CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

OCTOBER 20, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

The Health & Human Services Board meeting was called to order at 7:45 a.m. by Chair Ives.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Harold Steele	Chippewa County	District 2 (Vice-Chair)	Present	
James Ericksen	Chippewa County	District 8	Present	
Caden Berg	Chippewa County	District 13	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Late	7:47 AM
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	
Marcia Kyes	Chippewa County	Citizen Rep	Present	

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

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

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

4. CONSENT AGENDA

RESULT:	**APPROVED [8 TO 0]**
MOVER:	Harold Steele, District 2 (Vice-Chair)
SECONDER:	James Ericksen, District 8
AYES:	Ives, Steele, Ericksen, Berg, Mueller, Halbleib, Sperlingas, Kyes
AWAY:	Wallsch

1. Approve the Agenda
2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Sep 15, 2022 7:45 AM

3. Schedule Next Meeting Date - November 17, 2022

5. REPORTS

1. Minutes of Advisory Committees/Boards
   The minutes of the September 8, 2022 Aging & Disability Resource Center Board Meeting were presented for review.

2. Human Services Director's Program and Financial Report
   Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from the written report. He provided more in-depth Information on several Wisconsin Counties Human Services Association (WCHSA) initiatives - the Organizational Effectiveness (OE) Workgroup developed a Professional Foster Parent Model in response to the increase of Wisconsin children being placed out of state and the Intensive Residential Care Demonstration Workgroup that reviewed higher level of care placements and capacity of Wisconsin providers and made a number of recommendations.

   Easker reviewed data and fiscal information, noting the IMD rate increased by 7 percent, crisis calls are increasing along with acuity, and children/youth out-of-home costs are the lowest they've been all year. Additional discussion about the process of planning for discharge and permanency as soon as children/youth enter foster care through treatment programs and Comprehensive Community Services (CCS) plus working with parents, all in order to achieve better outcomes.

   Easker talked about the new program with Lutheran Social Services (LSS) that provides financial assistance to parents with kids in Child Protective Services (CPS) if parents are seriously engaged in services. Easker will present children/youth 2022 data on permanency outcomes and successes at the January meeting, but notes the goal is not always reunification/keeping kids in the home (depending on safety), but is the primary objective.

   The board definitely would also like to have a brief success story by a worker each meeting. For November, the Foster Care Holiday Appreciation Event coordinator Geri Sedlacek will present.

   RESULT: **DISCUSSED**

3. Public Health Director's Program and Financial Report
   Ives reviewed the recertification letter for Health Department Level III designation. Ives and Steele were part of the State of Wisconsin 140 Review that determined Level III recertification.

   Director Angie Weideman presented the Public Health Program and Financial Report, highlighting several topics including zero cases of Monkeypox in Chippewa County, COVID stabilizing and numbers are decreasing, Environmental Health inspection and Women, Infants and Children (WIC) updates, and organization changes with Westion Regional Center (WRC) manager's forthcoming Spring 2023 retirement. Weideman also reviewed COVID and other communicable disease data and department financial information.

   Additionally, Weideman shared that Public Health is doing school visits again, with the biggest issues being vaping and kids falling sleep (not getting enough hours of sleep at night). Luckily, there is a low school superintendent turnover rate but noted there is greater vacancy in some teaching positions.

   RESULT: **DISCUSSED**

6. BUSINESS ITEMS

1. Ordinance to Amend Section 2-83 and Repeal Section 2-84(k) Nutrition Advisory Council on Aging of the Chippewa County Code of Ordinances
   The Ordinance to amend Section 2-83 and repeal Section 2-84(K) Nutrition Advisory Council on Aging of the Chippewa County Code of Ordinance was reviewed and approved to forward to November 15, 2022 Executive Committee.

RESULT:	**RECOMMENDED FOR APPROVAL [UNANIMOUS]**	**Next: 11/15/2022 4:00 PM**
MOVER:	John Halbleib, Citizen Rep	
SECONDER:	Caden Berg, District 13	
AYES:	Ives, Steele, Ericksen, Berg, Mueller, Halbleib, Wallsch, Sperlingas, Kyes	

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

- Brief success stories at future HHSB meetings with Human Services Foster Care Appreciation Event in November.
- Human Services children/youth 2022 data on permanency outcomes/data in January.

8. ADJOURN

Adjournment at 8:41 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Caden Berg, District 13
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Steele, Ericksen, Berg, Mueller, Halbleib, Wallsch, Sperlingas, Kyes

CHIPPEWA COUNTY

HEALTH & HUMAN SERVICES BOARD

REGULAR MEETING

SEPTEMBER 15, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

7:45 AM

1. CALL TO ORDER

The Health & Human Services Board meeting was called to order at 7:45 a.m. by Chair Kari Ives.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Harold Steele	Chippewa County	District 2 (Vice-Chair)	Present	
James Ericksen	Chippewa County	District 8	Excused	
Caden Berg	Chippewa County	District 13	Present	
Dean Mueller	Chippewa County	District 20	Present	
John Halbleib	Chippewa County	Citizen Rep	Present	
Nichole Wallsch	Chippewa County	Citizen Rep	Absent	
Stacey Sperlingas	Chippewa County	Citizen Rep	Present	
Marcia Kyes	Chippewa County	Citizen Rep	Present	

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

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

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

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 2 (Vice-Chair)
SECONDER:	Caden Berg, District 13
AYES:	Ives, Steele, Berg, Mueller, Halbleib, Sperlingas, Kyes
ABSENT:	Wallsch
EXCUSED:	Ericksen

1. Approve the Agenda

2. Approve the Minutes

   Health & Human Services Board - Regular Meeting - Aug 18, 2022 7:45 AM

3. Schedule Next Meeting Date - October 20, 2022

5. REPORTS

1. Advisory Boards/Committee Meeting Minutes
   The minutes of the August 12, 2022 Public Health Professional Advisory Committee were presented for review.

2. Public Health Director's Program and Financial Report
   Director Angie Weideman presented the Public Health Program and Financial Report. In addition she stated there are currently no cases of Monkeypox in Chippewa County and COVID case numbers are currently low. She also highlighted several items from the written report: The Environmental Division is exploring partnership with Eau Claire County for water quality testing; the Nutrition Division (Women, Infants, and Children - WIC Program) is remodeling their current space to create efficiency; the Western Regional Center is holding several parent training events; a number of staff recognized for their years of service; COVID case data, and financial information. Additional discussion on Komi Modji's current epidemiologist role/responsibilities and license monitoring of B&Bs (Bed and Breakfast) entities in Chippewa County, particularly in the Holcombe area.

RESULT:	**DISCUSSED**

3. Human Services Director's Program and Financial Report
   Director Tim Easker presented the Human Services Program and Financial Report. Easker highlighted several items from the written report: Wisconsin Counties Association (WCA) meeting regarding allowable expenses for the Opiod settlement funds, positive results of the Professional Quality of Life (ProQOL) scale, information on the many donations received from community organizations - examples and a success story of how one donation was used to purchase a musical instrument for a youth to be in a high school band; and caseload, out-of-home placements, and financial data. Easker proposed implementing an initiative where Human Services workers would share success stories similar to the one shared today at future board meetings.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. Revised Human Services Pol 10 - Consumer Rights, Grievance, Privacy & Complaints Resolution Process
   The revised Human Services Policy 10 - Consumer Rights, Grievance, Privacy and Complaints - was reviewed and approved as presented.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Harold Steele, District 2 (Vice-Chair)
AYES:	Ives, Steele, Berg, Mueller, Halbleib, Sperlingas, Kyes
ABSENT:	Wallsch
EXCUSED:	Ericksen

7. AGENDA ITEMS FOR FUTURE CONSIDERATION
Human Services success stories.

8. ADJOURN

The meeting adjourned at 8:27 a.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Caden Berg, District 13
SECONDER:	Dean Mueller, District 20
AYES:	Ives, Steele, Berg, Mueller, Halbleib, Sperlingas, Kyes
ABSENT:	Wallsch
EXCUSED:	Ericksen

STATEMENT OF EXPLANATION
MINUTES OF ADVISORY COMMITTEES/BOARDS

Review of Advisory Committee/Boards Minutes:

- September 8, 2022 - Aging & Disability Resource Center (ADRC) Board

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

SEPTEMBER 8, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

The ADRC Board meeting was called to order by Chair Kari Ives at 4:45 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Patricia German	Chippewa County	Citizen Rep (Vice-Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep	Present	
Don Hauser	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Present	
Janet Mayer	Chippewa County	Citizen Rep	Present	
Glen Howell	Chippewa County	Citizen Rep	Present	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Pauline Spiegel, Administrative Assistant; ADRC Staff: Jessica Gibson, Renee Price, Stephanie Rasmussen; All of US Research Presenter - Tammy Bieneck

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

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

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Don Hauser, Citizen Rep
SECONDER:	Patricia German, Citizen Rep (Vice-Chair)
AYES:	Ives, German, Marquardt, Hauser, Frasier, Mayer, Howell

1. Approve the agenda
2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jul 7, 2022 4:45 PM
3. Schedule next meeting date - November 10, 2022

5. REPORTS

1. All of US Research Program Presentation - Tammy Bieneck

   Tammy Bieneck from the Marshfield Clinic Research Institute presented information on the All of US Research Program, which is the first step of health related research studies (gathering information) - sponsored by National Institutes of Health in partnership with other large medical facilities. The goal is to help researchers understand more about why people get sick or stay healthy.

ADRC (Aging & Disability Resource Center) Board

Minutes **September 8, 2022**
Regular Meeting **Chippewa County Courthouse, Rm 302** **4:45 PM**

RESULT:	**DISCUSSED**

2. ADRC Staff Presentation - Jessica Gibson
   ADRC Options Counselor Jessica Gibson specializes in completing Long Term Care functional screens to enroll eligible residents in Family Care or IRIS services. She presented information on the process of completing functional screens and enrolling at-risk people in long term care services.

RESULT:	**DISCUSSED**

3. ADRC Manager Report
   ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report. She highlighted several items from her report: Disability Benefits Specialist Kay Hebert's retirement, revamping of the Nutrition Advisory Council, Wisconsin Employer and Family Caregiver Survey results, and fiscal information.

RESULT:	**DISCUSSED**

4. ADRC Advocacy Report
   Fijalkiewicz reviewed information on the Chippewa Valley Advocacy Training Day to be held September 20 and the virtual event on guardianship and voting September 14. She also shared there are positive Medicare changes coming through the Inflation Reduction Act.

RESULT:	**DISCUSSED**

5. ADRC Three Year Plan - 2022 Update
   Fijalkiewicz reviewed updates and progress of the ADRC Three Year Plan.

RESULT:	**DISCUSSED**

6. ADRC 2022-24 Strategic plan Update
   Fijalkiewicz reviewed the ADRC Division progress of the Human Services 2022-24 strategic plan.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 6:10 p.m.

ADRC (Aging & Disability Resource Center) Board

Minutes **September 8, 2022**
Regular Meeting **Chippewa County Courthouse, Rm 302** **4:45 PM**

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Larry Marquardt, Citizen Rep
SECONDER:	Janet Mayer, Citizen Rep
AYES:	Ives, German, Marquardt, Hauser, Frasier, Mayer, Howell

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

Human Services Director Tim Easker 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: October 20, 2022

1. WCHSA Updates

Division of Children's and Families (DCF)

- **New Area Administrator**-Justine Girard was hired as the Area Administrator in the Southern Region starting on October 10. The Western Regional Office is finalizing a coverage plan and timeline for hiring the Western Region Child Welfare Coordinator position. The position will be posted on the WiscJobs web site at: https://wisc.jobs
- **Programming for Children and Youth with Complex Needs** - On Sept. 30, Governor Evers announced $7.5 million of ARPA funds for enhancing programming for children and youth with complex needs, including: Additional support in group care settings, community-based supports for children in treatment foster care settings and development of a statewide electronic referral system for group care providers.
- **Targeted Safety Support Funds (TSSF)** - Expansion contracts are still routing internally and should be sent out soon. The website has a one – pager with high level changes for TSSF; see link below: https://dcf.wisconsin.gov/cwportal/safety/tssf. A walkthrough of the expansion will be held with Kat Kosmaule on October 5th at 10 am and October 10 at 2 pm; an email was also sent on 9/27 from DCF Targeted Safety Support Funds with the power point slides and sessions; refer to Page 3 for details.
- **Inclusive Birth to 3 Child Care Pilot to Expand Statewide in October** - The Inclusive Birth to 3 Child Care Pilot is a new DCF program to support the cost of child care for a **limited** number of children participating in the Department of Health Services' (DHS) Birth to 3 Program. On October 1, the pilot expanded statewide. Each child may receive an authorization for up to 12 months; no new authorizations will be issued after June 30, 2023.

Organizational Effectiveness (OE) Workgroup

- **Professional Foster Parent Model-**This workgroup was formed by WCHSA county members in response to the increasing number of WI children being placed out-of-state. The group began meeting in early 2022. The following is a brief summation of their work thus far.
  1. Foster Care Licensing-In the Professional Foster Parent (PFP) model, foster parents are paid a monthly stipend plus per child foster care payments when a child is placed in their home. Estimated cost for stipend is $50,000 per year. The stipend would be taxable income, foster care payments are not. Counties could directly license and pay PFPs or contract with a private child placing agency.
     - The workgroup recommended-Funding and technical assistance to assist counties in developing PFP models.
     - Additional funding to support treatment foster care placements.
       - Explore potential to claim MA for treatment foster care.
       - Increase payments to kinship care providers.
       - Provide more respite care to foster parents.
       - Review regulations on restrictive measures to give residential care providers more flexibility to address child behaviors.
       - Rate increase for CLTS service providers.
       - Develop foster home insurance program. Current DCF program only reimburses foster parents for costs not covered by their own homeowner insurance.

- **Intensive Residential Care Demonstration** –The workgroup reviewed higher level of care placements and capacity of WI providers. More capacity is needed to take children with complex needs/high acuity. The two high acuity groups to focus on are children with autism/cognitive disability and aggressive behaviors and children involved in youth justice cases with traumatized backgrounds and aggressive behaviors. Demonstration would serve only some of the children currently placed out-of-state. The intensive residential care demonstration would serve both boys and girls. MA-funded services such as CLTS do not address aggressive behaviors. WI regulations do not allow residential care facilities to be locked or have cameras.

  Workgroup recommendations:

  - Seek funding for intensive residential care pilot. Pilot would support 4 small (4 bed) intensive service programs where children would have intensive 1 on 1 staffing. Funding would support the full cost of facility operation so facilities would not have to charge daily rates to cover costs.
  - Cost estimated at $150,000 for start-up and $1.56 million annual operations for each intensive service program. Total of $6.23 million annually plus $600,000 in first year for start-up.
  - Target existing group homes, Residential Care Centers (RCCS) or Qualified Residential Treatment Programs (QRTP) to do the intensive service programs.
  - Facilities would complete crisis plans with counties and have continuity of care protocols.

Division of Health Services (DHS)

- **Registration Open for the October 12 Advisory Council on Special Education Public Forum** The purpose for this forum is to gather input from families, school administrators, educators, community representatives, and others on the unique challenges and successes of special education in Wisconsin. Information gathered will be used by the council in advising the DPI on matters affecting the education of Wisconsin's children and youth with disabilities. Registration is required.
- **Child Psychiatry Consultation Program Action Update Call to Action:** This Statewide Program is now available to all primary care providers in Wisconsin. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association has declared a national emergency in child and adolescent mental health. The program helps primary care providers through: Provider-to-provider consultation to answer questions about screening and diagnosis, medication management, and treatment recommendations for behavioral or other therapy, referral support, and education and training.
  https://www.dhs.wisconsin.gov/publications/p03267.pdf
- **Program Participation System Redesign CCS Workgroup Meetings-**DCTS would like to collaborate with CCS programs to receive feedback on this proposed change and ensure that this data collection can be incorporated into the existing data entry process in a streamlined and effective manner. DCTS has scheduled four meetings to gather more information about data collection process and to determine how to best meet the proposed new requirements. **Avatar** Monday, October 24, 2022: 10:00 a.m. – 11:00 a.m. https://dhswi.zoomgov.com/j/1609909408
- **Authorization to Conduct Mandatory Facility Surveys** DQA has secured the services of a second private entity, Long Term Care Institute, Inc. (LTCI), to help conduct inspections in nursing homes and hospitals. Beginning September 12, 2022, LTCI, as an agent of the DHS, has unrestricted entry to facilities to conduct complaint investigations and recertification surveys, and ensure resident and patient care and services are provided, consistent with state statute, administrative code, and federal regulations. Additional information about LTCI is available at Compliance, Regulatory and Risk Consulting - Long-Term Care Institute (ltciorg.org).

- **Updates to the State Dementia Plan 2024-2028** Currently DQA is coordinating with partners across the state to update the State Dementia Plan for 2024-2028. Previously caregivers, advocacy groups, local agencies, elected officials, and providers from across the state joined in the development of the Wisconsin State Dementia Plan**.** Please take the anonymous survey, and DQA will include your insights in the next State Dementia Plan.
- **IMD Rate Increase-**DHS has announced there will be a 7% increase for IMD daily rates which include Winnebago, Trempealeau and Mendota. The WCHSA Behavioral Health PAC has been asked by counties to explore with DHS why the substantial increase which affects all counties. Counties are questioning why other avenues were not explored including the use of IMD financial reserves and the impact of high utilization on their revenues.

Department and Division Updates

Department Updates:

- Beginning in October, I will be a member of the WCHSA Behavioral Health Policy and Advisory Committee (PAC). My background is in behavioral health and will be an opportunity for me to advocate at the state level for changes which will improve outcomes in the mental health system.
- We are in the process of updating DHS job descriptions. Social worker positions will be the most impacted. Currently we have a generic description for all programs. We are going to tailor these to the duties of each position, e.g. CPS-initial assessment, ongoing and access, CLTS-comprehensive community services, youth justice. etc. The job descriptions will more accurately reflect the duties and expectations of each specific position.
- DHS celebrated Customer Service Week October 3-7. The Trauma Informed Committee organized various activities such as puzzle contests with small prizes, etc. The following was the email I sent to staff to kick the week off: While preparing to write this message I decided to look at the definition of customer service. The phrase was not to be found in Mr. Webster's dictionary. However, Oxford Languages defines it as, "The assistance and advice provided by a company to those people who buy or use its products or services." While it is a technically a sound definition, it definitely does not give life to what happens here. We do not produce widgets, we provide service. The customer service provided by this department has certain immediate impacts, answering questions, providing comforting information, ameliorating safety risks, assisting people in times of desperation, providing the fiscal and administrative support to keep us rolling, and the list goes on and on. The positive impacts we may not see are the changes that come later due to seeds we have planted sprouting when conditions are right. From despair to hope, it's what you do. Making our community a better place now and into the future. Thank you and have a great week, you all deserve it!
- We would like to recognize the following dedicated staff for their years of service: Erin Johnson, 2 years, Recovery and Wellness Consortium; Angel Lequia, Fiscal, 7 years; Beth Nyhus, 12 years, Economic Support; Tara Mrozinski, 14 years, Children with Differing Abilities; Pauline Spiegel, 28 years Administrative Assistant, and Ann Ruden, 29 years, Recovery and Wellness Consortium. THANK YOU!

Divisions:

Aging & Disability Resource Center (ADRC)

- Our first Advocacy Training was a success with over 40 people registered. This was done in partnership with the ADRC of Eau Claire County & Center for Independent Living of Western Wisconsin. We invited other ADRC's to offer this to their community and board members and Barron, Rusk, Dunn and Trempealeau Counties had representation as well! Evaluations from the event also reflected the desire for this to be done annually.
- With our 2023 ADRC Budget process complete, we identified some significant opportunities for advocacy work to be done. Our nutrition program, specifically Meals on Wheels is going to have

some major funding issues after 2024 when our ARPA funds have been depleted. Rising fuel and food prices along with the impact that the labor market is having on wages, particularly that of the agencies we contract with, are driving up program expenses. We are already brainstorming on ways to deal with the revenue shortage, but advocacy is needed with our two state senators and congressional representatives as it relates to funding of the Older Americans Act (the source of our Meals on Wheels funding). If you have questions about this, please reach out.

- We have hired a new Disability Benefit Specialist for the ADRC. We felt good about the pool of excellent candidates for the position and hired Stephanie Rasmussen, who has actually been working part-time in the ADRC since June 2022. She has a Bachelor's Degree in Vocational Rehabilitation with an emphasis in American Sign Language. Stephanie lives in the Chippewa Falls area with her husband and pets. Stop in and say hello. This means we will be looking to fill the part-time Administrative Assistant/Reception for the ADRC.
- Medicare Open Enrollment started on October 15 and the calls are already coming in. This will become more challenging with one person working reception, but we have Renee Price, and quite frankly, she is amazing! This will be the first year of open enrollment for our new Elder Benefit Specialist and Disability Benefit Specialist, but I am confident both Michelle and Stephanie will handle it spectacularly.
- I would also like to take this opportunity to give a huge shout out to Breanna Schemenauer. Breanna has done a fantastic job of assisting our Disability Benefit Specialist customers since April! Please feel free to send her an email letting her know how much she is appreciated. bschemenauer@co.chippewa.wi.us She is a blessing to Chippewa County!

Children, Youth & Families Division

Birth-to-Three:

- Referrals have remained consistent throughout the last several months, and we are very happy to have a full team so that we can continue to best meet the needs of the families we serve.
- After being awarded a Child and Family Focused Pandemic Recovery Support Grant in June, the Birth-to-Three Program has been able to provide 61 (and counting) enrolled families with annual membership to the Children's Museum and is beginning the process of accepting applications for concrete supports, such as grocery and transportation assistance.

Child Protective Services (CPS):

Referrals were slow during the summer months, which was good timing as leadership changed in August 2022 and the Unit was short three staff members. However, the end of September and the beginning of October have been very busy which has unfortunately resulted in the removal of eight children. These removals are due to various reasons including: drug abuse resulting in neglect, sexual abuse, and general neglect. In addition, further turnover has occurred and the Unit is now hiring for a full-time Initial Assessment Social Worker and a Full-Time Access Worker to take child abuse and neglect calls from the community. Luckily, the team has come together to support one another during this busy time!

Youth Justice

- There's been a 33% reduction in youth justice out of home placements since the first quarter in 2022.
- We continue to be down a FTE. Interviews to replace the open position have occurred, an offer was made and we are currently pending acceptance.
- Referrals for truancy have increased significantly, as October is a higher month for increased referrals.
- Staff attended the Wisconsin Juvenile Court Intake Training Conference in September, gaining valuable knowledge to apply to their practice.

Children with Differing Abilities (CWDA)

- Our new CLTS worker, Wendy Hable, has been a fantastic addition to the CWDA-CLTS team! Wendy is a quick learner and is now independent in taking CLTS-waiver applicants off the waitlist.
- We have completed our annual CLTS waiver Audit. We scored 84% which provides us with an opportunity for improvement; our score increased from last year's. Credit to our staff who continue to be diligent in quality improvement.

Economic Support Division

No updates this month.

Recovery & Wellness Consortium (RWC) Division

- October is National Youth Substance Use Prevention Month, DHS is committed to building and supporting communities where our youth can live healthy and fulfilling lives, free from the dangers of substance use, laying the groundwork for strong future generations. Preventing substance use during adolescence has been shown to significantly reduce the chance of developing a substance use disorder later in life. For every dollar we spend today on effective school-based prevention programs, we save $18 in the future by avoiding potential medical costs and boosting productivity on the job.
- The Recovery Wellness Consortium is collaborating with Lutheran Social Services to promote resilience skill building of our youth in schools setting. Focus of this initiative will promote competencies in self-awareness, self -management, responsible decision making, healthy relationship building and social awareness. Prevention programs like these also make young people less likely to one day have children who use substances, highlighting the far-reaching value these efforts have across generations.

3. 2022 Monthly Fiscal Information

Through Month of: September 2022

Prorated 2022 Budget (total is $24,807,743):	$18,605,807	9 months
Expenses paid through September:	19,744,704	
Variance to Budget:	$1,138,897	

Note: The May Over/(Under) amounts are an estimated annualized amount for each placement category as of May 31st. Prior months estimated amounts are shown to indicate if expense variances are trending up, down or remaining the same.

2022 Kinship Placement with a Relative

Month	Kinship	Projected Cost	2022 Budget*	Over/(Under)
January	106	$369,402	$394,020	($24,618)
February	105	375,414	394,020	(18,606)
March	107	379,940	394,020	(14,080)
April	107	380,097	394,020	(13,923)
May	109	381,240	394,020	(12,780)
June	109	380,644	394,020	(13,376)
July	106	379,620	394,020	(14,400)
August	105	379,846	394,020	(14,174)
September	99	376,908	394,020	(17,112)

2022 Children and Youth in Out-of-Home Placements

Month	Out of Home*	Out of Home**	Projected Cost*	2022 Budget	Over/(Under)
January	86	15	$2,729,304	$1,577,818	$1,151,486
February	85	14	2,745,456	1,577,818	1,167,638
March	81	14	2,819,543	1,577,818	1,241,725
April	89	10	2,803,043	1,577,818	1,225,225
May	78	9	2,780,072	1,577,818	1,202,254
June	80	6	3,024,355	1,577,818	1,446,537
July	74	5	3,021,844	1,577,818	1,444,026
August	76	4	3,003,466	1,577,818	1,425,648
September	73	7	2,831,856	1,577,818	1,254,038

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

2022 Adult Mental Health and AODA Out-of-Home Placements:

Month	Out of Home	Projected Cost	2022 Budget	Over/(Under)
January	13	$368,280	$713,987	($345,707)
February	11	371,700	713,987	(342,287)
March	13	407,640	713,987	(306,347)
April	13	440,254	713,987	(273,733)
May	13	428,388	713,987	(285,599)
June	12	478,200	713,987	(235,787)
July	11	469,740	713,987	(244,247)
August	12	476,744	713,987	(237,243)
September	14	486,756	713,987	(227,231)

2022 Institute for Mental Disease (IMD) Placements

Month	Inpatient Days	Projected Cost*	2022 Budget	Over/(Under)
January	114	$662,556	$401,392	$261,164
February	117	737,190	401,392	335,798
March	170	879,884	401,392	478,392
April	149	1,024,512	401,392	623,120
May	102	777,560	401,392	376,168
June	49	835,486	401,392	434,094
July	47	821,245	401,392	419,853
August	32	767,231	401,392	365,839

* IMD invoices are received two months in arrears

Monthly Spending Report – October 2022

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

Month	Kinship Amount Paid	Kinship Monthly Budget
January	$0	$32,835
February	31,529	32,835
March	30,739	32,835
April	32,417	32,835
May	32,095	32,835
June	32,202	32,835
July	31,040	32,835
August	31,255	32,835
September	29,996	32,835
October		32,835
November		32,835
December		32,835
Total	$251,273	$394,020

Month	Adults	Adult Monthly Budget
January	$2,650	$59,499
February	20,966	59,499
March	20,787	59,499
April	28,790	59,499
May	53,561	59,499
June	32,237	59,499
July	38,196	59,499
August	20,281	59,499
September	50,217	59,499
October		59,499
November		59,499
December		59,498
Total	$247,404	$713,987

Month	Children & Youth	Children & Youth Monthly Budget
January	$123	$131,485
February	239,303	131,485
March	156,872	131,485
April	234,202	131,485
May	247,302	131,485
June	349,317	131,485
July	278,417	131,485
August	117,583	131,485
September	264,791	131,485
October		131,485
November		131,485
December		131,483
Total	$1,887,910	$1,577,818

Month	IMD	IMD Monthly Budget
January	$0	$33,449
February	0	33,449
March	24,194	33,449
April	124,083	33,449
May	82,785	33,449
June	103,068	33,449
July	151,830	33,449
August	108,363	33,449
September		33,449
October		33,449
November		33,449
December		33,453
Total	$594,323	$401,392

Follow-up to the donation story in September Director's Report of Dazja getting a saxophone so she could be in the school band. Here is a photo of her marching/playing in the band during a recent football halftime show (shared with permission).

Department of Human Services – Consumer/Caseload Data

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

Year	Screened in CPS Reports 01-01-22 to 09-30-22	Number of IA Workers	Projected End of Year based on 01-01-21 to 09-30-22	Actual End of Year
2022	143	4	191	N/A
2021	161	4	215	199
2020	220	4	293	261
2019	207	4	276	272
2018	195	4	260	250
2017	131	3	175	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 (10-12-22)

Caseload Type	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1 FTE	1FTE	1 FTE	1 FTE	1 FTE
Initial Assessment	8	10	9	0						
Ongoing					11	16	14	11	12	9

Total Families/Cases Open: Initial Assessment = 27; Ongoing = 73; equals 100 Total

Out-of-Home Placement Yearly Comparison

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

2022	2021	2020	2019	2018	2017	2016	2015
158	172	171	181	199	177	135	71

Children/Youth Opened in CCS and/or CLTS (Oct 2022)

Children/Youth Opened	8
Children Waiting to be Screened to Determine Eligibility	14
Waitlist - CCS	0
Waitlist – CCS/CLTS (Dually Eligible)	1
Waitlist - CLTS	40

Current IMD Expenditures

Children/Youth – IMD	$ 120.482
Adults – IMD	$ 425,218
Total	$ 545,700

Yearly Comparison Crisis: January – September

	Adults	Children
2022	614	158
2021	582	169
2020	651	171
2019	703	152
2018	588	152

Yearly Comparison Youth Justice Referrals

Year	Jan-July	End of Year
2022	160	274 (Projected)
2021	139	236
2020	149	243
2019	213	362
2018	233	351

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

Health Officer/Public Health Director Angie Weideman provides a department program and financial report for review and discussion.

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

October 2022

Administration Division

Over the past month, we have been preparing for the start of flu clinics. We have already hosted a few flu clinics and they have gone smoothly. We will be assisting at several school clinics as well as employee and public clinics. With the new bivalent vaccine available, the COVID clinics have seen an increase in clients so we have provided extra support at these.

The team continues to help the public with scheduling vaccination appointments, car seat questions and inspections, Breastfeeding Peer Counseling, loaning out wheelchairs, and general Public Health questions.

Community Health Division

Lyme, Chlamydia, and E-Coli, Enteropathogenic (EPEC) are the highest CDs this month. Lyme and EPEC see more cases in the summertime in general.

Monkeypox

Case numbers continue to be steady here in Wisconsin and in the United States. We have provided education to those that have reached out about concerns for monkeypox. Vaccine is available if individuals are seeking vaccination against monkeypox.

COVID-19

We continue to see outbreaks in long-term care facilities and correctional facilities. We continued to provide education and guidance to these facilities to help with the spread of illness. The Health Department has begun to hold booster clinics offering the bivalent vaccine that was approved under emergency use authorization last month. We have had full clinics here at the department and have been going out to schools to host booster clinics for their staff. Antigen tests are available for home use at the Health Department. To date, we have provided over 300 tests to individuals in our community.

Influenza Vaccinations

We have begun our influenza vaccination season which involves clinics at schools, assisted living facilities, and the courthouse for employees and the general public. Each week in October has at least three influenza clinics. Our school clinics are held as part of a preparedness activity. Parents sign the consent prior to the clinic and our nurse provides the vaccine during the school day. This has been a huge success for our vaccination efforts over the last few years. We have seen an increase in requests to come on-site to other locations to provide vaccines as well this year. We are accommodating as many clinics as we are able.

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 September, we received 961 new reports: 223 confirmed (209 Coronavirus, 5 Chlamydia, 2 E-Coli); 38 probable (24 Coronavirus, 10 Lyme Laboratory Report, and 1 Salmonellosis); and 679 that did not meet the definition of a case (654 Coronavirus, 7 Lyme Laboratory Report, and 6 Hepatitis A). See the attached report for further breakdown by disease type.

Environmental Health Division

As the leaves begin to change color so does the focus of the Environmental Health Division. Inspections of campgrounds and outdoor pools have wrapped up and we start inspecting our school kitchens, apple orchards, and wineries. In September, 62 inspections were conducted. These inspections included 6 retail facilities, 23 restaurants, 25 campgrounds, and 9 hotels/motels/tourist rooming houses. This also included the licensing of many facilities and facilities changing operators. There were three new tourist rooming houses licensed, Klemish Creamery (New Auburn) was licensed and will be selling ice cream and other goods made right on site, Main Scoop (Cornell) and Subway (Bloomer) are under new ownership and Niblett's Apple Shed has added a food truck.

At the end of September, Environmental Health Coordinator Samuel Flatland attended the Wisconsin Radon Conference. This one-day event provided valuable information that can be used to assist Chippewa County residents if they have questions or concerns with testing or radon levels at their homes. On average, one out of four homes have high levels of radon.

Nutrition

Women, Infants and Children (WIC) Program Updates

Abbott is extending the rebates they have been offering on substitution formulas until November 30 to ensure WIC participants have continued access to high-quality, safe formulas. President Biden signed a short-term Continuing Resolution to keep the government funded through the November midterm elections. The spending deal, which will expire on December 16, also extends enhanced WIC fruits and vegetables benefit through the end of the calendar year. USDA recently confirmed that these benefits will be adjusted for inflation, providing $25/month for children and $44/month for pregnant and postpartum participants, and $49/month for breastfeeding participants to purchase fruits and vegetables.

Welcome Mary!

We'd like to welcome Mary Rudd as our new LTE support staff person! Mary previously worked in the Aging and Disability Resource Center (ADRC) for many years and last year came out of retirement to work as a contact tracer for Public Health. She has now transitioned over to the Nutrition Division and is primarily working within the WIC Program.

Farmers Market Nutrition Program (FMNP)

Issuance of WIC FMNP vouchers has now ended. However, families are still able to redeem them until October 31. WIC was able to issue 645 booklets this year.

Fit Families

We began enrolling a new cohort for our Fit Families Program in October. Fit Families is a year-long program for families with 2–4-year-old children in which families set goals in the areas of increasing fruits and veggies, choosing healthier beverages, decreasing screen time, and increasing physical activity. Our goal is to enroll 50 children. We start graduation of last year's Fit Families cohorts in October.

Diabetes Grant

Year 4 of the Diabetes Grant ended in September and Year 5, the final year of this grant, begins October 1. For Year 5, we are focusing on building out our diabetes hub to include a section for employers, continuing communications to promote awareness of prediabetes with a focus on communication within our schools, and collaborating with WIC to target communications to women with a history of gestational diabetes or history of large for gestational age (LGA) baby (9# or larger) which puts them at increased risk for development of type 2 diabetes.

Western Regional Center (WRC)

In September, the Western Regional Center experienced the usual increase in call volumes as children returned to school for the new school year.

In September, we met with the mental health providers in Polk County and also participated in a community event in Frederic to assist people with mental illness with information and resources. It was a fun event but not well-attended due to poor weather, unfortunately.

We have a number of community events scheduled for the next several months and we are excited to be back out in our communities meeting with families.

There has been a tremendous amount of staff turnover at schools, health departments, human services agencies, and medical clinics, so it is almost like starting over again as we reach out to agencies to provide information about the Western Regional Center and strengthen or re-establish important partnerships.

140 Review

The State Department of Health Services (DHS) Office of Policy and Practice Alignment (OPPA) has conducted a 140 review on the Chippewa County Department of Public Health (CCDPH). The review covers state statute 140 which looks at mandatory services that health departments are required to offer in Wisconsin, as well as the leveling system of health departments. I am pleased to announce that CCDPH is maintaining our Level III Health Department status. Please see the attachments which include our certificate of designation as a Level III Health Department, our determination letter from the State Health Officer, and the report that the state generated with department strengths and suggestions for improvement and advancement. CCDPH will build out the suggestions for improvement into our quality improvement dashboard (VMSG) to monitor our improvement efforts.

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.

- Hallie Patten, COVID-19 RN LTE – 2 years
- Dina Brennan, COVID-19 Disease Investigator – 1 year
- Emily D'Angelo, COVID Disease Investigator – 1 year
- Amy Duffenbach, COVID-19 Disease Investigator – 1 year
- Edward Pisarcik, COVID-19 Disease Investigator – 1 year
- Pa Chia Xiong, COVID-19 Disease Investigator – 1 year
- Zong Xiong, COVID-19 Disease Investigator – 1 year

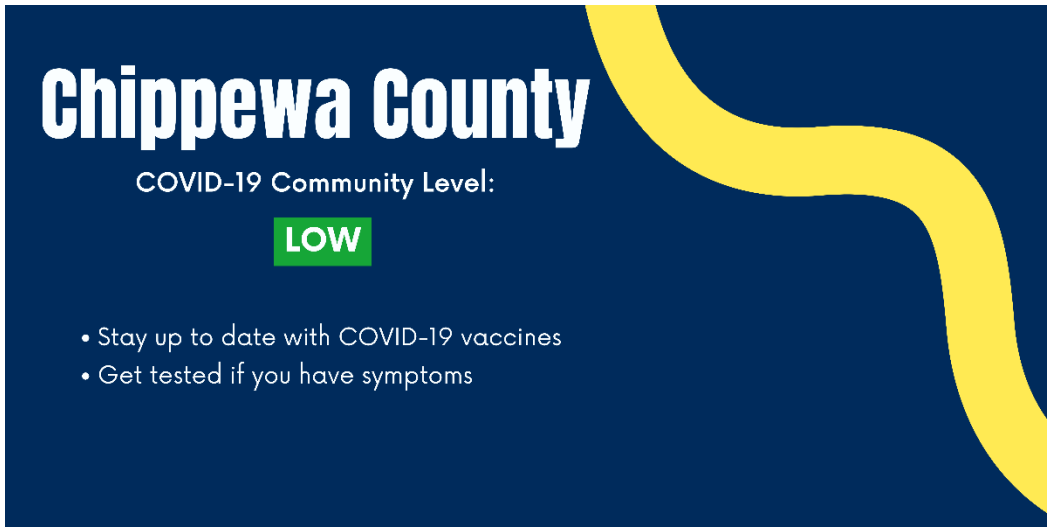
Chippewa County COVID-19 Update

COVID-19 Community Level

The CDC COVID-19 Community Levels metrics are designed to help minimize the impact COVID-19 has on our health care systems, while also protecting those who are most at risk of severe illness.

Chippewa County's community level is currently low. The COVID-19 Community Level and associated metrics presented are updated weekly on Thursday.

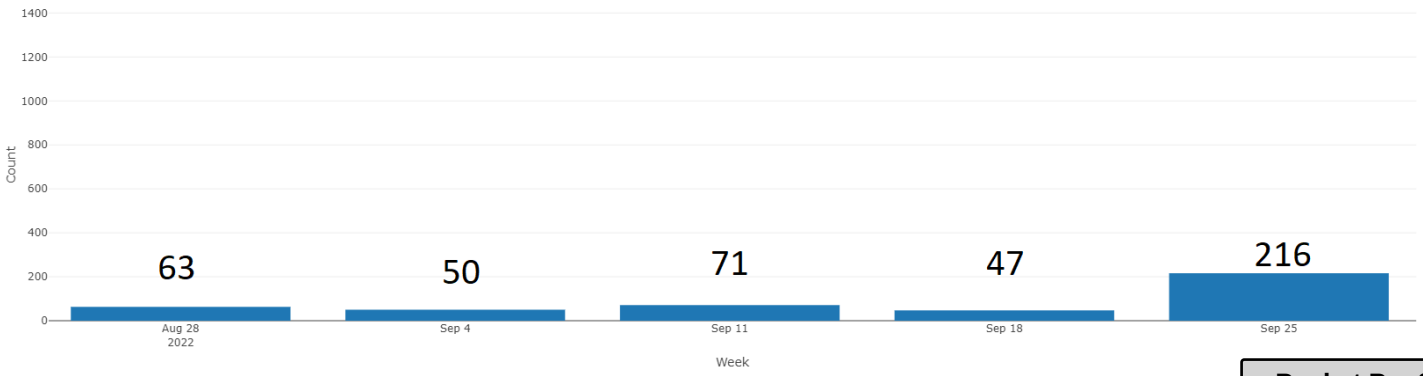
- COVID-19 hospital admissions per 100,000 population: 8.1
- The average percent of staffed inpatient beds occupied by COVID-19 patients: 3.4%
- COVID-19 cases per 100,000 population: 75.78



COVID-19 Case Update

COVID-19 case counts in Chippewa County over the past 5 weeks, shown in the graph. There was a total of 447 cases.

- Week of August 28: 63
- Week of September 4: 50
- Week of September 11: 71
- Week of September 18: 47
- Week of September 25: 216



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

County Board of Health Report

Jurisdiction: Chippewa County

Received Date: 9/1/2022 to 9/30/2022

Disease	Confirmed	Probable	Suspect	Not A Case	Total
CORONAVIRUS, NOVEL 2019 (COVID-19)	209	24	7	654	894
LYME LABORATORY REPORT	0	10	0	7	17
CHLAMYDIA TRACHOMATIS INFECTION	5	0	2	0	7
E-COLI, ENTEROPATHOGENIC (EPEC)	2	1	4	0	7
HEPATITIS A	0	0	0	6	6
HEPATITIS C, CHRONIC	0	0	0	4	4
GONORRHEA	1	0	2	0	3
LYME DISEASE, ERYTHEMA MIGRANS (EM) RASH	0	0	0	3	3
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3	0	0	0	3
CAMPYLOBACTERIOSIS	1	0	0	1	2
CRYPTOSPORIDIOSIS	1	0	1	0	2
HEPATITIS B, CHRONIC	0	0	2	0	2
SALMONELLOSIS	0	1	1	0	2
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	0	1	0	0	1
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	0	0	0	1	1
ORTHOPOXVIRUS, MONKEYPOX	0	0	0	1	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	1	0	0	0	1
SYPHILIS REACTOR	0	0	1	0	1

Executed: 10/4/2022 12:29:37 PM

Disease	Confirmed	Probable	Suspect	Not A Case	Total
SYPHILIS, UNKNOWN DURATION OR LATE	0	1	0	0	1
TOXOPLASMOSIS	0	0	0	1	1
YERSINIOSIS	0	0	1	0	1
Total	223	38	21	679	961

Default Filters: 'State' EQUAL TO 'WI'

Certificate of Designation

Wisconsin Department of Health Services

Chippewa County Department of Public Health

Is a local health department in good standing with the statutes set forth by the Wisconsin Legislature and relevant administrative rules of the Department.

This local health department was formally reviewed by the Wisconsin Department of Health Services, Division of Public Health on **Thursday, August 11, 2022**
It has been determined that this local health department meets the requirements and is so designated as a

Level III

In accordance with DHS 140.08 this designation is in force up to five years.

Paula Tran
State Health Officer and Administrator
Division of Public Health

9/29/2022
Date

Tony Evers
Governor

Karen E. Timberlake
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
PO BOX 2659
MADISON WI 53701-2659

Telephone: 608-266-1251
Fax: 608-267-2832
TTY: 711 or 800-947-3529

September 29, 2022

Kari Ives, Chair
Chippewa County Health and Human Services Board
562 E. South Avenue
Chippewa Falls, WI 54729

Dear Kari Ives:

The Department of Health Services (DHS) congratulates the Chippewa County Department of Public Health for demonstrating the infrastructure and program capacity to be certified as a Level III Health Department. I am happy to report the Chippewa County Department of Public Health provided all services required by statute and rule.

I want to acknowledge the work of the Chippewa County Department of Public Health staff. Angela Weideman, health officer, did an excellent job of providing quality evidence of meeting statutes and rules. I am acutely aware of the stress of operating a health department and that the demands on public health directors and professionals have increased exponentially during this state and global pandemic. I applaud the dedicated efforts of Angie and the Chippewa County Department of Public Health staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Chippewa County Health and Human Services Board for maintaining a strong public health department. Pandemic response has potentially caused you and your jurisdiction to think about public health issues you may have not considered before. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Chippewa County Department of Public Health will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

Paula Tran
State Health Officer and Administrator

c: Angela Weideman, Health Officer
Randy Scholz, Chippewa County Administrator
Christa Cupp, Western Region Director

WISCONSIN DEPARTMENT of HEALTH SERVICES

Division of Public Health
Office of Policy and Practice Alignment

DHS 140 Review Notes

Chippewa County Department of Public Health

Date: August 11, 2022

Review Level: III

Onsite Visit Participants

Local Health Department Representatives	
Name	**Title**
Angela Weideman, LMFT	Health Officer / Health Director
Samuel Flatland	Environmental Health Coordinator
Nikki Hoernke	Community Health Planning and Promotion Specialist
Allie Isaacson	Public Health Nurse
Kari Ives	Chippewa County Board Chair (Health and Human Services)
Kristen Kelm	Community Health Manager
Sarah McQuillan	Public Health Fiscal Manager
Komi Modji	Epidemiologist
Rachel Potaczek	Public Health Nurse
Dawn Stark	Western Regional Center Manager
Buck Steele	Vice Chair, Health and Human Services Board
Wisconsin Department of Health Services (DHS), Division of Public Health (DPH) Staff	
Name	**Bureau/Office and Title**
Matthew M. Collie	DHS 140 Review Program Coordinator, Office of Policy and Practice Alignment (OPPA)
Christa Cupp	Regional Director, Western Region, OPPA
Janet Kazmierczak, BSN, RN	Public Health Nurse Consultant, Northeastern Region, OPPA
Emily Wievel	Public Health Strategist, OPPA

Contact Information for Post DHS 140 Review Correspondence

Name and address of board of health chair:	**Name and address of county board chair, mayor or other local official:**
Kari Ives, Chair Chippewa County Health and Human Services Board 562 E. South Avenue Chippewa Falls, WI 54729	Randy Scholz, Chippewa County Administrator 711 N Bridge Street Chippewa Falls WI 54729

Highlights, Strengths, and Impacts of Efforts from Level I, II, or III

Area	Highlight(s)
Addressing the Social Determinants of Health	The Chippewa County Department of Public Health (CCDPH) keeps a focus on the social determinants of health to addresses the health factors where we live, learn, grow, work, and play. The CCDPH hired two bilingual community health workers (Spanish and Hmong) to effectively engage minority populations within the county. The CCDPH regularly visits the Plain Clothes community to explain health issues of importance to that population such as the state Safe at Home Order during the COVID-19 pandemic and the avian influenza outbreak in neighboring Barron County. The CCDPH also makes services mobile to equitably meet residents' needs. Vaccination clinics have been conducted in rural parts of the county, onsite at businesses and even at residents' homes. The Women, Infants, and Children (WIC) team travels between four different county sites to help alleviate transportation barriers. These activities are, in part, driven by the CCDPH's internal health equity policy and the CCDPH's values and organizational mission which were both revised to make equity central to the health department's work. These activities are also driven by the CCDPH looking at where their public health expertise is needed, even when the CCDPH is in a support role.
Use of Surveillance and Data to Support the Community	The CCDPH has made the analysis of community health data central to effective strategic planning and decision making. The CCDPH hired an epidemiologist to enhance their capacity to collect and analyze data; the epidemiologist is now leading the Community Health Improvement Plan (CHIP) process. The CCDPH utilized ArcGIS data to provide the community with timely information on Avian Influenza to poultry farmers and COVID-19 outbreak data to schools. On a smaller scale, when reviewing maternal, child, and family health data the CCDPH determined that family supports, such as fathers' participation was low. A dad's basket/toolbox for new fathers was created that includes information about taking care of their infant as well as what dads should pack for the hospital visit when the baby is born. Nurse Family Partnership (NFP) visits can occur in the evening to assist with participation from fathers and other support networks, including intergenerational support for mom, baby, and family. When conducting car seat checks the CCDPH asks those present if there are others who want/need to be educated. From top to bottom, the CCDPH is always looking at data and coming up with strategies to support the community.
Storytelling	The CCDPH positions itself well to tell its story. Chippewa County Health and Human Services (HHS) Board members are allowed to shadow staff to better understand and advocate for the CCDPH. Practically, the CCDPH has a template document for staff to craft and tell the agency's success stories. Coupled with the CCDPH's community relationship building, and the CCDPH has had strong interactions with elected officials, members of the business community, and the public.

Best Practice Opportunities for Public Health Practice, Function, and Staffing

Area	Opportunities
Reengage Community	The COVID-19 pandemic put a lot of public health work on hold as efforts were shifted to response. The CCDPH pre-pandemic connected with Rock County Public Health on how to engage with the local disabled community so their input on their lived experiences could better influence public health planning. This work has not been fully deployed due to the pandemic. The 2019-2021 CHIP identified a variety of relationship development projects for the Chippewa Health Improvement Partnership. Weighing the extent to which these were delayed or hindered by the pandemic, they could now be worked on. Like many public health agencies, the last couple of years has seen substantial employment turnover at partner organizations. The CCDPH self-identified it will take time to rebuild these partner relationships. With so many new partner contacts, the CCDPH may want to ask itself if the community is aware of all the strong and innovative work the CCDPH does. The CCDPH can then lean into its storytelling strength and consider what additional prep or engagement work is needed to inform new partner contacts and prepare the community for any new, innovative ideas the agency has. The CCDPH has begun and should continue to take advantage of the ability to reengage with the community.
Expand Environmental Health Capacity	The CCDPH self-identified that the volume of environmental health (EH) work coming to the agency is more than the current two EH specialist positions can handle and as a result work has needed to be prioritized. Stemming from this, the HHS Board recently approved a third EH specialist position slated to start January 1, 2023. The additional EH specialist brings with it an opportunity to expand and enhance the EH program. The CCDPH may want to ask itself how the EH program can move more into the public health strategist space like the rest of the agency. The CCDPH may want to challenge non-EH staff to take on some of the EH work to allow for greater cross-collaboration and strategic EH initiatives.

Discussion Notes

Area	Summary
Jurisdiction and Structure	Chippewa County is a rural-urban county of 64,000 residents. The Western Wisconsin county contains 11 villages and cities (including a part of the city of Eau Claire) and the fourth largest highway system in the state. The population is less diverse than the state average (2.3% black) and is predominately located in the south-central part of the county. There is a sizable Plain Clothes community which has four schools in the county. The county has three major health care systems (Aspirus, HSHS, and Mayo) with education, manufacturing, and health care as major industries. 32% of resident live below the ALICE threshold (working fulltime but cannot meet basic needs). The CCDPH consists of five divisions: Community Health, Environmental Health, Home Health Care, Nutrition, and Western Regional Center. Four of the six CCDPH leadership team members have retired since 2018. Staffing has expanded in recent years to include a Community Health Planning and Promotion Specialist, an Epidemiologist, and two EH specialist positions. The Board of Health recently approved a third EH specialist position slated to start January 1, 2023. Currently, the CCDPH has 13 COVID-19 response LTEs. The CCDPH health officer is appointed by, and reports to, the County Administrator. In March 2020 the CCDPH was awarded national accreditation through the Public Health Accreditation Board (PHAB). The CCDPH houses the Western Regional Center (WRC) for Children and Youth with Special Health Care Needs (CYSHCN). The WRC serves 18 Wisconsin counties: Barron, Buffalo, Burnett, Chippewa, Clark, Douglas, Dunn, Eau Claire, Jackson, La Crosse, Monroe, Pepin, Pierce, Polk, Rusk, St. Croix, Trempealeau, and Washburn. The CCDPH used to operate a home health care program ($1.2 million per year budget). The program was ended in March of 2020 due to a new payment model that the CCDPH determined made it very difficult for the small agency to sustainably exist.

Area	Summary
Board of Health	While CCDPH is a stand-alone health department, it shares a board with the county human services department. The Chippewa County Health and Human Services (HHS) Board are advocates for public health. The HHS Board is comprised on nine members, appointed by the county administrator, and subject to the confirmation by the county board. Currently, the HHS board represents the diversity of the community both in geography of the county as well as a wide representation in demographics. Unique to Chippewa County, local ordinance specifies that one citizen representative on the HHS Board needs to have experience working with an HHS program, utilizing HHS services, or with lived experience. During the site visit, HHS Board members were present and shared their experiences and provided descriptions of their engagement in health department activities, including accreditation and strategic planning. To support HHS Board orientation, the health officer sets up opportunities for HHS Board members to shadow staff.
Community Health Strategist	The CCDPH's community engagement efforts around COVID-19 response demonstrates how it takes on the role of community health strategist. The CCDPH served as the main point of contact for many partners (HHS Board, county administration, school districts, local businesses, and others) and utilized a wide range of communication mediums to engage and inform the public. Communication mediums included: a twice weekly public call (with, at times, 250+ people listening), press conferences, attendance at community events such as school board meetings, Facebook posts, text messages, and Instagram cards created by local youth. Health Officer Weideman attended a local Tavern League meeting to inform business owners on dealing with COVID-19. As a result of a productive relationship helping one business owner navigate an employee's positive COVID-19 test result, the business owner praised the CCDPH at the league meeting, helping form other business relationships. When the CCDPH found out local law enforcement was short on work during the state's Stay at Home Order, it trained law enforcement staff to be COVID-19 investigators. This strengthened a relationship with a partner, provided needed public health manpower, and opened a relationship with a local state representative who heard about the collaboration. A telling testament to how the CCDPH is the community's health strategist is that when surveyed, the community mentions CCDPH's stated values. The community sees the CCDPH living its values. Addressing the social determinants of health is a strength of the CCDPH. See "Highlights, Strengths, and Impacts of Efforts from Level I, II, or III" for more information.

Area	Summary
Surveillance and Investigation	The CCDPH conducts routine data collection and sampling to ensure the continued health of the community. Chippewa County is a recreation destination given its abundance of lakes and annual festivals. Beach water sampling is routinely conducted, with results posted on social media to inform the public. Environmental health staff inspect restaurants, preventing outbreaks and illness. Environmental health staff and public health nurses (PHNs) follow up on elevated blood lead levels in households. Once notified, PHNs offer home visits and a plan to move forward. The CCDPH stated that human health hazard investigations are a joint effort across the agency, with staff working together. The CCDPH partners with the Eau Claire City-County Health Department, the UW System, and local health systems to conduct a community health assessment (CHA). The CCDPH collects data to identify health priorities through community and partner surveys, which then informs strategic plan development. The CCDPH is adept at using different sources to collect and analyze data, such as ArcGIS, which was used to provide community partners information on COVID-19 outbreaks in schools.
Communicable Disease Control **Level II: Foundational Public Health Services (FPHS): Communicable Disease Control** (1 of 2)	The CCDPH provides communicable disease control, working with the state's Wisconsin Electronic Disease Surveillance System (WEDSS) on a daily basis to provide prompt reporting of suspect and confirmed communicable diseases. There is an intake nurse working in WEDSS to do the staging, importing, and assigning of communicable disease cases. The PHNs are assigned as subject matter experts and specialize in the different diseases. They work with their local providers and have good relationships with the infection preventionists (IP) at both the local healthcare systems and long-term care facilities (LTCF). The IPs report quickly to the department when a communicable disease is identified to both inform on what they are doing to address the disease and ask the CCDPH if there are additional measures they should be implementing. The PHNs provide care coordination between medical home and the doctor, and assure clients have insurance and other needs met. The CCDPH sends reminders related to other diseases (measles, mumps, etc.) as well as health alerts to their partners. They hold meetings with IPs in both health care and LTCF to educate on expectations for communicable disease. The CCDPH meets with school nurses to be a resource and share information on communicable disease and guidance.

Area	Summary
Communicable Disease Control **Level II: Foundational Public Health Services (FPHS): Communicable Disease Control** (2 of 2)	When Avian Influenza was identified the CCDPH pulled a team together with the Wisconsin Department of Natural Resources (DNR), land conservation at the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP), and veterinarians to strategize the response if a flock was identified in the county. The CCDPH utilized ArcGIS data to provide direct outreach to poultry farmers, including sending informational postcards to farmers and businesses where poultry were purchased. The CCDPH visited with the Plain Clothes community to educate on a potential outbreak. The CCDPH is piloting a reproductive health program in schools to provide services on-site, as well as offering testing at the jail and the Open Doors clinic (free clinic). During COVID-19 response, the CCDPH was a main point of contact to the HHS Board, the county administrator, local schools, and was a source of trusted information to the community. Community partner calls on COVID-19 were held weekly, which were well attended by the community (250 people were invited to each call). The CCDPH developed policies on festivals so events could be as safe as possible, in partnership with the PHNs and EH. The PHNs were readily available by phone for questions from the community.
Other Disease Prevention **Level II: FPHS: Chronic Disease and Injury Prevention** **Level II: FPHS: Access and Linkage to Health Services**	The CCDPH staff prioritize preventing disease and injuries by ensuring the community has access to programs to keep community members healthy. The CCDPH provided vaccinations as well as hosted listening sessions with the Plain Clothes community. The CCDPH revised outreach materials based on those conversations – removing faces from brochures – to ensure inclusion and cultural respect. These outreach materials were eventually shared and adopted statewide for use in relationship building with the Plain Clothes community, which was something that had not previously been accomplished by a local or tribal health department. The PHNs help clients access health insurance, whether at the Open Door Clinic, the alternative school, or through the WIC program, helping to prevent chronic disease. Three CCDPH staff are certified as car seat safety technicians, providing individual and group education at events to help with safe car seat placement.

Area	Summary
Emergency Preparedness and Response	The CCDPH is highly skilled in the area of emergency preparedness and response. The CCDPH is a member of the Western Wisconsin Public Health Readiness Consortium (WWPHRC) a regional consortium consisting of 19 local public health agencies and two tribal health agencies focused on preparedness efforts. During the site visit, CCDPH staff described efforts to assure vulnerable populations are protected during emergencies by providing several examples of providing leadership during two tornado occurrences within the county as well as working with the Plain Clothes community to prepare for Avian Influenza. Further, the CCDPH established "Check-In Chippewa" for community members to request a volunteer call and check in on them to support mental health and social connectedness. Additionally, staff described making calls to those who lost family members during COVID-19 and then referred those folks to the Check-In Chippewa program. The CCDPH shares their public health emergency preparedness (PHEP) plan with the local emergency manager.
Health Promotion	The CCDPH has a Comprehensive Communication Plan, which is a guiding document to ensure high-quality communications. The plan identifies guidance on developing communication including health literacy (5th grade reading level) and using partners such as their Aging and Disability Resource Center (ADRC) or the Health Literacy group to review communications. Staff are trained on health equity and health literacy. The CCDPH gave an example of their press release process from a division manager identifying the need for a release, the writing of the release, and then health officer and County Administrator approval before sending out.
Level II: FPHS: Maternal, Child, and Family Health	The CCDPH described how they provide support and leadership related to maternal, child, and family health through the NFP. The NFP is an evidence-based program for mothers with babies up to 2 years old shared with two other counties (Dunn and Eau Claire). The NFP identified the need to expand services in the county to include other high risk maternal needs beyond first time mothers. The PHNs also conduct a prenatal care coordination (PNCC) program as they have identified there are additional moms who want to connect with a nurse beyond the NFP program. The PHNs are breastfeeding consultants and the CCDPH administrative assistant is trained as a breastfeeding peer counselor. Use of surveillance and data is well integrated into the CCDPH's maternal, child, and family health work. See "Highlights, Strengths, and Impacts of Efforts from Level I, II, or III" for more information.

Area	Summary
Human Health Hazard Control **Level II: FPHS: Environmental Public Health** **Level III: Environmental Health Program**	Human health hazard investigations are a joint effort across the CCDPH, with staff working together. The CCDPH maintains agent contracts with DATCP (food and lodging), DHS (lead-safe homes), the DNR (transient non-community water systems and beach testing), and the Wisconsin Department of Safety and Professional Services (body art) to provide EH services. Unique for a local health department, the CCDPH has a contract with the City of Chippewa Falls to inspect liquor licenses and garbage trucks (to ensure proper hauling of garbage). Environmental health staff have worked with the county planner regarding homes (meth abatement and addressing code violations in the local tiny home community) and has provided input on the county's strategic plan and emergency preparedness plan. The CCDPH maintains memorandums of understanding (MOUs) with Clark and Rusk Counties for emergency EH coverage. The CCDPH's soon to be expanded EH capacity is an opportunity for the agency. See "Best Practice Opportunities for Public Health Practice, Function, and Staffing" for more information.
Policy and Planning **Level III: State Public Health Agenda**	The CCDPH and Eau Claire City-County Health Department collaborate with various partners including public health, health care, and United Way to conduct a multi-jurisdictional CHA and CHIP. The Chippewa Health Improvement Partnership implements the CHIP and progress is tracked in CCDPH's performance management system, the software tool VMSG. The next iteration of the CHIP is currently underway with CCDPH's epidemiologist leading the process. The partnership along with the health department are working to re-establish relationships due to recent turnover locally. The current priorities align with *Healthy Wisconsin* and the team is currently reviewing the updated State Health Assessment to plan for the next CHA/CHIP cycle. CCDPH staff described engaging the public through action teams and noted Chippewa County held listening sessions which CHIP leadership attended to take data back to the action teams as to not duplicate efforts. An opportunity for the CCDPH would be to revisit utilizing the toolkit from Rock County on gathering input from those with lived experiences – these efforts were put on hold due to the COVID-19 pandemic.

Area	Summary
Leadership and Organizational Competencies	The CCDPH maintains confidentiality of records through physical and electronic means and utilizes both paper and electronic records. Locked backpacks and file cabinets allow work at remote locations. The CCDPH has a good relationship with corporate counsel. Uniquely, and beneficial to the CCDPH's accreditation efforts, corporate counsel attended the Public Health Accreditation Board (PHAB) accreditation site visit and participated in discussing Domain 6.
➢ **Performance Management and Quality Improvement**	The CCDPH is an accredited health department that utilizes the VMSG Public Health Performance Management System to enter and track their departments goals and outcomes. This system is used to develop and track metrics for strategic plan implementation, CHIP objectives, workforce development (licensure, training), as well as accreditation efforts. Quality improvement (QI) projects are identified utilizing the VMSG system. The CCDPH conducted a technology and data system QI project that included an assessment to identify staff training needs and usage of VMSG. The assessment data has assisted in budget decisions. The CCDPH reports to the HHS board on a quarterly basis regarding the progress of their goals and objectives. The CCDPH Performance Management (PM) / QI Plan includes setting specific performance standards that benchmark against similar agency, national, state, regional, or scientific guidelines. The plan includes roles and responsibilities of the PM/QI team, training needs, and the submission and approval process for QI projects.
➢ **Workforce Development**	The CCDPH has a Workforce Development Plan and is working on developing training plans for individual staff and teams. An outside contractor is assisting the CCDPH with these initiatives, with budget funds earmarked for workforce development opportunities for staff. Staff are encouraged to include professional development as part of their role. Annually, staff competencies are analyzed using different tools such as VMSG or ProQOL, which is included in the Workforce Development Plan.
Public Health Nursing Services	The CCDPH involves PHNs in all aspects of assessment, development, implementation, and evaluation of public health services to develop interventions in all programs. The PHNs throughout the discussion were described as part of multi-disciplinary teams with other public health department professionals to address all major foundational areas (communicable disease, chronic disease/injury prevention, emergency preparedness, environmental hazards, family health, and access and linkages to care). The PHNs' work also includes, population level health promotion and communications, writing and implementing policies, and coalition/committee involvement. An example was given related to the Traffic Safety Committee in which a PHN car seat technician is a member to bring the public health perspective.

Area	Summary
Annual Reporting	The CCDPH maintains strong relationships with community partners and other agencies. The CCDPH gives out a "Friends of Public Health Award" every year to recognize partnerships and to showcase work done in collaboration with public health. The CCDPH's website provides links to their CHIP as well as their annual reports, updating the community on priorities and successes.

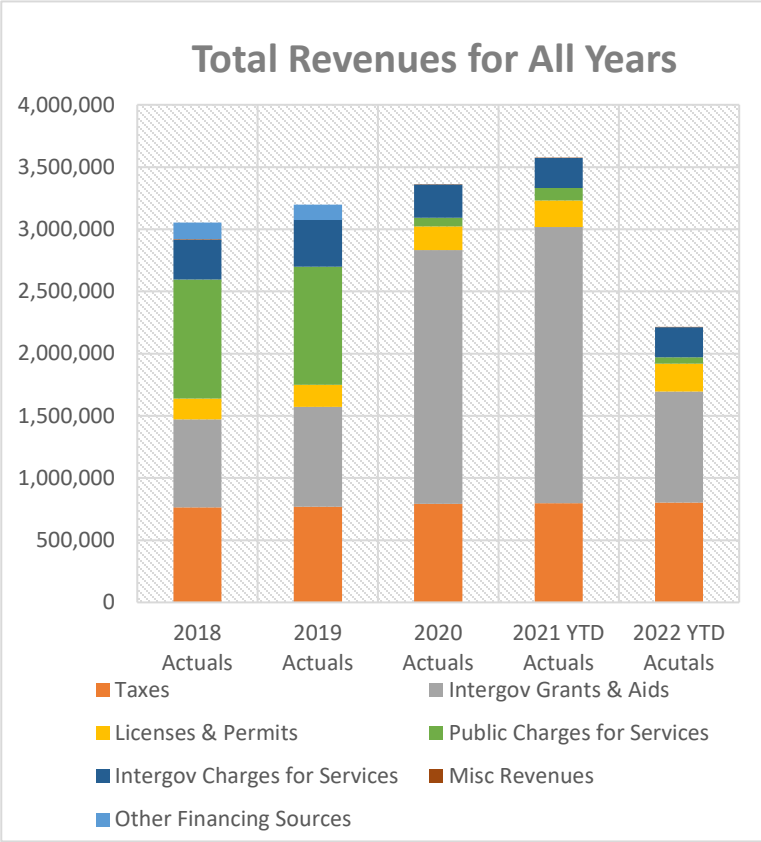
Public Health (Pre-Audited) Financial Results: September 2022

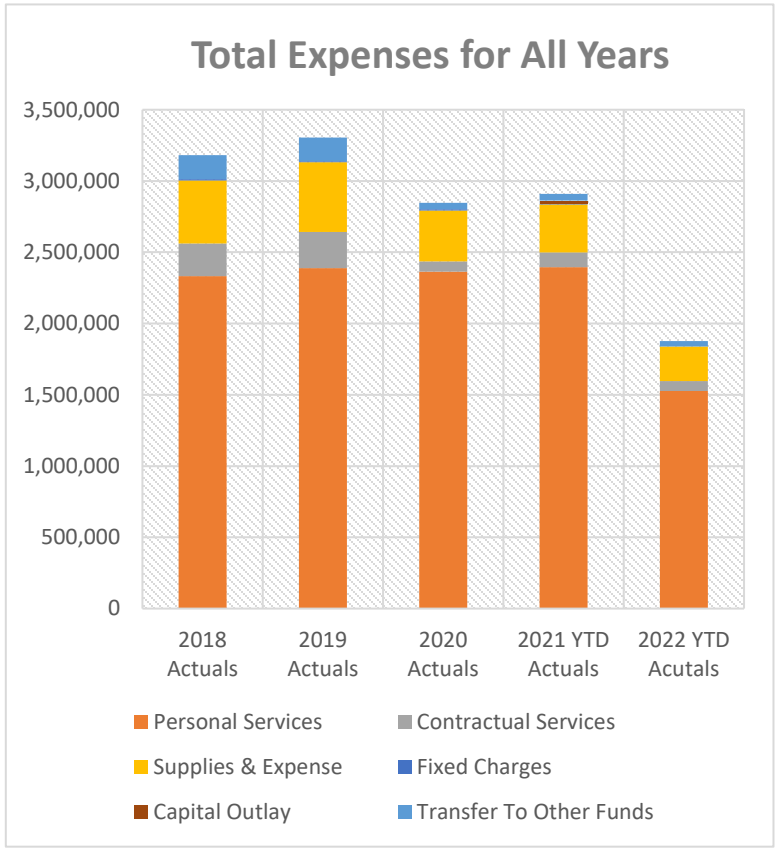
CHIPPEWA COUNTY Public Health
Prevent. Promote. Protect.

		Revenue			Expense		
Fund	Description	Budget	Actual	% Collected	Budget	Actual	% Spent
54100	Community Health	$ (706,490.00)	$ (707,137.91)	100.1%	$ 706,490.00	$ 361,864.17	51.2%
54121	Nurse Family Partnership	(119,269.00)	(58,110.27)	48.7%	119,269.00	78,504.35	65.8%
54123	Farmers Market	(3,871.00)	(1,249.71)	32.3%	3,871.00	4,091.94	105.7%
54125	Prenatal Care Coordination	(63,686.00)	(6,019.17)	9.5%	63,686.00	10,631.78	16.7%
54127	Healthy U	-	(3,650.01)	0.0%	-	7,552.09	0.0%
54128	Public Health Preparedness	(49,188.00)	(37,599.15)	76.4%	49,188.00	49,376.77	100.4%
54132	Drug Free Community Grant	(132,814.00)	(90,078.31)	0.0%	132,814.00	92,182.52	0.0%
54135	Bright Start River Source	(10,594.00)	(17,964.87)	169.6%	10,594.00	11,021.12	104.0%
54140	WIC	(409,779.00)	(247,181.84)	60.3%	409,779.00	232,727.63	56.8%
54142	Maternal & Child Health Program	(27,664.00)	(9,305.91)	33.6%	27,664.00	11,901.95	43.0%
54144	Wisconsin Wins	(4,614.00)	(3,919.00)	84.9%	4,614.00	5,513.87	119.5%
54148	COVID Workforce	-	(630.00)	0.0%	-	9,264.61	0.0%
54149	Pre-Venture	(20,037.00)	(1,360.22)	6.8%	20,037.00	3,644.55	18.2%
54150	Prevention	(8,951.00)	(8,061.51)	90.1%	8,951.00	11,013.44	123.0%
54151	Equipment Loan Closet	(6,943.00)	(981.14)	0.0%	6,943.00	4,392.93	0.0%
54152	Western Regional Center	(189,752.00)	(142,075.47)	74.9%	189,752.00	152,250.14	80.2%
54154	Title X Reproductive Health	(14,766.00)	(21,010.63)	0.0%	14,766.00	33,382.52	0.0%
54156	FIT WIC	(37,178.00)	(21,596.40)	58.1%	37,178.00	25,085.92	67.5%
54157	Reproductive Health	(54,091.00)	(27,313.78)	50.5%	54,091.00	28,193.54	52.1%
54158	WIC BF Peer Counseling	(14,720.00)	(7,447.24)	50.6%	14,720.00	11,399.14	77.4%
54159	Diabetes Grant	(15,863.00)	(9,955.55)	0.0%	15,863.00	11,179.62	0.0%
54161	Health Clinics	(34,334.00)	(4,262.50)	12.4%	34,334.00	3,947.70	11.5%
54162	COVID Vaccine	(11,346.00)	(15,010.42)	132.3%	11,346.00	18,154.47	160.0%
54163	Overdose Fatality Review	(36,958.00)	(28,359.42)	0.0%	36,958.00	33,514.92	0.0%
54164	COVID Contact Tracing	(99,790.00)	(298,817.61)	0.0%	99,790.00	308,503.76	0.0%
54165	GYT - Get Yourself Tested	(2,083.00)	(1,589.04)	76.3%	2,083.00	805.95	38.7%
54171	Food Safety Recreation License	(257,236.00)	(276,257.76)	107.4%	257,236.00	190,686.77	74.1%
54172	Infant Immunization Grant	(16,088.00)	(8,272.44)	51.4%	16,088.00	11,623.55	72.2%
54173	Early Hearing Detection & Prev	(112,735.00)	(52,881.54)	46.9%	112,735.00	47,030.89	41.7%
54174	Forward Health Outreach	(21,318.00)	(17,115.06)	80.3%	21,318.00	18,085.36	84.8%
54176	Environmental Health	(24,525.00)	(24,011.32)	0.0%	24,525.00	12,771.89	0.0%
54180	DHS Agreement	(109,061.00)	(57,315.43)	52.6%	109,061.00	70,584.64	64.7%
54182	HCET (Health Care, Ed & Tr)	(7,796.00)	(316.65)	4.1%	7,796.00	316.65	4.1%
54184	Childhood Lead Poisoning Prev.	(9,930.00)	(4,731.09)	47.6%	9,930.00	4,349.44	43.8%
54186	Charity Outreach Program	(500.00)	-	0.0%	500.00	-	0.0%
54190	Public Health Donation Expendi	(1,000.00)	(30.00)	3.0%	1,000.00	-	0.0%
		$ 2,634,970.00	**$ 2,211,618.37**	**83.9%**	**$ 2,634,970.00**	**$ 1,876,488.21**	**71.2%**

Public Health Revenues vs Expenses Variance YTD through September 2022

CHIPPEWA COUNTY
Public Health
Prevent. Promote. Protect.





STATEMENT OF EXPLANATION

Ordinance No.

ORDINANCE TO AMEND SECTION 2-83 AND REPEAL SECTION 2-84(K) NUTRITION ADVISORY COUNCIL ON AGING OF THE CHIPPEWA COUNTY CODE OF ORDINANCES

Agencies that operate the Elderly Nutrition Program are required to solicit the advice and expertise of meal participants and other individuals knowledgeable with regard to the needs of older adults. The Nutrition Advisory Council is outlined in policy by the Bureau of Aging & Disability Resources (BADR) to facilitate this feedback. The Nutrition Advisory Council is not a Statutory Committee/Council.

BADR policy provides guidance on membership, structure, bylaws and meeting schedules. Current Chippewa County Code of Ordinance Section 2-84(k) no longer reflects the guidance provided by BADR. Furthermore, it does not reflect the current structure of Chippewa County's Elderly Nutrition Program.

Since the Nutrition Advisory Council is not a statutory requirement, there is no need for it to be included among Chippewa County Code of Ordinances. Upon repeal of Section 2-84(k) of the Chippewa County Code of Ordinance, the Aging & Disability Resource Center will create and maintain a Nutrition Advisory Council procedure that reflects current BADR policy and Chippewa County program configuration.

Upon review of the proposed amendment of Section 2-83 and repeal of Section 2-84(k) at its regular meeting on October 20, 2022, the Health and Human Services Board supports forwarding said ordinance changes to the County Board for approval.

Ordinance No.

ORDINANCE TO AMEND SECTION 2-83 AND REPEAL SECTION 2-84(K) NUTRITION ADVISORY COUNCIL ON AGING OF THE CHIPPEWA COUNTY CODE OF ORDINANCES

SEE ATTACHMENT

Forwarded to the County Board by the Executive Committee

FINANCIAL IMPACT:

There is no financial impact to the County by passage of this amendment of Section 2-83 and repeal of Section 2-84(k) of the Chippewa County Code of Ordinances.

10/20/2022	**Health & Human Services Board**
RESULT:	**RECOMMENDED FOR APPROVAL [UNANIMOUS] Next: 11/15/2022 4:00 PM**
MOVER:	John Halbleib, Citizen Rep
SECONDER:	Caden Berg, District 13
AYES:	Ives, Steele, Ericksen, Berg, Mueller, Halbleib, Wallsch, Sperlingas, Kyes

Approved as to Form:

Todd A. Pauls
Todd A. Pauls, Corporation Counsel 9/20/2022

Lori Zwiefelhofer
Lori Zwiefelhofer, Finance Director 9/20/2022

Randy B. Scholz
Randy B. Scholz, County Administrator 9/20/2022

ORDINANCE TO AMEND SECTION 2-83 AND REPEAL SECTION 2-84(K) NUTRITION ADVISORY COUNCIL ON AGING OF THE CHIPPEWA COUNTY CODE OF ORDINANCES

1. That Section 2-83 of the Chippewa County Code of Ordinances is hereby amended as follows and all other sections that cross-reference Section 2-83 are amended to reflect said amendment:

Sec. 2-83. Statutory Committees, Commissions and Boards enumerated.

Where a statute provides the Board of Supervisors appoints or elects a board, committee or commission, the administrator per Wis. Stat. § 59.18(c) shall have that authority, subject to confirmation by the Board of Supervisors. Where a statute provides the Board of Supervisors appoint or elect a committee or other subunit of county government specifically not including a board or commission, the Board chair shall prepare and present at the meeting to appoint the list of the nominated members of committees as chosen by the chair in consultation with the vice-chair. The chair shall then present the list of committees to the board for approval. All nominees must satisfy all qualifications or standards prescribed by statute. This section does not apply to single position appointments or elections.

The County Administrator as provided in Wis. Stats. § 59.18(c) shall appoint the members of all statutory commissions and boards, subject to confirmation of the county board, as follows:

(a) Aging and Disability Resource Center Board (bi-monthly meetings)

(b) Board of Adjustment (meetings as needed)

(c) County Traffic Safety Commission (quarterly meetings)

(d) Crime Prevention Funding Board (meetings as needed)

(e~~d~~) Criminal Justice Collaborating Council (quarterly meetings)

(f~~e~~) Health and Human Services Board (monthly meetings)

(g~~f~~) Housing Authority Commission (quarterly meetings)

(h~~g~~) Indianhead Federated Library System Representatives (monthly meetings)

(i~~h~~) Land Conservation and Forest Management Committee (monthly meetings)

(j~~i~~) Land Information Council (meetings as needed)

(k~~j~~) Local Emergency Planning Committee (five meetings per year)

~~(k) Nutrition Advisory Council on Aging (quarterly meetings)~~

(l) Veterans Service Commission (bi-monthly meetings)

~~(m) Crime Prevention Funding Board (meetings as needed)~~

(Ord. 02-20; 03-10-2020; Ord. No. 03-22, 08-09-2022)

2. That Section 2-84(k) of the Chippewa County Code of Ordinances is hereby repealed:

~~**Sec. 2-84. Statutory Committees, Commissions and Board Roles and Duties.**~~

~~(k) Nutrition Advisory Council on Aging.~~

~~(1) The Nutrition Advisory Council on Aging is established to advise the nutrition director in the Aging and Disability Resource Center (ADRC) on all matters relating to the delivery of nutrition and nutrition supportive services within the program.~~

~~(2) The Council shall have the following roles and responsibilities:~~

~~a. Make recommendations to the Nutrition Program Coordinator regarding the food preference of participants.~~

~~b. Make recommendations to the Nutrition Program Coordinator and the aging unit regarding days and hours of dining center operations and locations.~~

~~c. Make recommendations to the Nutrition Program Coordinator regarding dining center furnishings with regard to disabled or handicapped participants.~~

~~d. Conduct a yearly on-site review of each dining center in the program.~~

~~e. Advise and make recommendations to the Nutrition Program Coordinator and aging unit regarding supportive social services to be conducted at dining centers.~~

~~f. As an organized group, give support and assistance to the ongoing development of the nutrition program.~~

~~g. Represent and speak on behalf of nutrition participants and the nutrition program.~~

~~h. As a liaison group, act as a communications clearinghouse between the nutrition program and the general public.~~

~~(3) *Membership and Structure.* More than one-half of the council membership shall consist of nutrition program participants elected as dining center representatives and shall include representation from home-delivered meal recipients. The remaining council membership should provide for broad representation from public and private agencies who are knowledgeable and interested in the senior dining and home-delivered-meal program. The seven voting members of the Council shall be appointed by the County Administrator. The four consumer~~

~~members of the Council shall be appointed for two year terms. The non-consumer members shall be permanent members of the Council. The Council shall be composed of the following membership:~~

~~a. Bloomer Congregate Diner meal recipient.~~
~~b. Home delivered meal recipient from the Romeis meal routes.~~
~~c. At large meal recipient.~~
~~d. Home delivered meal recipient from Chippewa Falls.~~
~~e. Chippewa Falls Senior Center Director.~~
~~f. ADRC Board Member.~~
~~g. Nutritionist~~

~~(4) *Meetings.* The council shall meet as often as is useful and practical, but no less than quarterly. The Nutrition Program Coordinator shall facilitate the meetings. Meetings shall be open, with notices posted in accordance with the Open Meetings Law and minutes shall be kept for all nutrition advisory council meetings. Records shall be maintained for at least three years.~~

~~(5) *Bylaws.* The bylaws of the Council shall be developed by the Council at the initial meeting of the Council. The bylaws may be amended from time to time by a 60% vote of the membership or at least six members voting to approve the amendment.~~

3. That the ordinance revision to Section 2-83 and the repeal of Section 2-84(k) shall take effect upon passage and publication.

Forwarded to the County Board by the Executive Committee.