1. December 11, 2019 Health And Human Services Agenda
   Documents:
   
   DHHS 12-11-19 AGENDA.PDF

1.I. December 11, 2019 Health And Human Services Board Amended Agenda
   Documents:
   
   DHHS 12-11-19 AGENDA - AMENDED.PDF

2. December 11, 2019 Health And Human Services Board Packet
   Documents:
   
   DHHS DECEMBER 2019 PACKET.PDF
Walworth County Health and Human Services Board

MEETING NOTICE
Wednesday, December 11, 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.

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

1. Call to order

2. Roll call

3. Withdrawals from the agenda, if any

4. Agenda approval

5. Approval of minutes of last meeting(s):
   a) November 20, 2019 (Enclosure 1)

6. Public Comment Period

7. Unfinished business
   a) Building Update (Enclosure 2)
   b) SCRT Protocol (Enclosure 3)
   c) Treatment Court Update (Enclosure 4)
8. New business
   a) Mission, Vision, Value Update (Enclosure 5)
   b) Introduction of Volunteer Medical Director for Public Health (Enclosure 6)
   c) Foster Home Licensing Grant for 2020 (Enclosure 7)

9. Report (s)

10. Correspondence

11. Announcements
   a) Letter to the Editor re: Crisis Response (Enclosure 8)
   b) Meals on Wheels by Congressman Bryan Steil (Enclosure 9)

12. Set/confirm next meeting date and time – January 22, 2020 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

Post: December 5, 2019
Walworth County Health and Human Services Board

MEETING NOTICE
Wednesday, December 11, 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

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Center Board of Trustees will be in attendance.
It is possible that a quorum of the County Board or any of
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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.

1. Call to order

2. Roll call

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4. Agenda approval

5. Approval of minutes of last meeting(s):
   a) November 20, 2019 (Enclosure 1)

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9. Report (s)

10. Correspondence

11. Announcements
    a) Letter to the Editor re: Crisis Response (Enclosure 8)
    b) Meals on Wheels by Congressman Bryan Steil (Enclosure 9)
    c) Recognition of Sandra Wagie-Troemel’s Years of Service

12. Set/confirm next meeting date and time – January 22, 2020 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: December 5, 2019
Revised: December 6, 2019
Memorandum

To: Walworth County Health & Human Services Board

From: Elizabeth Aldred, HHS Director

Date: December 5, 2019

RE: December 11, 2019 Health & Human Services Board Agenda

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

- The Department of Public Works has completed its 4th quarter building report for your review. We will be hosting an open house December 5th and begin the moving process on December 6th. We will open for service in the new HHS building on Monday December 9, 2019.

- We have been asked to provide an update on the progress we have made on the SCRT protocol. We have continued to work on the MOU between the department and our law enforcement jurisdictions. Last month you were provided a copy of the CAC’s protocol, we have reattached it for your review and approval. The CAC is seeking your approval at this time.

- Last month we were asked to provide an update on the treatment courts. Included in your packet for review is a summary of the current enrollment and status of the three treatment courts. The Substance Abuse and Mental Health Services Administration (SAMHSA) has indicated that we are on target with our grant and they are pleased with our progress.

- The department’s leadership team has been working on updating chapter 50-4 of the Walworth County ordinance regarding our mission, vision and values statement. We are seeking your approval of our updated version which we feel more closely aligns with our current programs and systems of care.

- Included in your packet is the biography for the new volunteer medical director of our Public Health Department. Dr. Lauren Walsh has a background in public health and currently is associated with Aurora Medical system.

- We are seeking permission to apply for the 2020 foster care licensing grant. We have applied for $26,550 in grant funding to assist in recruitment of foster families.

- Also enclosed for your review is an article forwarded to the department about services provided by our crisis intervention staff. While this article showcases
one situation with a good outcome, suicide continues to be an issue that needs to be addressed in our community and throughout the country.

- Congressman Steil toured one of our meal sites and he accompanied staff on a home delivered meal route prior to Thanksgiving. Participants had an opportunity to meet with their congressman while our staff showcased our services.
The meeting was called to order at 2:10 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; Public Health Officer Erica Bergstrom; Environmental Health Specialist Maegan Jacob; Manager of the Child Advocacy Center Tina Winger; and District Attorney Zeke Wiedenfeld.

On motion by Vice Chair Brellenthin, second by Supervisor Staples, the agenda was approved with no withdrawals.

On motion by Supervisor Ingersoll, second by Supervisor Norem, the October 16, 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 final stages of the new HHS building. Staff will be moving December 6-8. HHS will be hosting a vendor’s open house on December 5. Discussion focused on the progress of the auditorium and landscaping.

• Sexual Assault Response Team (SART) Protocol and HHS Ordinance Update
Aldred distributed a proposed document entitled Walworth County Joint Protocol for a Collaborative Response to Child Maltreatment for the Board’s review. Manager of the Child Advocacy Center Tina Winger and District Attorney Zeke Wiedenfeld gave a brief overview of the proposed joint protocol and stated this document, which addresses only child maltreatment, is required for the Child Advocacy Center accreditation and is to be utilized as an internal document. Winger explained the differences between the proposed joint protocol and the current Sensitive Crimes Team Protocol executed in 2018, which includes all sensitive crimes such as adult abuse, elder abuse, etc. Chair Monroe suggested placing this topic on the December Health & Human Services (HHS) agenda to allow the Board further review. Aldred referred to Page 4, Item A, Walworth County Department of Health and Human Services (HHS); and Item D, Corporation Counsel’s Office and CHIPS Jurisdiction and stated HHS is comfortable with the protocol as presented. Citizen Representative Wagie-Troemel spoke in favor of the protocol and stated she will abstain from voting due to her affiliation with the Tree House and Child Advocacy Center. Discussion then focused on the purpose for the protocol and accreditation requirements. Aldred stated Deputy Director of HHS Carlo Nevicosi has been working on the Memorandums of Understanding and offered to bring them before the Board in December. Supervisor Staples offered a motion, second by Supervisor Norem, to table the proposed protocol/ordinance update until the December Health & Human Services Board meeting. Motion carried 8-0. 1 Abstain: Citizen Representative Wagie-Troemel
New Business

- Behavioral Health Division Presentation
  Nevicosi gave a brief presentation entitled Behavioral Health Division and highlighted:
  - Behavioral Health Services Overview – Consisting of four primary program areas: 1) Outpatient Clinic; 2) Comprehensive Community Services; 3) Community Support Program; and 4) Crisis Intervention
  - Crisis Intervention Services
  - 3rd Shift Crisis
  - Children’s Division On-Call Systems
  - Crisis Redesign Work Group
  - Redesign Tasks

Aldred stated beginning in 2020 the State is going to provide 100% reimbursement after meeting a Maintenance of Effort (MOE) amount allowing HHS to receive a higher level of revenue by providing services. HHS will be reviewing ways to sustain and provide additional support in the community.

Chair Monroe requested the topic of the Drug Court, Operating While Intoxicated (OWI) Court, and Family Treatment Court be placed on the December HHS agenda.

Aldred said she would like to schedule the first Redesign Task Group meeting the first week of December with plans to bring their recommendations for program restructuring before the Board.

- Title IV-E Legal Representation of Parents and Children Grant Application
  Nevicosi gave a brief overview the Title IV-E Legal Representation of Parents and Children Grant Application and stated this is a retroactive request with no additional match beyond the current expenditures.

- Targeted Safety Support Funds Application
  Nevicosi briefly explained the purpose for the Targeted Safety Support Funds Application. He said the match is the amount paid out to employ the Child Protective Services staff and requested to make application for the full amount of $100,000.

- Narcan Direct Program Application
  Nevicosi gave a brief overview of the Narcan Direct Program Application and stated the Public Health Department will be authorized to distribute and provide training to consumers and their families.

  **Supervisor Ingersoll offered a motion, second by Supervisor Norem, to approve application for the Title IV-E Legal Representation of Parents and Children Grant Application; Targeted Safety Support Funds Application; and Narcan Direct Program Application.** Discussion focused on legal issues related to dispensing of Narcan as a citizen or as a health care staff employee. **Motion carried 9-0.**

- Summer 2019 Well Water Project Summary
  Environmental Health Specialist Maegan Jacob summarized the Summer 2019 Well Water Project (Enclosure 8) and gave a brief overview of the data that was collected from private wells along County Road A, Town of Troy, and the Delavan inlet. Discussion ensued.

- Reorganization of LHCC and HHS Departments
  Aldred distributed a Memorandum from County Administrator David A. Bretl and proposed Ordinance No. **-12/19 - Amending Chapter 50 of the Walworth County Code of Ordinances Relating to Designating the Walworth County Health and Human Services (HHS) Director as Superintendent of County Institutions and Place Oversight of the Lakeland Health Care Center (LHCC) Under the Direction of Said Superintendent.** Administrator Bretl gave a brief overview of his Memorandum and explained the purpose of the proposed Ordinance. He expressed the importance to move forward and recommended adoption of the proposed reorganization plan for HHS/LHCC. Discussion ensued. **Supervisor Norem offered a motion, second by Citizen Representative Wagie-Troemel, to approve the reorganization of LHCC and HHS Departments.** **Motion carried 9-0.**
Report(s)
• Women, Infants and Children (WIC) Audit
• Birth to Three Program Determination Status

Aldred gave a brief overview of the Women, Infants and Children (WIC) and Birth to Three Program evaluations and stated both are program impact audits, not financial impact. She said these audits are meant to offer an opportunity to learn and develop the programs within the HHS systems. Discussion ensued with Public Health Officer Erica Bergstrom answering the questions of the Board.

Supervisor Ingersoll offered a motion, second by Citizen Representative Wagie-Troemel, to approve and place on file the Women, Infants and Children (WIC) Audit and the Birth to Three Program Determination Status evaluation. Motion carried 9-0.

• 3rd Quarter Write Offs
Aldred briefly explained the condensed version of the 3rd Quarter Write Offs including history dating back to 2017. She requested the Board’s approval to accept the write offs. Citizen Representative Wucherer offered a motion, second by Citizen Representative Los, to accept the 3rd Quarter Write Offs. Motion carried 9-0.

• Dementia Friendly Community Recognition
Aldred stated there are several groups and organizations working together to become a dementia friendly community. Walworth County has recently been recognized internationally as being dementia friendly.

Correspondence – There was none.

Announcements
• Upcoming Health and Human Services Board Schedule
Aldred stated there is a 2019-2020 HHS Schedule included in the packet for the Board’s review due to the upcoming holidays and election in April.

Confirmation of Next Meeting – The next meeting was confirmed for Wednesday, December 11, 2019 at 2:00 p.m.

Adjournment

On motion by Vice Chair Brellenthin, second by Supervisor Staples, Chair Monroe adjourned the meeting at 3:10 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.
Quarterly Project Status Report

Walworth County
Health and Human Services Building
Project 18-014-0

Schedule:
- Project Start: August 2018
- Contract Completion Date: May 31, 2020 (Site Restoration and Landscaping)
- Estimated Completion Date: May 31, 2020
- % of Work Completed to Date: 98%

Project Status and Summary:
We are pleased to report that the new Walworth County Health and Human Services Building is substantially complete. The project was delivered on time and under budget. All final inspections have been completed, and a certificate of occupancy was issued in late November. All HHS Divisions will be moved on Saturday, December 7, 2019 as originally planned. The new building is scheduled to be open to the public beginning Monday, December 9, 2019.

There is still a small amount of site restoration and landscape work to be completed which was anticipated in the project schedule. The completion date for site restoration in the construction contract is May 31, 2020. The Contractor had worked very diligently to complete as much of the landscaping work this year as possible. However, due to unusually early winter conditions, some of the work will be deferred to next year.

Progress - This Quarter:
- Remaining mechanical, electrical and plumbing work on first and second floors complete.
- All finishes throughout building completed including ceilings, flooring, and bathroom accessories.
- Remaining site work completed including parking lot paving and exterior lighting.
- Installation of furniture, fixtures and equipment.
- Final cleaning completed throughout.
- Completed final life-safety, elevator, and occupancy inspections.
- Conducted staff tours and training.
- Detailed budget roll-up completed with the Director of Public Works and Finance Manager.
**Anticipated Work – Next Quarter:**
- Continue to correct miscellaneous punch-list items.
- Complete remaining owner training.
- Begin project close-out.

**Financial Status – Building Contract:**

- **Original Contract Sum:** $14,917,836
- **Contract Sum w/Changes:** $15,082,089
- **% Changes to Date:** +1.1% (change orders 1 through 9)
- **Value Earned to Date:** $14,761,276

**Financial Status & Report on Change Orders – Furniture, Fixtures and Equipment**

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**Totals for FFE Contracts 1 through 3:**

- **Original Contract Sums:** $1,540,792
- **Contract Sums w/Changes:** $1,574,871
- **% Changes to Date:** +2.2% (6-change orders)
- **Value Earned to Date:** $1,515,200 (98%+/-)

Note that there are still some potential change order items under review. Once reconciled, these changes will be presented to the Public Works Committee.

**Attachments:**
Progress Photos

* * *
Progress Photos
Quarterly Progress Report – December 2019

Front Elevation
November - 2019

Main Entrance
Front Lobby

Reception Counter
First Floor Waiting Area

Auditorium (Walworth Co. Room)
Small Conference Room 1057

Crisis Department / Call Center
Second Floor Lobby

Large Conference Room 2033
Childrens Division 2031

Existing building sign was reused and located to new site
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
MEMORANDUM

TO: Health and Human Services Committee
FROM: Carlo Nevicosi, Deputy Director
DATE: December 5, 2019
SUBJECT: Treatment Court Updates

Health and Human Services serves is the primary treatment provider for all three of the county’s Treatment Court Programs. At present, six unique treatment groups, all separated by gender, are available for participants. An overview of the programs is provided below.

**OWI Court** provides treatment and monitoring for people convicted of Operating While Intoxicated – 3rd and 4th Offense. OWI Court is our longest-running treatment court and has a graduation rate well above the national average. This program is estimated to have saved 52,000 days in jail.

<table>
<thead>
<tr>
<th></th>
<th>Inception</th>
<th>Admissions</th>
<th>Graduates</th>
<th>Current Enrollment</th>
<th>Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td></td>
<td>220</td>
<td>175</td>
<td>19</td>
<td>89%</td>
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</table>

**Drug Court** treats participants convicted of felony drug charges. This population is complicated and difficult to treat. Our 60% program graduation rate is slightly above the 59% national average. Several program changes have been implemented in order to boost enrollment. In spite of these changes, enrollment remains stagnant.

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<th>Inception</th>
<th>Admissions</th>
<th>Graduates</th>
<th>Current Enrollment</th>
<th>Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td>74</td>
<td>37</td>
<td>12</td>
<td>60%</td>
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**Family Treatment Court** is our newest program and the only non-criminal offering. This program focuses on families involved in the Child Welfare system due to parental substance abuse. The program is the focus of the recent 5-year SAMHSA grant. Enrollment has nearly doubled since SAMHSA awarded the grant. The program recently finalized a contract with the Tree House to provide a new parent education program called “Celebrating Families”.

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<th></th>
<th>Inception</th>
<th>Graduates</th>
<th>Current Enrollment</th>
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<tbody>
<tr>
<td>2018</td>
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<td>1</td>
<td>23</td>
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"Walworth County is an Equal Opportunity Employer"
**Mission**
To promote and protect the health and well-being of Walworth County by fostering self-sufficiency and building strong communities.

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

**Values**

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

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

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

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

*Fiscal Responsibility:*
Earn public trust through efficient, cost-effective stewardship of resources.
Lauren H. Walsh, MD

(44 Ratings | 18 Reviews)

1-833-5-AURORA

Specialty
Family Medicine

1-833-5-AURORA

Meet The Clinician

Gender: Female

I care for my patients the way I would want my family members to be cared for by their physicians. I believe in developing partnerships with my patients based on trust and shared-decision making. In doing this, we can work together to improve health and wellness. One of my favorite parts of family medicine is creating relationships with multiple family members and making a positive impact on multiple generations. Additionally, I have a special interest in agricultural health and safety and working with that population on health, wellness and prevention.

As a family medicine physician, I provide the full scope of family medicine including pediatric, adolescent, adult, obstetric, pre-natal and newborn care. I provide chronic disease management, acute care, vasectomy, nail removal, skin biopsy, joint injection and aspiration, abscess incision and drainage and laceration repair. I am experienced in women's health including breastfeeding medicine, IUD and nexplanon placement and removal, gynecologic procedures including colposcopy and endometrial biopsy and low risk obstetric care including delivery.

I earned my medical degree at the University of Wisconsin-Madison, School of Medicine and Public Health and completed my residency at the University of Wisconsin-Department of Family Medicine and Community Health both in Madison, Wisconsin. I am board certified by the American Board of Family Medicine.

https://www.aurorahealthcare.org/doctors/lauren-h-walsh-md?gclid=EAAlIqoobChMl5Mng3dqe5gIVgiCtBh26bQjJEAYASAAAAgKZzs_D_BwE
TO: David Bretl, County Administrator  
FROM: Elizabeth Aldred, Director DHHS  
DATE: November 20, 2019  
RE: Foster Home Licensing Grant for 2020

The Department is seeking approval to apply for the DCF Foster Home Licensing Grant for 2020. The grant is due prior to the next Health and Human Services Committee meeting in December. Therefore, based on administrative procedure requirements, I am seeking preliminary permission to apply for the grant by the deadline of December 6, 2019. I will include the request to apply for the grant on the Health and Human Services December agenda for their subsequent approval.

In the last few years, the Department of Children and Families (DCF) has recognized and provided funding to counties to assist them in the recruitment and licensing of new foster homes. Last year, we applied for and received a small amount of funding to assist us in licensing a few homes. DCF is offering us an opportunity it apply for funding once again in 2020.

In reviewing the grant, we would like to request $26,550 to assist us in licensing requirements for approximately 15 homes. All of the licensing is done through a contract we would have with an outside licensing agency, so it does not require any additional staff time. The grant does not have a match and is a onetime only competitive funding opportunity. If we do not receive the entire amount that we requested, then we would only use the contract and funds to license the number of homes that we could with the funding.

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: November 25, 2019

RE: Foster Home Licensing Grant for 2020

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
Letters to the editor

Different approach needed to help prevent veterans' suicides

Veterans' suicide is in the news again!

I have procrastinated writing this letter to Mr. Lee Judy the National Veterans Crisis Line Coordinator to tell him that I was suicidal.

To those responders who may remember me calling in, I'll remind you the pain was so great, but the only thing you could ask was "Are you or have you ever been suicidal?"

Stop it now - revise your approach. It was so offensive and it would ring in my ears for days. All I wanted was to talk to a real person, but I got a mechanical voice and a mechanical questionnaire.

Yes, I hit bottom, but wiser and caring county professionals saw a pattern and then asked me to voluntarily commit myself, which was a blessing in disguise.

I feel I must encourage Mr. Lee Judy to stop the most heinous droning voices and the implicative questionnaire. I hope other veterans will please do the same.

The echoes in my ears riled me up for months on end and now I am convinced it has - or will have - equal negative ramifications on other veterans who call for a compassionate ear from the first responders of the National Veterans Crisis Hot Line at 1-800-273-TALK (8225.)

Listening to the Jim Bohannon radio talk show prompted me to formulate this letter. While I understand psychology quite well, I am not here to give advice to the first responders - it is Mr. Judy's decision to review my implications.

To reiterate, the suicidal questionnaire and accompanying droning voices only drove me deeper and deeper into depression.

Mr. Judy - the ball is in your court. Now consider the possibilities.

Leo Schneider,
Elkhorn
On Tuesday, November 26, Congressman Bryan Steil visited with participants at the Lake Geneva dining center and delivered meals on wheels. The Senior Nutrition Program receives federal funding through the Older Americans Act, which was just reauthorized in October.