CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

JANUARY 20, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

The meeting was called to order at 7:45 a.m. by Chair Jack Halbleib.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
John Halbleib	Chippewa County	Citizen Rep (Chair)	Present	
Don Hauser	Chippewa County	District 6 (Vice-Chair)	Present	
Harold Steele	Chippewa County	District 1	Present	
James Ericksen	Chippewa County	District 5	Present	
Charlene Kervina	Chippewa County	District 10	Present	
Kari Ives	Chippewa County	District 12	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	

Others Present: Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Paul Brenner, Senior Fiscal Manager

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

Lisa Mancl spoke on the issue of N95 masks and other COVID related concerns and data.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Charlene Kervina, District 10
SECONDER:	Don Hauser, District 6 (Vice-Chair)
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Sperlingas
ABSENT:	Wallsch

1. Approve the Agenda

2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Dec 21, 2021 7:45 AM

3. Schedule Next Meeting Date - February 17, 2022

5. REPORTS

1. Public Health Director's Program and Financial Report

The Public Health Director's Program and Financial Report was reviewed and discussed.
COVID STATS

- Worldwide: 338,250,666 cases; 5,567,361 deaths
- United States: 68,569.958 cases; 857,778 deaths
- Wisconsin: 1,415,097 cases, (no up-to-date totals available for deaths)
- Chippewa County: 16,292 cases (15,449 PCR tests, 843 antigen tests, 757 active cases), 20 hospitalizations (630 total hospitalizations to date); 154 deaths (151 PCR confirmed, 3 probable)

VACCINE DASHBOARD

- Wisconsin: First dose - 62.9 percent; Complete doses - 58.91 percent
- Chippewa County: First dose - 57.3 percent; Completed doses - 54.2 percent

OTHER COVID INFO:

- The antigen cases are those who have called Public Health with positive home antigen test results.
- The data is currently indicating more deaths of younger individuals due to COVID. The average age since the pandemic is still in the elderly population but now trending down to the younger population.
- Weideman reviewed the recent updated guidance from the CDC and stated there is always an increase in phone calls when CDC changes their guidelines.
- The COVID quarantine/return guidelines for school and daycare entities were reviewed.

OTHER PUBLIC HEALTH INFO:
Weidman highlighted several items from the report: Information in the Environmental Division, Fit Families Program in the Nutrition Division; Single Point of Access (partnership with Human Services for Birth to Three and Children's Long-Term Support referrals) information/data in the Western Regional Center Division. The 2021 data report for all diseases was also reviewed and discussed.

RESULT:	**DISCUSSED**

2. Human Services Director's Program and Financial Report
   The Human Services Director's Program and Financial Report was reviewed and discussed. Easker highlighted several items from the report: COVID related impacts/self-care for staff, out-of-home placements and costs, ARPA funded project for partnership programs to reduce out-of-home placements (more to come on this at February board meeting). In-depth discussion occurred on children/youth with complex mental health and/or behaviorial health needs and treatment placement options and issues. Easker also shared information on the statewide and local projects/workgroups that are working to address these issues.

RESULT:	**DISCUSSED**

3. Health & Human Services Board Annual Performance Evaluation Results
   The data of the 2021 annual Health & Human Services Board performance review was reviewed and discussed. There was also a discussion on how the results and comments will be used to improve outcomes. Suggestions given to have one-on-one orientation, Day in the Life activity, re-implement Policy, Practice, and People; share consumer/program success stories, and board chair assuring these suggestions/activities are included on the agenda. Jack Halbleib was commended for his chairmanship of the board.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. Human Services 2022-2024 Strategic Plan
   The Department of Human Services 2022 - 2024 strategic plan was reviewed, discussed, and approved. Easker highlighted the Leadership Team's objectives, strategies, and tactics.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Kari Ives, District 12
SECONDER:	Charlene Kervina, District 10
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Sperlingas
ABSENT:	Wallsch

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

ARPA funded projects.

8. ADJOURN

Meeting adjourned at 9:21 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Don Hauser, District 6 (Vice-Chair)
SECONDER:	Harold Steele, District 1
AYES:	Halbleib, Hauser, Steele, Ericksen, Kervina, Ives, Sperlingas
ABSENT:	Wallsch

CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

DECEMBER 21, 2021

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

The Health & Human Services Board meeting was called to order at 7:46 a.m. by Chair John (Jack) Halbleib.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
John Halbleib	Chippewa County	Citizen Rep (Chair)	Present	
Don Hauser	Chippewa County	District 6 (Vice-Chair)	Present	
Harold Steele	Chippewa County	District 1	Present	
Charlene Kervina	Chippewa County	District 10	Present	
Kari Ives	Chippewa County	District 12	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Absent	

Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Randy Scholz, County Administrator; Paul Brenner, Senior Fiscal Manager; Members of the Public: Lisa Mancl

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

Lisa Mancl suggested everyone take time and enjoy the holidays - the virus will still be here in 2022.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Don Hauser, District 6 (Vice-Chair)
SECONDER:	Charlene Kervina, District 10
AYES:	Halbleib, Hauser, Steele, Kervina, Ives, Wallsch
ABSENT:	Sperlingas

1. Approve the Agenda
2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Nov 18, 2021 7:45 AM
3. Schedule Next Meeting Date - January 20, 2022

5. REPORTS

1. Minutes of Advisory Committee/Boards/Councils (Review)

The minutes of December 2, 2021 Aging & Disability Resource Center Board Meeting and the December 3, 2021 Professional Advisory Council were reviewed and discussed.

RESULT:	**DISCUSSED**

2. Human Services Director's Program and Financial Report

The Human Services Director's Program and Financial Report was reviewed and discussed. Easker highlighted several items from his report: Wisconsin Counties Human Services Association (WCHSA) recommendations for developing services for youth with complex needs - Human Services plans to present a partnership initiative in February 2022; out-of-home children and youth placements; Child Protective Services (CPS) currently fully staffed but looking at staff retention issues; primary root cause of child behavioral issues is Adverse Childhood Experiences (ACE)/trauma experienced for both parents and children (suggestion to have a future presentation the Health & Human Services Board on ACE); upcoming legislation for support of families in keeping kids safe is important.

RESULT:	**DISCUSSED**

3. Public Health Director's Program and Financial Report – Angie Weideman

The Public Health Director's Program and Financial Report was reviewed and discussed.

COVID STATS

- Worldwide: 275,550,903 cases; 5,363,946 deaths
- United States: 51,100,799 cases; 807,952 deaths
- Wisconsin: 943,355 cases, 9,683 deaths
- Chippewa County: 12,799 confirmed (PCR) cases, 598 probable (antigen/rapid test) cases; 526 active cases; 20 hospitalizations/573 total hospitalizations to date; 134 confirmed deaths, 3 probable deaths; 23 open outbreaks

VACCINE DASHBOARD

- Wisconsin: First dose - 61.4 percent; Completed doses - 57.8 percent
- Chippewa County: First dose - 56 percent; Completed doses - 53.3 percent

OTHER COVID INFO:

- Outbreaks are increasing, especially in schools and daycares.
- Omicron variant status - Center for Disease Control (CDC)/Department of Health Services (DHS) encourage vaccine and/or boosters for risk reduction.
- Hospital Intensive Care Units (ICUs) admittance issues - based on available beds and staffing (nurses and Certified Nurse Assistants (CNAs).
- Reduction of testing - normal pattern shows lower during holidays of PCR testing (gold standard), increase of at-home testing - but opposite after the holidays

OTHER PUBLIC HEALTH INFO:

Public Health Strategic Plan Status was developed right before pandemic so haven't been able to work on goals but hoping to in 2022 and provide semi-annual updates to the Board.

RESULT:	**DISCUSSED**

4. Health & Human Services Board 2021 Performance Evaluation
Board members were requested to complete the annual board performance evaluation survey through the electronic link provided by email or by submitting a paper copy. Results will be reviewed at the January 2022 meeting.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. Public Health Policy - Nutrition-Continuation of WIC Services in Public Health Emergencies - Angie Weideman
The Public Health Nutrition Policy for WIC Services in Public Health Emergencies (previously a procedure) was reviewed, discussed, and approved.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Kari Ives, District 12
SECONDER:	Harold Steele, District 1
AYES:	Halbleib, Hauser, Steele, Kervina, Ives, Wallsch
ABSENT:	Sperlingas

2. Public Health Policy - Nutrition-Returned WIC Foods, Formula and Formula Donations- Angela Weideman
The Public Health Nutrition updated policy on Returned WIC Foods, Formula, and Formula Donations due to changes in USDA requirements was reviewed, discussed, and approved.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 1
SECONDER:	Don Hauser, District 6 (Vice-Chair)
AYES:	Halbleib, Hauser, Steele, Kervina, Ives, Wallsch
ABSENT:	Sperlingas

3. 2020 Public Health Annual Report - Angie Weideman
Public Health's 2020 Annual Report was reviewed, discussed, and approved. Weideman highlighted 2020 COVID data and Incident Command System (ICS) structure, other activities within Pubic Health divisions, and their community and agency partnerships.

RESULT:	**APPROVED [5 TO 0]**
MOVER:	Harold Steele, District 1
SECONDER:	Kari Ives, District 12
AYES:	Halbleib, Hauser, Steele, Kervina, Ives
ABSENT:	Sperlingas
AWAY:	Wallsch

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

Human Services and Public Health would like to re-implement Policy, Practice & People at board meetings where staff would present/educate on services and share success stories. Directors will develop a plan and schedule for this.

8. ADJOURN

Meeting adjourned at 9 a.m.

RESULT:	**APPROVED [5 TO 0]**
MOVER:	Don Hauser, District 6 (Vice-Chair)
SECONDER:	Harold Steele, District 1
AYES:	Halbleib, Hauser, Steele, Kervina, Ives
ABSENT:	Sperlingas
AWAY:	Wallsch

STATEMENT OF EXPLANATION
PUBLIC HEALTH DIRECTOR'S PROGRAM AND FINANCIAL REPORT

Angie Weideman, Public Health Director, provides a department program and financial report.

Chippewa County Health and Human Services Board
Department of Public Health
Angie Weideman's Director's Report

January 2022

COVID-19 Updates

The Public Health Director will give an update of disease numbers reported from the world level down to the Chippewa County level at the meeting. Attached is the Chippewa County COVID-19 case updates for January 11.

Administration Division

The primary Admin Team's focus has been assisting the public over the phone and at the front desk. We have been assisting with COVID-19 related guidance and information, answering COVID-19 related questions, scheduling COVID-19 vaccine appointments, assisting with COVID-19 vaccine clinics, and providing COVID-19 testing site information. We have been completing other essential duties as time permits.

Coordination of fit testing with outside entities was performed in December and will continue to do so in 2022.

As the year has now wrapped up, the Public Health fiscal team is working on finalizing billing, yearly reports and wrapping up journal entries for 2021.

Community Health Division

COVID Update

The case numbers were high in December for COVID-19 and noticeable spread was noted in schools, businesses, and other places of gatherings. The team of disease investigators continue to follow up in a timely fashion.

The CDC updated guidelines for isolation and quarantine the last week of December. The guidance was then adopted by the State Department of Health Services and locally in Chippewa County.

- The guidance for isolation is now 5 full days from onset of symptoms with release to normal activities with a mask in place for 5 days if no fever for 24 hours and an improvement in symptoms.
- The guidance for quarantine is now dependent on vaccine status including a booster and ability to wear a mask. Quarantine is now 5 days followed by 5 days of mask wearing for those that haven't been vaccinated; haven't received booster or received vaccine more than 6 months for mRNA vaccine or 2 months for Johnson and Johnson. Testing on day 5 is highly encouraged. For those that have been vaccinated within past 6 months with mRNA vaccine or 2 months with Johnson and Johnson or received booster can monitor for symptoms and wear a mask for 10 days from exposure.

Mindful Schools

The department received a three-year grant for the United Way health initiative that will be used to bring the Mindful Schools program into Cornell and Cadott schools. Staff members from the health department will be getting trained in the curriculum later this summer with a goal of starting cohorts within the school in the late fall 2022 or Spring 2023. Mindful Schools teaches techniques to students to help in stressful situations and how to use breathing or other techniques in these situations.

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 2021, we received 3,147 new reports: 1,396 confirmed (1,323 Coronavirus, 55 Influenza, and 7 Chlamydia); 105 probable (104 Coronavirus and 1 Syphilis); and 1,436 that did not meet the definition of a case (1,412 Coronavirus, 7 Influenza-Associated Hospitalization, and 6 Pertussis). See the attached report for further breakdown by disease type.

I have included the 2021 communicable disease year-end report to review. I have also included the 2020 year-end report so you can compare 2020 to 2021. Of importance, our confirmed cases of COVID was 5,018 in 2020 and 7,268 in 2021. Covid was our highest communicable disease in 2021. Chlamydia was the second highest of reportable communicable diseases and we had 157 cases in 2020 and 146 cases in 2021. The good news is that cases did go down a little bit. Sadly, Gonorrhea cases went from 36 in 2020 to 54 in 2021. Hepatitis C, Chronic went from 1 case in 2020 to 10 cases in 2021. There has been more screening of Hepatitis C recently.

Environmental Health Division

In December, Environmental Health conducted 26 inspections. This included 9 routine retail inspections, 18 routine restaurant inspections, and re-inspections of restaurants that had critical violations during their routine inspections.

Sam successfully completed his standardization exercises for 2022 December 27-28. Standardization exercises include conducting two inspections while accompanied by a WI-DATCP Retail Food Specialist while they evaluate your ability to properly conduct risk-based inspections.

Environmental Health staff also investigated three complaints in December including one human health hazard, a complaint of a licensed facility serving food cooked in a private home, and a home baker selling items exceeding what is allowed by Wisconsin cottage food laws.

Nutrition

Fit Families

Fit Families is a 13-month nutrition education program targeting families of 2 to 4-year-old children enrolled in the Women, Infants and Children (WIC) Program. The information below reflects the 2020 SNAP-Ed federal fiscal year (FY) that ran from October 1, 2019 through September 30, 2020. Chippewa County's contracted caseload is 50. Most children enrolled in FY20 did so in person but when the pandemic started, all contacts and visits went virtual and continues to date. The percent of children meeting or exceeding the recommended levels increased in all 5 core areas of Fit Families from enrollment to graduation.

Fit Families Core Messages

Make Every Bite Count, More Fruits and Vegetables
Eat the recommended amount of fruits and vegetables.

Move More, Watch Less
Engage in active play and physical activity. Reduce screen time.

Make Every Sip Count, More Healthy Beverages
Reduce or eliminate sugared beverages.

Eat Healthy, Be Active, Your Kids Are Watching
Be good role models for children.

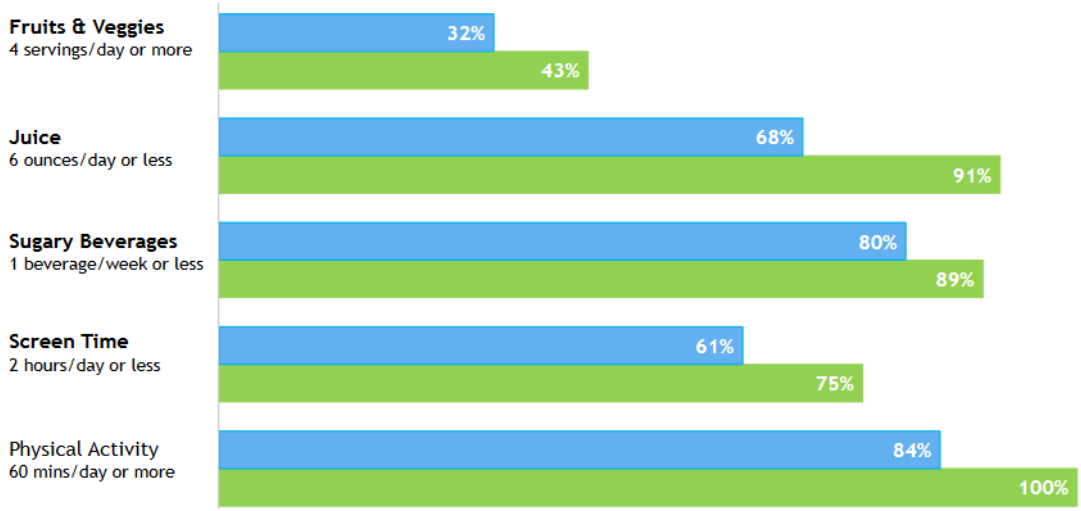
50
Children enrolled in FY 2020

89%
Percent of parents who completed Fit Families and received 10+ contacts from coaches
Contacts occur through in-person visits, phone calls, texts and emails.

11%
Percent of parents who completed Fit Families and received 5 to 9 contacts from coaches

Children's Dietary Behavior Goals

The percent of children meeting or exceeding the recommended levels of healthy behavior from enrollment to completion.
For Chippewa County, 44 children provided enrollment and completion data.

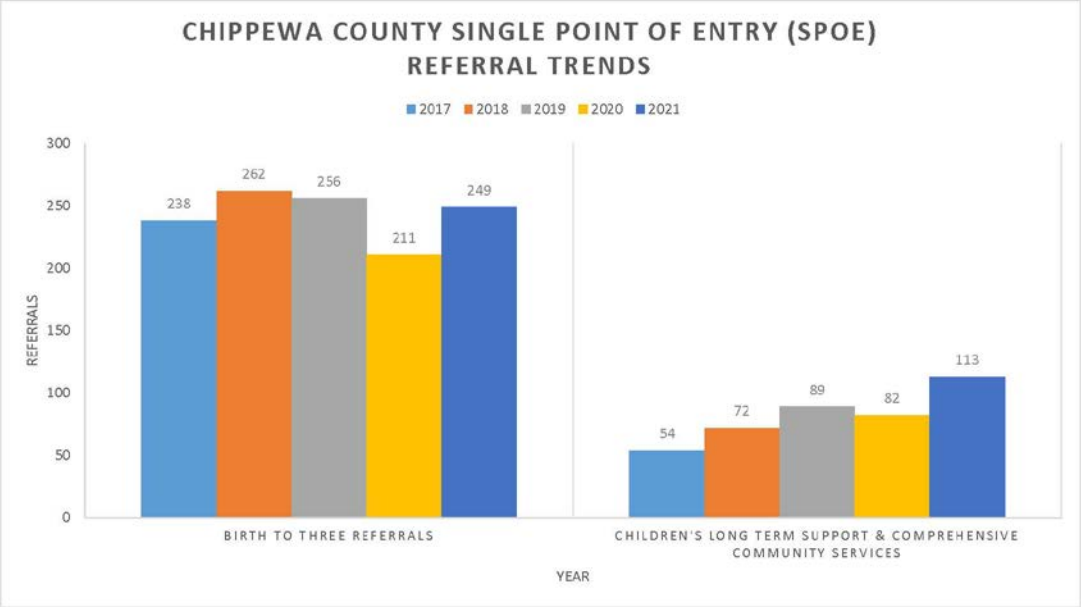


Western Regional Center (WRC)

I thought for this December report for the Western Regional Center, I would provide some yearly totals for 2021 highlighting some of the great work that was done in our region and community.

Single Point of Access

In 2021, we completed a total of 112 Children's Waiver and Comprehensive Community Services (CCS) referrals. The actual number of referrals was higher than that, but we no longer count a referral until we have heard back from the parent. Since the development and distribution of the Chippewa County CCS Referral Form last year, we have received quite a number of referrals from school staff, therapists, physicians, school social workers, county social workers, etc., which is a positive thing. However, sometimes the parent is not as interested in the referral as the person making the referral, which is a parent's right since these are voluntary programs and we will always respect that. In addition, when we proceed with a referral, the clock starts ticking from the State's perspective, so we do not proceed anymore until we receive confirmation from the family to avoid potential penalties from the State for not meeting timelines. If we were still counting referrals the same way we have done in the past, the number for this year would well exceed 150. The number of Birth-To-Three referrals in 2021 was 249.



The Western Regional Center provided nine Family Trainings in 2021. Partners included Autism Society of Greater Wisconsin, PATCH La Crosse, Douglas County CCoT (County Communities on Transition), La Crosse County CCoT, and Trempealeau County ADRC and High School. In addition, we had two taped trainings that were offered on YouTube.

We also assisted the Northern Regional Center by providing a training for their region, as they have new staff and requested our help. In addition, we assisted Family Voices of Wisconsin to provide a family training on telehealth services. We located nine new parent leaders in our region to become trained to work with families through Parent to Parent of Wisconsin as mentors for parents of children with similar conditions as their own children.

We developed numerous new partnerships with agencies and clinics including Children's Hospital MN, Rusk County Collaborative Committee, Arcadia School District's Special Education team, Ignite Development Services, Oakleaf Clinic Pediatrics, Eau Claire School District's Hmong PTA, First Nations Early Childhood, and many others.

We participated in some new and unusual projects, including a food insecurity project in La Crosse County, a transition project in Barron County, and a 12-month Family and Cultural Inclusion workgroup, to name a few. We provided over 115 professional consultations to staff at Mayo Clinic in Rochester, numerous physicians and medical clinics, county public health nurses and social workers, to name a few.

In summary, despite this pandemic that continues to drag on and on, we were able to do some great work and to help a lot of families and providers in 2021. Our intention is to reach even more people in 2022 through a new Facebook page and an updated website!

Years of Service

CONGRATULATIONS to the following staff for their hard work and dedication to providing great customer service to the citizens of Chippewa County.

- Sarah McQuillan, Fiscal Manager – 3 years
- Carol Lendle, COVID-19 Registered Nurse LTE – 1 year

Chippewa County Department of Public Health

Tuesday, January 11, 2022

COVID-19 Case Updates

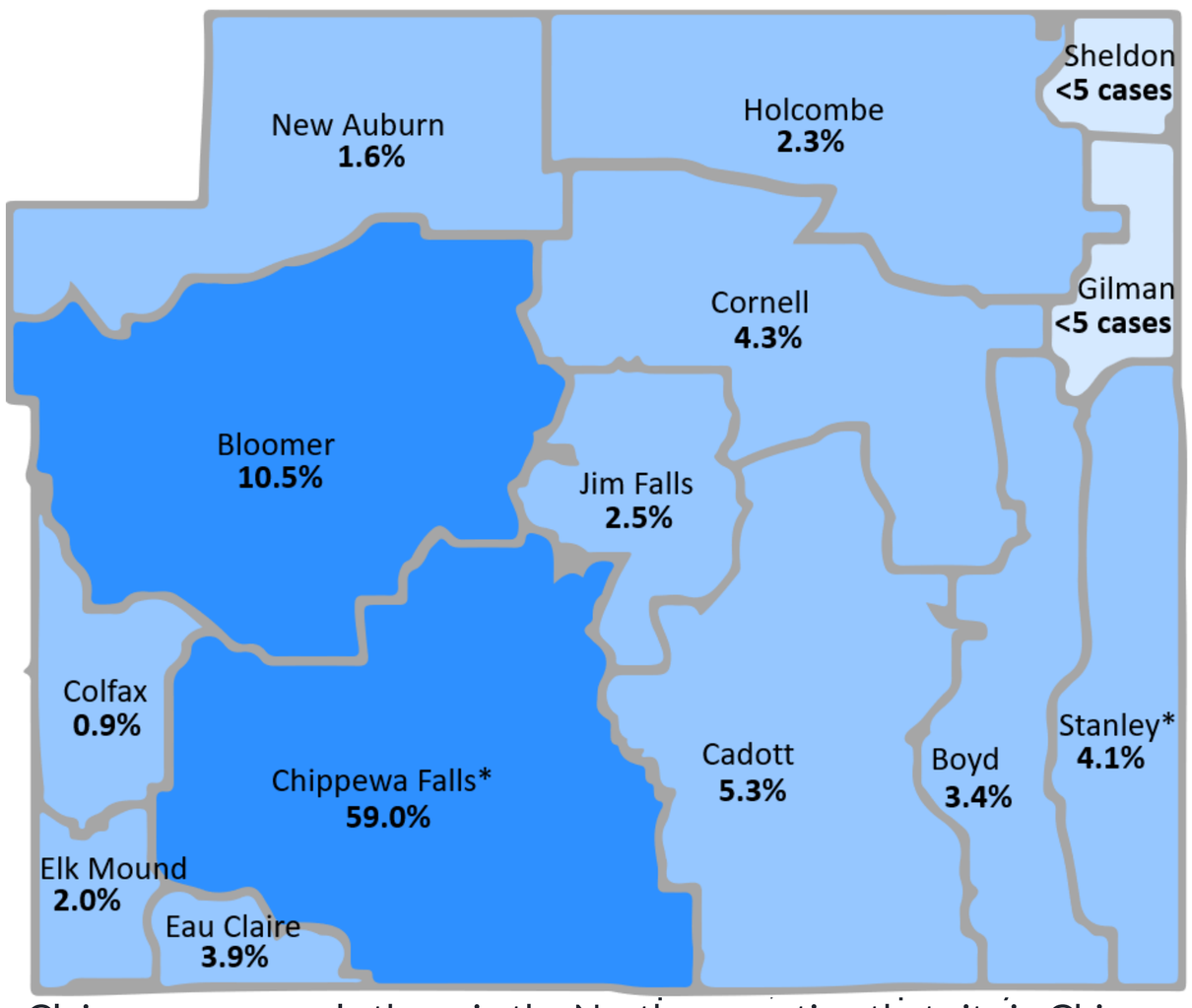
Data as of Tuesday, January 11

CHIPPEWA COUNTY Public Health
Prevent. Promote. Protect.

CASE OVERVIEW

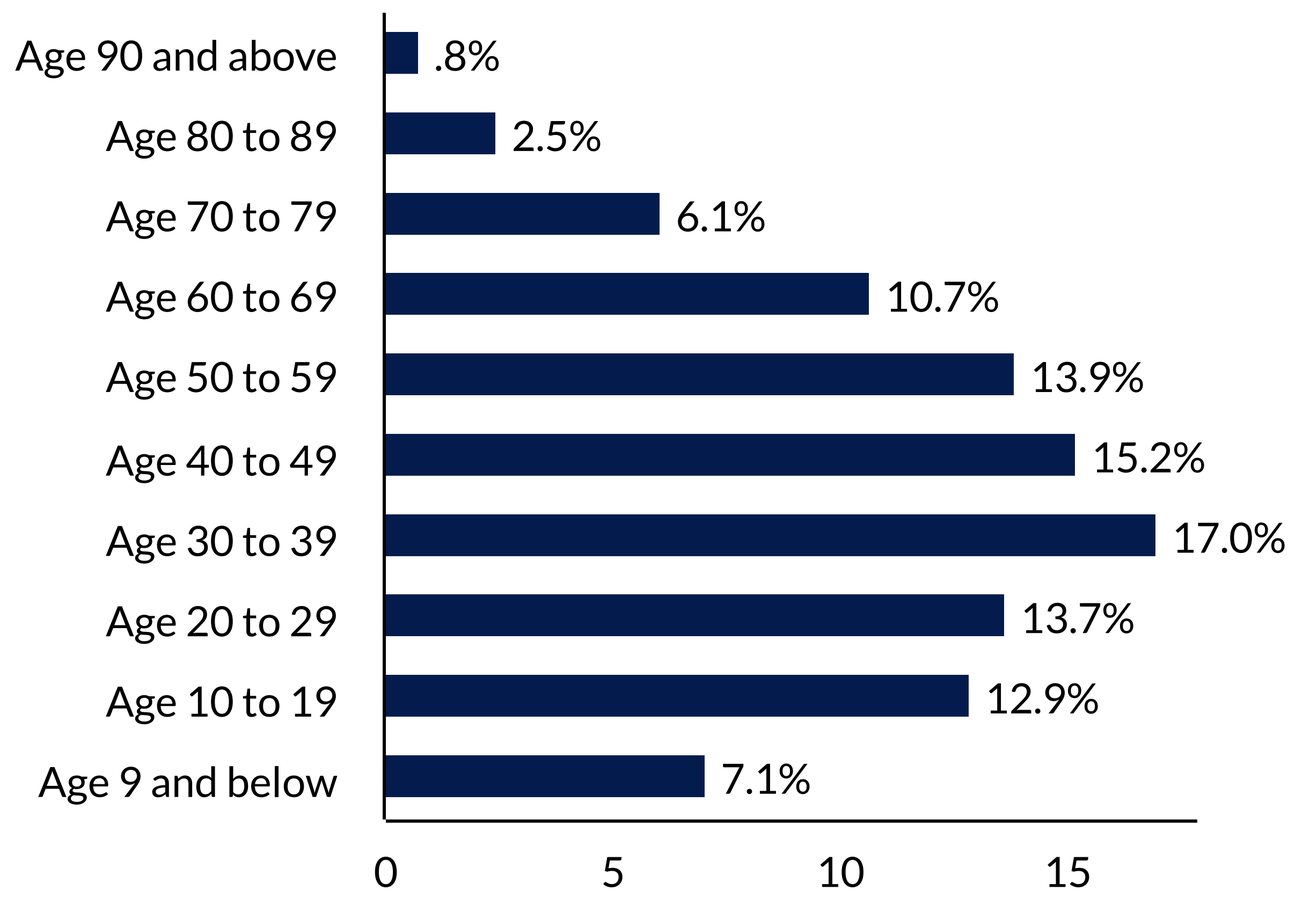
TOTAL POSITIVE CASES	CHANGE SINCE LAST WEEK	ACTIVE CASES	CURRENTLY HOSPITALIZED	DEATHS
14,152	+730	889	20	147

WHERE ARE THE POSITIVE CASES LIVING, BY PERCENTAGE?

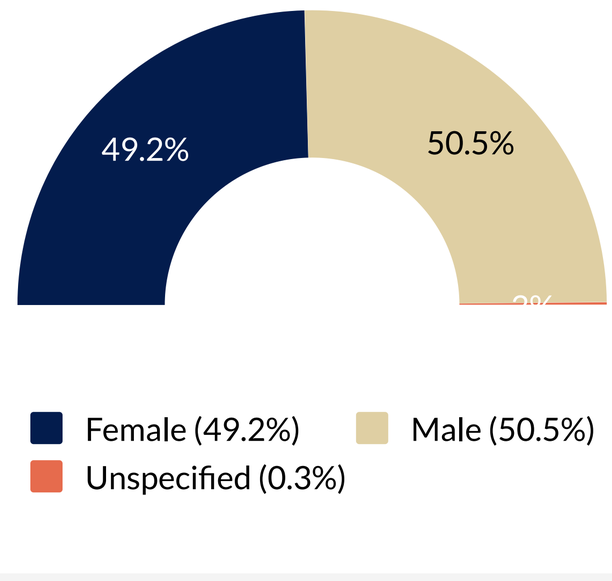


Eau Claire cases are only those in the Northern portion that sits in Chippewa County.
*Includes Department of Correction Facility

WHAT ARE THE AGES OF THE POSITIVE CASES, BY PERCENT?



CONFIRMED CASES BY SEX



CURRENT RISK LEVEL AND GUIDANCE

SEVERE RISK

Gathering Recommendations:
- Indoor Gathering: 15 or less
- Outdoor Gathering: 50 or less
- Using Physical Distancing Measures

Wear a mask. Stay home when you're sick.

Disease Occurrence

Healthcare Availability

Public Health Response

View the Summary Data Document for January 11 th on our website.

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 12/1/2021 to 12/31/2021

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	1323	104	176	1412	3015
INFLUENZA	55	0	1	0	56
INFLUENZA-ASSOCIATED HOSPITALIZATION	2	0	7	7	16
LYME LABORATORY REPORT	0	0	11	0	11
HEPATITIS C, CHRONIC	0	0	7	1	8
CHLAMYDIA TRACHOMATIS INFECTION	7	0	0	0	7
PERTUSSIS (WHOOPING COUGH)	0	0	0	6	6
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	3	0	0	1	4
E-COLI, ENTEROPATHOGENIC (EPEC)	3	0	0	0	3
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	3	3
HEPATITIS A	0	0	1	2	3
GIARDIASIS	0	0	2	0	2
GONORRHEA	1	0	0	1	2
HEPATITIS B, CHRONIC	0	0	2	0	2
BLASTOMYCOSIS	0	0	1	0	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	0	0	1	0	1
LYME DISEASE (B.BURGDORFERI)	0	0	1	0	1
MEASLES (RUBEOLA)	0	0	0	1	1
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	1	0	0	0	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	1	0	0	0	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	0	0	0	1	1
SYPHILIS REACTOR	0	0	0	1	1
SYPHILIS, UNKNOWN DURATION OR LATE	0	1	0	0	1
Total	1396	105	210	1436	3147

Default Filters: 'State' EQUAL TO 'WI'

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2021 to 12/31/2021

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	7268	476	329	16594	24667
LYME LABORATORY REPORT	7	0	185	1	193
CHLAMYDIA TRACHOMATIS INFECTION	146	0	0	3	149
PERTUSSIS (WHOOPING COUGH)	0	0	0	90	90
CORONAVIRUS, NOVEL 2019 (COVID-19) REINFECTION INVESTIGATION	1	6	66	3	76
HEPATITIS C, CHRONIC	10	0	9	39	58
INFLUENZA	55	0	1	0	56
GONORRHEA	54	0	0	1	55
E-COLI, ENTEROPATHOGENIC (EPEC)	31	1	16	0	48
LYME DISEASE (B.BURGDORFERI)	16	9	5	5	35
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	10	0	1	23	34
ANAPLASMOSIS, A. phagocytophilum	6	3	5	14	28
CAMPYLOBACTERIOSIS	12	6	5	2	25
INFLUENZA-ASSOCIATED HOSPITALIZATION	3	0	7	15	25
HEPATITIS B, CHRONIC	1	1	8	12	22
GIARDIASIS	10	0	6	1	17
CRYPTOSPORIDIOSIS	13	0	1	1	15
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	1	0	4	9	14
VARICELLA (CHICKENPOX)	1	0	2	11	14

Executed: 1/3/2022 2:09:11 PM

Disease	Confirmed	Probable	Suspect	Not A Case	Total
MEASLES (RUBEOLA)	0	0	1	9	10
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	4	4	1	0	9
SYPHILIS REACTOR	0	0	0	9	9
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	4	0	0	4	8
BABESIOSIS	1	0	2	4	7
E-COLI, ENTEROTOXIGENIC (ETEC)	3	1	3	0	7
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	7	0	0	0	7
SALMONELLOSIS	3	3	0	1	7
TUBERCULOSIS, LATENT INFECTION (LTBI)	0	0	3	4	7
CARBON MONOXIDE POISONING	1	0	1	4	6
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	6	6
HEPATITIS A	0	0	1	4	5
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	2	0	1	2	5
BLASTOMYCOSIS	1	0	1	2	4
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	2	0	1	1	4
SYPHILIS, UNKNOWN DURATION OR LATE	2	2	0	0	4
TOXOPLASMOSIS	1	0	1	2	4
UNKNOWN DISEASE	0	0	0	4	4
BRUCELLOSIS	0	0	0	3	3
HISTOPLASMOSIS	1	0	2	0	3
PARAPERTUSSIS	0	0	0	3	3
YERSINIOSIS	3	0	0	0	3
CYCLOSPORIASIS	2	0	0	0	2
HEPATITIS E, ACUTE	0	0	0	2	2
LEGIONELLOSIS	2	0	0	0	2

Disease	Confirmed	Probable	Suspect	Not A Case	Total
MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN (MIS-C)	2	0	0	0	2
RUBELLA	0	0	0	2	2
VANCOMYCIN-RESISTANT ENTEROCOCCI (VRE)	1	0	1	0	2
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, NEUROINVASIVE	1	0	0	0	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
COCCIDIOIDOMYCOSIS	0	0	1	0	1
E-COLI, ENTEROINVASIVE (EIEC) / SHIGELLOSIS	0	1	0	0	1
EHRLICHIOSIS, E. chaffeensis	0	0	0	1	1
HEPATITIS C, ACUTE	1	0	0	0	1
INFLUENZA-NOVEL INFLUENZA A	0	0	0	1	1
PLESIOMONAS INFECTION	1	0	0	0	1
SHIGELLOSIS	0	0	0	1	1
SPOTTED FEVER GROUP RICKETTSIOSIS, UNDETERMINED	0	0	0	1	1
SYPHILIS, PRIMARY	1	0	0	0	1
TRANSMISSIBLE SPONGIFORM ENCEPHALOPATHY (TSE)	0	0	1	0	1
TUBERCULOSIS	0	0	0	1	1
TYPHUS FEVER	0	0	0	1	1
VIBRIOSIS, NON CHOLERA	0	1	0	0	1
Total	7691	514	671	16897	25773

Default Filters: 'State' EQUAL TO 'WI'

Wisconsin Department of Health Services
Division of Public Health
PHAVR - WEDSS

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 1/1/2020 to 12/31/2020

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	5018	94	79	22275	27466
CHLAMYDIA TRACHOMATIS INFECTION	157	0	0	2	159
GONORRHEA	36	0	0	0	36
LYME DISEASE (B.BURGDORFERI)	12	10	1	4	27
ANAPLASMOSIS, A. phagocytophilum	6	5	0	11	22
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	3	0	0	14	17
CRYPTOSPORIDIOSIS	13	0	1	2	16
HEPATITIS B, CHRONIC	0	0	0	14	14
HEPATITIS C, CHRONIC	1	0	0	13	14
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	10	0	0	0	10
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	1	0	0	6	7
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	4	0	0	3	7
BABESIOSIS	1	0	0	5	6
VARICELLA (CHICKENPOX)	0	0	0	6	6
SALMONELLOSIS	5	0	0	0	5
SYPHILIS REACTOR	0	0	0	5	5
EHRLICHIOSIS, E. chaffeensis	0	0	0	4	4
GIARDIASIS	3	0	0	1	4
N. MENINGITIDIS (Meningococcal Disease)	1	0	0	3	4

Disease	Confirmed	Probable	Suspect	Not A Case	Total
E-COLI, ENTEROPATHOGENIC (EPEC)	0	3	0	0	3
EHRLICHIOSIS/ANAPLASMOSIS, undetermined	0	2	0	1	3
PERTUSSIS (WHOOPING COUGH)	1	0	0	2	3
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, Unspecified	0	0	0	2	2
CAMPYLOBACTERIOSIS	2	0	0	0	2
HEPATITIS A	0	0	0	2	2
INFLUENZA-ASSOCIATED HOSPITALIZATION	0	0	0	2	2
LYME LABORATORY REPORT	2	0	0	0	2
SYPHILIS, UNKNOWN DURATION OR LATE	2	0	0	0	2
ARBOVIRAL ILLNESS, EASTERN EQUINE ENCEPHALITIS, NEUROINVASIVE	1	0	0	0	1
ARBOVIRAL ILLNESS, POWASSAN, Unspecified	0	0	0	1	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
CARBAPENEMASE PRODUCING CARBAPENEM-RESISTANT ENTEROBACTERIACEAE	1	0	0	0	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	1	0	0	0	1
MEASLES (RUBEOLA)	0	0	0	1	1
SHIGELLOSIS	0	0	1	0	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1	0	0	0	1
SYPHILIS, EARLY NON-PRIMARY, NON-SECONDARY	1	0	0	0	1
Total	5283	114	82	22380	27859

Default Filters: 'State' EQUAL TO 'WI'

Public Health (Pre-Audited) Financial Results: Preliminary December 2021

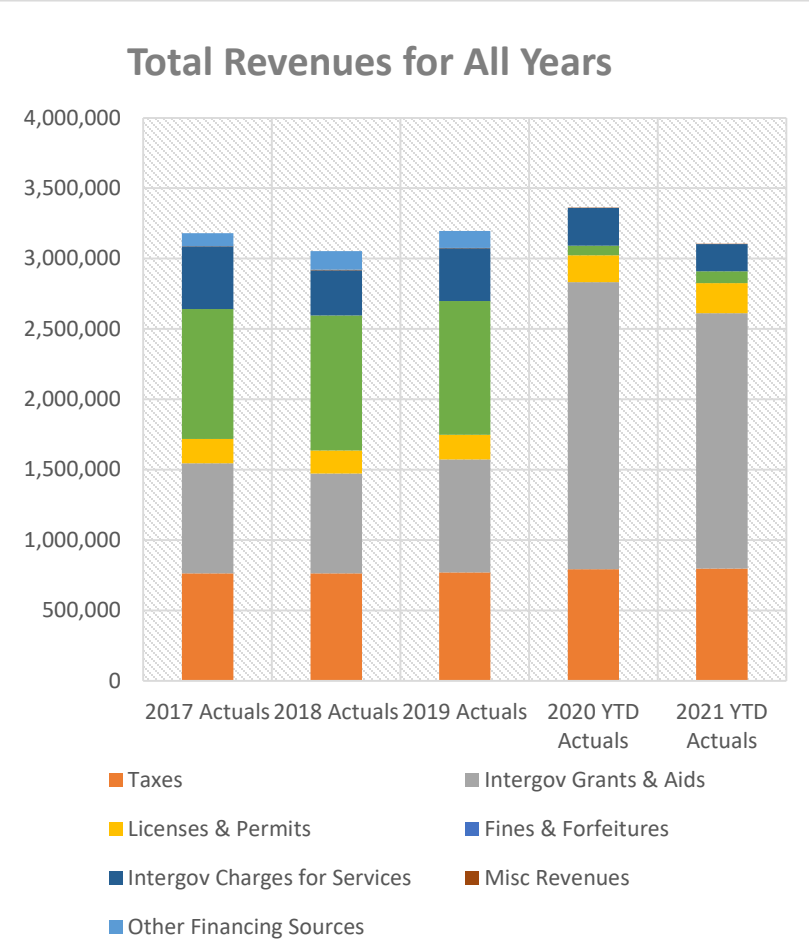
CHIPPEWA COUNTY Public Health
Prevent. Promote. Protect.

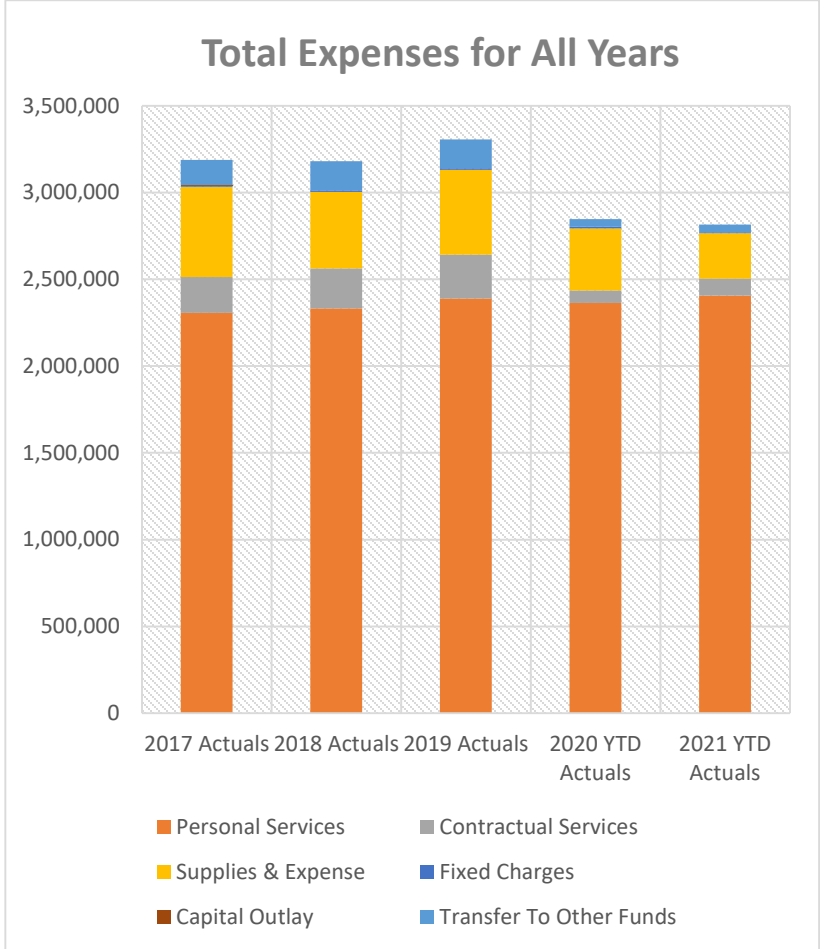
		Revenue			Expense		
Fund	Description	Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	$ (692,608.00)	$ (683,452.52)	98.7%	$ 692,608.00	$ 236,233.73	34.1%
54121	Nurse Family Partnership	(129,736.00)	(83,653.54)	64.5%	129,736.00	80,640.58	62.2%
54123	Farmers Market	(2,689.00)	(3,778.87)	140.5%	2,689.00	3,591.00	133.5%
54125	Prenatal Care Coordination	(70,713.00)	(103,010.05)	145.7%	70,713.00	18,902.20	26.7%
54128	Public Health Preparedness	(50,282.00)	(82,510.66)	164.1%	50,282.00	85,386.63	169.8%
54132	Drug Free Community Grant	(136,319.00)	(118,573.53)	0.0%	136,319.00	120,977.20	0.0%
54135	Bright Start River Source	(10,854.00)	(15,817.48)	145.7%	10,854.00	8,474.95	78.1%
54140	WIC	(424,079.00)	(382,701.25)	90.2%	424,079.00	350,421.40	82.6%
54142	Maternal & Child Health Program	(28,426.00)	(28,288.29)	99.5%	28,426.00	26,886.02	94.6%
54144	Wisconsin Wins	(5,172.00)	(4,525.01)	87.5%	5,172.00	4,984.28	96.4%
54149	Pre-Venture	(20,844.00)	(8,253.68)	39.6%	20,844.00	6,073.81	29.1%
54150	Prevention	(10,795.00)	(13,868.26)	128.5%	10,795.00	14,999.08	138.9%
54151	Equipment Loan Closet	(1,864.00)	(642.45)	0.0%	1,864.00	2,433.42	0.0%
54152	Western Regional Center	(194,827.00)	(159,336.75)	81.8%	194,827.00	182,553.00	93.7%
54154	Title X Reproductive Health	(15,085.00)	(21,788.51)	0.0%	15,085.00	21,468.48	0.0%
54156	FIT WIC	(37,789.00)	(30,680.02)	81.2%	37,789.00	37,877.81	100.2%
54157	Reproductive Health	(57,695.00)	(24,675.19)	42.8%	57,695.00	29,103.72	50.4%
54158	WIC BF Peer Counseling	(11,832.00)	(9,895.87)	83.6%	11,832.00	15,531.07	131.3%
54159	Diabetes Grant	(20,000.00)	(13,892.00)	0.0%	20,000.00	18,247.02	0.0%
54160	Home Health Care	(1,850.00)	590.21	-31.9%	1,850.00	(14,214.91)	-768.4%
54161	Health Clinics	(35,673.00)	(9,659.09)	27.1%	35,673.00	29,164.86	81.8%
54162	COVID Vaccine	(11,621.00)	(680.46)	5.9%	11,621.00	28,256.39	243.1%
54163	Overdose Fatality Review	(32,431.00)	(48,816.07)	0.0%	32,431.00	54,340.45	0.0%
54164	COVID Contact Tracing	-	(762,469.00)	0.0%	-	956,895.20	0.0%
54165	GYT - Get Yourself Tested	(5,159.00)	(2,118.14)	41.1%	5,159.00	1,603.97	31.1%
54171	Food Safety Recreation License	(292,081.00)	(293,467.07)	100.5%	292,081.00	206,153.70	70.6%
54172	Infant Immunization Grant	(15,905.00)	(7,491.99)	47.1%	15,905.00	17,229.51	108.3%
54173	Early Hearing Detection & Prev	(93,984.00)	(76,267.19)	81.1%	93,984.00	83,367.17	88.7%
54174	Forward Health Outreach	(22,639.00)	(15,732.19)	69.5%	22,639.00	16,207.26	71.6%
54176	Environmental Health	-	(2,120.23)	0.0%	-	12,221.90	0.0%
54180	DHS Agreement	(113,885.00)	(34,343.81)	30.2%	113,885.00	66,743.67	58.6%
54182	HCET (Health Care, Ed & Tr)	(7,927.00)	(317.79)	4.0%	7,927.00	317.79	4.0%
54184	Childhood Lead Poisoning Prev.	(10,072.00)	(8,370.56)	83.1%	10,072.00	8,434.02	83.7%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	49.99	10.0%
54188	COVID Health Equity	-	(36,790.84)	0.0%	-	36,790.84	0.0%
54189	Epidemiology & Lab Capacity	-	(11,722.05)	0.0%	-	11,722.39	0.0%
54190	Public Health Donation Expendi	(1,000.00)	(309.00)	30.9%	1,000.00	-	0.0%
		$ 2,566,336.00	**$ 3,102,736.20**	**120.9%**	**$ 2,566,336.00**	**$ 2,815,431.22**	**109.7%**

Attachment: 1-22 PH Financial Reports (6786 : Public Health Director's Program and

Public Health Revenues vs Expenses Variance YTD through December 2021

CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.





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

Tim Easker, Human Services Director, provides a department program and financial report for review and discussion.

Director's Report to the Health & Human Services Board
Tim Easker

Board Meeting Date: January 20, 2022

1. WCHSA Updates

Division of Children's and Families (DCF)

- **Foster and Kinship Care Rate Increase** – The rate for Level 1 Foster Care and Kinship Care payments increase in January 2022 to $300/month. The rate increases were approved in the 2021-23 biennial budget, with a small amount of additional funding added to the Children and Families Allocation for Level 1 Foster Care and additional funding added to Kinship Care allocations for 2022. The basic maintenance rates applicable to Levels 2 – 5 Foster Care remain the same for 2022.
- **QRTP Providers** – The Qualified Residential Treatment Provider (QRTP) webpage includes a list of the residential care providers that have been approved to operate a QRTP facility or have applications pending.

  https://dcf.wisconsin.gov/family-first/qrtp

Youth Justice Program - Division of Safety and Permanence (DSP)

- **YASI Implementation** – The fourth and final phase of statewide implementation of the YASI youth assessment system is underway. More information about YASI implementation is in the December 2021 issue of the Bureau of Youth Services newsletter.

  https://dcf.wisconsin.gov/files/cwportal/ys/newsletter/ys-newsletter.pdf

Child Care Program - Division of Early Care and Education (DECE)

- **Shares Maximum Rate Increase** – DECE issued Administrator's Memo 2021-02 in December explaining the increase to the Shares maximum rate in January 2022. The maximum rate varies by county. The maximum rate determines the maximum amount of Shares reimbursement to child care providers, with the actual Shares subsidy amount being subject to the actual charges by the child care provider and the Shares co-payment for the recipient based on the recipient's income. Recipients were notified by DECE of the impact of the maximum rate increase on their Shares subsidy amount.

  https://dcf.wisconsin.gov/files/wishares/adminmemos/admin-memo-21-02.pdf
  https://dcf.wisconsin.gov/files/wishares/pdf/max-rates-statewide.pdf

Division of Health Services (DHS)

DMS Children's Services

- **DMS Numbered Memo 2021-08 Published-**DHS has published Numbered Memo 2021-08. This memo announces the creation of standardized materials for intake, eligibility, and enrollment processes and outlines their required use by March 1, 2022 in children's programs administered by the DHS Bureau of Children's Services.
- **DMS Numbered Memo 2021 -07 Published (DCTS, DMS, DQA Joint Memo)-**DHS has published a joint memo, Prohibited Restraints and Restrictive Measures in Community-Based Programs and Facilities, effective December 1, 2021. This memo updates and replaces: DCTS Action Memo 2017-01, DMS Numbered Memo 2017-01, and DQA Memo 17-01.
- **DMS Numbered Memo 2021-06 Published-**DHS published Numbered Memo 2021-06, effective December 1, 2021. This memo effectuates the Birth to 3 Program Operations Guide, P-03138, and explains its intent and purpose.

- **5% Rate Increase for Some Children's Long-Term Support Program Providers-**DHS is increasing the rates for certain providers of Medicaid HCBS by 5% to address the severe staffing shortage in the direct care workforce and strengthen participants' access to services, effective 01/1/2022.
- **Update to the Children's Community Options Program Procedures Guide-**DHS updated the Children's Community Options Program (CCOP) Procedures Guide (P-01780). Find a comprehensive summary of revisions, the updated CCOP Procedures Guide, and other resources online.

DMS Adult Services

- **Home and Community-Based Settings Rule: Statewide Transition Plan-**DHS has submitted the updated statewide transition plan for final approval to CMS. The updated statewide transition plan now reflects the updates and revisions CMS requested along with public comments from July 2021.

Division of Care and Treatment Services (DCTS)

- **Statewide Peer-Run Warmline Grant Opportunity-**Peer-run organizations are invited to apply for funding to develop and operate a statewide warmline that will employ certified peer specialists to provide peer support over the phone to people experiencing increased stress or symptoms related to mental health and substance use concerns. Applications are due by 2 p.m. February 25, 2022. View more information on this grant funding opportunity.
- **Reminder - Grant Opportunity: Coordinated Specialty Care-**We are seeking applications for the development and implementation of Coordinated Specialty Care services, a model of care for people experiencing first episode psychosis. Counties and tribes offering CCS and/or CSP are encouraged to apply by January 20, 2022 at 2 p.m. View more information on this grant funding opportunity.
- **POSTPONED - DHS 75 Webinar Series, Session Three-**Session three of the DHS 75 Webinar Series scheduled for January 14, 2022, from 11:45 a.m. to 1:00 p.m. has been postponed. The new date for this session will be announced soon. The DHS 75 Webinar Series is focused on the implementation of the revised Wis. Admin. Code ch. DHS 75. All providers of substance use services are invited to participate in this webinar series. Recordings of the first two sessions of the DHS 75 Webinar Series are available on the Revised DHS 75 Implementation page on the DHS website.

Division of Quality Assurance (DQA)

- **DQA Webinar – CMS Health Care Staff Vaccinations-**DQA will host a webinar on Tuesday, January 11, from 1 p.m.- 2:30 p.m., to provide information about the federal COVID-19 health care staff vaccination rule. Submit questions you would like addressed by emailing DHSWebmailDQA@dhs.wisconsin.gov by January 5, 2022. Join Zoom Meeting Passcode: 105278
- **On December 2, 2021 CMS issued CMS Memo QSO-22-04-ALL-**CMS will not enforce the new rule regarding vaccination of health care workers or requirements for policies and procedures in certified Medicare and Medicaid providers and suppliers (including nursing facilities, hospitals, dialysis facilities and all other provider types covered by the rule) while there are court-ordered injunctions in place prohibiting enforcement of this provision.
- **Attn: Adult Day Care Center Providers: DQA Memo 21-07-**This memo provides an overview of Background Check and Misconduct Investigation Program requirements and resources for Adult Day Care Centers seeking certification under Wis. Admin. Code s. DHS 105.14, which became effective 12/1/2021. Current ADCC operators must request an entity background check from DQA by 03/31/2022.

Department and Division Updates

Department Updates:

- Since the holidays we have seen a substantial increase in staff who are either quarantining (close contact) or isolating (actually Covid positive) due to Covid. Fortunately, we have the infrastructure in place to work from home so there has been no reduction in services. Staff have been reminded to be vigilant about social distancing, hand washing, and any other mitigation strategies that they would like to use.
- I would like thank all of our community members and staff who contributed to the foster care Christmas celebration through their time, talent, and/or donations. While we were not able to gather in person, those involved made the best of it, which brought many smiles across our county. The weather also threw us a curveball when December thunderstorms and tornados took out the power at the courthouse on our scheduled pick-up day. Through dogged determination the presents were ultimately delivered.
- We would like to recognize the following dedicated staff for their years of service: Katie Indermuehle (CWDA) 2 years; Rachel Phelps (Economic Support) 5 years; Holy Anderson (ADRC) 8 years; Kerry Root (Youth Justice) 19 years; Kyra Secraw (CYF Manager) 21 years. THANK YOU!

Aging & Disability Resource Center (ADRC)

- Like every other part of human services, we have been experiencing the effects of the COVID surge in cases. Consequently, we've made a few changes in processes for staff. Through the end of January, staff who have the ability, are able to work remotely to the extent they want. This is to reduce the traffic in the office and possible exposure to others. We've also gone back to eliminating home visits and in-person meetings with customers. Any exceptions will go through the manager if circumstances do not allow for virtual/phone call interactions or rescheduling for a later date. We are also stopping all in person presentations. Finally, the in person dining in Cornell has also stopped. All of these strategies will be evaluated at the end of January.
- We have two site aid positions open right now. One position is in Bloomer and involves working with volunteers, organizing meal routes and packaging meals for home delivery. The other position is for Stanley/Boyd and involves working with volunteers and organizing routes. Neither position involves food preparation. These are great positions for the retiree that is looking for a few hours, flexibility, and rewarding work. Of course, they are also great for anyone who just wants to supplement their income with something meaningful.
- You have probably already heard that Dove-Wissota Health is eliminating their long-term care unit. This does not affect the vent unit or their rehab services. When a nursing home closes, the ADRC of that county is very involved in that process. Residents who want to look at something other than another nursing home work with the ADRC to identify their options and possible funding sources for those options.
- As you might imagine, this has added a great deal to our workload, which is always busy at this time of the year. Well, to be fair, I would say that we are always busy, but every January brings it to a whole new level, and the nursing home closure has just added to that. Calls are being returned in the order they are received, but the phones are so busy that it is taking over a week to return them. Even before the changes to eliminate home visits and in person meetings with customers for a few weeks, staff were booking out to late February and March. This is as upsetting for staff as it is for the people they are serving. We aren't a crisis agency, but the situations we are seeing are more complex than ever and on the cusp of becoming a crisis. It's just important that you know the ADRC has a team of dedicated professionals who are doing the best they can with this ever-increasing population to serve.

Children, Youth & Families Division

Youth Justice

The state has rolled out Qualified Residential Treatment Programs (QRTP) under the Family First legislation. This means changes to court processes and documents as well as permanency plans. We are working on getting brought up to speed on how to navigate these new changes.

Children with Differing Abilities (CWDA)

Carli Reynolds started as a new Children's CCS worker! Welcome, Carli! We finished interviews for the remaining open positions in Children's CCS and are checking references.

Child Protective Services (CPS)

The CPS unit has seen an influx in Child Abuse and Neglect reports since 2022 started; many of these cases are being screened-in to assess for safety. Initial Assessment Workers are responding to several new cases each week to ensure child safety. Ongoing workers are continuing to stay busy and work towards permanency for children.

Birth to Three (B-3)

The full-time Speech Therapist in Birth to Three will be retiring in March 2022. The job has been posted but the team is still searching for the right fit.

Economic Support Division

- The public health emergency is scheduled to expire on January 16th. It is expected that this will be extended again by 90 days to April 16, 2022. This affects many Economic Support programs.
- Food Share Emergency Supplements have been approved for January and will be available to participants on January 23.
- P-EBT (Pandemic FoodShare) was approved by FNS for the 2021-2022 school year. This is FoodShare for eligible low-income children whose school participates in the National School Lunch Program. Benefits will begin to be issued in March.
- Great Rivers Call Center will move to a new software platform near the end of January. The new program is called Genesys and call center agents are currently training on the new software. No service interruptions are expected to callers.
- The State of Wisconsin moved to a new training platform in December. Income Maintenance trainings and record of completion are now held in Cornerstone.
- In 2021, all Chippewa County Economic Support Specialist exceeded the state requirement of 12 hours of continuing education. This was achieved through required annual training as well as refresher training and new policy review.

Fiscal & Contracts Division

- Our accountant vacancy Brittany Hestekin started on January 10 and we are glad to have her on the team.
- As we end one year and begin another we are very busy completing billing and vendor payments still in the pipeline from 2021 while also preparing to begin and stay current on our 2022 activity.

Recovery & Wellness Consortium (RWC) Division

- Recovery Wellness Consortium is pleased to welcome Daniel Erickson from Milkweed Connection to the team. Daniel will use his skills and training in peer support services to walk alongside with consumers in their recovery journey.
- Lisa Wilson a service facilitator in Community Support Program. Her last day of employment is January 22. She was a champion in promoting trauma informed practices within the division. We wish her well in her future professional endeavors.

3. 2021 Monthly Fiscal Information

Through Month of: December 2021

2021 Budget (total is $23,021,372):	$23,021,372
Expenses paid through December:	25,721,270
Variance to Budget:	$2,699,898

Note: The $2.7 million variance above includes $2.4 million of Comprehensive Community Service Costs that will be received from Medicaid.

2021 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2021 Budget	Over/(Under)
January	86	$263,100	$331,350	($68,250)
February	104	$299,892	$331,350	($31,458)
March	103	$304,315	$331,350	(27,035)
April	104	$305,199	$331,350	(26,161)
May	105	$324,085	$331,350	($7,265)
June	100	$325,356	$331,350	($5,994)
July	102	$319,176	$331,350	($12,174)
August	103	$317,220	$331,350	($14,130)
September	107	$317,688	$331,350	($13,662)
October	104	$316,506	$331,350	($14,844)
November	106	$317,104	$331,350	($14,246)
December	106	$315,664	$331,350	($15,686)

Note: The monthly rate paid to Kinship providers is $254 per month and that rate is set by the State. The State has announced the payment amount will increase to $300 effective January 1, 2022. Historically, the Kinship grant has covered the full cost of the service.

2021 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2021 Budget	Over/(Under)
January	81	36	$2,729,256	$1,379,760	$1,349,496
February	84	39	$2,879,963	$1,379,760	$1,500,203
March	76	36	$2,649,114	$1,379,760	$1,269,354
April	72	37	$2,399,243	$1,379,760	$1,019,483
May	82	31	$2,301.282	$1,379,760	$921,522
June	82	32	$2,284,109	$1,379,760	$904,349
July	69	27	$2,140,105	$1,379,760	$760,345
August	84	26	$2,185,815	$1,379,760	$806,055
September	82	24	$2,215,846	$1,379,760	$836,086
October	80	28	$2,247,955	$1,379,760	$868,195
November	85	27	$2,301,064	$1,379,760	$921,304
December	81	26	$2,309,162	$1,379,760	$929,402

* Children and Youth in Placement: Foster Care, Treatment Foster Care, Group Home, Residential Care
**Additional children placed with relatives (unpaid)

2021 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2021 Budget	Over/(Under)
January	14	$574,611	$637,987	($63,376)
February	18	$520,066	$637,987	($117,921)
March	14	$445,742	$637,987	(192,245)
April	20	$534.146	$637,987	($103,841)
May	16	$478,410	$637,987	($159,577)
June	13	$521,936	$637,987	($116,051)
July	13	$533,312	$637,987	($104,675)
August	13	$540,776	$637,987	($97,211)
September	12	$560.504	$637,987	($77,483)
October	9	$537,704	$637,987	($100,283)
November	9	$533,264	$637,987	($104,723)
December	9	$551,288	$637,987	($86,699)

2021 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2021 Budget	Over/(Under)
January	66			
February	70			
March	166			
April	114			
May	115			
June	44			
July	44			
August	39	$763,737	$301,392	$462,345
September	57	$727,906	$301,392	$426,514
October	72	$755,971	$301,392	$454,579
November	58	$709,873	$301,392	$408,481
December				

* IMD invoices are received two months in arrears

Department of Human Services – Consumer/Caseload Data

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

Year	Screened in CPS Reports 01-01-21 to 12-31-21	Number of IA Workers	Projected End of Year based on 01-01-21 to 12-31-21	Actual End of Year
2021	199	4	N/A	199
2020	261	4	N/A	261
2019	272	4	N/A	272
2018	250	4	N/A	250
2017	186	3	N/A	186

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 (01-12-22)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	8	14	10	10						
Ongoing					20	14	15	15	14	12

Total Families/Cases Open: Initial Assessment = 42; Ongoing = 90; equals 132 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to December 31 (includes Kinship)

2021	2020	2019	2018	2017	2016	2015
191	185	204	217	202	158	84

Children/Youth Opened in CCS and/or CLTS (01-12-22)

Children/Youth Opened	3
Children Waiting to be Screened to Determine Eligibility	22
Waitlist - CCS	2
Waitlist - CLTS	22
Waitlist – CCS/CLTS (Dually Eligible)	19

Current IMD Expenditures – Estimate (to date)

Children/Youth – IMD	$ 200,659
Adults – IMD	$ 450,058
Total	$ 650,717

Yearly Comparison Crisis: January – December

	Adults	Children
2021	770	238
2020	843	236
2019	753	238
2018	769	222
2017	753	204

Yearly Comparison Youth Justice Referrals

Year	Jan-October	End of Year
2021	201	241(Projected)
2020	193	342
2019	300	362
2018	307	351
2017	307	405

STATEMENT OF EXPLANATION
HEALTH & HUMAN SERVICES BOARD ANNUAL PERFORMANCE EVALUATION RESULTS

Every year a board evaluation is given to all Health & Human Services Board members to complete. This provides feedback to the Board, Board Chair, and Human Services and Public Health Directors on what is working well and areas that may require further development. The results for 2021 will be reviewed and discussed.

Chippewa County Health & Human Services Board Evaluation Survey

Statements	2016 Mean	2017 Mean	2018 Mean	2019 Mean	2020 Mean	2021 Mean
HHS Board Meetings						
1. Board meetings begin on time.	3.86	4.33	4.13	4.71	4.89	5.00
2. Board meetings are completed in a reasonable amount of time.	4.14	3.83	3.63	4.29	4.33	4.50
3. Board meetings are focused and stick to the agenda.	4.00	3.83	4.00	4.43	4.56	4.50
4. Board meetings have a positive tone.	4.14	4.17	4.25	4.43	4.44	4.33
5. Board meetings encourage participation by all members.	4.57	4.83	4.25	4.43	4.33	4.17
6. Board meetings focus on policy and outcomes rather than management issues.	3.86	4.17	3.75	4.14	4.44	4.50
7. Board meeting discussion/participation indicate members come prepared to take action on policies/programs.	4.14	4.33	4.25	4.43	4.44	4.17
8 Board meetings are held in adequate facilities.	4.71	4.83	4.63	4.71	4.00	4.67
9. Board meetings are cordian and personal attacks avoided.	4.43	4.00	4.63	4.57	4.78	4.67
Average Mean	**4.21**	**4.26**	**4.17**	**4.46**	**4.47**	**4.50**

10. Suggestions on how to further develop meetings that will assist you the most:

*Make policy review a regular agenda item, so that the committee can confirm or refine specific policies. We missed the chance to do that with Human Services, though I'm not sure everyone wanted to do that anyway.

*Perhaps Board Members could volunteer to report on the meetings of subcommittees they serve on (ADRC Board, Professional Services Board etc.)

*The person who was condescending is no longer on the board. I think we have a good board.

11. Additional Comments:

* Open meeting laws and fear of controversy discouraged vigorous discussion and differing perspectives. Instead, those willing to violate protocol too often had the last word.

HHS Board Members (Pertaining to Human Services Department)						
12. Board members understand and support Human Services' mission and strategic plan.	4.57	4.33	4.00	4.29	4.44	4.33
13. Board members understand Human Services' statutory responsibilities.	4.43	4.33	3.88	4.00	4.44	4.33
14. Board members understand that communication with staff goes through the Human Services Director.	4.14	4.67	3.75	4.14	4.56	4.50
15. Board members works with the Human Services Director to secure and maintain sufficient staff.	4.14	4.00	3.63	4.00	4.44	4.33
16. Board members take advantage of Human Services related learning oppotrunities such as conferences, summits, and other activities.	3.00	3.67	3.38	3.29	3.89	3.67
17. Board members communicate community needs to the Human Services Director.	3.00	3.83	3.50	4.00	4.11	4.33
18. Board members support improving efficiency and effectiveness of Human Services through staff training and quality improvement initiatives.	4.14	4.33	4.13	4.14	4.33	4.83
Average Mean	**3.92**	**4.17**	**3.75**	**3.98**	**4.32**	**4.33**

19. Additional Comments:

*On numbers 16 and 17, some of us fail to make use of opportunities.

HHS Board Members (Pertaining to Public Health Department)						
20. Board members understand and support Public Health's mission and strategic plan.	4.29	4.17	4.25	4.57	4.56	4.33
21. Board members understand Public Health's statutory responsibilities.	4.14	4.33	4.13	4.43	4.44	4.83
22. Board members understand that communication with staff goes through the Public Health Director.	3.86	4.33	4.13	4.43	4.44	4.83

Statements	2016 Mean	2017 Mean	2018 Mean	2019 Mean	2020 Mean	2021 Mean
23. Board members works with the Public Health Director to secure and maintain sufficient staff.	4.14	4.17	3.75	4.14	4.44	4.50
24. Board members take advantage of Public Health related learning oppotrunities such as conferences, summits, and other activities.	2.57	3.50	3.63	3.57	3.67	3.83
25. Board members communication community needs to the Public Health Director.	3.57	4.17	4.00	4.00	4.33	4.33
26. Board members support improving efficiency and effectiveness of Public Health through staff training and quality improvement initiatives.	4.00	4.50	4.13	4.43	4.56	4.67
Average Mean	**3.80**	**4.17**	**4.00**	**4.22**	**4.35**	**4.47**

27.Additional Comments:

*Regarding #21, there is a difference between understanding and respecting statutory responsibilities.

28. The Board reviews important documents (e.g. policies, programs, strategic plans, etc.	4.29	4.17	4.38	4.57	4.44	4.00
29. The Board review the annual budget.	4.57	4.17	4.13	4.29	4.89	4.33
30. The Board is provided adequate information and data to make informed policy decision.	4.43	4.83	4.00	4.57	4.56	4.17
Average Mean	**4.43**	**4.39**	**4.17**	**4.48**	**4.63**	**4.17**

31.Additional Comments:

*Both directors do an exceptional job providing background detail and rationale for decisions, requests for policy changes, and needed changes to respond to community issues.

*This past year, we really didn't make any significant policy decisions. More maintaining status quo. I'm sure that changes on a yearly basis.

32. Orientation as a new board member provided an adequate overview of board member role and reponsibilities.	**3.83**	4.40	4.00	4.17	4.33	4.33

33. Suggestions that you think would be helpful to include in new board member orientation:

*All new board members should at least have to meet with the department heads. They should get an overview on the statuary activities and non-statutory activity.

*Perhaps a bit of professional background of each of the directors to help new board members get a "feel" for the experiences and commitment of our excellent directors.

*The suggestion to highlight specific programs with successes and challenges is wise. Next year's mandate that a supervisor chair the committee is wise. It is also wise the that chair follow Jack's example of managing meetings.

Average Overall Mean	**4.04**	**4.28**	**4.02**	**4.26**	**4.42**	**4.36**

2021 - 6 responses; 2020 - 9 Responses; 2019 - 7 Respones; 2018 - 8 Respones; 2017 - 6 Responses; 2016 - 7 Responses

STATEMENT OF EXPLANATION
HUMAN SERVICES 2022-2024 STRATEGIC PLAN

Background: During the months of September - November 2021, the Human Services Leadership Team and divisions completed a SWOT analysis to identify their greatest strengths, weaknesses, opportunities, and threats. This information was then utilized to create the department-wide strategic plan for 2022 - 2024.

Action: The Health & Human Services Board is requested to review and approve the Human Services 2022-2024 Strategic Plan.

CHIPPEWA COUNTY Human Services

ADRC Aging & Disability Resource Center of Chippewa County

Strategic Plan 2022 – 2024

Department/Division Goals:

1. **Build a culture of community engagement.**
2. **Utilize data driven decision making.**
3. **Demonstrate fiscal responsibility.**
4. **Build a culture of service.**
5. **Continue to build and maintain a healthy workplace.**

- **Mission**: Strengthening our community through partnerships and services to promote dignity, increase resilience, and provide hope.
- **Vision:** Everyone reaching their full potential to live their best life.
- **Values:** Advocacy, Compassion, Empowerment, Partnership, Respect

Leadership Team		
Objectives	**Strategies**	**Tactics/Responsible Party**
❖ **Improve interconnectedness within Leadership Team by December 31, 2024.**	▪ In person presentations at leadership meetings.	▪ Create schedule for presentations at leadership meetings – Leadership Team. ▪ Determine topics of interest (e.g. specific program and or topic for each division/unit to present on) - Leadership Team. ▪ Presentation at Leadership meeting by a division/unit leader regarding specific program/topic - individual leaders.
	▪ Leaders will shadow leaders or staff of other divisions/units.	▪ Leaders shall determine areas in which they would like additional education and the method (e.g. shadow, attend unit/division meeting etc.) - Leadership Team. ▪ Create a schedule of events, who, what, when - Leadership Team. ▪ Leaders shadow other leaders or staff - Leadership Team. ▪ Leaders debrief with one another after event and bring to a Leadership meeting - Leadership Team.
	▪ Create opportunities for relationship building to occur within Leadership.	▪ Schedule group lunches, potlucks, and other activities for Leadership Team – Leadership Team.
❖ **Educate County stakeholders and decision-makers on DHS programs by December 31, 2022.**	▪ Increase awareness of DHS programs and staff roles.	▪ Explore feasibility of Day in the Life presentation – Leadership Team. ▪ Re-implementation of Policy, Practice, and People at HHS and ADRC Board meetings – Leadership Team. ▪ Explore feasibility of Meet and Greets with County Committees – Leadership Team.

Leadership Team		
Objectives	**Strategies**	**Tactics/Responsible Party**
❖ **Continue to increase employee engagement by December 31, 2023.**	▪ Create opportunities for relationship building to occur with staff.	▪ Having a conversation-inducing video or activity at All Staff meetings – Director/Leadership Team. ○ Continue conversation at division meetings – division manager/supervisor. ▪ Explore having ice breakers at All Staff meetings – Director/Leadership Team. ▪ Host a unity event – Leadership Team. ▪ Host interdivision meetings – division manager/supervisor.
❖ **Improve outcomes through data driven decisions by December 31, 2022.**	▪ Develop process for measuring and analyzing data.	▪ Units/divisions will meet and determine which data to track - manager/supervisor/department head. ▪ Determine frequency of data collection - manager/supervisor. ▪ Meet semiannually and annually to review data - manager/supervisor/ department head. ▪ Determine what processes if any need altering to improve outcomes - manager/supervisor. ▪ Share information semiannually and annually with the HHSB - department head.

Aging & Disability Resource Center (ADRC) Division		
Build a Culture of Community Engagement		
Objectives	**Strategies**	**Tactics**
❖ **Improve staff knowledge of community resources and ensure partners have accurate information about the ADRC by hosting three meeting each year with various partners.**	▪ Host three meetings each year with various partner agencies and/or stakeholders.	▪ Create a team in the ADRC each year that will facilitate these meetings ▪ Identify Team leader – division manager. ▪ Determine and schedule meeting dates/times and whether it is in person, virtual or hybrid – team. ▪ Review/evaluate each meeting for usefulness – team/team leader. ▪ Evaluate frequency for bringing each group together again – team. ▪ Identify possible partners each year: those to consider include discharge planners, case managers, police departments, assisted living – team. ▪ Develop agenda for the meetings to include but not limited to: gaps noticed, education about each agency, processes for referrals, ways to help each other – team/team leader.

Aging & Disability Resource Center (ADRC) Division		
Utilize Data Driven Decision-Making		
Objectives	**Strategies**	**Tactics**
❖ **Improve online community access to information about resources and ADRC programs, services and events.**	▪ Review Facebook and Website and newsletter analytics/trends quarterly and make recommendations for improvements.	▪ Create an ADRC workgroup each year that will facilitate the evaluation of online presence – manager. ▪ Identify workgroup leader – workgroup. ▪ Determine meeting frequency and schedule meetings – workgroup/leader. ▪ Obtain and review 2020 analytics for website and 2021 analytics for Facebook to use as baselines – leader/workgroup. ▪ Develop website survey to identify opportunities for enhancements – workgroup. ▪ Develop question to include in all evaluations of program/educational sessions – workgroup. ▪ Develop voicemail template that includes mention of website and FB – workgroup/manager. ▪ Identify other methods for sharing information about Facebook, website, and newsletter – workgroup/manager.

Aging & Disability Resource Center (ADRC) Division		
Demonstrate Fiscal Responsibility		
Objectives	**Strategies**	**Tactics**
❖ **Improve operational efficiencies within ADRC programs and/or services.**	▪ Streamline at least one program/service each year by working with other ADRC's or partner agencies to collaborate or improve efficiency.	▪ Create an ADRC workgroup each year to that will work on this issue – manager. ▪ Identify Workgroup Leader – workgroup. ▪ Determine meeting frequency and schedule meetings – workgroup/leader ▪ Survey ADRC staff to identify where they feel inefficiencies exist – workgroup/manager. ▪ Identify program(s) or service(s) that are in most need of developing efficiencies – workgroup/manager. ▪ Utilize BADR, GWAAR, etc. to identify agencies that have found efficiencies in targeted program/service – manager. ▪ Identify ways in which "paperless" processes can be implemented – workgroup. ▪ Implement changes – workgroup/manager. ▪ Evaluate changes for usefulness – workgroup/manager.

Aging & Disability Resource Center (ADRC) Division		
Build a Culture of Service		
Objectives	**Strategies**	**Tactics**
❖ **Chippewa County residents will receive up-to-date information about ADRC programs and services available in each community.**	▪ Chippewa County residents will have access to at least one additional ADRC service/program that was not previously offered in the county or in a region of the county.	▪ Create an ADRC workgroup each year that will work on this issue – manager. ▪ Identify workgroup leader – workgroup. ▪ Determine meeting frequency and schedule meetings – workgroup/leader. ▪ Review with staff importance of unmet needs documentation in WellSky – manager. ▪ Workgroup to evaluate unmet needs report and waiting lists for services - workgroup ▪ ADRC staff training in cultural competence to improve customer service and outreach to marginalized populations – manager. ▪ Team will identify opportunities to collaborate with other ADRCs and community partners to expand services -workgroup/manager. ▪ Staff training on internal programs/services provided at one meeting monthly - workgroup/manager.
❖ **The ADRC of Chippewa County will promote consumer empowerment and advocacy.**	▪ Advocacy training sessions will be offered annually each year for consumer and staff participation.	▪ Identify and promote opportunities for empowerment of consumers – manager/ADRC team. ▪ Advocacy and empowerment sessions will be shared with consumers and staff - manager/ADRC team. ▪ Team will identify educational staff needs as it relates to specific diversity, ethnicity and cultural issues and provide to ADRC manager - manager/ADRC team.

Aging & Disability Resource Center (ADRC) Division		
Continue to Build and Maintain a Healthy Workplace		
Objectives	**Strategies**	**Tactics**
❖ **The ADRC Team will continually improve a healthy work environment through enrichment and engagement opportunities.**	▪ ADRC courthouse staff will plan and facilitate one organizational work day per year that includes team building and individual well-being components.	▪ Create an ADRC workgroup each year that will work on this issue – manager. ▪ Identify workgroup leader – workgroup. ▪ Determine meeting frequency and schedule meetings ADRC planning team will be created each year – workgroup/leader. ▪ Workgroup will send out date saver (mandatory attendance) - leader. ▪ ADRC manager will provide workgroup with a budget for the training day – manager. ▪ Workgroup will identify speakers, location, and food (with confirmation from manager) -workgroup/manager. ▪ Agenda will be developed – workgroup. ▪ AAs will arrange for phone coverage – reception AAs.
	▪ ADRC nutrition program staff will meet every other week via conference call or in person.	▪ Agenda will typically include day-to-day operations and administrative updates, customer service changes, status of supplies, blizzard packs, registrations, etc. will be reviewed – nutrition program coordinator/manager. ▪ Meeting schedule will be sent out to all nutrition staff - manager ▪ Nutrition Staff provided opportunity to add to agenda and share personal or work-related updates - nutrition program coordinator/manager.

Economic Support (ES) Division		
Objectives	**Strategies**	**Tactics**
❖ **Create a marketing plan regarding Economic Support by 12/31/2022.**	▪ Form committee of ES staff to determine key components such as Access app, Chippewa Co. document drop box, Great Rivers Call Center	▪ Identify staff interested in participating in the committee. ▪ Committee determines means to communicate the information to the public (website, newsletters, etc.).
	▪ Explore potential outreach opportunities.	▪ Committee identifies partners to present marketing information to (e.g. Chippewa County Jail, Open Door Clinic, Aging and Disability Resource Center, etc.). ▪ Marketing materials will be distributed according to the recommendations of the committee.
❖ **Implement an in-person training program for Economic Support Staff annually through 2024.**	▪ Survey staff to determine training needs outside of technical job functions (e.g. soft skills, stress reduction, time management, etc.).	▪ Manager will identify available trainings. ▪ A minimum of one training annually will be held in person. ▪ Manager will follow up with surveys will be used to determine effectiveness of training and assist in identifying future trainings. ▪ Manager will conduct a debriefing to be held within 30 days of training to determine strategies staff will implement.
❖ **Support telework through balancing the needs of the consumer, team, and individual staff by 12/31/2022.**	▪ Determine unique needs of consumers, ES team, and individual staff arising from telework.	▪ Create a workgroup of ES staff to identify the number of face-to-face appointment requests made by consumers and determine the best method for ensuring coverage and fair distribution of appointments to ES staff. ▪ Gather input from other division staff through survey to identify unmet needs of consumers arising from telework. ▪ Manager to create survey of ES staff to determine unmet needs arising from telework. ▪ Manager to create an action plan to address unmet needs of staff identified in the survey. ▪ Manager to meet with teams: Family, EBD/LTC and Child care to identify unmet needs and create an action plan based on team suggestions. ▪ Manager to meet with HR, DHS Director, IT, etc. as needed to address unmet needs identified by consumers, teams, and individual staff.

Children, Youth & Families (CYF) Division – Child Protective Services (CPS)/Birth to Three (B-3)		
Objectives	**Strategies**	**Tactics**
❖ **Educate community members about Child Protective Services and Birth to Three programs by December 2023.**	▪ Determine the need and the best way to provide education to community partners/stakeholders.	▪ Kari to identify staff to reach out to Community Partners (Law Enforcement throughout the county, Schools throughout the county, medical professionals, Judges, Health and Human Services Board, County Board) to see if they are interested in learning more about what CPS and Birth to Three do on a daily basis. ▪ Identified staff will put together a brief presentation/talking points to have available for when they reach out to community partners to identify interest.
	▪ Determine feasibility of restarting meetings with the Chippewa Falls School District.	▪ Kari to reach out to Chippewa Falls School district to determine if monthly meetings are held. ▪ If monthly meetings are still held, ask to be invited to meetings to collaborate with Chippewa Falls School District.
	▪ Increase awareness of Child Protective Services and Birth to Three in community partners, Health and Human Services Board, and County Board.	▪ Kari to form a team of CPS and Birth to Three members to identify the most important topics for education. ▪ The team will put together a presentation regarding roles/responsibilities for community Partners and create training videos/handouts. ▪ The team will present to community partners throughout 2023/2024.
❖ **Improve permanency outcomes for children in out of home care by 2024.**	▪ Explore ways to increase the budget through grants.	▪ Kari and Ashley to establish a grant search/writer group in order to share the workload. ▪ The group will reach out to the Universities in the area to see if they have the ability/are willing to help the group search for/write grants. ▪ The group will present at the DEC/MDT Meetings to see if there are any community partners that are inclined to assist with writing/implementing projects if grants are received. ▪ The group will utilize the Child Protective Service Clearing House to identify potential grant opportunities. ▪ When grant opportunities are received from the State of Wisconsin, DCF, Kari will pass these opportunities on to the grant group.
	▪ Explore ways to support Child Protective Services and Birth to Three staff by providing ongoing education.	▪ Ashley/Erica will reach out to EAP to see what education they are able to provide about secondary trauma/burnout including costs associated with that. ▪ Ashley/Erica to survey the group to identify specific trainings that staff feel would be helpful in moving children towards permanency and improving their knowledge base. ▪ Ashley/Erica will reach out to specific trainers to identify costs/feasibility of training (virtual/in person). ▪ Kari to add training ideas/suggestions to the Unit meeting agenda.

Children, Youth & Families (CYF) Division – Youth Justice (YJ)		
Objectives	**Strategies**	**Tactics**
❖ **Explore potential researched based groups that can be facilitated by YJ staff by October 1, 2022.**	▪ Explore potential research-based groups that can be facilitated by YJ staff.	▪ Identify current needs of cases in Youth Justice - YJ unit. ▪ Identify time commitments and costs - Dianna/Manda. ▪ Collaborate with other counties that utilize groups - YJ unit. ▪ Identify necessary training for implementation - Dianna/Manda.
	▪ Research grants.	▪ Identify funding sources – Kyra.
	▪ Re-implement Support Service & Advisory Team meetings (SSATs).	▪ Research staffing formats utilized by Eau Claire and Barron Counties - Kyra. ▪ Update format of SSAT and present ideas to the leadership team and YJ unit for feedback – Kyra. ▪ Prepare draft format – Kyra. ▪ Review and update SSAT policy; send to director for approval – Kyra. ▪ Obtain HHSB approval - department head. ▪ Implement/train staff on new SSAT format – Kyra.
❖ **Differentiate actual YJ Out-of-Home Placement (OHP) costs from actual CPS OHP costs within the DHS budget by January 1, 2023.**	▪ Explore the ability to differentiate actual YJ out of home placement (OHP) costs from actual CPS OHP costs within the DHS budget	▪ Research systems used in other Western Region Counties – Kyra. ▪ Form workgroup - YJ unit. ▪ Develop proposal - workgroup.
	▪ Obtain support of DHS and Fiscal leadership.	▪ Develop PowerPoint to present to Leadership - Kyra and workgroup ▪ Present PowerPoint proposal to DHS and Fiscal Leadership - Kyra and workgroup.
	▪ Maintain existing YJ OHP spreadsheet.	▪ Expand data tracking to include Mental Health and Disrupted Guardianships/Adoptions on youth we serve in Youth Justice – Kyra and Geri. ▪ Route all OHP bills through YJ manager before sending to fiscal; YJ manager will route to fiscal - YJ unit and Kyra. ▪ Review YJ OHP spreadsheet in unit meetings for accuracy on a monthly basis – Kyra. ▪ Establish & maintain O-Drive location for YJ OHP Spreadsheet with limited editing permissions – Kyra.

Children, Youth & Families (CYF) Division – Children with Differing Abilities (CWDA)		
Objectives	**Strategies**	**Tactics**
❖ **Develop strategies to improve customer service by December 31, 2024**	▪ Operate waitlist free in compliance with State mandates.	▪ Continue updating data sheet regarding projections on consumer referrals and staff capacity - Kyra and Rachel. ▪ Research other counties' strategies on hiring for projected needs - Kyra and Rachel. ▪ Advocate with DHS director to move for board approval for hiring based on projected needs vs playing catch up - Kyra and Rachel.
	▪ Educate referral sources.	▪ Meet with new CYF division staff to educate on referral process and programs – Rachel.
	▪ Evaluate infrastructure needs.	▪ Collaborate with RWC Manager & CCS Clinical Coordinator about clinician's current capacity and projected position needs - Kyra and Rachel. ▪ Present proposed clinical staffing needs to DHS director - Tom, Kyra, and Rachel.
❖ **Increase CWDA employee satisfaction and engagement by December 31, 2024.**	▪ Improve work, life balance to reduce burn out.	▪ Evaluate productivity hours requirement - Kyra and Rachel. ▪ Meet with DHS Fiscal Manager to review billing requirements for CCS and CLTS programs – Rachel. ▪ Present data findings regarding productivity hours to DHS director - Kyra and Rachel. ▪ Develop new productivity hour procedure if applicable - Kyra and Rachel. ▪ Encourage more staff team bonding outside of work hours - CWDA staff.
	▪ Improve support for dual-program staff.	▪ Create a workgroup to strategize ways on streamlining the CCS and CLTS dual program cases – Rachel. ○ Workgroup will present ideas to manager. ○ Manager and supervisor will decide on strategies to implement. ▪ Meet with RWC support staff on improving Avatar functionality for CCS and CLTS Programs – Rachel. ▪ Develop an internal audit checklist for CCS and CLTS Programs - workgroup. ▪ Create a process for peer to peer file audits - Rachel and Kyra. ▪ Continue attending Avatar Super User meetings and consortium-wide CLTS/CCS workgroups – Rachel. ▪ Continue to explore ways to ensure CLTS QA oversight in dual-program cases - Rachel and Kyra.

Recovery & Wellness Consortium (RWC) Division		
Objectives	**Strategies**	**Tactics**
❖ **Increase utilization rate of the Recovery House to 50 percent by December 31, 2022.**	▪ Form a committee of RWC staff, consumers, and county staff to evaluate program structure, admission criteria and program rules and expectations.	▪ Identify RWC staff who will take the lead to form initial workgroup and determine who should be a part of the committee. ▪ RWC staff develops strategy for consumer engagement. ▪ Committee will identify "champions" to promote utilization of the Recovery House.
	▪ Establish Recovery House mission and vision statements.	▪ Committee will identify a member who will actively participate in the Western Region Recovery Residence Network meetings to strengthen the Recovery House mission. ▪ Committee will establish a mission and vision statements. ▪ Committee identifies champions.
	▪ Implement a new admission procedure, program structure (rules and expectations).	▪ Committee will review current Recovery House practices and make recommendations on new program structure. ▪ Committee develop an after-hours protocol for law enforcement. ▪ Committee explore use of post satisfaction survey completed by consumers. ▪ Committee explores training opportunities utilized by Recovery Residence Network. ▪ Committee will evaluate utilization rate for 2022, provide recommendations to full RWC team, and then determine next steps for further improvement in utilization of Recovery House. ▪ Evaluate appropriateness to accept referral from Core Counties (Buffalo and Pepin) .
❖ **Implement an "onboarding" process for all RWC programs to increase staff knowledge of all RWC programs by December 31, 2022.**	▪ Identify RWC programs affected.	▪ Manager will identify clinician and lead staff from each of the following programs; Community Support Program (CSP), Crisis, Community Recovery Services and Comprehensive Community Services (CCS) and Adult Protective Services (APS). ▪ Manager will facilitate discussion of onboarding objectives and requirements with staff. ▪ Super user (Caleb Johnson) will conduct periodic AVATAR and SharePoint training.
	▪ Develop a flow chart on how programs can overlap with each other.	▪ Manager in collaboration with student intern will create Intake and Services flow chart for CCS, CSP, CRS, APS and Crisis. ▪ Manager will pull in staff from each program as needed for consultation on flow charts.

Recovery & Wellness Consortium (RWC) Division		
Objectives	**Strategies**	**Tactics**
❖ **Improved seamless collaboration with Aging & Disability Resource Center (ADRC) by December 31, 2023 as evidence by pre and post survey scores.**	▪ Establish biannual informational sharing sessions between RWC and ADRC.	▪ RWC Manager will reach out to ADRC manager to discuss opportunity to share information of respective program criteria and referral process. ▪ Managers from RWC and ADRC will co-facilitate biannual informational sessions for staff from each division.
	▪ Develop pre/post survey communication tool.	▪ RWC manager in collaboration with ADRC manager will identify staff from each division to take the lead in creating a communication survey tool.
	▪ Encourage "job shadowing" between divisions when appropriate	▪ Manager will facilitate discussion with RWC team to develop a "shadowing" plan for all RWC employees. ▪ RWC staff will observe RWC consumer long-term functional screen intake conducted by ADRC staff.
❖ **Increase efficiency between Adult Protective Services (APS) and mental health services by December 31, 2023 as evidence by pre and post survey scores.**	▪ Increase staff knowledge of all internal programs within the RWC.	▪ Manager will identify presenter and coordinate training opportunities on case presentation. ▪ APS staff will develop quick Guardianship reference guide. ▪ Manager will facilitate discussion with RWC team to develop a "shadowing" plan for all RWC employees. ▪ Manager will facilitate monthly reviews of shared cases for quality improvement.
	▪ Conduct periodic team building activities.	▪ Manager will create schedule for each RWC staff member to sign up and facilitate a team building activity.
	▪ Develop pre/post survey communication tool.	▪ Manager in collaboration with identified staff from crisis and APS will create a communication survey tool.
	▪ RWC manager will explore at the regional and state level on how counties may integrate APS and Crisis services to ensure seamless continuum of services to residents.	▪ Manager will have dialogue with outside county APS programs that currently have APS workers embedded in their crisis programs. ▪ If warranted APS staff will complete crisis training per statue requirements.

Fiscal Division		
Objectives	**Strategies**	**Tactics**
❖ **Increase Employee Engagement by 12/31/2022.**	▪ Assess task assignments based on strengths.	▪ Individual staff will create a task list and rank each task based on strengths. ▪ Managers will meet and review results to determine next steps. ▪ Go through results as a group to discuss feasibility. ▪ Managers will reassign tasks (if possible) to utilize strengths and interests.
❖ **Increase division efficiencies by 12/31/2024.**	▪ Review current processes for efficiencies.	▪ Staff and managers will perform walk through to determine what processes will be targeted. ▪ Staff and managers will develop and/or utilize existing reports to obtain data (e.g. crystal reports rather than Geneva). ▪ Staff and managers will create instructions for all team members to have as a reference. ▪ Staff and managers will train on software and reports.
❖ **Increase training and professional opportunities by 12/31/2022.**	▪ Determine who should attend what meetings. ▪	▪ Managers will share meeting opportunities with the team to allow them opportunities to attend those that relevant to their positions. ▪ Have staff on “stand-by” for meetings to join if needed.
	▪ When possible, structure fiscal topics in one section of the meeting.	▪ Managers will contact meeting organizer to determine if this is feasible.
	▪ Determine trainings which staff may benefit from.	▪ Managers will seek staff input. ▪ Managers will Investigate free or low-cost opportunities available that are relevant to the staff.
❖ **Ensure all processes have trained and qualified backup staff by 6/30/2023.**	▪ Determine which processes do not have a viable backup.	▪ Staff and managers will update the master task list. ▪ Staff and managers will determine appropriate backup. ▪ Staff and managers will update procedures and update them on the master list. ▪ Staff and managers will schedule time for cross training.
❖ **Provide up to date information regarding productivity and staffing levels by 12/31/2023.**	▪ Create comprehensive document to house and track the data to maintain appropriate fiscal staffing level.	▪ Managers will monitor consortium staffing levels. ▪ Managers will monitor consumer levels. ▪ Managers will create reports to track invoice data entry (lines and invoices). ▪ Managers will create reports to monitor MSO data entry.