financial impact on the county, the financial impact on the consumer and the input of the SC.
- A decision shall be determined by a simple majority of the FWC. In the case of a tie vote, the vote of the division providing the service shall be excluded.
- At the conclusion of the meeting, the decision shall be documented on the Fee Waiver Request form and given to the FCD designee. One copy shall be placed on the consumer's file, and one copy shall be retained by the FCD.
- The decision of the FWC shall be considered final for the charges under consideration.
- The CFSS shall notify the consumer of the results via letter and cc the SC within 10 business days of the meeting.
- The FCD shall update the billing information as necessary. Any change in the consumer's fee obligation shall take effect as of the date of the submission of the Fee Waiver Request form unless otherwise determined by the FWC.

Prepared by: Financial Intake Project Team – Mary Zachau, Michelle Brown, Alice Bates, Cheryl Gast, Tim Easker, Melissa Christopherson, Rose Baier, Tara Mrozinski, Tom Diel, and Larry Winter

Director Approval:
(Signature Required)



Date: September 8, 2011

Human Services Board Approval

Date: September 15, 2011

Human Services Board Chair
(Signature Required)



Effective:

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE Number 40

Multi Division

Title: Medicare Advantage/Medicare Part D Conflict of Interest

- I. **PURPOSE:** Chippewa County Department of Human Services (CCDHS) shall assure that certain employees avoid financial, business, or other relationships that put them at odds with Chippewa County interests in providing services to Medicare beneficiaries. Conflict of interest is to be avoided within assigned duties. Applicable CCDHS staff shall conduct themselves in a manner that prevents even the appearance of a conflict between their personal and financial interests and those of Chippewa County providing services to Medicare beneficiaries.

- II. **APPLICABILITY:** Applies to all Aging & Disability Resource Center, Community Mental Health & Recovery Services, Economic Support, and Fiscal Divisions staff employed within the Chippewa County Department of Human Services. The staff that this policy and procedure applies to shall be determined by the Human Service Director.

- III. **DEFINITIONS:**
 - CCDHS – Chippewa County Department of Human Services
 - CCDOA – Chippewa County Department of Administration
 - ADRC – Aging & Disability Resource Center
 - CMHRS – Community Mental Health & Recovery Services
 - ES – Economic Support
 - Conflict of Interest: A conflict of interest occurs when an individual has competing personal and professional interests which interfere with the interests of the organization.
 - Personal Interest/Relationship: Personal interests and/or relationships occur when individuals are motivated by personal gain. These interests and relationships may involve financial interest, personal relationships or activities outside of work and involve any relationship other than a professional one. Personal relationships have the potential to impact professional objectivity.
 - Other Activities: Conflicts of interest occur when an individual engages in activities outside of that individual's work which appears to be in conflict with professional roles.
 - First Tier Entity: Any party that enters into a written agreement with a Medicare Provider or Part D plan sponsor or applicant to provide administrative or health care services for a Medicare eligible individual.
 - Downstream Entity: Any party that enters into a written arrangement below the level of the arrangement between a Medicare Provider or Part D plan sponsor or applicant and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
 - Related Entity: Any entity that is related to the Medicare Provider or Part D plan sponsor by common ownership or control and:
 - Performs some of the Medicare Provider or Part D plan sponsor's management functions under contract or delegation; OR
 - Furnishes services to Medicare enrollees under an oral or written agreement, OR
 - Leases real property or sells materials to the Medicare Provider or Part D plan sponsor at a cost of more than \$2,500 during a contract period.

- IV. **POLICY:**
RELEVANT LAW, REGULATION AND/OR REGULATORY GUIDANCE
Medicare Part D Manual Chapter S30.1.2
 1. Subject to limitations imposed by this policy, each employee CCDHS is free to engage in outside activities that do not interfere with the performance of their responsibilities or otherwise conflict with the County's interests. Though professional activities and community involvement is encouraged, special care must be taken not to compromise duties owed CCDHS in order to ensure all act objectively when carrying out their duties.

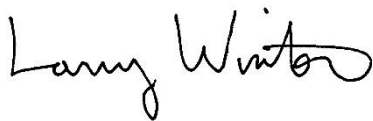
2. CCDHS employees shall never offer or provide, directly or indirectly, anything of value such as cash, bribes or kickbacks, to any Medicare health plan, employee, representative or government official in connection with any procurement, transaction or business dealing. This also applies to their family members or significant other.
3. As First Tier Entities potentially working with downstream and/or related entities, CCDHS disclose when required by contract:
 - a. The existence of organizational arrangements that could potentially create a conflict of interest that affect clinical or financial decisions;
 - b. Pricing structure for pharmacy benefit management services, such as administration fees or rebates, and
 - c. Subcontracting or delegation of Medicare services to other organizations.
4. A conflict of interest statement from all employees and HHS Board Members is required upon hire and annually thereafter. This statement certifies that the employee or HHS board member is free from any conflict of interest for administering or delivering Medicare benefits or services. CCDHS reserves the right to obtain certifications from all providers, vendors and related entities to verify that entity(ies) and their employees and representatives are free from conflicts of interest.

V. **PROCEDURE:**

1. Upon hire and annually thereafter, all applicable CCDHS employees are required to certify that they have reviewed this policy and that they disclose personal, financial, and other interests that could raise potential conflicts of interest if any by completion of the Medicare Conflict of Interest Attestation Form.
2. If it is shown that an applicable CCDHS employee has a conflict with his or her position at CCDHS, he or she shall obtain administrative approval to continue employment despite conflicts, or, he or she may be required to eliminate the conflict.
3. Additional disclosure shall be made whenever an applicable employee has a new personal, financial or other interest that raises a potential conflict of interest. This information is reviewed by the respective department head or county administrator to determine whether or not those interests pose a real or potential conflict. Employees and contractors who fail to comply with this policy are subject to disciplinary action that may include termination.
4. Conflicts of interest are reported to the department of CCDHS and CCDOA as necessary. All applicable CCDHS employees are required to update CCDHS or CCDOA whenever a potential conflict of interest arises throughout the year.

Prepared by: Jean Durch, Director of Public Health and Larry Winter, Director of Human Services

Director Approval:
(Signature Required)



Date: 9/20/12

Human Services Board Approval

Date: 9/20/12

Human Services Board Chair
(Signature Required)

Effective: 9/20/12

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE Number 41

Multi Division

Title: Medicare Advantage/Medicare Part D - Standards of Conduct

I. POLICY:

- It is the policy of Chippewa County Department of Human Services (herein identified as 'Chippewa County') that all its business be conducted honestly, ethically, and with integrity. Chippewa County's relationships with clients, hospitals, clinics, health care providers, suppliers, first tier, downstream and related entities (FDRs), contractors, agents, regulators, and all others shall reflect these high standards of excellence and professionalism.
- Chippewa County has built strong relationships by earning trust, providing outstanding service, and keeping our commitment to ethical and lawful conduct.
- Chippewa County employees have a responsibility to perform their duties in accordance with our high standards, policies, and our core values. No one should take any action or enter into any relationship which is contrary to Chippewa County's basic principles. Each person should exercise the utmost good faith in all transactions and activities. Everyone is accountable for understanding and complying with the Standards of Conduct and for reporting any possible violations.
- While these Standards of Conduct cannot address every specific circumstance, they highlight Chippewa County's basic principles of good judgment, honesty, business ethics, and regulatory compliance. These Standards shall assist in guiding how we conduct our business and interact with other individuals or organizations. The key to upholding these Standards is through the daily decisions and actions of all of us. Your strong commitment to ethics is the foundation of our mutually beneficial business relationship.
- It is the expectation that everyone shall read, understand, and be accountable for following these Standards of Conduct.

- II. APPLICABILITY:** Applies to all Aging & Disability Resource Center, Community Mental Health & Recovery Services, Economic Support, and Fiscal Divisions staff employed within the Chippewa County Department of Human Services. The staff that this policy and procedure applies to shall be determined by the Human Service Director.

III. IMPORTANT PHONE NUMBERS FOR REPORTING

These Standards shall help provide guidance if there is a question or concern about a particular behavior, practice, or activity. Even if you are unsure about the right course of action to take, you shall still report the incident. Chippewa County strictly prohibits retaliation against any health care provider, vendor or related entity who, in good faith, reports an actual or possible violation of ethical standards. To report instances in which you believe Chippewa County's Standards of Conduct are not being upheld, contact the following:

Human Services Director – 715-726-7808
County Administrator – 715-726-7981

Calls may be made anonymously. If you choose to remain anonymous, you are encouraged to provide enough information regarding the potential violation to allow Chippewa County to review the situation and respond appropriately. Chippewa County may alter or terminate business relationships as a result of a violation of Chippewa County's Standards of Conduct. No business partner shall suffer any penalty or retribution for reporting in good faith any suspected misconduct or noncompliance.

IV. CORE VALUES

Chippewa County expects that we conduct our business governed by the highest ethical standards, good judgment, and consideration of others. The Standards of Conduct promote the following core values in conjunction with our high ethical daily business practices. The word "customer" includes: members, providers, agents, vendors, co-workers, community members and employer groups.

The core values of Chippewa County include:

- **Honesty:** Act fairly and honestly with those affected by your actions. Treat them as you would expect them to treat you if the situation were reversed.
- **Compliance with Laws:** Comply not only with the letter of all applicable laws and regulations, but also with the spirit of the law or regulation. Act in such a manner that the full disclosure of all facts related to any activity would reflect favorably upon your organization or you.
- **Business Responsibility and You:** Adhere to the highest ethical standards of conduct in all business activities. Act in a manner which enhances your organization's and Chippewa County's standing as an ethical corporate citizen within the community. Pursue no business opportunity that would violate these principles.
- **Responsibility for Reporting Violations:** You are responsible for reporting suspected ethical violations in your dealings with other entities and Chippewa County. We promote relationships based on mutual trust and respect and provide an environment in which health care providers, vendors and related entities may question a company practice without fear of adverse consequences.
- **Integrity:** Do the right thing at the right time for the right reason. Conduct business according to the highest ethical standards. Accept responsibility for actions and follow through on commitments. Create and foster an open, honest and positive environment, and do not criticize, place blame on colleagues, departments or an organization.
- **Customer Focus:** Anticipating, understand, and satisfy our customers' needs. Make customers the top priority. Take initiative and go beyond what is expected by delivering high-quality, high-value solutions.
- **Teamwork:** Work together to create a positive environment to achieve goals. Support, encourage and praise contributions of each other and understand and value the personality, learning and communication style of those we interact with. Be accountable and promote collaboration.
- **Respect:** Value the needs, feelings and ideas of each other. Treat people with courtesy, politeness and kindness. Affirm the value of each person by not using inappropriate humor or negative comments. Recognize and appreciate the contributions of each individual by promoting a culture of tolerance and acceptance.
- **Communication:** Promote a mutual exchange of information that is consistent, open, honest and timely. Communicate appropriate messages through your actions, expressions and body language. Communicate accurately through verbal and written documentation and document appropriately. Be assertive and respectful in protecting the privacy of our customers. Listen and respond, with genuine concern, to the needs of our customers.

Ethical Violations:

Ethical violations include, but are not limited to:

- violations of laws or policies;
- dishonest or unethical behavior;
- conflicts of interest;
- fraud;
- questionable accounting and internal controls;
- criminal misconduct; or
- any suspicious activity.

This list is intended to be a guide to ethical behavior and not a comprehensive set of rules.

Chippewa County's Standards of Conduct is not intended to constitute legal advice and shall not be relied upon or used as a substitute for consultation with your own legal advisors. Chippewa County promptly investigates any reported potential ethical violation. All reported issues are treated confidentially. You are expected to cooperate fully in any investigation of an alleged violation. Upon discovery of any potential violations, you are expected to report the incident to Chippewa County. Chippewa County assumes the responsibility to report Medicare program noncompliance, violations of law, criminal misconduct and fraud, waste and abuse to the Centers for Medicare and Medicaid Services (CMS), CMS designee, other regulatory agencies and/or law enforcements, as applicable.

V. **INTEGRITY OF INFORMATION**

Chippewa County is committed to providing accurate and truthful information in any transaction. This commitment is reinforced by internal controls and procedures developed so that any report and record of any type is accurate and reliable. This includes a system of internal accounting controls designed to maintain the integrity and reliability of our financial reporting to other regulatory agencies. The internal controls are also designed to detect and prevent illegal activities.

VI. **HEALTH INSURANCE AND ACCOUNTABILITY ACT OF 1996 (HIPAA)**

It is the policy of Chippewa County to comply with HIPAA Administrative Simplification Statute and rules, and privacy, security, and breach notification rules to protect this information.

VII. **INELIGIBLE ENTITIES**

Subcontractors and their employees, representatives and subcontractors will be ineligible for any contractual relationship if they have been or are:

- convicted of a criminal offense related to health care;
- listed as debarred, excluded or otherwise ineligible for participation in federal health care program; or
- identified and listed on the Office of the Inspector General (OIG) Exclusion List.

The exclusion lists are checked upon initial engagement and monthly thereafter.

VIII. **ANTI-KICKBACK LAWS**

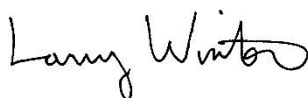
All Chippewa County business arrangements are in writing and comply with all laws, rules, regulations, and policies. No gratuities (in the form of entertainment, gifts or anything else of value), or kickbacks shall be offered or given to any employee of the government.

IX. **FALSE CLAIMS ACT**

The False Claims Act is a federal statute that deals with any federally funded contract or program, including Medicare or Medicaid, regarding fraudulent activities. These laws were enacted to prohibit knowing submission of false or fraudulent claims to the government. Chippewa County complies with this law and has policies to detect, report, and prevent fraud, waste, and abuse.

Prepared by: Jean Durch, Director of Public Health and Larry Winter, Director of Human Services

Director Approval:
(Signature Required)



Date: October 18, 2012

Human Services Board Approval

Date: October 18, 2012

Human Services Board Chair
(Signature Required)

Effective: October 18, 2012

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE Number 42

Multi Division

Title: Medicare Advantage/Medicare Part D General Medicare Compliance

- I. **PURPOSE:** A strong commitment to compliance is one of the ways that everyone can help to benefit the health care system. Non-compliance with regulatory requirements can be identified and corrected through a vigorous compliance program. Implementing and abiding by a strong compliance program demonstrates to our clients, regulators, and business associates that Chippewa County is dedicated to operating ethically and with integrity.

The Chippewa County Department of Public Health and Department of Human Services (herein the Departments) compliance program as part of Chippewa County government is built around the seven core elements of an effective program:

1. Written policies, procedures and Standards of Conduct.
2. Compliance Officer, Compliance Committee and high level oversight.
3. Effective training and education.
4. Effective lines of communication.
5. Well-publicized disciplinary standards.
6. Effective system for routine monitoring and identification of compliance risks.
7. 7. Procedures and system for prompt response to Compliance issues.

- II. **APPLICABILITY:** Applies to all Aging & Disability Resource Center, Community Mental Health & Recovery Services, Economic Support, and Fiscal Divisions staff employed within the Chippewa County Department of Human Services. The staff that this policy and procedure applies to shall be determined by the Human Services Director.

III. **POLICY:**

Element 1 - Written policies and procedures, and Standards of Conduct

The Department's Standards of Conduct and Policies & Procedures:

- Describe the Department's commitment to comply with all Federal and State regulations and standards.
- Provide guidance to employees and others on dealing with potential compliance issues.
- Include procedures for identification and correction of non-compliance.
- Describe expectations related to ethical behavior as listed in the standards of conduct.
- Are reviewed on a regular basis and updated as needed or as regulations or requirements change.

Element 2 - Compliance Officer, Compliance Committee and High Level Oversight

The Department's Compliance Officer and Compliance Committee:

- Are Chippewa County employees or representatives and are accountable to Chippewa County senior management.
- Identify risks and trends related to noncompliance or fraud, waste, and abuse.
- Are responsible for the execution, correction, and oversight of all aspects of the Department's Compliance program.
- Report periodically to the Board of Health and Human Services.

Element 3 - Effective training and education

The Department has effective training and education that:

- Is provided to employees including senior management, managers; and the board.
- Is made available to the Departments' contracted business associates who provide administrative or health services to Medicare members.
- Occurs upon hire for new employees and annually thereafter.
- Is focused to provide specific guidance related to job function.
- Is provided as a refresher and part of a corrective action plan when noncompliance is identified.
- Has processes to measure the effectiveness of the training.
- Is developed and provided as regulations or requirements change.

Element 4 - Effective Lines of Communication

The Department publicizes the methods for reporting program non-compliance and instances of fraud, waste, and abuse. The Department has clearly defined lines of communication:

- Between the Compliance Officer, the Compliance Committee, senior management, employees, managers, and the Board.
- That maintain confidentiality and allow anonymity if desired.

Element 5 - Well-Publicized Disciplinary Standards

Chippewa County does not tolerate noncompliance or fraud, waste, and abuse. Such activities could compromise operations, the services we provide to citizens and clients and our reputation.

Violations of the Department's Standards of Conduct and other policies and procedures will result in appropriate corrective action up to and including contract termination or termination of employment, as well as reporting the violation to the appropriate regulatory or law enforcement agency. The Department has disciplinary standards that:

- Prohibit authorization or participation in activities that violate the Department's policy.
- Articulate expectations for reporting compliance issues and assisting in their resolution.
- Prohibit retaliation for good faith reporting of issues, or participation in the investigation or resolution of issues.
- Provide for timely, consistent, and effective enforcement of the standards when non-compliance or unethical behavior is detected.
- Encourage good faith participation in the compliance program.

Element 6 - Effective system for routine monitoring and identification of compliance risks

Proactive monitoring of business practices is vital to identifying potential compliance issues. Chippewa County has processes in place to routinely monitor and identify compliance risks. These processes include:

- Conducting internal monitoring and auditing to ensure compliance with policies, procedures, laws, and regulations.
- Conducting external auditing of FDRs as necessary and required to evaluate the services provided and compliance with all contractual requirements.
- Conducting auditing and monitoring to confirm that corrective actions have been implemented.
- Evaluation of the overall effectiveness of the compliance program.

Element 7 - Procedures and system for prompt response to Compliance issues

The Department has a compliance program, with established procedures, processes, and systems implemented for promptly responding to compliance issues. The compliance program ensures that:

- Issues are acknowledged as they arise.
- Potential compliance problems are investigated.
- Concerns are proactively identified through rigorous auditing and monitoring.
- Problems are corrected promptly and thoroughly to reduce the potential for recurrence.
- Potential fraud, waste, abuse, or noncompliance is voluntarily self-reported to the Centers for Medicare and Medicaid (CMS), Department of Health and Human Services, or their designees.

IV. PROCEDURE

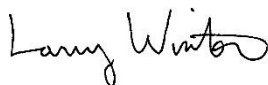
All are encouraged to discuss any suspected compliance issue with appropriate individuals within the organization. No business partner will suffer any penalty or retribution for reporting in good faith any suspected misconduct or non-compliance. Any suspected non-compliance or Fraud Waste and Abuse should be reported.

If Fraud Waste or Abuse is suspected with clients of Security Health Plan (SHP), individuals are encouraged to contact SHP by:

- Calling SHP's Fraud Hotline, available 24 hours, 7 days a week at 1-855-274-5540. If Individuals prefer to remain anonymous, they should use this phone line for communicating with us.
- Calling SHP's Internal Compliance Hotline number of 715-221-9570.
- Emailing SHP's Compliance Department at shp.compliance@securityhealth.org.
- Calling SHP's Pharmacy Fraud Hotline at 1-888-472-2363.
- Calling for Medicare compliance related concerns, available 24 hours a day, 7 days week at 1-855-274-5540.

Prepared by: Jean Durch, Director of Public Health, and Larry Winter, Director of Human Services

Director Approval:
(Signature Required)



Date: November 14, 2012

Human Services Board Approval

Date: November 15, 2012

Human Services Board Chair :
(Signature Required)

Aging & Disability Resource Center Board Approval

Date:

Aging & Disability Resource Center Board Chair :
(Signature Required)

Effective: 11-15-12

Revised:

Chippewa County Department of Human Services

POLICY/PROCEDURE

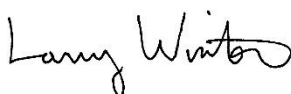
Number 45

Title: Aging & Disability Resource Center Board Confidentiality Agreement

- I. **POLICY:** This Chippewa County Department of Human Services (CCDHS)/Aging & Disability Resource Center (ADRC) Policy addresses the manner in which all ADRC Board members shall respect the privacy of customers and hold in confidence all information obtained in the course of service.
- II. **APPLICABILITY:** Applies to information pertaining to performance of Department/ADRC staff including data, compensation and grievances. Information pertaining to the provision of customer services, including any information that would identify a person as a customer of the Department/ADRC; and issues related to CCDHS/Aging & Disability Resource Center legal, moral, and regulatory responsibility for the oversight of statistical data, risk management information and litigation information, and reviews of attitudes and opinions from those who work in the Department/ADRC.
- III. **DEFINITIONS:** Aging & Disability Resource Center (ADRC), Chippewa County Department of Human Services (CCDHS)
- IV. **PROCEDURE:**
 1. Each individual appointed to serve on the ADRC Board recognizes the sensitivity of information regarding services provided to individual customers. As a member of the ADRC Board, each individual agrees to keep confidential, during and after service on the Board, all confidential information pertaining to the Department and any related activities in the course of membership on the Board.
 2. When a member of the community, county board or employee of CCDHS/ADRC approach an ADRC member regarding confidential information, respectfully request that they not continue and refer the individual to either the director or the ADRC manager .
 3. The ADRC Board Chair and County Administrator shall address infractions of confidentiality by an ADRC Board member. If an infraction were to occur, the ADRC Board Chair and County Administrator shall report the issue to the Chippewa County Board Chair. Further, it is understood that there may be criminal, civil, or administrative action or penalty associated with breaching confidentiality.

Prepared by: Larry Winter, Director Chippewa County Department of Human Services
Jessica Barrickman, Manager of Aging & Disability Resource Center

Director Approval:
(Signature Required)



Date: December 22, 2014

Aging & Disability Resource Center Board Approval

Date: January 8, 2015

Aging & Disability Resource Center Board Chair:
(Signature Required)

Effective: January 8, 2015

Revised:



STATEMENT OF EXPLANATION
DELETE PUBLIC HEALTH APH-MEDIA RELATIONS POLICY - BRITTNEY
FORTUNA

5.3

The Public Health Department proposes deleting its standalone Media Relations Policy, as the Chippewa County Human Resources Policy Manual includes a “Media Communications” section. Moving forward, and to ensure there is no duplication of policies, the Health Department will reference the Chippewa County Media Communications policy (attached) outlined in the Chippewa County Human Resources Policy Manual.

APH – Media Relations Policy

SCOPE

All Public Health

PURPOSE

The Chippewa County Department of Public Health seeks to inform its residents, businesses, and visitors by engaging in a proactive communications program. This policy recognizes that one of the most effective ways to communicate health department policies, activities, and health information is by working in partnership with the news media. This helps our department more fully carry out one of our essential public health services “Educate the Public about Current and Emerging Issues.

DEFINITIONS & EXPLANATIONS OF TERMS

Term: N/A

POLICY

Inquiries from the news media are given a high priority by the health department and should be responded to as quickly and efficiently as possible. Every effort should be made to meet media deadlines and to ensure that all information released is accurate.

The health department’s Public Information Officer (PIO) is responsible for developing media information on all issues. The Public Information Officer will develop statements for release jointly with the Health Officer. Final approval for media releases shall come from the Health Officer. Because the media often works on tight deadlines, it is important that any health department staff who is contacted by the media get the request to the PIO as soon as possible.

Health Department Spokespersons

- Public Information Officer
- Health Officer
- Appointed designee

Media Inquiries

Any media inquiries received by health department staff shall be referred immediately to the Public Information Officer or Health Officer. An appropriate response to the media would be;

“I’m sorry I don’t have the full information regarding that issue. I will give your request to my department PIO or Health Officer who will respond to you as soon as he/she is available.”

1. Obtain the caller’s name and who he/she works for
2. Get a return contact number
3. Ascertain the topic of the story they are working on
4. Determine the media person’s deadline

POLICY

At no point should direct media questions be answered by health department staff other than the PIO or Health Officer, unless specifically assigned by the Health Officer to do so. Staff involved in the media contract will maintain confidentiality. No personally identifying information such as occupation, name, age, date of birth, address, etc. will be released except as authorized by written informed consent.

Documentation of Authorization by the Health Officer

Any release of information, either in print or verbally, shall be documented in writing to show that the Health Officer has reviewed and approved the content for release. This can be done by initializing a written release, replying in email or by verbally appointing a speaker to be the voice of the health department.

Authorization for Sensitive Information

If there is any doubt about the content, legalities, or liabilities regarding release of information for sensitive issues or in times of crisis or emergency, the Corporation Counsel and/or County Administrator will be notified.

EVALUATION

N/A

REFERENCES/LEGAL AUTHORITY

- N/A

RELATED PROCEDURES

- APH-Media Relations

DOCUMENT PROPERTIES

Prepared by:
 Authorized by: Angela Weideman, Health Officer/Director
 Board Approval Date: 4/4/2014
 Reviewed: 04/04/14; 12/27/18

DOCUMENT HISTORY

Board Approval Date	Revision Description	Revised By	Authorized By
04/04/14			Angela Weideman, Health Officer/Director

The service animal must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. The owner must ensure the immediate clean up and disposal of animal waste.

A person with a disability may be asked to remove his or her service animal from a County facility if:

1. The service animal is out of control and the owner does not take immediate, and effective action to control it.
2. The service animal's behavior poses a threat to the health or safety of others.
3. The service animal is not housebroken.

If an employee has concerns or problems regarding a service animal, the employee should:

1. Talk to the pet's owner to determine whether the concern or problem can be resolved immediately.
2. Contact his or her manager for assistance.
3. Consult the Human Resources Division.

d. Service Dogs in Training for Visitors

Wisconsin law allows service dogs in training in facilities open to the public. Service dogs in training must wear a harness or leash and special cape and the trainer must present credentials for the dog issued by a school for dog training.

e. Law Enforcement

The Sheriff's Department is permitted to have an animal or the law enforcement K-9 in all County buildings and County vehicles during the time period in which law enforcement is carrying out its official duties.

(Section 83 adopted by the County Board 11/10/2020)

84. Media Communications

a. Purpose

To address the manner in which County business and operations related communication with the media shall be handled, including off the record and anonymous statements.

b. Authorized Communications

Department Heads and Elected Officials are authorized to respond to media inquiries on routine matters relating to their area of business operations only. Department Heads and Elected Officials shall notify the County Administrator's Office that a response to the media occurred. Matters not yet discussed with a policy committee or of a sensitive nature, shall be discussed with the Administrator, before talking with the media.

Inquiries related to overall County policy matters shall be made only by the County Administrator, the County Board Chair or a County Board Supervisor.

All employees (except Department Heads and Elected Officials) are prohibited from representing the County through contact with the media on County related matters unless directed by the Department Head or County Administrator.

In the event a non-authorized employee is contacted by the media, the employee shall notify the media they are not authorized to represent the County regarding the matter and refer the inquiry to their Department Head or the County Administrator.

All employees are prohibited from providing off the record or anonymous statements to the media.

c. Conduct

All communications with the media shall be carried out in a courteous and professional manner, with the expectation that journalists shall demonstrate a similar level of professionalism and courtesy in their dealings with the County.

Department Heads and Elected Officials shall confirm with the journalist their deadline and respond within the identified timeline when feasible and advise the journalist if this is not possible. Every attempt shall be made to promptly return calls from the media.

All communications shall be factual, never speculative or place blame, and shall be on the record.

d. Press Releases

A press release is generally used to make an announcement to a number of media correspondents or to different groups of media at once. All press releases shall be reported to the County Administrator's Office.

e. Press Conference

Press briefings or press conferences allow the County to provide in-depth information to the media, and provide the media with an opportunity to meet and question individuals authorized to speak in behalf of the County. All press conferences shall be approved in advance in writing by the County Administrator with the exception of Sheriff.

f. On-Site Interviews

Any non-routine request by the media to visit the County facility or office to carry out interviews, filming or recording shall be referred to the County Administrator's Office for discussion and approval.

(Section 84 adopted by the County Board 01/08/19)

85. Social Media

a. Purpose

STATEMENT OF EXPLANATION
HUMAN SERVICES SUCCESS STORY - BIRTH TO THREE AMY DOMAN

Division staff will briefly share a family or individual's success story achieved through the Birth to Three program. In February, a deeper dive of this program will be presented to provide greater insight and depth to our services, and also get to know our staff and what they do. This month, Amy shares the story of [Rowan](#) - a happy boy who loves music and being around his family! Rowan likes to watch Veggie Tales and he likes Peppa the Pig. Rowan is a child that was referred to the Birth to 3 program after being discharged from the NICU. He was born at 23 weeks gestation and currently has a diagnosis of Cerebral Palsy along with difficulties with his vision and hearing and is being g-tube fed, although he loves his grandfather's beef stew and is starting to explore with foods. Rowan has a lot of medical appointments but has very supportive parents, extended family, and family friends.

STATEMENT OF EXPLANATION
PUBLIC HEALTH POLICY, PRACTICE, AND PEOPLE – ENVIRONMENTAL
HEALTH DIVISION - BREANNA MOLDREM

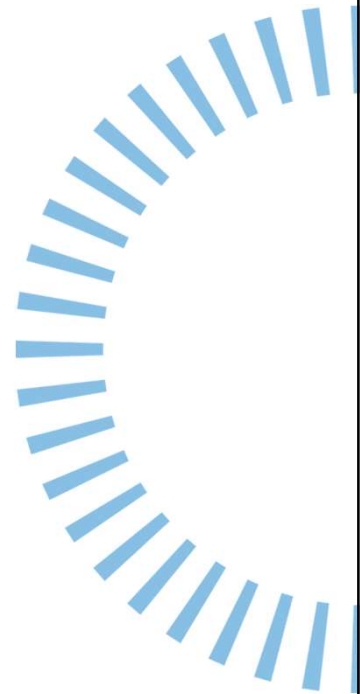
Environmental Health Specialist Breanna Moldrem will present on food safety. In some way, food safety crosses your mind on a daily basis. Whether it is washing your hands before prepping food, throwing away that sour smelling milk, or using a thermometer to check if your steak is done. Food safety is a critical factor in keeping our community safe and educating our facility operators and restaurant employees is a large task our Environmental Health team tackles! See if you can spot some of these food safety issues our team saw in 2024 in the attached Powerpoint presentation.

Environmental Health- Food Safety

Breanna Moldrem- REHS, CP-FS
January 16, 2025



CHIPPEWA COUNTY
Public Health



Your Chippewa
County
Environmental Health
Specialists!

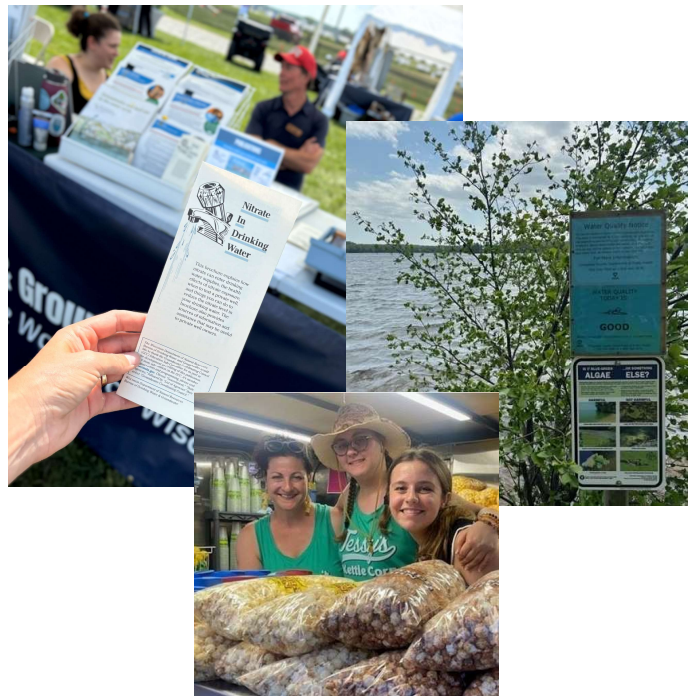
Kyle, Kristen & Bre



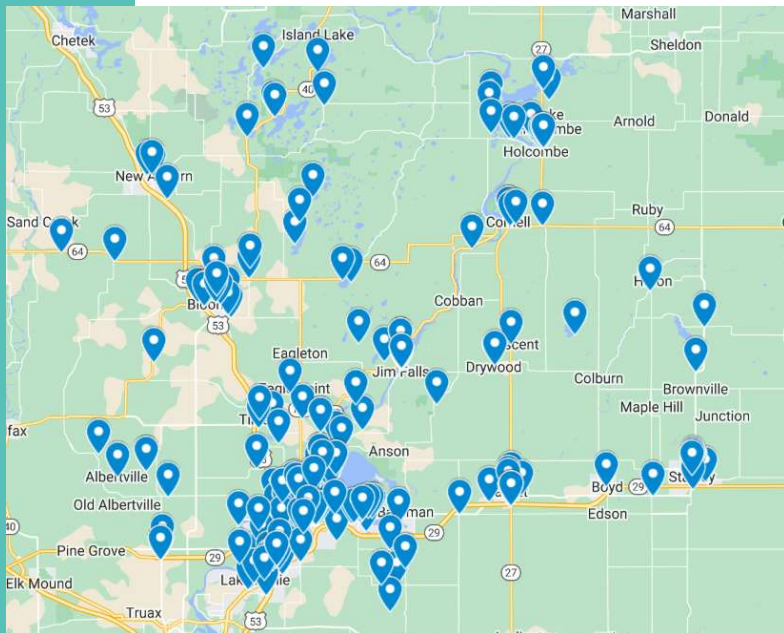
Our County

- Most # of:
 - Recreational education camps
 - Campgrounds/ seasonal facilities
 - Fairs/ festivals
- DNR TN program
- Beach water testing
- Human Health Hazards
- Radon & Lead

'Educator rather than regulator' mindset, unique opportunity to be a community connection.



Chippewa County has close to 400 food facilities including restaurants, bars, gas stations, grocery stores, etc.

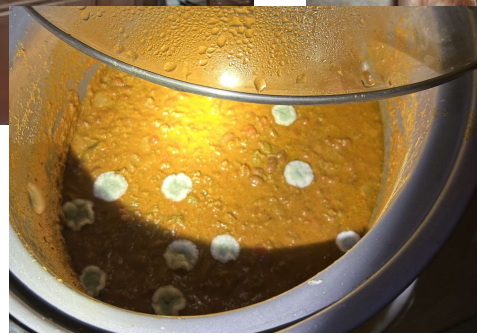


Food Safety 101

- Worker hygiene
- Hand washing and glove use
- Food stored at 41 degrees F or below
- Food cooked to proper temperatures!
- Cooling and reheating practices
- Storage of foods- Ready to Eat Foods over raw meats
- Date marking- only keep food for 7 days once opened!



The Bad



The Ugly



Issue?



Issues?



Issues?



But...Have no fear!

- Type into Google: Chippewa County Food Safety→ Clicking on our county webpage→ [Restaurant Inspections](#)

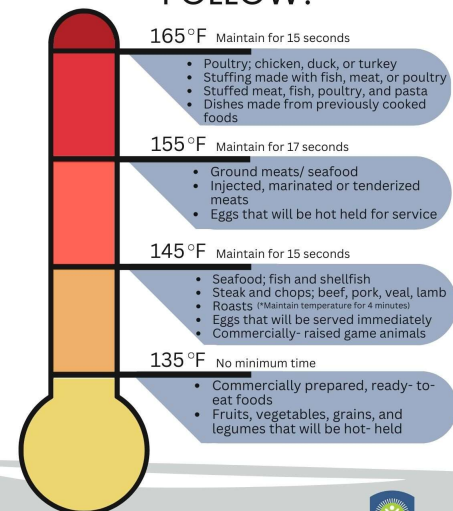
CHIPPEWA COUNTY DEPARTMENT OF PUBLIC HEALTH - Food Facilities

Home	Food Facilities	Inspections
top	Previous	Next
A	365 BBQ 214 N MAIN ST, CADOTT WI 54727 Last Inspection: Oct 22, 2024 Type: Retail Food - Serving Meals, Mobile	Search Establishments enter 2 or more characters
B	365 BBQ 214 N MAIN ST, CADOTT WI 54727 Last Inspection: Jul 27, 2023 Type: Retail Food - Serving Meals, Mobile Base	
C	3K FAMILY FARMS 13224 125TH AVE, CHIPPEWA FALLS WI 54729 Last Inspection: Type: Retail Food - Serving Meals, Transient	
D	ACR LIQUIDATIONS 12599 40TH AVE, CHIPPEWA FALLS WI 54729 Last Inspection: Sep 4, 2024 Type: Retail Food - Serving Meals	
E	ADAM & EVE'S COOKIE WAGON LLC 2192 10 3/4 AVE, CHETEK WI 54728 Last Inspection: Jul 10, 2024 Type: Retail Food - Serving Meals, Transient	
F	ALBERTVILLE TAVERN	
G		
H		
I		
J		
K		
L		
M		
N		

Food Safety in Your Home!

- Thermometer use
 - Great gifts!*
- Raw over Ready-to-Eat foods
 - Where are those eggs stored?*
- Hand washing!
- Date marking/ expired foods
 - How old is that Tupperware in the back of the fridge?*
- Cross contamination
 - Do you switch to a clean cutting board after cutting raw chicken?*

WHAT COOKING TEMPERATURES SHOULD I FOLLOW?



Contact Chippewa County Department of Public Health- Environmental Health for any questions!
711 N. Bridge Street
Chippewa Falls, WI 54729
715-726-7900





CHIPPEWA COUNTY
Public Health

Thank you!

Any questions?

bmoldrem@chippewacountywi.gov
pheh@chippewacountywi.gov



STATEMENT OF EXPLANATION
PUBLIC HEALTH 2023-2026 STRATEGIC PLAN AMENDMENTS - NIKKI
HOERNKE

Planning and Strategy Division Manager Nikki Hoernke will review the amendments to the Public Health 2023-2026 Strategic Plan.



CHIPPEWA COUNTY
Public Health

2023-26 Strategic Plan

Chippewa County Department of Public Health

Chippewa County Department of Public Health

2023–26 Strategic Plan

A publication of the Chippewa County Department of Public Health (CCDPH)

Strategic Plan Development Team

The following individuals were instrumental in writing the 2023–26 Strategic Plan. Roles listed reflect their positions at the time of the plan’s development. Updates to roles are noted where applicable:

- Nikki Hoernke, Community Health Planning and Promotion Specialist (now Planning and Strategy Division Manager), Chippewa County Department of Public Health
- Kari Ives, Chair, Chippewa County Health and Human Services Board
- Kristen Kelm, Community Health Division Manager (served in this role until March 2023), Chippewa County Department of Public Health
- Komi Modji, Epidemiologist (served in this role until September 2023), Chippewa County Department of Public Health
- Angela Weideman, Director/Health Officer (served in this role until April 2023), Chippewa County Department of Public Health
- Emily Wievel, Public Health Strategist, Wisconsin Department of Health Services Division of Public Health Office of Policy and Practice Alignment

Additional Contributors

Since the publication of the Strategic Plan, the following individuals have joined the department and contributed to ongoing implementation efforts:

- Hailey Bomar, Planning and Promotion Specialist, Chippewa County Department of Public Health (joined in May 2023)
- Brittnay Fortuna, Director/Health Officer, Chippewa County Department of Public Health (joined in May 2023)

Acknowledgments

Thank you to Christa Cupp and Emily Wievel with the Wisconsin Department of Public Health Division of Public Health, Office of Policy and Practice Alignment for their guidance during the strategic planning process. Their expertise and support were invaluable.

Thank you to our community partners and stakeholders for their time in providing feedback on our work and the strengths and weaknesses of the department.

Finally, we thank Chippewa County Health and Human Services Board for their participation, feedback, and support.

Table of Contents

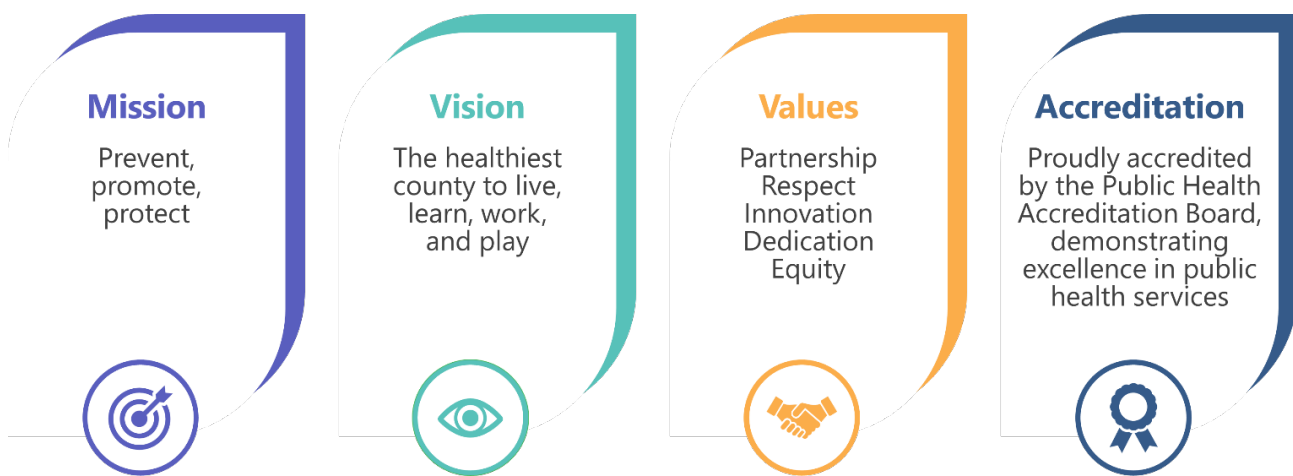
Introduction	4
Purpose	4
Organization Overview	4
Strategic Planning Process	5
Organize	5
Assess	6
Plan	7
Review	8
Implement.....	8
Goals and Objectives	9
Communication.....	9
Health Equity.....	9
Performance Management / Quality Improvement (PM/QI)	10
Workforce and Engagement	10
Linkage with Other Plans	11
Putting the Plan in Action.....	12
Monitor Work Plan Progress	12
Collect, Analyze, and Report Performance Data	13
Engage and Communicate with Stakeholders.....	14
Revise and Update the Strategic Plan.....	15
Appendix A: 2022 Community Survey.....	16
Appendix B: 2019 SWOT Analysis	21
Appendix C: Revision Tracking.....	27

Introduction

Purpose

The strategic plan defines and determines the health department's roles, priorities and direction over the next three years. It provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it and how it will know whether efforts are successful.

Organization Overview



The department is comprised of five divisions:

- **Community Health:** Promotes health and prevents disease through immunizations, harm reduction, maternal and child health, and communicable disease control. Key programs include the Nurse-Family Partnership, naloxone administration training, the reproductive health clinic, and mental health training.
- **Environmental Health:** Manages human health hazards, monitors water and air quality, and inspects food, lodging, body art, and recreational facilities. Oversees lead and radon prevention and promotes safe drinking water.
- **Fiscal/Admin:** Supports the department by managing budgets, administrative operations, and the equipment loan closet, ensuring efficient use of resources.
- **Nutrition:** Improves nutrition and food security through WIC, breastfeeding support, and healthy eating initiatives such as Farmers Market Nutrition Program and Fit Families.
- **Planning and Strategy:** Leads strategic planning, quality improvement, and coalition building. Oversees programs such as the Children's Resource Center - West and the Drug-Free Communities grant and facilitates health assessments and improvement efforts.

Strategic Planning Process

The Chippewa County Department of Public Health utilized the National Association of City and County Health Officials (NACCHO) Strategic Planning Process for Local Health Departments as a guide during the 2020–23 strategic planning process and plan development. Due to the unprecedented COVID-19 pandemic, most strategic planning efforts halted as resources, such as staff time, were reallocated to response efforts. The department opted for a facelift of the previous plan.

The process outlined below included input from staff, community partners, and Health and Human Services Board members. The department consulted with staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, for support in the strategic planning process.



Organize

In spring 2022, the department kicked off the 2023–26 strategic planning process by identifying key staff and external partners to be part of the strategic plan core team. The community health planning and promotion specialist served as the lead from strategic planning efforts. Other internal key staff included the health officer/director, community health division manager, and epidemiologist. External partners invited to participate included the chair of the Health and Human Services Board and staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, both of whom agreed to participate.

All staff, except for limited-term employees, are members of at least one strategic priority area team. Since the department opted for a facelift, most staff employed during the 2020–23 strategic planning process remained on the same strategic priority area teams. Upon hire, the health officer/director meets with each new staff during orientation. Based on this meeting, staff are assigned to teams that align with their experience, education, and interests.

Assess

The department conducted a community survey from May 5-20, 2022. The survey, which also included questions for the second COVID-19 after-action report, was disseminated to Chippewa County community members, the COVID-19 incident command system, and department staff via text message, email, and social media.

The strategic plan planning portion of the community survey gathered feedback about the strengths and weaknesses of the Chippewa County Department of Public Health. Participants were asked to provide details about each strength and weakness and rate them on a scale of importance: low, moderate, or high.

A total of **99 people** participated in the survey. Qualitative analysis, including theme deduction, was performed on answers to open-ended questions to identify the most predominant themes.

Strengths	58% of respondents indicated communication was a strength of the department.	14% thought services were a strength.	Compassionate and caring and professionalism were each reported by 11% of respondents .	Additional strengths included knowledgeable and collaboration .
Weaknesses	Public health guidance and communication quality were both reported as a weakness by 20% of respondents .	16% felt a weakness of the department was they were under-equipped .	12% of respondents reported interference with personal liberties as a weakness.	Additional weaknesses included promptness and unelected officials making decisions .

Demographics (e.g., age, race, ethnicity, sex, and total household income) were standardized using the 2016-2020 American Community Survey (ACS) five-year estimates to adjust the results and make them representative of the county demographics. Responses regarding strengths and weaknesses were stratified by rating level and participant type and adjusted by demographics. See Appendix A for full results.

The findings from the survey were presented to the core team on June 7, 2022. Results of the community survey, along with the SWOT (strengths, weaknesses, opportunities, and threats) analysis from the 2020–23 strategic planning process, the community health assessment, and the community health improvement plan, were used to inform the decision to keep the same four strategic priorities from the previous strategic plan.

The four strategic plan priority areas are:



Communication



Health Equity



PM/QI



Workforce and Engagement

Plan

In summer 2022, the department moved into the planning phase. First, the department's epidemiologist developed a webinar that explained the community survey design, analysis, and findings for the strategic plan priority area team leads. Additionally, core team members presented an overview of the strategic planning process and the findings to all department staff on June 15, 2022.

Teams then updated the 2023–26 work plan using various data sources, tools, and frameworks, which included:

2022 Strategic Plan Community Survey (Appendix A)

2019 SWOT Analysis (Appendix B)

2021 Chippewa County Community Health Assessment (CHA)

2019–2021 Chippewa County Community Health Improvement Plan (CHIP)

10 Essential Public Health Services

Foundational Public Health Capabilities

Public Health Accreditation Board (PHAB) Standards and Measures, Version 2022

As teams worked on updating their goals, objectives, and activities, several staff members reported to core team members that they or their teams were struggling to understand the strategic planning process and their role in it. The core team discussed this and recognized that many staff members were hired after the 2020–23 strategic planning process. Additionally, typical orientation and hiring practices had not occurred due to the county being in a public health emergency during the COVID-19 pandemic. The core team decided to take a step back and developed a presentation that included topic such as:

- What strategic planning is
- Why it is important
- What the chain of command entails
- Roles and expectations

This presentation was delivered to staff at an all-staff meeting in September 2022. Additional resources were shared and created to educate on other public health topics and frameworks.

Throughout the planning process, teams shared their drafted action plans with the core team and during the strategic planning team leads meetings. In October 2022, the first draft of the strategic plan was ready for review.

Review

The core team reviewed the strategic plan from November-December 2022. The final draft was presented to the Chippewa County Health and Human Services Board for approval on February 16, 2023.

Implement

The Health and Human Services Board approved the 2023–26 Strategic Plan on February 16, 2023. The department integrated the final plan into the department's performance management system.

Goals and Objectives



Communication

Goal 1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences while cultivating a positive relationship between the department and the community

Objective 1.1: Develop a procedure for non-emergency communications by December 31, 2023

Objective 1.2: Review the department-wide brand strategy by December 31, 2024

Objective 1.3: Develop a comprehensive outreach strategy by December 31, 2023

Objective 1.4: Complete a quality improvement project on CCDPH's website by December 31, 2025

Goal 2: Improve internal communication to increase efficiencies and support a positive workplace culture

Objective 2.1: By December 31, 2024, update the communication plan to include best practices around internal communication (e.g., preferred methods of communication, guidelines for emails)

Objective 2.2: Review the communication plan annually, and update it as needed



Health Equity

Goal 3: Promote a culture of Health Equity throughout the County of Chippewa

Objective 3.1: Collaborate with the Communications Team to increase the capacity to communicate with individuals who may experience barriers to receiving information by December 31, 2025

Objective 3.2: Increase awareness within CCDPH about health equity by December 31, 2025

Objective 3.3: Develop a CCDPH Health Equity Plan by December 31, 2023

Objective 3.4: Collaborate with Workforce Development and Leadership to evaluate recruitment and hiring practices to include health equity by December 31, 2025

Objective 3.5: Have ongoing engagement with the public health system and the community in promoting health through collaborative processes



Performance Management / Quality Improvement (PM/QI)

Goal 4: Build and foster a culture of quality improvement (QI) among public health staff across projects and activities

Objective 4.1: Establish a QI oversight structure by June 30, 2025

Objective 4.2: Facilitate the completion and documentation of at least one QI project annually by 100% of divisions using standardized reporting tool

Objective 4.3: Provide at least one annual training on QI tailored to staff needs, with 100% participation across all divisions

Objective 4.4: Foster regular discussions of QI progress and challenges during division and all-staff meetings

Goal 5: Establish a performance management system to enhance accountability and drive continuous quality improvement (CQI)

Objective 5.1: Revise and adopt a performance management policy by May 31, 2025

Objective 5.2: Develop and implement a tool for drafting performance measures by June 30, 2025

Objective 5.3: Develop at least five performance measures per division, totaling 30 measures agency-wide by September 30, 2025

Objective 5.4: Create and launch a performance management dashboard by October 31, 2025



Workforce and Engagement

Goal 6: Improve workplace culture by December 31, 2025

Objective 6.1: Improve employee engagement by using the Chippewa County engagement survey

Objective 6.2: Develop a strategy to create connections with all staff

Goal 7: Improve public health skills by December 31, 2025

Objective 7.1: Review the Workforce Development Plan, which includes succession planning, annually, and update as needed

Objective 7.2: Increase staff knowledge and skills of the Core Competencies for Public Health Professionals

Linkage with Other Plans

The strategic plan is not intended to be a stand-alone document; rather, it is designed to align with other key assessment, planning, and evaluation efforts, including the community health improvement plan (CHIP) and the quality improvement/performance management (PM/QI) plan. During the strategic planning process, department staff and the core team considered how the plan would integrate with other departmental and community-driven plans. While the strategic plan is unique in addressing emerging organizational issues and new initiatives, its priorities have a synergistic relationship with these other plans.

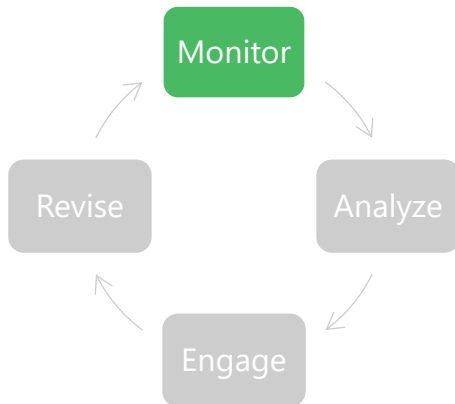
The strategic plan aligns directly with the 2019–2021 CHIP, which has a goal of advancing health equity in Chippewa County. One activity outlined in the strategic plan is active participation the Chippewa Health Improvement Partnership, now known as Chippewa County Health Communities, Health Equity Advocacy Team to promote health equity throughout the Chippewa County.

Another area of alignment is with the department's PM/QI plan. The PM/QI plan is reviewed and managed by the strategic plan team focusing on PM/QI. It emphasizes continuous improvement across all areas of the health department, including the strategic plan teams. Tracking for the strategic plan is conducted within the department's performance management system to support continuous monitoring of goals and areas of improvement.

Finally, teams developed their objectives and activities to align with the Public Health Accreditation Board (PHAB) Standards and Measures, 2022 Version, ensuring relevance to their respective priority areas. For example, PM/QI objectives and activities were primarily developed using guidance from PHAB Domain 9.

Putting the Plan in Action

The strategic plan is a living document that will be routinely reviewed, monitored, and updated based on progress, changing needs, and priorities. Performance management will be used to monitor and revise the strategic plan throughout the three-year assessment and planning cycle using the following cycle.



Monitor Work Plan Progress

Implementation of the work plan involves contributions from four priority area teams: Communication, Health Equity, Performance Management/Quality Improvement (PM/QI), and Workforce and Engagement. These teams are integral to the success of the strategic plan, with specific roles designed to ensure accountability and progress:

Team Leads

Leads facilitate meetings, monitor progress on assigned action steps, and ensure accountability. Selected for their expertise and capacity to guide teams effectively, they act as liaisons, communicating successes, barriers, and resource needs to managers and other relevant teams.

Managers

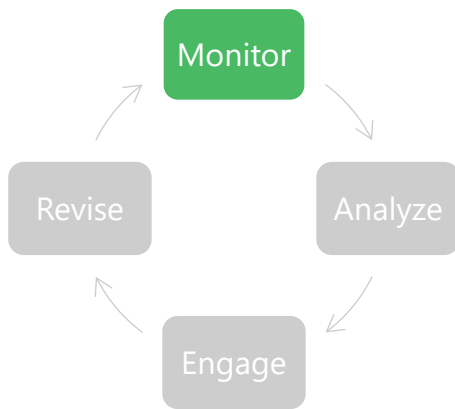
Managers provide strategic oversight by sharing updates on departmental or county-wide policies, advocating for necessary resources, and troubleshooting roadblocks during leadership discussions. They align team activities with the department's broader vision and priorities.

Team Members

All staff contribute as team members by attending meetings, completing assigned tasks, and collaborating to achieve objectives. Their diverse skills and expertise ensure effective execution of the work plan.

Collaboration Across Teams

Priority area teams play a central role in implementing the strategic plan, but existing leadership and divisional teams also contribute significantly. These teams may lead or support



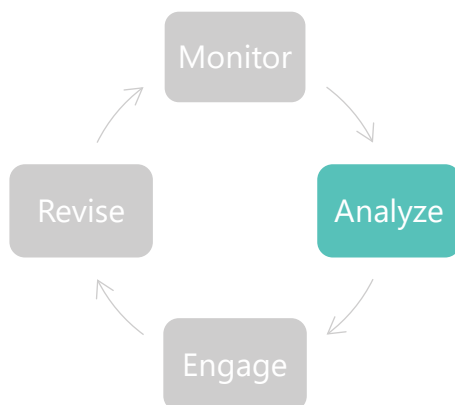
Monitor Work Plan Progress (cont.)

specific goals within their scope, fostering a unified approach that maximizes resources and minimizes duplication.

Collaboration is supported through:

- **Shared Platforms:** Centralized tools enable progress tracking, updates, and transparent communication.
- **Joint Meetings:** Monthly meetings address cross-cutting goals, align efforts, and encourage resource sharing among teams.

The dynamic nature of public health requires adaptability. For example, if a health equity objective overlaps with workforce engagement priorities—such as addressing disparities in staff recruitment and retention—teams can reassign tasks or pool expertise to effectively address the need. Similarly, if a communications objective overlaps with an operational duty within a division—such as disseminating updates about a new departmental policy—teams can collaborate by leveraging their respective strengths. The communications team might focus on developing clear messaging, while the operational division ensures timely and accurate dissemination to internal and external stakeholders through established workflows. These collaborative approaches ensure clarity, efficiency, and consistency in achieving shared goals while addressing evolving priorities.

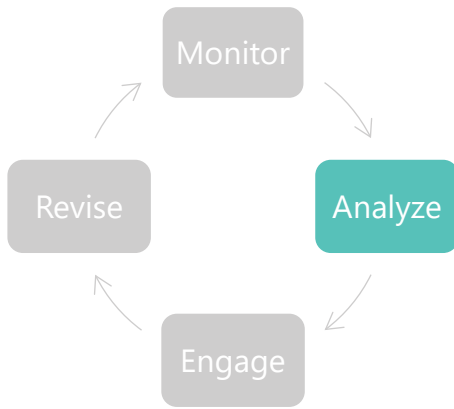


Collect, Analyze, and Report Performance Data

All goals and objectives are tracked using a performance management system designed to assist with the planning, implementation, and evaluation of strategic and operational initiatives. This system provides a centralized platform for monitoring progress, ensuring accountability, and aligning activities with departmental priorities.

Data Entry and Updates

Each team assigns leads for specific objectives and activities, who are responsible for collecting and updating data and



Collect, Analyze, and Report Performance Data (cont.)

measures within the performance management system. Team leads are responsible for ensuring that all relevant data is updated on time, in collaboration with assigned team members. Teams are encouraged to review and update their goals, objectives, and activities during each priority team meeting to maintain accurate records. At a minimum, updates are required quarterly.

Quarterly Period	Activity Entry Deadline	Report Deadline
Q1 (Jan 1–Mar 31)	Apr 5	Apr 10
Q2 (Apr 1–Jun 30)	Jul 5	Jul 10
Q3 (Jul 1–Sep 30)	Oct 5	Oct 10
Q4 (Oct 1–Dec 31)	Jan 5	Jan 10

The Planning and Strategy division is responsible for analyzing and developing reports to inform stakeholders of progress, as outlined in the next section.

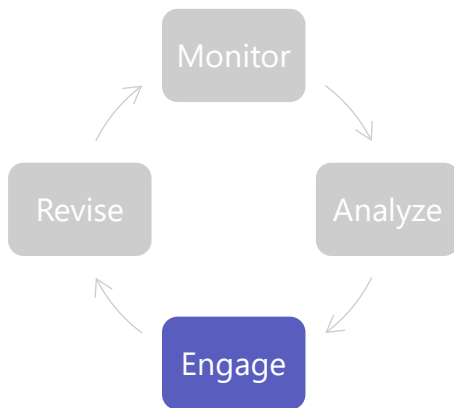
Engage and Communicate with Stakeholders

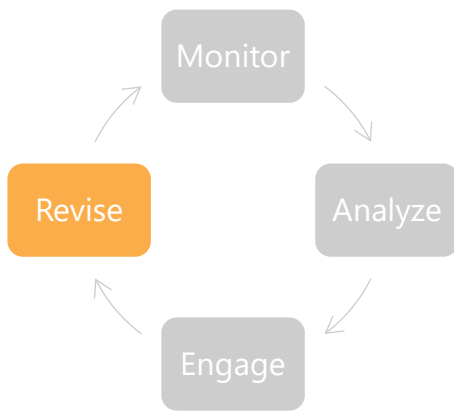
It is essential to be transparent and keep stakeholders informed on the progress of the strategic plan. The department will use various methods to engage and communicate with stakeholders including:

-  Presentations
-  Reports
-  Meetings

The table below outlines the frequency and type of communication by stakeholder.

	Q1	Q2	Q3	Q4
Health and Human Services Board				
Department Leadership				
Strategic Plan Team Leads				
All Department Staff				





Revise and Update the Strategic Plan

Based on the steps above, the strategic plan may need to be updated and revised to better meet the department's capacity, resources, and local context. The department has a procedure for plans that outlines the process for revisions to the plan. The following process is in alignment with the existing procedure.

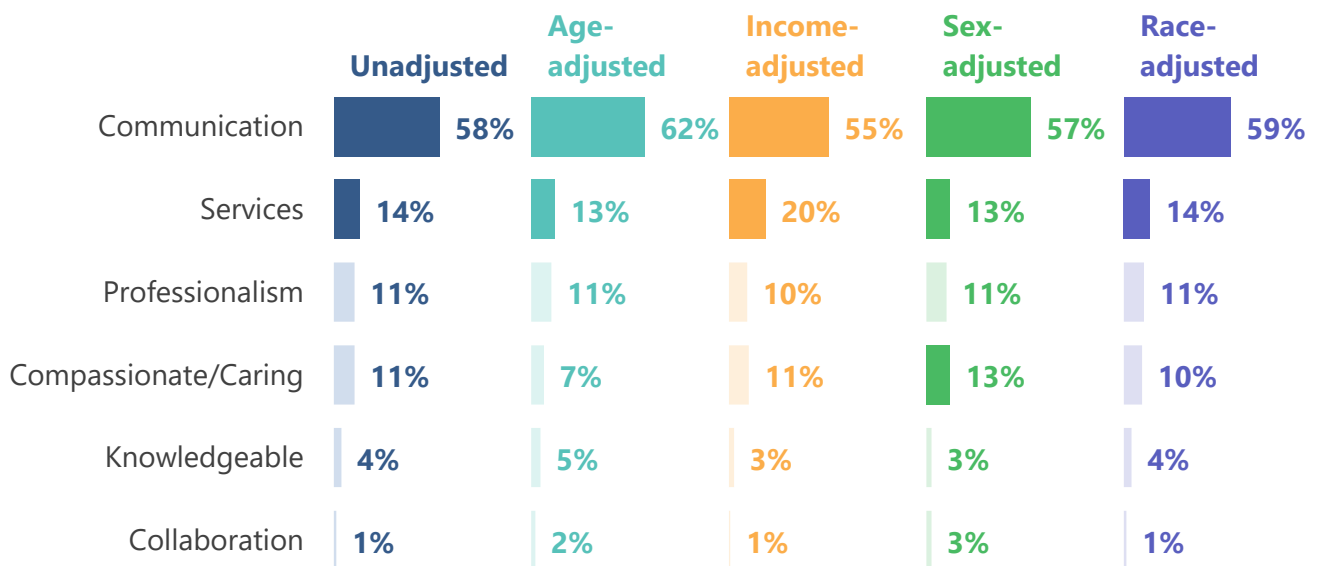
1. Strategic plan priority area team receives approval from the team's upper leadership member to review and revise the plan.
2. Strategic plan priority area team saves a copy of the plan.
3. Strategic plan priority area team tracks changes when editing the plan.
4. Once all revisions are completed, the strategic priority area team leads send an email to the core team for review.
5. After review, the core team lead documents any edits in the plan's revision record (see Appendix C).
6. Once finalized, Health Officer/Director takes the plan to Health and Human Services Board for review and approval annually.
7. If approved, Health Officer/Director moves the former plan and renames it to include the archive date.
8. Health Officer/Director saves the updated plan.
9. The core team lead communicates updates to plan at the next department all-staff meeting.

Appendix A: 2022 Community Survey

Label	Chippewa County, Wisconsin		Our Sample	
	Estimate	Percent	Estimate	Percent
Total	64,175		99	
Sex				
Male	33,274	51.8%	25	25.3%
Female	30,901	48.2%	71	71.7%
Age				
15 to 19 years	3,582	5.6%	1	1.0%
20 to 24 years	3,242	5.1%	1	1.0%
25 to 34 years	7,792	12.1%	4	4.0%
35 to 44 years	8,265	12.9%	19	19.2%
45 to 54 years	8,513	13.3%	12	12.1%
55 to 59 years	4,438	6.9%	16	16.2%
60 to 64 years	5,107	8.0%	12	12.1%
65 to 74 years	6,749	10.5%	28	28.3%
75 to 84 years	3,007	4.7%	6	6.1%
85 years and over	1,660	2.6%	0	0.0%
Median age (years)	41.3		58.5	
Race				
White	60,665	94.5%	95	96.0%
Black or African American	986	1.5%	4	4.0%
American Indian and Alaska Native	204	0.3%	4	4.0%
Asian	893	1.4%	1	1.0%
Native Hawaiian and Other Pacific Islander	2	0.0%	1	1.0%
Hispanic or Latino (of any race)				
Hispanic or Latino (of any race)	1,185	1.8%	4	4.1%
Not Hispanic or Not Latino	62,990	98.2%	94	95.9%
Total households				
Less than \$10,000	983	3.8%	5	5.1%
\$10,000 to \$14,999	1,127	4.3%	2	2.0%
\$15,000 to \$24,999	2,432	9.3%	3	3.0%
\$25,000 to \$34,999	2,256	8.7%	6	6.1%
\$35,000 to \$49,999	3,762	14.4%	13	13.1%
\$50,000 to \$74,999	4,996	19.2%	13	13.1%
\$75,000 to \$99,999	3,658	14.0%	21	21.2%
\$100,000 to \$149,999	4,652	17.9%	23	23.2%
\$150,000 to \$199,999	1,066	4.1%	5	5.1%
\$200,000 or more	1,112	4.3%	7	7.1%

Qualitative analysis (i.e., theme deduction) was performed on responses of open-ended questions to identify the most predominant themes. Demographics (i.e., age, race, ethnicity, sex, total household income) were standardized using the 2016-2020 American Community Survey (ACS) 5-year estimates to address recruitment bias and allow adjustment for representativeness. Responses (strengths and weaknesses) were stratified by rating level, participant type (community member, public health staff, County Board, ICS member) and adjusted by demographics.

Strengths



Communication

- Angela and her dept did a good job communicating the status of covid in our county
- Tons of useful information!
- If something serious were to happen, you are able to get that out to the public.
- Called several times for guidelines and they were very attentive
- Regular updates on Covid cases, mitigation in news. Timely information and resources on website.

Services

- The set up and efficiency behind getting the COVID vaccine and boosters was above and beyond what was expected.
- I was able to get my family over 5 vaccinated with ease & convenience, including flu vaccines
- Willing to provide covid clinics in out laying towns (e.g., Cadott). Helping people with limited travel assistance to get to a clinic.

- The public knowledge and supports through the WIC [Women, Infant, Children] office is great.

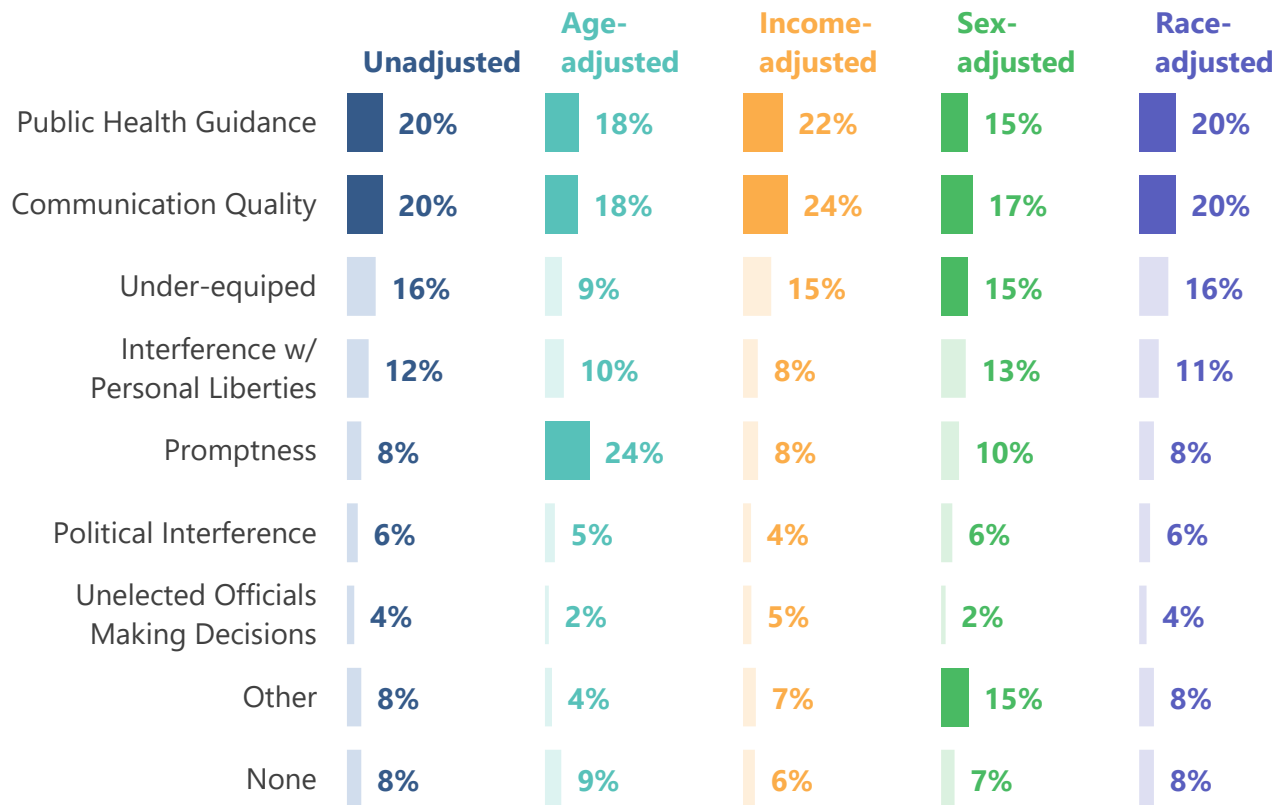
Compassion and Caring

- I believe they truly care for the residents of Chippewa County
- The things our Public Health employees have endured through the pandemic are insane. I have so much respect for the staff and leadership of the Public Health department in Chippewa County! It was almost unbearable to see the unjustified personal attacks and negative comments coming from people in our community. The emotional toll of the deaths and hospitalizations in our community were very noticeable on the faces of our PH employees because they cared.
- My family needed a wheelchair due to an injury and I was so happy to be able to get one on loan. It helped us out so much.
- My daughter needed help with milk etc for the little ones and ccd helped
- Our family had COVID prior to vaccines being made and CC [Chippewa County] nurses were awesome calling to check on us. They were so kind and caring staff are caring and compassionate, and knowledgeable

Professionalism

- One can tell a professional by their confidence, knowledge, and skill.
- In spite of a subset of the population conditioned by unethical politicians to mistreat health practitioners, you continued to work in the public interest.
- Not playing into politics and sticking to facts; speaking up for those whose voice may be lost in the crowd; being truthful and honest in sharing information with the public

Weaknesses



Public Health Guidance

- Following orders vs thinking of ways NOT to endanger the citizens. Vaccines are risky & have caused harm the media won't allow.
- When family tested positive, we were expecting outreach with information and guidance, but never heard from anyone.
- Sadly, I don't think the health department has authority or respect from several people in the community at large. Your recommendations for masking or other Covid mandates were not taken seriously by all.
- Would be nice to see some research done on things before posting on fb or making suggestions. Some people can't get shots or wear masks with tons of scientific studies that prove it. The CDC provides basic info but there's more to their recommendations. Have they read line 13.1 on any vaccine insert?

Communication Quality

- finding ways to get information in the hands of all individuals within the community. The elders, non-English speaking, those without internet or social media.

- When covid hit and continues to be an issue, the health department played games with people and our children's lives and didn't know the truth facts but continue to enforce bad policies.
- Made people afraid instead of reassuring them that this was a virus and not to be feared, respected and cautious but not afraid.
- Need occasional TV updates on covid so public realize that there is still potential danger of being infected
- As explained in my previous answer, the communication which started strong seemed to be abandoned.
- I understand the limitations of sharing information with public due to privacy and business reputation concerns. But would like more specific sources of spread. Church? Bars? Out of state transmission, etc.

Promptness

- It took 8 days for us to be notified that my daughter needed to stay at home for being exposed to COVID
- When exposure was high the call backs were delayed
- When calling/leaving a message, there's a really slow response time.
- Daycare told me my daughter could not come due to an exposure. They said CCPH was supposed to have contacted me. So, I called CCPH asking for the exposure date. They said their notes indicated they called and left a message. However, I never received a missed call or a message.

Appendix B: 2019 SWOT Analysis

The 2019 strategic planning process included input from staff, community partner, and Health and Human Services Board members. The department consulted with Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment (OPPA), staff to collect and analyze data and support the department in the development of work plans and the strategic plan.

In order to develop a clearer picture of strengths, gaps, and barriers, consultants from OPPA led the staff through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. A SWOT analysis examines both internal factors (strengths and weaknesses) and external factors (opportunities and threats) that might influence future work. Staff were given the option to perform the SWOT analysis electronically or in person to best meet their needs.

To draw themes from the SWOT analysis, OPPA consultants compiled all CCDPH staff SWOT results into one document and community partner survey results into another. These compilations were scanned for recurring words and statements, which were then cross-referenced using a word cloud tool. The themes from both documents were reviewed by another OPPA consultant for consistency and highlighted within the documents.

The final step was to cross-examine the themes from both the staff and community partner analyses and highlight the themes that appeared in both. Themes from the staff SWOT analysis are listed in Table 1 below.

Table 1.

Themes from Staff SWOT Analysis

**Items in bold were mentioned multiple times*

Strengths	Weaknesses
• Innovative: Level 3 Health Department; Services that cover the life span; Health equity focus • Leaders in the community • Leadership within CCPHD: New managers; Leader with mental health background • Partnership: CHA/CHIP; Collaborations • Staff ○ Community Engagement: Involved; Charitable; willing to do outreach ○ Customer Service: Friendly; Professional; Prompt ○ Experience/Knowledge: Diversity of experience; Expertise; Educated staff	• Accountability and follow-through • Communication with department of Admin/State • External Communication • Inconsistent leadership/management policies: Flexibility for personal schedules; Flexibility not reciprocal; job responsibilities and assignments • Internal Communication: Staff availability; Who to contact/when; Continuity of operations; Top-down; Multiple calendars; Trust, gossip, and assumptions; Clear, concise, and timely communication • Leadership: Continuity; Presence of Director in office • Moving Targets

Strengths (cont.)	Weaknesses (cont.)
○ Passionate: Client-focused; Responsible ○ Resourceful/Adaptable: Evidence-based practice and research; Troubleshooting; Moving targets; Resourceful when seeking funding; Solutions focused; Open to new ideas ○ Flexible with their personal and work schedules ○ Teamwork: Supportive of each other both personally and professionally; Approachable; Employee recognition; Colors training	● Orientation and Staff Education: Inconsistent; Time to meet staff and learn roles; On the job training; Learning styles; follow up on surveys and learning ● Personnel; Matching strengths to programs; Change ● Policies and Procedures: Details; Draft status; Rigid ● Technical/Computer Skills ● Time: Burn out; Too much documentation; Complicated time coding; Not enough staff; Rural outreach; Unable to take time off ● Work Space
Opportunities	Threats
● Accreditation ● Chronic disease prevention ● Communication with dentists ● Community: Invested in CCPHD; Awareness of CCPHD; Marketing ● Employees: Skills; Internships; Fellowships ● Expansion: Small community; Public transportation; Opportunities to expand programming ● Funding: Grants and Medicaid expansion ● Health Equity: Health in All Policies ● Jail programming ● New partnerships and opportunities: local businesses; Rural communities ● Partnerships/Relationships: ADRC; CHA/CHIP; Regional/state staff availability ● Restructuring of job tasks ● Technology and Innovation: QI; VMSG; Training; Improving/expanding technology	● Changing health care systems: Buy-outs, and mergers ● Community perceptions: Knowledge/support of PH; HHS Board understanding of CCPHD; Partner buy-in; Prevention is a tough sell; Gov't as authority or helpful; Willing to accept assistance; Communication barriers ● Funding: Lack of funding; Timing of award; Competition for grants; Regionalization of services ● Less home care communication ● Local dynamics: Poverty; Transportation; Technology; Rural outreach; Schools are different ● Politics: Changing administrations; Legislation that affects residents; Mixed messaging ● Staff retention: Competition with larger HDs ● Time ● Unwillingness to share knowledge ● Working leaders ● Working with the State: State doesn't understand rural/local needs and structures; Timely notification and guidance; Reporting requirements; Health literacy/complex wording of state forms

The OPPA consultants also developed a community partner survey, which the Core Team distributed electronically to a list of over 300 community partners (approximate 10% response rate) and the Chippewa County Health and Human Services Board. Community partners were asked specifically about strengths and challenges of CCDPH. Themes from the community partner survey are found in table 2.

Table 2.

Themes from the Community Partners Survey**Items in bold were also themes in the staff SWOT analysis*

Strengths	Challenges
• Collaboration and partnership: teamwork; willing to share knowledge and expertise; communication; work with schools • Community Involvement: visible; trusted • Desire to improve; creative; open to change • Employees: Committed; competent; caring; customer service; dedicated; enthusiastic; knowledgeable; prompt response; skilled • Leadership: at director level; supportive board • Stability of staffing; low turnover • Willing to address community needs: able to reach all age groups; able to identify needs; concerned about residents; effort to address needs; emphasis on prevention; flexibility; passion	• Access to services outside of Chippewa Falls: rural communities • Communication: visibility and knowledge of Public Health Services; reaching a broad audience • Funding: decreased resources with increased needs; CHIP does not include strong fiscal plan to achieve goals; reinvestment of services • Politics • Local dynamics: pressures on residents including economic, employment, food insecurity, family stability; large geographic area; mental health, substance use; unhealthy weight; vulnerable populations • Staffing: burn out; doing more with less staff; retention; retirements and resignations • Systems thinking; Working with other agencies • Time

Chippewa County Department of Public Health Staff Full SWOT Analysis Results

	Helpful	Harmful
Internal	Strengths	Weaknesses
	• Adaptable to moving targets • All levels of staff are involved in our work. It's not just managers or Angie telling us to do things; they are also involved. • Approachable; use each other as resources • Change in leadership team- new managers • Charitable • Chippewa health improvement partnership • Client-focused; passion for helping • Collaborations/community partners • Colors training • Community partners • Customer Service • Dedicated staff • Diversity of experience • Employee recognition • Engaged with the community; charitable • Expertise	• Accountability • Assumptions • Basic life skills • Change in leadership • Clear, Concise, and timely internal communication • Communication • Communication across divisions • Communication from top down both internally and with Dept. of Administration • Complex procedures • Computer skills • Continuity • Continuity of operations during staff absences • Details in procedures and training • Divisions are very different • Documentation requirements take away from time to do job

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths (cont.)	Weaknesses (cont.)
	• External communication • Friendly reception and intake • Great partnership for the CHA and CHIP with community partners • Having a leadership team in place • Health equity work • Helpful Policies and Procedures • High achievers (staff) • High expectations • High rate of helping children with special health care needs • Innovative Programming • Leader with mental health background • Level 3 health department • Open to new ideas and changes to programs (for example all the health equity work) • Opportunities for professional development • Passion • Passionate staff • Personable and welcoming • Professionalism • Prompt response to referrals and phone calls • Provide services that cover the life span • Resourceful with funding • Responsible staff make sure clients do not fall through the cracks • Seek out funding • Serving more men • Solution focused • Staff educated and involved • Staff is flexible with work schedules • Supportive of each other, both personally and professionally • Team building exercises • Teamwork • Teamwork and morale is good—people laughing and having fun regularly • Troubleshooting skills • Use of evidence-based practice and research • Willingness to volunteer and do outreach • Work well with partners • Working leaders • Years of experience	• Efficiency/time management • Extensive learning curve for new staff • Flexibility for personal schedules; inconsistent across divisions and with different managers; flexibility not reciprocal • Follow through • Follow through on surveys and team learning • Getting to know staff and roles during orientation • Gossiping • Hard to know what is happening with other divisions • Having a closed mind to ideas • Inefficiency due to lack of knowledge of what others are doing (communication) • Keeping calendars, email, and voicemail up to date • Lack of tech skills • Matching programs to strengths or passion; conversations with staff about assignments • Moving Targets • Multiple calendars • No enough staff to handle the work load resulting in long travel times, working over hours, having to take on other positions to meet needs of clients, actually having to turn down referrals because we don't have enough staff. • Not able to take time off because of low staff. Adds to stress and burnout • On the job training • Orientation process standardization, follow up, and consistency • P&Ps in draft status • Presence of Director in the office • Redundancy in documentation • Rigid processes; Gray areas not reflected in Policies and Procedures • Rural outreach • Seem to be at capacity for all of our divisions and programs—there is no time, energy, or funding available for people to take on other projects • Space – our loan closet is a very busy much needed service but lacks good working storage space for dirty, cleaned and reserved equipment.

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths (cont.)	Weaknesses (cont.)
		• Staff in or out • Step by step procedures • Taking on more without eliminating something; burn out • Teaching to different learning styles • Time for orientation and review • Time to code timesheets • Time to do job • Timesheets are complicated • Trust issues both internally and externally • Understanding job responsibilities and availability • Who to contact and when • Workflow – our WIC clinic is struggling to find a good way to serve clients timely using the main reception area instead of their own reception area. WIC doesn't have enough staff to have their own reception area open.
External	Opportunities	Threats
	• Accreditation • Availability of Regional/state staff • Awareness of Chippewa County Public Health • Businesses • Chronic disease prevention • Collaboration with partners; schools and healthcare systems • Community invested and involved in public health work • Create list for dentist about fluoride • Grant writing • Grants • Health equity • Health in All Policy • Improve tech skills • Jail programming • Marketing of HHC • Medicaid expansion possibility still • Men served • Mid-west/small community (expansion) • Need of public transportation • New employees • Partnership with ADRC • QI projects • Relationships and social network connections builds community trust • Restructure job tasks • Rural communities • Share knowledge • Technology improving • Think there is still a high need for our services in rural areas that we are missing	• Being close to Eau Claire HD—they are larger and very well recognized, so they get more funding, have more opportunities, can pay staff better. • Changes in legislation that affects population served • Changing and competing healthcare systems • Clinic buy-outs and mergers • Communication barriers with the public • Community perception of government • Funding • Health and human services board and DOA not knowing what Public Health does or is about • Lack of finances/budget cuts • Lack of funding • Lack of funding for chronic disease prevention work • Lack of public support • Lack of staff • Language of external forms sounds intimidating; too complex or threatening • Less home care communication • Limited technology and access in rural areas • Mixed messaging • No transportation across the county • Notification/guidance from state • Other departments wanting to work with us • Partner buy-in • Pay for Performance going away • Perception of department as authority versus helpful

	<i>Helpful</i>	<i>Harmful</i>
External	Opportunities (cont.)	Threats (cont.)
	• Train staff to work with a victim mentality • Using employee's skills • Utilization of interns and fellows • VMSG • Work with other departments to assure we are not duplicating services	• Physical location of health department; not centralized • Politics; changing administrations and rules • Poverty • Prevention is a hard sell • Prevention is hard to fund • Regionalization of services • Regulations • Reporting requirements • Rural outreach • Schools are very different • Split funding with Eau Claire • Staff retention • State supported software and data systems changes • The State doesn't understand rural populations, local needs, and local structures for reporting requirements • Time • Timing of funding awards • Unwillingness to share knowledge with others • Willingness of community to accept help or follow up • Working leaders

Appendix C: Revision Tracking

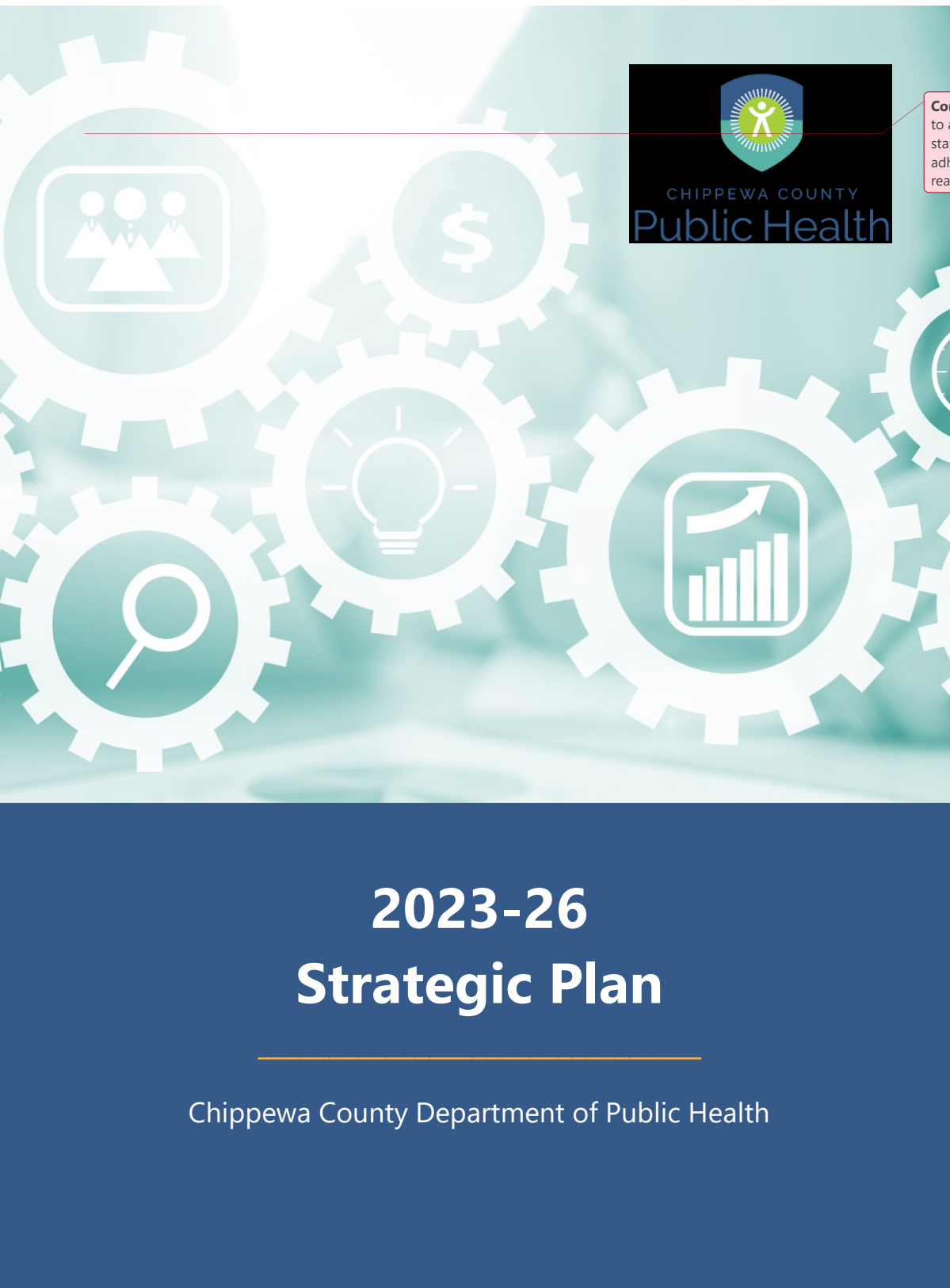
[illegible]

Chippewa County Department of Public Health

711 N Bridge Street
Chippewa Falls, WI 54729

<https://www.chippewacountywi.gov>





Commented [NH1]: The entire document was to align with the department's revised branding standards. Additionally, it was reviewed and ref adhered to AP style guidelines and improved for readability.

Chippewa County Department of Public Health

2023–26 Strategic Plan

A publication of the Chippewa County Department of Public Health (CCDPH)

Strategic Plan Development Team

The following individuals were instrumental in writing the 2023–26 Strategic Plan. Roles listed reflect their positions at the time of the plan's development. Updates to roles are noted where applicable:

- Nikki Hoernke, Community Health Planning and Promotion Specialist (now Planning and Strategy Division Manager), Chippewa County Department of Public Health
- Kari Ives, Chair, Chippewa County Health and Human Services Board
- Kristen Kelm, Community Health Division Manager (served in this role until March 2023), Chippewa County Department of Public Health
- Komi Modji, Epidemiologist (served in this role until September 2023), Chippewa County Department of Public Health
- Angela Weideman, Director/Health Officer (served in this role until April 2023), Chippewa County Department of Public Health
- Emily Wievel, Public Health Strategist, Wisconsin Department of Health Services Division of Public Health Office of Policy and Practice Alignment

Commented [NH2]: Updated from strategic planning team to development team. Included details of transitions, such as those who left or changed positions since the initial publication.

Additional Contributors

Since the publication of the Strategic Plan, the following individuals have joined the department and contributed to ongoing implementation efforts:

- Hailey Bomar, Planning and Promotion Specialist, Chippewa County Department of Public Health (joined in May 2023)
- Brittnay Fortuna, Director/Health Officer, Chippewa County Department of Public Health (joined in May 2023)

Commented [NH3]: Added contributors who joined after the plan's development, noting their roles and start dates.

Acknowledgments

Thank you to Christa Cupp and Emily Wievel with the Wisconsin Department of Public Health Division of Public Health, Office of Policy and Practice Alignment for their guidance during the strategic planning process. Their expertise and support were invaluable.

Thank you to our community partners and stakeholders for their time in providing feedback on our work and the strengths and weaknesses of the department.

Finally, we thank Chippewa County Health and Human Services Board for their participation, feedback, and support.

Commented [NH4]: Streamlined wording for acknowledgments while maintaining key details.

Table of Contents

Introduction	4
Purpose	4
Organization Overview	4
Strategic Planning Process	5
Organize	5
Assess	6
Plan	7
Review	8
Implement	8
Goals and Objectives	9
Communication	9
Health Equity	9
Performance Management / Quality Improvement (PM/QI)	10
Workforce and Engagement	11
Linkage with Other Plans	12
Putting the Plan in Action	13
Monitor Work Plan Progress	13
Collect, Analyze, and Report Performance Data	14
Engage and Communicate with Stakeholders	15
Revise and Update the Strategic Plan	16
Appendix A: 2022 Community Survey	17
Appendix B: 2019 SWOT Analysis	22
Appendix C: Revision Tracking	28

Introduction

Purpose

The strategic plan defines and determines the health department's roles, priorities and direction over the next three years. It provides a roadmap to foster a shared understanding among staff to align towards contributing to what the department plans to achieve, how it will achieve it and how it will know whether efforts are successful.

Organization Overview



The department is comprised of five divisions:

- **Community Health:** Promotes health and prevents disease through immunizations, harm reduction, maternal and child health, and communicable disease control. Key programs include the Nurse-Family Partnership, naloxone administration training, the reproductive health clinic, and mental health training.
- **Environmental Health:** Manages human health hazards, monitors water and air quality, and inspects food, lodging, body art, and recreational facilities. Oversees lead and radon prevention and promotes safe drinking water.
- **Fiscal/Admin:** Supports the department by managing budgets, administrative operations, and the equipment loan closet, ensuring efficient use of resources.
- **Nutrition:** Improves nutrition and food security through WIC, breastfeeding support, and healthy eating initiatives such as Farmers Market Nutrition Program and Fit Families.
- **Planning and Strategy:** Leads strategic planning, quality improvement, and coalition building. Oversees programs such as the Children's Resource Center - West and the Drug-Free Communities grant and facilitates health assessments and improvement efforts.

Commented [NH5]: Enhanced understanding of departmental structure and division-specific roles by adding brief descriptions of each division.

Commented [NH6]: Updated division name and descriptions to reflect the 2023 reorganization.

Strategic Planning Process

The Chippewa County Department of Public Health utilized the National Association of City and County Health Officials (NACCHO) Strategic Planning Process for Local Health Departments as a guide during the 2020–23 strategic planning process and plan development. Due to the unprecedented COVID-19 pandemic, most strategic planning efforts halted as resources, such as staff time, were reallocated to response efforts. The department opted for a facelift of the previous plan.

The process outlined below included input from staff, community partners, and Health and Human Services Board members. The department consulted with staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, for support in the strategic planning process.



Organize

In spring 2022, the department kicked off the 2023–26 strategic planning process by identifying key staff and external partners to be part of the strategic plan core team. The community health planning and promotion specialist served as the lead from strategic planning efforts. Other internal key staff included the health officer/director, community health division manager, and epidemiologist. External partners invited to participate included the chair of the Health and Human Services Board and staff from the Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment, both of whom agreed to participate.

All staff, except for limited-term employees, are members of at least one strategic priority area team. Since the department opted for a facelift, most staff employed during the 2020–23 strategic planning process remained on the same strategic priority area teams. Upon hire, the health officer/director meets with each new staff during orientation. Based on this meeting, staff are assigned to teams that align with their experience, education, and interests.

Assess

The department conducted a community survey from May 5-20, 2022. The survey, which also included questions for the second COVID-19 after-action report, was disseminated to Chippewa County community members, the COVID-19 incident command system, and department staff via text message, email, and social media.

The strategic plan planning portion of the community survey gathered feedback about the strengths and weaknesses of the Chippewa County Department of Public Health. Participants were asked to provide details about each strength and weakness and rate them on a scale of importance: low, moderate, or high.

A total of **99 people** participated in the survey. Qualitative analysis, including theme deduction, was performed on answers to open-ended questions to identify the most predominant themes.

Strengths	58% of respondents indicated communication was a strength of the department.	14% thought services were a strength.	Compassionate and caring and professionalism were each reported by 11% of respondents .	Additional strengths included knowledgeable and collaboration .
Weaknesses	Public health guidance and communication quality were both reported as a weakness by 20% of respondents .	16% felt a weakness of the department was they were under-equipped .	12% of respondents reported interference with personal liberties as a weakness.	Additional weaknesses included promptness and unelected officials making decisions .

Demographics (e.g., age, race, ethnicity, sex, and total household income) were standardized using the 2016-2020 American Community Survey (ACS) five-year estimates to adjust the results and make them representative of the county demographics. Responses regarding strengths and weaknesses were stratified by rating level and participant type and adjusted by demographics. See Appendix A for full results.

The findings from the survey were presented to the core team on June 7, 2022. Results of the community survey, along with the SWOT (strengths, weaknesses, opportunities, and threats) analysis from the 2020–23 strategic planning process, the community health assessment, and the community health improvement plan, were used to inform the decision to keep the same four strategic priorities from the previous strategic plan.

The four strategic plan priority areas are:



Communication



Health Equity



PM/QI



Workforce and
Engagement

Plan

In summer 2022, the department moved into the planning phase. First, the department's epidemiologist developed a webinar that explained the community survey design, analysis, and findings for the strategic plan priority area team leads. Additionally, core team members presented an overview of the strategic planning process and the findings to all department staff on June 15, 2022.

Teams then updated the 2023–26 work plan using various data sources, tools, and frameworks, which included:

2022 Strategic Plan Community Survey (Appendix A)

2019 SWOT Analysis (Appendix B)

2021 Chippewa County Community Health Assessment (CHA)

2019–2021 Chippewa County Community Health Improvement Plan (CHIP)

10 Essential Public Health Services

Foundational Public Health Capabilities

Public Health Accreditation Board (PHAB) Standards and Measures, Version 2022

As teams worked on updating their goals, objectives, and activities, several staff members reported to core team members that they or their teams were struggling to understand the strategic planning process and their role in it. The core team discussed this and recognized that many staff members were hired after the 2020–23 strategic planning process. Additionally, typical orientation and hiring practices had not occurred due to the county being in a public health emergency during the COVID-19 pandemic. The core team decided to take a step back and developed a presentation that included topic such as:

- What strategic planning is
- Why it is important
- What the chain of command entails
- Roles and expectations

This presentation was delivered to staff at an all-staff meeting in September 2022. Additional resources were shared and created to educate on other public health topics and frameworks.

Throughout the planning process, teams shared their drafted action plans with the core team and during the strategic planning team leads meetings. In October 2022, the first draft of the strategic plan was ready for review.

Review

The core team reviewed the strategic plan from November-December 2022. The final draft was presented to the Chippewa County Health and Human Services Board for approval on February 16, 2023.

Implement

The Health and Human Services Board approved the 2023–26 Strategic Plan on February 16, 2023. The department integrated the final plan into the department's performance management system.

Commented [NH7]: Removed VMSG and general references to the department's performance management system. The PM/QI team is actively revising the performance management policy. This reflects ongoing efforts to enhance efficiency and ensure processes meet department goals and needs.

Goals and Objectives



Communication

Goal 1: Provide information on public health issues and public health functions through multiple methods to a variety of audiences while cultivating a positive relationship between the department and the community

Objective 1.1: Develop a procedure for non-emergency communications by December 31, 2023

Objective 1.2: Review the department-wide brand strategy by December 31, 2024

Objective 1.3: Develop a comprehensive outreach strategy by December 31, 2023

Objective 1.4: Complete a quality improvement project on CCDPH's website by December 31, 2025

Goal 2: Improve internal communication to increase efficiencies and support a positive workplace culture

Objective 2.1: By December 31, 2024, update the communication plan to include best practices around internal communication (e.g., preferred methods of communication, guidelines for emails)

Objective 2.2: Review the communication plan annually, and update it as needed



Health Equity

Goal 3: Promote a culture of Health Equity throughout the County of Chippewa

Objective 3.1: Collaborate with the Communications Team to increase the capacity to communicate with individuals who may experience barriers to receiving information by December 31, 2025

Objective 3.2: Increase awareness within CCDPH about health equity by December 31, 2025

Objective 3.3: Develop a CCDPH Health Equity Plan by December 31, 2023

Objective 3.4: Collaborate with Workforce Development and Leadership to evaluate recruitment and hiring practices to include health equity by December 31, 2025

Objective 3.5: ~~Build capacity on the health equity team by recruiting at least one external partner by December 31, 2023~~

Objective 3.6: Have ongoing engagement with the public health system and the community in promoting health through collaborative processes

Performance Management / Quality Improvement (PM/QI)

Goal 4: Build and foster a culture of quality improvement (QI) among public health staff across projects and activities ~~by December 31, 2025~~

Objective 4.1: ~~Establish a QI oversight structure by June 30, 2025~~ Every six months, update the existing QI activities reporting procedure to be in accordance with the current QI implementation efforts

Objective 4.2: Facilitate the completion and documentation of at least one QI project annually by 100% of divisions using standardized reporting tool ~~Managers lead and document at least one QI project in each division yearly~~

Objective 4.3: Provide at least one annual training on ~~evidence-based PM/QI~~ tailored to staff needs, with 100% participation across all division ~~tools to public health staff yearly~~

Objective 4.4: ~~By the end of each year, provide a brief summary report or dashboard on PM/QI activity status in the department and evaluate the impact of PM/QI on services~~

Objective 4.5: Foster regular discussions of QI progress and challenges during division and all-staff meetings ~~Prioritize PM/QI time during monthly all-staff and division meetings to discuss projects, issues, progress, and solutions so that it becomes a routine method in the department~~

Goal 5: ~~Establish a performance management system to enhance accountability and drive continuous quality improvement (CQI) Utilize evidence-based practices and other forms of information for decision-making to maintain best practices in program implementation and evaluation by managers by December 31, 2025~~

Objective 5.1: ~~Revise and adopt a performance management policy by May 31, 2025~~

Objective 5.2: ~~Develop and implement a tool for drafting performance measures by June 30, 2025~~

Objective 5.3: ~~Develop at least five performance measures per division, totaling 30 measures agency-wide by September 30, 2025~~

Objective 5.4: ~~Create and launch a performance management dashboard by October 31, 2025~~

Objective 5.1: ~~Review PM/QI best practices every year by dedicated staff (e.g., PM/QI, interns) through literature review or consultation with evaluation experts and update the PM/QI plan, as needed~~

Objective 5.2: Make sure annual refresher trainings are being offered to managers, project leads, and staff when appropriate

Objective 5.3: In the last quarter of each year, dedicate a space for creative thinking taking into consideration the current needs, health equity and changes in the vision and direction of public health as a whole



Workforce and Engagement

Goal 6: Improve workplace culture and ~~public health skills~~ by December 31, 2025

Objective 6.1: ~~Review the Workforce Development Plan annually, and update it as needed~~

Objective 6.2: ~~Improve~~increase employee engagement ~~from 2023 to 2026~~ by using the Chippewa County engagement survey

Objective 6.23: Develop a strategy to create connections with all staff ~~in a telecommuting environment by December 31, 2025~~

Objective 6.4: ~~Increase staff knowledge and skills of the of the public health core competencies through professional development (e.g., trainings, conferences)~~

Goal 7: Improve public health skills by December 31, 2025

Objective 7.1: Review the Workforce Development Plan, which includes succession planning, annually, and update as needed

Objective 7.2: Increase staff knowledge and skills of the Core Competencies for Public Health Professionals

Linkage with Other Plans

The strategic plan is not intended to be a stand-alone document; rather, it is designed to align with other key assessment, planning, and evaluation efforts, including the community health improvement plan (CHIP) and the quality improvement/performance management (PM/QI) plan. During the strategic planning process, department staff and the core team considered how the plan would integrate with other departmental and community-driven plans. While the strategic plan is unique in addressing emerging organizational issues and new initiatives, its priorities have a synergistic relationship with these other plans.

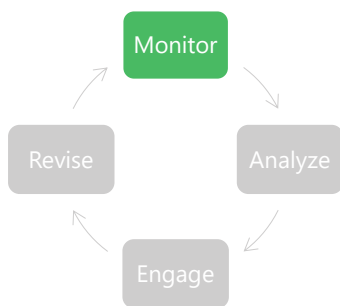
The strategic plan aligns directly with the 2019–2021 CHIP, which has a goal of advancing health equity in Chippewa County. One activity outlined in the strategic plan is active participation the Chippewa Health Improvement Partnership, now known as Chippewa County Health Communities, Health Equity Advocacy Team to promote health equity throughout the Chippewa County.

Another area of alignment is with the department's PM/QI plan. The PM/QI plan is reviewed and managed by the strategic plan team focusing on PM/QI. It emphasizes continuous improvement across all areas of the health department, including the strategic plan teams. Tracking for the strategic plan is conducted within the department's performance management system to support continuous monitoring of goals and areas of improvement.

Finally, teams developed their objectives and activities to align with the Public Health Accreditation Board (PHAB) Standards and Measures, 2022 Version, ensuring relevance to their respective priority areas. For example, PM/QI objectives and activities were primarily developed using guidance from PHAB Domain 9.

Putting the Plan in Action

The strategic plan is a living document that will be routinely reviewed, monitored, and updated based on progress, changing needs, and priorities. Performance management will be used to monitor and revise the strategic plan throughout the three-year assessment and planning cycle using the following cycle.



Monitor Work Plan Progress

Implementation of the work plan involves contributions from four priority area teams: Communication, Health Equity, Performance Management/Quality Improvement (PM/QI), and Workforce and Engagement. These teams are integral to the success of the strategic plan, with specific roles designed to ensure accountability and progress:

Team Leads

Leads facilitate meetings, monitor progress on assigned action steps, and ensure accountability. Selected for their expertise and capacity to guide teams effectively, they act as liaisons, communicating successes, barriers, and resource needs to managers and other relevant teams.

Managers

Managers provide strategic oversight by sharing updates on departmental or county-wide policies, advocating for necessary resources, and troubleshooting roadblocks during leadership discussions. They align team activities with the department's broader vision and priorities.

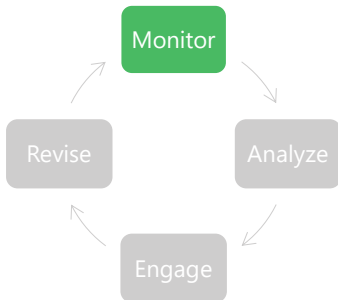
Team Members

All staff contribute as team members by attending meetings, completing assigned tasks, and collaborating to achieve objectives. Their diverse skills and expertise ensure effective execution of the work plan.

Collaboration Across Teams

Priority area teams play a central role in implementing the strategic plan, but existing leadership and divisional teams also contribute significantly. These teams may lead or support

Commented [NH8]: Improved clarity and focus to address staff feedback about challenges in the project structure. Clarified role expectations to help teams complete projects more efficiently and strengthened communication across teams to reduce duplicate efforts. Updated role descriptions emphasize the main responsibilities of Leads, Managers, and Team Members, providing more flexibility to adapt to the changing needs of public health. Clear examples demonstrate how teams can work together effectively, especially when goals overlap. These updates also improve capacity by encouraging resource sharing, streamlining workflows, and helping teams prioritize work to meet department goals.



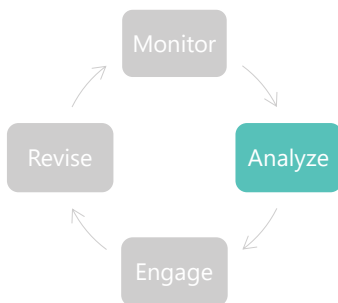
Monitor Work Plan Progress (cont.)

specific goals within their scope, fostering a unified approach that maximizes resources and minimizes duplication.

Collaboration is supported through:

- Shared Platforms: Centralized tools enable progress tracking, updates, and transparent communication.
- Joint Meetings: Monthly meetings address cross-cutting goals, align efforts, and encourage resource sharing among teams.

The dynamic nature of public health requires adaptability. For example, if a health equity objective overlaps with workforce engagement priorities—such as addressing disparities in staff recruitment and retention—teams can reassign tasks or pool expertise to effectively address the need. Similarly, if a communications objective overlaps with an operational duty within a division—such as disseminating updates about a new departmental policy—teams can collaborate by leveraging their respective strengths. The communications team might focus on developing clear messaging, while the operational division ensures timely and accurate dissemination to internal and external stakeholders through established workflows. These collaborative approaches ensure clarity, efficiency, and consistency in achieving shared goals while addressing evolving priorities.

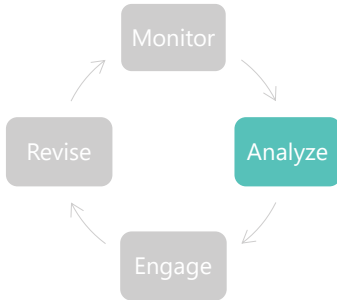


Collect, Analyze, and Report Performance Data

All goals and objectives are tracked using a performance management system designed to assist with the planning, implementation, and evaluation of strategic and operational initiatives. This system provides a centralized platform for monitoring progress, ensuring accountability, and aligning activities with departmental priorities.

Data Entry and Updates

Each team assigns leads for specific objectives and activities, who are responsible for collecting and updating data and



Collect, Analyze, and Report Performance Data (cont.)

measures within the performance management system. Team leads are responsible for ensuring that all relevant data is updated on time, in collaboration with assigned team members. Teams are encouraged to review and update their goals, objectives, and activities during each priority team meeting to maintain accurate records. At a minimum, updates are required quarterly.

Quarterly Period	Activity Entry Deadline	Report Deadline
Q1 (Jan 1–Mar 31)	Apr 5	Apr 10
Q2 (Apr 1–Jun 30)	Jul 5	Jul 10
Q3 (Jul 1–Sep 30)	Oct 5	Oct 10
Q4 (Oct 1–Dec 31)	Jan 5	Jan 10

The **Planning and Strategy division** is responsible for analyzing and developing reports to inform stakeholders of progress, as outlined in the next section.

Commented [NH9]: Updated from core team to Planning and Strategy division.

Engage and Communicate with Stakeholders

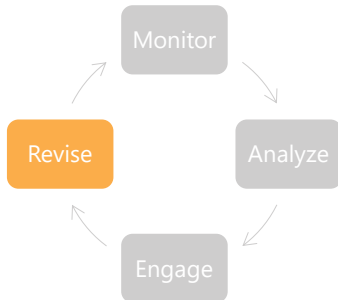
It is essential to be transparent and keep stakeholders informed on the progress of the strategic plan. The department will use various methods to engage and communicate with stakeholders including:

-  Presentations
-  Reports
-  Meetings

The table below outlines the frequency and type of communication by stakeholder.

	Q1	Q2	Q3	Q4
Health and Human Services Board				
Department Leadership				
Strategic Plan Team Leads				
All Department Staff				

Commented [NH10]: The core team will be reim with members brought together on an ad hoc basis a for specific initiatives. Increased meetings with lead will ensure the strategic direction is maintained and communication loops are strengthened, fostering ali across teams and enhancing overall effectiveness.



Revise and Update the Strategic Plan

Based on the steps above, the strategic plan may need to be updated and revised to better meet the department's capacity, resources, and local context. The department has a procedure for plans that outlines the process for revisions to the plan. The following process is in alignment with the existing procedure.

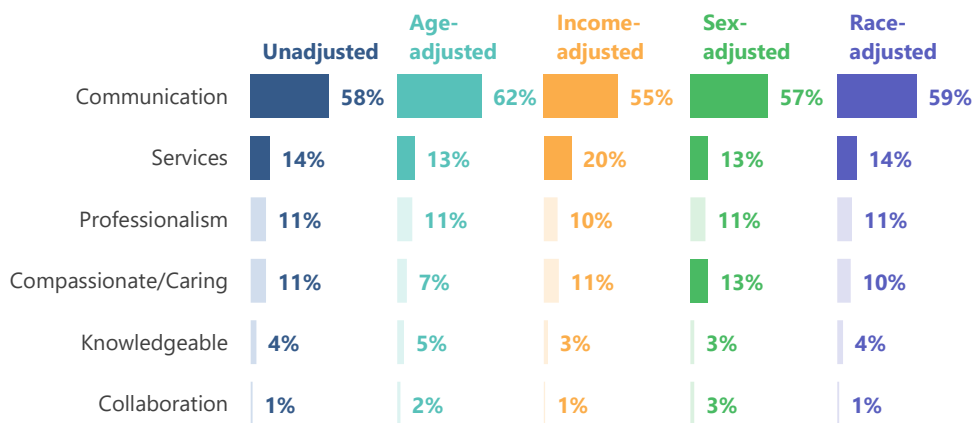
1. Strategic plan priority area team receives approval from the team's upper leadership member to review and revise the plan.
2. Strategic plan priority area team saves a copy of the plan.
3. Strategic plan priority area team tracks changes when editing the plan.
4. Once all revisions are completed, the strategic priority area team leads send an email to the core team for review.
5. After review, the core team lead documents any edits in the plan's revision record (see Appendix C).
6. Once finalized, Health Officer/Director takes the plan to Health and Human Services Board for review and approval annually.
7. If approved, Health Officer/Director moves the former plan and renames it to include the archive date.
8. Health Officer/Director saves the updated plan.
9. The core team lead communicates updates to plan at the next department all-staff meeting.

Appendix A: 2022 Community Survey

Label	Chippewa County, Wisconsin		Our Sample	
	Estimate	Percent	Estimate	Percent
Total	64,175		99	
Sex				
Male	33,274	51.8%	25	25.3%
Female	30,901	48.2%	71	71.7%
Age				
15 to 19 years	3,582	5.6%	1	1.0%
20 to 24 years	3,242	5.1%	1	1.0%
25 to 34 years	7,792	12.1%	4	4.0%
35 to 44 years	8,265	12.9%	19	19.2%
45 to 54 years	8,513	13.3%	12	12.1%
55 to 59 years	4,438	6.9%	16	16.2%
60 to 64 years	5,107	8.0%	12	12.1%
65 to 74 years	6,749	10.5%	28	28.3%
75 to 84 years	3,007	4.7%	6	6.1%
85 years and over	1,660	2.6%	0	0.0%
Median age (years)	41.3		58.5	
Race				
White	60,665	94.5%	95	96.0%
Black or African American	986	1.5%	4	4.0%
American Indian and Alaska Native	204	0.3%	4	4.0%
Asian	893	1.4%	1	1.0%
Native Hawaiian and Other Pacific Islander	2	0.0%	1	1.0%
Hispanic or Latino (of any race)				
Hispanic or Latino (of any race)	1,185	1.8%	4	4.1%
Not Hispanic or Not Latino	62,990	98.2%	94	95.9%
Total households				
Less than \$10,000	983	3.8%	5	5.1%
\$10,000 to \$14,999	1,127	4.3%	2	2.0%
\$15,000 to \$24,999	2,432	9.3%	3	3.0%
\$25,000 to \$34,999	2,256	8.7%	6	6.1%
\$35,000 to \$49,999	3,762	14.4%	13	13.1%
\$50,000 to \$74,999	4,996	19.2%	13	13.1%
\$75,000 to \$99,999	3,658	14.0%	21	21.2%
\$100,000 to \$149,999	4,652	17.9%	23	23.2%
\$150,000 to \$199,999	1,066	4.1%	5	5.1%
\$200,000 or more	1,112	4.3%	7	7.1%

Qualitative analysis (i.e., theme deduction) was performed on responses of open-ended questions to identify the most predominant themes. Demographics (i.e., age, race, ethnicity, sex, total household income) were standardized using the 2016-2020 American Community Survey (ACS) 5-year estimates to address recruitment bias and allow adjustment for representativeness. Responses (strengths and weaknesses) were stratified by rating level, participant type (community member, public health staff, County Board, ICS member) and adjusted by demographics.

Strengths



Communication

- Angela and her dept did a good job communicating the status of covid in our county
- Tons of useful information!
- If something serious were to happen, you are able to get that out to the public.
- Called several times for guidelines and they were very attentive
- Regular updates on Covid cases, mitigation in news. Timely information and resources on website.

Services

- The set up and efficiency behind getting the COVID vaccine and boosters was above and beyond what was expected.
- I was able to get my family over 5 vaccinated with ease & convenience, including flu vaccines
- Willing to provide covid clinics in out laying towns (e.g., Cadott). Helping people with limited travel assistance to get to a clinic.

- The public knowledge and supports through the WIC [Women, Infant, Children] office is great.

Compassion and Caring

- I believe they truly care for the residents of Chippewa County
- The things our Public Health employees have endured through the pandemic are insane. I have so much respect for the staff and leadership of the Public Health department in Chippewa County! It was almost unbearable to see the unjustified personal attacks and negative comments coming from people in our community. The emotional toll of the deaths and hospitalizations in our community were very noticeable on the faces of our PH employees because they cared.
- My family needed a wheelchair due to an injury and I was so happy to be able to get one on loan. It helped us out so much.
- My daughter needed help with milk etc for the little ones and ccd helped
- Our family had COVID prior to vaccines being made and CC [Chippewa County] nurses were awesome calling to check on us. They were so kind and caring staff are caring and compassionate, and knowledgeable

Professionalism

- One can tell a professional by their confidence, knowledge, and skill.
- In spite of a subset of the population conditioned by unethical politicians to mistreat health practitioners, you continued to work in the public interest.
- Not playing into politics and sticking to facts; speaking up for those whose voice may be lost in the crowd; being truthful and honest in sharing information with the public

Weaknesses

	Unadjusted	Age-adjusted	Income-adjusted	Sex-adjusted	Race-adjusted
Public Health Guidance	20%	18%	22%	15%	20%
Communication Quality	20%	18%	24%	17%	20%
Under-equipped	16%	9%	15%	15%	16%
Interference w/ Personal Liberties	12%	10%	8%	13%	11%
Promptness	8%	24%	8%	10%	8%
Political Interference	6%	5%	4%	6%	6%
Unelected Officials Making Decisions	4%	2%	5%	2%	4%
Other	8%	4%	7%	15%	8%
None	8%	9%	6%	7%	8%

Public Health Guidance

- Following orders vs thinking of ways NOT to endanger the citizens. Vaccines are risky & have caused harm the media won't allow.
- When family tested positive, we were expecting outreach with information and guidance, but never heard from anyone.
- Sadly, I don't think the health department has authority or respect from several people in the community at large. Your recommendations for masking or other Covid mandates were not taken seriously by all.
- Would be nice to see some research done on things before posting on fb or making suggestions. Some people can't get shots or wear masks with tons of scientific studies that prove it. The CDC provides basic info but there's more to their recommendations. Have they read line 13.1 on any vaccine insert?

Communication Quality

- finding ways to get information in the hands of all individuals within the community. The elders, non-English speaking, those without internet or social media.

- When covid hit and continues to be an issue, the health department played games with people and our children's lives and didn't know the truth facts but continue to enforce bad policies.
- Made people afraid instead of reassuring them that this was a virus and not to be feared, respected and cautious but not afraid.
- Need occasional TV updates on covid so public realize that there is still potential danger of being infected
- As explained in my previous answer, the communication which started strong seemed to be abandoned.
- I understand the limitations of sharing information with public due to privacy and business reputation concerns. But would like more specific sources of spread. Church? Bars? Out of state transmission, etc.

Promptness

- It took 8 days for us to be notified that my daughter needed to stay at home for being exposed to COVID
- When exposure was high the call backs were delayed
- When calling/leaving a message, there's a really slow response time.
- Daycare told me my daughter could not come due to an exposure. They said CCPH was supposed to have contacted me. So, I called CCPH asking for the exposure date. They said their notes indicated they called and left a message. However, I never received a missed call or a message.

Appendix B: 2019 SWOT Analysis

The 2019 strategic planning process included input from staff, community partner, and Health and Human Services Board members. The department consulted with Wisconsin Department of Health Services Division of Public Health, Office of Policy and Practice Alignment (OPPA), staff to collect and analyze data and support the department in the development of work plans and the strategic plan.

In order to develop a clearer picture of strengths, gaps, and barriers, consultants from OPPA led the staff through a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. A SWOT analysis examines both internal factors (strengths and weaknesses) and external factors (opportunities and threats) that might influence future work. Staff were given the option to perform the SWOT analysis electronically or in person to best meet their needs.

To draw themes from the SWOT analysis, OPPA consultants compiled all CCDPH staff SWOT results into one document and community partner survey results into another. These compilations were scanned for recurring words and statements, which were then cross-referenced using a word cloud tool. The themes from both documents were reviewed by another OPPA consultant for consistency and highlighted within the documents.

The final step was to cross-examine the themes from both the staff and community partner analyses and highlight the themes that appeared in both. Themes from the staff SWOT analysis are listed in Table 1 below.

Table 1.

Themes from Staff SWOT Analysis

**Items in bold were mentioned multiple times*

Strengths	Weaknesses
• Innovative: Level 3 Health Department; Services that cover the life span; Health equity focus • Leaders in the community • Leadership within CCPHD: New managers; Leader with mental health background • Partnership: CHA/CHIP; Collaborations • Staff ○ Community Engagement: Involved; Charitable; willing to do outreach ○ Customer Service: Friendly; Professional; Prompt ○ Experience/Knowledge: Diversity of experience; Expertise; Educated staff	• Accountability and follow-through • Communication with department of Admin/State • External Communication • Inconsistent leadership/management policies: Flexibility for personal schedules; Flexibility not reciprocal; job responsibilities and assignments • Internal Communication: Staff availability; Who to contact/when; Continuity of operations; Top-down; Multiple calendars; Trust, gossip, and assumptions; Clear, concise, and timely communication • Leadership: Continuity; Presence of Director in office • Moving Targets

Strengths (cont.)	Weaknesses (cont.)
○ Passionate: Client-focused; Responsible ○ Resourceful/Adaptable: Evidence-based practice and research; Troubleshooting; Moving targets; Resourceful when seeking funding; Solutions focused; Open to new ideas ○ Flexible with their personal and work schedules ○ Teamwork: Supportive of each other both personally and professionally; Approachable; Employee recognition; Colors training	● Orientation and Staff Education: Inconsistent; Time to meet staff and learn roles; On the job training; Learning styles; follow up on surveys and learning ● Personnel; Matching strengths to programs; Change ● Policies and Procedures: Details; Draft status; Rigid ● Technical/Computer Skills ● Time: Burn out; Too much documentation; Complicated time coding; Not enough staff; Rural outreach; Unable to take time off ● Work Space
Opportunities	Threats
● Accreditation ● Chronic disease prevention ● Communication with dentists ● Community: Invested in CCPHD; Awareness of CCPHD; Marketing ● Employees: Skills; Internships; Fellowships ● Expansion: Small community; Public transportation; Opportunities to expand programming ● Funding: Grants and Medicaid expansion ● Health Equity: Health in All Policies ● Jail programming ● New partnerships and opportunities: local businesses; Rural communities ● Partnerships/Relationships: ADRC; CHA/CHIP; Regional/state staff availability ● Restructuring of job tasks ● Technology and Innovation: QI; VMSG; Training; Improving/expanding technology	● Changing health care systems: Buy-outs, and mergers ● Community perceptions: Knowledge/support of PH; HHS Board understanding of CCPHD; Partner buy-in; Prevention is a tough sell; Gov't as authority or helpful; Willing to accept assistance; Communication barriers ● Funding: Lack of funding; Timing of award; Competition for grants; Regionalization of services ● Less home care communication ● Local dynamics: Poverty; Transportation; Technology; Rural outreach; Schools are different ● Politics: Changing administrations; Legislation that affects residents; Mixed messaging ● Staff retention: Competition with larger HDs ● Time ● Unwillingness to share knowledge ● Working leaders ● Working with the State: State doesn't understand rural/local needs and structures; Timely notification and guidance; Reporting requirements; Health literacy/complex wording of state forms

The OPPI consultants also developed a community partner survey, which the Core Team distributed electronically to a list of over 300 community partners (approximate 10% response rate) and the Chippewa County Health and Human Services Board. Community partners were asked specifically about strengths and challenges of CCDPH. Themes from the community partner survey are found in table 2.

Table 2.

Themes from the Community Partners Survey**Items in bold were also themes in the staff SWOT analysis*

Strengths	Challenges
• Collaboration and partnership: teamwork; willing to share knowledge and expertise; communication; work with schools • Community Involvement: visible; trusted • Desire to improve; creative; open to change • Employees: Committed; competent; caring; customer service; dedicated; enthusiastic; knowledgeable; prompt response; skilled • Leadership: at director level; supportive board • Stability of staffing; low turnover • Willing to address community needs: able to reach all age groups; able to identify needs; concerned about residents; effort to address needs; emphasis on prevention; flexibility; passion	• Access to services outside of Chippewa Falls: rural communities • Communication: visibility and knowledge of Public Health Services; reaching a broad audience • Funding: decreased resources with increased needs; CHIP does not include strong fiscal plan to achieve goals; reinvestment of services • Politics • Local dynamics: pressures on residents including economic, employment, food insecurity, family stability; large geographic area; mental health, substance use; unhealthy weight; vulnerable populations • Staffing: burn out; doing more with less staff; retention; retirements and resignations • Systems thinking; Working with other agencies • Time

Chippewa County Department of Public Health Staff Full SWOT Analysis Results

	Helpful	Harmful
Internal	Strengths	Weaknesses
	• Adaptable to moving targets • All levels of staff are involved in our work. It's not just managers or Angie telling us to do things; they are also involved. • Approachable; use each other as resources • Change in leadership team- new managers • Charitable • Chippewa health improvement partnership • Client-focused; passion for helping • Collaborations/community partners • Colors training • Community partners • Customer Service • Dedicated staff • Diversity of experience • Employee recognition • Engaged with the community; charitable • Expertise	• Accountability • Assumptions • Basic life skills • Change in leadership • Clear, Concise, and timely internal communication • Communication • Communication across divisions • Communication from top down both internally and with Dept. of Administration • Complex procedures • Computer skills • Continuity • Continuity of operations during staff absences • Details in procedures and training • Divisions are very different • Documentation requirements take away from time to do job

	<i>Helpful</i>	<i>Harmful</i>
	Strengths (cont.)	Weaknesses (cont.)
Internal	• External communication • Friendly reception and intake • Great partnership for the CHA and CHIP with community partners • Having a leadership team in place • Health equity work • Helpful Policies and Procedures • High achievers (staff) • High expectations • High rate of helping children with special health care needs • Innovative Programming • Leader with mental health background • Level 3 health department • Open to new ideas and changes to programs (for example all the health equity work) • Opportunities for professional development • Passion • Passionate staff • Personable and welcoming • Professionalism • Prompt response to referrals and phone calls • Provide services that cover the life span • Resourceful with funding • Responsible staff make sure clients do not fall through the cracks • Seek out funding • Serving more men • Solution focused • Staff educated and involved • Staff is flexible with work schedules • Supportive of each other, both personally and professionally • Team building exercises • Teamwork • Teamwork and morale is good—people laughing and having fun regularly • Troubleshooting skills • Use of evidence-based practice and research • Willingness to volunteer and do outreach • Work well with partners • Working leaders • Years of experience	• Efficiency/time management • Extensive learning curve for new staff • Flexibility for personal schedules; inconsistent across divisions and with different managers; flexibility not reciprocal • Follow through • Follow through on surveys and team learning • Getting to know staff and roles during orientation • Gossiping • Hard to know what is happening with other divisions • Having a closed mind to ideas • Inefficiency due to lack of knowledge of what others are doing (communication) • Keeping calendars, email, and voicemail up to date • Lack of tech skills • Matching programs to strengths or passion; conversations with staff about assignments • Moving Targets • Multiple calendars • No enough staff to handle the work load resulting in long travel times, working over hours, having to take on other positions to meet needs of clients, actually having to turn down referrals because we don't have enough staff. • Not able to take time off because of low staff. Adds to stress and burnout • On the job training • Orientation process standardization, follow up, and consistency • P&Ps in draft status • Presence of Director in the office • Redundancy in documentation • Rigid processes; Gray areas not reflected in Policies and Procedures • Rural outreach • Seem to be at capacity for all of our divisions and programs—there is no time, energy, or funding available for people to take on other projects • Space – our loan closet is a very busy much needed service but lacks good working storage space for dirty, cleaned and reserved equipment.

	<i>Helpful</i>	<i>Harmful</i>
Internal	Strengths (cont.)	Weaknesses (cont.)
		• Staff in or out • Step by step procedures • Taking on more without eliminating something; burn out • Teaching to different learning styles • Time for orientation and review • Time to code timesheets • Time to do job • Timesheets are complicated • Trust issues both internally and externally • Understanding job responsibilities and availability • Who to contact and when • Workflow – our WIC clinic is struggling to find a good way to serve clients timely using the main reception area instead of their own reception area. WIC doesn't have enough staff to have their own reception area open.
External	Opportunities	Threats
	• Accreditation • Availability of Regional/state staff • Awareness of Chippewa County Public Health • Businesses • Chronic disease prevention • Collaboration with partners; schools and healthcare systems • Community invested and involved in public health work • Create list for dentist about fluoride • Grant writing • Grants • Health equity • Health in All Policy • Improve tech skills • Jail programming • Marketing of HHC • Medicaid expansion possibility still • Men served • Mid-west/small community (expansion) • Need of public transportation • New employees • Partnership with ADRC • QI projects • Relationships and social network connections builds community trust • Restructure job tasks • Rural communities • Share knowledge • Technology improving • Think there is still a high need for our services in rural areas that we are missing	• Being close to Eau Claire HD—they are larger and very well recognized, so they get more funding, have more opportunities, can pay staff better. • Changes in legislation that affects population served • Changing and competing healthcare systems • Clinic buy-outs and mergers • Communication barriers with the public • Community perception of government • Funding • Health and human services board and DOA not knowing what Public Health does or is about • Lack of finances/budget cuts • Lack of funding • Lack of funding for chronic disease prevention work • Lack of public support • Lack of staff • Language of external forms sounds intimidating; too complex or threatening • Less home care communication • Limited technology and access in rural areas • Mixed messaging • No transportation across the county • Notification/guidance from state • Other departments wanting to work with us • Partner buy-in • Pay for Performance going away • Perception of department as authority versus helpful

External	<i>Helpful</i>	<i>Harmful</i>
	Opportunities (cont.)	Threats (cont.)
	• Train staff to work with a victim mentality • Using employee's skills • Utilization of interns and fellows • VMSG • Work with other departments to assure we are not duplicating services	• Physical location of health department; not centralized • Politics; changing administrations and rules • Poverty • Prevention is a hard sell • Prevention is hard to fund • Regionalization of services • Regulations • Reporting requirements • Rural outreach • Schools are very different • Split funding with Eau Claire • Staff retention • State supported software and data systems changes • The State doesn't understand rural populations, local needs, and local structures for reporting requirements • Time • Timing of funding awards • Unwillingness to share knowledge with others • Willingness of community to accept help or follow up • Working leaders

Appendix C: Revision Tracking

[illegible]

Chippewa County Department of Public Health

711 N Bridge Street
Chippewa Falls, WI 54729

<https://www.chippewacountywi.gov>



STATEMENT OF EXPLANATION
HUMAN SERVICES 2024 SOCIAL MEDIA REPORT - BRANDI ENGEL

Human Services has had a social media Facebook page for five years for the purpose of creating community/public awareness about our department and what we do. Platform administrator Brandi Engel will share information and data through the annual report.



Human Services

**Social Media Metrics
January 1 -
December 31, 2024**

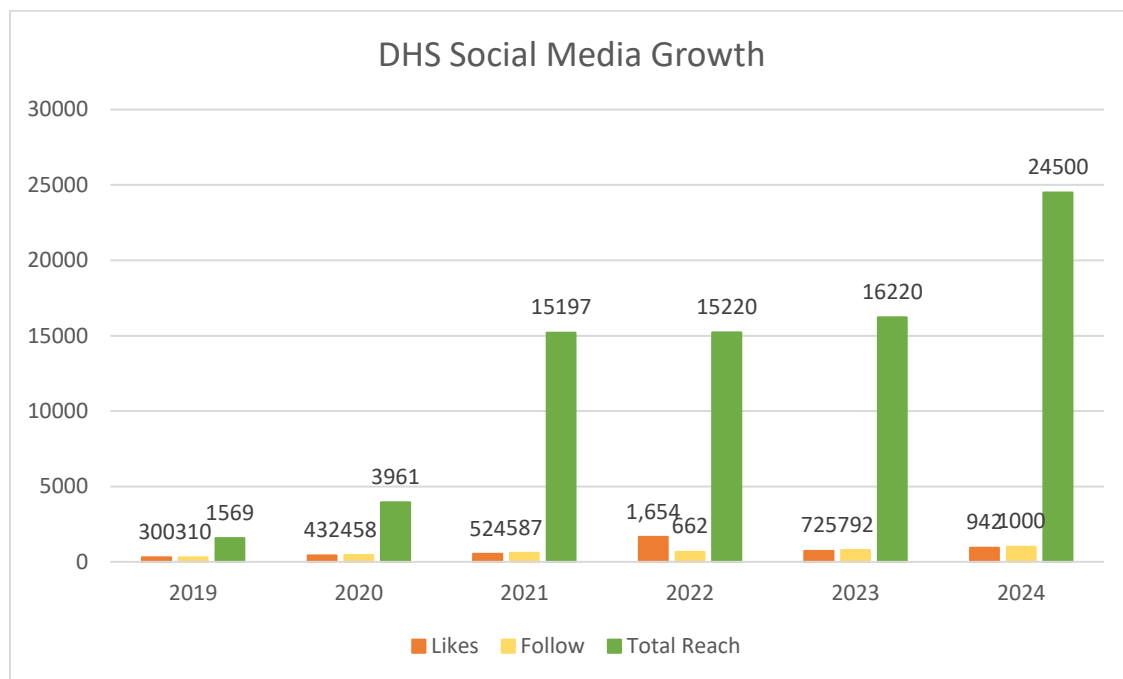


DHS Social Media (Facebook) Overview

The Department of Human Services (DHS) established their presence on Social Media (Facebook) March 18, 2019. This occurred through the work and dedication of Lead Administrative Assistant Pauline Spiegel's goal of 2019 to launch Facebook, along with assistance from another DHS Administrative Assistant Angel Lequia. Pauline is the primary platform administrator and the current backup administrator is Brandi Engel.

We wanted a social media page to create community/public awareness about Human Services – what we do and how we can help; create awareness of our connections/partnerships with community – how we all work together to assist people; and build a positive Human Services branding/image. The posts on donations for foster care, employee activities, and highly important services related information seem to be the most popular.

This is our fifth year of social media and still flowing along fairly smooth, while continuing to learn and grow.



Understanding Facebook

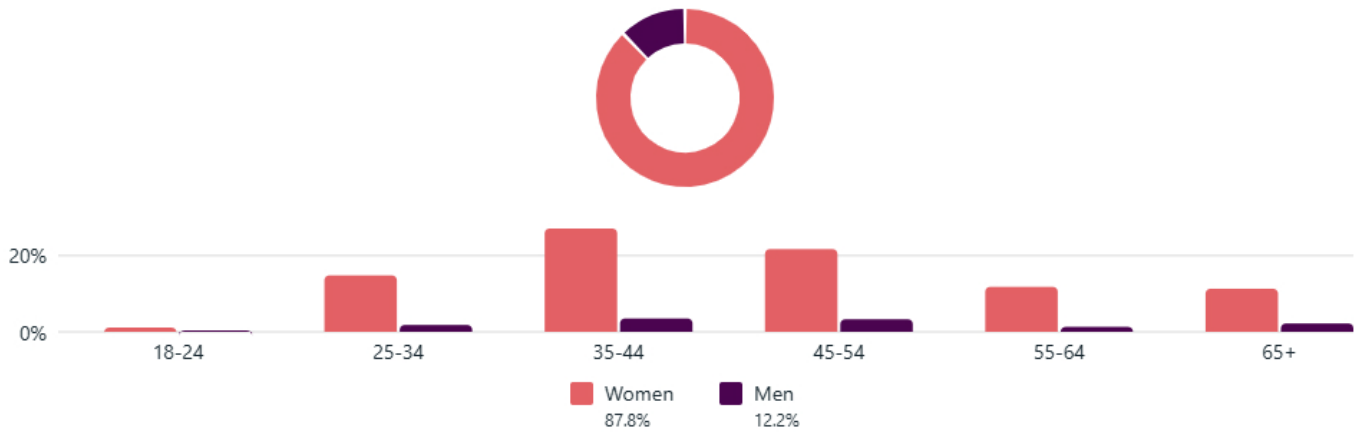
- **Facebook Profile:** provides access to Facebook
- **Facebook Page:** vehicle to share content on Facebook
- **Timeline:** updated repository of Facebook content
- **Reach:** measure of how many people see Facebook posts
- **Algorithm:** instructions for Facebook to share content
- **Organic:** reach created without financial backing
- **Insights:** data related to reach
- **Engagements:** Facebook interactions (likes and other emojis, shares, comments, etc.)
- **Followers:** users who chooses to see all the posts of another user's posts in their content feed.

DHS FACEBOOK METRICS

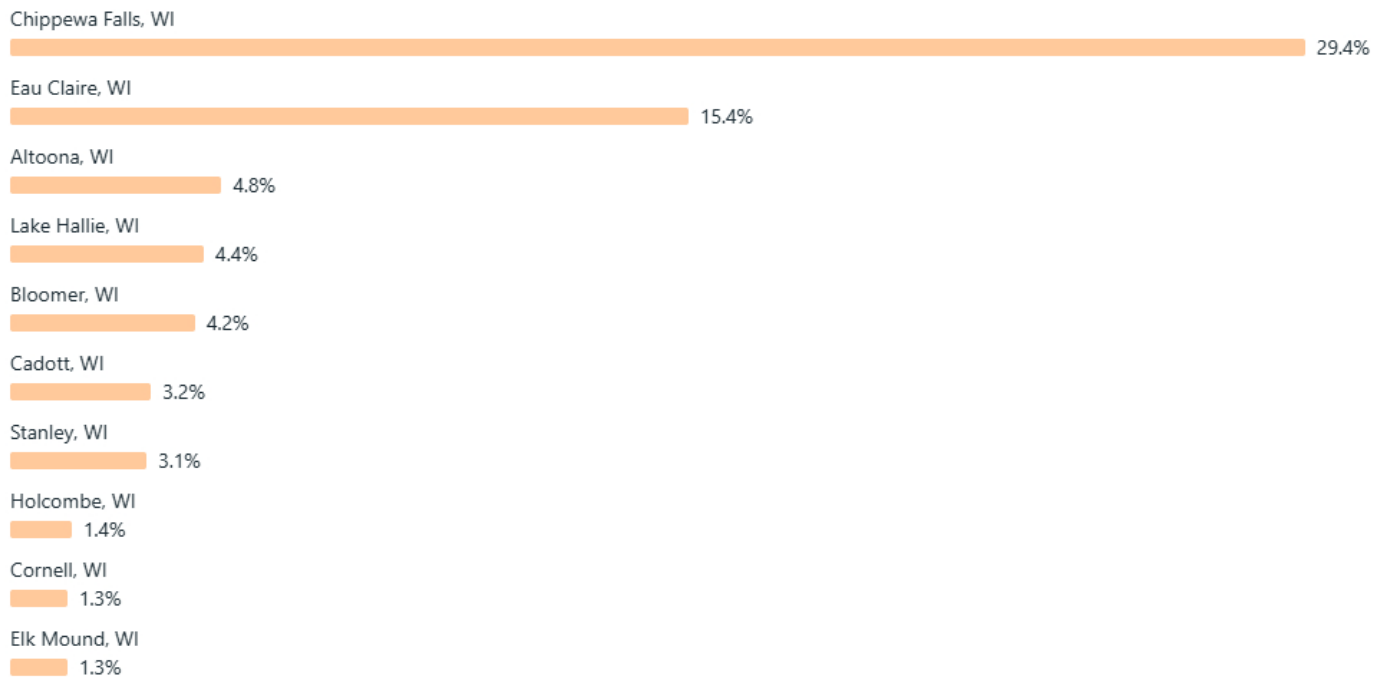
Facebook followers ⓘ

1,012

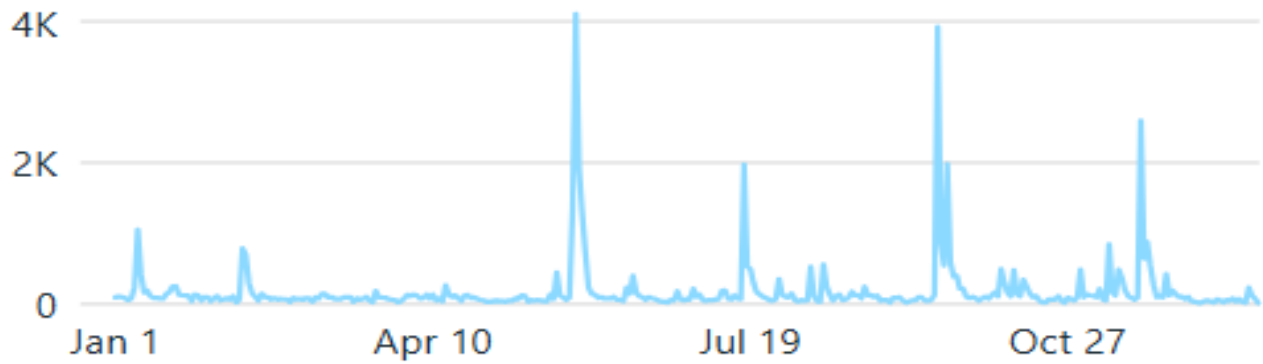
Age & gender ⓘ



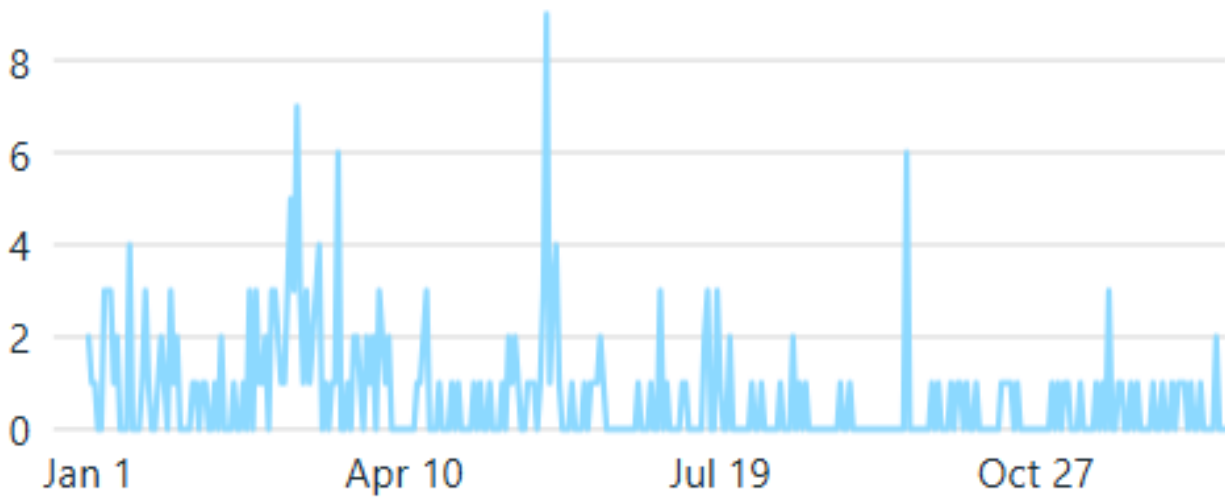
Top cities



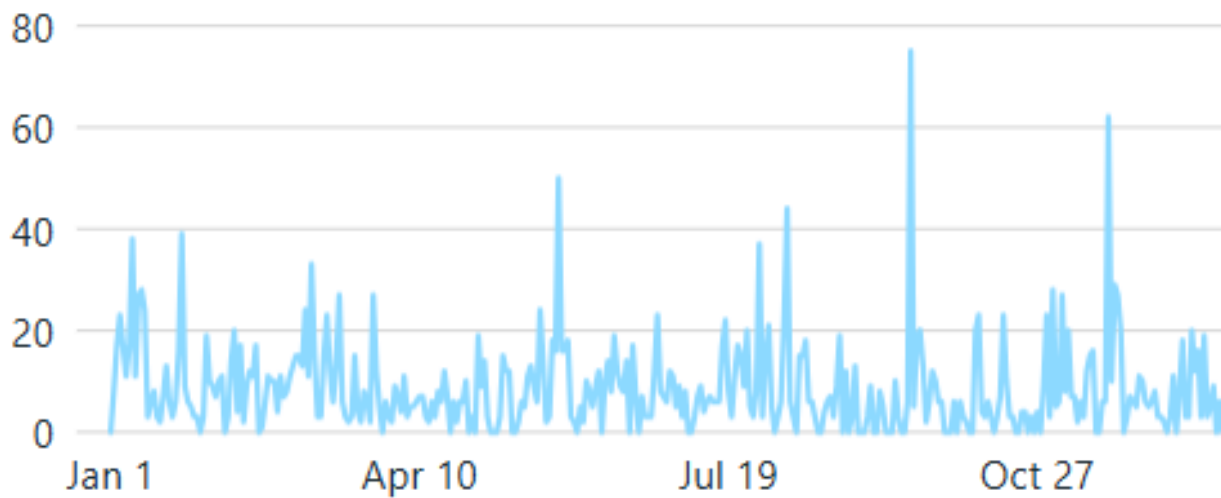
Reach 16,220 (+6.6%)



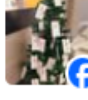
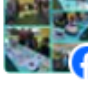
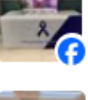
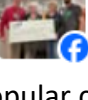
New Follows 245 (+77.5%)



Visits 3,100 (+36.2%)



TOP PERFORMING POSTS - 2024

Posts	Reach	About
 This post has no text Photo · Chippewa County Department of Human Services	Reach: 9,551 Impressions: 10,318 Interactions: 46	Flyer inviting attendance at the ADRC's free POA session
 MARK YOUR CALENDAR for October 8!! Photo · Chippewa County Department of Human Services	Reach: 5,973 Impressions: 6,029 Interactions: 24	Flyer regarding ADRC's POA session
 Please join us in fulfilling wishes from our gift tree! Our tree is Photo · Chippewa County Department of Human Services	Reach: 4,291 Impressions: 9,801 Interactions: 18	Request to pick up tags from the Spirit of Christmas giving tree
 This post has no text Photo · Chippewa County Department of Human Services	Reach: 3,284 Impressions: 3,491 Interactions: 16	Flyer regarding CFPD National Night Out
 IT'S ALMOST HERE!! It's the PERFECT event for everyone, it Photo · Chippewa County Department of Human Services	Reach: 767 Impressions: 804 Interactions: 12	Chippewa County WI Farm Technology Days Flyer
 Don't forget to stop outside the Chippewa County Courtho Photo · Chippewa County Department of Human Services	Reach: 690 Impressions: 1,164 Interactions: 4	Chippewa County participating in Downtown Trick or Treating
 A beautiful evening for another successful and FUN Nation Photo · Chippewa County Department of Human Services	Reach: 657 Impressions: 678 Interactions: 7	Staff Pictures engaging in National Night Out
 DON'T forget to mark your calendars for this FUN event for / Photo · Chippewa County Department of Human Services	Reach: 597 Impressions: 644 Interactions: 10	CFPD National Night Out Flyer
 REMINDER of the POA session October 8! Photo · Chippewa County Department of Human Services	Reach: 556 Impressions: 774 Interactions: 3	Reminder to participate in free POA session hosted by the ADRC
 URGENT Christmas Spirit REMINDER: There are still MANY ta Photo · Chippewa County Department of Human Services	Reach: 551 Impressions: 968 Interactions: 11	Reminder to participate in Spirit of Christmas giving
 Adult Protective Services (APS) and the Family Support Cente Photo · Chippewa County Department of Human Services	Reach: 435 Impressions: 446 Interactions: 9	APS & Family Support Center community engagement to hand out Elder Abuse flyers
 A HUGE thank you to the Jayna Kelley Memorial Foundation Photo · Chippewa County Department of Human Services	Reach: 407 Impressions: 654 Interactions: 33	Jayna Kelley donation of \$5,000 for Foster Care Program

Popular content from 2024 included posts regarding community engagement events, community donations, and resource events. Three top posts included information about the ADRC POA sessions. One of our top posts was in regards to our partnership with the Spirit of Christmas organization. This posted exceeded a reach of 4,200 in less than two months.

Notably, content including images of Human Services staff continue to be popular, highlighting the interest of our followers to include personalized content versus more generic content.

Ongoing content should target our popular postings and focus on community engagement and staff postings.



STATEMENT OF EXPLANATION
HUMAN SERVICES DIRECTOR'S PROGRAM AND FINANCIAL REPORT –
RANDY SCHOLZ

6.5

Interim Human Services Director Randy Scholz and Fiscal Manager Paul Brenner will provide a department program and financial report for review and discussion. (An acronym list is also included for reference.)



CHIPPEWA COUNTY

Human Services

Acronym List

Acronym	What it Stands For
ACL	Administration on Community Living (federal)
ADRC	Aging and Disability Resource Center
AFCSP	Alzheimer's Family Caregiver Support Program
AL	Assisted Living
AODA	Alcohol and Other Drug Abuse
APS	Adult Protective Services
B-3	Birth to Three
BADR	Bureau on Aging & Disability Resources
ABRF	Community Based Residential Facility
CCOP	Children's Community Options Program
CCS	Comprehensive Community Services
CHIPS	Children in need of Protection and/or Services
CILWW	Center for Independent Living of Western Wisconsin
CLTS	Children's Long-Term Support (<i>sometimes referred to as "waiver" or "CLTS-waiver"</i>)
CPS	Child Protective Services
CRS	Community Recovery Services
CSP	Community Support Program
CST	Coordinated Services Team
CWDA	Children with Differing Abilities
CYF	Children, Youth & Families
DCF	Department of Children and Families (State of Wisconsin)
DHS	Department of Health Services (State of Wisconsin)
EBD	Elderly, Blind and Disabled
ED	Emergency Detention
ENP	Elderly Nutrition Program
EMHS	Emergency Mental Health Services (Crisis)
ES	Economic Support
FEA	Fiscal Employment Agency
GRC	Great Rivers Consortium
GWAAR	Greater Wisconsin Agency on Aging Resources
ICA	IRIS Consultant Agency
IMD	Institute for Mental Disease (<i>Winnebago, Mendota, Trempealeau, etc.</i>)

Acronym	What it Stands For
IRIS	Include, Respect, I Self Direct
JCI	Juvenile Court Intake
JIPS	Juvenile in need of Protection and/or Services
LSS	Lutheran Social Services
LTC	Long Term Care
MA	Medical Assistance (<i>Medicaid</i>)
MCO	Managed Care Organization
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
NFCSP	National Family Caregiver Support Program
OAA	Older Americans Act
RCAC	Residential Care Apartment Complex
RCC	Residential Care Center
RWC	Recovery and Wellness Consortium (<i>This can be a bit confusing as there is the nine-county CCS Consortium – WRRWC) for which Chippewa is the lead county, as well as the county’s own adult mental health and substance abuse division (RWC) in Human Services.</i>)
SNF	Skilled Nursing Facility
SSA	Social Security Administration
TFC	Treatment Foster Care
TPR	Termination of Parental Rights
WCHSA	Wisconsin Counties Human Services Association
WRRWC	Western Regional Recovery and Wellness Consortium (multi-county RWC)
YIT	Youth in Translation
YJ	Youth Justice

Created 06-01-22; Reviewed 2023; Reviewed and Revised April 2024

Leadership/Director's Report to the Health & Human Services Board

Board Meeting Date: January 16, 2025

1. WCHSA Updates – None at this time

2. Department and Division Updates

Department Updates

- In the absence of a director, the Leadership Team continues to work together with the County Administrator and DOA in the delivery of services.
- We say thank you and farewell to DHS Lead Administrative Assistant Pauline Spiegel who retired January 10 after 30 years of service. Her new part-time job is assistant to the Hope Village Director and says to stop in and visit her there sometime and see the Hope Village progress.
- Work Anniversary CONGRATS and THANKS to the following staff for their service and dedication:
 - One Year – Tami Pieper (WRRWC)
 - Two Years – Emily D'Angelo (ES), Chris Kjentvet – CYF/CWDA, Carrie Schick (ADRC), Sydney Kwallek (CYF/CPS)
 - Four Years – Brittany Hestekin (Fiscal)
 - Five Years – Katie Indermuehle (CYF/CWDA)
 - Eight Years – Rachel Phelps (ES)
 - Eleven Years – Holly Anderson (RWC)
 - Twenty-two Years – Kerry Krista (CYF-Youth Justice)
 - Twenty-four Years – Kyra Secraw (CYF Manager)

Divisions:

Aging & Disability Resource Center (ADRC)

- Interviews are being held 1/13/25 for the ADRC Manager position.
- We are excited to announce Libby Leinenkugel has joined our team as an Options Counselor. Libby has experience with both Family Care and IRIS as a consultant and supervisor, and as a vocational rehabilitation specialist. We are super excited to have Libby join our team!
- Cindy Irish has joined our nutrition team. She transports meals from Eau Claire to Cadott and Stanley for our Meals on Wheels program. Cindy is a retired nurse and is a perfect fit for the program. Welcome, Cindy!
- We are hiring for a Site Aide and a Program Aide in the nutrition program.
- The nutrition program has achieved compliance for the first time in years. A huge shout-out to Kayla and the team for their work with assessments, expanding days of service, dining location site visits, nutritious menus, and the list goes on.
- Vouchers were available to people in our community who met income requirements. Almost 100 more Farmers Market vouchers were distributed this year. Additionally, \$6,730 worth of fresh fruits and vegetables were redeemed in 2023. The amount increased to \$11,736 redeemed in 2024.
- Medicare Open Enrollment was October 15 - December 7. It was an extremely busy time of year for Michelle (Elder Benefit Specialist/EBS) and support staff to ensure consumers received unbiased information about the variety of plan options and what best fits their needs. They served 102 consumers this year (compared to 68 last year.) Of the consumers where the EBS was able to enroll the consumer into a plan that would save them money, the average cost savings per consumer for their 2025 drug coverage was \$4324.

- The popular StrongBodies program is offered again at the Bloomer Senior Center. A new season of strength, flexibility, and social connections began 1/7/25.
- UW-Extension also offers a StrongBodies class (virtually) – it also began 1/7/25 and runs through 3/27/25. The deadline to register is 1/31/25.
- The SAIL program (Stay Active and Independent for Life) is back by popular demand. It is offered Mondays and Thursdays at 10:30am in Stanley, 1/6/25-3/31/25.
- Click this link to see up and coming Events and Registration, including Medicare & You classes, Power of Attorney workshops, StrongBodies classes, Dementia Support Group offerings, Book Clubs for Brain Health, etc.

Children, Youth & Families (CYF) Division

Birth-to-Three (B-3)

- Birth-to-Three has been holding its own and continues to be busy with no slow down. In December 2024, the Unit had twenty-three new referrals.
- Birth-to-Three is currently working on finalizing their 2025 contract with Rehab Resources for their therapy staff but overall the transition from Prevea to Rehab Resources has been pretty smooth.
- Birth-to-Three staff have done a tremendous job with all the changes in 2024!

Child Protective Services (CPS)

- In December 2024, the CPS Unit received 48 calls alleging Child Abuse and/or Neglect. Of those 48 calls, six were screened in to assess for safety. This was the third month out of the year that the Initial Assessment Team did not remove any children.
- In Ongoing, the team closed two children's cases. On January 20, 2025, Ashley Yang will officially be promoted to Child Protective Services Supervisor.

Children with Differing Abilities (CWDA)

- The two pre-approved supervisor positions have been recruited for and offers have been accepted. Nichole Velie and Elizabeth Patten will transition to their newly promoted roles of CWDA Supervisor on January 21. We will be recruiting for those two positions, as well as a third staff who will be transitioning to a CPS role.
- Staff are continuing to rise to the challenge of eliminating our entire waitlist. We are almost there!!

Youth Justice (YJ)

- Workload has increased due to the vacant position, which is currently in recruitment and the influx of high needs court cases.
- Juvenile Court Intake (JCI) referrals continue to align with the trends but due to the increased requirements enacted by DCF we are navigating and evaluating capacity of the entire Youth Justice team including JCI.

Economic Support (ES) Division

- Attached is the IM Case Summary County of Residence Report for the month of December to provide a snapshot look at income maintenance cases in Chippewa County.

Recovery & Wellness Consortium (RWC) Division

- 2024 had been a challenging year for the Recovery Wellness Consortium. Said goodbye to old friends and welcomed many new faces. RWC has eliminated the CCS wait list. In December RWC began implantation of rotation with staff to take shifts for handling initial mental health and APS referrals. This allows staff to schedule time in their calendar for this purpose and avoids the disruption that happens when a particular staff person is asked to complete unscheduled intake. Additionally, allows APS staff to be out in the field completing investigation in timely manner. Implementation of this process is a clear example of the level of commitment and team work by each member of the RWC team.

- Addition of LTE crisis worker to handle linkage and follow-up phone calls has free up time for the FTE crisis worker to focus on the individuals in crisis that has been placed under a court order. In 2024 there were a total 37 individual placed under some form of a court order (commitment/settlement).

3. 2024 Monthly Fiscal Information

Through Month of: December 2024

2024 Budget (total is \$36,873,608):	\$36,873,608	12 months
Expenses paid through December 31	29,785,999	
Variance to Budget:	7,087,609	

Note: The November Over/(Under) amounts are an estimated annualized amount for each placement category. Prior months estimated amounts are shown to indicate if expense variances are trending up, down or remaining the same. Note: No projection in April due to date of Board meeting.

2024 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2024 Budget*	Over/(Under)
January	91	\$401,652	\$488,250	(\$86,598)
February	87	394,824	488,250	(93,426)
March	92	431,824	488,250	(56,426)
May	97	388,152	488,250	(100,098)
June	86	400,152	488,250	(88,098)
July	82	395,319	488,250	(92,931)
August	82	391,512	488,250	(96,738)
September	80	398,860	488,250	(89,390)
October	83	381,720	488,250	(106,530)
November	81	379,728	488,250	(108,522)
December	85	431,484	488,250	(56,766)

2024 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2024 Budget	Over/(Under)
January	33	3	\$808,446	\$1,955,114	(\$1,146,668)
February	34	3	855,081	1,955,114	(1,100,033)
March	31	2	680,512	1,955,114	(1,274,602)
May	30	0	656,811	1,955,114	(1,298,303)
June	25	0	666,479	1,955,114	(1,288,635)
July	18	0	634,629	1,955,114	(1,320,485)
August	20	0	633,707	1,955,114	(1,321,407)
September	24	0	769,545	1,955,114	(1,185,569)
October	24	0	786,898	1,955,114	(1,168,216)
November	29	0	801,563	1,955,114	(1,153,551)
December	28	0	851,443	1,955,114	(1,103,671)

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care

**Additional children placed with relatives (unpaid)

2024 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2024 Budget	Over/(Under)
January	20	523,719	\$479,041	\$44,678
February	20	517,255	479,041	38,214
March	15	501,317	479,041	22,276
May	15	502,086	479,041	23,045
June	14	546,298	479,041	67,257
July	15	505,678	479,041	26,637
August	13	503,697	479,041	24,656
September	12	534,126	479,041	55,085
October	11	472,213	479,041	(6,828)
November	10	475,006	479,041	(4,035)
December	8	495,000	479,041	15,959

2024 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2024 Budget	Over/(Under)
January	23	\$286,092	\$635,392	(\$349,300)
February	81	606,866	635,392	(28,526)
March	95	640,273	635,392	4,881
April	87	644,496	635,392	9,104
May	101	662,451	635,392	27,059
June	152	885,817	635,392	250,425
July	72	916,608	635,392	281,216
August	90	917,653	635,392	282,261
September	135	931,303	635,392	295,911
October	107	940,017	635,392	304,625
November	118	843,279	635,392	207,887

** November IMD is the most recent received as of January 8, 2025

2024

Note: The following reports show monthly disbursement amounts for each placement category. The month shown is the month the invoice was paid (not the month the charge was incurred)

Month	Kinship Amount Paid	Kinship Monthly Budget
January	\$6,529	\$40,687
February	33,612	40,687
March	36,283	40,687
April	31,660	40,687
May	34,243	40,687
June	34,799	40,687
July	30,880	40,687
August	30,679	40,687
September	32,447	40,687
October	32,773	40,687
November	30,307	40,687
December	29,775	40,693
Total	\$363,987	\$488,250

Month	Adult Placements	Adult Monthly Budget
January	0	\$39,920
February	42,526	39,920
March	54,719	39,920
April	55,471	39,920
May	23,212	39,920
June	24,849	39,920
July	34,332	39,920
August	63,322	39,920
September	26,632	39,920
October	26,537	39,920
November	29,863	39,920
December	56,501	39,921
Total	\$437,964	\$479,041

Month	Children & Youth Placements	Children & Youth Monthly Budget
January	0	\$162,926
February	37,028	162,926
March	111,382	162,926
April	75,233	162,926
May	19,133	162,926
June	48,104	162,926
July	1,351	162,926
August	53,397	162,926
September	55,083	162,926
October	80,152	162,926
November	76,678	162,926
December	80,207	162,928
Total	\$637,748	\$1,955,114

Month	IMD	IMD Monthly Budget
January	0	\$52,949
February	100,811	52,949
March	59,258	52,949
April	55,590	52,949
May	69,522	52,949
June	134,012	52,949
July	74,672	52,949
August	84,589	52,949
September	94,998	52,949
October	38,065	52,949
November	101,030	52,949
Total	812,547	\$582,439

Child Protective Services (CPS) Screened-in CPS Reports Yearly Comparison

Year	Screened in CPS Reports January - December	Number of IA Workers	End of Year
2024	180	4	N/A
2023	157	4	167
2022	175	4	189
2021	185	4	199
2020	241	4	261

WCHSA Caseload Recommendations

Initial Assessments: 11 cases per worker with no more than 6 new assessments per worker per month

Ongoing: 10 cases per worker with no more than 15 children per worker

Current CPS Family Caseloads (01-08-25)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	3	5	6	5						
Ongoing					3	2	5	4	3	3

Total Families/Cases Open: Initial Assessment = 19; Ongoing = 20; equals 39 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to December 31 for each year listed below (includes Kinship)

2024	2023	2022	2021	2020	2019	2018	2017	2016	2015
73	142	174	195	194	202	220	201	148	80

Children/Youth Opened in CCS and/or CLTS (Jan 2025)

Children/Youth Opened in December	10
Children Waiting to be Screened to Determine Eligibility	14
Waitlist - CCS	1
Waitlist - CLTS	8

Current IMD Expenditures (January - November 2024)

Children/Youth – IMD	\$ 32,698
Adults – IMD	740,308*
Total	\$ 773,006

*22k decrease from last month – insurance receipts related to prior months were greater than new charges

Yearly Comparison Crisis: Jan –December

	Adults	Children
2024	690	133
2023	764	142
2022	614	158
2021	582	169
2020	651	171

Yearly Comparison Youth Justice Referrals

Year	Jan-Oct	End of Year
2024	226	N/A
2023	214	243
2022	221	263
2021	201	236
2020	193	243

IM Case Summary County of Residence Report

User Selections	
Year	2024
Month	December
Consortium	GREAT RIVERS CONSORTIUM
County of Residence	CHIPPEWA COUNTY

Last Database Refresh Date : 12/31/2024

[Report Help](#)

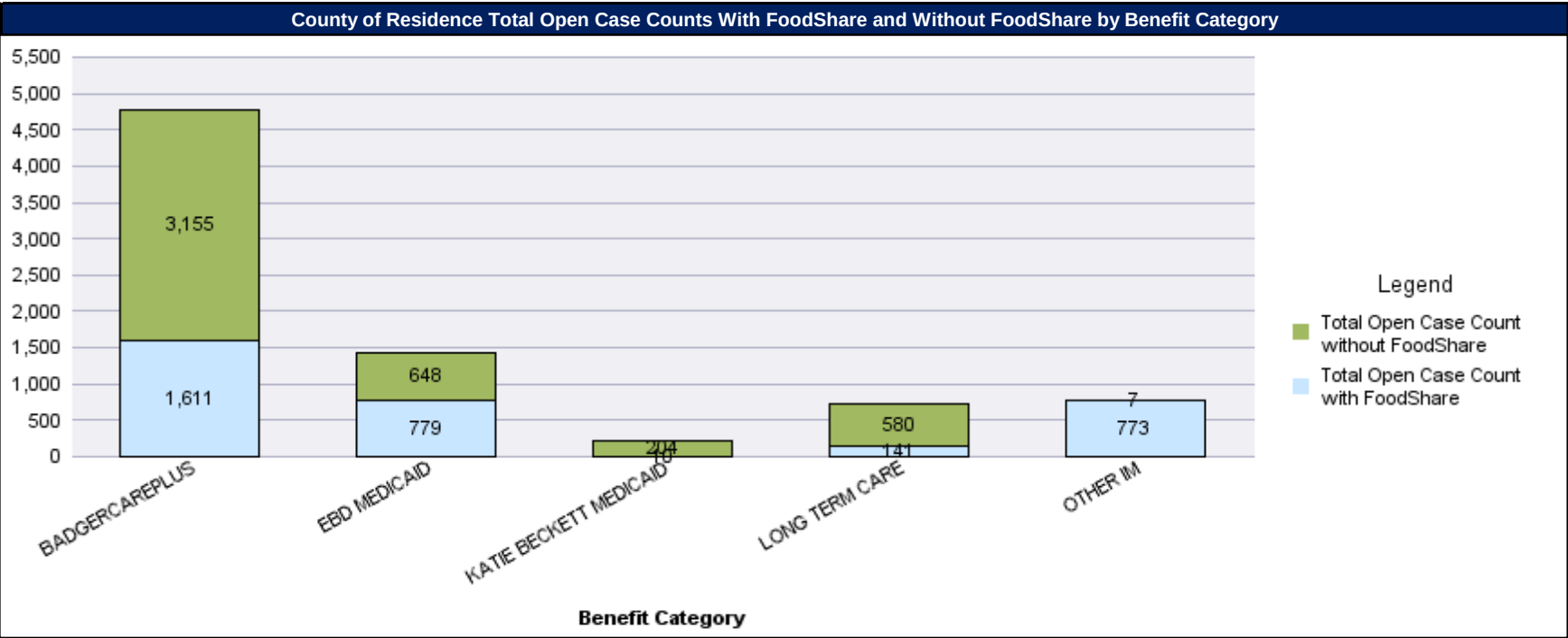
County of Residence IM Case Summary			
	Total Open Case Count	Total Open Case Count with FoodShare	Total Open Case Count without FoodShare
Total Distinct Count of Cases across all Categories	7359	3154	4205

[IM Case Summary Detail Drilldown Links](#)

[IM Case Summary Detail Report](#)

County of Residence IM Case Summary by Benefit Category				
Benefit Category	Benefit Sub-Category	Total Open Case Count	Total Open Case Count with FoodShare	Total Open Case Count without FoodShare
BADGERCAREPLUS		4766	1611	3155
	BADGERCARE PLUS FOR FAMILIES	2925	1032	1893
	BADGERCARE PLUS FOR CHILDLESS ADULTS	1617	559	1058
	FAMILY PLANNING ONLY SERVICES	388	41	347
EBD MEDICAID		1427	779	648
	EBD MEDICAID	467	316	151
	MEDICAID PURCHASE PLAN	403	221	182
	MEDICARE SAVINGS PROGRAM	1091	619	472
LONG TERM CARE		721	141	580
	FAMILY CARE			
	PACE			
	PARTNERSHIP			
	IRIS	164	57	107
	COMMUNITY WAIVERS	436	82	354
	INSTITUTION MEDICAID	121	2	119
OTHER IM		780	773	7

	FOODSHARE	756	756	
	CARETAKER SUPPLEMENT	24	17	7
KATIE BECKETT MEDIC		214	10	204



STATEMENT OF EXPLANATION
PUBLIC HEALTH DIRECTOR'S PROGRAM AND FINANCIAL REPORT –
BRITTNAY FORTUNA

Public Health Director Brittnay Fortuna provides a department program and financial report for review and discussion.



Administration Division

A sincere thank you to the Public Health Fiscal Admin team for their incredible efforts and dedication throughout 2024. As the year comes to a close, the team has diligently been working on flu and COVID-19 vaccine billing, PNCC, Lead, TB, and Reproductive Health billing. We have also been working on annual reports, grant claims, supply ordering, and year-end journal entries. In preparation for 2025, we have set up recurring meetings, documents, and tools to ensure another successful year.

In addition to these tasks, we've continued vital community support services, including Breastfeeding Peer Counseling, wheelchair loans, car seat safety education, and providing car seats to families in need. We also facilitated vaccination appointments and supported clinics.

Community Health Division

Cervical Cancer Awareness Month

Cervical Cancer Awareness Month, observed each January, is a critical time to focus on preventing and detecting cervical cancer. This disease, primarily caused by the human papillomavirus (HPV), affects an estimated 13,820 individuals annually in the United States, with over 4,360 deaths (Source: American Association for Cancer Research). Prevention and early detection are key to reducing these numbers.



HPV vaccination is a cornerstone of prevention, offering protection against multiple high-risk strains of the virus. The CDC recommends the vaccine for individuals aged 9 to 45, with an ideal starting age of 11 or 12. Research shows significant declines in cervical cancer rates among vaccinated young women. Additionally, early detection through regular Pap tests and HPV testing is crucial for identifying precancerous changes. Screening guidelines recommend Pap tests every three years starting at age 21, with combined Pap and HPV testing from ages 30 to 65.

Despite progress, cervical cancer disproportionately impacts Black and Hispanic women, as well as low-income and rural populations, highlighting the need for equitable access to prevention and care.

The Chippewa County Department of Public Health supports cervical cancer prevention through its HPV vaccination program. Additionally, our Reproductive Health program offers cervical cancer screenings, including Pap tests and education on early detection. These services ensure that residents have access to lifesaving preventive measures.

By observing Cervical Cancer Awareness Month, we can raise awareness, promote these services, and work toward reducing the impact of cervical cancer in our community.

Norovirus Update

Norovirus outbreaks have increased in Chippewa County over the past few months. This highly contagious virus causes gastrointestinal distress, with symptoms such as vomiting, diarrhea, and stomach cramps. Symptoms can appear as soon as 12 hours after exposure and typically last two to three days.

As a virus, Norovirus spreads easily and there is no specific treatment. Practicing good hand hygiene is the most effective way to prevent infection. Be sure to wash your hands thoroughly with soap and water, as hand sanitizer does not kill Norovirus.

If you become ill, stay hydrated, get plenty of rest, and seek medical attention if symptoms become severe. To prevent spreading the virus, remain at home and avoid school or work for at least 48 hours after symptoms subside.

Avian Influenza Update

Avian influenza, or bird flu, is a virus that primarily affects birds but can sometimes spread to humans and other animals. Wild birds often carry the virus without symptoms, but it can infect domestic poultry and occasionally people through close contact with infected birds or contaminated environments. Some strains, such as H5N1, can cause severe illness in humans.

Bird flu outbreaks can significantly impact public health, the economy, and food security. They often result in the loss of poultry, disrupt food supplies, and pose risks to human health. Agencies like the CDC and WHO play crucial roles in tracking outbreaks, providing guidance, and advancing research to manage these threats.

Wisconsin recently reported its first confirmed human case of H5N1, involving a person who had direct contact with infected poultry. This case is part of a larger outbreak affecting birds and mammals across several states. Health officials at both the state and federal levels are closely monitoring the situation to prevent further spread.

In March 2024, H5N1 was detected in dairy cattle in the U.S., with cases reported in Texas, California, Colorado, and Michigan. The virus is thought to have spread through contaminated equipment or movement between facilities. Several dairy workers in these states developed mild symptoms, underscoring the virus's potential to jump between species. To date, Wisconsin has not reported any cases in dairy cattle.

To address this, the USDA launched a National Milk Testing Strategy to monitor raw milk for the virus and implemented stricter biosecurity measures. These actions, combined with ongoing research and vaccine development, highlight the importance of a One Health approach, which considers the interconnected health of humans, animals, and the environment.

Everyone can take simple precautions to reduce risks. In Wisconsin, people are advised to avoid touching sick or dead birds and report them to local health authorities. Thoroughly washing hands after handling poultry, ensuring poultry and eggs are fully cooked, and avoiding unpasteurized milk products are essential safety steps. Farmers are encouraged to adopt strict biosecurity practices to protect their flocks. Protecting against bird flu takes teamwork, involving healthcare providers,

veterinarians, scientists, and public health experts, all working together to keep both people and animals healthy.

Communicable Disease

The Health Officer is required by Wisconsin State Statute 252.05 to report information on current communicable disease reporting and follow-up to the Health and Human Services Board. In December, we received 102 new reports: 30 confirmed (10 Coronavirus (COVID-19), 7 Coronavirus (COVID-19 Associated Hospitalization), and 1 Pertussis (Whooping Cough); 3 probable cases (1 Hepatitis C, 1 Influenza-Associated Hospitalization, and 1 Lyme Laboratory Report); and 41 that did not meet the definition of a case (7 Pertussis, 7 Hepatitis A, 5 Hepatitis B, and 5 Lead-Blood Levels-Adults). See the attached report for further breakdown by disease type. Attached is the 2024 Yearly CD Report for review.

Environmental Health Division (EH)

For the last month of the year, the Environmental Health team completed 45 food safety and recreational licensing inspections and pre-inspections. Three safety complaints including a pool complaint came in after many businesses saw increased visitors with Thanksgiving and Christmas. The team finished sampling for the DNR requirements, totaling 27 water samples collected in the last 30 days.

Sanitary surveys are completed every five years at all TN facilities to evaluate eight elements of the water system essential for ensuring safe drinking water. This is also an opportunity to update the Department's records, provide technical assistance, and identify potential risks, that may impact drinking water quality. In December, the EH team completed five surveys. Each survey takes approximately three hours to complete.

Looking back at 2024:

- Hired a new inspector, Bre Moldrem, who finished her training earlier in the year and is working on completing FSRL inspections and the TN/ DNR program.
- Kyle is now handling all human health hazard complaints, and working with other County agencies to provide services and help to those individuals if possible. He completed 30 complaints dealing with air quality, mold, people who hoard, animal control, and more.
- The EH team attended approximately 105 hours of training, which focused on developing inspector skills, environmental health issues, safe drinking water, pool inspections, and more. These trainings are essential to maintaining the inspectors' credentials.
- Opened up our bacteria water testing services to the public, which had a successful launch. The EH team collected and processed:
 - 296 DNR-required bacteria tests, which is approximately 2 weeks of work!
 - 504 total water samples including nitrite samples.
 - 127 bacteria samples were brought in from residents or collected at tourist rooming house inspections and processed.

- 44 sanitary surveys were completed, which are deeper dives into a facility's water system to look for potential defects and contamination points. During these surveys, approximately 15 violations were found and facilities water systems were improved.
 - We received our Nitrate Screening Grant that will end in June 2025, and we currently have over 200 free screenings completed with seven events currently scheduled.
- The team completed the following food safety and recreational licensing inspections:
 - Total of 690 inspections. This equals about 26 weeks of our team's work.
 - 20 food safety and recreational complaints were investigated including water and electricity at hotels, cockroaches in restaurants, foreign material found in food, food handler hygiene practices, and more. Complaints are additional inspections completed outside of a facility's routine inspection.
- Chippewa County had many successful festivals and fairs throughout the summer including:
 - Rock and Country Fest, Northern WI State Fair, Spring Fest, and Oktoberfest. Our inspectors attended seven events to complete the food truck and mobile food safety inspections.
- Finished our FDA Retail Standards Grant in December to compare how our team operates to the current federal regulations. This allowed us to prioritize procedural improvements to become a more efficient and well-rounded team.

2024 was jam-packed with food safety, beach water testing, safe drinking water, and more! The EH Team is excited to see the improvements our team can make to our community in 2025!

Nutrition Division

2024 Women, Infants and Children (WIC) Program Year in Review

- 1,356 pregnant, breastfeeding, and post-partum women, infants and children served. An increase of 49 participants from 2023.
- 1,123 certification appointments completed by support staff and dietitians.
- 3,071 nutrition appointments completed by dietitians, an increase of 452 visits (17%) from 2023.
- 120 unduplicated women received support from our breastfeeding peer counselor, an increase of 7 from 2023.
- \$813,036 in WIC foods purchased from Chippewa County grocery & special pharmacy vendors.
- \$18,368 in revenue for authorized Farmer Market Nutrition Program farmers that sell in Chippewa County, an increase of over \$4,000 from 2023.
- WIC caseload from December 2023 (853 participants) to December 2024 (911 participants) increased by 6.8%!

Farmers Market Nutrition Program (FMNP) Update

Our 2024 FMNP season came to an end October 31. Each eligible WIC participant could elect to receive \$40 of vouchers to use from June 1 – October 31 at an authorized farmers market or farm stand. The Farmers Market Nutrition Program not only increases our families' access to fresh fruits and vegetables but also supports our local farmers.

Chippewa County WIC-enrolled families utilized the WIC Farmers Market Nutrition Program benefits to purchase \$13,416 of Wisconsin locally grown fresh fruits, vegetables, and herbs an increase of \$3,120 from 2023. Redemption rates continue to increase and Chippewa continues to be above the state average for the percentage of vouchers redeemed. Chippewa County WIC participants redeemed 51% of their FMNP vouchers compared with 41% at the State level. Previously Chippewa County redemption rates were 50% in 2023 and 47% in 2022.

State Management Evaluation Results

Every two years, local WIC agencies have an audit called the State Management Evaluation. The WIC Management Evaluation assesses 131 criteria that are used to improve and maintain quality services by evaluating the effectiveness and efficiency of program management and the provision of WIC services to participants. This is done through onsite observation, administrative reviews of policies and procedures, chart audits, and fiscal reviews of all WIC programs including our Breastfeeding Peer Counselor Program and Farmers Market Nutrition Program. We received our final report and findings on December 10, 2024.

Overall, the report was positive with many commendations of operations and customer service provided by staff. There was one quality improvement recommendation in which women were being assigned an incorrect code when they discontinued breastfeeding. We had one corrective action in which there were times when State policy was not followed when issuing breast pumps and/or breast aids. The State also had three additional follow-up items that were recommended. Stephanie, the WIC Director, has 30 days to submit a response plan and timeline for quality improvement/recommendation and corrective action items. These items need to be corrected within six months of the findings.

Planning and Strategy Division

The Planning and Strategy Division is starting the year by reflecting on the successful completion of key initiatives in late 2024, including collaborative efforts to enhance services for children and youth with special health care needs and the finalization of the 2025–2027 Community Health Improvement Plan.

Essential Resource Purchase Program (ERPP)

The Children's Resource Center – West successfully designed and implemented the Essential Resource Purchase Program, allocating \$12,000 to regional organizations to enhance services for children and youth with special health care needs (CYSHCN).

- This funding supported essential resources that are already making a positive impact on CYSHCN across the region.
- We eagerly anticipate feedback from partner agencies in the coming months to learn more about the program's outcomes.

This initiative highlights our division's dedication to improving outcomes for vulnerable populations and fostering partnerships that address the needs of children and families.

Chippewa Health Improvement Partnership (CHIP)

In December, the community health improvement planning process concluded in partnership with the coalition. During the second retreat on December 10, the coalition finalized a mission, vision, goals, and objectives for the 2025–2027 Community Health Improvement Plan.

The coalition also recommended a name change to Healthy Chippewa County, which the Steering Committee votes on this month.

The plan will be presented to the Health and Human Services Board next month.

These efforts set the stage for meaningful progress in addressing key health priorities for Chippewa County over the next three years.

Years of Service

CONGRATULATIONS to the following staff for their hard work and dedication to providing excellent customer service to the citizens of Chippewa County.



- ❖ Sarah McQuillan, Fiscal Manager – 6 years
- ❖ Carol Lendle, Limited Term Registered Nurse – 4 years
- ❖ Kristen Walters, Environmental Health Specialist – 2 years
- ❖ Bre Moldrem, Environmental Health Specialist – 1 year



**Wisconsin Department of Health Services
Division of Public Health
PHA VR - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 12/1/2024 to 12/31/2024

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19) - ASSOCIATED HOSPITALIZATION	7	0	5	0	12
CORONAVIRUS, NOVEL 2019 (COVID-19)	10	0	0	1	11
PERTUSSIS (WHOOPING COUGH)	1	0	0	7	8
CHLAMYDIA TRACHOMATIS INFECTION	7	0	0	0	7
HEPATITIS A	0	0	0	7	7
HEPATITIS B, CHRONIC	0	0	1	5	6
PARAPERTUSSIS	0	0	3	3	6
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	0	0	6	0	6
LEAD-BLOOD LEVELS - ADULT	0	0	0	5	5
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	4	0	4
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	3	3
HEPATITIS C, CHRONIC	0	1	0	2	3
INFLUENZA-ASSOCIATED HOSPITALIZATION	2	1	0	0	3
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3	0	0	0	3
SYPHILIS REACTOR	0	0	1	2	3
E-COLI, ENTEROPATHOGENIC (EPEC)	0	0	2	0	2
LYME LABORATORY REPORT	0	1	0	1	2
ANAPLASMOSIS, A. phagocytophilum	0	0	0	1	1

Executed: 1/2/2025 4:20:25 PM

Page 1 of 2

Attachment: December CD Report (8751 : Public Health Director's Program and Financial Report – Brittney Fortuna)

Disease	Confirmed	Probable	Suspect	Not A Case	Total
BABESIOSIS	0	0	0	1	1
CAMPYLOBACTERIOSIS	0	0	1	0	1
CARBAPENEMASE PRODUCING ORGANISM (CPO)	0	0	1	0	1
CARBAPENEMASE PRODUCING ORGANISM (CPO), CLINICAL	0	0	0	1	1
HEPATITIS E, ACUTE	0	0	1	0	1
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	0	1	1
POLIOMYELITIS	0	0	0	1	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	0	0	1	0	1
UNKNOWN DISEASE	0	0	1	0	1
VARICELLA (CHICKENPOX)	0	0	1	0	1
Total	30	3	28	41	102

Default Filters: 'State' EQUAL TO 'WI'



**Wisconsin Department of Health Services
Division of Public Health
PHA VR - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2024 to 12/31/2024

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	298	9	6	50	363
LYME LABORATORY REPORT	0	106	0	74	180
INFLUENZA	117	26	11	1	155
CORONAVIRUS, NOVEL 2019 (COVID-19) - ASSOCIATED HOSPITALIZATION	95	4	18	1	118
CHLAMYDIA TRACHOMATIS INFECTION	109	0	0	0	109
HEPATITIS A	0	0	3	92	95
LEAD-BLOOD LEVELS - ADULT	0	0	1	70	71
HEPATITIS C, CHRONIC	7	2	1	54	64
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	1	0	50	2	53
INFLUENZA-ASSOCIATED HOSPITALIZATION	50	1	1	0	52
E-COLI, ENTEROPATHOGENIC (EPEC)	2	8	40	0	50
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	46	46
HEPATITIS B, CHRONIC	1	0	1	41	43
RESPIRATORY SYNCYTIAL VIRUS (RSV)	42	0	1	0	43
PERTUSSIS (WHOOPING COUGH)	6	0	1	27	34
RESPIRATORY SYNCYTIAL VIRUS (RSV) - ASSOCIATED HOSPITALIZATION	9	0	22	0	31
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	9	0	8	14	31

Disease	Confirmed	Probable	Suspect	Not A Case	Total
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	22	8	30
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	0	0	30	0	30
PARAPERTUSSIS	0	0	8	21	29
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	25	0	0	0	25
ANAPLASMOSIS, A. phagocytophilum	9	2	0	9	20
CAMPYLOBACTERIOSIS	3	10	5	1	19
VARICELLA (CHICKENPOX)	1	0	1	17	19
SALMONELLOSIS	13	4	0	0	17
SYPHILIS REACTOR	0	0	1	16	17
BABESIOSIS	2	0	0	13	15
E-COLI, ENTEROTOXIGENIC (ETEC)	2	8	3	2	15
LYME DISEASE, ERYTHEMA MIGRANS (EM) RASH	7	0	0	7	14
GONORRHEA	13	0	0	0	13
CRYPTOSPORIDIOSIS	6	1	1	3	11
BLASTOMYCOSIS	5	0	0	4	9
EHRlichiosis/ANAPLAS MOSIS, undetermined	0	0	0	9	9
TUBERCULOSIS, LATENT INFECTION (LTBI)	7	0	1	1	9
YERSINIOSIS	1	7	0	0	8
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1	3	1	1	6
GIARDIASIS	2	0	1	3	6
LEAD-BLOOD LEVELS - ADULT - BLL 10	3	0	0	3	6
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	0	0	4	2	6
ASBESTOSIS	0	1	3	0	4
CARBAPENEMASE PRODUCING ORGANISM (CPO)	0	0	1	3	4
CARBON MONOXIDE POISONING	1	0	1	2	4

Disease	Confirmed	Probable	Suspect	Not A Case	Total
Q FEVER, unspecified	1	1	0	2	4
CARBAPENEMASE PRODUCING ORGANISM (CPO), CLINICAL	1	0	1	1	3
CHEMICAL PNEUMONITIS	1	0	2	0	3
E-COLI, ENTEROINVASIVE (EIEC) / SHIGELLOSIS	0	2	1	0	3
LEGIONELLOSIS	3	0	0	0	3
SYPHILIS, UNKNOWN DURATION OR LATE	0	3	0	0	3
AFB SMEAR	2	0	0	0	2
BORRELIOSIS, BORRELIA MIYAMOTOI	2	0	0	0	2
EHRlichiosis, SPECIES UNDETERMINED	1	0	0	1	2
HEPATITIS C, PERINATAL	0	0	0	2	2
HISTOPLASMOSIS	0	0	0	2	2
PLESIOMONAS INFECTION	0	0	1	1	2
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, Unspecified	0	0	0	1	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
BORRELIOSIS (NON- LYME), BORRELIA SPECIES UNSPECIFIED	0	1	0	0	1
BRUCELLOSIS	0	0	0	1	1
CARBAPENEMASE PRODUCING CARBAPENEM- RESISTANT ENTEROBACTEREALES	0	0	0	1	1
ENTERIC-NOT REPORTABLE	0	0	0	1	1
HEPATITIS C, ACUTE	1	0	0	0	1
HEPATITIS E, ACUTE	0	0	1	0	1
MEASLES (RUBEOLA)	0	0	0	1	1
METAL POISONING - ARSENIC	0	0	0	1	1
MUMPS	0	0	0	1	1
ORTHOPOXVIRUS, MPOX	0	0	0	1	1
POLIOMYELITIS	0	0	0	1	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
RUBELLA	0	0	0	1	1
SHIGELLOSIS	1	0	0	0	1
SYPHILIS, EARLY NON-PRIMARY, NON-SECONDARY	0	1	0	0	1
TOXOPLASMOSIS	0	0	1	0	1
TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE)	0	0	0	1	1
TUBERCULOSIS	0	0	1	0	1
UNKNOWN DISEASE	0	0	1	0	1
VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)	0	0	1	0	1
VIBRIOSIS, NON CHOLERA	1	0	0	0	1
Total	861	200	257	618	1936

Default Filters: 'State' EQUAL TO 'WI'



Public Health Financial Results

Unaudited December 2024

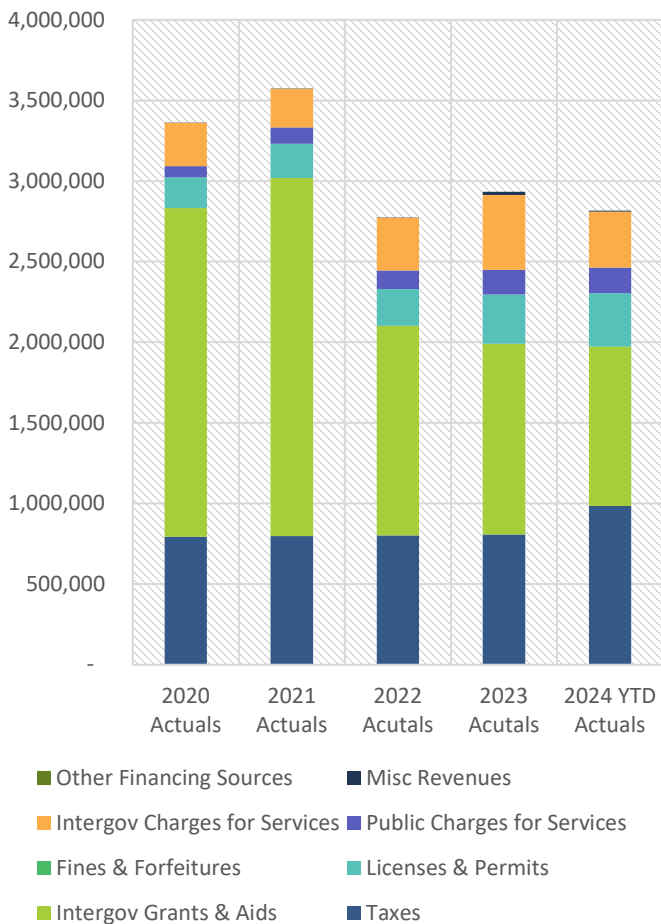
Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (516,549.00)	\$ (567,990.74)	110.0%	\$ 516,549.00	\$ 603,962.42	116.9%
54121	Nurse Family Partnership	(125,744.00)	(102,676.48)	81.7%	125,744.00	120,084.07	95.5%
54123	Farmers Market	(4,261.00)	(4,016.68)	94.3%	4,261.00	4,599.43	107.9%
54125	Prenatal Care Coordination	(67,710.00)	(20,253.10)	29.9%	67,710.00	26,800.09	39.6%
54127	Healthy U	(15,683.00)	(15,546.68)	99.1%	15,683.00	26,436.09	168.6%
54128	Public Health Preparedness	(52,389.00)	(24,449.24)	46.7%	52,389.00	41,860.95	79.9%
54129	TN Program	(51,189.00)	(39,712.89)	77.6%	51,189.00	50,365.50	98.4%
54139	CHIP Coalition	-	(1,129.91)		-	3,592.81	
54132	Drug Free Community Grant	(141,600.00)	(162,470.04)	114.7%	141,600.00	157,108.77	111.0%
54133	Iron Will Endowment Fund	(1,881.00)	(2,914.69)	155.0%	1,881.00	1,047.07	55.7%
54135	Bright Start River Source	(11,192.00)	(21,041.96)	188.0%	11,192.00	10,402.82	92.9%
54138	Planning & Strategy	(365,415.00)	(371,744.65)	101.7%	365,415.00	231,546.11	63.4%
54140	WIC	(475,766.00)	(386,919.64)	81.3%	475,766.00	429,308.49	90.2%
54142	Maternal & Child Health Program	(29,630.00)	(31,937.80)	107.8%	29,630.00	32,148.61	108.5%
54144	Wisconsin Wins	(5,011.00)	(3,512.28)	70.1%	5,011.00	3,405.50	68.0%
54148	COVID Workforce	(26,692.00)	(9,292.24)	34.8%	26,692.00	9,656.59	36.2%
54149	Pre-Venture	(21,018.00)	(1,529.64)	7.3%	21,018.00	14,573.71	69.3%
54150	Prevention	(9,498.00)	(7,368.72)	77.6%	9,498.00	9,251.26	97.4%
54151	Equipment Loan Closet	(3,055.00)	(2,610.32)	85.4%	3,055.00	3,170.19	103.8%
54152	Childrens Resource Center	(243,932.00)	(183,524.57)	75.2%	243,932.00	230,319.16	94.4%
54154	Title X Reproductive Health	(6,120.00)	(5,424.56)	88.6%	6,120.00	14,254.90	232.9%
54156	FIT WIC	(42,152.00)	(34,895.15)	82.8%	42,152.00	46,992.96	111.5%
54157	Reproductive Health	(56,016.00)	(39,158.66)	69.9%	56,016.00	47,653.88	85.1%
54158	WIC BF Peer Counseling	(20,372.00)	(19,940.71)	97.9%	20,372.00	22,872.82	112.3%
54161	Health Clinics	(32,651.00)	(43,126.55)	132.1%	32,651.00	42,351.93	129.7%
54162	COVID Vaccine	(28,157.00)	(8,188.27)	29.1%	28,157.00	20,110.12	71.4%
54163	Overdose Fatality Review	(39,144.00)	(19,171.20)	49.0%	39,144.00	23,688.81	60.5%
54164	COVID Contact Tracing	(95,392.00)	(88,089.47)	92.3%	95,392.00	128,707.30	134.9%
54165	GYT - Get Yourself Tested	(2,231.00)	(1,402.08)	62.8%	2,231.00	1,380.09	61.9%
54166	Water Lab	-	(4,290.00)		-	19,312.69	
54171	Food Safety Recreation License	(321,733.00)	(361,820.93)	112.5%	321,733.00	374,965.85	116.5%
54172	Infant Immunization Grant	(17,402.00)	(14,241.36)	81.8%	17,402.00	17,082.37	98.2%
54173	Opioid Abatement	-	-		-	19,289.08	
54174	Forward Health Outreach	(22,823.00)	(20,390.43)	89.3%	22,823.00	24,862.70	108.9%
54176	Environmental Health	(95,131.00)	(94,048.60)	98.9%	95,131.00	39,998.95	42.0%
54178	Public Health Infrastructure	-	(6,713.00)		-	7,472.45	
54180	DHS Agreement	(155,965.00)	(60,010.58)	38.5%	155,965.00	123,751.53	79.3%
54182	Environmental Tracking	-	-		-	8,488.15	
54184	Childhood Lead Poisoning Prev.	(10,082.00)	(3,937.64)	39.1%	10,082.00	7,526.93	74.7%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54188	WI Wayfinder	-	(18,454.12)		-	34,733.30	
54189	Sensory Friendly Vaccination	-	(9,000.00)		-	8,467.90	
54190	Public Health Donation Expendi	(1,000.00)	(2,825.80)	282.6%	1,000.00	2,442.08	244.2%
		\$ 3,115,086.00	\$ 2,815,771.38	90.4%	\$ 3,115,086.00	\$ 3,045,752.16	97.8%



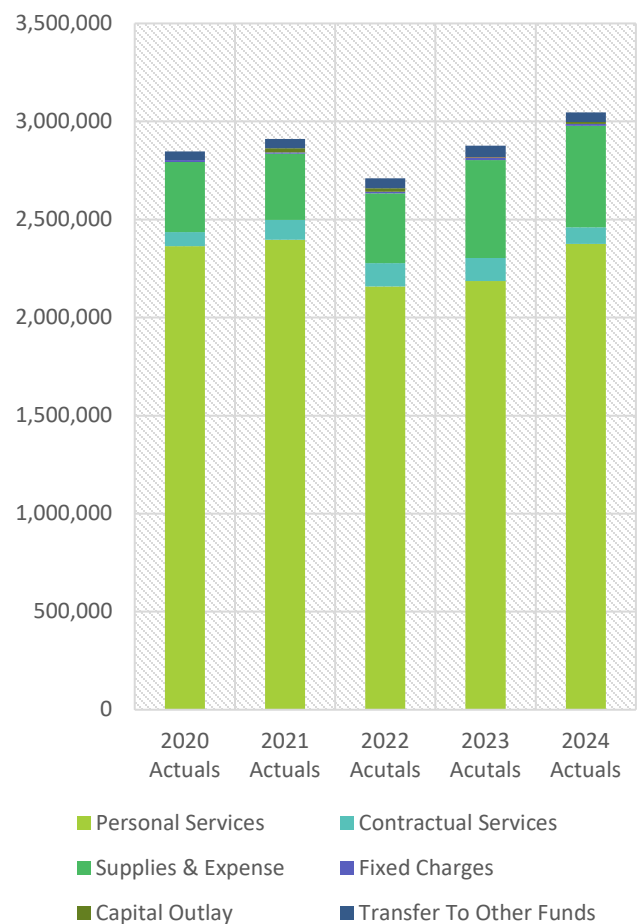
Public Health Revenue vs Expenses

Variance Year-to-Date through December 2024

Total Revenues for All Years



Total Expenses for All Years



STATEMENT OF EXPLANATION
PUBLIC HEALTH 2025 PROGRAM PRIORITIZATION EDUCATION -
BRITTNAY FORTUNA

To assist in the future Public Health budget process, board members will review the current programs and rank them according to priority in the first column. The second column shows the 2025 Leadership Team rankings and the third column shows the Board rankings from 2024. The completed ranking form can be returned electronically (separate email with electronic form will be sent) or printed and paper copy returned - deadline of January 30. (Paper copies will also be available at meeting for completing and returning.)

RANK SERVICES 1-3 BELOW

MANDATED SERVICES

					Funding Sources		
Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	1	1	Public Health Nursing (i.e.-Communicable Disease Follow-up/Intake)	Prevention and control of communicable disease, foodborne outbreaks, tuberculosis, and rabies through surveillance, investigation and education.	\$511,477	\$27,780	\$539,257
	2	2	Environmental Health (i.e.-Human Health Hazards)	Investigation and enforcement of Chippewa County Ordinance relating to human health hazards from vermin infestations, accumulations of trash or rubbish, pollution of surface water, unfit housing, and more.	\$69,005	\$2,500	\$71,505
	3	3	Health Clinics	Includes costs associated with clinics (i.e.-TB skin testing, flu clinics).	\$0	\$31,000	\$31,000

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

					Funding Sources		
Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	1	1	WIC (Women Infants and Children)	Provides supplemental food, nutrition education, and nutrition counseling to high-risk populations.	\$94,500	\$292,655	\$387,155
	2	2	Environmental Health - Facility Licensing	Department of Agriculture, Trade, and Consumer Protection agents to inspect facilities (i.e.-restaurants, lodging, retail) and enforce food code.	\$0	\$325,000	\$325,000
	3	3	Children's Resource Center West	Provides information and referral resources to families with children birth to 21 with a long-term health concern. Systems work to develop parent leaders, ensure smooth transition for teens.	\$0	\$214,000	\$214,000
	4	4	Planning & Strategy	Leads essential public health initiatives, including state mandated health department requirements such as DHS 140 review, department annual report, community health assessment, and community health improvement plans. Additionally, leads grant right efforts, the department's strategic planning process and pursuit/maintenance of national accreditation.	\$293,131	\$0	\$293,131

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	5	7	Nurse Family Partnership (NFP)	Evidence-based program pairing Public Health Nurse with first-time, low-income moms from prenatal through second birthday. NFP empowers first-time moms to transform their lives and create better futures for themselves and their babies. Through the structured home-visit schedule the nurse and mom build a trusting relationship that the mom can rely on for advice and guidance. NFP helps prevent Adverse Childhood Experiences (ACEs) and helps with parent-to-child attachment.	\$14,330	\$98,000	\$112,330
	6	5	Reproductive Health/Dual Protection	Reproductive health program providing testing/treatment of sexually-transmitted diseases, birth control options, and prevention of communicable disease. Expanding to have annual visits by nurse practitioner.	\$4,000	\$51,788	\$55,788
	7	9	Public Health Emergency Preparedness (PH Emergency Plan)	Includes awareness and understanding of potential public health emergencies, collaboration with other agencies, and determination of personnel needs in emergencies.	\$0	\$44,039	\$44,039
	8	6	Immunization - Consolidated Contract & Public Health	Prevention of disease through provision of immunizations and education.	\$0	\$15,286	\$15,286
	9	8	Drug Free Communities	Focuses on substance abuse prevention in our youth through education and programming. Systems changes through policy and ordinance changes.	\$0	\$125,000	\$125,000
	10	10	DHS Contract (in Regional Center)	Conducting intake for Birth to Three program and Children's Long Term Support Waivers. Meets with families who have children transitioning to adult services to help transition plan. Intake for children's Comprehensive Community Services (CCS) for Human Services.	\$0	\$153,375	\$153,375
	11	11	Maternal & Child Health (MCH) - Adolescent Suicide	Focus of program is working with the schools and community to provide training on suicide awareness and having crisis plan in place that has a Postvention lens.	\$0	\$29,167	\$29,167

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	12	13	Environmental Health - Transient Non-Community Public Drinking Water	Site inspections, also known as sanitary surveys, are conducted to identify whether a water system's components and facility's system of operation complies with state administrative codes and requirements. A Transient Non-Community Water System is one that serves at least 25 people at least 60 days of the year, including churches, seasonal campgrounds, gas stations, restaurants, public restrooms, taverns and motels.	\$0	\$51,500	\$51,500
	13	12	Preventure	Evidence based program aimed at preventing the start of use of substances including alcohol, tobacco, and other drugs. Funded with Human Services AODA prevention money. Nurses and school staff will be trained to deliver the program.	\$0	\$19,268	\$19,268
	14	* New Program	Water Lab	The water lab provides critical testing services to ensure public health and environmental safety. For privately owned wells, the lab conducts bacteria and nitrate testing for drinking water, evaluates beach water for contamination to protect recreational users, and monitors compliance with water quality standards. By identifying potential hazards, the lab supports informed decision-making and safeguards the community from waterborne illnesses and environmental risks.	\$0	\$3,500	\$3,500
	15	15	Forward Health Outreach	Wisconsin ForwardHealth Program assists participants with applications/renewals including WI Medicaid, BadgerCare Plus, Family Planning Waiver, Wisconsin Shares Child Care Subsidy and FoodShare.	\$0	\$30,000	\$30,000
	16	* New Program	WI Wayfinder	Wisconsin Wayfinder enhances the Children's Resource Center West by providing additional funding to support its increased call volume resulting from a recent marketing campaign. This funding allows for expanded outreach, improved response times, and strengthened systems to meet growing community needs.	\$0	\$76,463	\$76,463
	17	14	Prenatal Care Coordination (Medicaid Program)	Case management and education to pregnant women (prenatal to 60 days after birth), to assure healthy birth.	\$0	\$25,000	\$25,000

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

Funding Sources

Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	18	16	Overdose Fatality Review	Focuses on the complex and changing nature of the drug overdose epidemic and highlights the need for an interdisciplinary, comprehensive and cohesive public health approach.	\$0	\$25,000	\$25,000
	19	20	Fit Families	Behavior change program (healthy eating and physical activity) that provides health coaching for families with children.	\$0	\$37,774	\$37,774
	20	21	Breastfeeding Peer Counseling	Provides peer support to breastfeeding moms on the WIC program to increase breastfeeding initiation & duration.	\$0	\$17,780	\$17,780
	21	18	Lead - Consolidated Contract & Childhood Lead	Provide case management and lead risk assessment of children who are at risk of being lead poisoned.	\$0	\$9,025	\$9,025
	22	17	Healthy U	Program to do Mindfulness training in schools.	\$14,600	\$14,600	\$29,200
	23	* New Program	CHIP Coalition	CHIP is a coalition dedicated to strengthening the health and well-being of Chippewa County by working together and ensuring fair access to resources. Guided by its vision of a healthy and thriving community for all, CHIP focuses on mental health, substance misuse, and access to health resources. The department serves as the backbone support agency for the coalition.	\$0	\$4,500	\$4,500
	24	19	Prevention	Enhances the health and well being of residents by collaborating with area agencies and community to improve health status and quality of life.	\$0	\$8,474	\$8,474
	25	26	Farmers Market	Provides WIC participants with farmers market vouchers to help increase fruit and vegetable consumption.	\$0	\$3,535	\$3,535
	26	22	Loan Closet	Providing wheelchairs on loan for up to six months at no cost.	\$0	\$2,700	\$2,700
	27	25	WI WINS	Conducts compliance inspections of tobacco retailers and recognizes those not selling to youth.	\$0	\$4,620	\$4,620
	28	23	Environmental Health - Beach Water Testing	Collect water samples from public beaches to test for E.coli to prevent disease and advise citizens.	\$0	\$0	\$0

RANK SERVICES 1-31 BELOW

ESSENTIAL PREVENTION SERVICES

Per Chapter DHS 140, Public Health is required to provide services that promote health

					Funding Sources		
Board Rank 2025	Leadership Team Rank 2025	Board Rank 2024	Program	Description	Tax Levy	Revenue, Grants or Contracts	2025 Budget Request
	29	24	Bright Starts (River Source)	Provides personal Parents as Teachers visits from a parent educator, parent group connections, screenings, and resources in collaboration with River Source Family Center.	\$0	\$10,000	\$10,000
	30	27	Charity Outreach	Dispersal of funds from Rutledge Charities for primary health care needs of residents with children as a priority.	\$0	\$500	\$500
	31	28	Donations	Individuals donating to Public health mainly for immunizations.	\$0	\$1,000	\$1,000

2025 Board Prioritization Ranking results are based on _____ responses.