1. November 20, 2019 Health And Human Services Agenda
   Documents:
   
   DHHS 11-20-19 AGENDA.PDF

1.I. November 20, 2019 Health And Human Services Board Amended Agenda
   Documents:
   
   DHHS 11-20-19 AGENDA - AMENDED.PDF

2. November 20, 2019 Health And Human Services Board Packet
   Documents:
   
   DHHS NOVEMBER 2019 AGENDA PACKET.PDF
Walworth County Health and Human Services Board

MEETING NOTICE
Wednesday, November 20, 2019
2:00 p.m.
County Board Room
Government Center – 100 W. Walworth
Elkhorn, Wisconsin

Kenneth Monroe – Chair, Tim Brellenthin – Vice-Chair,
William Norem – Supervisor, Kathy Ingersoll – Supervisor, Charlene Staples – Supervisor,
Dr. Richard Terry – Citizen Representative, Sandra Wagie-Troemel - Citizen Representative,
Monica Los - Citizen Representative, William Wucherer – Citizen Representative

(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.

A G E N D A

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) October 16, 2019 (Enclosure 1)
6. Public Comment Period
7. Unfinished business
   a) Building Update (Enclosure 2)
   b) Sexual Assault Response Team (SART) Protocol and HHS Ordinance Update (Enclosure 3)
8. New business
   a) Behavioral Health Division Presentation (Enclosure 4)
   b) Title IV-E Legal Representation of Parents and Children Grant Application (Enclosure 5)
   c) Targeted Safety Support Funds Application (Enclosure 6)
   d) Narcan Direct Program Application (Enclosure 7)
   e) Summer 2019 Well Water Project Summary (Enclosure 8)

9. Report (s)
   a) Women, Infants and Children (WIC) Audit (Enclosure 9)
   b) Birth to Three Program Determination Status (Enclosure 10)
   c) 3rd Quarter Write Offs (Enclosure 11)
   d) Dementia Friendly Community Recognition (Enclosure 12)

10. Correspondence

11. Announcements
   a) Upcoming Health and Human Services Board Schedule (Enclosure 13)

12. Set/confirm next meeting date and time – December 11, 2019 at 2:00 p.m.

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

Submitted by: Kenneth Monroe – Chair, Health and Human Services Board
            Elizabeth Aldred – Director, Health and Human Services

Posted: November 14, 2019
Walworth County Health and Human Services Board

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Wednesday, November 20, 2019
2:00 p.m.
County Board Room
Government Center – 100 W. Walworth
Elkhorn, Wisconsin

Kenneth Monroe – Chair, Tim Brellenthin – Vice-Chair,
William Norem – Supervisor, Kathy Ingersoll – Supervisor, Charlene Staples – Supervisor,
Dr. Richard Terry – Citizen Representative, Sandra Wagie-Troemel - Citizen Representative,
Monica Los - Citizen Representative, William Wucherer – Citizen Representative

(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.

AMENDED AGENDA
Additions are underlined
Deletions are struck through

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

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   d) Narcan Direct Program Application (Enclosure 7)
   e) Summer 2019 Well Water Project Summary (Enclosure 8)
   f) Reorganization of LHCC and HHS Departments

9. Report(s)
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Submitted by:  Kenneth Monroe – Chair, Health and Human Services Board
               Elizabeth Aldred – Director, Health and Human Services

   Posted: November 14, 2019
   Revised: November 15, 2019
Memorandum

To: Walworth County Health & Human Services Board
From: Elizabeth Aldred, HHS Director
Date: November 7, 2019
RE: November 20, 2019 Health & Human Services Board Agenda

The Health & Human Services Board agenda includes the following items:

➢ This is the last pre-move building update. The final touches are being put on the building. Much of the furnishing has been installed and we are due to take occupancy by November 22nd.

➢ Last month the Board asked that we come back with an update on the Sexual Assault Response Team (SART) protocol. Since our last meeting we have engaged in a variety of meetings with the Child Advocacy Center, the District Attorney and Law Enforcement. We have begun discussions around the development of Memorandums of Understanding with each law enforcement jurisdiction and are working together to come up with some possible solutions to the screen out process as it currently stands. The CAC is seeking your approval for the department to sign on to the protocol. I have enclosed this in your packet for your review.

➢ The division of Behavioral Health will be providing their yearly update on the significant issues facing their division. We will be focusing this presentation on our Crisis Intervention/ Emergency Mental Health Services program. Third shift crisis services was a topic explored in our Learning to Lead training earlier this year and is being developed into a workgroup that will provide a recommendation for our 2021 budget.

➢ We are seeking permission to apply for Targeted Safety Support Funds available through the State. These funds will be replacing the PS program and In-home Safety Services funds that the department has in the past. The state is looking to consolidate funding sources and make reporting for counties more streamlined. The new funds would allow us to provide the same services that have been provided in previous years.

➢ Public Health has requested permission to apply for the Narcan Direct program. This program makes available a set amount of Narcan that can be ordered and delivered to directly to public Health. The program allows public health staff to train consumers and community members to administer Narcan. There is no money associated with the request.

➢ The Public Health department will be presenting the data from the summer 2019 well water project.
Enclosed is the feedback from our Women, Infant and Children program audit. Included in the feedback are commendations, quality improvement area/recommendations and corrective actions.

Included for your review is the Birth to Three FY2017 program determination status review. Our program received a score of 100% for compliance and a score of 50% for outcomes. While there is no fiscal impact of this review, additional information will be provided about our annual county performance plan.

The third quarter write off report is available for your review. I am recommending your approval at this time.

The Dementia Friends America Network has recognized Walworth County nationally for our effort in developing a dementia friendly county. We are the only county in the State of Wisconsin to receive this recognition.

We are providing you with a list of the 2020 Health and Human Services Committee meeting dates. I look forward to working with you in the new year.
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 Kathy Ingersoll, William Norem, Charlene Staples, Citizen Representatives Monica Los, Dr. Richard Terry, Sandra Wagie-Troemel and William Wucherer. A quorum was declared.

Others in Attendance:
County Staff: Health and Human Services (HHS) Director Elizabeth Aldred; Deputy Director of HHS Carlo Nevicosi; County Administrator David Bretl; County Board Supervisor Nancy Russell; Children and Families Division Manager Lisa Broll; and Access/Initial Assessment Team Lead Meghan Mahar.

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

On motion by Supervisor Ingersoll, second by Supervisor Staples, the September 11, 2019 Health and Human Services Board meeting minutes were approved.

Public Comment – There was none.

Unfinished Business
- Building Update
  Health and Human Services (HHS) Director Elizabeth Aldred gave a brief overview of the progress of the new HHS building and provided details relative to scheduling the movers and developing a move plan as the project progresses toward completion. The move is intended to take place December 6-7th. Aldred stated pre-move training and orientation has begun for each division, which includes safety drills such as fire, tornado and active shooter drills. HHS is working with UW-Whitewater’s marketing vendor to provide marketing materials for the move, open house and the community vendor event.

- Date for Open House/Ribbon Cutting
  Aldred referred to Enclosure 3 of the packet and inquired as to the best date for the County Board of Supervisors to attend the public Open House/Ribbon Cutting Ceremony. County Administrator David Bretl stated, historically, Saturdays have worked out well for publicizing the opening of the larger-newly constructed County buildings. Discussion followed. Supervisor Staples offered a motion, second by Supervisor Norem, to set the Open House/Ribbon Cutting for Saturday, March 14, 2020 from 1:00 p.m. to 3:00 p.m. Motion carried 9-0.

- Emergency Detention Transports
  Aldred gave a brief overview of the transition for transportation of consumers placed under Emergency Detention (ED) or Protective Custodies (PC) by law enforcement and provided an update on the impacts thus far. She stated the number of transports are going down for both EDs and PCs. It is uncertain whether the decline is due to the transition or not. Aldred addressed concerns of the partners and HHS staff relative to individuals who require ED or PC treatment that may not be transported to HHS to receive the necessary treatment. Discussion ensued.

- Sustainable Kitchens
  Deputy Director of HHS Carlo Nevicosi announced that HHS has been selected as the 2020 Sustainable Kitchens Project site. Grant funding will provide training, recipes, policy and procedure development, group purchasing options and marketing for the senior nutrition program. Nevicosi stated the intent is to prepare the meals from scratch using Enclosure 1
fresh food, while utilizing Lakeland Health Care Center’s (LHCC) kitchen staff and infrastructure. HHS anticipates implementation of the Sustainable Kitchens model in spring of 2020. HHS is confident the existing vendor will bridge the time lapse of the expiring contract at the end of 2019 with a short term contract.

New Business

- Children and Families Unit Presentation
  Aldred distributed presentation slides to be included with Enclosure 6 of the packet and introduced Children and Families Division Manager Lisa Broll and Access/Initial Assessment Team Lead Meghan Mahar. Broll and Mahar gave a brief presentation entitled Children and Families Division, which highlighted the following:
    - Child Protective Services (CPS) & Sensitive Crimes Response Team Protocol (SCRT)
    - Screening Process-Per CPS Standards/Statutes
    - Screening Process-Walworth County
  For the period of 2017 through 2018 there were 1,537 screened out cases that were sent to both law enforcement and the Child Advocacy Center (CAC). Four of those screened out cases were brought back to the Children and Families Division with one founded case.
    - History Leading up to Current Protocol
    - CPS Screening Practice Enhancements
    - Next Steps
  County Administrator David Bretl expressed his concern with protocol being a Memorandum of Understanding with law enforcement and explained how confidential information is protected and released for the purpose of an investigation. Aldred stated HHS will be reviewing language and may propose language modifications for Walworth County Code of Ordinance Section 50-6.
    - Court Appointed Special Advocate (CASA)
  Broll stated there are only 8 Court Appointed Special Advocate (CASA) programs in the State of Wisconsin that serve a total of 11 of the 72 counties. CASAs are appointed by a Judge. Walworth County is currently utilizing Guardian Ad Litems over the CASA Program for abuse and neglect cases.

- Department of Children and Families (DCF) Youth Justice Innovation Continuation Grant Acceptance
  Aldred stated HHS has been awarded a continuation grant for the Youth Justice Innovation Program and stated the funds will be used to continue working with the Children and Families Division to reduce high cost out of home and institutional placements.

- Dementia Care Specialist Grant
  Nevicosi gave a brief overview of the Dementia Care Specialist (DCS) Grant and requested the Board’s authorization to submit application jointly with Racine County. He said Racine County has a county funded DCS and requested Walworth County’s DCS, if awarded, to help cover the western portion of Racine County, that being Burlington. Supervisor Staples offered a motion, second by Citizen Representative Wagie-Troemel, to approve application for the Dementia Care Specialist Grant. Motion carried 9-0.

- Childhood Disease Prevention
  Aldred distributed a Memorandum to the Board of Health and Human Services relative to questions regarding childhood disease prevention. She said the information provided was taken directly from the Annual Report and referred to the graph depicting information from 2014 through 2019 to date. Citizen Representative Wucherer expressed concern with personal waivers for Wisconsin adult residents and their children and stated vaccines work to prevent diseases and eliminate the need to combat epidemics.

Report(s)

- Child Care Subsidy Review
  Aldred gave a brief overview of the Child Care Subsidy Review and stated there were no findings of non-compliance. She said the program continues to perform exceptionally well.

Correspondence – There was none.
Announcements – There were none.

Confirmation of Next Meeting – The next meeting was confirmed for Wednesday, November 20, 2019 at 2:00 p.m.

Adjournment

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

Submitted by Trisha Sommers, Administrative Assistant. Meeting minutes are not considered final until approved by the committee at the next regularly scheduled committee meeting.
To: Health and Human Services Board  
From: Elizabeth Aldred, Director DHHS  
Date: November 7, 2019  
RE: Building update

We are nearing completion of the HHS building. We continue to move forward and remain on time. The only slight delay is for the final layer of the parking lots. This was scheduled to be done the day after our first snow storm of the season. We are waiting for a break in the weather to schedule its completion. A continued delay will not delay our opening.

Landscaping was originally scheduled to occur in the spring. We remain on target for that for the laying of our grass. Trees and shrubs have been planted. The IT equipment for the Walworth County room will be going out to bid soon and will be installed by April. The history wall will also be going out to bid soon and will hopefully be installed in the first quarter of 2020.

The staff will be moving between December 6th and December 8th. IT has been coordinating the moves and we are meeting weekly to make sure we are aware of all of the details. We have worked with both IT and DPW to make sure that we are moved in prior to the start of the work day on Monday.

We are hosting a vendor’s open house on December 5th. This will allow us a chance to show our new building to our referral sources and make sure that they are aware of the new amenities of the new building.

We are working with our marketing company to complete a marketing video that can be shared during our open house in March. They are also planning to work on press releases, invites to our open house and notification of our moves. We have been working on a logo to assist with this effort.

Over the course of the past month most of our furniture has been delivered. We are including a variety of the finishes in this month’s update.
Staff will be receiving training the week of November 18th. This training will include training on the new phone system, move training by Coakley, safety training including fire, tornado and active shooter drills, new space expectations and a tour of the new building for those who have not already been in the building.

This projects has been a true team effort. I would like to thank you for supporting this project. I know it will be a benefit to our community. I would also like to thank are county partners in purchasing, DPW and IT. They have done a wonderful job in making sure that this project has run on time and will have everything we need to create an environment that is inviting, respectful and provides better care.
Above is therapy office and to the right is a standard supervisor’s office.
Above is a small conference room coming together. To the right is a larger conference room.
Above is the hallway between the Children’s unit and Administration that will have working and seating areas. To the right is a room designed for kids while they wait for workers to find them placement.
Above is the additional second floor seating area for staff on their meal break. To the right is a view from the upper lobby to the main entrance. The frosted glass provides both privacy and natural light to the Harmony conference room.
Here are some examples of seating/collaboration areas found throughout the building.
Walworth County Joint Protocol for a Collaborative Response to Child Maltreatment
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I. Statement of Purpose
   A. The purpose of the Joint Protocol on a Collaborative Response to Child Maltreatment is to enhance collaboration in assessing child maltreatment cases as defined in the following protocol. The following Walworth County agencies will use a multidisciplinary team approach to establish a cohesive, coordinated system designed to minimize trauma to the child victim while maximizing efforts to protect children and all evidence gathering efforts:
      1. Walworth County Department of Health and Human Services (WCDHHS)
      2. All Walworth County Law Enforcement Agencies
      3. Walworth County District Attorney’s Office
      4. Walworth County Corporation Counsel Office
      5. New Beginnings-Association for the Prevention of Family Violence (APFV)
      6. Advocate Aurora Sexual Assault Nurse Examiner Program
      7. Children’s Wisconsin Walworth County Child Advocacy Center (WCCAC)
      8. Health Care Organizations

   B. As cases of child maltreatment are encountered, we agree to collaborate without compromising the independence of each agency in a child centered way, emphasizing child safety, quality assessments and investigations, assisting victims and non-offending caregivers in the recovery process, and work together to prevent future maltreatment of children. To achieve these goals we further agree:
      1. To follow the attached protocol that summarizes the multidisciplinary approach to the assessment and investigation process and defines the ways that we collaborate without compromising the independence of each agency.
      2. Each agency will work within its departmental mandates and policies. Nothing contained in this protocol supersedes the statutes, rules, and regulations governing each agency. To the extent that any provision of this agreement is inconsistent with any such statute, rule or regulation, the statute, rule or regulation shall prevail.
      3. The WCCAC provides a child friendly and neutral site for the forensic interview of suspected child maltreatment victims. The WCCAC also provides referrals for medical evaluations and mental health services as well as advocacy and support for the child and non-offending caregivers.
      4. To share information among team members as permitted by law. The team will maintain the confidentiality of all records and information gathered on all child maltreatment cases.
      5. To share up-to-date staff rosters and institutional/procedural changes with all Sensitive Crimes Response Team (SCRT) members at the quarterly SCRT meetings.
      6. To review and amend this document and protocol annually and as needed.
      7. That any agency may terminate participation in this agreement by providing 30 days written notice.

II. Multidisciplinary Team Composition and Responsibilities
   The purpose of the team is to ensure that persons conducting activities and providing services related to child maltreatment cases are able to work in a coordinated manner to maximize positive outcomes for the child’s safety, physical and emotional needs and for justice. Note that not all members of the team will be involved in all cases. Also, other agencies may be involved in a case at the discretion of the team.
A. **Walworth County Department of Health and Human Services**

The Walworth County Department of Health and Human Services (WCDHHS) Child Protective Services (CPS) Division is responsible for conducting initial and family assessments, developing and implementing protective, safety and case plans, and providing services and case management until cases can be safely closed. CPS is responsible for creating the protective or safety plan on behalf of a child exposed to a present or impending danger threat and providing safety service interventions while completing the assessment. Walworth County Juvenile Intake certified workers will determine whether to take custody of a child to ensure their well-being and safety. CPS is responsible for gathering information or evaluations which may be needed to support meaningful family interventions or ongoing court actions under Chapter 48 and assist families with services. CPS may make Child Protective Service Reports and records available to members of the Multidisciplinary Team and employees of the Child Advocacy Center as permitted under s.48.981(7)(a)6 and 48.981(7)(a)6m, Wis. Statutes and 50-6 county ordinance. CPS will interview family members and collateral contacts following CPS standards in coordination with law enforcement. CPS will complete reports per the Wisconsin State WISACWIS reporting system. CPS will make substantiated reports available to law enforcement and the DA’s office upon request and as guided by the Corporation Counsel’s office.

B. **Walworth County Law Enforcement Agencies**

Walworth County law enforcement agencies are responsible for the investigation of child abuse, neglect and other violations of the criminal laws of the State of Wisconsin. Law enforcement officers are responsible for collection, preservation, and storage of all physical and testimonial evidence (including audio visual recordings, photographs, written documents and diagrams) which may be used in prosecution.

Law enforcement SCRT representatives are sworn police officers from a law enforcement agency that investigates child maltreatment consistently. The representatives shall have professional training in child maltreatment and family violence cases.

C. **District Attorney’s Office and Prosecution**

The District Attorney has sole responsibility for filing a criminal complaint. Factors which determine whether criminal charges are filed include whether there is sufficient evidence to prove guilt beyond a reasonable doubt. Evidence includes investigations by law enforcement, medical personnel and WCDHHS, WCCAC interviews, statements of witnesses, and results of scientific testing. Additional factors which may affect the charging decision are whether the child’s participation in the criminal prosecution is necessary and whether that participation will cause undue trauma or risk the safety of the child victim, other children and the community. The District Attorney’s Office provides assistance to law enforcement with drafting search warrants, subpoenas, and other investigative support. When criminal charges are issued, the District Attorney’s Office represents the interests of the State at all hearings pertaining to those charges. The District Attorney’s Office is responsible for preparing witnesses for testimony and providing other information and support.

D. **Corporation Counsel’s Office and CHIPS Jurisdiction**

The Corporation Counsel’s office has responsibility for determining whether or not to initiate a CHIPS petition under §48.13 Wis. Stats. with input from law enforcement, WCDHHS, and WCCAC and/or medical personnel involved in the case. The Corporation Counsel shall be available to
assist CPS in making decisions on whether to take children into custody and to confer on investigative strategies. If a CHIPS petition is filed, the Corporation Counsel will represent the interest of the public at all hearings pertaining to the petition.

The final decision making authority concerning prosecution of the CHIPS case rests with the Corporation Counsel's office. In conjunction with discussions with the SCRT, factors to be considered for prosecuting CHIPS cases include:

1. Quality and quantity of evidence substantiating child maltreatment and the need for court intervention
2. Any evidence suggesting that no abuse occurred
3. The child's ability to participate in the court process without undue trauma
4. The safety of the child victim, other children and the community
5. The feasibility of alternate options for handling the disposition consistent with the best interest of the child, other children, the family and the community

E. Children’s Wisconsin – Walworth County Child Advocacy Center (WCCAC)

Children’s Wisconsin (CW) is designated as the legal entity responsible for the WCCAC and the hospital based child advocacy program. CW is responsible for the governance and organizational oversight of the WCCAC and the Milwaukee hospital based advocacy program, fiscal operations and administrative policies and procedures.

WCCAC provides a child centered space which is accessible to children, families and SCRT agencies. The CAC will focus on child safety, minimize potential trauma and start the healing process for victims of child maltreatment through trauma-informed, evidence based, and supportive interventions.

WCCAC will collaborate to provide forensic interviews and medical evaluations, coordinate and provide advocacy services, and make connections to and/or provide mental health services for children when there are cases of child maltreatment. The WCCAC will also collaborate with community partners to enhance the ability to respond to reports of child maltreatment in a timely and coordinated fashion, and to provide services and information to child victims and their caregivers in Walworth County.

WCCAC SCRT Representatives include the:

1. Advance Practice Provider (APP) or board certified Child Abuse Pediatrician who is skilled in identifying and treating the medical needs and in gathering evidence where there is a concern of child maltreatment,
2. Forensic Interviewer who is skilled in forensic interviewing of children 3-18 and vulnerable adults over 18,
3. WCCAC Manager who will coordinate and facilitate the monthly Multidisciplinary Team (M-Team) meetings in Walworth County.
4. Advocate Case Manager
5. Mental Health Therapist

F. Advocacy Organizations

WCCAC and New Beginnings-APFV M-Team representatives provide advocacy services to children and caregivers and have an interest in child maltreatment and family violence.
Additional representatives may provide advocacy services to children and caregivers who have obtained training in the areas of child maltreatment and family violence and have completed a linkage agreement with the WCCAC.

G. Advocate Aurora Sexual Assault Nurse Examiners
The Sexual Assault Nurse Examiner (SANE) team may provide medical evaluations for children in sexual assault situations on the weekends or during the evening hours when WCCAC medical services are unavailable.

H. Mental Health Services
Licensed mental health professionals who are certified TF-CBT clinicians are onsite within the WCCAC to provide mental health services to children and families who have received services at the WCCAC. All mental health professionals are trained in treating childhood trauma that stems from child maltreatment and family violence through evidence based treatment approaches.

III. Information Sharing
Information will be shared among team members as allowed under applicable state and federal laws and regulations, including Wis. Stat. s. 48.981(7)(a)(6), s. 48.981(7)(a)(6m), s. 146.82(2)11, and 45 CFR 164.512(b)(1)(ii), and county ordinance 50-6, unless barred by attorney/client and/or ethical considerations. Each discipline has a unique relationship with the child and has family history information that can enhance the investigative and service provision process. All multidisciplinary team members will collaborate in the reciprocal process of information sharing to include only such facts as is pertinent to the investigation and critical to ensure the safety of the child. The team recognizes that the District Attorney’s Office, Corporation Counsel and Law Enforcement may not be able to share case specific information due to the status of a criminal investigation or proceeding.

In cases involving adult family violence where New Beginnings-APFV is involved, team members needing information from the program should obtain a signed release of information from the caregiver receiving services as soon as possible. New Beginnings-APFV cannot release information without the informed consent of the victim.

IV. Multidisciplinary Investigations
A. Investigative Planning
1. Walworth County Department of Health and Human Services CPS and Walworth County Law Enforcement agencies may receive reports of suspected child maltreatment. Law enforcement and CPS collaborate on their investigation, share information to the greatest extent possible as allowed by the law and their agencies, and work towards what is in the best interest of the child from a protective and legal standpoint. The purpose is to minimize the number of interviews, when possible, in order to preserve the integrity of the investigation, maximize child safety, and minimize trauma to the child.
2. If appropriateness of a referral to the WCCAC is questionable, discussion with the WCCAC staff to review potential barriers or compromising situations is initiated. Children referred to the WCCAC for forensic interview may be impacted by the following factors:
   a. Imminent exposure to the alleged maltreater
   b. Intra-familial abuse
c. Non-believing caregiver
d. Recantation is likely
e. Multi-maltreater cases
f. Non-caregiver cases
g. Multi-victim cases
h. Cases such as homicide or abduction
i. Communication and/or auditory processing difficulties (including developmental
   level, language processing issues or needs for an interpreter)

3. The investigators may, as needed, confer with the District Attorney’s office at any point
   in the investigation, including the investigative planning process.

B. Minimal Facts Interview
To the greatest extent possible, the number of victim interviews will be minimized. The purpose
of this action is to preserve the integrity of the investigation, maximize child and family safety,
and minimize trauma to the child. The investigators may, as needed, confer with other SCRT
members throughout the investigation to modify and further develop their plan.
(Refer to Appendix A “Minimal Facts Interview.”)

C. Cases Referred to WCCAC
1. Referrals for forensic interviewing of children at the WCCAC must come from Law
   Enforcement, CPS or the District Attorney’s Office.
2. As part of the investigative process, law enforcement and/or CPS may refer cases of alleged
   sexual abuse involving children between the ages of 3 ½ and 18 for a forensic interview.
3. Referrals to the WCCAC may be made in cases of other child maltreatment including but not
   limited to: physical abuse, sexual abuse of older children, neglect, drug endangerment,
exposure to harmful material, exploitation, human trafficking, witness to domestic violence,
   witness to homicide, other criminal activity.
4. At the time of the referral, WCCAC intake staff gathers information about family
   demographics, the type of maltreatment, and multidisciplinary team members involved
   with the case. The forensic interview and/or medical evaluation will be scheduled with the
   referral source.
5. Advocacy services are available and arranged by the WCCAC staff.

D. Children Appropriate for Forensic Interview
In making decisions regarding a forensic interview at the WCCAC, law enforcement and/or CPS
may have discussions with WCCAC staff to determine appropriateness. The decision is guided by
factors including but not limited to: the child’s age, language skills, disability, and emotional
and/or psychological capacity. In addition, at the discretion of law enforcement and/or CPS, other
dynamics may be considered such as children potentially responding negatively to the criminal
justice process or when outside negative influences may impact on the initial statements a child
might make. The WCCAC will work to accommodate these factors to the extent possible.

E. Pre-Interview Case Staffing
Case staffing is a formal process for the exchange of information among professionals prior to a
WCCAC forensic interview. The purpose of the case staffing is to discuss information about a case
in a way to evaluate best course of action, to prepare for the interview and to help assure that
team members have the information they need as part of the investigation process. See Case
History for Pre-Interview meeting (Refer to Appendix B) and Case Staffing Protocol (Refer to Appendix C).

Case information will be shared to the extent allowed by the law. Each individual representative and agency is responsible for maintaining confidentiality to the extent required by law, resolution and accepted practice. Each member of the team is bound by his or her professional ethics to share information outside of the Forensic Interview and case staffing only to the extent allowed by law or resolution and required by professional responsibilities.

F. Forensic Interview Protocol

The process of multidisciplinary investigation is supported to ensure accurate information that is useful as evidence is elicited and documented in a manner that is sensitive to victim needs. Great care needs to be taken when interviewing victims of suspected child maltreatment to ensure that accurate information is gathered and that the needs of the victims, who can be vulnerable and sensitive, are adequately addressed. Lack of proper interviewing technique can result in a number of problems such as information that is potentially perceived to be “tainted” as evidence, recantation of previous statements, or additional psychological trauma to the victim. These problems can present themselves under the best of circumstances but are more likely to occur when victims are interviewed multiple times by multiple interviewers.

1. A forensic interview is a critical part of the investigative process and will be recorded and compliant with s. 908.08, Wis. Stats. Children should be interviewed in a safe, neutral, child friendly environment like the WCCAC whenever possible in order to reduce the overall number of times a child is interviewed. In addition to safe, neutral and child friendly, the WCCAC environment is dedicated solely for the purposes of providing services to children during the investigation of child maltreatment, and it is secure: card reader access is required beyond the entrance/lobby and alleged maltreaters are not allowed on the premises. The goals of a recorded forensic interview include:
   a. Minimizing the trauma of the investigation for the child
   b. Maximizing the information obtained from the child about the alleged event(s)
   c. Maintaining the integrity of the investigative process
   d. Minimizing contamination of information obtained from child

2. Children should be interviewed in accordance with established guidelines. This protocol uses the Wisconsin Forensic Interview Guidelines. The guidelines utilize fundamentals that are consistent with established research on child interviewing.

3. The basic interview includes the following:
   a. Introduction, rapport building, narrative event practice, competency assessment (including truth/lie), narrative description of the event or events under investigation (including the actual abuse);
   b. The context of the abuse;
   c. The identity of the maltreater;
   d. The timeframe and location of the abuse;
   e. The frequency of abuse, what was said, seen, heard, and tasted and felt
   f. The presence of threats;
   g. The environment where the abuse occurred;
   h. Who else was there;
   i. Where other relevant people were;
   j. Whether any objects were used; and
k. Introduction of evidence if warranted
l. Any other factors concerning the abuse significant to the child or the interviewer
follow-up questions, clarification, and closure.

4. In discussions with SCRT, it may be useful to alter the structure of the interview or utilize
different interview approaches depending on the needs and/or age of the child or the
existence of any developmental or physical disabilities. For example, the interviewer may
use dolls, drawings, or other aides in communicating with the child during the interview.

5. Prior to commencing a forensic interview, the interviewer should be given all available
case information.

6. Prior to commencing a forensic interview, all children age 10 and over, barring
developmental/mental disability, will be administered an oath to establish the child’s
understanding that false statements are punishable and the importance of telling the
truth. This oath shall be administered by WCCAC staff and/or a commissioned Notary
Public. In the event the child’s development level is inappropriate for the administration
of an oath or affirmation in the usual form, an effort shall be made by the interviewer to
establish a similar understanding.

7. If any other individual, other than the forensic interviewer, is present in the room while
the child interview is being conducted, that individual will be present within the visual
field of the video camera.

G. Interview Documentation
All forensic interviews conducted at the WCCAC are audio/visually recorded. Copies of the
recordings can be given to law enforcement officials, the District Attorney’s Office and
Corporation Counsel when needed for investigations and court proceedings. One copy remains
at the WCCAC. No other copies of recorded interviews are made unless authorized by the court
or law enforcement.

Any written statements, drawings or diagrams produced by the child during the interview are
labeled as to the time, date, and name of the child and given to law enforcement as evidence,
with a copy retained in the electronic health record.

H. Interview Monitoring
1. The forensic interviewer will conduct the interview. The interview will be monitored by
the SCRT which may include but is not limited to the following:
   a. Law enforcement
   b. CPS
   c. DA/ADA/Corporation Counsel
   d. Victim Witness
   e. Mental health professionals
   f. Medical providers

2. The SCRT will bring all necessary forms, documentation, and history concerning the case,
child and family to the pre-interview meeting. The team will discuss the case history,
including additional information collected since the case referral and the case information
the forensic interviewer will have prior to the interview.

3. The SCRT shall attend the interview and view the interview via closed circuit television.
Prior to concluding the interview, the interviewer will enter the viewing room to
determine if there are any further questions from the SCRT. The SCRT will, at all times,
maintain the integrity of the investigative process. See Case History for Pre-Interview Meeting (Appendix B).

4. The SCRT will also participate in a post interview debriefing. The SCRT agencies will discuss the merits of the interview and determine the next course of action. The discussion will review, as applicable:
   a. medical concerns
   b. forensic interview results
   c. law enforcement implications
   d. protective issues and placement needs
   e. sibling issues
   f. non-offending caretaker/family member response
   g. advocacy needs
   h. mental health needs and follow-up
   i. other community referrals

5. Investigators and/or service providers will meet with the non-offending caregiver to review the appropriate contents of the forensic interview and discuss the next course of action.

I. Forensic Interviewing Peer Review
Peer review is a research based practice to assist forensic interviewers with maintaining and improving their skill in interviewing children. The WCCAC forensic interviewer will routinely participate in peer review through Children’s Wisconsin.

Community Interviewers conducting forensic interviews at the WCCAC will participate in peer review at minimum two times a year.

V. Guidelines for Medical Examination
As part of a comprehensive assessment, any child who is the suspected victim of child maltreatment will typically have a medical evaluation.

Child maltreatment medical evaluations are best performed by health care professionals who are competent in the medical evaluation of children who may have been maltreated and in providing expert testimony in judicial proceedings. The goals of the medical evaluation are to:

1. Identify and treat injuries,
2. identify the extent and cause of the injury,
3. Identify and treat unrecognized medical conditions or injuries,
4. Identify other forms of abuse and neglect and explain mimics of abuse,
5. Collect and identify medical/legal evidence if present,
6. Offer reassurance about the child’s health or provide information on treatment of medical conditions, and
7. Offer appropriate medical or mental health referrals.

Many injuries will be missed on visual inspection in the field by non-medical professionals. “Injury” in the context of this protocol can mean skin injuries such as bruising, burns or cuts, but it also includes soft tissue injury (such as inside the mouth and underlying muscles) and injury to internal
structures such as bones, organs or brain. Many injuries are not visible on a field inspection by non-medical professionals.

Referrals to the WCCAC for a medical evaluation are generally made by Child Protective Services and/or law enforcement. Health care providers may refer cases in certain circumstances (in conjunction with a mandated report to child protection and law enforcement).

A. General WCCAC Medical Evaluation Guidelines
   1. The requesting CPS, law enforcement professional or medical provider will share all case specific information with the WCCAC medical professional to facilitate a thorough and effective medical evaluation and to prevent unnecessary additional questioning of the child.
   2. If a forensic interview is scheduled for a child who already had a medical evaluation at another facility for suspected child maltreatment, CPS or law enforcement will forward these medical records to the WCCAC so that the medical professional is able to assess the need for a follow-up medical evaluation.
   3. In assessing the urgency of a medical evaluation, it is important to consider the timing of the last contact, what type of contact took place, whether the child is experiencing any symptoms from the abuse, and the safety of the child. When there are questions about whether or when a child should be evaluated for a medical evaluation, investigators should refer to the guidelines described later in this protocol or consult with the WCCAC medical professional.
   4. If a child is unwilling or unable to cooperate in the medical evaluation, the health care provider will determine whether an examination under anesthesia is medically necessary or whether it should be attempted at a later date. In the majority of the cases, the preference is to attempt another evaluation in the future, unless an urgent medical evaluation is medically necessary.
   5. Following the medical evaluation, the WCCAC medical professional will review the results with the child and caretaker. Results and findings will also be reviewed with members of the multidisciplinary team according to the law and policies regarding sharing of medical information.

B. Sexual Abuse
   1. All children and adolescents suspected of being sexually abused should be offered a medical evaluation and in most cases, medical evaluations are recommended. Children should be evaluated by a medical provider who has special expertise in child abuse evaluations. The preferred location for medical evaluations during business hours is the CAC. After business hours, or when an emergency room setting is required, children may be taken to the Emergency Department to be evaluated by Pediatric Sexual Assault Nurse Examiners or other medical providers with appropriate training and experience. A follow-up medical evaluation at the WCCAC is often indicated.
   2. A child who is suspected of being the victim of sexual abuse needs to be seen urgently (WCCAC or Emergency Department) if one of the following is present:
      a. The last incident of sexual contact occurred within the last 72 hours to 120 hours.
      b. The child has a presumed sexually transmitted infection, however, HPV infection does not necessitate a same day exam but should be scheduled as soon as can be arranged.
      c. There are immediate emotional or safety issues.
d. The child has complaints of pain or bleeding (anything more than minor bleeding should be seen in the ED)

3. A child who is the victim of sexual abuse should have a non-urgent medical evaluation at the WCCAC if the following are present:
   a. The last episode of sexual contact is remote (greater than 120 hours)
   b. The child is asymptomatic, and
   c. A safety plan is in place for the child.

C. Physical Abuse and Neglect

1. When CPS, law enforcement, or medical professionals suspect a child has been physically abused or neglected a medical evaluation at the WCCAC, their primary care provider’s office or the emergency department should occur as soon as possible. Children with fairly minor visible injuries may have serious internal injuries or be at risk for serious injury.

2. The following guidelines apply to the timing and location of the medical evaluation for physical abuse
   a. Directly to Emergency Department
      i. Serious/life-threatening injury
      ii. Ill-appearing infants
      iii. Witnessed or alleged shaking
      iv. Infant with suspected head trauma
      v. Any head trauma with neurologic symptoms (ex. excessive sleepiness, irritability, vomiting, seizures, abnormal breathing)
      vi. Serious injury to thorax/abdomen
      vii. Possible fractures
      viii. Frank bleeding (more than spotting)
      ix. Injury requiring sutures or other treatment
      x. Burns, other than minor burns (have child evaluated in the emergency department if you are uncertain)
      xi. Ingestions/poisonings
   b. Same day appointment at the WCCAC or Emergency Department if after hours:
      i. Child with suspicious skin injuries (same day or as soon as possible)
      ii. Minor burns
      iii. Bite injuries
      iv. History of suspicious head trauma with no symptoms or history of loss of consciousness. Because of the potential for dangerous injury, please speak with a WCCAC medical provider when you become aware of the injury or go to the emergency department.
      v. Sentinel Injuries (see addendum)
   c. Appointment at earliest convenience
      i. Sibling or other child exposed to alleged maltreater and for whom there is low suspicion of injury.
      ii. Physical abuse allegations occurring more than 2 weeks prior to referral and child is not experiencing pain
iii. The preferred location for medical evaluations during business hours is the WCCAC.

iv. A follow-up medical evaluation at the CAC should be considered for children who are medically evaluated at the Emergency Department with injuries concerning for physical abuse, especially for children under two years old to ensure the child abuse medical evaluation and injury surveillance is complete.

VI. Medical Peer Review

A. The WCCAC medical professionals will routinely participate in medical peer review through CW and attend peer review sponsored by the National Children’s Alliance. Children’s Wisconsin peer review includes board-certified Child Abuse Pediatricians, other program Pediatricians, and program Advanced Practice Providers.

B. In cases of child sexual abuse, the WCCAC medical professionals will peer review all abnormal findings of sexual abuse. The CAC medical professionals will peer review other cases as needed.

VII. Mental Health Services

A. Each child seen at the WCCAC will be considered for mental health services. The WCCAC will refer children to service providers who use trauma informed and evidence based techniques. The WCCAC staff and/or advocates will discuss identified needs with non-offending parents and caregivers and make appropriate recommendations and referrals for therapy or other services that will be helpful to the child.

B. If the child’s therapist is invited to an M-Team meeting, he or she will provide the team with updates on the child’s progress following established confidentiality guidelines. As mandated reporters, mental health professionals are required to immediately report all cases of suspected child maltreatment pursuant to s. 48.981, Wis. Stats.

C. The WCCAC staff encourages caregivers in seeking support and/or professional help through the process of an investigation/assessment, intervention, and court process. Resource and advocacy information is provided to families.

D. The Walworth County SCRT encourages all professionals who work in the child maltreatment field to take care of themselves. Agencies are encouraged to support and assist professionals coping with trauma associated with child maltreatment cases. M-Team meetings are also a place to discuss concerns and develop strategies to minimize the impact of secondary traumatic stress that may impact team members.

VIII. Victim Support and Advocacy

A. Victim advocates provide an essential service to the family in the team response to child maltreatment. Advocacy services play an important role in assisting victims and their families during traumatic and difficult times. Confidential support and advocacy services are available on an on-going basis, free of charge, to children and non-offending caregivers.

B. Advocacy is available for the following:
   1. Safety planning
   2. Information about and coordination of services with the community
3. Therapy referrals.
4. Medical advocacy
5. Legal advocacy
6. Criminal justice support and advocacy
7. Crime Victims Compensation Assistance
8. Children’s Advocacy & programming
9. Support groups
10. 24 hour phone line
11. Follow up appointments

C. In Walworth County, victim support and advocacy is provided by the following organizations:
   1. WCCAC on-site Advocate Case Manager
   2. New Beginnings-APFV

D. Initial and Ongoing Training:
   All victim Advocates who provide services to WCCAC clients will have successfully completed a minimum of 24 hours of instruction and will have provided documentation to the CAC manager. The 24 hours of instruction includes but is not limited to the following:

   1. Dynamics of Abuse
   2. Trauma-informed services
   3. Crisis assessment and intervention
   4. Risk assessment and safety planning
   5. Professional ethics and boundaries
   6. Understanding the coordinated multidisciplinary response
   7. Assistance in accessing/obtaining victims’ rights as outlined by law
   8. Court education, support and accompaniment
   9. Assistance with access to treatment and other services, including protective orders, housing, public assistance, domestic violence intervention, transportation, financial assistance, interpreters, among others determined for individual clients.

E. Individuals who provide victim advocacy services for children and families at the WCCAC must demonstrate participation in ongoing education in the field of victim advocacy and child maltreatment consisting of a minimum of eight contact hours every two years.

All victim advocates providing services to WCCAC clients, whether WCCAC staff or advocates through linkage agreements, will demonstrate a minimum of eight hours every two years of continuing education through one or more of the following, including relevant documentation of attendance and completion:

   1. Statewide, regional, or national child abuse conferences;
   2. Online courses through MRCAC on a variety of child abuse topics;
   3. Online courses though CALiO at NCAC.
   4. OVC Victim Advocacy Online (VAT online)
F. Walworth County Victim Witness Program
Upon request, the Victim Witness Assistance Program provides the following services throughout the duration of the criminal case:
1. Information regarding the ongoing status of the case;
2. An explanation of how the case will proceed through the criminal justice system;
3. Assistance in arranging a meeting to confer with the prosecutor regarding potential plea agreements;
4. Information and referrals to support services;
5. Assistance in preparing to testify;
6. Accompanying victims or witness to court proceedings with victims/witnesses; and
   Assistance with exercising all rights afforded through Chapter 950 of the Wisconsin State Statutes and through Act 181, Victim Rights legislation.

IX. Cultural Competency and Diversity
A. Diversity issues influence nearly every aspect of work with children and families and culturally competent services are routinely made available to all WCCAC clients and coordinated with the multidisciplinary response.

B. To effectively meet the needs of those served at the WCCAC, we agree to recognize diversity and work toward better understanding the diverse needs of those we serve, address culture and development throughout the investigation, adapt practices as needed and offer services in a manner that they can utilized and understood.

C. Members of the SCRT are responsible for the continued development and evaluation of the WCCAC Cultural Competency Plan which includes but is not limited to:
   1. Community, Organization and Client Needs
   2. Value of Culture and Diversity
   3. Staff Training, Development and Goals
   4. Incorporation of Culture and Diversity
   5. Necessary Resources and Related Costs
   6. Outcomes and Objectives
   7. Timeline of Activities
   8. Outcome Evaluation

X. M-Team Meetings
A. M-Team meetings are a formal process for the exchange of information among professionals.

B. SCRT members will meet regularly to review certain active cases. The purpose of these meetings is to pool information, compare notes and discuss follow up investigation and child protective needs.

C. M-Team meetings monitor case progress, encourages accountability and helps to assure that children’s needs are met sensitively, effectively and in a timely manner. In addition, knowledge and expertise of all team members is shared so that informed decisions can be made, collaborative efforts are nurtured, communication is promoted, and mutual support is provided. See M-Team Protocol (Appendix D).
D. Information will be shared to the extent allowed by law. Each individual representative and agency is responsible for maintaining confidentiality to the extent required by law, resolution and accepted practice. Each member of the team is bound by his or her professional ethics to share information outside of the Forensic Interview and case staffing only to the extent allowed by law or resolution and required by professional responsibilities.

E. Attendance at Case Staffing and M-Team meetings are the SCRT members including:
   1. Law Enforcement
   2. Walworth County Department of Health and Human Services
   3. Walworth County District Attorney’s Office
   4. Walworth County Corporation Counsel
   5. Medical Evaluator
   6. Victim Advocates
   7. WCCAC Staff
   8. Mental Health Providers
   9. Other professionals may be asked to attend as appropriate.

XI. Case Tracking
   A. WCCAC will track outcomes on all cases for evaluation and services.
      1. All cases that are referred to the WCCAC shall be tracked beginning with initial case information.
      2. All team members will provide the information necessary to complete the tracking requirements in a timely manner. Information tracked will include:
         a. Identifying information about the child and family including age, ethnicity, primary language, disability, and gender
         b. Identifying information about the alleged maltreater (name and date of birth)
         c. Types of maltreatment alleged
         d. Relationship of alleged maltreater to the child
         e. Names of team members involved in case and systems involved
         f. Charges filed and case disposition in court
         g. Child Protection Outcomes
         h. Status of medical/health and mental health referrals
         i. Exposure to domestic violence or other allegations traumatic events

   B. The National Children’s Alliance also requires aggregate data to be submitted. The WCCAC will collect this data as a matter of good practice of data collection. This data includes:
      1. Total number of children seen at the WCCAC
      2. Gender of children seen
      3. Race or ethnicity of children seen
      4. Number of children seen for what type of maltreatment
      5. Number of children receiving
         a. medical evaluations
         b. court preparation
         c. forensic interviews
         d. counseling/therapy
      6. Number of children maltreated by offender type
      7. Age of alleged maltreater
8. County CPS disposition
9. County CPS service status
10. Prosecution disposition

XII. Conflict Resolution
A. These policies are intended to provide guidance in most situations but it is understood that some flexibility may be needed to meet the requirements of individual cases. In addition, it is expected that this agreement may need to be modified as the cooperating agencies continue to work together on cases over an extended period of time. Changes can be made with the agreement of all those signing the agreement. In addition, supportive documents may be added to the appendix at any time to help clarify or implement the objectives of the agreement.

B. In situations when there is a conflict between SCRT members in a specific child maltreatment case, involved team members will attempt to resolve their differences.

C. If the team members cannot resolve the disagreement, they shall immediately contact their respective department supervisors. The issue shall be immediately addressed to determine the barriers to protocol implementation. If this does not resolve the disagreement, agency heads will meet and review the disagreement and work on a resolution. This resolution can include not to agree.

D. Disagreements are to be resolved as quickly as possible and in a manner that does not compromise the investigation or the safety of the child victim or other family members.

XIII. Review of Protocol
Reviews of the protocol will be conducted bi-annually. The review will be conducted on the team level. Additions and changes to the protocol will be made in writing and will be agreed upon by all team members. Upon approval, protocol will be signed by organizational representatives.
Appendix A

Minimal Facts Interview

To avoid multiple interviews of child victims, a Joint Protocol on a Collaborative Response to Child Maltreatment has been developed which suggests that the responding investigator taking an initial report of suspected child abuse conduct a “Minimal Facts Interview”. This interview will be followed by a formal, in depth forensic interview in a child friendly setting at the Child Advocacy Center (CAC).

It is understood that all investigations differ in some respect and the approach to the Minimal Facts Interview is flexible and permits the responding investigator to use his/her judgment in following the procedure. For example, if the child volunteer’s detailed information, that information should be documented or otherwise recorded, and the report should reflect the circumstances under which the child made the disclosures. If the child is not volunteering information, questioning and particularly leading questions, should be avoided and “Minimal Facts” should be developed from other sources whenever possible.

Minimal Facts Include:

1. What happened? (Nature of allegation, where on the child’s body, how child was forced or coerced)
2. Where did it happen? (Check for multiple jurisdictions).
3. When did it happen? (Last time it occurred? First time? How often?)
4. Who is/are the alleged maltreater? (Age/DOB, relationship of alleged maltreater/s)
5. Are there witness and/or other victims?
6. What steps are necessary to assure the safety of the child and other potential victims (siblings or other children to whom the maltreater has access)?
7. Is immediate medical attention necessary?
8. Do not ask the child “Why” the abuse occurred as it infers blame

The first concern of any investigation must be the safety of the child. If, in the judgment of the investigator, expansion of the minimal facts interview is necessary, avoiding in-depth interviews must give way to the investigator’s on-the-scene judgment. Every effort should be made to avoid victim interviews in the late evening or early morning hours.

The non-offending caretaker should be advised that an in-depth, forensic interview will take place at the WCCAC, where all investigative agencies will be represented and trauma to the child minimized.
Appendix B

Case History for Pre-Interview Meeting

Whenever possible and/or known, the following information can be shared amongst the SCRT Investigating Team:

- Medical symptoms/prior diagnoses
- Family history of child welfare involvement and/or foster care involvement
- Pending and past court involvement (criminal, CHIPS, or family)
- Custody and/or visitation arrangements
- Prior substantiated abuse history
- Exposure to known/suspected maltreaters
- Family history of child maltreatment and/or sexual abuse
- History of mental illness
- Domestic violence
- Criminal history
- Alcohol/drug abuse
- Exposure to pornography
- Exact allegations
- Response by caretakers/investigators thus far
- Behavioral issues/changes/symptoms of child (including sexual behaviors)
- Cognitive or emotional limitations
- School functioning
Appendix C  M-Team Meeting Protocol

In accordance with the Child Advocacy Center’s philosophy of promoting a team approach to the investigation, service provision and prosecution of child abuse cases and collaboration in addressing the needs of children and families, a multidisciplinary case staffing may be held to determine the best course of action.

Purpose
M-Team staffing is a formal process by which knowledge, experience and expertise of SCRT members is shared so that informed decision can be made regarding a child and/or family alleged to be affected by child abuse and/or neglect. This process is designed to determine the best course of action by those assigned to and/or involved in a case prior to a formal forensic interview. An M-Team staffing may be requested by any member of the SCRT to assure that the needs of children and their non-offending caregivers are met sensitively, effectively and in a timely manner.

Goals
- Sharing information with involved professionals
- Determining course of action
- Coordinating strategies and problem solving
- Addressing the needs of children and their families
- Thoroughly reviewing all aspects of the case

M-Team Meeting Ground Rules
- The content of the team/case discussions will remain confidential and the Forensic Interview & Case Staffing SCRT Confidentiality Agreement will be signed at each case staffing.
- Everyone will actively participate, problem solve, be non-judgmental and supportive while providing open and honest feedback, and will allow everyone to contribute.
- Our focus will remain on the specific case and determining the next and best course of action.
- If a designated or assigned team member cannot attend a scheduled M-Team meeting, a designee and/or his/her supervisor will come prepared to review the case in his/her absence and will provide the missed information to the absent SCRT member.

Case Staffing Meetings
Frequency & Location
An M-Team staffing can be requested on an as-needed basis and will take place at the WCCAC unless unavailable or another location is deemed necessary.

Coordination and Facilitation of Case Staffing
The M-Team staffing will be coordinated by the WCCAC. WCCAC Staff will notify all SCRT members involved via email and/or phone call as to the date and time of the case staffing.

Selection of Cases for M-Team and Notification
An M-team staffing may be requested by any member of the SCRT
Appendix C  

M-Team Meeting Protocol

Attendees
All professionals assigned to and/or working with the child and non-offending caregiver are expected to attend the case staffing. If the designated investigator/service provider is not able to attend the case staffing, another person with adequate knowledge of the case should be present on behalf of that agency.
Appendix D  Sensitive Crimes Response Team (SCRT) Meetings

In accordance with the Child Advocacy Center’s philosophy of promoting a team approach to the investigation, service provision and prosecution of child abuse cases and collaboration in addressing the needs of children and families served by the CAC, a quarterly SCRT meeting is conducted in conjunction with the SCRT Protocol Development Team meeting.

**Purpose**

SCRT meetings are a formal process by which knowledge, experience and expertise of SCRT members is shared so that informed decisions can be made, collaborative efforts are nurtured, formal and informal communication is promoted, mutual support is provided and protocols/procedures are followed. SCRT meetings encourage mutual accountability and helps to assure that the needs of children and their non-offending caregivers are met sensitively, effectively and in a timely manner.

**Goals**

- Sharing information with involved professionals
- Determining course of action
- Coordinating strategies and problem solving
- Addressing the needs of children and their families
- Team building, celebrating successes and enhancing team process
- Providing team members with an opportunity to increase their understandings of the complexity of child abuse cases and a forum in which to discuss general issues, problems and concerns related to the WCCAC and the investigations, service provision and prosecution of child abuse cases.

**SCRT Meeting Ground Rules**

- The content of the team discussions will remain confidential and the confidentiality agreement will be signed at each meeting.
- Everyone will actively participate, problem solve, be non-judgmental and supportive while providing open and honest feedback, and will allow everyone to contribute.
- Our focus will remain process. We will refrain from instructing other team members on their job responsibilities as we understand that each agency maintains ultimate authority for decisions appropriate to its own policies and statutory mandates and may not be able to adopt some team recommendations.
- If a designated or assigned team member cannot attend a scheduled SCRT meeting, a designee and/or his/her supervisor will come.

**SCRT Meetings**

**Frequency & Location**

SCRT Meetings are held quarterly 10:00 am to 12:00 pm at the WCCAC/Tree House Child and Family Center, W4063 Cty. Hwy. NN Elkhorn, WI 53121. Agenda items include SCRT protocol development, agency updates, and feedback about the procedures/operation of the WCCAC/SCRT to include cases which identified needs for improvement and cases that show success stories.

SCRT meetings will be coordinated and facilitated by the WCCAC Manager.
Appendix D  

**Sensitive Crimes Response Team (SCRT) Meetings**

**Agenda and Notification**
The WCCAC manager will email the SCRT Protocol Development Team one month prior to a meeting asking for agenda items and case identification for review. If no cases are suggested, WCCAC staff will review cases seen the previous quarter and choose 2 specific cases to be reviewed. Cases chosen will highlight a particularly challenging or unique case, systems or protocol issue, educational opportunity or exemplify positive teaming and/or case outcomes. SCRT members will be receive and agenda at least one week prior to the scheduled meeting.

**Attendees**
All professionals serving on the SCRT Protocol Development Team are expected to attend the quarterly meeting or send a representative from their agency.

**Case Presentation Guidelines**

**WCCAC**
- Inform team of any pertinent state or national information shared by other CACs
- Any case issues, possible resolutions, educational opportunities or successes

**Law Enforcement**
- Update team on case if presenting or involved
- Inform team of any obstacles impeding investigation (mental health issues, substances abuse issues, inability to locate, etc.)
- Any case issues, possible resolutions, educational opportunities or successes

**Department of Health and Human Services**
- Update team on case if presenting or involved
- Inform team of any service or intervention obstacles (issues of mental health, substance abuse, family (supportive, not supportive, etc.), housing, disability etc.)
- Any case issues, possible resolutions, educational opportunities or successes

**Victim Advocates**
- Update team on case if presenting or involved
- Inform team of status of follow-up
- Any case issues, possible resolutions, educational opportunities or successes

**Mental Health**
- Update team on case if presenting or involved
- Provide any recommendations for service provision
- Any case issues, possible resolutions, educational opportunities or successes
Appendix D  

Sensitive Crimes Response Team (SCRT) Meetings

Medical
- Update team on case if presenting or involved
- Inform team of any findings, follow-up recommendations, verbal disclosures and any other reactions to the medical exam
- Any case issues, possible resolutions, educational opportunities or successes

District Attorney & Victim Witness
- Update team on case if presenting or involved
- Inform team of any obstacles impeding services and/or prosecution
- Any case issues, possible resolutions, educational opportunities or successes

Documentation & Follow Up
Recommendations or action items generated will be communicated in the SCRT meeting minutes.
Appendix E

Physical Abuse Concerns in Infants Birth to 2 years of Age

Sentinel Injuries:

- What are they? Visible, poorly explained small injuries such as a bruise or mouth injury in pre-cruising infants are often from abuse and can precede more serious abuse. Cruising means the baby is able to pull to a stand and take a few steps holding onto something which babies learn to do between 7 and 12 months of age.


- A baby with a small bruise from abuse may have severe internal injuries, so additional medical screening is necessary. Medical screening is performed to detect additional injuries and to rule out conditions that can cause easy bruising such as a bleeding disorder. In a recent study, 50% of babies with just a bruise who were evaluated for abuse had other serious injuries (Harper NS et al. J Pediatr 2014;165(2):383-388)

- Who should evaluate an infant with a sentinel injury? Ideally the infant should be evaluated by the most experienced medical provider available. If unsure about where to seek care or another opinion, consult with your Child Advocacy Center for further guidance.

- What if the further injury surveillance (see Medical Evaluation below) is negative? Even if no other injuries are present, the sentinel injury should be carefully considered as suspicious for abuse. Remember that a bruise or mouth injury may be the first injury from abuse! Injury surveillance is not complete until both parts of the skeletal survey are performed (initial and repeat in 2-3 weeks).

Other considerations:

- Fractures can be the first sign of physical abuse and 55% to 70% of abusive fractures occur in children under 1 year of age. Consider child physical abuse in any child with a fracture that is unexplained, poorly explained or in an infant < 12 months old.

- Sibling or household contacts of abused children should be evaluated for abuse. Researchers found that siblings or household contacts under 2 years of age had abusive fractures in almost 12% of cases! (Lindberg, DM et al., Pediatrics. 2012;130:1-9)

Guidelines (depends upon clinical judgment) when physical abuse is suspected in a child < 2 years of age:

- Obtain Photographs. Photos, while important, often cannot replace evaluation by a medical provider. Include photos of the face, knees and shins in every suspected case.

- Medical evaluation:
  - Full skeletal survey including oblique ribs and a repeat skeletal survey in 3 weeks. So-called “baby grams” are inadequate.
  - Blood and Urine Laboratory testing
    - Abdominal labs to screen for abdominal trauma – Urinalysis and blood for AST, ALT, Lipase and Amylase. Obtain an abdominal CT for abused children with GCS less than 10 and/or abnormal abdominal laboratory screen (AST or ALT greater than 80)
Coagulation screen *ONLY if* there is concerning bruising or bleeding – CBC with differential and platelets, PT, PTT, Factor VIII, Factor IX, von Willebrand activity and antigen. Strongly consider adding fibrinogen, d-dimer, and Factor XIII if significant abdominal trauma, AHT or extensive bruising.

Bone labs *ONLY if* there are fractures concerning for abuse – calcium, magnesium, phosphate, alkaline phosphatase, intact parathyroid hormone, and 25-OH-Vitamin D.

Consider comprehensive urine drug investigation testing with lab confirmation of any positive results

- Head CT routinely < 6 months and if AHT is suspected in a child > 6 months.
- MRI of head and spine if there is a high suspicion for AHT
- Dilated ophthalmology exam if there is a high suspicion for abusive head trauma (AHT)

- Consider referring the child to the nearest Child Advocacy Center for follow-up
Behavioral Health Division
# Behavioral Health Services Overview

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<th>Program Area</th>
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<th>Updates/Challenges</th>
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<td>Outpatient Clinic</td>
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<td>• Treatment provider for OWI, Drug, Family Treatment Court</td>
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<td>• Recent SABG Audit</td>
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<td>• SAMHSA Grant</td>
<td>• Recruitment Challenges</td>
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<td>Case management for: • Children and adults • Mental illness • Substance use problems</td>
<td>• On track for 2020 program expansion</td>
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<td>• 100% Reimbursement</td>
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<td>• 49 Consumers</td>
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<td>• Case management for chronically mentally ill • 7 day/week program</td>
<td>• State Survey in November</td>
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<td>Crisis Intervention</td>
<td>24/7 Crisis Response</td>
<td>2020 Redesign Workgroup</td>
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Crisis Intervention Services

- Provides emergency mental health services, support, and resources
  - Suicide risk Assessment and Service Planning
  - Emergency Detentions
  - Protective Custody Placements
- Operate 24/7, 365 days
- Housed in HHS
- Regulated by Department of Health Services (DHS) Chapter 34
- Service plan approved by DHS
3rd Shift Crisis

- Staffed by two Crisis Intervention Specialists
- 4 x 10 hour shifts
- Overlap one day mid-week
- Provide coverage for each other
- Challenging when a vacancy occurs
- Partner agencies expect 10 min response time

3rd Shift Staff Time Based on ECHO Reports for Crisis Services January through May 2019

- At Emergency Department
- At HHS for Consumer
- Other/Non-Face to Face/Non-Crisis Service
### Children’s Division On-Call Systems

- Juvenile Court Intake (CPS)
- Child Protective Services (JCI)
- $37,688 in 2018

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<td>Hours Staff were called in to HHS</td>
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![Pie chart showing 97% and 3%]
Crisis Redesign Work Group

- Transition the Crisis Intervention Program to an “Emergency Behavioral Health Program”
- Evaluate role in Children’s Services
- Develop Recommendations that result in:
  - Improved response to consumers and law enforcement
  - Increased efficiency
  - Enhanced standing in the community
Redesign Tasks

- Invite law enforcement to participate
- Gather comparison data from other counties
- Evaluate staffing patterns
- Prepare recommendations
- Present changes to the board in spring for inclusion in 2021 budget
TO: David Bretl, County Administrator
FROM: Carlo Nevicosi, Deputy Director DHHS
DATE: October 17, 2019
RE: Title IV-E Legal Representation of Parents and Children

The Department is seeking approval to apply for the "Title IV-E Reimbursement Program for Legal Representation of Parents and Children for Calendar Year 2020". This grant application is due prior to the November Health and Human Services Committee meeting. Therefore, based on administrative procedure requirements, I am seeking preliminary permission to apply for the grant by the deadline of October 31, 2019. I will include the request to apply for the grant on the Health and Human Services Committee’s November agenda for their approval.

This grant supports Clerk of Courts operations, but requires that the application be submitted by a county human services department. It serves as an addendum to HHS’s existing Title IV-E grant that funds other aspects of the child welfare system. We are familiar with the reporting requirements.

The program aims to ensure a well-functioning child welfare program by supporting legal representation for adults and children in all stages of child welfare proceedings. Under this program, federal IV-E funds are provided on a pass-through basis to counties to offset legal expenses incurred in CHIPS and TPR cases.

Funds are earned on a reimbursement basis, so costs must first be incurred by the county. To participate, counties must forgo attempts to recoup costs directly from clients. This requirement poses no new challenges as the Clerk of Courts does not currently collect any guardian ad litem expenses. Title IV-E reimbursement for these costs is 27% for CHIPS activities and 38% for TPR activities. Since the activities are only partially reimbursed, the balance remains the county’s responsibility. This meets the grant’s matching requirement.

Please let me know if you have any questions.
Memorandum

To: Elizabeth Aldred, Director of Health and Human Services
Cc: Jessica Conley, Finance Director
From: David A. Bretl, County Administrator
Date: October 22, 2019
RE: Title IV-E Legal Representation of Parents and Children Grant

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 Finance Committee and Health and Human Services Board agendas.

DAB/sr
TO: Walworth County HHS Board
FROM: Lisa Broll, HHS Children and Families Division Manager
DATE: November 12, 2019
RE: Targeted Safety Support Funds (TSSF)

The Department is seeking approval to apply for the Targeted Safety Support Funds in the amount of up to $100,000.

The Department of Children and Families (DCF) is soliciting applications for the Targeted Safety Support Funds which are replacing our current In Home Safety Services funds that we currently receive. TSSF funding is for when CPS determines that a child is unsafe but the threat to danger can be controlled in the home through the use of a Protective Plan or a Safety Plan. The hope is that the funding will reduce trauma to children by keeping children safe with their families, providing support and resources to build on family strengths, preventing future maltreatment and supporting reunification planning.

The grant does have a required local agency match of 9.89%. This match is no different than the match that we currently have with our In Home Safety Services funds which this is replacing. We currently use staff time to meet the match requirements for the program.

The biggest change to this program from its current state is that we would have the ability to utilize the funds for a longer period of time and with both new and current families receiving services.

If you have any questions, please let me know. Thank you for your time.
MEMORANDUM

TO: Health and Human Service Board

FROM: Erica Bergstrom, Health Officer/Manager-Public Health

DATE: 11/6/2019

SUBJECT: Narcan Direct Program Application

The Division of Public Health is seeking approval to apply for the Wisconsin Department of Health Services, “Narcan Direct Program,” for 2019-2020. This program allows public health departments to order Narcan free-of-charge from The Department of Health Services. The application for this program was due prior to the November Board meeting, so we sought preliminary approval from Administrator Bretl.

Health and Human Services and the Overdose Fatality Review Team have a goal of reducing the number of fatalities from opioids. This program supports that goal. Between January 1 and July 31, 2019 there have been 19 fatal overdoses reported in the county, the majority of which were related to opioids. HHS also serves around 100 consumers at any given time who are considered high risk for overdosing or encountering an individual overdosing.

The Narcan Direct Program will allow public health staff to train consumers, their family members, and the public to administer Narcan. If this application is approved, our Medical Advisor will issue a standing order authorizing the Public Health Department to provide training and also to distribute Narcan. The Corporation Counsel’s Office has reviewed and approved a draft standing order. We do not intend to utilize this program to allow HHS staff carry or administer Narcan as a part of their county employment.

There is no financial impact or match requirement to this program. Programmatic reporting on the number of doses distributed and the number of individuals and groups trained to administer is required monthly.
Memorandum

To: Elizabeth Aldred, Director of Health and Human Services
Cc: Jessica Conley, Finance Director

From: David A. Bretl, County Administrator

Date: November 8, 2019

RE: Narcan Direct Program Grant

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.

DAB

Enclosure 7
This year’s project sampled wells along County Road A, Town of Troy, and in the Delavan inlet over the course of 8 days. 1,128 homes were offered sampling.

21% of samples were Coliform positive
2% of samples contained E. coli
13% of samples had elevated nitrate
No samples contained elevated levels of arsenic or lead

2019 is the third year of this project. In 2020 we would like to continue to fill in our water quality map. We suggest sampling in the Sharon area, the region Northeast of Lake Geneva, and the Northeast corner of the county.
MEMORANDUM

TO: Elizabeth Aldred, Director
FROM: Erica Bergstrom, Health Officer/Manager-Public Health
DATE: 10/21/2019
SUBJECT: 2019 WIC Management Evaluation

WIC received their odd year management evaluation in summer of 2019. The evaluation highlighted both areas of extreme success and areas for improvement in our WIC clinic. While the evaluation does not have a direct fiscal impact, our WIC funding amount is dependent on our caseload size. Due to this, we are highly focused on ensuring all individuals in our county who qualify for WIC have access to the program.

For 2019 the Walworth County WIC program received commendations for their outreach activities, consumer centered service, and the success of the Breastfeeding Coalition.

The evaluation identified the need for improvement actions and plans pertaining to:
- Clinic sight names in the state WIC system
- Improving caseload numbers and retention
- Addressing maternal weight
- Improving Breastfeeding Peer Counselor contact rates
- Staff knowledge of eligibility

The WIC supervisor has put together an improvement plan, included in this packet. One of the keys will be adjusting their routine chart audits to look more heavily at the areas highlighted for concern (addressing maternal weight and staff knowledge). The program staff will also be using their monthly meetings to focus on these topics and ensure staff comfort with the topics.

Outreach and engagement has been an ongoing project for the Division. Plans are being developed to coordinate outreach between all public health early childhood programs. The goal of the plan is to share a clear message and referral process for all public health early childhood programs with the community at large. The WIC program is an integral part of this outreach plan. The WIC project will also continue to look at how they can maximize service for consumer by modernizing technology use.
September 22, 2019

Terese Rutkowski, WIC Director
Walworth County WIC Project, P29

Dear Terese:

Thank you for the time you and your staff spent on the 2019 WIC Management Evaluation. The following components of your program were reviewed: project self-assessment, clinic practices, nutrition care documentation, required documents, fiscal practices, nutrition and management reports, customer satisfaction surveys, and the Farmers’ Market Nutrition Program. Listed below are the evaluation results for your WIC Program. You must respond to the corrective actions and the quality improvement areas/recommendations. A response tool has been included and needs to be returned electronically within 30 days from today.

Clinic Observation: Elkhorn Site, July 9, 2019
Clinic Observation Delavan Site, July 10, 2019
Fiscal Review July 10, 2019
Exit Conference: July 10, 2019

Commendations:

• WIC teams are assigned areas of county to conduct outreach activities. Investing staff time in outreach gains their knowledge of services provided by both public and the non-profit agencies and provides opportunity for providers to learn about WIC.

• The WIC team participates in Walworth County Breastfeeding Coalition and manages Facebook with posts for breastfeeding information and community events like the Hispanic Heritage Festival and a Large Community Breastfeeding Fair. Staff are present and active in the Walworth County HEAL Campaign while also managing other nutrition programs like Peer Counseling, Fit Families, and Farmers Market. Q-bites offered quarterly at the area Library and Baby basics are ongoing education sessions offer different education programs for families. WIC collaborates with other programs including Head Start, First Breath, Safe Sleep, and Public Health services. Cooperation to address health concern through various campaigns is high in Walworth County.

dhs.wisconsin.gov
Expects all staff to document in care plan when a client is seen individually to better explain what took place with that client, rather than checking the box for general education when issuing benefits.

Frequent late hour services (4 days per month) for participant certifications, mid-certifications and benefit issuance exceeds program expectations and identifies an important community need. This is a great service offered and used.

Frequent use of praise to the caregiver identified in the care plan notes.

Quality Improvement Areas/Recommendations:

- Caseload is 953, about 83% of the 1152 participants contacted to serve per month. ~10% of families did not pick up benefits in July. There are 30 assigned pick up days. Automated reminders are not reaching all participants as some reminders are prompted by pick up day field in order to call. It’s recommended to assign four pick up days, one each week or however it’s decided to improve messages go out in timely manner. Any time pickup days may cause undue pressure on staff completing scheduled appointments. Consider scheduling non-certification education. Using the other nutrition ed code will cause no harm when entering the appointment in the scheduler.

- Assess weight and document concerns about weight in the assessment tool. This area was blank in 4 out of 5 women certified. Follow up with weight gain/loss goals when appropriate. Add an alert/comment and an appointment for individual follow up.

- The Peer Counselor had over 500 attempts to contact WIC enrolled women this past year, more than 50% of the BFPC calls were unsuccessful. Look into options to improve contact rate. Extending work hours is best practice and part of the 2020 BFPC contract.

- File review
  - Frequently missed risk factor for parental BMI. Most infants and some children were missed when their mother actually had risk factor [111]. Note: 67% of women enrolled in your WIC program are with a BMI >24. There is more work to be done providing moms with tools to lose weight or guiding children are at risk.
  - Ensure staff are clear on adjunctively eligible due to pregnancy or infant family member. Infant status codes were used for a sibling when infant turned one. Updates status codes as needed.

Corrective Actions:

- Identify the Delavan site in ROSIE. [Admin\Site] All certification and recertification should be assigned to the Delavan WIC site if the enrollment began their.

Other Discussed Items:

- WIC Director will now be half time WIC due to the additional role as Birth to 3 Manager. Continuous time reporting will account for time allocations.
- Peer contact per certification of pregnant and breastfeeding women about 29%. Cell phone and after hours were not easy to get approved without the complication of on call pay.
- No show rate
- Pick up day reduction
Thank you for your continued support and service to the Special Supplemental Nutrition Program for Women, Infants, and Children.

Respectfully submitted,

[Signature]

Marilyn Bolton
WIC Regional Nutrition Consultant

cc: Central Office files
    Erica Bergstrom, Health Officer
MEMORANDUM

TO: Elizabeth Aldred, Director
FROM: Erica Bergstrom, Health Officer/Manager-Public Health
DATE: 10/16/2019
SUBJECT: Birth to Three FY2017 Program Determination Status

The Birth to Three program received a determination status of, “Need Assistance” based on their fiscal year 2017 program outcomes and compliance. While birth to three received a score of 100% for their compliance, the program scored only 50% for their program outcomes. There are no fiscal impacts to these findings. In cooperation with our state program representatives, we use the findings from this report to create the annual County Performance Plan (CPP) later this year.

We have analyzed the report and selected sections that we believe should be a primary focus for us to take steps to improve outcomes. Overall a key portion of improving the scores in this report will be implementing a standardization training to ensure that our Birth to Three staff are scoring outcomes consistently with how they are scored across the state. We will be working with our CESA 2 representative to implement this standardization training. The staff will also be dedicating one staff meeting per month to professional development and advancing their skills.

A key part of improving child outcomes is implementing fully the state recommended “Primary Coach Approach.” Our staff has implemented this partially during the last year and this will be a focus of the program for 2020. The supervisor for the program is implementing an audit process to ensure ideal use of the approach.

The staff reviewed the concerns related to parents understanding their child’s rights and have requested additional support and information from the state on that indicator. The program will continue to monitor internal processes to ensure that parents have many opportunities to learn about their rights and those of their child. They have discussed looking at this using a health literacy viewpoint to address this concern. Using this practice they will focus on ensuring that information provided is in the appropriate format and at the appropriate reading level for each family.

"Walworth County is an Equal Opportunity Employer"
Date: September 23, 2019

To: Holli Wilke, Birth to 3 Program Administrator  
Walworth County

From: Deborah Rathermel, Director  
Bureau of Children’s Services

Re: DETERMINATION STATUS FOR FFY 2017: JULY 1, 2017 - JUNE 30, 2018

The purpose of this memo is to communicate the determination status for the Wisconsin Birth to 3 Program and the determination status for each local Birth to 3 Program for Fiscal Year 2017.

The Office of Special Education Programs (OSEP) requires states to monitor and enforce the Individuals with Disabilities Education Act (IDEA) by issuing local determinations under IDEA sections 616(b) and 642 annually specific to the performance of each early intervention program under Part C.

The State of Wisconsin and Walworth County Birth to 3 Program determination statuses for July 1, 2017 through June 30, 2018 are listed below.

Wisconsin’s overall Determination Status for FFY 2017 is “Meets Requirements.”

Walworth County Birth to 3 Program Determination Status for FFY 2017 is “Needs Assistance.”

This communication includes one attached document and two (2) links:
1. Results and Compliance Matrix.
2. Determinations Results and Compliance Matrix Instructions (P-02398i).
3. Wisconsin County Birth to 3 Program Determinations chart (P-02398) linked under the County Determinations section

Please review the data in the attached matrix. Your Technical Assistance Lead will discuss your ideas for improving performance on these indicators during the next quarterly contact.

On behalf of the Department of Health Services, thank you for your commitment to the children and families of your community.

cc Terese Rutkowski, Walworth County Birth to 3 Program Coordinator  
Regena Floyd-Sambou, Technical Assistance Lead
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<td>WONCV</td>
<td>Non Covered Service</td>
<td>16</td>
<td>$ 1,915.25</td>
<td>7</td>
<td>$ 911.75</td>
</tr>
<tr>
<td></td>
<td>WONCV Recovery</td>
<td>-1</td>
<td>$(20.00)</td>
<td>-1</td>
<td>$(136.50)</td>
</tr>
<tr>
<td></td>
<td>Net WONCV</td>
<td>15</td>
<td>$ 1,895.25</td>
<td>6</td>
<td>$ 775.25</td>
</tr>
<tr>
<td>WOON</td>
<td>B-3 Out of Network</td>
<td>28</td>
<td>$ 3,989.34</td>
<td>23</td>
<td>$ 2,370.00</td>
</tr>
<tr>
<td></td>
<td>WOON Recovery</td>
<td>0</td>
<td>$ -</td>
<td>0</td>
<td>$ -</td>
</tr>
<tr>
<td></td>
<td>Net WOON</td>
<td>28</td>
<td>$ 3,989.34</td>
<td>23</td>
<td>$ 2,370.00</td>
</tr>
<tr>
<td></td>
<td>Total 3rd Quarter</td>
<td>46,976.78</td>
<td>$ 29,883.74</td>
<td>$ 5,720.85</td>
<td>$ 11,372.19</td>
</tr>
<tr>
<td></td>
<td>YTD Total</td>
<td>74,334.78</td>
<td>$ 59,604.44</td>
<td>$ 11,372.19</td>
<td>$ 46,976.78</td>
</tr>
</tbody>
</table>

**3rd Quarter Summary**

<table>
<thead>
<tr>
<th>July 2019</th>
<th>Aug 2019</th>
<th>Sept 2019</th>
<th>3rd Quarter 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munis</td>
<td>29,883.74</td>
<td>Munis</td>
<td>5,720.85</td>
</tr>
</tbody>
</table>

**Total 3rd Quarter** $46,976.78

**YTD Total** $74,334.78
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss - LLOSS</td>
<td>4</td>
<td>$ 547.03</td>
<td>$ 3,014.73</td>
<td>$ -</td>
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<tr>
<td>No Prior Authorization - WONPA</td>
<td>69</td>
<td>$ 9,456.75</td>
<td>$ 2,219.25</td>
<td>$ 2,486.50</td>
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<tr>
<td>Timely - WOTM</td>
<td>77</td>
<td>$ 7,761.06</td>
<td>$ 7,182.25</td>
<td>$ 3,470.12</td>
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<tr>
<td>Bankruptcy - LBANK</td>
<td>25</td>
<td>$ 8,525.35</td>
<td>$ 2,516.00</td>
<td>$ 416.91</td>
</tr>
<tr>
<td>Collections - LCOLL</td>
<td>545</td>
<td>$ 147,828.33</td>
<td>$ 129,932.82</td>
<td>$ 19,026.56</td>
</tr>
<tr>
<td>Consumers at Max ability to pay - LMAX</td>
<td>6</td>
<td>$ (68.00)</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>Too Costly to Collect - LCOST</td>
<td>10</td>
<td>$ 41.40</td>
<td>$ 37.33</td>
<td>$ 30.40</td>
</tr>
<tr>
<td>Client Deceased - LDEC</td>
<td>13</td>
<td>$ 1,298.17</td>
<td>$ 3,530.86</td>
<td>$ 489.00</td>
</tr>
<tr>
<td>Non Covered Provider - WONCP</td>
<td>304</td>
<td>$ 50,238.75</td>
<td>$ 29,643.77</td>
<td>$ 17,129.08</td>
</tr>
<tr>
<td>Non Covered Services - WONCV</td>
<td>204</td>
<td>$ 15,300.69</td>
<td>$ 13,240.55</td>
<td>$ 11,560.59</td>
</tr>
<tr>
<td>B3 Out of Network - WOON</td>
<td>74</td>
<td>$ 8,392.06</td>
<td>$ 8,633.34</td>
<td>$ 19,725.62</td>
</tr>
<tr>
<td>Total Write-Offs</td>
<td></td>
<td>249,321.59</td>
<td>$ 199,950.90</td>
<td>$ 74,334.78</td>
</tr>
</tbody>
</table>
October 10, 2019

Hi Everyone,

We want to thank all of you for your effort in becoming one of the recipients of the Purple Angel by becoming Dementia Friendly. Due to your commitment in becoming dementia friendly, the Dementia Friends America Network has recognized us Nationally for our efforts in Walworth County to develop a Dementia Friendly County!

What makes this so special is that we are the only county in the state that has this designation. There are many communities, but no other county in the state!

We are in the process of developing some signage that communities, business', Chambers of Commerce and other entities can proudly display and promote our County.

This is a rough draft of what we are in the process of developing. Your unwavering support in getting this recognition cannot be minimized. We are in the planning stages of putting together a “Coming out Party” for the Spring. We would like you to participate in this event and will keep you posted as this progresses.

Cordially,

Bernadette & Eric Russow

President & Secretary, Treasurer
Dementia Friendly Community Initiative, Inc.
1527 Meadow Lane
Elkhorn, WI. 53121

262-320-7325
888-475-1093
dfcwalworth@gmail.com

1527 Meadow Lane
Elkhorn, WI. 53121
262-320-7325 - Phone
888-475-1093 - Fax
E-Mail – dfcwalworth@gmail.com
Health and Human Services Board Schedule 2019-2020

All meetings are 2:00 p.m. in the County Board Room located in the Government Center – 100 W. Walworth, Elkhorn, Wisconsin also otherwise noted

Wednesday, November 20, 2019

Wednesday, December 11, 2019

Wednesday, January 22, 2020

Wednesday, February 19, 2020

*Saturday, March 14, 2020 Ribbon Cutting/Open House held at the new Health and Human Services Building located at 1910 County Road NN, Elkhorn

Wednesday, March 18, 2020

Wednesday, April 29, 2020