1. April 29, 2020 Health And Human Services Board Agenda
   Documents:
       DHHS 4-29-20 AGENDA.PDF

1.I. April 29, 2020 Health And Human Services Board Amended Agenda
   Documents:
       DHHS 4-29-20 AGENDA - AMENDED.PDF

2. April 29, 2020 Health And Human Services Board Packet
   Documents:
       APRIL 2020 DHHS BOARD PACKET.PDF
Walworth County Health and Human Services Board

MEETING NOTICE
Wednesday, April 29, 2020
2:00 p.m.
County Board Room
Government Center – 100 W. Walworth
Elkhorn, Wisconsin

Brian Holt – Supervisor, Kathy Ingersoll – Supervisor, Kenneth Monroe – Supervisor, Joseph H. Schaefer – Supervisor, Ryan G. Simons – Supervisor, Monica Los - Citizen Representative, Penny Scheuerman - Citizen Representative, Dr. Richard Terry – Citizen Representative, Monica Los - Citizen Representative, William Wucherer – Citizen Representative

NOTICE: DUE TO THE CONTINUING PUBLIC HEALTH EMERGENCY, THIS MEETING IS PLANNED TO PROVIDE FOR REMOTE OR OFF-SITE ATTENDANCE BY COMMITTEE MEMBERS.

The Walworth County Government Center remains open, but in-person attendance will be severely limited due to State imposed restrictions on group meeting sizes.

ALL INDIVIDUALS ARE STRONGLY ENCOURAGED TO WATCH THE MEETING STREAMING LIVE AT:

https://mediasite.co.walworth.wi.us/Mediasite/Play/e468c9afc5c54228840c15691b57da3e1d

Individuals wanting to provide a Public Comment can do so remotely by telephone, but must contact Nicole Hill at NHill@co.walworth.wi.us or at 262-741-4357 on the day of the meeting and at least 15 minutes prior to the start of the meeting to obtain instructions.

(Posted in compliance with Sec. 19.84, Wis. Stats.) A quorum of the Lakeland Health Care Center Board of Trustees will be in attendance.

It is possible that a quorum of the County Board or any of its other committees could be in attendance at this meeting.

Agenda items are available upon request for the Department of Health and Human Services or on the county’s web page (co.walworth.wi.us). The agenda packet, including supporting documents, may be large, depending upon the number of enclosures. Downloading it will require ample computer memory and may take significant time.

AGENDA

Note: all agenda items are subject to discussion and/or action.

1. Call to order
2. Roll call
3. Withdrawals from the agenda, if any
4. Agenda approval
5. Approval of minutes of last meeting(s):
   a) March 18, 2020 (Enclosure 1)

6. Public Comment Period

7. Nomination/Election of Committee Chair of Health and Human Services Board

8. Nomination/Election of Committee Vice Chair of Health and Human Services Board

9. Role of the Health and Human Services Board (Enclosure 2)

10. Unfinished business

11. New business
   a) Crisis Redesign (Enclosure 3)
   b) Wisconsin Partnership Program COVID-19 Response Community-Led Grant (Enclosure 4)
   c) Urban and Rural Women’s Substance Abuse Services Grant (Enclosure 5)
   d) Title III-D Carry Over Special Project Request (Enclosure 6)
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   f) Family First Coronavirus Response Act Funds (Enclosure 8)
   g) COVID Related Additional Funding (Enclosure 9)
   h) Upgrade of an Account Clerk III to an Accounting Clerk (Enclosure 10)
   i) Position Request for a .375 Senior Nutrition Program Van Driver (Enclosure 11)

12. Report(s)
   a) Update on COVID-19 (Enclosure 12)

13. Correspondence

14. Announcements
   a) Resilient Wisconsin Billboard (Enclosure 13)

15. Set/confirm next meeting date and time – May 20, 2020 at 2:00 p.m.

16. Adjournment - The Health and Human Services Board will Adjourn

Submitted by: Elizabeth Aldred – Director, Health and Human Services

Posted: April 23, 2020
Walworth County Health and Human Services Board

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Monica Los - Citizen Representative, Penny Scheuerman - Citizen Representative,
Dr. Richard Terry – Citizen Representative, Monica Los - Citizen Representative, William Wucherer –
Citizen Representative

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minutes prior to the start of the meeting to obtain instructions.

(Posted in compliance with Sec. 19.84, Wis. Stats.) A quorum of the Lakeland Health Care
Center Board of Trustees will be in attendance.
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its other committees could be in attendance at this meeting.

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A M E N D E D
A G E N D A
Additions are underlined
Deletions are struck through
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12. Report(s)
   a) Update on COVID-19 (Enclosure 12)
   b) Reporting of COVID-19 cases and data

13. Correspondence

14. Announcements
   a) Resilient Wisconsin Billboard (Enclosure 13)

15. Set/confirm next meeting date and time – May 20, 2020 at 2:00 p.m.

16. Adjournment - The Health and Human Services Board will Adjourn

Submitted by: Elizabeth Aldred – Director, Health and Human Services

Posted: April 23, 2020
Amended: April 27, 2020
Memorandum

To:       Walworth County Health & Human Services Board
From:    Elizabeth Aldred, HHS Director
Date:    April 21, 2020
RE:      April 29, 2020 Health & Human Services Board Agenda

- Included in your packet is our Board Briefing book. This book includes the HHS board schedule, Mission, Vision and Values statement, 2020 revenues and expenses as well as provides a high level overview of our divisions. The division overviews includes a description of the significant programs and their key projects and issues. A glossary of terms and a copy of the relevant statues are included for your review as well.

- The department provides crisis intervention services 24 hours a day, seven days a week. We are certified under DHS 34 to provide Emergency Mental Health Services within this program. Over time this program has become a catch all for the department outside of the regularly scheduled work day. At this time we are recommending a change in our programming that will allow the department to better utilize its resources and better serve the citizens of Walworth County. The included proposal will outline the department’s plan to move forward in a clinically and fiscally responsible manner.

- The department is seeking retroactive permission to apply for the Wisconsin Partnership Program COVID-19 Response Community—Led grant. This grant was due prior to the Board meeting and has been preliminarily approved by the County Administrator pending board approval at this meeting. If funded this grant would support our crisis redesign program by funding our transition to a certified call center. Funds are expected to be awarded in April 2020. If funded we are seeking permission to accept.

- In December of 2019 the department applied for the Urban and Rural Women’s Substance Abuse Services grant. Walworth County has been offered funding of up to $250,000 to provide these services for the remainder of the year. We are seeking permission to accept this funding and to reapply for this grant when it becomes available in the fall. We believe that this funding will support our crisis redesign and provide additional services during the COVID pandemic.
The department has been offered Title III carry over funding for 2020. This funding would allow the department to train an additional staff person in Powerful Tools for Caregivers.

We have also been provided additional funds for our National Family Caregiver Support Program based on available carry over funds. This funding would allow the department to provide services to an additional five consumers and reduce our waiting list by 10%.

We are seeking board approval to accept the Family First Coronavirus Response Act funds. This funding supports our senior meal program. Funding for senior meals through our home delivered meals program is more important now due to the closing of our congregate meal sites.

As our previous agenda items have indicated, the department has a variety of opportunities to expand its current funding in support of our essential services. I wanted to take this opportunity to share with you additional funding sources that have and may become available as a result of the COVID-19 pandemic. Some of these funds are becoming available to support a high rate of need in our community and other are available as other entities are unable to spend funds available to them at this time.

We are seeking to upgrade our Protective Payee Position from a clerk III to an Accounting Clerk. This upgrade will allow the department to streamline our accounting and support services to better meet the needs of the department.

The department is seeking permission to create an additional .375 FTE driver for our senior home delivered meals program. As part of the change to have Lakeland Health Care Center provide the meals for this program we have had to alter the drive times to assure that we can deliver all meals hot and on time. The money for this service is available within the HHS budget.

The department will provide an update on the impact of COVID-19 on the department’s services and the public health response in our community.

The department has partnered with the Department of Health Services and local business owner Craig Ransavage to provide a billboard for public service related messaging. By his donation of this billboard, Mr. Ransavage has helped us provide vital crisis information and resources to our community.
Walworth County Health and Human Services Board

MEETING NOTICE
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Government Center – 100 W. Walworth
Elkhorn, Wisconsin

Nancy Russell
County Board Chairperson
Jerry Grant
County Board Vice-Chairperson

Brian Holt – Supervisor, Kathy Ingersoll – Supervisor, Kenneth Monroe – Supervisor, Joseph H. Schaefer – Supervisor, Ryan G. Simons – Supervisor, Monica Los - Citizen Representative, Penny Scheuerman - Citizen Representative, Dr. Richard Terry – Citizen Representative, Monica Los - Citizen Representative, William Wucherer – Citizen Representative

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15. Set/confirm next meeting date and time – May 20, 2020 at 2:00 p.m.

16. Adjournment - The Health and Human Services Board will Adjourn

Submitted by: Elizabeth Aldred – Director, Health and Human Services

Posted: April 23, 2020
The meeting was called to order at 2:00 p.m. by Chair Monroe.

Roll call was conducted. Members present included Chair Kenneth Monroe, Vice Chair Tim Brellenthin, Supervisors William Norem and Charlene Staples, Citizen Representatives Dr. Richard Terry and William Wucherer. Supervisor Kathy Ingersoll and Citizen Representatives Monica Los and Penny Scheuerman were absent. A quorum was declared.

Others in Attendance:
County Board Supervisors: Susan Pruessing (arrived at 2:43 p.m.)
County Staff: Health & Human Services Director Elizabeth Aldred; Public Health Officer Erica Bergstrom; and Corporation Counsel/Director of Land Use and Resource Management (LURM) Michael Cotter (arrived at 2:31 p.m.)

On motion by Supervisor Norem, second by Supervisor Staples, the agenda was approved with no withdrawals.

On motion by Supervisor Norem, second by Supervisor Staples, the minutes of the January 22, 2020 meeting were approved.

Public Comment – There was none.

Unfinished Business
- Memorandum of Understanding with Child Protective Services (CPS) and Law Enforcement
  Health and Human Services (HHS) Director Elizabeth Aldred gave a brief overview of the Memorandum of Understanding (MOU) between Child Protective Services (CPS) and law enforcement. All 18 jurisdictions signed the MOU as of March 11th. Aldred stated the next steps are to create an MOU with the Child Advocacy Center (CAC), which will include updating the County ordinance relative to the purpose of the (CAC) and in what manner the screened out reports are to be handled with the (CAC). Discussion ensued.

New Business
- Administration Presentation
  Aldred gave a brief presentation entitled Administrative Services Division (Enclosure 3) and requested approval of the following reports.
  i. 2019 Annual Health Insurance Portability and Accountability Act (HIPAA) Incidents Report
  ii. 2019 Annual Consumer Complaint Report
  iii. 2019 Annual Satisfaction Survey
  iv. 4th Write Off and Year End Summary

  Supervisor Norem offered a motion, second by Supervisor Staples, to approve the four reports. Motion carried 6-0.

  - Resolution Urging the State Legislature and Governor to Amend the Wisconsin Statewide Standing Order for the Dispensing of Naloxone
  - Resolution to Amend Section Urging the State Legislature and Governor to Authorize County-Employed Human Services Professional to Administer Naloxone in Response to a Suspected Opioid Overdose
    Aldred gave a brief overview of the two resolutions and explained the differences between them. The first resolution would amend the Wisconsin Statewide Standing Order for dispensing Narcan to explicitly include Public Health Departments in the authorization to dispense and deliver Narcan. The second resolution would authorize county-
employed human services professionals to administer Naloxone in response to a suspected opioid overdose. Aldred stated Corporation Counsel has reviewed and approve both resolutions. Discussion then focused on the number of overdoses each year; who would be responsible for the costs incurred; available training; the risk of injury to a staff member by a combative individual; and whether or not staff would initiate this program should the County’s insurance carrier(s) going forward not accept the dispensation of Narcan. Supervisor Staples offered a motion, second by Supervisor Norem, to support both resolutions. Motion carried 6-0.

- Request to use the County logo in partnership with the Tree House for Child Abuse Prevention Month Billboards and Banner

Citizen Representative Wucherer offered a motion, second by Supervisor Staples, to approve the use of the County Logo in partnership with the Tree House for Child Abuse Prevention Month billboards and banner. Motion carried 6-0.

- Request to apply for DHS grant funding for Community Partnerships for Diversion from Youth Justice

Aldred asked to remove the request to apply for Department of Health Services (DHS) grant funding from the agenda at this time. HHS will review future grant funding opportunities, when they become available.

**Report(s)**

- Update on COVID-19

Aldred gave a brief update on the Coronavirus Disease 2019 (COVID-19) and explained how the health department has been actively involved in monitoring and updating the community on the impact of the virus. Discussion then focused on the social distancing practices and safety issues within Huber and the jail; implementation of additional precautionary measures relative to staff; availability of COVID-19 testing; whether or not County employees will be able to work from home; the number of intensive care unit (ICU) beds and ventilators available within Walworth County; and the possibility of receiving patients from other counties as a result of overflow. Wisconsin is practicing social distancing to slow down the spread. Aldred stated HHS has created an up-to-date COVID-19 information page located on the County’s main website page. Citizen Representative Dr. Terry commended Aldred on the information provided and dissemination of said information within the COVID-19 website.

**Correspondence**

- Letter from the Wisconsin Department of Children and Families Recognizing Efforts to Document Contacts for Children in Out-of-Home Care

Aldred gave a brief overview of the letter received from the Wisconsin Department of Children and Families and indicated HHS has exceeded the state’s expectation of at least 95% with a performance of 99.35%. She said this is the second year HHS has received this recognition, which speaks to the dedication of the staff and their ability to protect the children within the community.

**Announcements**

- Governor Evers Signs Assembly Bill 633 into Law

Aldred stated Governor Evers signed Assembly Bill 633 into law in February 2020. Law enforcement will now be able to contract with another service to provide transportation for Emergency Detentions.

- Referral from the County Board: Outagamie County Resolution No. 79-2019-20 and Proposed Amendment to Resolution No. 79-2019-20 – Resolution in Support of Pending Legislation 2019 Senate Bill 427 Relating to Increased Penalties for Crimes Against Elder Persons; Restraining Orders for Elder Persons; Freezing Assets of a Defendant Charged with Financial Exploitation of an Elder Person; Sexual Assault of an Elder Person; Physical Abuse of an Elder Person; and Providing a Penalty

Aldred gave a brief overview of Outagamie County Resolution No. 79-2019-20. Discussion then focused on the context of the resolution and the fact that it may create more issues that were not intended. Cotter and Aldred agreed with accepting the resolution and placing it on file. Citizen Representative Wucherer offered a motion, second by Supervisor Staples, to accept Outagamie County Resolution No. 79-2019-20 and place it on file. Motion carried 6-0.
• Referral from the County Board: Outagamie County Resolution No. 130-2019-20 – Supporting Pending Legislation that Would Correct a Discrepancy Between Parallel Statutes that Compute the Detention Hearing Timelines for Children in Need of Protection (CHIPS) Proceedings Under State Statutes Chapter 48 and Juvenile Delinquency Cases Under Chapter 938
Aldred gave a brief overview of Outagamie County Resolution No. 130-2019-20 and proposed it be placed on file. Citizen Representative Wucherer offered a motion, second by Supervisor Norem, to accept Outagamie County Resolution No. 130-2019-20 and place it on file. Motion carried 6-0.

Confirmation of Next Meeting – The next meeting was confirmed for Wednesday, April 29, 2020 at 2:00 p.m.

Adjournment

On motion by Vice Chair Brelenthin, second by Supervisor Staples, Chair Monroe adjourned the meeting at 3:05 p.m.

Submitted by Patricia Sommers, Administrative Assistant. Meeting minutes are not considered final until approved by the committee at the next regularly scheduled committee meeting.
To promote and protect the health and well-being of Walworth County by fostering self-sufficiency and building strong communities.
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All meetings are 2:00 p.m. in the County Board Room located in the Government Center – 100 W. Walworth, Elkhorn, Wisconsin

Wednesday, April 29, 2020

Wednesday, May 20, 2020

Wednesday, June 17, 2020

Wednesday, July 22, 2020

August – no meeting

Wednesday, September 16, 2020

Wednesday, October 21, 2020

Wednesday, November 18, 2020

Wednesday, December 16, 2020

Wednesday, January 20, 2021

Wednesday, February 17, 2021

Wednesday, March 17, 2021

Wednesday, April 28, 2021
**Mission**
To promote and protect the health and well-being of Walworth County by fostering self-sufficiency and building strong communities.

**Vision**
A thriving, connected and healthy Walworth County.

**Values**

*Leadership:*
Advance a culture of progress, engagement, professional growth and continuous improvement.

*Respect:*
Provide services that honor dignity, individuality, diversity and confidentiality.

*Innovation:*
Drive best practice through data-driven decisions and creative solutions.

*Partnership:*
Collaborate to maximize impact as a unified system responsive to consumer and community needs.

*Fiscal Responsibility:*
Earn public trust through efficient, cost-effective stewardship of resources.
2020 Revenues - $30,368,371

- Federal / State Grants: $13,773,384 (45%)
- Tax Levy: $11,315,007 (37%)
- Other: $5,434,830 (18%)

Total Revenues: $30,368,371
DHHS 2020 Budget Total Expenses

- Total: $30,523,221
- Behavioral Health: $10,849,038 (36%)
- Children & Family Services: $8,075,055 (27%)
- Long Term Care: $3,491,175 (11%)
- Public Health: $2,498,995 (8%)
- Admin & Resource Support: $5,608,958 (18%)

DHHS 2020 Budget Total Expenses Budget by Division

Total $30,523,221
Administration and Resource Supports

2020 Adopted Budget Summary

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<tr>
<td>2020 Revenue</td>
<td>$2,852,043</td>
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<td>2020 Levy Appropriation</td>
<td>$2,756,915</td>
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<tr>
<td>2020 Total Expenditures</td>
<td>$5,608,958</td>
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</tbody>
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Key Personnel
Elizabeth Aldred          HHS Director          741-3311
Carlo Nevicosi            HHS Deputy Director    741-3223
Kristen Tranel            Administrative Services Manager  741-3359
Rachel Morgan             Fiscal Supervisor       741-3280
Aaron Winden              Compliance and Medical Records Supervisor  741-3716
Mia Anderson-Inman        Economic Support Supervisor  741-3322
Sandy Cross               Lead Worker            741-3173
Barb Popera               Lead Worker            741-3181
Brenda Rogers             Lead Worker            741-3183
Brenda Zweck              Lead Worker            741-3329

Primary Programs

Administration plans, maintains and evaluates all Health & Human Services programming and administers the budget and fiscal functions for the Department. In addition, the Division provides records management, client billing, accounts payable and other accounting/fiscal services.

Economic Support provides financial and medical support to individuals and families through eligibility determinations for federal and state programs including FoodShare, Medicaid, BadgerCare, Child Care Assistance and Energy Assistance.

Key Projects/Issues

- **Building Project** - HHS moved into a new building in December 2019. This building provides several enhancements in technology, security and overall functionality. HHS administration is providing leadership through the last phase of the project including technology for the auditorium, design of a history wall and modification requests.

- **Synergies with Lakeland Health Care Center** - Health and Human Services and Lakeland Health Care Center are collaborating to expand services, harness resources and create synergies. Examples of this include sharing pharmacy and lab services, a Sustainable Kitchens Project, joint administrative services and shared psychiatric/psychological services. The Long Term Care unit of Economic Support is providing training and resources to help residents in applying for long term care Medicaid.

- **Electronic Health Records** – HHS, in partnership with IT, is upgrading the behavioral health electronic record system to the vendor's most state-of-the-art version. This upgrade will improve efficiency by incorporating modern features like electronic
signatures and faster processing times. In addition, HHS is implementing a new electronic medical software designed for public health services. This software will improve the efficiency, flow, and record keeping for public health service delivery and enhance traceability and reconciliation of public health product inventory.

- **Impact of COVID-19 on Economic Support Services** – The Economic Support program has seen an exponential increase in caseloads due to the loss of income during the COVID-19 crisis. We anticipate a significant number of new applicants who have never received benefits before. Temporary changes to the Supplemental Nutrition Assistance Program (SNAP) and Medicaid/Badger Care programs, such as relaxation of application and verification requirements, has made it easier for people to apply and receive these benefits.

- **Telework** - The Economic Support program has been exploring telework options for staff as the State and other consortia have moved to a work from home or hybrid model. Leadership is reviewing technical considerations, polices & procedures needed, and monitoring the outcomes of the telework model. During the COVID-19 outbreak, we have had the opportunity to pilot the work from home model as an option for staff.

- **Fleet Vehicles** - Administration continues to analyze the use of the county-owned vehicles for consumer transports and provision of services to consumers in the community. A cost-benefit analysis was completed in 2019 as well as a plan for fleet expansion. HHS currently has eleven vehicles in the fleet, with three new vehicles coming in 2020 along with two replacement vehicles. We expect to reach a fleet of sixteen total vehicles with a replacement cycle every 8 years.

- **Marketing/Social Media** - Administration is actively utilizing social media & the county website to reach the community and market HHS activities. We have revamped the agency's mission, vision and values and are creating new marketing materials to better reflect our mission.
Aging/Long Term Care and Adult Protective Services

2020 Adopted Budget Summary

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<tbody>
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<td>$2,796,955</td>
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<td>2020 Levy Appropriation</td>
<td>$694,220</td>
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<tr>
<td>2020 Total Expenditures</td>
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<td>FTE</td>
<td>21.55</td>
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Key Personnel

- Randy Kohl, Division Manager, 741-3154
- Byron Rachow, ADRC Supervisor, 741-3288
- Anne Prince, Aging and Nutrition Program Supervisor, 741-3157
- Kara Coates, ADRC Team Lead, 741-3243
- Anna Goodrum, Aging and Nutrition Lead, 741-3309

Primary Programs

- Aging & Disability Resource Center (ADRC) offers the general public a single-entry point for information and assistance on issues affecting older people, people with disabilities, or their families. Services include: information and assistance, long-term care options counseling, elderly and disability benefits counseling, emergency response, and access to long term care benefits.

- Aging and Nutrition Program assists adults age 60 and older to access programs and services including senior dining centers, meals on wheels, evidence-based prevention services, in-home supportive services and case management.

- Court Services (Guardianship) completes comprehensive evaluations and annual protective placement reviews. Staff participate in court hearings, educate family and friends on the guardianship process and monitor court-ordered guardianship cases.

- Adult Protective Services/ Elder Abuse investigates abuse and/or neglect allegations to adults (age 18-59 years old) and elders (60 years and older). Outreach services and resources are provided to individuals and/or families experiencing or at risk of experiencing abuse, neglect, self-neglect or financial exploitation.

- Dementia Care Specialist Program supports people with dementia and their caregivers in order to ensure the highest quality of life possible while living at home. The dementia care specialist provides early detection through memory screenings, support to families/caregivers through assistance with care planning, community support groups and creation of dementia friendly communities.

Key Projects/Issues

- **Guardianship Services** – After evaluation of the guardianship process in Walworth County it was determined there was an unnecessary upward trend of expenses, especially related to corporate guardianship. A new policy was developed in 2019 to have Walworth County better align with the guardianship procedures in other Wisconsin counties. A
second phase of evaluation will be conducted to determine if individuals currently under corporate guardianship, paid for by Walworth County, have the means to self-pay for these services. Individuals who meet the eligibility will be presented to the Court System to be re-evaluated based on their ability to self-pay.

- **Dementia Care Specialist Program** – The Aging & Disability Resource Center was awarded the grant through Wisconsin Department of Health Services for a full-time dementia care specialist position. The position is intended to increase the dementia capability of the ADRC, create more dementia-friendly communities, and increase opportunities for people with dementia to remain in their own homes as long as appropriate.

- **Volunteerism** – The Long Term Care Division utilizes over 500 volunteers annually for Meals on Wheels, guardianship and the friendly visitor programs. The use of volunteers is of tremendous benefit, as it would be challenging to employ this number of individuals. The coordination of the volunteers requires a lot of work based on the volume, shortage during certain times of the year, and safety of the individuals, as most volunteers are older adults. The Long Term Care Division will continue to collaborate with the Walworth County Volunteer Services office to recruit, train and evaluate volunteers and volunteer groups for the Meals on Wheels, guardianship and the friendly visitor programs.

- **Sustainable Kitchens** – The Nutrition Services program received a grant to implement the Sustainable Kitchens program in Walworth County for the Meals on Wheels program and at the congregate dining centers. Walworth County Department of Health Services and Lakeland Health Care Center (LHCC) will collaboratively initiate the Sustainable Kitchens model at the LHCC and distribute the meals to Meals on Wheels participants and congregate dining centers. The aim is to provide better quality meals through scratch cooking at a cost savings to the county.

- **First Responder Communication System** – A collaboration between the Walworth County TRIAD, Walworth County Long Term Care Division (LTC) and the Lake Geneva Fire Department (LGFD) has produced a communication system through which LTC and LGFD will be able to communicate concerns about consumers and the interventions, services and resources provided to help the consumer remain in their homes as long as is appropriate. Based on the success of the pilot program, the communication system may be implemented county-wide.

- **Purple Angel Program** – In an effort to easily communicate essential information about an individual whom has dementia to first responders the Long Term Care Division will be initiating the Purple Angel program. The program will utilize the File of Life mechanism already well known to the first responders in Walworth County. A purple angel sticker will be placed on the outside pocket of the File of Life designating that there is an individual in the home that has dementia. Inside the File of Life pocket will be information related to the individual including: behavioral information, medical history, medications, and instructions on how to best interact.
Behavioral Health Division

2020 Adopted Budget Summary

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Key Personnel
Amy Hart          HHS Manager of Behavioral Health Unit  741-3143
Dr. Steven Ortell Medical Director  741-3200
Nicole Heinrich  Behavioral Health Supervisor  741-3159
Sonia Hill        Crisis Intervention Supervisor  741-3747
Kyley Shramek     Crisis Intervention Lead Worker  741-3431
Emily Bryant      Behavioral Health Case Management Services Supervisor  741-3304
Heidi Wood        Behavioral Health Case Management Services Supervisor  741-3347
Jessica Harder    Behavioral Health CCS Lead Worker  741-3313

Primary Programs

Mental Health Outpatient clinic provides treatment for mental health substance abuse problems. Specific emphasis is placed on treating adolescents, individuals and families in the juvenile justice, child welfare systems, our Comprehensive Community Support programs and consumers at risk of suicide and psychiatric hospitalizations. The program serves as the treatment arm of the Walworth County Treatment Courts.

Psychiatric and Psychological Services are provided to children, adolescents, and adults with mental illness, substance use disorders, and developmental disabilities. Services are available by referral from an agency staff member and are often used to determine safety, or to develop conditions of return for the parents of children placed out of their homes due to abuse or neglect. Services include psychological testing and evaluation, medication evaluation and medication management.

Emergency Mental Health provides a continuum of services for consumers experiencing mental health emergencies. Services include 24-hour phone support, walk-in-services, crisis counseling, assessment for stabilization services and inpatient hospitalizations, and service linkage and coordination. Court, case management and Mental Health Community Services all provide ongoing coordination of treatment needs for those who are at high risk of experiencing a mental health crisis.

Community Support Program (CSP) is an assertive community based treatment program that assists adults with serious and persistent mental illness to live as independently as possible in the community. CSP provides services 7 days per week, 24 hours per day, 365 days per year. Services are provided by a treatment team that includes a psychiatrist, registered nurse, clinical coordinator, and case managers.
Comprehensive Community Services (CCS) provides intensive, targeted community based care for children and adults who have a variety of mental health and/or substance use disorders. Services are designed for individuals whose treatment needs are more than can be provided in an outpatient setting, but less intensive that CSP services. The program delivers enhanced individualized services that help reduce hospitalizations and improve primary health outcomes, relationships, meaningful employment and overall life satisfaction.

Community Recovery Systems (CRS) is a Medicaid benefit that allows counties to claim federal dollars for eligible services currently paid for with tax levy or other county funds. It is a voluntary psychosocial rehabilitation program for individuals with a qualifying mental health disorder. Services focus on consumer choice, person-centered planning and recovery.

Key Project/Issues

- Crisis redesign – The Emergency Mental Health Program is moving forward with a redesign that is going to improve our ability to assess consumers in their environments, whether it be home, school or the community. Staff resources will be reallocated, ensuring that high utilization times are well-staffed. The redesign proposes utilizing a vendor to handle third shift crisis call with follow up contacts provided by county crisis staff. All necessary face to face services on third shift will be provided by a rotation of on-call staff. This will allow for an increase in face to face contacts from the initiation of services, throughout a consumer’s involvement with HHS.

- Expansion of CCS – Significant state funding has been dedicated to expansion of CCS programs. The program will add up to seven additional positions in 2020 to accommodate demand. The expansion allows for more residents of Walworth County to benefit from the comprehensive services designed to serve the entire family system. This opportunity will help us to strengthen the partnerships between multiple treatment court programs as well as Child Protective Services.

- Women’s Wraparound Program- Walworth County received this grant from 2012-2019, but we were not awarded continued funding for 2020. Several workers were reassigned to vacant positions. In April 2020 we were informed by the Wisconsin Department of Health Services Wisconsin that due to irregularities in their grant evaluation process we were now eligible for 2020 funding and would be eligible to apply for on-going funding in the fall. We will be determining how best to utilize this funding during the pandemic and throughout the course of the year.

- SAMHSA Grant / Family Treatment Court – HHS is the recipient of a $1.8 million Substance Abuse and Mental Health Services Administration (SAMHSA) grant. This grant is allocated over the course of 5 years and is dedicated to expanding services within the Family Treatment Court. This is a highly monitored grant with multiple levels of oversight. We will continue to work with SAMHSA on adhering to the requirements of this grant and ensuring that we are expanding services to the individuals and families enrolled in the program.
Children and Families Services

2020 Adopted Budget Summary

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Key Personnel

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<tr>
<td>Lisa Broll</td>
<td>Division Manager</td>
<td>741-3343</td>
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<tr>
<td>Valerie Alvarez</td>
<td>Child Protective Services Ongoing Supervisor</td>
<td>741-3261</td>
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<tr>
<td>Alison Mansky</td>
<td>Child Protective Services Ongoing Supervisor</td>
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<tr>
<td>Renee Peck</td>
<td>Youth Justice Supervisor</td>
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<tr>
<td>Meghan Mahar</td>
<td>Child Protective Services Access/Initial Assessment Supervisor</td>
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Primary Programs

**Access/Initial Assessment** is responsible for receiving information from mandated and non-mandated reporters regarding alleged child maltreatment. In-depth assessments are conducted in response to alleged maltreatment in order to evaluate child safety, control safety threats and determine whether maltreatment occurred.

**Child Protective Services (CPS) Ongoing** provides case management and service coordination to children and families in need of protection or permanency, including those placed in foster care, residential care centers, or group homes.

**Youth Justice** receives referrals on juvenile delinquency and truancy cases and conducts inquiries to determine course of action. Case management services are provided to first-time juvenile offenders and intensive community-based interventions are provided for serious offenders. Services are delivered in a trauma informed manner with the intention of preventing placement in correctional or residential care facilities.

**Children’s Long-Term Support (CLTS) Medicaid Waiver and Children’s Community Options Program (CCOP)** are programs that support children with developmental disabilities, physical disabilities and severe emotional disturbances. These programs provides access to resources that help families support their children with severe disabilities within their own homes.

**Mental Health Navigator** is a collaboration with the Alternative High School in Elkhorn to help navigate the needs of high risk youth and their families that attend the school. The county employs and supervises a clinical social worker that works directly in the schools and is 75% funded by the school district.

**Foster Care** coordinates the licensing of homes and provides support and training for foster providers.

**Kinship Care** is a state-funded program that provides financial assistance to relatives providing care to a child in their home.
Key Projects/Issues

- **Child Welfare Allocation/Caseload Study** - The 2019-2021 Biennial State budget provided additional funding to county child welfare agencies to address high caseloads and rising out-of-home care costs. This increased funding followed a statewide study that identified concerns with caseload size. In accordance with the study’s guidelines, Walworth County utilized the funding to increase direct services to reduce caseloads and improve supervisor-to-worker ratios. These strategies are aimed at keeping children safely in their own home.

- **Youth Justice state-wide changes** – A shift has been made at the state level that has counties looking at ways to help divert youth from a historically punitive approach to a more trauma-informed, engaging manner. Under this new approach, counties would concentrate services on youth with the highest risk and needs. HHS was chosen as to be one of the counties to receive a Youth Justice Innovation grant as well as a pilot county to implement a new state-wide assessment tool for youth entering the youth justice system.

- **CPS Screened Out Reports** – Since 2014, HHS has been sending all screened out child abuse reports to law enforcement and the Child Advocacy Center. In the spring of 2020, HHS entered into a memorandum of understanding (MOU) with all 18 law enforcement jurisdictions to modify this practice and send only those reports that statutorily should be sent. We continue to work on developing an MOU with the Child Advocacy Center to help shape and redefine our roles as we move forward.

- **On-Call** – The process of taking a child protective services is one of the most important aspects of the child welfare system. After hours, our Crisis Intervention Program handles these calls. We are evaluating our existing child protective services on call system to ensure that we are properly allocating our resources to this important duty.

- **Families First Prevention Act** – This new federal law requires states to reform our child welfare systems. The act focuses on keeping families intact. Wisconsin will be implementing this no later than October of 2021 and we will be required to provide more preventative, evidenced-based programming to be used with families in the child welfare system.

- **Foster Care Recruitment and Training** – Having skilled and trained foster homes to meet the needs of the children entering care will be important with the upcoming changes with the Families First Prevention Act. With the increased allocation we received from the State budget, we hired an additional foster care coordinator. We will be evaluating our current foster care system in Walworth County and will identify ways to provide enhanced training, support and ongoing recruitment for foster home providers.
## Public Health

### 2020 Adopted Budget Summary

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<tr>
<td>Erica Bergstrom, MPH</td>
<td>Health Officer/Manager</td>
<td>741-3161</td>
</tr>
<tr>
<td>Holli Wilke, BSN, RN</td>
<td>Supervisor-Public Health</td>
<td>741-3282</td>
</tr>
<tr>
<td>Terese Rutkowski, MS, RD</td>
<td>Supervisor-WIC</td>
<td>741-3137</td>
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### Primary Programs

**Birth to Three** is a federally mandated early intervention program for children with developmental delays and/or disabilities from birth up to 36 months old. Services are performed in the child’s natural environment, where they spend most of their time, and focus on coaching the parent on how to best interact with their child to promote positive development.

**Childhood Lead Poisoning Prevention** program works with families of children under the age of 6 who are at risk for lead poisoning. Children identified as lead poisoned receive targeted case management and an environmental assessment of the home for lead hazards.

**Communicable Disease** surveillance, investigation, and control are responsibility of Public health per Wisconsin Chapter 251.05 (2) and 252.03. Health care providers are required to notify public health of communicable diseases and disease outbreaks as identified in statute DHS 145.

**Dental Services** include the Seal-A-Smile program, which provide school-based dental evaluations, fluoride treatments, and sealant placement for children in 5K, 2nd, 5th, and 6th grades. The department also provides these services at HHS for children under 6 covered by Medicaid.

**Emergency Preparedness** staff respond to disasters (both natural and manmade), disease outbreaks, and other public health emergencies. Within emergency preparedness public health also has mandates to help ensure community readiness and resiliency which it does through outreach and coordinating the county Medial Reserve Corps.

**Environmental Health** provides resources for the assessment, management, control, and prevention of environmental factors that may adversely affect the health, comfort, safety or wellbeing of individuals. Staff assist residents with various issues such as water quality, air quality, food safety, lead poisoning, housing, human health hazards, animals, vectors, and radiation. The program has a contract to test public water wells for rural facilities and operates a water laboratory to analyze drinking water for bacteria, arsenic, nitrate, nitrite, and lead and surface waters for bacteria levels. Environmental health services are mandated under Chapter 254.
**Family Connects** is a postnatal nurse home visiting program that consists of one to three visits beginning at about three weeks of age. The nurse screens for infant health as well as parenting behaviors, and provides the family with linkages to community resources. The brief program’s outcomes include reductions in the prevalence of postpartum depression and anxiety and a decrease in the likelihood of child abuse and neglect.

**Maternal, Child, and Family Health (MCH)** programs cover an array of services including, but not limited to, suicide prevention in adolescents, safe sleep, prenatal care coordination, and newborn screening phone calls. The programs are designed to optimize health outcomes for children and family units.

**Nursing Clinical Services** provide immunizations, tuberculosis skin tests and blood draws, and pregnancy tests. The nurses also provide tuberculosis case and medicine management including directly observed therapy. Clinical care provided by our nursing staff is conducted under the standing order of a voluntary medical advisor.

**Parents as Teachers** is a home visiting, parent education model that provides services to families with children from prenatal through kindergarten. The program focuses on personal visits, development of group connections and resource networks, and child screening. It aims to increase parental knowledge of early childhood development, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increases school readiness and success.

**Women Infants and Children (WIC)** provides nutritional counseling and food checks to help keep pregnant, breastfeeding, and postpartum women, infants, and children less than five years old healthy and strong. Studies have shown that women and/or children participating in WIC receive early prenatal care, eat better, are healthier babies, weigh more, grow and develop better, eat a better diet, and receive regular doctor visits and immunizations.

**Key Projects/Issues**

- **Community Health Assessment/CHIP** The Division of Public Health is fully engaged in a process to systematically collect and analyze data on the health of the community and the health priorities of our community members. When the data collection and analysis phase is completed, Public Health will mobilize people, organizations and stakeholders to collaboratively address issues that impact health. The result is the development of a Community Health Improvement Plan (CHIP) that aims to measurably improve the health of the population.

- **Pandemic Response** Public Health has played a central role in county’s response to the COVID-19 pandemic. Public health has employed a number of strategies to slow the spread of the disease including public education, epidemiological investigations, support and monitoring for those exposed to the virus, and development of guidance to county departments.
➢ **Overdose Fatality Response Team** Walworth County remains in the top quarter of Wisconsin Counties for rates of drug overdose deaths. In response, Public Health led the formation of a countywide team tasked with evaluating overdose cases and attempting to identify factors contributing the deaths. The team identifies missed opportunities for interventions and makes systems-level recommendations to reach those impacted by drug use to prevent future overdose deaths.
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<tr>
<td>SAVE</td>
<td>Systematic Alien Verification for Entitlements</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>SBIRT</td>
<td>Screening, Brief Intervention, Referral to Treatment</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>SCAODA</td>
<td>State Council on Alcohol and Other Drug Abuse</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>SCTF</td>
<td>WI Support Collection Trust Fund</td>
<td>Resource Support</td>
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<td>SED</td>
<td>Severe Emotional Disturbance</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>SERO</td>
<td>Southeast Regional Office</td>
<td>BH/AODA/Crisis</td>
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<td>SEWRPC</td>
<td>Southeastern Wisconsin Regional Planning Commission</td>
<td>BH/AODA/Crisis</td>
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<td>SH</td>
<td>Self-Harm</td>
<td>BH/AODA/Crisis</td>
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<td>SLSS</td>
<td>St. Luke’s South Shore</td>
<td>BH/AODA/Crisis</td>
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<td>SOP</td>
<td>Standard Operating Procedure</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>SP or ST or SLP</td>
<td>Speech Therapist</td>
<td>Children’s</td>
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<td>SSA</td>
<td>Social Security Administration</td>
<td>Children’s</td>
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<td>SSDI</td>
<td>Social Security Disability Income</td>
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<td>SSI</td>
<td>Social Security Income</td>
<td>Children’s</td>
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<tr>
<td>SSI-E</td>
<td>Social Security Income – Exceptional</td>
<td>Children’s</td>
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<tr>
<td>STAC</td>
<td>Southeast Wisconsin Threat Analysis Center (aka Milwaukee Intelligence Fusion Center)</td>
<td>Public Health</td>
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<td>SW</td>
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<td>T19</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<tr>
<td>TANF</td>
<td>Temporary Aid for Needy Families</td>
<td>Resource Support</td>
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<td>TCM</td>
<td>Targeted Case Management</td>
<td>Resource Support</td>
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<td>TF-CBT</td>
<td>Trauma-Focused Cognitive Behavioral Therapy</td>
<td>BH/AODA/Crisis</td>
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<td>TIC</td>
<td>Trauma Informed Care</td>
<td>BH/AODA/Crisis</td>
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<tr>
<td>Term</td>
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<td>TPA</td>
<td>Third Party Administer</td>
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<td>TPR</td>
<td>Termination of Parental Rights</td>
<td>Children’s</td>
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<td>VOAD</td>
<td>Volunteer Organizations Active in Disasters</td>
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<td>W2</td>
<td>Wisconsin Works</td>
<td>Resource Support</td>
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<td>WAAODA</td>
<td>Wisconsin Association on Alcohol and Other Drug Abuse</td>
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<td>WALHDAB</td>
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<td>WCA</td>
<td>Wisconsin Counties Association</td>
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<td>WCAC</td>
<td>Walworth County Alliance for Children</td>
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<td>Walworth County Department of Health and Human Services</td>
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<td>Walworth County Division of Public Health</td>
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<td>WCHSA</td>
<td>Wisconsin County Human Services Association</td>
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<td>WCSO</td>
<td>Walworth County Sheriff’s Office</td>
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<td>WEAVR</td>
<td>Wisconsin Emergency Assistance Volunteer Registry</td>
<td>Public Health</td>
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<td>WEDSS</td>
<td>Wisconsin Electronic Disease Surveillance System</td>
<td>Public Health</td>
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<td>WEM</td>
<td>Wisconsin Emergency Management</td>
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<td>WHA</td>
<td>Wisconsin Hospital Association</td>
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<td>WHEAP</td>
<td>Wisconsin Home Energy Assistance Program</td>
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<td>WHEPP</td>
<td>Wisconsin Hospital Emergency Preparedness Program</td>
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<td>WHO</td>
<td>World Health Organization</td>
<td>Public Health</td>
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<tr>
<td>WIC</td>
<td>Women, Infants, and Children</td>
<td>Public Health</td>
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<td>WIMCR</td>
<td>Wisconsin Medicaid Cost Report</td>
<td>Fiscal/Admin</td>
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<td>Wisconsin Immunization Registry</td>
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<td>WITS</td>
<td>Wisconsin Incident Tracking Systems</td>
<td>BH/AODA/Crisis</td>
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<td>WMHI</td>
<td>Winnebago Mental Health Institute</td>
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<td>Wisconsin State Laboratory of Hygiene</td>
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<td>Women’s Wraparound Program</td>
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<td>Wisconsin Well Woman Program</td>
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46.001 Purposes of chapter. The purposes of this chapter are to conserve human resources in Wisconsin; to prevent dependency, mental illness, developmental disability, mental infirmity, and other forms of social maladjustment by a continuous attack on causes; to provide effective aid and services to all persons in need of that aid and those services to assist those persons to achieve or regain self-dependence at the earliest possible date; to avoid duplication and waste of effort and money on the part of public and private agencies; and to coordinate and integrate a social welfare program.


46.011 Definitions. In chs. 46, 50, 51, 54, 55, and 58:

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CHAPTER 46
SOCIAL SERVICES

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b. Such other reports as are required by the secretary of health services, the secretary of children and families, the secretary of corrections, and the county board of supervisors.

(4) Construction. (a) Any reference in any law to a county department of social services under this section applies to a county department under s. 46.23 in its administration of the powers and duties of the county department of social services under s. 46.23 (3) (b).

1. Any reference in any law to a county social services director appointed under sub. (2) (b) applies to the director of a county department appointed under s. 46.23 (5) (f) in his or her administration of the powers and duties of that county social services director.

2. Any reference in any law to a county social services board appointed under sub. (3m) (a) applies to the director of a county department appointed under s. 46.23 (6m) (intro.) in his or her administration of the powers and duties of that county social services director.

(c) 1. Any reference in any law to a county social services board appointed under sub. (1m) (b) 1. and 3. applies to the board of a county department appointed under s. 46.23 (4) (b) 1. in its administration of the powers and duties of that county social services board.

2. Any reference in any law to a county social services board appointed under sub. (1m) (b) 2. applies to the board of a county department appointed under s. 46.23 (4) (b) 2. in its administration of the powers and duties of that county social services board.


Members of a social services board in a county with a county executive or a county administrator may be granted access to child abuse and neglect files under s. 48.981 if access is necessary for the performance of their statutory duties. 79 Atty. Gen. 212. 46.225 Indigency determinations. If applicable under s. 977.07 (1), a county department under s. 46.21, 46.22 or 46.23 shall make indigency determinations.


46.23 County department of human services. (1) INTENT. The intent of this section is to enable and encourage counties to develop and make available to all citizens of this state a comprehensive range of human services in an integrated and efficient manner; to utilize and expand existing governmental, voluntary and private community resources for the provision of services to prevent or ameliorate social, mental and physical disabilities; to provide for the integration of administration of those services and facilities organized under this section through the establishment of a unified administrative structure and of a unified policy-making body; and to authorize state consultative services, reviews and establishments of standards and grants—in aid—for such programs of services and facilities.

(2) DEFINITIONS. Except as otherwise provided, in this section:
(a) “Human services” means the total range of services to people including, but not limited to, health care, mental illness treatment, developmental disabilities services, income maintenance, probation, extended supervision and parole services, alcohol and drug abuse services, services to children, youth and aging, family counseling, special education services, and manpower services.

(b) “Program” means community services and facilities for the prevention and amelioration of social, mental and physical disabilities.

(3) COUNTY DEPARTMENT OF HUMAN SERVICES. (a) Creation. Upon approval by the secretary of health services, by the secretary of corrections, and by the secretary of children and families of a feasibility study and a program implementation plan, the county board of supervisors of any county with a population of less than 750,000, or the county boards of supervisors of 2 or more counties, may establish by resolution a county department of human services on a single–county or multicounty basis to provide the services required under this section. The county department of human services shall consist of the county human services board, the county human services director and necessary personnel.

(1m) Delivery of services plan. 1. The county department of human services shall prepare a local plan for the delivery of human services which includes an inventory of all existing resources, identifies needed new resources and services and contains a plan for meeting the health, mental health and social needs of individuals and families. The plan shall be based on an annual need survey of the prevalence and incidence of the various disabilities within the geographic boundaries of the county department of human services. The plan shall also include the establishment of long–range goals and intermediate–range plans, detailing priorities and estimated costs and providing for coordination of local services and continuity of care.

2. Prior to adoption of the plan by the county department of human services under subd. 1., it shall hold a public hearing on the plan. As far as practicable, the county department of human services shall annually publish or otherwise circulate notice of its proposed plan and afford interested persons opportunity to submit data or views orally or in writing.

3. The county board of supervisors in a county with a single–county department of human services and the county boards of supervisors in counties with a multicounty department of human services shall review and approve the overall plan, program and budget proposed by the county department of human services until the counties have drawn up a detailed contract plan.

4. No funds may be allocated to any multicounty department of human services until the counties have drawn up a detailed contract plan.

(b) Transfer of other county powers and duties. 1. If a county department of human services is established under par. (a), the county board of supervisors in a county with a single–county department of human services or the county boards of supervisors in counties with a multicounty department of human services shall transfer the powers and duties of the county departments under ss. 46.22 and 51.42 to the county department of human services. The county board of supervisors in a county with a single–county department of human services and the county boards of supervisors in counties with a multicounty department of human services may transfer the powers and duties of the following to the county department of human services established under par. (a):

a. A county unit created by the county board of supervisors exercising its authority under s. 59.03 (1).

am. A county department under s. 51.437.

b. A local board of health for a local health department, as defined in s. 250.01 (4) (a) 1. or 2. or (c).

bm. A local health officer for a local health department, as defined in s. 250.01 (4) (a) 1. or 2. or (c).

c. A local health department, as defined in s. 250.01 (4) (a) 1. or 2. or (c).

d. Any other human services program under county control.

2. a. Except as provided in s. 46.21 (2m) (b) 2. a., any reference in any law to a county department under s. 46.22, 51.42 or 51.437 applies to the county department of human services under this section in its administration of the powers and duties of the county department to which the reference is made.

b. Any reference in any law to a county director appointed under s. 46.22 (2) (b), 51.42 (5) (a) 4. or 51.437 (9) (a) applies to the county human services director appointed under sub. (5) (f) in his or her administration of the powers and duties of the county director to which the reference is made.

c. Any reference to a county board appointed under s. 46.22 (1m) (b) 1., 51.42 (4) (a) 1. or 51.437 (7) (a) 1. applies to the county human services board appointed under sub. (4) (b) 1. in its administration of the powers and duties of the county board to which the reference is made. Except as provided in s. 46.21 (2m) (b) 2. b., any reference in any law to a county director appointed under s. 46.22 (3m) (a), 51.42 (6m) (intro.) or 51.437 (16) (intro.) applies to the or tribal agency and director appointed under sub. (6m) (intro.) in his or her administration of the powers and duties of the county director to which the reference is made.

d. Any reference to a county board appointed under s. 46.22 (1m) (b) 1., 51.42 (4) (a) 1. or 51.437 (7) (a) 1. applies to the county human services board appointed under sub. (4) (b) 1. in its administration of the powers and duties of the county board to which the reference is made.

d. The powers and duties of the county department of human services under s. 46.21 (2m) do not apply to this section.

(d) Employee protections. All persons employed by a county or by the state, whose functions are assumed by a county department of human services shall continue as employees of the county department of human services without loss in seniority, status or benefits, subject to the merit or civil service system.

(e) Exchange of information; long−term care. Notwithstanding ss. 46.2895 (9), 48.78 (2) (a), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 253.07 (3) (c), and 938.78 (2) (a), a subunit of a county department of human services or tribal agency acting under this section may exchange confidential information about a client, without the informed consent of the client, with any other subunit of the same county department of human services or tribal agency, with a resource center, a care management organization, or a long−term care district, with an elder−adult−at−risk agency, an adult−at−risk agency, or any agency to which referral for investigation is made under s. 46.90 (5) (a) 1. or 55.043 (1r) (a) 1g., or with a person providing services to the client under a purchase of services contract with the county department of human services or tribal agency or with a resource center, a care management organization, or a long−term care district, if necessary to enable an employee or service provider to perform his or her duties, or to enable the county department of human services or tribal agency to coordinate the delivery of services to the client. An agency that releases information under this paragraph shall document that a request for information was received and what information was provided.

(ed) Exchange of information; statewide automated child welfare information system. Notwithstanding ss. 46.2895 (9), 48.396 (1) (a) and (2) (a), 48.78 (2) (a), 49.981 (7), 49.45 (4), 49.83, 51.30, 51.45 (14) (a), 55.22 (3), 146.82, 252.11 (7), 252.15, 253.07 (3) (c), 938.396 (1) (a) and (2), and 938.78 (2) (a), a county department under this section may enter the content of any record kept or information received by that county department into the statewide automated child welfare information system established under s. 48.47 (7g).

(4) COUNTY HUMAN SERVICES BOARD. (a) Composition. 1. In any single–county or multicounty department of human services, the county human services board shall be composed of not less than 7 nor more than 15 persons of recognized ability and demonstrated interest in human services. Not less than one–third nor
more than two-thirds of the county human services board members may be members of the county board of supervisors. At least one member appointed to a county human services board shall be an individual who receives or has received human services or shall be a family member of such an individual. The remainder of the county human services board members shall be consumers of services or citizens—at-large. No public or private provider of services may be appointed to the county human services board.

2. In a multicounty department of human services, the county human services board shall be constituted so that the representation shall be as equal as possible among the participating counties.

(b) Appointment. 1. Except as provided under subd. 2., the county board of supervisors in a county which has established a single-county department of human services or the county boards of supervisors in counties which have established a multicounty department of human services shall, before qualification under this section, appoint a governing and policy-making board to be known as the county human services board.

2. In any county with a county executive or county administrator and which has established a single-county department of human services, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the county human services board, which shall be only a policy-making body determining the broad outlines and principles governing the administration of programs under this section. A member of a county human services board appointed under this subdivision may be removed by the county executive or county administrator on due notice in writing.

(c) Terms. Members of a county human services board shall serve for terms of 3 years, so arranged that as nearly as practicable, the terms of one-third of the members shall expire each year. Vacancies shall be filled in the same manner as the original appointments. A county human services board member appointed under par. (b) 1. may be removed from office for the following reasons:

1. By a two-thirds vote of each county board of supervisors participating in the appointment, on due notice in writing.

2. If the member when appointed was a member of the county board of supervisors and was not reelected to that office, on due notice in writing.

(5) POWERS AND DUTIES OF COUNTY HUMAN SERVICES BOARD IN CERTAIN COUNTIES. A county human services board appointed under sub. (4) (b) 1.:

(a) 1. Shall determine administrative and program policies, except as provided under ch. 48 and subch. III of ch. 49 and except for policies relating to community-based juvenile delinquency-related services or to the purchase of juvenile correctional services, within limits established by the department of health services. Policy decisions, except as provided under ch. 48 and subch. III of ch. 49 and except for policy decisions relating to community-based juvenile delinquency-related services or to the purchase of juvenile correctional services, that are not reserved by statute for the department of health services may be delegated by the secretary to the county human services board.

2. Shall determine administrative and program policies under ch. 48 and subch. III of ch. 49 and administrative and program policies relating to community-based juvenile delinquency-related services within limits established by the department of children and families. Policy decisions under ch. 48 and subch. III of ch. 49 and policy decisions relating to community-based juvenile delinquency-related services that are not reserved by statute for the department of children and families may be delegated by the secretary of children and families to the county human services board.

3. Shall determine administrative programs and policies relating to the purchase of juvenile correctional services within limits established by the department of corrections. Policy decisions relating to the purchase of juvenile correctional services that are not reserved by statute for the department of corrections may be delegated by the secretary of corrections to the county human services board.

(b) Shall establish priorities in addition to those mandated by the department of health services, the department of corrections, or the department of children and families.

(c) 1. Shall determine whether state mandated services, except for services under ch. 48 and subch. III of ch. 49, community-based juvenile delinquency-related services, and juvenile correctional services, are provided by, purchased from, or contracted for with local providers, and monitor the performance of those contracts. Purchase of services contracts shall be subject to the conditions specified in s. 46.036.

2. Shall determine whether state mandated services under ch. 48 and subch. III of ch. 49 and state-mandated community-based juvenile delinquency-related services are provided by, purchased from, or contracted for with local providers, and monitor the performance of those contracts. Purchase of services contracts shall be subject to the conditions specified in s. 49.34.

3. Shall monitor the performance of contracts for the purchase of juvenile correctional services.

(d) Shall determine, subject to the approval of the county board of supervisors in a county with a single-county department of human services or the county boards of supervisors in counties with a multicounty department of human services and with the advice of the county human services director appointed under par. (f), whether services are to be provided directly by the county department of human services or contracted for with other providers and make such contracts. The county board of supervisors in a county with a single-county department of human services or the county boards of supervisors in counties with a multicounty department of human services may elect to require the approval of any such contract by the county board of supervisors in a county with a single-county department of human services or the county boards of supervisors in counties with a multicounty department of human services.

(e) Shall represent human service agencies, professionals and consumers of services in negotiations with the state and federal governments.

(f) Shall appoint a county human services director on the basis of recognized and demonstrated interest in and knowledge of human services problems, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of the duties of the county human services director. The appointment is subject to the personnel policies and procedures established by each county board of supervisors which participated in the appointment of the county human services board.

(g) Shall appoint advisory committees for the purpose of serving the county human services director and any other county human services board with respect to which the county human services board may be a governing board.

(h) Shall determine the number and location of outstations when appropriate to meet service demands.

(i) May recommend the removal of the county human services director to each county board of supervisors which participated in the appointment of the county human services board, and each such county board of supervisors may remove the county human services director by a two-thirds vote of each such county, on due notice in writing.

(j) Shall develop county human services board operating procedures.

(k) Shall oversee the operation of one or more service delivery programs.

(L) Shall evaluate services delivered.

(m) May perform such other general functions necessary to administer the program.

(n) 1. Shall submit a final budget in accordance with s. 46.031 (1) for authorized services, except for services under ch. 48 and subch. III of ch. 49, community-based juvenile delinquency-
related services, and juvenile correctional services. Notwithstanding the categorization of or limits specified for funds allocated under s. 46.495 or 51.423 (2), with the approval of the department of health services the county human services board may expend those funds consistent with any service provided under s. 46.495 or 51.42.

2. Shall submit a final budget in accordance with s. 49.325 (1) for authorized services under ch. 48 and subch. III of ch. 49 and for authorized community-based juvenile delinquency-related services. Notwithstanding the categorization of or limits specified for funds allocated under s. 48.569, with the approval of the department of children and families the county human services board may expend those funds consistent with any service provided under s. 48.569.

(o) Shall cooperate to the extent feasible with the school board, health planning agencies, law enforcement agencies, and other human service agencies, committees, and planning bodies in the geographic area served by the county human services board.

(p) Shall comply with state requirements.

(5m) POWERS AND DUTIES OF COUNTY HUMAN SERVICES BOARD IN CERTAIN COUNTIES WITH A COUNTY EXECUTIVE OR COUNTY ADMINISTRATOR. A county human services board appointed under sub. (4) (b) 2. shall:

(a) Appoint committees consisting of residents of the county to advise the county human services board as it deems necessary.

(b) Recommend program priorities and policies, identify unmet service needs and prepare short-term and long-term plans and budgets for meeting such priorities and needs.

(c) Prepare, with the assistance of the county human services director under sub. (6m) (e), a proposed budget for submission to the county executive or county administrator; a final budget for submission to the department of health services in accordance with s. 46.031 (1) for authorized services, except services under ch. 48 and subch. III of ch. 49, community-based juvenile delinquency-related services, and juvenile correctional services; and a final budget for submission to the department of children and families in accordance with s. 49.325 for authorized services under ch. 48 and subch. III of ch. 49 and for authorized community-based juvenile delinquency-related services.

(d) Advise the county human services director under sub. (6m) regarding purchasing and providing services and the selection of purchase of service vendors, and make recommendations to the county executive or county administrator regarding modifications in such purchasing, providing and selection.

(e) Develop county human services board operating procedures.

(f) Comply with state requirements.

(g) Assist in arranging cooperative working agreements with persons providing health, education, vocational or welfare services related to services provided under this section.

(6) POWERS AND DUTIES OF COUNTY HUMAN SERVICES DIRECTOR IN CERTAIN COUNTIES. (a) A county human services director appointed under sub. (5) (f) shall have all of the administrative and executive powers and duties of managing, operating, maintaining, and improving the services and programs of the county department of human services. Those powers and duties are subject to the rules promulgated by the department of health services for programs, except that, with respect to services or programs under ch. 48 and subch. III of ch. 49 and community-based juvenile delinquency-related services or programs, those powers and duties are subject to the rules promulgated by the department of corrections. In consultation with the county human services board under sub. (5) and subject to its approval, the county human services director shall prepare all of the following:

1. An annual comprehensive plan and budget of all funds necessary for the program and services authorized by this section in which priorities and objectives for the year are established as well as any modifications of long-range objectives.

2. Intermediate-range plans and budget.

3. Such other reports as are required by the secretary of health services, by the secretary of corrections, or by the secretary of children and families and the county board of supervisors in a county with a single-county department of human services or the county boards of supervisors in counties with a multicounty department of human services.

(c) A county human services director under this subsection shall make recommendations to the county human services board under sub. (5) for:

1. Personnel and salaries of employees.

2. Changes in the organization and management of the program.

3. Changes in program services.

(e) A county human services director under this subsection shall comply with state requirements.

(6m) COUNTY HUMAN SERVICES DIRECTOR IN CERTAIN COUNTIES WITH A COUNTY EXECUTIVE OR COUNTY ADMINISTRATOR. In any county with a county executive or county administrator in which the county board of supervisors has established a single-county department of human services, the county executive or county administrator shall appoint a county human services director on the basis of recognized and demonstrated interest in and knowledge of human services problems, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of the duties of the director. The appointment is subject to confirmation by the county board of supervisors unless the county board of supervisors, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county human services director, subject only to the supervision of the county executive or county administrator, shall:

(a) Supervise and administer any program for which supervision and administration is authorized under this section.

(b) Determine administrative and program procedures and administrative policies.

(c) Determine, subject to the approval of the county board of supervisors and with the advice of the county human services board under sub. (5m), whether services to be provided directly by the county department of human services or contracted for with other providers and make such contracts. The county board of supervisors may elect to require the approval of any such contract by the county board of supervisors.

(e) Assist the county human services board under sub. (5m) (c) in the preparation of the budgets required under sub. (5m) (c).

(f) Make recommendations to the county executive or county administrator regarding modifications to the proposed budget prepared by the county human services board under sub. (5m) (c).

(g) Evaluate service delivery.

(j) Perform other functions necessary to manage, operate, maintain and improve programs.

(k) Comply with state requirements.

(L) Represent human service agencies, professionals and consumers of services in negotiations with the state and federal governments.

(m) Determine the number and location of outstations when appropriate to meet service demands.

History: 1975 c. 39, 224; 1977 c. 29; 1981 c. 20, 93, 291; 1981 c. 329 s. 11; 1983 a. 27 ss. 962, 2202 (20); 1983 a. 29 ss. 844m to 860, 3200 (56) (a); 1985 a. 120, 176, 332; 1987 a. 186; 1987 a. 403 s. 256; 1989 a. 56, 359; 1991 a. 274; 1993 a. 16, 27, 83, 445, 491; 1995 a. 27 ss. 2112 to 2127, 9126 (19), 9130 (4); 1995 a. 64, 201, 352, 417; 1997 a. 3, 164, 208, 283; 1999 a. 9; 2003 a. 264, 388, 406; 2007 a. 20 ss. 878
46.234 Recovery residences; registration. (1) Definition. In this section, “recovery residence” means a home-like, residential environment that promotes healthy recovery from a substance use disorder and supports persons recovering from a substance use disorder through the use of peer recovery support.

(2) Registration. The department shall establish and maintain a registry of approved recovery residences. Subject to sub. (3), the department shall approve a recovery residence for inclusion in the registry if the recovery residence requests registration from the department and agrees to do or does all of the following:

(a) Operate with integrity, uphold residents’ rights, create a culture of empowerment where residents engage in governance and leadership, and develop abilities to apply the social model form of recovery that focuses on learning from the experiences of peers who are also in recovery.

(b) Provide a home-like, safe, and healthy environment.

(c) Facilitate active recovery and recovery community engagement, model positive social behaviors and relationship enhancement skills, and cultivate residents’ senses of belonging and responsibility toward community.

(d) Maintain an environment in the residence free from alcohol and illicit drugs.

(e) Have courtesy rules for residents and be responsive to concerns of neighbors to the residence.

(f) Display in the residence the code of ethics, grievance procedure, and grievance contact information.

(3) Acceptance of medication-assisted treatment. Beginning on April 1, 2022, the department may not include a recovery residence in the registry if the recovery residence excludes any resident solely on the basis that the resident is participating in medication-assisted treatment.

(4) Registration required for referrals or funding. A recovery residence is not required to register with the department unless the recovery residence seeks referrals under sub. (5) or state or federal funds passing through the state treasury.

(5) Referrals. Upon request for referrals to recovery residences, the department shall provide a list of recovery residences that are included on the registry under sub. (2). The department may limit the list of registered recovery residences provided under this subsection based on the geographical and other preferences specified by the person requesting referrals.

(6) Use of registered designation. A recovery residence may not use the designation of or hold itself out as “registered” or “state approved” unless the recovery residence is included in the registry under sub. (2).

(7) Information required. The recovery residence shall provide at the time of its request for registration for the purpose of inclusion on the registry all of the following information:

(a) The name of any organization that has certified the recovery residence.

(b) The name of any organization under which the recovery residence operates.

(c) The address of the recovery residence.

(d) The number of residents allowed to reside at the recovery residence.

(e) The number of residents allowed to reside at the recovery residence.

(f) Display in the residence the code of ethics, grievance procedure, and grievance contact information.

(8) Revocation of registration. The department shall revoke the registration of a recovery residence if the recovery residence ceases to meet the criteria under sub. (2).

History: 2019 a. 120.
CHAPTER 251
LOCAL HEALTH OFFICIALS

251.001 Legislative findings.

251.01 Definitions.

251.02 Local health department; establishment.

251.03 Local board of health; members.

251.04 Local board of health; powers and duties.

251.05 Local health department; levels of service; duties.

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251.13 City–county health department and multiple county health department, joint funds.

251.135 Publication and effective date of orders and regulations.

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251.15 Withdrawal of counties, cities, villages, or towns.

251.16 Local health department; evidence.

251.20 Rule making.

Cross-reference: See definitions in s. 250.01.

251.001 Legislative findings. The legislature finds that the provision of public health services in this state is a matter of statewide concern. History: 1993 a. 27.

251.01 Definitions. In this chapter:

(1g) “City–county board of health” means a board of health for a city–county health department.

(1r) “County board of health” means a board of health for a single county health department or for a multiple county health department.

(3) “County health officer” means the position of a local health officer in a single county health department or in a multiple county health department.

(7m) “Represented employee” means an employee in a collective bargaining unit for which a representative is recognized or certified under subch. IV of ch. 111.

(8) “Sanitarian” means a sanitarian, as defined in s. 440.98 (1) (b), who is registered under s. 440.98 (5).

History: 1993 a. 27 ss. 196, 197, 466; 2001 a. 16; 2007 a. 130.

251.02 Local health department; establishment. (1) In counties with a population of less than 750,000, unless a county board establishes a city–county health department under sub. (1m) jointly with the governing body of a city or establishes a multiple county health department under sub. (3) in conjunction with another county, the county board shall establish a single county health department, which shall meet the requirements of this chapter. The county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r) or by a city–county health department established under sub. (3t). No governing body of a city may establish a city health department after January 1, 1994.

(1m) Subject to sub. (1r), in counties with a population of less than 750,000, the county board and the governing body of a city that has a city health department may jointly establish a city–county health department, which shall meet the requirements of this chapter. A city–county health department shall serve all areas of the county that are not served by a city health department that was established prior to January 1, 1994, by a town or village health department established under sub. (3m), or by a multiple municipal local health department established under sub. (3r). A city–county health department established under this subsection after September 1, 2001, is subject to the control of the city and county acting jointly under an agreement entered into under s. 66.0301 that specifies, in conformity with this chapter, all of the following:

(a) The powers and duties of the city–county health department.

(b) The powers and duties of the city–county board of health.

(c) The relative powers and duties of the city and county with respect to governance of the city–county health department and the city–county board of health.

(1r) If a city that assigns represented employees to its city health department and if a county that assigns represented employees to its county health department jointly establish a city–county health department under an agreement specified under sub. (1m), all of the following shall apply, but only if the represented employees at the city health department and at the county health department who perform similar functions are included in collective bargaining units that are represented by the same representative:

(a) The city–county health department shall offer employment to all city and county employees who are represented employees and who perform functions for the city and county that are transferred to the city–county health department in the agreement under sub. (1m).

(b) Notwithstanding s. 111.70 (4) (d), if, in any collective bargaining unit that is initially created at the city–county health department, all of the former city and county employees were represented by the same representative when they were employed by the city or county, that representative shall become the initial representative of the employees in the collective bargaining unit without the necessity of filing a petition or conducting an election.

(c) Unless otherwise prohibited by law, with respect to city–county health department employees who were formerly represented employees at the city or county, the city–county health department shall adhere to the terms of the collective bargaining agreements that covered these employees while they were employed by the city or county until such time that the city–county health department and the representative of the employees have entered into a collective bargaining agreement.

(2) (a) Except as provided in par. (b), in a county with a population of 750,000 or more, the governing body of each city or village shall do one of the following:

1. Establish a local health department that meets the requirements of this chapter.

2. Contract with the local health department of another city or village in the county to have that local health department provide services in the city or village.

(b) In a county with a population of 750,000 or more, the governing body of a city or village may establish, jointly with the gov-
A local board of health shall consist of not more than 9 members. At least 3 of these members shall be persons who are not elected officials or employees of the governing body that establishes the local health department and who have a demonstrated interest or competence in the field of public health or community health. In appointing the members who are not elected officials or employees, a good faith effort shall be made to appoint a registered nurse and a physician. Members of the local board of health shall reflect the diversity of the community. A county human services board under s. 46.23 (4) may act as a county board of health if the membership of the county human services board meets the qualifications specified in this subsection and if the county human services board is authorized to act in that capacity by the county board of supervisors. If a county human services board acts in this capacity, it shall use the word “health” in its title.

(2) The chief executive officer of a city or a village shall appoint members of a local board of health, subject to confirmation by the governing body. In a city with a county executive, the county executive shall appoint members of the county board of health, subject to confirmation by the county board of supervisors. In a city without a county executive, members of the county board of health shall be appointed by the chairperson of the county board of supervisors, subject to confirmation by the county board of supervisors. The person who appoints members of the local board of health may designate certain members to be nonvoting members of the board.

(3) In establishing a city–county or multiple county health department, the relevant governing bodies shall agree on how many of the members of the local board of health are appointed by each governing body and how many members of the local board of health are appointed by the governing body. The members shall be appointed as specified in sub. (2).

(4) Governing bodies of counties, cities or villages that appoint local boards of health shall specify the lengths of terms of members and shall provide for staggered terms.

(4m) Subsections (1) to (4) do not apply to a city or town that establishes a local health department under s. 251.02 (3m). In a city or town that does so, the village board or town board shall establish itself as a local board of health or appoint either wholly or partially from its own members a local board of health that consists of a suitable number of competent persons. A local board of health under this subsection shall elect a chairperson and clerk.

(5) No governing body of a county, city, village or town is required to use the term “local board of health” to refer to a local board of health that is established under this section.

History: 1993 a. 27; 1999 a. 9; 2003 a. 158.
LOCAL HEALTH OFFICIALS 251.06

251.05 Local health department; levels of service; duties. (1) A local health department shall meet the following requirements specified in par. (a) and may, unless sub. (6) applies, meet the following requirements specified in par. (b) or (c):

(a) As a Level I local health department, at least the level of services specified in sub. (2) (a) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (a).

(b) As a Level II local health department, at least the level of services specified in sub. (2) (b) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (b).

(c) As a Level III local health department, at least the level of services specified in sub. (2) (c) with a local health officer who at least meets the qualifications specified in s. 251.06 (1) (c).

(2) The services to be provided by the 3 levels of local health departments are as follows:

(a) A Level I local health department shall provide at least surveillance, investigation, control and prevention of communicable diseases, other disease prevention, health promotion and human health hazard control.

(b) A Level II local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(c) A Level III local health department shall provide at least the services under par. (a) and additional services specified by the department by rule under s. 251.20 (3).

(3) A local health department shall:

(a) Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.

(b) Develop public health policies and procedures for the community.

(c) Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s. 250.03 (1) (L).

(d) Submit data, as requested, to the local public health data system established by the department.

(e) Act as agent of the department, if designated by the secretary under s. 250.042 (1).

(4) Except as provided in sub. (6), a local health department is not required to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(5) Except as provided in sub. (6), the department may not require a local health department to provide the level of services that is specified in sub. (1) (b) or (c) or to have a local health officer who meets the qualifications specified in sub. (1) (b) or (c).

(6) A local health department may be required to provide the level of services that is specified in sub. (1) (b) or (c) if and only to the extent that these services and qualifications are funded from state and federal funds that are available and are additional to any funding available on January 1, 1994.


251.06 Local health officer; qualifications; duties. (1) A local health officer of a Level I local health department shall have at least a bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing.

2. A local health officer of a village or town health department established under s. 251.02 (3m) or of a multiple municipal local health department established under s. 251.02 (3r) shall be either a physician or a registered nurse. The local health officer shall be a voting member of the local board of health and shall take an oath of office. With respect to the levels of services of a Level I local health department, as specified in s. 251.05 (2) (a), the local health officer shall be authorized to act by and be directed by the county health officer of the county specified under s. 251.02 (3m).

3. If there is more than one full-time employee of a Level I local health department, including a full-time public health nurse who meets the qualifications specified under s. 250.06, the local health officer may meet the qualifications of a Level II or Level III local health officer.

(b) A local health officer of a Level II local health department shall have at least 3 years of experience in a full-time position with a public health agency, including responsibility for a communicable disease prevention and control program, preferably in a supervisory or other administrative position, and at least one of the following:

1. A bachelor's degree from a nursing program accredited by the national professional nursing education accrediting organization or from a nursing program accredited by the board of nursing, either of which shall include preparation in public health nursing.

2. A bachelor's degree in public health, environmental health, the physical or biological sciences or a similar field.

(c) A local health officer of a Level III local health department shall have at least one of the following:

1. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 3 years of experience in a full-time administrative position in either a public health agency or public health work.

2. A bachelor's degree and 16 graduate semester credits towards a master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field and 5 years of experience in a full-time administrative position in either a public health agency or public health work.

3. A license to practice medicine and surgery under ch. 448 and at least one of the following:

a. Three years of experience in a full-time administrative position in either a public health agency or public health work.

b. Eligibility for certification by the American board of preventive medicine in public health or general preventive medicine.

C. A master's degree in public health, public administration, health administration or, as defined in rules promulgated by the department, a similar field.

(d) Notwithstanding pars. (a) to (c), relevant education, training, instruction, or other experience that an applicant obtained in connection with military service, as defined in s. 111.32 (12),
(b) In any county with a county executive that has a single county health department, the county executive shall appoint and supervise the county health officer. The appointment is subject to confirmation by the county board unless the county board, by ordinance, elects to waive confirmation or unless the appointment is made under a civil service system competitive examination procedure established under s. 59.52 (8) or ch. 63. The county health officer appointed under this paragraph is subject only to the supervision of the county executive. In a county with such a county health officer, the local board of health shall have only a policy-making body determining the broad outlines and principles governing the administration of the county health department.

(c) A local health officer of a village or town health department established under s. 251.02 (3m), of a multiple municipal local health department established under s. 251.02 (2) (b) or (3r), or of a city–county local health department established under s. 251.02 (3) shall be appointed by the local board of health.

251.07 Certain physicians; state agency status. A physician who is not an employee of the local health department and who provides services, without compensation, for those programs and services provided by a local health department that require medical oversight is, for the provision of the services he or she provides, a state agent of the department of health services for the purposes of ss. 165.25 (6), 893.82 (3), and 895.46.

History: 2007 a. s. 9121 (6) (a); 2007 a. 130; 2009 a. 276.

251.08 Jurisdiction of local health department. The jurisdiction of the local health department shall extend to the entire area represented by the governing body of the county, city, village or town that established the local health department, except that the jurisdiction of a single or multiple county health department or of a city–county health department does not extend to cities, villages and towns that have local health departments. Cities, towns and villages having local health departments may by vote of their local boards of health determine to come under the jurisdiction of the county health department. No part of any expense incurred under this section by a county health department may be levied against any property within any city, village or town that has a local health department and that has not determined to come under the jurisdiction of the county health department.

History: 1993 a. 27 s. 213; 2001 a. 16.

251.09 Joint services. Local health departments jointly may provide health services as agreed upon under s. 66.0301, unless, notwithstanding s. 66.0301, the agreement conflicts with a provision of this chapter.

History: 1993 a. 27 s. 271; Stats. 1993 s. 251.09; 1999 a. 150 s. 672.

251.10 County health department, how financed. The county board shall appropriate funds for the operation of a single county health department that is established under s. 251.02 (1) and determine compensation of county health department employees. The local board of health shall annually prepare a budget of the proposed expenditures of the county health department for the ensuing fiscal year.

History: 1993 a. 27.

251.11 City–county health department and multiple county health department, how financed. (1) The local board of health of every multiple county health department established under s. 251.02 (3) and of every city–county health department established under s. 251.02 (1m) shall annually prepare a budget of its proposed expenditures for the ensuing fiscal year and determine the contribution from each participating county or city.
in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each county and city, shall be delivered to the county board of each participating county and to the mayor or city manager of each participating city. The appropriation to be made by each participating county and city shall be determined by the governing body of the county and city. No part of the cost apportioned to the county shall be levied against any property within the city.

(2) The local board of health of a multiple county health department established under s. 251.02 (3r) shall, under this section, determine the compensation for the employees of the multiple county health department. The local board of health of a city-county health department established under s. 251.02 (3m) or of a city-city local health department established under s. 251.02 (1m) shall, under this section, determine the compensation for the employees of the city-county health department.


251.115 Multiple municipal local health department and city-city local health department; how financed. The governing body of every multiple municipal local health department established under s. 251.02 (2) (b) or (3r) and of every city-city local health department established under s. 251.02 (3t) shall annually prepare a budget of its proposed expenditures for participating municipalities in a manner agreed upon by the relevant governing bodies. A certified copy of the budget, which shall include a statement of the amount required from each municipality, shall be delivered to the governing body of each participating municipality. The appropriation to be made by each participating municipality shall be determined by the governing body of the city, village, and town.

History: 2015 a. 175; 2017 a. 6.

251.12 City health department, how financed. The common council shall appropriate funds for the operation of all of the following:

(1) A city health department that is established as specified in s. 251.02 (1) and (2) (a).

(2) A multiple municipal local health department that is established as specified in s. 251.02 (3r).

(3) A multiple municipal local health department that is established as specified in s. 251.02 (2) (b).

(4) A city-city local health department that is established as specified in s. 251.02 (3t).

History: 1993 a. 27; 1999 a. 9; 2003 a. 158, 326.

251.125 Village health department, how financed. If a village health department is established under s. 251.02 (2) (a) or (3m), if a multiple municipal local health department is established as specified in s. 251.02 (3r), or if a multiple municipal local health department is established as specified in s. 251.02 (2) (b), the village board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9, 185; 2003 a. 158.

251.127 Town health department, how financed. If a town health department is established under s. 251.02 (3m) or if a multiple municipal local health department is established under s. 251.02 (3r) by the governing body of a town in concert with the governing body of another town or a city or village, the town board shall appropriate funds for the operation of the department.

History: 1993 a. 27; 1999 a. 9.

251.13 City-county health department and multiple county health department, joint funds. For each multiple county or city-county health department, a joint health department fund shall be created either in the treasurer’s office where the principal office of the health department is located or in the office of the city treasurer of a city within the health department’s jurisdiction, as determined by the local board of health. The treasurer of each county and city participating in the health department shall annually pay or cause to be paid into the fund the share of the county or city. This fund shall be expended by the treasurer in whose office the fund is kept in the manner prescribed by the local board of health pursuant to properly authenticated vouchers of the health department signed by the local health officer.

History: 1993 a. 27 s. 218.

251.135 Publication and effective date of orders and regulations. The orders and regulations of a local board of health shall be published as a class I notice, under ch. 985, and shall take effect immediately after publication. No local board of health is required to use the term “regulation” to refer to a regulation that is published under this section.

History: 1993 a. 27 s. 211; Stats. 1993 s. 251.135.

251.14 Gifts. A local board of health may receive gifts and donations for the purpose of carrying out the provisions of this chapter.

History: 1993 a. 27 s. 215.

251.15 Withdrawal of counties, cities, villages, or towns. (1) After establishing a multiple county health department under s. 251.02 (3), any participating county board may withdraw by giving written notice to its county board of health and the county boards of all other participating counties, except that participating county boards may, in establishing a multiple county health department under s. 251.02 (3), establish an initial minimum participation period of up to 5 years. If a multiple county health department is established with an initial minimum participation period under this subsection, a participating county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2) A city that had established a local health department prior to deciding to participate in a city-county health department established under s. 251.02 (1m) may withdraw from the city-county health department if the common council of the city gives written notice to the county board of the participating county, except that participating cities and counties may, in establishing a city-county health department under s. 251.02 (1m), establish an initial minimum participation period of up to 5 years. If a city-county health department is established with an initial minimum participation period under this subsection, a participating city or county may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(2m) After establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city-city local health department under s. 251.02 (3t), the governing body of any participating city, village, or town participating may withdraw by giving written notice to the local board of health and to the governing bodies of all other participating cities, villages, and towns, except that participating cities, villages, and towns may, in establishing a multiple municipal local health department under s. 251.02 (2) (b) or (3r) or a city-city local health department under s. 251.02 (3t), establish an initial minimum participation period of up to 5 years. If a multiple municipal local health department or city-city local health department is established with an initial minimum participation period under this subsection, a participating city, village, or town may not withdraw during that initial minimum period unless withdrawal is necessary to meet statutory requirements for a Level I health department under s. 251.05.

(3) The notice under sub. (1), (2), or (2m) shall be given at least one year prior to commencement of the fiscal year at which the withdrawal takes effect. Whenever the withdrawal takes effect, all relevant provisions of law relating to local boards of health and local health officers shall immediately become applicable within the withdrawing county, city, village, or town.

251.16 Local health department; evidence. The reports and employees of a local health department are subject to s. 970.03 (12) (b).

History: 1979 c. 221; 1985 a. 267 s. 3; 1993 a. 27 s. 221; Stats. 1993 s. 251.16.

251.20 Rule making. The department shall promulgate rules that specify all of the following:

(1) Required services for each of Levels I, II and III local health departments under s. 251.05 (2).

(3) Additional required services for Level II and Level III local health departments under s. 251.05 (2) (b) and (c), including services that the department of health services determines appropriately address objectives or services specified in the most recent public health agenda under s. 250.07 (1) (a).


Cross-reference: See also ch. DHS 140, Wis. adm. code.
Crisis Intervention Redesign Workgroup
Recommendations
WCDHHS personnel fulfill all components necessary of crisis system:

1 – FTE Crisis Team Lead

9- FTE Crisis Intervention Specialists

2 – FTE Crisis Community Case Managers- Carry case loads of over 20 of our highest risk consumers

1.5 – FTE Court Services Specialist- Manages over 100 court ordered commitments

Available 24/7
Goals of the Crisis Redesign Workgroup

- Efficient utilization of resources
- Implementation of Emergency Behavioral Health best practices
- Implementation of Child Protective Services best practices
- Consistent and rapid response to calls from consumers, hospitals, and law enforcement
- Fiscally responsible stewardship of resources
Efficient Utilization of Resources

- Evaluate staffing patterns:
  - Are there enough staff during peak hours?
  - Is it the most efficient manner to take CPS calls on 2nd/3rd shift?

<table>
<thead>
<tr>
<th>Shift</th>
<th>Contacts</th>
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<tbody>
<tr>
<td>1st shift</td>
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<tr>
<td>2nd shift</td>
<td>1649</td>
</tr>
<tr>
<td>3rd shift</td>
<td>333</td>
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</table>
Emergency Behavioral Health Best Practices

- Increased face to face contact
- Ability to serve multiple consumers
- Outreach to high risk consumers
- Improved community response time

Reallocation of resources
Coverage from 12am to 7am

WCDHHS Crisis Specialist

DHS Certified Call center

Multiple crises
On-site risk assessment
Dispatch on-call for in person

One crisis
Fiscal Impact

Proposed costs to cover 12am – 7am

Current model: $136,252
NW Call cost: $38,124
WCHHS Mobile: $39,289
NC Calls and Mobile: $39,289
WCHHS Mobile: $16,860
NC Calls/WCHHS mobile: $38,124

Legend:
- WWCHHS staff cost
- NW Call cost
- NW Mobile cost
- WCHHS Mobile
Crisis Revenue

New contact/outreach standards

◦ Will result in an additional 700 hours of service on first shift and 400 hours on second shift
◦ We project these additional 1100 hours to result in $32,900 increase in crisis revenue
Gathering Law Enforcement Feedback

- WCHHS has outreached to the Law Enforcement jurisdictions with the highest utilization departments.
- The Crisis redesign group included a representative from the Sheriff’s Office and the Whitewater Police Department.
- Input was sought related to the greatest needs of their jurisdictions.

<table>
<thead>
<tr>
<th>Emergency Detentions Jurisdiction</th>
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<tbody>
<tr>
<td>Walworth County Sherriff's Department</td>
<td>41</td>
</tr>
<tr>
<td>City of Elkhorn PD</td>
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<td>City of Whitewater PD</td>
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<td>City of Delavan PD</td>
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<td>City of Lake Geneva PD</td>
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<td>Town of Delavan</td>
<td>9</td>
</tr>
</tbody>
</table>
Impact on Community and Law Enforcement

Best of all worlds

- Immediate phone response for 3rd shift calls
- Ability for Law Enforcement to safety plan in the community
- Increased follow up with the consumer will reduce the number of future contacts
- Increased outreach and contact with consumers identified as having higher risk
- Crisis plan development for those at risk of future crises
Impact on Hospitals

- Crisis assessment for Emergency Detention and Protective Custodies will begin before the consumer reaches the hospital.
- Medical clearance can start while the crisis intervention specialist is in route to the hospital.
- Reduction in the amount of time a person is in the emergency room before transferring to a psychiatric hospital or detox center.
CPS after hours - current process

Original call taken by crisis worker

Phone call documented in ewisacwis

Crisis worker contacts on-call supervisor

On-call supervisor contacts on-call CPS worker

CPS worker responds to call

CPS worker contacts original reporter for information

CPS worker determines safety
Current Challenges

- Staff are not “experts” in child welfare
- Results in increased response times
- Increased needs for supervision
- Multiple contacts to reporters which reduces accuracy of the report
- Multiple staff involvement
- Inefficient use of on-call staffing resources
- Emergency Behavioral Health staff are unavailable for crisis calls while taking reports

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total access reports</td>
<td>1249</td>
<td>928</td>
<td>745</td>
</tr>
<tr>
<td>After hours access reports</td>
<td>303</td>
<td>205</td>
<td>141</td>
</tr>
<tr>
<td>Percent of reports take after hours</td>
<td>24%</td>
<td>22%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Request to make a CPS referral

On-call CPS contacted

On-call CPS gathers all information

CPS determines safety

Increased expertise and improved safety decisions
Faster response times for reporter and law enforcement
Reduction in staff time and touchpoints
Implementation and Evaluation of Redesign Plan

- Establish protocols for Crisis Intervention Specialists to be contacted by the DHS certified call center prior to the officer transporting the consumer to the hospital
- Meet with all law enforcement jurisdictions to discuss the changes, receive feedback, and address any concerns they may have
- Meet with all Aurora Lakeland Hospital, Mercy Hospital and Fort Memorial Hospital to discuss the changes, receive feedback, and address any concerns they may have
- On-going feedback can be coordinated during quarterly ED meetings with the hospitals and the law enforcement representatives of the Executive Law Enforcement Association
Proposed Resource Changes within the Department

- Reduction/reallocation of 1.0 FTE Crisis Intervention Specialist
- Move one worker to first or second shift based on contact data
- Transition to third-shift on-call rotation
- Use of contract service for 3rd shift support
Fiscal Impact

Regionalization Incentive.

Maintenance of Effort (MOE) set at $385,378.

Reimbursement is 100% for all spending/cost of services beyond that

Applied to the 2018 WIMCR direct services costs, this anticipated to be an additional $36,500 is crisis Medicaid revenue

<table>
<thead>
<tr>
<th>(Revenues/savings)</th>
<th>Costs</th>
<th>Bottom line additional revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased revenue</td>
<td>($32,900)</td>
<td>DHS certified call center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$35,124</td>
</tr>
<tr>
<td>Regionalization incentive</td>
<td>($36,500)</td>
<td>Emergency Mental Health On-call overtime costs</td>
</tr>
<tr>
<td>Reduction of 1 FTE</td>
<td>($56,575)</td>
<td>CPS on-call overtime costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>($125,975)</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Plan for redesigned DHS 34 Certified Emergency Behavioral Health Services Program

- Rollout of the redesign following the implementation of a contract for DHS certified call center services for 3rd shift
- Identify and implement new contact standards
- Transition CPS after hour calls to CPS on-call staff
- Include changes in 2021 budget
- Reassess/reallocate former third shift positions in the 2021 budget
Memorandum

To: Elizabeth Aldred, Director of Health and Human Services

From: Mark W. Luberda, County Administrator

Date: April 14, 2020

RE: Wisconsin Partnership Program COVID-19 Response Community-Led

I have approved the above-stated grant pursuant to Section 30-311(b) of the Code of Ordinances. Please apply for the grant and ensure that it is placed on the next Health and Human Services Board agenda.

MWL/nh
MEMORANDUM

TO: Mark Luberda

FROM: Liz Aldred, Director Walworth County DHHS

DATE: April 13, 2020

SUBJECT: Covid Response Community-led Project

The Department is seeking approval to apply for the “Wisconsin Partnership Program COVID-19 Response Community-led.” This application for this one time grant is due on April 15, 2020, with a request for proposals released on March 30, 2020. Therefore, based on administrative procedure requirements, I am seeking preliminary permission to apply for the grant by the deadline of April 15, 2020. I will include the request to apply for the grant on the Health and Human Services Committee’s April agenda for their approval.

The proposal will include the request for funds to contract with a certified crisis program to provide crisis phone services from 12am to 7am. This service was discussed with you previously when we met regarding the crisis redesign proposed for 2021. If the grant were to be awarded, it would allow WCDHHS to move forward with a portion of the design much sooner. That will allow two FTE positions to be reallocated to first and second shift to serve the increase in crisis consumers due to the effects of COVID-19, as well as meet the increased demand in crisis phone calls on third shift.

The compliance rules and reporting requirements for this grant are manageable with existing staff. The information that will be tracked and reported is information that is currently being tracked for other reporting requirements within the Behavioral Health Division.

There is no immediate financial impact to HHS with the proposed grant. The requested payment would be equal to the service that will be implemented. There will be a projected increase in revenue that would be able to absorb any future financial impact should the service prove to be effective. The service would then be sustainable on a long term basis through the increased revenue, or in the reallocation of one FTE.

"Walworth County is an Equal Opportunity Employer"
To: Health and Human Services Board
cc: Mark W. Luberda, County Administrator
From: Elizabeth Aldred, Director DHHS
Date: April 20, 2020
RE: Urban and Rural Women’s Substance Abuse Services Grant

On April 15, 2020 Walworth County Department of Health and Human Services received notification that we were eligible for funding for the Urban Rural Women’s grant. Walworth County HHS had been the recipient of this grant for seven years. In 2019 the State of Wisconsin put this grant out for competitive bid. Walworth County applied. In December 2019 we were notified that we would not be funded for 2020. As a result we reallocated the staff assigned to this program to vacant positions within our organization.

The following is the information that we received from Andrea Jacobson, regarding the change in funding status:

I am reaching out as the new Section Chief for the Substance Abuse Services Section with the Division of Care and treatment Services in regards of the Urban Rural Women’s GFOA grant awarding process from December 2019. Our Department has learned of a human and system error that occurred during the evaluation process of the applications for the URW GFOA. While it is unclear if this error impacted the scoring significantly, our Department recognizes the importance of a fair and competitive process and has made a decision to offer funding to all qualified grant applicants for services provided during this calendar year 2020, and then re-issue the GFOA. The new GFOA will then determine the agencies that will be awarded the grant funds for a 5 year cycle with a start of 1/1/2021.

We have explored a number of options and feel that this approach is the best way to resolve the error and ensure a fair process. We sincerely apologize for the hardship that this places on agencies who may have already taken action as a result of the original awarding process, and may need to re-apply for this grant in the fall of 2020.

At this time, I would like to determine if your agency is interested in establishing a contract to fund your proposal for 2020. Please respond to this email indicating your interest in moving forward with a contract and if
interested, our next step is to set up a phone call and review your budget and work plan to finalize for contract submission.

On April 20, 2020 we spoke with the staff at the state to discuss this opportunity. The state staff indicated that there was enough available funding in this grant for Walworth County to receive to the $250,000 for which we had originally applied back in December. This is in part to grant recipients being unable to start new projects or utilize other substance abuse funding during the COVID-19 pandemic.

We have been asked to put together an updated work plan that addresses the needs of Women with Substance Use Disorders during and following the pandemic. We will be developing a budget that supports the updated work plan. We are proposing that we move forward with providing additional support to women with substance use disorders through crisis outreach on our first and second shifts. This program will align with the transitions outlined in our crisis redesign plan as well as the requests from our board to address the loss of this service that occurred at the beginning of this year.

Our conversations today looked at our 2019 application and we will use the 2020 work plan to address areas of weakness in the previous proposal. We are seeking board approval to accept these funds and to apply for this grant when the 2020 application is made available.
MEMORANDUM

TO: Walworth County Board of Supervisors

FROM: Anne Prince, Aging and Nutrition Program Supervisor

DATE: April 20, 2020

SUBJECT: Title III-D Carry Over Funds

Walworth County Department of Health and Human Services respectfully requests authorization to apply for Greater Wisconsin Agency on Aging Resources (GWAAR) Title III-D (Prevention programming) carry over funds.

The original allocation of Title III-D funding for 2020 was $5,821 with a required match of $647. This funding supports staff time (salary and benefits) for the coordination of the prevention programs currently provided in Walworth County including: Living Well with Chronic Conditions, Healthy Living with Diabetes and Stepping On, Falls Prevention. The funding is also allocated for staff mileage, training, program supplies and printing of materials. The total budget for the Walworth County Health and Human Services Long Term Care Division prevention programs in 2020 is $10,955.

These additional funds will assist in reducing tax levy by supporting the training and program expenses related to the addition of the Powerful Tools for Caregiver evidenced based prevention program. There is no identified match for the additional funding. The funds would allow the ADRC to train an additional leader in the Powerful Tools for Caregiver (PTC) curriculum. PTC is a six class session that meets weekly for 2 ½ hours. PTC offers caregivers the skills needed to take care of themselves while caring for someone else. Class participants are given The Caregiver Helpbook, which follows the curriculum to give caregivers the tools to help reduce stress, improve self-confidence, manage time, make tough decisions, and better communicate their feelings. PTC is suggested for caregivers of adults with chronic conditions or caregivers of children with special health or behavioral needs.

Two trained leaders are required to conduct the series of classes and the ADRC currently only has one trained leader. Walworth County HHS-LTC intended to offer 1 PTC class in 2020 with anticipated attendance of 10 consumers

"Walworth County is an Equal Opportunity Employer"
MEMORANDUM

TO: Walworth County Board of Supervisors

FROM: Randy Kohl, Manager – Long Term Care Division

DATE: April 20, 2020

SUBJECT: National Family Caregiver Support Program Carry Over Funds

Walworth County Department of Health and Human Services respectfully requests authorization to apply for Greater Wisconsin Agency on Aging Resources (GWAAR) National Family Caregiver Support Program (NFCSP) carry over funds. NFCSP provides funding to support family and informal caregivers to help care for older adults in their homes for as long as possible. The services supported through the grant funding includes: information about available services, assistance to caregivers in gaining access to services, individual counseling, access to support groups and caregiver training, respite care for the caregiver, and other supplemental services. Studies have shown that these services can reduce caregiver depression, anxiety, and stress, as well as enabling the caregiver to provide care longer and delaying the need for costly institutional care.

The original NFCSP grant award for 2020 was $48,004 with a required match of $16,001 from Walworth County. The amount we are requesting from the carry over funds is $20,000 with no identified required match. The funds would allow Walworth County Health and Human Services Long Term Care Division to enroll 5 additional caregivers into the program from the waitlist. There are currently 52 consumers on the waitlist. The amount of service provided to each caregiver will be determined through the needs assessment process.

To qualify for the NFCSP program participants must meet one of the following criteria: 1. Adult family member or other informal caregiver age 18 and older providing care for individuals 60 years or older. 2. Adult family member or other informal caregiver age 18 and older providing care for individuals of any age with Alzheimer’s disease and/or related disorders. 3. Older relatives (not parents) age 55 and older providing care to children under the age of 18. 4. Older relatives, including parents, age 55 and older providing care to adults age 18-59 with disabilities.

"Walworth County is an Equal Opportunity Employer"
The NFCSP program prioritizes services to low-income families and older adults with dementia, but one does not have to be low-income or have dementia in order to participate. NFCSP funding provided to caregivers does have limitations depending on the services needed by the consumer. For example, a maximum of 112 hours can be used for respite care. Eligible consumers must reapply for NFCSP funding annually through Walworth County Health and Human Services Long Term Care Division.
Memorandum

To: Health and Human Services Board
From: Randy Kohl, Manager, Manager – Long Term Care Division
Date: April 21, 2020
RE: Family First Coronavirus Response Act Funds

Walworth County Health and Human Services respectfully requests authorization to accept $60,486 in additional federal funding from the Family First Coronavirus Response Act (FFCRA) specifically allocated for senior nutrition programming.

The Walworth County Senior Nutrition program offers congregate and home delivered meals to approximately 200 older adults daily Monday – Friday. Although the FFCRA funding may be used for expenses related to either congregate or home delivered meals between April 1, 2020 and December 31, 2020. Walworth County Department of Health and Human Services - Long Term Care Division has chosen to allocate 100% of the FFCRA funding to home delivered meals. During the Safer at Home order, the congregate dining centers have been closed and program participants are now all receiving packaged meals that must be charged to the home delivered meals expense line in the budget. The packaged meals have a higher per meal cost than the per meal cost for congregate dining. This has resulted in added expense of approximately $1,000 per month.

To support the total food cost, $28,864 will be allocated to the home delivered meals food and beverage expense line. To support the staff time/benefits needed for the coordination of the senior nutrition program, time for staff delivering home delivered meals due to volunteer shortages, and staff time/benefits for distribution of packaged meals at the congregate dining sites, $31,370 will be added to this expense line. The remaining $252 will be added to the small item of equipment expense line for purchase of equipment needed for the safe distribution of the packaged meals.

There is no identified match needed for the FFCRA funding received. The additional funding will be beneficial in offsetting the added costs associated with the coordination of the current structure of the senior nutrition program and the increase in the number of consumers requesting home delivered meals.
COVID-19 is impacting our community in a significant way. As essential services we have seen an increased need for services in every program. At this time we have had the opportunity to apply for or receive additional funding to assist citizens in our community.

This month we have talked to the HHS Board about a variety of grants that we would like to apply for. In addition to those grants we have been informed of additional funds that will be allocated to counties. At this time it is unclear how much will be awarded to our community.

Below is a list of the programs in which we are anticipating receiving additional funds.

<table>
<thead>
<tr>
<th>Funding program</th>
<th>Amount projected</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First Coronavirus Response Act</td>
<td>$60,486</td>
<td>senior meal program</td>
</tr>
<tr>
<td>ADRC</td>
<td>$15-20,000</td>
<td>annual funds for senior services</td>
</tr>
<tr>
<td>Care Act Funds</td>
<td>TBD</td>
<td>prevention, meal, supportive home care for seniors</td>
</tr>
<tr>
<td>State of Wisconsin Department of Children and Family Services- Children Extraordinary Costs</td>
<td>TBD</td>
<td>additional cost for CPS</td>
</tr>
<tr>
<td>Wisconsin Partnership Program COVID-19 Response Community Led</td>
<td>$66,884</td>
<td>We are applying for additional funds to support our crisis redesign efforts</td>
</tr>
<tr>
<td>Women's Wraparound Program</td>
<td>$250,000</td>
<td>Funding is available up to $250,000 for 2019 to provide AODA treatment to women in our community.</td>
</tr>
<tr>
<td>Public Health- COVID-19</td>
<td>$70,000</td>
<td>pandemic</td>
</tr>
<tr>
<td>SNAP</td>
<td>TBD</td>
<td>Funds provided directly to consumers</td>
</tr>
</tbody>
</table>
To: Health and Human Service Board

cc: Mark W. Luberda, County Administrator

From: Elizabeth Aldred, Director DHHS

Date: April 15, 2020

RE: Upgrade of an Administrative Clerk III to an Accounting Clerk

At this time I am seeking permission to reclassify an Administrative Clerk III position to an Accounting Clerk position within my Health and Human Services Department.

The department’s recent move to a new facility, the addition of a new deputy director, and the shift of the director’s role to be the superintendent of the nursing home has created a need for more administrative support. Additionally we have increased our outreach and communication to the community through our website, Facebook and marketing efforts. The current pandemic has shown the increased need for access and communication within our community. The department is also realigning some of the duties previously completed by the Fiscal Support Supervisor and the Manager of Administrative Services as a result of the increase in support and billing needs of Health and Human Service and LHCC.

On March 14, 2020 an administrative assistant retired within the department. As a result of that retirement we have had the opportunity realign duties to improve our workflow. By reclassifying the administrative clerk III (protective payee position) to an Account Clerk we will be able to shift some of the financial duties previously assigned to the above named individuals. I believe this will enable us to meet our growing needs in a more effective and efficient manner.

The cost for this upgrade will be $665 for 2020 with an annualized cost of $2,541. The department would utilize the funds available from the vacant administrative assistant position to fund the position this year.
Resolution No. xx - 05/20
Authorizing the Reclassification of an Administrative Clerk III position to an Accounting Clerk Position at Health and Human Services

Moved/Sponsored by: Human Resources Committee

WHEREAS, there are currently 12.00 FTE Administrative Clerk III positions and 3.00 FTE Accounting Clerk positions in the Health & Human Services Department; and,

WHEREAS, the Health and Human Services Department seeks to reclassify a 1.00 FTE Administrative Clerk III position to a 1.00 FTE Accounting Clerk position to better serve the needs of the department and the county; and,

WHEREAS, the Human Resources Committee (“Committee”) has considered the reclassification of a 1.00 FTE Administrative Clerk III position to a 1.00 FTE Accounting Clerk position and hereby recommends the reclassification.

NOW, THEREFORE, BE IT RESOLVED by the Walworth County Board of Supervisors that the reclassification of a 1.00 FTE Administrative Clerk III position to a 1.00 FTE Accounting Clerk position be and the same is hereby approved effective as of May 24, 2020.

BE IT FURTHER RESOLVED that the County Administrator shall update the appropriate Administrative Procedure to reflect the new FTE count of 11.00 FTE Administrative Clerk III positions and 4.00 FTE Accounting Clerk positions in the Health & Human Services Department.

______________________________________________  _______________________________________
Nancy Russell                                Kimberly S. Bushey
County Board Chair                          County Clerk

County Board Meeting Date: May 12, 2020

Action Required: Majority Vote X Two-thirds Vote _____ Other _____

Policy and Fiscal Note is attached.
Reviewed and approved pursuant to Section 2-91 of the Walworth County Code of Ordinances:

______________________________________            ______________________________________
Michael P. Cotter                           Jessica Conley
Corporation Counsel                        Finance Director

_____________________________________
Mark W. Luberda
County Administrator

If unsigned, exceptions shall be so noted by the County Administrator.
Policy and Fiscal Note  
Resolution No. xx-05/20

I. **Title:** Authorizing the Reclassification of an Administrative Clerk III position to an Accounting Clerk Position at Health and Human Services

II. **Purpose and Policy Impact Statement:** The purpose of this resolution is to authorize the reclassification of an Administrative Clerk III position to an Accounting Clerk position in the Health & Human Services Department.

III. **Budget and Fiscal Impact:** Passage of this resolution will result in a cost of $665 in 2020 and $2,541 annually.

IV. **Referred to the following standing committees for consideration and date of referral:**

   Committee: HHS Board  
   Date: April 29, 2020

   Vote:

   Committee: Human Resources  
   Date: April 29, 2020

   Vote:

   County Board Meeting Date: May 12, 2020

Policy and fiscal note has been reviewed and approved as an accurate statement of the probable policy and fiscal impacts associated with passage of the attached resolution.

___________________________________  __________________________________
Michael P. Cotter                     Jessica Conley
Corporation Counsel                  Finance Director
Date                                  Date

___________________________________
Mark W. Luberda                      Date
County Administrator
Memorandum

Date: April 17, 2020

To: Health and Human Services Board
   Human Resources Committee

From: Elizabeth Aldred, Director HHS

Re: Creation of Part-time Driver Position for the Senior Nutrition Program

Walworth County Department of Health and Human Services respectfully requests authorization to create an additional .375 part-time Driver position to support the Senior Nutrition Program.

Lakeland Health Care Center will begin producing meals for the home-delivered and congregate meal programs on May 4, 2020. Combined, these programs provide thousands of meals each year to vulnerable seniors in Walworth County.

A vital piece of the program is the delivery of meals from the Lakeland Health Care Center kitchen to the congregate meal sites and home delivered meal pick-up locations. In January we received approval for two part-time Driver positions, however after further review we have determined that we will need to add additional time to each route to assure that the LHCC kitchen is able to distribute the approximately 200 meals on time and hot each day.

The increase in time is a result of the LHCC kitchen’s ability to produce and distribute food with limited food breakdown. The daily drive time for each driver will increase from two hours per day to four hours per day. In order to meet the needs of the program each driver will be expected to work 30 hours a pay period. An additional Driver position is needed to fully support the program.

The proposed position will cost $13,750 annually. There is available budget within the Long Term Care 100% time reporting revenue due to an additional service being added to the time reporting allocation in 2020. This revenue was previously unbudgeted and can support this additional position.
Resolution No. xx - 05/20
Authorizing the Addition of a Driver Position at Health and Human Services

Moved/Sponsored by: Human Resources Committee

WHEREAS, there are currently 0.85 FTE Driver positions in the Health & Human Services Department; and,

WHEREAS, the Health & Human Services Department seeks to create an additional part-time 0.375 FTE Driver position to support the Senior Nutrition Program; and,

WHEREAS, the Human Resources Committee (“Committee”) has considered the creation of an additional part-time 0.375 FTE Driver position at Health & Human Services and hereby recommends the creation of the position.

NOW, THEREFORE, BE IT RESOLVED by the Walworth County Board of Supervisors that the creation of an additional part-time 0.375 FTE Driver positions be and the same is hereby approved effective as of May 24, 2020.

BE IT FURTHER RESOLVED that the County Administrator shall update the appropriate Administrative Procedure to reflect the new FTE count of 1.225 FTE Driver positions in the Health & Human Services Department, with departmental and grand totals being adjusted accordingly for the 0.375 FTE increase.

____________________________  _________________________
Nancy Russell              Kimberly S. Bushey
County Board Chair        County Clerk

County Board Meeting Date: May 12, 2020

Action Required: Majority Vote _______ Two-thirds Vote ___ X ___ Other ______

Policy and Fiscal Note is attached.
Reviewed and approved pursuant to Section 2-91 of the Walworth County Code of Ordinances:

__________________________________________  __________________________
Michael P. Cotter                 Jessica Conley
Corporation Counsel              Finance Director

____________________________
Mark W. Luberda
County Administrator

If unsigned, exceptions shall be so noted by the County Administrator.
Policy and Fiscal Note  
Resolution No. xx-05/20  

I. **Title:** Authorizing the Addition of a Driver Position at Health and Human Services  

II. **Purpose and Policy Impact Statement:** The purpose of this resolution is to authorize the creation of an additional part-time 0.375 FTE Driver position in the Health & Human Services Department.  

III. **Budget and Fiscal Impact:** Passage of this resolution will result in a cost of $8,410 in 2020 and $13,750 annually.  

IV. **Referred to the following standing committees for consideration and date of referral:**  

   Committee: HHS Board  
   Date: April 29, 2020  
   Vote:  
   Committee: Human Resources  
   Date: April 29, 2020  
   Vote:  
   County Board Meeting Date: May 12, 2020  

Policy and fiscal note has been reviewed and approved as an accurate statement of the probable policy and fiscal impacts associated with passage of the attached resolution.

___________________________________  ____________________________________ 
Michael P. Cotter  Jessica Conley  
Corporation Counsel  Finance Director  
Date  Date  

Mark W. Luberda  
County Administrator  
Date  

Enclosure 11
To: Health and Human Services Board

From: Elizabeth Aldred, Director DHHS

Date: April 21, 2020

RE: COVID-19 Update

Since our last Board update, we have identified numerous confirmed cases and Public Health has dedicated nearly all of its resources to controlling disease spread. The purpose of this memo is to provide you with information on how the pandemic has impacted Health and Human Services and the strategies that Public Health is using to protect the community.

The Division of Public Health’s primary responsibility in this pandemic is to control disease spread within our community. To do this, public health staff closely monitor people that have been diagnosed with COVID-19. They also engage in contact investigations and tracing, processes where staff identify other people that may have potentially been exposed. They alert individuals, employers, and any other organizations that may potentially be impacted by the exposure. Staff discuss symptoms, timelines for quarantine, what to do if symptoms emerge, and how to protect those around them.

The division’s Health Officer has authority under WI §252 to take action to control disease spread when less restrictive measures have failed. These “orders of last resort” restrict or mandate specific action. They may be issued for an entire community, specific entities like a nursing home, or an individual. A common example is a quarantine order used to restrict an individual to their home after they are confirmed positive for a communicable disease and they refuse to voluntarily isolate.

As a department, Health and Human Services has continued to provide essential services without interruption during the pandemic. Crisis intervention, Child Protective Services, an Adult Protective Services remain available 24/7 and workers respond in the community and at the hospital as needed. Community based and outpatient services continue to be provided. Many of these services are currently being provided via telephone or videoconferencing. Staff continue to find creative ways to maintain appropriate physical distancing when providing direct services to our consumers.

During these isolating and stressful times, we have seen increases in mental health emergencies, substance use and domestic of violence. We are working to increase
available emergency behavioral health services. These efforts include staff reallocation and applying for a University of Wisconsin School of Medicine and Public Health COVID-19 response grant.

Our Economic Support Program has seen a sharp increase in need as more individuals and families experience financial hardship due to job loss. The Supplemental Nutrition Assistance Program (SNAP) has been granted additional funding to expand program eligibility to provide expanded access to services.

Our community has faced a variety of challenges since the outset of the pandemic. This includes the unavailability of testing for all but the highest risk. The lack of wide scale testing has made characterizing the true impact of the virus on our community difficult. Most people with COVID-19 experience mild or moderate symptoms and have not been tested, resulting in vastly underreported rates of infection.

Congregate living situations such as nursing homes and residential care facilities continue to remain at high risk. Nursing homes are highly regulated and have had a variety of additional requirements placed upon them to ensure the safety of their staff and residents. Public Health provides guidance to all congregate care facilities and works closely with those with confirmed outbreaks. Facilities are encouraged to reach out to the families of their residents if an outbreak occurs. All facilities are expected to create contingency plans to address outbreaks of this disease for staff and residents and to implement precautions to reduce the risk of spread. Physical distancing and regular hand washing remain the best method to reduce the spread of the disease.

Over the course of the pandemic, additional laboratories have been authorized to handle COVID-19 tests. Medical providers are now being encouraged to expand testing to those with mild symptoms. Hospitals continue to be the best source for testing and our local community hospitals have established protocols to provide controlled and ready access to testing for health care providers, first responders, and high risk patients. Additionally the state is working to mobilize Wisconsin National Guard teams that can perform large scale testing across the state.

As we move further into this response, Public Health is beginning to plan for recovery. We are coordinating with our partners to help identify practices that will reopen the county and get people back to work while still protecting our most vulnerable community members. Once a vaccine is available Public Health’s role will begin to shift from communicable disease control to mass immunization clinic operations.
Memorandum

Date: April 15, 2020

To: Health and Human Services Board

From: Carlo Nevicosi, Deputy Director - HHS

Re: Resilient Wisconsin Billboard

Local business owner, Craig Ransavage donated use of his digital billboard for public service-related messaging during the current pandemic. HHS partnered with the Wisconsin Department of Health Services to use images and messaging from the Resilient Wisconsin campaign. This campaign focuses on healthy coping during the Safer at Home Order and seeks to connect people to support and resources. The attached image is currently displayed on the billboard, located south of Lake Geneva on Highway 12.