

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
SEPTEMBER 23, 2021
CHIPPEWA COUNTY COURTHOUSE, RM 302
7:45 AM

1. CALL TO ORDER

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	
Tom Thornton	Chippewa County	District 5	Present	
Charlene Kervina	Chippewa County	District 10	Absent	
Kari Ives	Chippewa County	District 12	Late	8:15 AM
Keith Tompkins	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Absent	
Jenny Happel	Chippewa County	Citizen Rep	Absent	

Others Present: Angie Weideman County Health Officer/Public Health Director; Tim Easker, Human Services Director; Pauline Spiegel, Human Services Administrative Assistant; Paul Brenner, Human Services Senior Fiscal Manager; Sarah McQuillan, Public Health Fiscal Manager; Audra Knowlton, Public Health Administrative Assistant; Randy Scholz, County Administrator; Public Health Staff: Komi Modji and Kristen Kelm; Human Services Staff: Kyra Secraw and Rachel Lettner

Members of the Public: Joe Przybyski, Lisa Mancl, James Ledebul, Michel R. Wehl, Chad Trowbridge, Terri Tompkins, Michelle Golden

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

Joe Przybyski - regarding contact tracing inconsistency in schools; Lisa Mancl - also regarding contract tracing - general public but primarily in schools; Chad Trowbridge on behalf of Chippewa Falls School District shared the school district's COVID safety in place and challenges faced with contract tracing in schools. He requests the Board give Public Health the authority to enforce orders, address non-compliance of orders, and revise quarantine constrictions as the current plan is not effective.

4. CONSENT AGENDA

Motion by Supervisor Steele, seconded by Supervisor Thornton, to remove Approve the Agenda from the Consent Agenda.

Motion by Supervisor Steele to remove Business item #1-Human Services Conversion of Policies to Procedure from the agenda stating is not the Health and Human Services Board's responsibility to change policies to procedures, but by County Board authority instead. Motion died due to lack of second.

County Administrator Scholz clarified the role of the County Board and department committees/boards in the process of creating and revising policies. Discussion followed and a suggestion made to change this business item to a report.

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Motion by Supervisor Hauser, seconded by Supervisor Steele, to approve the agenda as amended with Business Item #1 changed to a report. Motion carried.

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

1. Approve the Agenda
2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Aug 19, 2021 7:45 AM

3. Schedule Next Meeting Date - October 21, 2021

5. REPORTS

1. Minutes of Advisory Committees/Boards/Councils (Review)
The minutes of the August 20, 2021, Professional Advisory Committee were presented for review.
2. Public Health Director's Program and Financial Report – Angie Weideman
COVID STATISTICS
 - Worldwide: 230,167,264 positive cases, 4,721,127 deaths
 - United States: 42,547,003 positive cases, 681,222 deaths
 - Wisconsin: 707,084 positive cases, 7,876 deaths
 - Chippewa County: 9,091 positive cases, (789 active), 10 current hospitalization (371 total hospitalizations to date), 104 deaths
VACCINE DASHBOARD
 - Wisconsin: first dose - 56.3 percent; completed doses - 53.1 percent
 - Chippewa County: first dose - 51.9 percent; completed doses - 49.2 percent

Dr. Komi Modji shared COVID-19 data on positive cases for 2020 - 2021, showing active cases in various age groups, location of cases, vaccination numbers, and vaccination numbers related to positive cases.

Discussion on scientific data and research regarding natural immunity, spread of COVID, effectiveness of masks, and safety of the vaccine. Additional discussion on safety and protection of children in schools.

County Administrator Scholz provided clarification per State of Wisconsin Open Meetings Law regarding a board/committee not being able to act on items that are not on the current meeting agenda as an action item.

Public Health Director Angie Weideman expressed gratitude for the respectful feedback and discussion at meetings. She stated every phone call/email is returned/answered but will end communication if the person is disrespectful or abusive.

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Weideman also talked about Public Health's follow-up and challenges with testing, testing results, quarantine, physical distancing, information, decision-making, and concerns with new variants.

Additionally, Weideman reviewed other Public Health information as presented in the written report - update on the County medical loan closet, postvention program, communicable disease data, environmental health updates, diabetes prevention, and staffing highlights.

RESULT:	DISCUSSED
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3. Human Services Director's Program and Financial Report - Tim Easker

Human Services Director Tim Easker highlighted several items from his report. Board members were invited to stop in Human Services Room 305 to check out the "makeover" of the reception area through the generosity of The Forgotten Initiative, a faith-based organization that works with local churches to support foster care programs. He also reported the Fiscal Division is working on the new format for presenting the Institution for Mental Illness (IMI) data (per August meeting). He also provided information about treatment homes and out-of-home placements for children.

RESULT:	DISCUSSED
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6. BUSINESS ITEMS

1. Human Services Conversion of Policies to Procedures - Tim Easker

(This item changed from an action item to a report through the consent agenda approval process.)

Human Services Director Easker and Health and Human Services (HHS) Board members reviewed and discussed the policies that the department is requesting HHS Board approval to revise to procedures as they are step-by-step instructions (operational) that explain the "how" rather than a policy that shows the "why" behind an action. Revising the policies to procedures requires HHS Board approval because they were originally approved as policies by the Human Services Board in 2009-10. Procedures do not require HHS Board approval. There are some corrections to be made and they will be placed on next month's agenda as a business item. This same process has been followed in the past with converting a number of Public Health policies to procedures.

RESULT:	DISCUSSED
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2. Resolution to Create One Full-Time Social Worker Position in the Department of Human Services to Provide Children's Long Term Support Services

Children, Youth & Families (CYF) Division - Children with Differing Abilities (CWDA) Manager Kyra Secraw and Lead Worker Rachel Lettner presented history, data, and other information regarding the resolutions to create one full-time Children's Long Term Support (CLTS) Social Worker position in the Department of Human Services to address the waiting list and achieve State of Wisconsin compliance. This position is fully funded by Medicaid and requires no additional Chippewa County funding.

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RESULT:	APPROVED [UNANIMOUS]
MOVER:	Tom Thornton, District 5
SECONDER:	Keith Tompkins, Citizen Rep
AYES:	Halbleib, Hauser, Steele, Thornton, Ives, Tompkins
ABSENT:	Kervina, Sperlingas, Happel

3. Resolution to Create Three Social Worker Positions in the Department of Human Services to Provide Comprehensive Community Services to Children
Children, Youth & Families (CYF) Division - Children with Differing Abilities (CWDA) Manager Kyra Secraw and Lead Worker Rachel Lettner presented history, data, and other information regarding the resolutions to create three full-time Community Comprehensive Services (CCS) Social Worker positions to address the waiting list and achieve State of Wisconsin compliance. These positions are fully funded by Medicaid and requires no additional Chippewa County funding.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Keith Tompkins, Citizen Rep
SECONDER:	Kari Ives, District 12
AYES:	Halbleib, Hauser, Steele, Thornton, Ives, Tompkins
ABSENT:	Kervina, Sperlingas, Happel

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

- Supervisor Tompkins will be submitting his resignation as he will be residing out of Chippewa County January through April. Gratitude expressed to Tompkins for his service and perspectives.
- Report by County Administrator Scholz to clarify role of County Board and Department Boards/Committees in creating and revising policies.
- Business Item of Human Services conversion of policies to procedures.

8. ADJOURN

Adjourned at 9:45 a.m.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Tom Thornton, District 5
SECONDER:	Don Hauser, District 6 (Vice-Chair)
AYES:	Halbleib, Hauser, Steele, Thornton, Ives, Tompkins
ABSENT:	Kervina, Sperlingas, Happel

CHIPPEWA COUNTY
HEALTH & HUMAN SERVICES BOARD
REGULAR MEETING
AUGUST 19, 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	
Tom Thornton	Chippewa County	District 5	Present	
Charlene Kervina	Chippewa County	District 10	Late	7:55 AM
Kari Ives	Chippewa County	District 12	Present	
Keith Tompkins	Chippewa County	Citizen Rep	Present	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	
Jenny Happel	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; Audra Knowlton, Public Health Administrative Assistant; Paul Brenner, Human Services Senior Fiscal Manager; Sarah McQuillan, Public Health Fiscal Manager; Randy Scholz, County Administrator; Members of the Public Wishing to be Heard: Lisa Mancl and Lona Cook

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

Lisa Mancl spoke on her COVID-19 concerns and confusion regarding guidelines, masks, and vaccinations.

4. CONSENT AGENDA

RESULT:	APPROVED [8 TO 0]
MOVER:	Don Hauser, District 6 (Vice-Chair)
SECONDER:	Kari Ives, District 12
AYES:	Halbleib, Hauser, Steele, Thornton, Ives, Tompkins, Sperlingas, Happel
AWAY:	Kervina

1. Approve the Agenda

2. Approve the Minutes

Health & Human Services Board - Regular Meeting - Jul 15, 2021 7:45 AM

3. Schedule Next Meeting Date - September 16, 2021

Minutes Acceptance: Minutes of Aug 19, 2021 7:45 AM (Consent Agenda)

Health & Human Services Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

August 19, 2021
7:45 AM

5. REPORTS

1. Review of Advisory Committee/Board Minutes

The minutes of July 9, 2021 Aging & Disability Resource Center Board Meeting were reviewed and discussed.

RESULT: DISCUSSED

2. Human Services Director's Program and Financial Report - Tim Easker

The Human Services Director's Program and Financial Report was reviewed and discussed. Easker shared the department's plan to convert the majority of Human Services policies to procedures, as most of these can be defined as operational. These will be presented at future meetings for the Board to review and make decisions on conversion. Easker also reviewed the financial information and requested input on how layout of the fiscal data in the report could be improved for clarity and effectiveness. Board members recommend keeping overall to-date budget/expenses as is, but present the IMD costs in a month-by-month style.

RESULT: DISCUSSED

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

- Worldwide: 209,431,249 cases; 4,396,057 deaths
- United States: 37,158,309 cases; 624,260 deaths
- Wisconsin: 641,553 cases, 7,499 deaths
- Chippewa County: 7,929 cases (170 active), 10 hospitalization (331 total hospitalizations to date); 97 deaths
- States with highest cases: Florida - 2,920,749; Texas - 3,402,123; California - 4,176,356
- Country with highest cases: India - 32,322,258 cases and 433,049 deaths

VACCINE DASHBOARD

- Wisconsin: First dose - 53.5 percent; Completed doses - 50.3 percent
- Chippewa County: First dose - 48.8 percent; Completed doses - 46.2 percent

OTHER COVID INFO:

- In July, Chippewa County stats indicated less than ten cases per day/moderate risk level. County currently at 30 - 40 cases a day/severe risk level.
- Data shows that with the highly contagious Delta variant, if one member in a household gets it, the rest of family is more likely to get it. This contributes to the high numbers. If a person is vaccinated, it is less likely to be as severe than if not vaccinated.
- Masks will be optional in the Chippewa County schools. Schools will not be taking part in free testing in schools that is available through State of Wisconsin, but Public Health is working with schools to offer community testing.
- Public Health implemented a "hot wash" process to compile data and information to share with community partners.

In-depth discussion was held regarding the data surrounding the Delta variant, COVID versus influenza testing, effectiveness of masks, conflict around CDC recommendations. Appreciation expressed of Public

Minutes Acceptance: Minutes of Aug 19, 2021 7:45 AM (Consent Agenda)

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Health's diligence and hard work during the long pandemic.

The Public Health Director's Program and Financial Report from the board packet was reviewed and discussed with Weideman highlighting the collaboration with Rutledge Charities for a mobility loan equipment exchange program.

RESULT:	DISCUSSED
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6. BUSINESS ITEMS

1. Resolution to Proclaim September 2021 as "Recovery Month in Chippewa County" - Tim Easker
Easker and Weideman reviewed the resolution to declare September 2021 as "Recovery Month in Chippewa County" to bring awareness and support to those in the community in mental health and substance abuse recovery. This is one method used to help reduce stigma, encourage those with mental health and substance abuse issues to seek help and live a healthy and rewarding life. Recovery Month will be promoted through a press release, social media, community partner sharing, etc.

RESULT:	FORWARD TO COUNTY BOARD [UNANIMOUS]	Next: 9/14/2021 6:00 PM
MOVER:	Kari Ives, District 12	
SECONDER:	Don Hauser, District 6 (Vice-Chair)	
AYES:	Halbleib, Hauser, Steele, Thornton, Kervina, Ives, Tompkins, Sperlingas, Happel	

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 8:54 a.m.

RESULT:	APPROVED [UNANIMOUS]
MOVER:	Harold Steele, District 1
SECONDER:	Kari Ives, District 12
AYES:	Halbleib, Hauser, Steele, Thornton, Kervina, Ives, Tompkins, Sperlingas, Happel

Minutes Acceptance: Minutes of Aug 19, 2021 7:45 AM (Consent Agenda)



STATEMENT OF EXPLANATION
MINUTES OF ADVISORY COMMITTEES/BOARDS/COUNCILS (REVIEW)

5.1

August 20, 2021 - Professional Advisory Committee



Professional Advisory Committee Meeting

Friday, August 20, 2021

1:00 p.m. to 1:55 p.m.

Virtual GoToMeeting

Please join my meeting from your computer, tablet or smartphone.

<https://www.gotomeet.me/ChippewaCounty/pac>

You can also dial in using your phone.

United States: [+1 \(646\) 749-3122](tel:+16467493122)

Access Code: 758-163-429

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/758163429>

Team Members Invited	
Team Member Name:	Attendance: Present/Absent
James Fenno	Present
Linda Lorentz	Present
Mary Proue	Present
Stacey Sperlingas	Absent
Stephanie Abbe	Present
Sam Flatland	Present
Kristen Kelm	Absent
Sarah McQuillan	Present
Dawn Stark	Present
Angie Weideman	Present
Others Present: April Krumenauer	Present

DRAFT MINUTES

Prepared by: April Krumenauer

Topic	Domain #	Description	Action Items/Notes
Welcome/Introductions		Introduce New Nutrition Division Manager	Weideman introduced Stephanie Abbe as the new Nutrition Manager and PAC Member. Abbe has been with Chippewa County Public Health for almost 20 years. All Public Health staff introduced themselves. Weideman introduced non-Public Health staff committee members.
Review minutes	#3 Inform & Educate	Review and Approve February 10, 2021 minutes (Attached)	Motion (Fenno/Lorentz) to approve the minutes from February. Motion Carried.

Attachment: DRAFT PAC Minutes 8-20-21 (6603 : Minutes of Advisory Committees/Boards/Councils (Review))

PAC Policy	#3 Inform & Educate	• Review the PAC Policy (Attached) ○ Discuss Structure of PAC ○ Discuss Format of PAC	Weideman reported Sarah McQuillan has joined the PAC. Weideman felt it would be nice to have all Public Health Leadership team members on the PAC. Weideman reviewed the Professional Advisory Committee (PAC) Policy with the Committee. Weideman reported the need of seven people from the community to serve on the committee. Currently there are four. Weideman reported that the PAC is a very valuable group. If there are controversial issues it is brought to the PAC first before going to the Board. The PAC is also our Ethics Committee. A procedure is in place on how the PAC handles ethical issues. Feedback: Lorentz wondered if it would be nice to have someone from a school on the PAC, perhaps a school nurse. Weideman thought that was very important and it could be something we could write into the policy. Lorentz didn't think it needed to be added to the policy, but it seems like this would fall under that category. Weideman would like representation from each division of Public Health, as well as representation from schools, health care professionals, and also an individual that is familiar with health equity. A suggestion was made about perhaps someone from the DNR. Weideman stated this will be added to the Policy. Weideman reported that track changes will be made to the Policy and sent to the PAC members to approve before this goes to the Board. The PAC Policy states: PAC meetings are held quarterly and as needed for ethical issues. Weideman would like to add that if there is something that came up ethically, she would send an email out to hold a special meeting as needed with the PAC. Weideman read through the list of duties of the PAC Community members. Number four will be deleted it relates to the Home Care Program. Weideman asked members if they agreed with the items listed. Fenno, Proue, and Lorentz agreed. Weideman read through the ethics section related to Public Health listed in the Policy. PAC members have indefinite terms on the committee. Weideman asked if this should be reworded. Fenno agreed "indefinite" is fine. Lorentz asked about Letter G regarding where it states: "mandate given by the public". Weideman said she interpreted this as if there is a major issue in...
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Chippewa County and the public is asking something be done and the Public Health Department would respond to this. Fenno feels the County needs to act before the state gets involved “the tenth man”. Weideman agreed with this.

No other changes suggested.

Weideman would like the entire team to have a discussion on who the team would like to recruit for the PAC. Weideman did state others could be brought into a meeting with certain areas of expertise. The committee would be notified before the meeting if others were invited to attend.

Weideman reported we currently have a retired pharmacist, a retired PH nurse, long term care/aging community representative, and a doctor. We do have the people we need to have, but Weideman does not feel we have someone that works in health equity at that all divisions of Public Health are represented.

Weideman asked for ideas from members:

- Abbe said besides Judy Fedie, she didn’t really have anyone in mind at this time to represent the Nutrition Division. Abbe thought Amy Ralph the new Nutritionist may have some ideas. Lorentz thought maybe a head cook from a local school. Susan Lane was mentioned.
- For the Western Regional Center representation, Stark mentioned Keri Milbrandt or Marcia Kyes. Weideman felt either would be great.
- For Environmental Health representation, Flatland mentioned James Koehler – retired sanitarian. On the industry side of things, Flatland mentioned a good restaurant manager or a tattoo artist or really any establishment owner. Lorentz mentioned Feed My People Food Bank. Flatland asked if they have to live or work in Chippewa County. Weideman said this is not defined in the Policy. Weideman thought it would be nice to have someone who works with the community. Flatland mentioned maybe someone who is involved with the DNR would be nice. Fenno felt it would need to be someone that is a “professional”. Weideman mentioned someone from the Police Department. Weideman will reach out to Chief Kelm to start with.
- For Fiscal/Admin representation, McQuillan was unsure of anyone at this time. She did suggest maybe someone from the Chamber.

			Weideman wondered about someone from the Community Foundation. Lorentz agreed Fenno mentioned Rutledge Charities and Lorentz agreed, with their involvement with our Loan Closet. Weideman will put Rutledge Charities as the first choice. - Weideman mentioned someone from Prevea with regards to health equity. Fenno stated we need to be careful on the “political” side of things. Stark agreed. Lorentz felt if it was a really good person and is an objective thinker, felt it could work. This idea was scratched due to committee members not in agreement. - AODA/substance abuse/mental health: Perhaps a guidance counselor. Pat Isenberger, AODA Counselor possibly for a first option suggested by Stark. Second options could be a guidance counselor or retired counselor. Weideman directed the Committee to email her if anyone thinks of any other potential name after the meeting.
COVID-19 Update	#3 Inform & Educate	Update on COVID-19 – Angie	Tabled until next meeting. Weideman encouraged committee members to email her or call her with any COVID related questions.
Other Issues or Items Follow-up to Questions	All Domains		
Adjourn			Motion (Fenno/Proue) to adjourn. Motion passed



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

5.2

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

September 2021

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 September 14.

Administration Division

The Fiscal/Admin Team continues to support and assist the Public Health Team with COVID-19 response. We have primarily been assisting the public with quarantine, isolation and vaccination questions. We have also been providing administrative support at the COVID-19 Vaccination Clinics on Thursdays, assisting the public in signing up for vaccine appointments, and creating COVID-19 isolation and quarantine letters.

We are preparing for the transfer of our medical loan equipment to Rutledge Charities and to receive their wheelchairs. We are also preparing for the upcoming flu season and updating our billing processes to be more efficient (Please see the attached flyer).

Community Health Division

FDA approved additional doses of COVID-19 mRNA Vaccine to individuals who received the Pfizer or Moderna vaccine previously and meet one of the criteria points as outlined. Those who qualify include people 12 years of age and older with medical conditions including:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic stem cell transplant
- Moderate or severe primary immunodeficiency
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents, classified as severely immunosuppressive, tumor-necrosis blockers, and other biologic agents that are immunosuppressive.



If individuals meet this criteria, they should receive the additional dose at least 4 weeks following the last dose of the primary series.

COVID Response

Following a lull in cases over the past few months, August has brought a rush of cases and COVID related response duties. Meetings with community partners, press releases, and other meetings have started

meeting on a weekly basis again. We are seeing more spread in group settings and households. We continue with COVID-19 vaccine clinics on Thursdays and pop-up clinics as requests come in.

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 August, we received 2099 new reports: 729 confirmed (692 Coronavirus, 16 Chlamydia, 5 Gonorrhea, and 5 E-Coli); 19 probable (16 Coronavirus, 1 Hepatitis C, and 1 Campylobacteriosis); and 1229 that did not meet the definition of a case (1215 Coronavirus, 5 Streptococcal Disease-Invasive Group B, and 4 Pertussis). See the attached report for further breakdown by disease type.

Environmental Health Division

Throughout August, the Covid-19 virus reminded us that the pandemic is not over. As case numbers continue to rise, priorities for the Environmental Health Division have started shifting. ICS meetings have been increased back to weekly. Kyle has resumed the role of Testing Coordinator organizing a National Guard Covid-19 testing event the last week of August and planning future testing sites throughout the Fall.

In addition, beach monitoring duties that administrative staff had been performing were also shifted back to Environmental Health. The week before Labor Day the last round of beach monitoring was conducted. Throughout the summer, safe E-Coli levels were maintained at all 11 public beaches that we sample. There was not a single result that required posting advisories or beach closures. Chippewa County is very fortunate to have so many safe areas for water recreation.

In August, Environmental Health conducted 52 inspections. This included 15 food facilities, 14 campgrounds, 14 hotels, 6 pools, and 1 rec-ed camp. Temporary food stand inspections were also conducted at the Big Rig Truck Show.

Nutrition

Nutrition Division Staffing Updates

Thank you to Judy Fedie for her 35 years of service to our families and Public Health! Judy's last day was August 3. Stephanie Abbe started in the Nutrition Division Manager position August 9. Amy Ralph, MS, RD, CD, started as our full-time Nutritionist September 7. Amy has been a registered dietitian for many years, primarily working in long-term care. She is looking forward to working with families with young children and promoting public health nutrition. Welcome Amy!

Jackie Western, our LTE WIC Program Assistant, has submitted her resignation as of September 22. Jackie has served Public Health for the last 4 years and will be greatly missed. She is looking forward to enjoying retirement and traveling with her husband, family and friends. Recruitment is currently underway to fill her position.

WIC Fruit & Vegetable Benefit Change



The American Rescue Act allowed WIC to provide \$35 per month, from June through September, for each WIC participant to use for fruits and vegetables at the grocery store. Legislation has not been passed at this time for the temporary increase to continue beyond September, so families will return to the original amount of \$9 per child per month and

\$11 per woman per month starting in October. The Wisconsin WIC Association along with the National WIC Association and Academy of Nutrition and Dietetics have launched a campaign #ExtendTheWICBump to encourage WIC families to share their stories of how the increase in WIC fruits and veggies has helped their families, and to urge Congress to continue the increased fruit and veggie benefit. <https://www.nwica.org/blog/extendthewicbump-campaign-supporting-the-cash-value-benefit-increase#>.

ForwardHealth Grant

The ForwardHealth Grant has transitioned from the Western Regional Center to the Nutrition Division. Stephanie and Pangya Thao, WIC Program Assistant, have been working on the two goals of this grant, which are to assist residents with applications and renewals for Wisconsin's ForwardHealth Programs using ACCESS and to provide training and technical assistance to area health care providers and partner agencies on ACCESS. Pangya will be outreaching to community organizations and schools to let them know she is available to help individuals, 18 years and older, apply for programs such as Wisconsin Medicaid, BadgerCare Plus, Family Planning Waiver, and Food Share. We look to continue partnerships created previously with this grant and are looking to build on this by seeking out a new partner in this grant period.

Diabetes Prevention Grant

We were able to partner with REALiving, an Employee Achievement Program for Western Wisconsin employers, including Chippewa County, to develop and run an ad for diabetes awareness and taking the diabetes risk test for their fall quarterly publication. A special thanks to Brittnay Fortuna, Community Health Planning and Promotion Specialist, who created the ad below.



TYPE 2 DIABETES ARE YOU AT RISK?

**1.5 MILLION WISCONSIN ADULTS
- 34% -
HAVE PREDIABETES**

WITH EARLY DIAGNOSIS, YOU CAN REVERSE PREDIABETES BEFORE IT BECOMES TYPE 2 DIABETES. MAKE TYPE 2 DIABETES PREVENTION A PRIORITY.  Wisconsin Department of Public Health	FAMILY IS EVERYTHING. AND SPENDING TIME WITH YOURS IS IMPORTANT. FIND OUT YOUR RISK TODAY. IT ONLY TAKES A MINUTE. preventdiabeteswi.org
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Western Regional Center (WRC)

Harrison Anderson's last day with us was August 5. We have conducted interviews and will have a new staff person starting on September 20, 2021 as the Program Consultant for the Western Regional Center.

The Western Regional Center had our official mid-year evaluation with the State in August. Consistent with the other regions, call numbers are down this year slightly, especially in more remote parts of the

region, such as Douglas or Monroe Counties. Despite the decreased call volumes, we have already met our State-imposed deliverables for number of family contacts for 2021, so that is good. When Covid-19 numbers rise, our call volume tends to drop, and when Covid-19 numbers drop, our calls go back up.

We have been asked to co-present a transition training with a new staff member from the Northern Regional Center in October. This training will be done virtually, we also have a family training scheduled for October 6 in Arcadia, WI.

Anita continues to split her time between the DHS contract (completing Children's Long-Term Care Functional Screens) and assisting with disease investigation and vaccination efforts. She did an amazing job of finishing a large number of the pending Functional Screens when Covid-19 numbers had dropped for a few months.

Jeanne continues to work full-time from home with families of children 0-3 with hearing loss or deafness. She continues to cover a large territory (over half of the State).

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.

- ❖ Jeanne Gustafson, WRC Program Consultant-Wisconsin Sound Beginnings – 8 years
- ❖ April Krumenauer, Administrative Assistant III – 8 years
- ❖ Angie Weideman, Co. Health Officer/PH Director – 7 years
- ❖ Susie Schlinsog, Nurse Family Partnership RN – 2 years
- ❖ Komi Modji, Epidemiologist – 1 year
- ❖ Kyle Ziegler, Environmental Health Specialist – 1 year



COVID-19 Case Updates

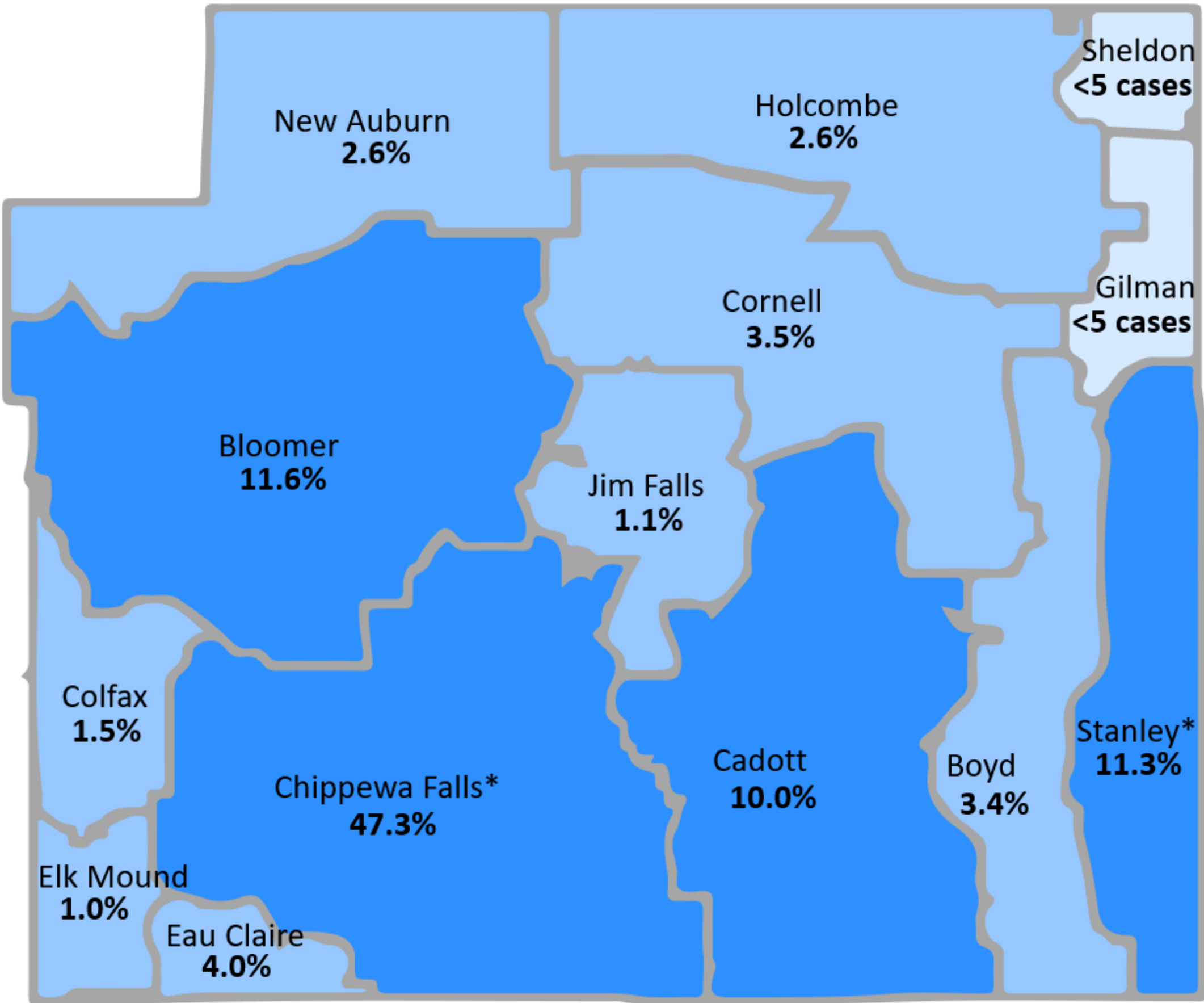
Data as of Tuesday, September 14



CASE OVERVIEW

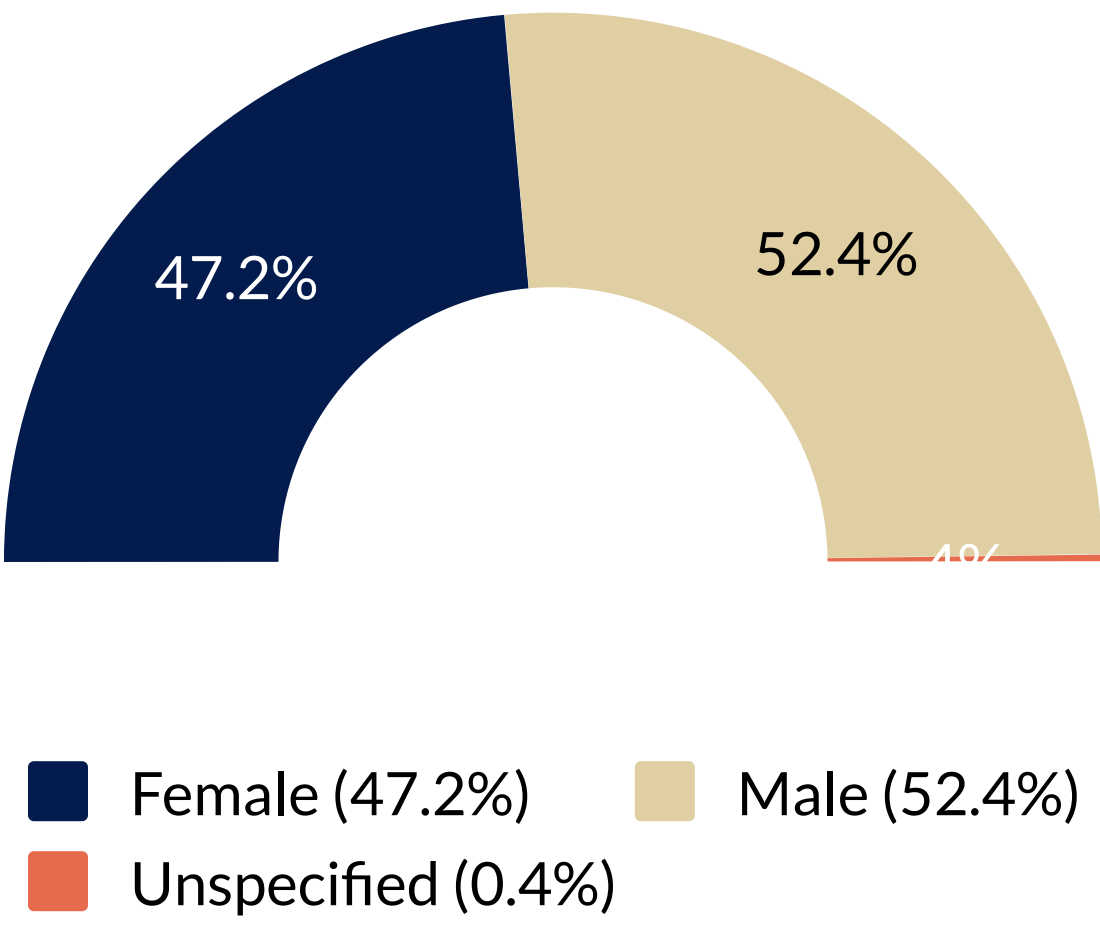
TOTAL POSITIVE CASES	CHANGE SINCE LAST WEEK	ACTIVE CASES	CURRENTLY HOSPITALIZED	DEATHS
8739	+278	530	10	103

WHERE ARE THE POSITIVE CASES LIVING, BY PERCENTAGE?



Places with < 5 cases are not reported, due to privacy reasons.
Eau Claire cases are only those in the Northern portion that sits in Chippewa County.
*Includes Department of Correction Facility

CONFIRMED CASES BY SEX

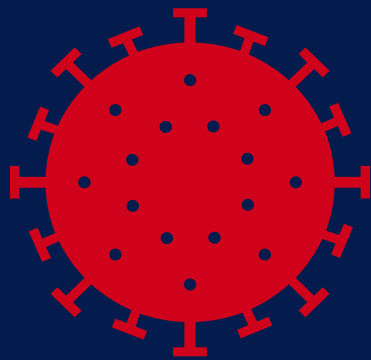
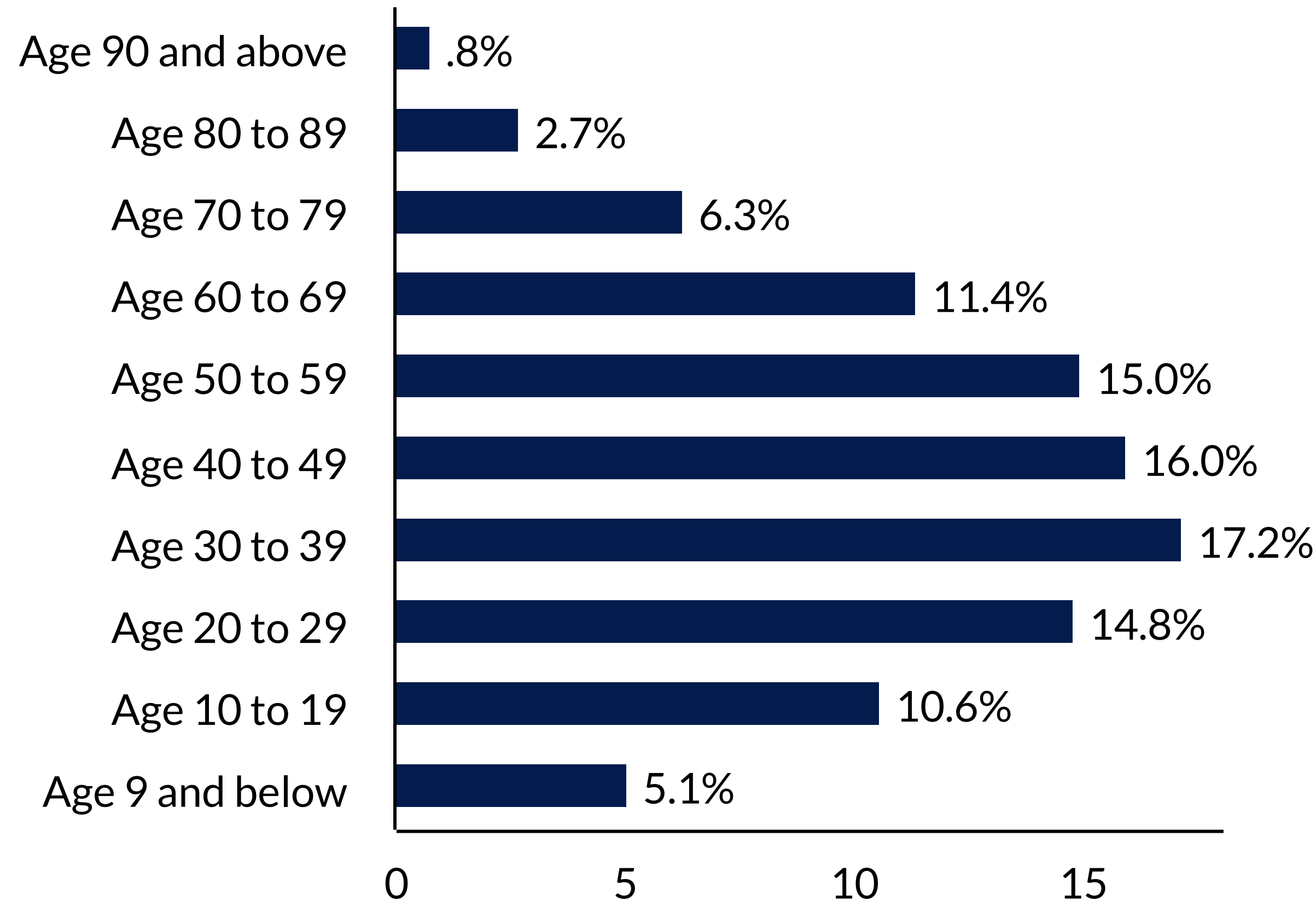


CURRENT RISK LEVEL AND GUIDANCE

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.

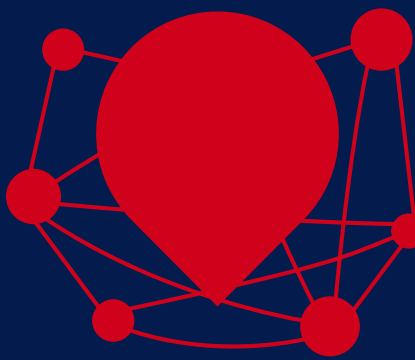
WHAT ARE THE AGES OF THE POSITIVE CASES, BY PERCENT?



Disease Occurrence



Healthcare Availability



Public Health Response

View the Summary Data Document for September 14th on our website.

CHIPPEWA COUNTY MEDICAL EQUIPMENT LOAN CLOSET UPDATE

Starting October 1, there will be changes to Chippewa County's free medical equipment loan closets. The Health Department will have wheelchairs available to borrow. All other items will be available to borrow from Rutledge Charities.

After October 1, return equipment other than wheelchairs to Rutledge Charities. Wheelchairs can be returned to the Health Department. From now until September 30, please return items to the same place you received them.

① What equipment is available?

At the Health Department:

- Wheelchairs

At Rutledge Charities*:

- Bath Benches
- Canes
- Commodes
- Toilet Risers
- Crutches
- Walkers

**Additional equipment may be available.
Contact Rutledge Charities for a full list of what is available.*

② How long can I keep items?

Equipment is available to Chippewa County residents for up to 6 months.

③ How do I get equipment?

Contact the Health Department for wheel chairs or Rutledge Charities for all other equipment.

Chippewa Co Public Health

715-726-7900

Rutledge Charities

715-723-6618



**Wisconsin Department of Health Services
Division of Public Health
PHA VR - WEDSS**

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 8/1/2021 to 8/31/2021

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	692	16	28	1215	1951
LYME LABORATORY REPORT	1	0	39	0	40
CHLAMYDIA TRACHOMATIS INFECTION	16	0	2	1	19
E-COLI, ENTEROPATHOGENIC (EPEC)	5	0	9	0	14
CORONAVIRUS, NOVEL 2019 (COVID-19) REINFECTION INVESTIGATION	0	0	10	0	10
LYME DISEASE (B.BURGDORFERI)	1	0	7	0	8
CRYPTOSPORIDIOSIS	4	0	1	1	6
GIARDIASIS	1	0	4	1	6
CAMPYLOBACTERIOSIS	0	1	4	0	5
GONORRHEA	5	0	0	0	5
HEPATITIS C, CHRONIC	0	1	2	2	5
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	0	0	0	5	5
ANAPLASMOSIS, A. phagocytophilum	0	0	4	0	4
PERTUSSIS (WHOOPING COUGH)	0	0	0	4	4
TUBERCULOSIS, LTBI - LABORATORY RESULTS ONLY	0	0	2	0	2
BABESIOSIS	0	0	1	0	1
CYCLOSPORIASIS	0	0	1	0	1
E-COLI, ENTEROTOXIGENIC (ETEC)	0	0	1	0	1

Disease	Confirmed	Probable	Suspect	Not A Case	Total
EHRlichiosis, E. chaffeensis	0	0	1	0	1
Legionellosis	0	0	1	0	1
Measles (Rubeola)	0	0	1	0	1
Mycobacterial Disease (Non-Tuberculous)	1	0	0	0	1
Salmonellosis	1	0	0	0	1
Streptococcus pneumoniae, invasive disease	0	0	1	0	1
Syphilis, Primary	1	0	0	0	1
Toxoplasmosis	1	0	0	0	1
Tuberculosis, Latent Infection (LTBI)	0	0	1	0	1
Varicella (Chickenpox)	0	0	1	0	1
Vibriosis, Non Cholera	0	1	0	0	1
Yersiniosis	0	0	1	0	1
Total	729	19	122	1229	2099

Default Filters: 'State' EQUAL TO 'WI'

TYPE 2 DIABETES

ARE YOU AT RISK



**1.5 MILLION WISCONSIN ADULTS
- 34% -
HAVE PREDIABETES**

WITH EARLY DIAGNOSIS,
YOU CAN REVERSE
PREDIABETES BEFORE IT
BECOMES TYPE 2 DIABETES.

MAKE TYPE 2 DIABETES
PREVENTION A PRIORITY.



CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.

FAMILY IS EVERYTHING.
AND SPENDING TIME WITH
YOURS IS IMPORTANT.

FIND OUT YOUR RISK
TODAY. IT ONLY TAKES A
MINUTE.

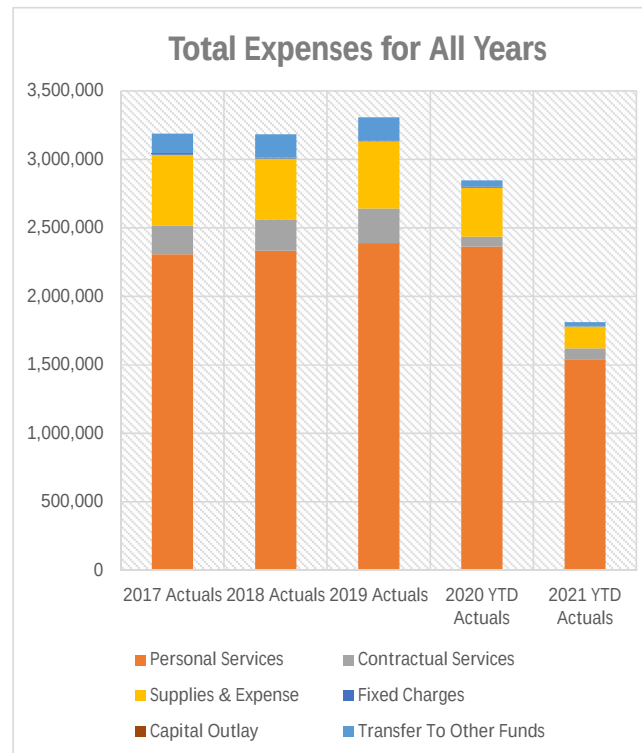
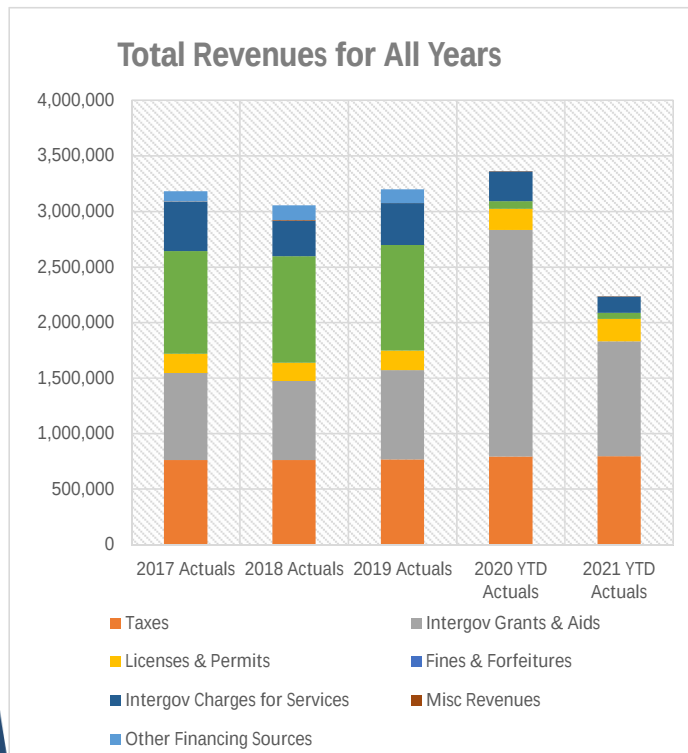
preventdiabeteswi.org

Public Health (Pre-Audited) Financial Results: August 2021

Fund	Description	Revenue			Expense		
		Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	\$ (692,608.00)	\$ (671,475.26)	96.9%	\$ 692,608.00	\$ 154,993.65	22.4%
54121	Nurse Family Partnership	(129,736.00)	(63,016.57)	48.6%	129,736.00	54,933.70	42.3%
54123	Farmers Market	(2,689.00)	(185.36)	6.9%	2,689.00	3,204.02	119.2%
54125	Prenatal Care Coordination	(70,713.00)	(5,488.35)	7.8%	70,713.00	11,807.24	16.7%
54128	Public Health Preparedness	(50,282.00)	(70,997.48)	141.2%	50,282.00	74,870.34	148.9%
54132	Drug Free Community Grant	(136,319.00)	(70,669.03)	0.0%	136,319.00	73,905.09	0.0%
54135	Bright Start River Source	(10,854.00)	(15,644.14)	144.1%	10,854.00	4,766.59	43.9%
54140	WIC	(424,079.00)	(270,336.00)	63.7%	424,079.00	243,373.04	57.4%
54142	Maternal & Child Health Program	(28,426.00)	(19,810.12)	69.7%	28,426.00	26,194.98	92.2%
54144	Wisconsin Wins	(5,172.00)	(3,956.28)	76.5%	5,172.00	4,504.00	87.1%
54149	Pre-Venture	(20,844.00)	(7,933.85)	38.1%	20,844.00	4,919.04	23.6%
54150	Prevention	(10,795.00)	(4,461.28)	41.3%	10,795.00	8,263.78	76.6%
54151	Equipment Loan Closet	(1,864.00)	(404.26)	0.0%	1,864.00	1,149.83	0.0%
54152	Western Regional Center	(194,827.00)	(94,872.00)	48.7%	194,827.00	120,812.64	62.0%
54154	Title X Reproductive Health	(15,085.00)	(14,264.28)	0.0%	15,085.00	20,500.92	0.0%
54156	FIT WIC	(37,789.00)	(16,278.60)	43.1%	37,789.00	26,154.85	69.2%
54157	Reproductive Health	(57,695.00)	(14,371.96)	24.9%	57,695.00	14,111.78	24.5%
54158	WIC BF Peer Counseling	(11,832.00)	(6,653.36)	56.2%	11,832.00	8,348.05	70.6%
54159	Diabetes Grant	(20,000.00)	(3,971.00)	0.0%	20,000.00	12,368.32	0.0%
54160	Home Health Care	(1,850.00)	3,236.51	-174.9%	1,850.00	3,792.80	205.0%
54161	Health Clinics	(35,673.00)	(2,754.50)	7.7%	35,673.00	11,378.78	31.9%
54162	COVID Vaccine	(11,621.00)	(494.88)	4.3%	11,621.00	494.88	4.3%
54163	Overdose Fatality Review	(32,431.00)	(11,436.84)	0.0%	32,431.00	47,546.56	0.0%
54164	COVID Contact Tracing	-	(461,977.00)	0.0%	-	559,988.08	0.0%
54165	GYT - Get Yourself Tested	(5,159.00)	(2,085.92)	40.4%	5,159.00	948.32	18.4%
54171	Food Safety Recreation License	(292,081.00)	(280,088.96)	95.9%	292,081.00	138,900.24	47.6%
54172	Infant Immunization Grant	(15,905.00)	(2,256.72)	14.2%	15,905.00	5,013.80	31.5%
54173	Early Hearing Detection & Prev	(93,984.00)	(45,517.32)	48.4%	93,984.00	55,527.14	59.1%
54174	Forward Health Outreach	(22,639.00)	(12,368.60)	54.6%	22,639.00	13,316.02	58.8%
54176	Environmental Health	-	(2,006.47)	0.0%	-	9,094.76	0.0%
54180	DHS Agreement	(113,885.00)	(31,323.32)	27.5%	113,885.00	44,291.66	38.9%
54182	HCET (Health Care, Ed & Tr)	(7,927.00)	(231.12)	2.9%	7,927.00	231.12	2.9%
54184	Childhood Lead Poisoning Prev.	(10,072.00)	(2,344.68)	23.3%	10,072.00	4,274.65	42.4%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54188	COVID Health Equity	-	(12,836.92)	0.0%	-	32,090.41	0.0%
54189	Epidemiology & Lab Capacity	-	(11,722.05)	0.0%	-	11,722.39	0.0%
54190	Public Health Donation Expendi	(1,000.00)	(9.00)	0.9%	1,000.00	-	0.0%
		\$ 2,566,336.00	\$ 2,234,313.97	87.1%	\$ 2,566,336.00	\$ 1,811,481.28	70.6%



Public Health Revenues vs Expenses Variance YTD through August 2021





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

5.3

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: September 23, 2021

1. WCHSA Updates

Division of Children's and Families (DCF)

- **Secretary Meeting** – The quarterly meeting of the WCHSA leadership with the DCF Secretary has held on 8/25. The topics discussed included children with complex needs and subsidized guardianship.
- **Rate Regulation** – DSP published the final report of the residential care provider rate regulation study in August. The study was conducted by the PCG consulting firm. The report includes the findings of the study and recommendations for provider rate regulation. Look for the report under the Rate Regulation and Review" tab of this webpage.
<https://dcf.wisconsin.gov/ratereg>
- **Provider Performance Dashboards** – At the request of WCHSA, DSP has taken the residential care provider performance measures dashboards off the DCF public website. Counties had suggested the performance dashboards may have contributed to providers being reluctant to accept youth with complex needs that would affect provider performance. DCF is required by statute to maintain the provider performance measures, so the performance data will remain available to counties upon request.
- **Youth Aids Increase** – DSP released Informational Memo 2021-20 in August notifying counties of additional funds for CY 2021 from the Youth Aids increase approved in the 2021-23 biennial budget Act 58. The increase is to the base portion of Youth Aids. The CY 2022 Youth Aids allocations have been shared informally with counties until the CY 2022 allocation memo is issued. The CY 2022 allocations will reflect the higher base amount with the variable portion of Youth Aids determined based on the statutory allocation formula.
<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2021-20i.pdf>
- **Youth Justice Input Sessions** – Two input sessions were held in August to get county feedback on youth justice services, including identifying preferences for statutory changes and additional funding. DCF will compile the information from the two input sessions and share the information with counties for further discussion.
- **Child Care Allocations for 2022** – DECE Administrator's Memo 2021-01 with the CY 2022 county allocations for child care administration was released in August. The memo also includes the tribal FY 2022 allocations. The 2022 allocations are based on the Shares child care caseloads and the number of certified child care providers. The statewide total of \$12.2 million of child care administration funding for 2022 remains the same as previous years. Memo:
<https://dcf.wisconsin.gov/files/wishares/adminmemos/admin-memo-21-01.pdf> Allocations:
<https://dcf.wisconsin.gov/files/wishares/adminmemos/appendix-a-agency-allocations-2022.pdf>

Division of Health Services (DHS)

- **DHS Renews Commitment to Reducing Drug Overdoses in Wisconsin August 31 is Overdose Awareness Day in Wisconsin**-Governor Tony Evers has proclaimed August 31 as Overdose Awareness Day in Wisconsin, and the Department of Health Services (DHS) is urging residents to reflect on the impact overdoses have had on families and friends of people who use drugs in every corner of the state, and to renew our commitment to end overdoses in Wisconsin.
- **DHS Urges Vaccination as Pfizer COVID-19 Vaccine Gains Full FDA Approval August 26, 2021**
The FDA granted its full approval of the Pfizer-BioNTech COVID-19 vaccine. The vaccine will now be marketed under the name Comirnaty (koe-mir'-na-tee), for the prevention of COVID-19 disease in people ages 16 and older.
- **Wisconsin to Offer Additional COVID-19 Vaccine Dose to People Who are Immunocompromised August 18, 2021** -DHS supports the recommendation that some immunocompromised people are recommended and eligible to get an additional dose of Pfizer (ages 12 and up) or Moderna (ages 18 and up) COVID-19 vaccine following a completed series.
- **Resilient Wisconsin Trauma-Informed News and Notes for August 2021**- Visit the Resilient Wisconsin Website to view new publications and webinars and learn how the Resilient Wisconsin initiative continues to evolve.
- **Birth to 3 Program FY 2020-2021 PPS Data Verification Process**-Counties are required to complete a review for accuracy and make any necessary changes to PPS data for July 1, 2020–June 30, 2021 records, and email confirmation of completion of this activity to the Part C Data Manager prior to the October 1 due date.
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- **Help Spread the Word about Katie Beckett Medicaid**-Katie Beckett Medicaid provides access to Wisconsin Medicaid services for children with disabilities, mental illness, or complex medical needs and helps some children whose parents have too high an income for Medicaid, or those covered by private insurance, receive needed services and equipment that might not otherwise be covered.

2. Department and Division Updates

Department Updates:

- The DHS 2022-24 strategic planning process continues to move forward. The leadership team has developed our overarching departmental goals, which are as follows: build a culture of community engagement, utilize data driven decision making, demonstrate fiscal responsibility, build a culture of service, and continue to build and maintain a health workplace. We also just completed our leadership SWOT analysis and will develop our plan from there. Individual divisions and units are beginning their process as well with a SWOT analysis which are being facilitated by managers from other divisions including myself.
- The work done by “The Forgotten Initiative” in our 305-reception including the conference room directly adjacent has been completed. They are a faith-based organization that works with local churches to support foster care programs such as ours. The “facelift” is much appreciated. All labor and new furnishings were provided by the Forgotten Initiative. We are forever grateful for organizations such as theirs who show true love and caring through their actions. If you have a moment, please stop by and take a look.



- As mentioned in a previous report, the county has decided to produce department “spotlight videos.” The purpose is threefold, to use as a recruitment tool, an onboarding tool, and an employee education tool. Our department was the first to go. A representative and manager from each division/unit have been interviewed. We are still waiting for actual pictures and video of our staff to run in the video, but for the most part they are complete. I have had the chance to review all the videos and am very impressed with the product thus far. I have attached a link to my video to give you a sneak peak of what these will be like. Please be sure to open them in a browser other than Internet Explorer.
<https://www.dropbox.com/s/5kcdjc2z3d121a5/HHS%20Promo%281%29.mp4?dl=0>
- We would like to recognize the following dedicated staff for their years of service Caitlin Mitchell (RWC) 1 year; Kim Behnke (RWC) 2 years; Rene Berthiaume (CPS) 3 years; Lori Wedemeyer (Fiscal) 4 years, Jessica Barrickman (RWC) 9 years, Denise Eder (RWC) 13 years, and Patty LeMay 27 years. THANK YOU!

Divisions:

Aging & Disability Resource Center (ADRC)

- Even though the formal deadline for public comment on the ADRC Three Year Plan ended on September 17, 2021, this plan is a living document. That means we will continue to update it as circumstances change and community needs change. I am happy to report that we had 20 people attend our three public hearings that were held in Cornell, Chippewa Falls, and Bloomer. The goals in our plan didn’t change but there were great suggestions for how to implement those goals!
- Every year the Meals on Wheels program is required to do an in-home assessment on every person receiving meals. This requirement was waived in 2020 but not in 2021. Unfortunately, with everything else going on in the nutrition program over the last 6 months, we have gotten behind on this requirement. With additional COVID funds, we were able to hire an LTE site aid to do these assessments through the end of this year.
- Medicare’s Annual Enrollment Period starts October 15 and runs through December 7. This is always a busy time in our office for phone calls. With over 16,000 Medicare beneficiaries in Chippewa County, it is impossible for us to serve them all. Jordy and Kay, our Benefits Specialists are hosting some group Planfinder Sessions to walk people through the process of finding the best plan for them. Like last year, we will continue to provide folks with written step by step instructions on how to use the Medicare Planfinder. We will also continue to run plans for people who can’t use a computer, have nobody available to assist them, and are unable to work with the toll-free Medicare hotline. Even with these measures in place, Jordy and Kay will be very busy!
- Typically, we start to see a surge in the number of calls for general information starting in October. That surge began at the end of July and has not slowed down. As always, staff are returning calls as quickly as possible but the reality is, on many days, for every one phone call returned, another two come in. Our Administrative staff are calling folks and letting them know that they haven’t been forgotten. In addition, they are letting callers know that call volume is high and there will likely be a delay in the return call. This is an amazing team and I am so proud of the work they do to help Chippewa County residents.

Children, Youth & Families Division

Not Provided

Economic Support Division

No new information

Fiscal & Contracts

- Fiscal has been enjoying a little time between large projects to really dig into our procedures that we have on file and make sure we are cross-training within our group. It was a big goal of ours with our Employee Engagement to update and be more prepared for absences/vacations that pop up throughout the year so we aren't caught by surprise.
- Everybody is going through their documentation and making sure what is on our server is up to date and we are cleaning up the outdated documents. It's been great to see the progress made.
- It's also the start of contract season so all of that is being looked at and worked on as well to get a really good jump on the 2022 documents that go out to our contracted providers.

Recovery & Wellness Consortium (RWC) Division

Recovery Wellness Consortium (RWC) is looking for interest by our community partners to engage in a contract proposal to provide mental health and substance abuse peer support services directly to consumers that are part of the Community Support Program and/or Emergency Mental Health Services. The ideal candidate for this position will have lived experience and the ability to engage with consumers to help them identify their path in recovery. The funds for the position are through the Mental Health and Substance Abuse Supplemental Awards Coronavirus Response and Relief Supplemental Appropriations Act. This is a two-year funding cycle thru March 2023.



3. 2021 Monthly Fiscal Information

Through Month of: August 2021

2021 Prorated Budget (total is \$23,021,372):	\$15,347,576
Expenses paid through August:	15,163,979
Variance to Budget:	\$183,597

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)

2021 Children and Youth in Out-of-Home Placement

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

* 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)

Note: The month-by-month IMD expenses is "under construction" and will be added to this fiscal report in the near future.

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 08-31-21	Number of IA Workers	Projected End of Year based on 01-01-21 to 08-31-21	Actual End of Year
2021	151	4	226	N/A
2020	194	4	291	261
2019	180	4	270	272
2018	174	4	261	250
2017	114	3	171	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 (09-13-21)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	16	14	8	3						
Ongoing					18	13	12	12	9	14

Total Families/Cases Open: Initial Assessment = 41; Ongoing = 78; equals 119 Total

Out-of-Home Placement Yearly Comparison

Total Children/Youth Served January 1 to Current Date of Each Year (includes Kinship)

2021	2020	2019	2018	2017	2016	2015
164	173	172	195	171	132	66

Children/Youth Opened in CCS and/or CLTS (09-13-21)

Children/Youth Opened

Children Waiting to be Screened to Determine Eligibility

Waitlist - CCS

Waitlist - CLTS

Waitlist – CCS/CLTS (Dually Eligible)

Current IMD Expenditures – Estimate (through July)

Children/Youth – IMD	\$ 148,396
Adults – IMD	345,402
Projected IMD (using Jan-June actual)	846,511
IMD Budget	301,392
Overage if we continue at this rate	545,119

Yearly Comparison Crisis: January – June

	Adults	Children
2021	379	117
2020	421	126
2019	449	108
2018	389	110
2017	361	108

Yearly Comparison Youth Justice Referrals

Year	Jan-June	End of Year
2021	134	268 (Projected)
2020	138	342
2019	135	362
2018	224	351
2017	193	405



STATEMENT OF EXPLANATION
HUMAN SERVICES CONVERSION OF POLICIES TO PROCEDURES - TIM
EASKER

6.1

- The policies included in this agenda item were approved by the Human Services Board 2009-2010. In reviewing these, we find they explain the “how” and provide the steps to complete an action, so better fit the definition of a procedure.
- Policies set parameters for decision-making. They show the “why” behind an action. They are a set of general guidelines and outline an organization’s plan for tackling certain issues.
- Procedures explain the “how.” They provide step-by-step instructions for specific routine tasks. They can also include a checklist or process steps to follow.
- Therefore, Board approval is requested to convert these policies to procedures.

Summary of Policies to Convert to Procedures Per HHSB Approval September 23, 2021

Number	Division/Unit	Policy Title	Procedure Number
1	Administrative	Support and Service Advisory Team	Administrative Procedure 9
4	RWC	Funding for Adults and Children	RWC Procedure 19
7	Administrative	Admission Procedures for Medicaid-HMO Covered Youth Admitted to State Institutes	Administrative Procedure 12
9	RWC	Community Access to Services and Support	RWC Procedure 20
10	Administration	Consumer Rights, Grievance, and Complaints Resolution Process	Administrative Procedure 19
14	CWDA	Single Point of Access for Children with Differing Abilities	CYF Procedure 18
15	CWDA	Children with Differing Abilities Waiting List	CWDA Procedure 24
16	Multi Division	Emergency Mental Health Crisis Plan Requirements	Administrative Procedure 21
19	Multi-Division	Provider Contracts	Administrative Procedure 22

- The policies listed above were approved by the Human Services Board 2009-2010. In reviewing these, we find they explain the “how” and provide the steps to complete an action so better fit the definition of a procedure.
- Policies set parameters for decision-making. They show the “why” behind an action. They are a set of general guidelines and outline an organization’s plan for tackling certain issues.
- Procedures explain the “how.” They provide step-by-step instructions for specific routine tasks. They can also include a checklist or process steps to follow.
- Therefore, Board approval is requested to convert the above named policies to procedures.

Chippewa County Department of Human Services

Administrative ~~POLICY~~/Procedure Number 9

Number 1

Title: Support and Service Advisory Team

- I. **~~POLICY~~ PURPOSE:** This Chippewa County Human Service Policy addresses the manner in which an out of home placement is secured for children and offers a resource to any service coordinator within the Chippewa County Department of Human Services (CCDHS) to assist in making decisions on how to best serve a consumer.

- II. **APPLICABILITY:** Applies to all service coordinators within CCDHS who are considering placement of a child outside of their home or who would like to brainstorm suggestions on how to best meet a consumer's needs.

- III. **DEFINITIONS:**
 1. Support and Service Advisory Team (SSAT): team made up of DHS managers, lead workers, juvenile intake, and service coordinators with the intended purpose to help brainstorm options for meeting a consumer's needs and to provide approval for non-emergency placements in out of home care.
 2. Consumer: for purposes of this policy, the consumer is the identified child or youth and their family with which CCDHS is working.
 3. Consumer's Team: a group of people including extended family, friends, neighbors, school officials, therapists, faith based providers and other formal or informal supports that come together on a regular basis to support the family and assist as agents of change.
 4. Service Coordinator (SC): social worker or other DHS staff with similar job duties assigned to the family.
 5. Rotating service coordinator: a social worker or other DHS staff from the Children, Youth and Families Division or the Children with Differing Abilities Division who shall attend the SSAT on a rotating basis. The rotation shall be documented on the master calendar.
 6. Placement options: Foster Home (FH), Treatment Foster Home (TFC), Group Home (GH), Residential Care Center (RCC), Corrections, Youth Enterprise for Success Program (YES), or any adult placement.
 7. Temporary Physical Custody: Where a child shall live, eat, and sleep for a short period of time.

- IV. **PROCEDURE:**
 - A. All SSATs shall follow the following format:
 1. SC shall fill out the SSAT form electronically, scan any supporting documents, and e-mail all documents to the SSAT team two (2) business days prior to the SSAT. Failure to do so may result in having to reschedule the SSAT.
 2. SC shall invite other service coordinators based on families' involvement with other divisions.
 3. The SC shall facilitate the SSAT.
 4. The SC shall summarize goals established at the last SSAT and progress made (if appropriate).
 5. At the conclusion of the SSAT, the SC shall summarize the outcomes of the current meeting and schedule the next SSAT.
 6. All SSAT members are responsible for notifying other members if they are unavailable for an SSAT and finding a substitute if appropriate. If more than two managers are unavailable, the SSAT may need to be rescheduled. This is at the discretion of the managers.

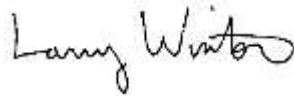
- B. The following are the situations in which an SSAT shall or can be scheduled:
1. Consideration is being explored for potential placement of a consumer.
 - a. SC shall approach their division manager to explore other options that may avoid placement.
 - b. Division manager decides that it is in the best interest of the consumer to have the SSAT review the case.
 - c. SC signs the case up for an SSAT. (The sign up book is located in the mailroom on the third floor).
 - d. SC shall fill out the SSAT form electronically, scan any supporting documents, and e-mail all documents to the SSAT team a minimum of two (2) business days prior to the scheduled SSAT.
 - e. The first meeting does not have to include the consumer and/or their family. The SC and manager shall determine if family attendance is needed and in cases where the family is to be invited, a one-hour SSAT shall be scheduled and the family shall be invited to the final 30 minutes of the SSAT.
 - f. The SSAT shall reach a decision by consensus. In the event this does not occur, the final decision shall rest with the human services managers and lead workers. All decisions shall be made by balancing the needs of the consumer within the parameters of the Human Service Department budget.
 - g. A decision shall be made within 3 business days following the SSAT
 2. A consumer is placed as the result of an emergency.
 - a. SC shall staff the case with their manager while creating their memo to the court to determine if there are other options that may allow the consumer to return safely home or to a natural support.
 - b. Division manager decides that it is in the best interest of the consumer to have the SSAT review the case.
 - c. In the event an SSAT is necessary, the SC shall sign up for the first available SSAT following TPC or shall request an SSAT be scheduled specifically for the consumer at a time outside of the regularly scheduled SSAT's.
 - d. SC shall fill out the SSAT form electronically, scan any supporting documents and e-mail all documents to the SSAT team as soon as reasonably possible, given the timeframe of the TPC and the SSAT.
 - e. In the event a SC wishes the family to be present at the SSAT, a one-hour block of time shall be reserved. The consumer's family and natural supports shall be invited to the second half of the SSAT.
 - f. The SSAT shall reach a decision by consensus. In the event this does not occur, the final decision will rest with the human services managers and lead workers. All decisions shall be made by balancing the needs of the consumer within the parameters of the Human Service Department budget.
 3. When a consumer has been in placement through a non-emergency process, the placement shall be reviewed at a minimum of every 90 days from the last SSAT until reunification or another permanency option has been achieved. Review may happen more often when requested by the SC or determined by the SSAT.
 - a. In cases where the SC and manager have determined the family shall be present, a one-hour time slot shall be reserved. During the first 30 minutes, the SC shall update the SSAT on progress made and barriers to reunification or another permanent placement option. During the final 30 minutes, the consumer's family and other informal or formal supports shall be invited to attend.
 - b. SC shall fill out the SSAT form electronically, scan any supporting documents, and e-mail all documents to the SSAT team two (2) business days prior to the scheduled SSAT.

- c. The SSAT shall reach a decision by consensus. In the event this does not occur, the final decision shall rest with the human services managers . All decisions shall be made by balancing the needs of the consumer within the parameters of the Human Service Department budget.
- C. When a SC and the consumer's team wish for additional suggestions (outside of cases in out of home placement) an SSAT may be scheduled.
 - 1. After consulting their division manager, a SC may wish to schedule an SSAT in order to brainstorm ideas in challenging cases NOT related to out of home placement.
 - 2. The worker shall then take the brainstorming suggestions back to their consumer's team for potential implementation.

Prepared by: Larry Winter, Director

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

Director Approval:
(Signature Required)



Date: 01-14-2009, 03-20-2012

Human Services Board Approval

Date: 01-15-2009

Human Services Board Chair
(Signature Required)



Effective: 01-15-2009

Revised: 2-19-2009 (County Board Review)
3-20-2012

09-23-21 (Converted to an Administrative Procedure)

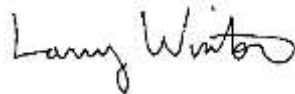
**Chippewa County Department of Human Services
Recovery & Wellness Consortium (RWC) ~~POLICY~~ Procedure 19
Number 4**

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: 09-23-21 (Converted to a RWC Procedure)

Chippewa County Department of Human Services

Administrative ~~POLICY~~/Procedure Number 12

~~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.

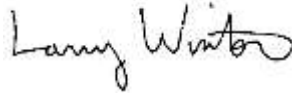
- E. SC will be responsible to see the application is completed and submitted to Institutional Medical Assistance ESS.

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

09-23-21 (Converted to an Administrative Procedure)

**Chippewa County Department of Human Services
Community Mental Health & Recovery Services (CMHRS) Division
~~POLICY~~/Procedure 20
Number 9**

Title: Community Mental Health and Recovery Services - Community Access to Services and Supports.

- I. ~~POLICY:~~ **PURPOSE:** This Chippewa County Human Services policy addresses the manner in which Mental Health and Substance Abuse services shall be provided by Chippewa County Department of Human Services to consumers in Chippewa County.
- II. **APPLICABILITY:** Applies to those Chippewa County residents who meet financial and program criteria.
- III. **DEFINITIONS:** Definitions taken from WI Department of Health Services Chapter 34, 36, 63 and 51.

“Community Support Program (CSP)” means a coordinated care and treatment program which provides a range of treatment, rehabilitation and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation and support services in the community for persons with chronic mental illness.

“Comprehensive Community Services (CCS)” means a county-wide or tribal community-based psychosocial rehabilitation program that is operated by a county department or tribe to provide or arrange for the provision of psychosocial rehabilitation services.

“Community Recovery Services (CRS)” means a Medicaid benefit which operates under the umbrella of psychosocial rehabilitation which covers the following three categories of service, Community Living Services (CLSS), Peer Supports and Supported Employment.

“Emergency mental health services” means a coordinated system of mental health services which provides an immediate response to assist a person experiencing a mental health crisis.

“Recovery” means a the process of a person's growth and improvement, despite a history of mental or substance use disorder in attitudes, values, feelings, goals, skills and behavior and is measured by a decrease in dysfunctional symptoms and an

increase in maintaining the person's highest level of health, wellness, stability, self-determination and self-sufficiency.

“Chapter 51 Commitment” means an individual is involuntarily committed because the individual has a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior and capacity to recognize reality or ability to meet the ordinary demands of life, but does not include alcoholism, is dangerous to self or others, and the individual’s condition is treatable.

“Substance Abuse” means a condition related to the use of alcohol or a drug of abuse listed in the DSM V.

“Service Facilitation” (SF) means any activity that ensures the customer receives assessment services, service planning, service delivery and supportive activities in an appropriate and timely manner.

Community Mental Health and Recovery Services (CMHRS).

IV. **PROCEDURE:**

1. Referrals to CMHRS Division shall occur in the following manner.
 - a. Emergency mental health crisis services.
 - b. Chapter 51 Mental Health Commitments - voluntary and involuntary.
 - c. Customers can be referred voluntarily for Recovery Based Services by self, family, health providers, schools, law enforcement, and others when appropriate.
2. Services shall be provided in the following manner:
 - a. Service facilitation shall be available for consumers requiring crisis stabilization or a Chapter 51 mental health commitment.
 - b. Voluntary Recovery Based Services shall be offered in the following manner:
 - i. The CMHRS Division shall receive referral or application for services. Application shall be made by fax, mail or in person.
 - ii. SF shall assess whether services are required immediately to prevent further mental health or substance abuse deterioration.
 - iii. Initial discussion, informed consents (treatment & financial), releases, gather records.
 - iv. Determination of functional eligibility-complete functional screen.
 - v. When consumer is determined to be functionally eligible:
 - Complete clinical assessment
 - Mental status exam
 - Determination of need
 - Obtain physician script
 - Complete service authorizations and coordination of services
 - Assessment updates – functional annually, clinical ongoing

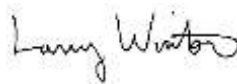
- c. The application process i.e. recovery team meeting and services planning shall be completed within 30 days with 6 month reviews thereafter.
- d. Consumers shall be counseled as to the appeal process and other available treatment options should they be found ineligible for programs offered through CMHRSD.
- e. Consumers have the option to reapply for services if there is a change in their circumstances which potentially impacts their eligibility status.

3. Program service facilitation shall be provided within the financial resources allocated to the CMHRS Division.

Prepared by: Sue Klinger Tim Easker, CMHRS Division Manager

Director Approval:

(Signature Required):



Date: May 28, 2015

Human Service Board Approval Date: 08-20-09

Human Service Board Chair:



(Signature Required)

Effective: 08-20-09

Revised: 04-09-12, 06-11-12, 06-18-15
09-23-21 (Converted to a RWC Procedure)

Chippewa County Department of Human Services
Administrative POLICY/Procedure Number 19
POLICY/PROCEDURE - Number 10

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. **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 Office Associate shall offer the consumer a CCDHSRR form (See appendix A, shall be submitted to CRGC within 45 days of incident) or when a consumer chooses a state level review (provide state level contact information). Within 5 business days (excluding weekends and holiday's) 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 Procedures available at:
<https://www.dhs.wisconsin.gov/clientrights/dhs94fc.pdf>

 7. The Grievance Investigation Report (Appendix B) 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 Directors 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.

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, Family Support Program, and Children's
 Long Term Support waivers.)

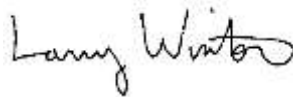
Birth to Three Program
 WI Department of Health Services
 Division of Long Term Care
 1 W. Wilson St., Room 418
 P.O. Box 7851
 Madison, WI 53707
 608-266-8276

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

Director Approval:
 (Signature Required)



Date: October 15, 2009

Human Services Board Approval

Date: **October 15, 2009**

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
 09-23-21 (Converted to Administrative Procedure)

Appendix A
CHIPPEWA COUNTY
DEPARTMENT OF HUMAN SERVICES



6.1.a

711 North Bridge Street, Room 305, Chippewa Falls, WI 54729-1876
Consumer Rights 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: 6.1 DHS Policies to Convert to Procedures 09-23-21 (6593 : Human Services Conversion of Policies to Procedures - Tim Easker)

Appendix B

Part 1 – Receipt of Grievance/Complaint

Name of Consumer/Grievant:		Date Received by CRGC:	
Method Grievance Received: Given to Office Associate ☐ Given to CRGC ☐ 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 ☐ Quality Improvement Suggestions	
<i>If founded, recommendations for resolution and/or quality improvement suggestions:</i>	
PM-CRS Signature:	Date:
cc: Program Manager cc: Consumer Rights & Grievance Coordinator	

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

Program Manager Agrees with PM-CRS Decision ☐	
Program Manager Signature:	Date:
cc: Consumer/grievant (in form of a formal letter sent to consumer/grievant from PM-CRS) cc: Parent/guardian, if minor (in form of a formal letter sent to consumer/grievant from PM-CRS) 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 & Grievance Coordinator (include copy of letter sent to consumer/grievant)	

Appendix B

Chippewa County Department of Human Services Grievance/Privacy Investigation Report

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 & Grievance 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: 6.1 DHS Policies to Convert to Procedures 09-23-21 (6593 : Human Services Conversion of Policies to Procedures - Tim Easker)

Chippewa County Department of Human Services Children, Youth & Families (CYF) ~~POLICY~~/Procedure **18** **Number 14**

Title: Single Point of Entry for Children with Special Needs

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

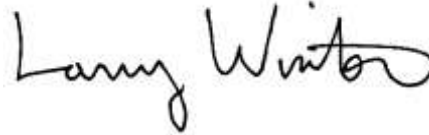
- II. **APPLICABILITY:** Applies to all referrals for services administered by the Chippewa County Department of Human Services Children with Differing Abilities Unit.

- 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/Birth to 3 (CWDA/B-3), 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 & Wellness Consortium (RWC)
 - Children's Community Options Program (CCOP)

- IV. **PROCEDURE:**
 1. Referrals:
 - (a) Requests for CWDA/B-3 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
09-23-21 (Converted to CYF Procedure)

Chippewa County Department of Human Services Children with Differing Abilities (CWDA) ~~POLICY~~/Procedure 24 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~~. CYF Procedure 18.
 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.

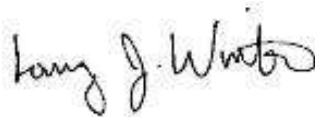
Annually, individual budgets shall be established based on agreement of assessed needs between the family and the SC. In considering ongoing budget requests for CCOP, the following priorities are established:

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
09-23-21 (Converted to CWDA Procedure)

Chippewa County Department of Human Services

Administrative POLICY/Procedure Number 21

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.

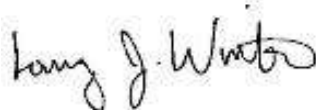
Chippewa County Department of Human Services (CCDHS), Community Mental Health and Recovery Services Division (CMH&RSD), Children with Differing Abilities Division (CWDAD), Youth Support and Services Division (YSSD), Children and Families Services Division (CFSD), Service Coordinator (SC) Northwest Connections (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.
 2. SC shall complete a crisis plan within 7 days of receiving an ongoing case, if the client meets eligibility.
 3. SC shall complete a crisis plan within 7 days when circumstances in an existing case change, resulting in new client eligibility.
 4. SC shall complete a crisis plan immediately upon receipt of a case when a client 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. 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. The completed Crisis Plan shall be entered immediately into the portal maintained by NWC by the SC who created the plan.
- 9. 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.
- 10. 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.
- 11. NWC shall put 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 "MobileDropFolder" and "NWCDropFolder."
- 12. The Mobile Drop Folder and the NWCDropFolder shall be checked every work day morning at 8:00 am to collect information on calls from the previous evening/weekend.
- 13. 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.
- 14. 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 Grambort and Sue Klinger

Director Approval:
(Signature Required)



Date: February 10, 2010

Human Service Board Approval:
Human Service Board Chair:

Date: April 15, 2010

(Signature Required)



Effective: April 15, 2010

Revised: 09-23-21 (Updated and Converted to an Administrative Procedure)

Chippewa County Department of Human Services

Administrative POLICY/Procedure Number 22

Number 19

Title: Multi-Division: Provider Contracts

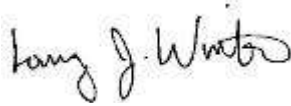
- I. **POLICY:** This Chippewa County Department of Human Services Policy addresses the manner to ensure a contract is secured prior to any staff member authorizing services for a consumer.
- II. **APPLICABILITY:** Applies to all CCDHS Divisions seeking services from a provider to meet consumer needs.
- 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>
 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.
 1. Check these sheets-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
09-23-21 (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			

Convert to Procedures 09-23-21

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 _____

**DRAFT****STATEMENT OF EXPLANATION**

Resolution No.

**RESOLUTION TO CREATE ONE FULL-TIME SOCIAL WORKER POSITION IN
THE DEPARTMENT OF HUMAN SERVICES TO PROVIDE CHILDREN'S
LONG TERM SUPPORT SERVICES**

1 Passage of this resolution will create one (1) full-time social worker position in the
2 Children Youth and Families Division, Children with Differing Abilities Unit of the Department of
3 Human Services. The position will provide early intervention services for children with physical
4 and developmental disabilities through the Children's Long Term Support (CLTS) or "waiver"
5 program. The CLTS program is a fully funded/reimbursed Medicaid program and requires no
6 additional funding from Chippewa County. The government branches at both the federal and
7 state level continue to add funding in an effort to have services provided early in a child's life.

8 The Wisconsin Department of Health Services (WDHS) administers this program and
9 does not allow for waitlists to exist. This mandate was effective as of July of 2020. WDHS also
10 took charge of the existing waitlist and ordered counties to open a certain number of children
11 on the waitlist each month. Chippewa County worked hard at eliminating the waitlist and up
12 until June of 2021 was compliant with the no waitlist requirement.

13 However, there are now approximately 8 children on the CLTS waitlist. Since January of
14 2021, the County has averaged 4 new participants per month to the program. Since July of
15 2020, the total number of participants in the children's CLTS program has almost doubled going
16 from 71 to 135, which includes discharges. The current workers providing CLTS services are at
17 capacity. In addition, the lead worker has 17 cases beyond her normal caseload, which need to
18 be transferred. Chippewa County requires workers to average 90 productive hours per month.
19 The current average is 95 hours per month. If the County does not address the current
20 additions to the waitlist, it is anticipated that the combined waitlist (Comprehensive
21 Community Services and CLTS) will grow to about 120 children by July of 2022.

22 The consequences of not having services available to children when needed include
23 costlier deep end services at a much higher cost to taxpayers such as hospitalizations, crisis
24 intervention, and intense community-based services.

25 Without the addition of the requested positions to address the waitlist, the Department
26 will remain out of compliance with the State. This resolution will authorize the Department of

- 27 Human Services to use the federal and state funds already allocated to the CLTS program in
28 2021 and continuing into future fiscal years to fund this position.
29

Resolution No.

RESOLUTION TO CREATE ONE FULL-TIME SOCIAL WORKER POSITION IN THE DEPARTMENT OF HUMAN SERVICES TO PROVIDE CHILDREN'S LONG TERM SUPPORT SERVICES

WHEREAS, the Department of Human Services is the service facilitator for federal and state funding through the Children's Long Term Support (CLTS) Program, which provides early intervention services for children with physical and developmental disabilities; and

WHEREAS, CLTS services are provided to children who meet certain functional and financial eligibility requirements; and

WHEREAS, the Wisconsin Department of Health Services has mandated that no county agency may have a waitlist for their CLTS program, effective July 1 2020; and

WHEREAS, the CLTS program has been averaging 4 new participants per month in 2021 and the total number of children enrolled in CLTS has nearly doubled in one year going from 71 to 135; and

WHEREAS, the current staff providing CLTS services are at capacity, including the lead worker who has 17 cases above her required caseload; and

WHEREAS, Chippewa County requires workers to provide an average of 90 hours per month of CLTS services, but the current average is at 95 hours per month; and

WHEREAS, if the County does not address the waitlist (Comprehensive Community Services and CLTS combined), it is anticipated that the waitlist will grow to about 120 children by July of 2022; and

WHEREAS, the CLTS program is a fully funded/reimbursed Medicaid program and requires no additional funding from Chippewa County; and

WHEREAS, the government branches at both the federal and state level continue to add CLTS funding in an effort to have services provided early in a child's life; and

WHEREAS, the consequences of not having services available to children when needed include costlier out-of-home, deep end services at a cost to county taxpayers for hospitalizations and institutional out of state placements; and

WHEREAS, it is the recommendation of the Director of the Department of Human Services and the County Administrator that the Children Youth and Family Services Division, Children with Differing Abilities Unit, be provided with one (1) new position to provide CLTS services to provide early intervention services to children with special needs; and

WHEREAS, these CLTS position would be fully funded through CLTS funding from the state and federal governments; and

WHEREAS, the Health and Human Services Board has reviewed and does approve the creation of one (1) full-time social worker position in the Children Youth and Families Division, Children with Differing Abilities Unit of the Department of Human Services to provide CLTS services to children;

NOW, THEREFORE BE IT RESOLVED, that effective upon passage of this resolution, one (1) full-time Social Worker position is hereby created in the Children Youth and Families Division, Children with Differing Abilities Unit of the Department of Human Services to work to eliminate the CLTS program waitlist and serve consumers as they become eligible; and

BE IT FURTHER RESOLVED, that this position shall be initially funded by Medicaid revenue generated by this position; and

BE IT FURTHER RESOLVED, that commencing in 2021, the Department of Human Services shall utilize the Medicaid revenue from state and federal funding sources to permanently fund these positions; and

BE IT FURTHER RESOLVED, that should the state and federal funding necessary to fund this position no longer be available or be reduced significantly, this position may be eliminated by the County Administrator through the budget process.

Forwarded to the County Board by the Executive Committee.

FINANCIAL IMPACT:

Funded with Medicaid Fee for Service

Wages and Benefits \$97,573

Computer Equipment \$ 2,000

Total Estimated Cost \$99,573

10/5/2021 Executive Committee

Approved as to Form:



Todd A. Pauls, Corporation Counsel

9/15/2021



Lori Zwiefelhofer, Finance Director

9/15/2021



Randy B. Scholz, County Administrator

9/15/2021



CHIPPEWA COUNTY

Department of Administration

Personnel Administration Change Form

Action Requested: ☒ New Position ☐ Fill Vacancy ☐ Other (ex: increased hours)

Department: Human Services Division: CYFS-CWDA

Current Job Description Title: (new) Anticipated Start Date: _____

Proposed Job Description Title: (if different) Social Worker I (CLTS position)

Direct Supervisor: Kyra Secraw

Current/Past Employee Name (blank if new position): _____ No. of Years Served in Position: _____

Current Status: ☐ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Proposed Status: ☒ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Reason for vacancy or new position (if due to vacancy - please indicate the last day of work for the employee in the position):

Over capacity of current cases in Children's CLTS program for physically and developmentally disabled youth, forcing us to re-establish a wait list which is not allowed by the State.

This PAC is for 1 of 4 positions that we are requesting to address our current capacity issues in the CWDA unit.

Bargaining Unit: ☐ LAW-Nurses ☐ WPPA-Patrol Officers/Investigators ☒ Non-Represented

FLSA Status: ☐ Exempt ☐ Non-Exempt

Is the position mandated? ☐ Yes ☒ No
If yes, provide statute, regulation, etc.

Position Justification Description (Why is the position needed?):

To maintain the Children's Long Term Support Waiver program administered by counties and overseen by the State.

Measurement of Job Performance (e.g. clients, caseload, work output, etc.)

90 productivity hours per month/fully funded position.

Are there opportunities to consolidate, eliminate and/or outsource the job responsibilities?

☐ Yes ☒ No

Please explain:

The State contracts with the counties to administer CLTS. We are not allowed to outsource or eliminate this program.

Is this a new position? ☒ Yes ☐ No

Would its creation cause the future elimination of another position? ☐ Yes ☒ No

If yes, please explain:

For new positions, are there alternatives to the services that this individual would provide (temporary help, part-time vs. full-time, help from other county departments, use of overtime, eliminating unnecessary work)? ☐ Yes ☒ No

Please explain:

CLTS is a technical program that needs skilled, trained staff. Training takes several months. Existing staff are already working additional hours as needed, earning comp time as allowed. Our lead worker has taken on 17 more cases than she should have to assist with the wait list elimination mandate; this takes away from other required job duties.

PLEASE ANSWER BOTH QUESTIONS (for WRS & ACA purposes)

In the first twelve months from the new position or refill position start date:

Do you intend to work this position 600 or more hours? ☒ Yes ☐ No

Do you intend to work this position 1200 or more hours? ☒ Yes ☐ No

Requested Annual Hours: ☒ 2088 ☐ 1500 ☐ 1044 ☐ 975 ☐ Other: _____

Description of Anticipated Work Schedule 8hrs/5days per week

(i.e. 8 hrs/5 days per week, 8 hrs/4 days per week)

What are the consequences of **not** taking this personnel action?

large wait list, State remediation, staff burn out, staff turn over, lack of access to services for youth identified with a physical or developmental disability.

What is the impact of not filling the position in:

3 months:	<u>increased wait list</u>
6 months:	<u>increased wait list, staff burn out, State remediation/intervention</u>
12 months:	<u>increased wait list, State intervention, likely staff turnover, not meeting the needs of youth and families in the county</u>
Not at all:	<u>large wait list, citations, staff turnover, impact on high end needs youth and placements</u>

For new positions, is there office space available for this position? ☒ Yes ☐ No

Will this require an office move/relocation? ☐ Yes ☒ No

Can the position costs be offset by eliminating or reducing a lower priority function? ☐ Yes ☒ No

Please explain:

No lower priority functions are identified.

How does this position fit into the long-range and strategic plans of the Department and/or the County?

Provide adaptable and flexible services and resources to consumers

TOTAL FISCAL IMPACT/FUNDING SOURCES

Will be verified by Finance Division

2021 BUDGETED AMOUNT FOR POSITION

n/a - new position request + _____ = _____
 Per Personnel Cost Report Per Benefit Estimate Report **Total Budgeted for Position**

Number of Hours Budgeted for Position per 2021 Personnel Cost Report: _____

General Ledger Account Number to Charge Salary to: 208-80-54533
 (If more than 1 account number please attach a separate document with the associated percentages)

ANNUAL FISCAL IMPACT

Minimum Fiscal Impact Starting Wage/Hire (WPPA) 23.61 of Pay Grade O

<u>23.61</u>	X	<u>2088</u>	=	<u>49,297.68</u>
Starting Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)		Total Wages Minimum Impact
<u>49,297.68</u>	+	<u>9,120.07</u>	+	<u>23,988</u>
Total Wages Minimum Impact		Fringe Benefits* (Use percentage below)		Total Minimum Fiscal Impact 2021

Position Point Fiscal Impact Position Point Wage/Max Step (WPPA) 29.74 of Pay Grade Q

<u>29.74</u>	X	<u>2088</u>	=	<u>62,097.12</u>
Position Point Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)		Total Wages Maximum Impact
<u>62,097.12</u>	+	<u>11,487.97</u>	+	<u>23,988</u>
Total Wages Position Point Impact		Fringe Benefits* (Use percentage below)		Total Maximum Fiscal Impact 2021

* Percentages to Use: General WRS Position: 18.5% Current LTE: 17.9%
 Protective WRS Position: 24% New LTE: 11.5%

**Health Insurance Annual Premium: Full Time = \$23,988 WPPA = \$21,589

2021 ACTUAL YEAR-TO-DATE EXPENDED FOR POSITION (To be completed by Finance Division)

_____ + _____ = _____
 Wage Less Overtime Fringe Benefits Less Overtime **Total YTD Expended for Position**

Retirement/Resignation Pay out Amount: _____ Budgeted Amount: _____

OTHER COSTS

Please define and breakdown "other" costs here:

***"Other" includes, but is not limited to: equipment, office space, vehicle, on-call pay etc.

Personal equipment (tools, uniforms, safety equipment)	\$ _____
Mileage and meals	\$ _____
Training expenses (including memberships)	\$ _____
Computer equipment	\$ _____ 2,000
Office furniture and supplies	\$ _____
Other operating expenses	\$ _____
Renovation/relocation costs	\$ _____
Total Other Costs	\$ _____ 2,000

2021 FUNDING SOURCES

☒ Federal/State (Specify) <u>Medicaid fee-for-service</u>	<u>100</u> %	\$ <u>99,573.09</u>
☐ County Tax Levy _____	_____ %	\$ _____
☐ County Other (Specify) _____	_____ %	\$ _____
☐ Grant (Specify) _____	_____ %	\$ _____
☐ Grant (Specify) _____	_____ %	\$ _____
☐ Other (Specify) _____	_____ %	\$ _____

100%

\$ 99,573.09 *

***Must match above total maximum fiscal impact and other costs**

Will any of the listed funding sources expire during the duration of the position? ☐ Yes ☒ No

If yes, please indicate what sources will expire, with expiration dates:

If yes, please indicate where the funding will come from after the sources of funding have expired:

NOTE: Attach an updated organizational chart and the approved job description located on the K:drive/Human Resources. All recommended changes for consideration should be indicated with highlights and strikeouts. Positions will not be considered absent job descriptions.

1. Tim Easker 9/14/21
Department Head Recommendation Date
☒ Recommend ☐ Not Recommend

2. [Signature] 9/14/21
Human Resources Division Review Date
☒ Recommend ☐ Not Recommend

3. Gari Zwirfelhofer 9/14/21
Finance Division Review Date
☒ Recommend ☐ Not Recommend

4. [Signature] 9/14/21
County Administrator Approval Date
☒ Approved ☐ Denied

5. _____
County Board Approval Date
☐ Approved ☐ Denied
Resolution No. _____
** New Positions Only **

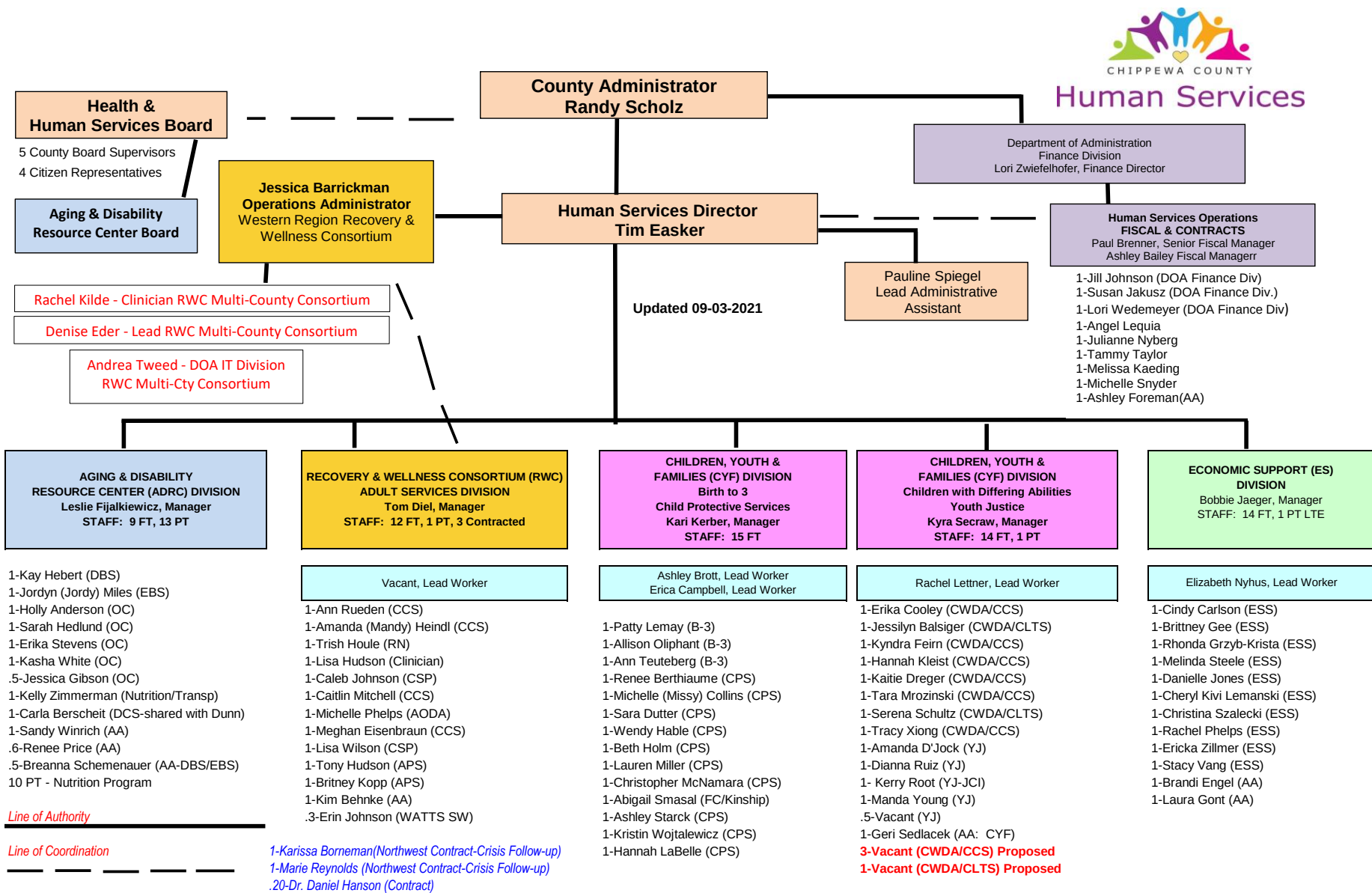
[illegible]

Chippewa County Department of Human Services

Organizational Chart -

Proposed CWDA-CLTS/CCS Positions

6.2.a



Attachment: Resolution to Create One CLTS Social Worker Position in DHS in 2021 (6604 : Resolution to

**CHIPPEWA COUNTY
JOB DESCRIPTION**

Job Title: Social Worker I, II, III

FLSA: Exempt

**Salary Range: Social Worker I - O
Social Worker II – P
Social Worker III - Q**

**Reports To: Human Services Division Manager/Supervisor
(Divisions – ADRC, CYFS or RWC)**

Department: Human Services

Date: August 2019

JOB SUMMARY

The job duties of the Social Worker I, II, and III include but are not limited to provide the following types of services: needs assessment, crisis intervention, case planning, advocacy and development of community resources; to provide services to both children and adults with varying disabilities and functioning levels; and to provide responsive, courteous and efficient service to County residents and the general public.

DUTIES AND RESPONSIBILITIES

The duties described below are indicative of what the Social Worker I, II might be asked to perform. This job description is to incorporate any county ordinances created for the position of Social Worker I, II, and III. This is not an exhaustive list of job responsibilities and therefore other duties may be assigned:

Administrative Functions:

- Work to achieve involvement and participation of the client, client's family, and client's natural support system in resolving problems.
- Work with consumers to assess and develop goal oriented, time limited service plans to address identified needs.
- Work to protect children, elderly and at-risk adults; preserve families and individuals in the community; or to help prevent out-of-home placement.
- Assess and evaluate prospective consumer's immediate situation, determine appropriate response, and assure that response is made. Assess and intervene as necessary in crisis situations. Refer to and involve and other community resources as needed.
- Work to achieve active involvement and participation of schools, court, health care providers, and other appropriate community resources in resolving problems.
- Advise consumers when services are either not available or inappropriate.
- Explain the consequences of non-compliance with court orders to clients who are involuntarily referred, monitor client utilization of services, and inform the court of consumer's adherence to court orders.
- Coordinate access to services, monitor cases to ensure that services are provided in an appropriate and timely manner, review progress, and terminate services when goals are attained.
- Teach consumers about available community resources and how to independently gain access to needed services.
- Work to achieve services and treatment objectives without duplication of effort and with maximum effective use of staff time and available resources.

- Maintain a complete record for all assigned cases; complete required written assessments, reports, and other related paperwork as necessary, including use of the computer.
- Attend and participate in staff meetings, supervision times, and other scheduled meetings.
- Develop professional knowledge and skills by attending training events, conferences, and workshops.
- When assigned, speak to the community and other organizations to provide public education.
- Develop and maintain the ability to problem-solve and to perform duties in an independent manner while exercising good judgment.
- Use discretion with consumers; observe rules of confidentiality and maintain non-judgmental attitude.

Customers:

- All prospective, current or past DHS consumers.

Team Members:

- Any professional or paraprofessional we work with in the serving of consumers.

QUALIFICATION REQUIREMENTS

To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required at the time of hire or for the continuation of employment.

EDUCATION AND/OR EXPERIENCE:

Social Worker I

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker II

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker III

- Master's degree in Social Work or a related field (e.g. professional counseling, psychology, sociology, etc.) and possess, or will be able to obtain a Social Work Certification or a Professional Counselor License within two years of hire, meeting the criteria per Wis. Stats. MPSW 14.01 or MPSW 11 or another license from a human service related field.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Note: Upon hire, anyone in possession of a Professional Counselor license or another license from another human service related field will be unable to utilize the title social worker, publicly identify themselves as a social worker, or practice utilizing the title of Social Worker. The term “social worker” is exclusive solely for the purpose of this job description.

Placement at SW I, SW II, SW III upon hire will be determined based on qualification requirements listed under Education and/or Experience. Current employees requesting a change shall refer to Procedure for Requesting a Pay Grade Adjustment on the Employee Portal.

SKILLS AND ABILITIES

- Ability to maintain a professional demeanor when dealing with the public.
- Ability to establish customer relationships and have strong interpersonal skills.
- Ability to relate effectively with clients, coworkers and the public.
- Ability to take control of situations, dictating subordinate activities in a responsible manner.
- Knowledge of laws and regulations of the State of Wisconsin that affect the delivery of services by the Department of Human Services.
- Working knowledge of Chapters 48 and 938 of the Wisconsin statutes.
- Working knowledge of Chapter 51, 54 and/or 55.
- Ability to comprehend, retain and apply County, State, and Federal policies and legislation, i.e. local ordinances, procedure manuals, codes, etc.

EQUIPMENT KNOWLEDGE REQUIRED

- Ability to operate various types of equipment – standard office equipment, computer and intermediate knowledge of Microsoft Office software, etc.
- Ability to use GPS and GIS data relating to county landmarks, roads, and businesses.
- Other equipment could be required.

LANGUAGE SKILLS

- Ability to communicate effectively with other members of the staff, supervisor, and the public.
- Ability to communicate in both written and verbal form.
- Ability to develop, interpret and implement local policies and procedures; written instructions, general correspondence; Federal, State, and local regulations; MSDS sheets, safety manuals; and warning labels.

MATHEMATICAL SKILLS

- Ability to perform basic mathematical calculations.

REASONING ABILITY

- Ability to respond to complaints and grievances posed by the public.
- Ability to define problems and deal with a variety of situations.
- Ability to think quickly, maintains self-control, and adapt to stressful situations.

PHYSICAL AND WORK ENVIRONMENT

The physical and work environments described are representative of those that must be met by an employee to successfully perform the functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these functions.

Physical Environment:

- The duties of this job include physical activities such as stooping, kneeling, sitting, standing, reaching, walking, lifting and/or move (up to 10 pounds), grasping, talking, hearing/listening, seeing/observing, and repetitive motions.
- Specific vision abilities required by this job include close, distance and peripheral vision; depth perception; and the ability to adjust focus.

Work Environment:

- Works in an office setting as well as working with clients in their homes.
- There can be dangerous and intense situations requiring law enforcement back up such as mental health crisis situations, drug endangered homes and entering homes where there could be a possible risk of physical injury and unpredictability.
- Must be available on a 24 hour basis flexible time schedule. Schedule to be worked out with Department.
- May require travel in all types of weather conditions and changing temperatures.

Chippewa County Department of Human Services

Children With Differing Abilities (CWDA)

Position Requests

Consumer needs are growing!

Health & Human Services Board 09/23//2021

Executive Committee 10/05/2021

County Board 10/12/2021



Children With Differing Abilities Unit (CWDA)

Children's Comprehensive Community Services (CCS)

Children's Long Term Support Waiver (CLTS)



Program Information

Comprehensive Community Services (CCS)

- Voluntary Program
- A recovery focused behavioral health program where traditional out-patient services have been unsuccessful and for those who may have ongoing needs that, if left unaddressed, could result in hospitalizations during times of crisis.
- Eligible individuals/children include those with:
 - Mental health diagnosis
 - Substance use disorder
- Services
 - Service array: Skill development, non-tradition therapies, employment skills training, individual and family mental health treatment, wellness, recovery support, substance abuse treatment, diagnostic evaluation & medication management.
 - In order to get a service there must be an assessed need and it has to be clinically appropriate for the consumer.
- Fully funded through Medicaid

Program Information cont.

Children's Long Term Support-Waiver (CLTS)

- Voluntary Program
- Funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home/community.
- Eligible children include those with:
 - Developmental disabilities
 - Physical disabilities
 - Severe emotional disturbances
- Services
 - Include but not limited to: Respite for caregivers, skill development, non-traditional therapies, home modifications for accessibility, equipment & supplies not covered by insurance & safety equipment for children with severe autism.
 - In order to get a service there must be an assessed need
- Fully funded through Medicaid

Different than other Cs 😊

Child Protective Services (CPS)

- Mandated service
- To assess child abuse and neglect.
- CPS focuses on child safety and engaging with families to keep children safely in their home whenever possible.
- If the child cannot safely stay in the home, it may be necessary to place a child in out-of-home care.
- Funded heavily by local and state dollars



History

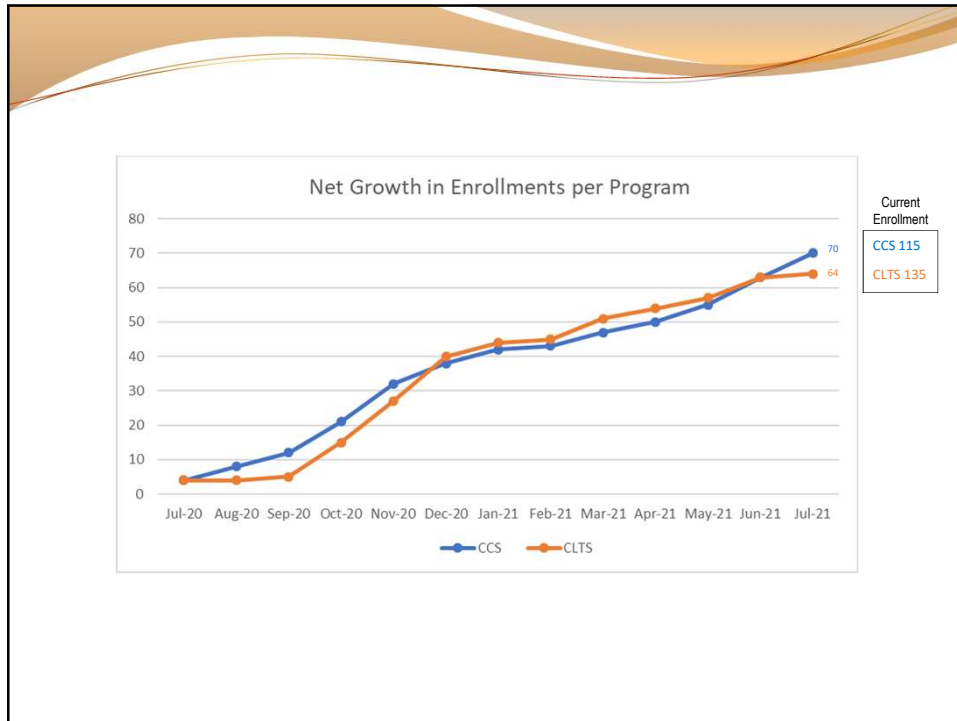
- In 2019, the County Board approved **one child CCS**, **one adult CCS** and **one CLTS** position for January 2020.
- **CCS**: In 2019, the Western Region Recovery & Wellness Consortium was cited for having a waitlist.
- **CLTS**: August 2020, the State mandated waitlist elimination by November 2020.
- Staff took on additional workload to meet requirements and to come into compliance.

Cost Benefits

- Fully funded positions; no levy is used.
- CLTS covers a portion of Foster Care payments for CPS and Youth Justice (YJ) placements.
 - Currently covering \$4,024.00 per month for 8 kids.
- In the past 24 months, approximately 10 out-of-home placements were prevented.
- Of the 16 YJ kids currently in out-of-home care, CCS delayed placement of seven kids for 141 months with a current average cost of \$8,830.00 per month.

Cost Benefits cont.

Child	Months In CCS Prior to Placement	Number of Months In Placement	Monthly Placement Cost	Total Costs w/o CCS	Total Costs w/ CCS	Cost Savings
1	60	6	\$16,275	\$1,074,150	\$97,650	\$976,500
2	9	5	\$981	\$13,734	\$4,905	\$8,829
3	27	2	\$14,651	\$424,879	\$29,302	\$395,577
4	23	1	\$12,586	\$302,064	\$12,586	\$289,478
5	11	1	\$871	\$10,452	\$871	\$9,581
6	4	1	\$7,148	\$35,740	\$7,148	\$28,592
7	7	0	\$9,300	\$65,100	\$0	\$65,100
						\$ 1,773,657



Referral Information

- Pre-COVID referrals to our Single Point of Entry (SPOE) averaged four to five per month
- SPOE Data: averaging between 8-15 referrals per month.
- 96% of referrals followed through and were opened.
- Trending to have 120 kids on wait list by July 2022.



- 100% waitlist-free from March through June 2021
- Waitlist resumed in July 2021 due to our capacity limit.
- Waiting to be screened in our Single Point of Entry (SPOE): 18
- Current waitlist numbers:
 - CCS eligible: 15
 - CLTS eligible: 8

Waitlist

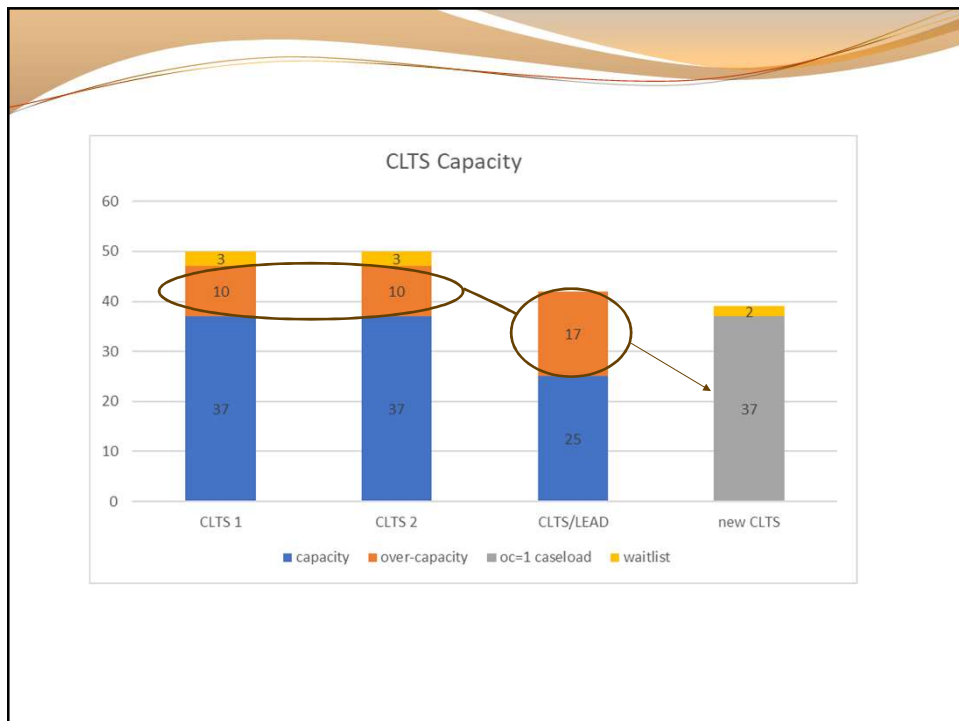
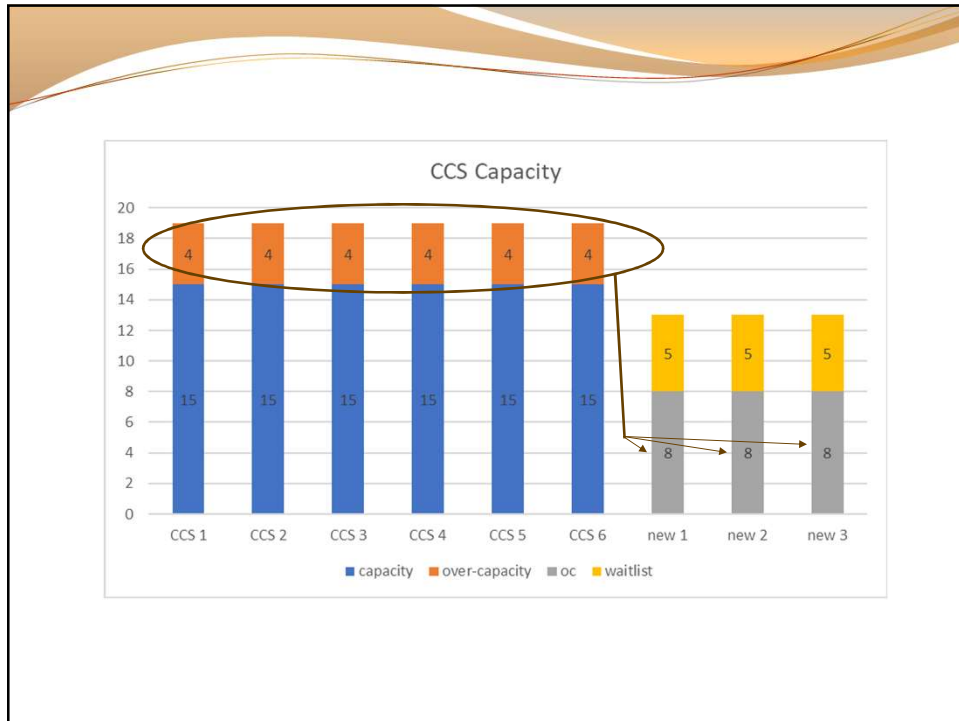


Staff Capacity

- CWDA staff are already at or above capacity with their caseloads
- YTD productivity average through July is 95 hours (expectation is 90)
 - CCS

 - 115 cases open
 - 6 staff
 - CLTS

 - 135 cases open
 - 2.5 staff, which includes the .5 lead worker position
 - Lead worker has 42 cases; should have 25
 - Taking away from:
 - Lead worker duties
 - Technical Assistance
 - Quality Assurance
 - Support to all CWDA staff



Staffing Needs

- We are requesting **one CLTS staff** and **three CCS staff** in the Children With Differing Abilities unit.
 - We have enough existing cases *today* to hand over full case loads to **one CLTS staff** and **three CCS staff**.
 - If current trends continue we anticipate the need for additional staff in 2022.

**DRAFT**

Resolution No.

**RESOLUTION TO CREATE THREE SOCIAL WORKER POSITIONS IN THE
DEPARTMENT OF HUMAN SERVICES TO PROVIDE COMPREHENSIVE
COMMUNITY SERVICES TO CHILDREN**

1 Passage of this resolution will create three (3) full-time social worker positions in the
2 Children with Differing Abilities Division of the Department of Human Services, which is a part
3 of the larger Recovery and Wellness Consortium (RWC). The positions will provide intervention
4 services for children with mental health and or substance use disorders through the
5 Comprehensive Community Services (CCS) program. The CCS program is a fully
6 funded/reimbursed Medicaid program and requires no additional funding from Chippewa
7 County. Both the federal and state governments continue to add funding to the CCS program in
8 an effort to address mental health and substance abuse issues.

9 The Wisconsin Department of Health Services does not allow for a waitlist in the CCS
10 program. In June of 2019 the RWC was cited for having a waitlist. Chippewa County was one of
11 two counties in the RWC which had a waitlist and led to the citation. Chippewa County worked
12 hard at eliminating the waitlist and up until June of 2021 was compliant with the no waitlist
13 requirement.

14 However, there are now approximately 17 children on the CCS children's waitlist. Since
15 January of 2021 the County has averaged 7 new participants per month to the program. Since
16 July of 2020 the total number of participants in the children's CCS program has more than
17 doubled going from 45 to 115, which includes discharges. The current staff working these cases
18 are at capacity. Chippewa County requires workers to average 90 of productivity hours per
19 month. The current average is 95 hours per month. If the County does not address the current
20 additions to the waitlist, it is anticipated that the combined CCS and Children's Long Term
21 Support services waitlist will grow to about 120 children by July of 2022.

22 While CCS is an intervention, it is also a prevention program in that it prevents and or
23 delays the placement of children in costly group home, residential (including out-of-state) and
24 hospitalizations, which may include Winnebago Mental Health Institute. Placements in these
25 types of facilities can range from \$6,000 to \$26,000 per month. Winnebago can cost upwards
26 of \$1,350 per day. A mix of state and local funding (levy) often pays for these "deep end"

Attachment: Resolution to Create 3 CCS Social Worker Positions in DHS in 2021 (6605 : Resolution to Create Three Social Worker Positions for

27 placements.

28 The Department does not anticipate any slowdown in referrals to the CCS program for
29 mental health and or substance abuse treatment. Additionally, without the addition of the
30 requested positions to address the waitlist, the Department will remain out of compliance with
31 the State. This could result in revocation of our certification for the CCS program. This
32 resolution will authorize the Department of Human Services to use the federal and state funds
33 already allocated to the CCS program in 2021 and continuing into future fiscal years to fund
34 three new positions.

35

Resolution No.

RESOLUTION TO CREATE THREE SOCIAL WORKER POSITIONS IN THE DEPARTMENT OF HUMAN SERVICES TO PROVIDE COMPREHENSIVE COMMUNITY SERVICES TO CHILDREN

WHEREAS, the Department of Human Services is the service facilitator for federal and state funding through the Comprehensive Community Services (CCS) Program, which provides intervention services for children and adults with mental health and substance abuse issues; and

WHEREAS, CCS services are provided to individuals across the lifespan, however the consumer must meet certain functional and financial eligibility requirements, including a determination that the consumer will benefit from CCS services; and

WHEREAS, the Wisconsin Department of Health Services does not allow for a waitlist in the CCS program and in June of 2019 the Recovery and Wellness Consortium was cited for having a waitlist for children to receive CCS services; and

WHEREAS, there are currently 17 children on the waitlist for mental health and substance use services through the CCS program; and

WHEREAS, the CCS program has been averaging 7 new participants per month in 2021 and the total number of children enrolled in CCS has more than doubled in one year going from 45 to 115; and

WHEREAS, the current CCS workers are at capacity as Chippewa County requires workers to average 90 hours per month, but the current average is at 95 hours per month; and

WHEREAS, if the County does not address the waitlist, it is anticipated that the combined CCS and Children's Long Term Support services waitlist will grow to about 120 children by July of 2022; and

WHEREAS, the Wisconsin Department of Health Services does not allow CCS programs to have a waitlist and cited Chippewa County for this infraction in June of 2019; and

WHEREAS, the use of CCS prevents and or delays the placement of children in often costly out of home placements, which can average from \$6,000 to \$26,000 per month as well as hospitalization at Winnebago Mental Health Institute, which can cost upwards of \$1,350 per day; and

WHEREAS, it is the recommendation of the Director of the Department of Human Services and the County Administrator that the Recovery and Wellness Consortium (RWC) Division be provided with three (3) new positions to provide CCS services to address the

increase in services needs for children with mental health and or substance use disorders; and

WHEREAS, these CCS positions would be fully funded through CCS funding from the state and federal governments; and

WHEREAS without these positions, the Department will continue to see an influx of children qualifying for the CCS program and thereby adding to the growing waitlist; and

WHEREAS, through an increase in the provision of CCS recovery services, the Department anticipates a reduction in the use and length of costly deep end placements for children; and

WHEREAS, the Health and Human Services Board has reviewed and does approve the creation of three (3) full-time social worker positions in the Recovery and Wellness Consortium Division of the Department of Human Services to provide CCS services to children;

NOW, THEREFORE BE IT RESOLVED, that effective upon passage of this resolution, three (3) full-time Social Worker positions are hereby created in the Recovery and Wellness Consortium of the Department of Human Services to eliminate the waitlist and serve consumers as they become eligible; and

BE IT FURTHER RESOLVED, that these position shall be funded by using the Medicaid revenue generated by these positions as well as the CCS reconciliation process; and

BE IT FURTHER RESOLVED, that commencing in 2021, the Department of Human Services shall utilize the Medicaid revenue from state and federal funding sources to permanently fund these positions; and

BE IT FURTHER RESOLVED, that should the state and federal funding necessary to fund these positions no longer be available or be reduced significantly, these positions may be eliminated by the County Administrator through the budget process.

Forwarded to the County Board by the Executive Committee.

FINANCIAL IMPACT:

Funded by Medicaid Fee for Service

Wages and Benefits \$292,719

Computer Equipment \$ 6,000

Total Estimated Costs \$298,719

10/5/2021 Executive Committee

Approved as to Form:

Todd A. Pauls

Todd A. Pauls, Corporation Counsel

9/14/2021

Lori Zwiefelhofer

Lori Zwiefelhofer, Finance Director

9/14/2021

Randy B. Scholz

Randy B. Scholz, County Administrator

9/15/2021



CHIPPEWA COUNTY

Department of Administration

Personnel Administration Change Form

Action Requested: ☒ New Position ☐ Fill Vacancy ☐ Other (ex: increased hours)

Department: Human Services Division: CYFS-CWDA

Current Job Description Title: (new) Anticipated Start Date: _____

Proposed Job Description Title: (if different) Social Worker I (CCS - three positions)

Direct Supervisor: Kyra Secraw

Current/Past Employee Name (blank if new position): _____ No. of Years Served in Position: _____

Current Status: ☐ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Proposed Status: ☒ FT ☐ PT ☐ LTE/Seasonal ☐ LTE/Annual ☐ Paid Intern ☐ Unpaid Intern ☐ Volunteer ☐ Other

Reason for vacancy or new position (if due to vacancy - please indicate the last day of work for the employee in the position):

Over capacity of current cases in Children's CCS forcing us to re-establish a wait list which is not allowed and which we were cited for in 2019.
This PAC is for 3 positions that we are requesting to address our current capacity issues in the CWDA unit.

Bargaining Unit: ☐ LAW-Nurses ☐ WPPA-Patrol Officers/Investigators ☒ Non-Represented

FLSA Status: ☐ Exempt ☐ Non-Exempt

Is the position mandated? ☐ Yes ☒ No
If yes, provide statute, regulation, etc.

Position Justification Description (Why is the position needed?):

To maintain the Comprehensive Community Services (CCS) Program.

Measurement of Job Performance (e.g. clients, caseload, work output, etc.)

90 productivity hours per month/fully funded position.

Attachment: Resolution to Create 3 CCS Social Worker Positions in DHS in 2021 (6605 : Resolution to Create Three Social Worker Positions for

Are there opportunities to consolidate, eliminate and/or outsource the job responsibilities?

☐ Yes ☒ No

Please explain:

Due to the complexities and fiscal responsibilities of the program it is best administered in-house.

Is this a new position? ☒ Yes ☐ No

Would its creation cause the future elimination of another position? ☐ Yes ☒ No

If yes, please explain:

For new positions, are there alternatives to the services that this individual would provide (temporary help, part-time vs. full-time, help from other county departments, use of overtime, eliminating unnecessary work)? ☐ Yes ☒ No

Please explain:

CCS is a highly technical program that needs skilled, trained staff. Training takes several months. Existing staff are already working additional hours as needed, earning comp time as allowed.

PLEASE ANSWER BOTH QUESTIONS (for WRS & ACA purposes)

In the first twelve months from the new position or refill position start date:

Do you intend to work this position 600 or more hours? ☒ Yes ☐ No

Do you intend to work this position 1200 or more hours? ☒ Yes ☐ No

Requested Annual Hours: ☒ 2088 ☐ 1500 ☐ 1044 ☐ 975 ☐ Other: _____

Description of Anticipated Work Schedule 8hrs/5days per week

(i.e. 8 hrs/5 days per week, 8 hrs/4 days per week)

What are the consequences of **not** taking this personnel action?

large wait list, possibly another citation for having a wait list again, staff burn out, staff turn over, lack of access to mental health services in the county for our youth, increased high end out of home placements.

What is the impact of not filling the position in:

3 months:	<u>increased wait list</u>
6 months:	<u>increased wait list, staff burn out</u>
12 months:	<u>increased wait list, possible citation, likely staff turnover, increase in out of home placements</u>
Not at all:	<u>large wait list, citations, staff turnover, increased high end out of home placements</u>

For new positions, is there office space available for this position? ☒ Yes ☐ No

Will this require an office move/relocation? ☐ Yes ☒ No

Can the position costs be offset by eliminating or reducing a lower priority function? ☐ Yes ☒ No

Please explain:

No lower priority functions are identified.

How does this position fit into the long-range and strategic plans of the Department and/or the County?

Improve mental health access.

TOTAL FISCAL IMPACT/FUNDING SOURCES

Will be verified by Finance Division

2021 BUDGETED AMOUNT FOR POSITION

n/a - new positions + _____ = _____
 Per Personnel Cost Report Per Benefit Estimate Report **Total Budgeted for Position**

Number of Hours Budgeted for Position per 2021 Personnel Cost Report: _____

General Ledger Account Number to Charge Salary to: see attachment
 (If more than 1 account number please attach a separate document with the associated percentages)

ANNUAL FISCAL IMPACT

Minimum Fiscal Impact Starting Wage/Hire (WPPA) 23.61 of Pay Grade O

<u>23.61</u>	X	<u>2088 x 3 positions</u>	<u>6,264 hours</u>	=	<u>147,893.04</u>
Starting Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)			Total Wages Minimum Impact
<u>147,893.04</u>	+	<u>27,360.21</u>	+	<u>71,964</u>	= <u>247,217.25</u>
Total Wages Minimum Impact		Fringe Benefits* (Use percentage below)		Health Insurance **	Total Minimum Fiscal Impact 2021

Position Point Fiscal Impact Position Point Wage/Max Step (WPPA) 29.74 of Pay Grade Q

<u>29.74</u>	X	<u>2088 x 3 positions</u>	<u>6,264 hours</u>	=	<u>186,291.36</u>
Position Point Hourly Rate		Maximum Hours (2088, 1500, 1044 or 975)			Total Wages Maximum Impact
<u>186,291.36</u>	+	<u>34,463.90</u>	+	<u>71,964</u>	= <u>292,719.26</u>
Total Wages Position Point Impact		Fringe Benefits* (Use percentage below)		Health Insurance **	Total Maximum Fiscal Impact 2021

* Percentages to Use: General WRS Position: 18.5% Current LTE: 17.9%
 Protective WRS Position: 24% New LTE: 11.5%

**Health Insurance Annual Premium: Full Time = \$23,988 WPPA = \$21,589

2021 ACTUAL YEAR-TO-DATE EXPENDED FOR POSITION (To be completed by Finance Division)

_____ + _____ = _____
 Wage Less Overtime Fringe Benefits Less Overtime **Total YTD Expended for Position**

Retirement/Resignation Pay out Amount: _____ Budgeted Amount: _____

OTHER COSTS

Please define and breakdown "other" costs here:

***"Other" includes, but is not limited to: equipment, office space, vehicle, on-call pay etc.

Personal equipment (tools, uniforms, safety equipment)	\$ _____
Mileage and meals	\$ _____
Training expenses (including memberships)	\$ _____
Computer equipment	\$ _____ 6,000
Office furniture and supplies	\$ _____
Other operating expenses	\$ _____
Renovation/relocation costs	\$ _____
Total Other Costs	\$ _____ 6,000

2021 FUNDING SOURCES

☒ Federal/State (Specify) <u>Medicaid fee-for-service</u>	<u>100</u> %	\$ <u>298,719.26</u>
☐ County Tax Levy _____	_____ %	\$ _____
☐ County Other (Specify) _____	_____ %	\$ _____
☐ Grant (Specify) _____	_____ %	\$ _____
☐ Grant (Specify) _____	_____ %	\$ _____
☐ Other (Specify) _____	_____ %	\$ _____
TOTAL	100%	\$ <u>298,719.26</u> *

***Must match above total maximum fiscal impact and other costs**

Will any of the listed funding sources expire during the duration of the position? ☐ Yes ☒ No
If yes, please indicate what sources will expire, with expiration dates:

If yes, please indicate where the funding will come from after the sources of funding have expired:

NOTE: Attach an updated organizational chart and the approved job description located on the K:drive/Human Resources. All recommended changes for consideration should be indicated with highlights and strikeouts. Positions will not be considered absent job descriptions.

1. Tim Easker 9/14/21
Department Head Recommendation Date

2. [Signature] 9/14/21
Human Resources Division Review Date
☒ Recommend ☐ Not Recommend

3. Geri Zwietschauer 9/14/21
Finance Division Review Date
☒ Recommend ☐ Not Recommend

4. Kaf Shohy 9.14.21
County Administrator Approval Date
☒ Approved ☐ Denied

5. _____
County Board Approval Date
☐ Approved ☐ Denied
Resolution No. _____
** New Positions Only **

[illegible]

**CHIPPEWA COUNTY
JOB DESCRIPTION**

Job Title: Social Worker I, II, III

FLSA: Exempt

**Salary Range: Social Worker I - O
Social Worker II – P
Social Worker III - Q**

**Reports To: Human Services Division Manager/Supervisor
(Divisions – ADRC, CYFS or RWC)**

Department: Human Services

Date: August 2019

JOB SUMMARY

The job duties of the Social Worker I, II, and III include but are not limited to provide the following types of services: needs assessment, crisis intervention, case planning, advocacy and development of community resources; to provide services to both children and adults with varying disabilities and functioning levels; and to provide responsive, courteous and efficient service to County residents and the general public.

DUTIES AND RESPONSIBILITIES

The duties described below are indicative of what the Social Worker I, II might be asked to perform. This job description is to incorporate any county ordinances created for the position of Social Worker I, II, and III. This is not an exhaustive list of job responsibilities and therefore other duties may be assigned:

Administrative Functions:

- Work to achieve involvement and participation of the client, client's family, and client's natural support system in resolving problems.
- Work with consumers to assess and develop goal oriented, time limited service plans to address identified needs.
- Work to protect children, elderly and at-risk adults; preserve families and individuals in the community; or to help prevent out-of-home placement.
- Assess and evaluate prospective consumer's immediate situation, determine appropriate response, and assure that response is made. Assess and intervene as necessary in crisis situations. Refer to and involve and other community resources as needed.
- Work to achieve active involvement and participation of schools, court, health care providers, and other appropriate community resources in resolving problems.
- Advise consumers when services are either not available or inappropriate.
- Explain the consequences of non-compliance with court orders to clients who are involuntarily referred, monitor client utilization of services, and inform the court of consumer's adherence to court orders.
- Coordinate access to services, monitor cases to ensure that services are provided in an appropriate and timely manner, review progress, and terminate services when goals are attained.
- Teach consumers about available community resources and how to independently gain access to needed services.
- Work to achieve services and treatment objectives without duplication of effort and with maximum effective use of staff time and available resources.

- Maintain a complete record for all assigned cases; complete required written assessments, reports, and other related paperwork as necessary, including use of the computer.
- Attend and participate in staff meetings, supervision times, and other scheduled meetings.
- Develop professional knowledge and skills by attending training events, conferences, and workshops.
- When assigned, speak to the community and other organizations to provide public education.
- Develop and maintain the ability to problem-solve and to perform duties in an independent manner while exercising good judgment.
- Use discretion with consumers; observe rules of confidentiality and maintain non-judgmental attitude.

Customers:

- All prospective, current or past DHS consumers.

Team Members:

- Any professional or paraprofessional we work with in the serving of consumers.

QUALIFICATION REQUIREMENTS

To perform this job successfully, an individual must be able to perform each duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required at the time of hire or for the continuation of employment.

EDUCATION AND/OR EXPERIENCE:

Social Worker I

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker II

- Bachelor degree in Social Work or a related field (e.g. psychology, sociology, etc.) and must possess or be able to obtain Social Work Certification within two (2) years of hire.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Social Worker III

- Master's degree in Social Work or a related field (e.g. professional counseling, psychology, sociology, etc.) and possess, or will be able to obtain a Social Work Certification or a Professional Counselor License within two years of hire, meeting the criteria per Wis. Stats. MPSW 14.01 or MPSW 11 or another license from a human service related field.
- Minimum of three (3) years related full time experience (program specific training may be an additional requirement where relevant). Part time experience may be considered if eight (8) years or more.
- A valid driver's license required.
- A cell phone is recommended.

Note: Upon hire, anyone in possession of a Professional Counselor license or another license from another human service related field will be unable to utilize the title social worker, publicly identify themselves as a social worker, or practice utilizing the title of Social Worker. The term “social worker” is exclusive solely for the purpose of this job description.

Placement at SW I, SW II, SW III upon hire will be determined based on qualification requirements listed under Education and/or Experience. Current employees requesting a change shall refer to Procedure for Requesting a Pay Grade Adjustment on the Employee Portal.

SKILLS AND ABILITIES

- Ability to maintain a professional demeanor when dealing with the public.
- Ability to establish customer relationships and have strong interpersonal skills.
- Ability to relate effectively with clients, coworkers and the public.
- Ability to take control of situations, dictating subordinate activities in a responsible manner.
- Knowledge of laws and regulations of the State of Wisconsin that affect the delivery of services by the Department of Human Services.
- Working knowledge of Chapters 48 and 938 of the Wisconsin statutes.
- Working knowledge of Chapter 51, 54 and/or 55.
- Ability to comprehend, retain and apply County, State, and Federal policies and legislation, i.e. local ordinances, procedure manuals, codes, etc.

EQUIPMENT KNOWLEDGE REQUIRED

- Ability to operate various types of equipment – standard office equipment, computer and intermediate knowledge of Microsoft Office software, etc.
- Ability to use GPS and GIS data relating to county landmarks, roads, and businesses.
- Other equipment could be required.

LANGUAGE SKILLS

- Ability to communicate effectively with other members of the staff, supervisor, and the public.
- Ability to communicate in both written and verbal form.
- Ability to develop, interpret and implement local policies and procedures; written instructions, general correspondence; Federal, State, and local regulations; MSDS sheets, safety manuals; and warning labels.

MATHEMATICAL SKILLS

- Ability to perform basic mathematical calculations.

REASONING ABILITY

- Ability to respond to complaints and grievances posed by the public.
- Ability to define problems and deal with a variety of situations.
- Ability to think quickly, maintains self-control, and adapt to stressful situations.

PHYSICAL AND WORK ENVIRONMENT

The physical and work environments described are representative of those that must be met by an employee to successfully perform the functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these functions.

Physical Environment:

- The duties of this job include physical activities such as stooping, kneeling, sitting, standing, reaching, walking, lifting and/or move (up to 10 pounds), grasping, talking, hearing/listening, seeing/observing, and repetitive motions.
- Specific vision abilities required by this job include close, distance and peripheral vision; depth perception; and the ability to adjust focus.

Work Environment:

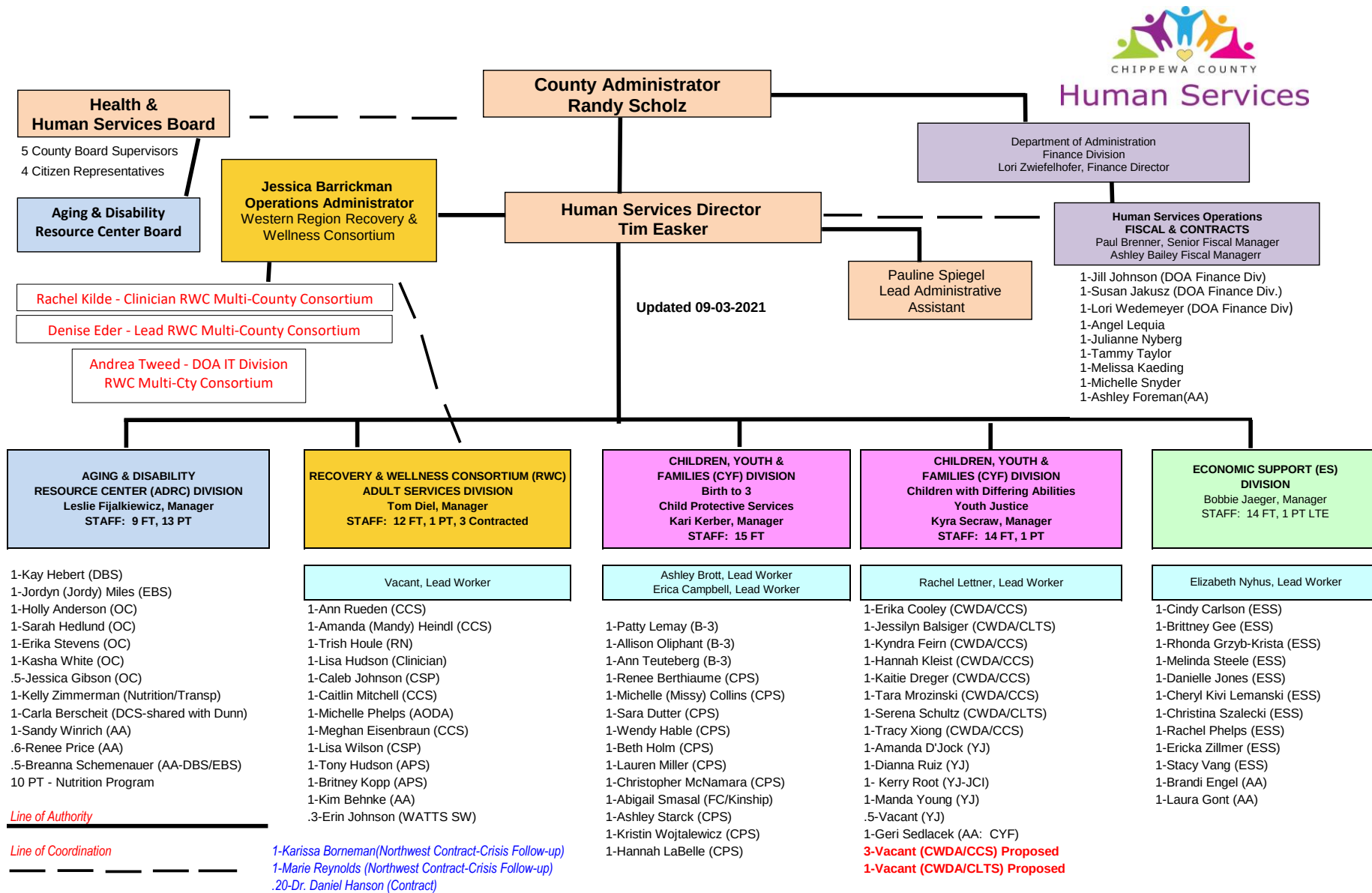
- Works in an office setting as well as working with clients in their homes.
- There can be dangerous and intense situations requiring law enforcement back up such as mental health crisis situations, drug endangered homes and entering homes where there could be a possible risk of physical injury and unpredictability.
- Must be available on a 24 hour basis flexible time schedule. Schedule to be worked out with Department.
- May require travel in all types of weather conditions and changing temperatures.

Chippewa County Department of Human Services

Organizational Chart -

Proposed CWDA-CLTS/CCS Positions

6.3.a



Attachment: Resolution to Create 3 CCS Social Worker Positions in DHS in 2021 (6605 : Resolution to