



MINUTES

Health and Human Services Board

Government Center, Conf. Room A&B

Balsam Lake, WI 54810

10:00 a.m. Tuesday, March 13, 2018

Meeting called to order by Chair Bonneprise @ 10:02 a.m.

Members present

Attendee Name	Title	Status
John Bonneprise	Chair	Present
Joe Demulling	Vice Chair	Present
Jim Edgell	Supervisor	Present
Doug Route	Supervisor	Present
Mike Prichard	Supervisor	Present
William Alleva	Citizen	Present
Pete Raye	Citizen	Present
Vacant	Citizen	Vacant
Dr. Arne Lagus	Citizen	Absent

Also present Marilyn Blake, Deputy County Clerk; Andrea Jerrick, Deputy County Administrator; Gretchen Sampson (via phone), Community Services Director; Kristen Bruder, Area 5 Extension Director; Brian Kaczmariski, Public Health Director; Jaime Weness, Director Children & Families; Chad Knutson, Manager Children & Families; Tonya Eichelt, Director of Business and Operations Manager; Rick Gates, VSO; Dana Reese, Administrator, GAM

Approval of Agenda- Chair Bonneprise called for a motion to approve agenda. **Motion** (Demulling/Route) to approve agenda. **Motion carried** by unanimous voice vote.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the January 9, 2018 meeting. **Motion** (Alleva/Demulling) to approve the January 9, 2018 minutes. **Motion carried** by unanimous voice vote.

Public Comment – None

Announcements and Committee Information

Ms. Jerrick announced the appointment of Citizen member, Pete Raye to replace Dr. Markert and introduced him to those in attendance. Gretchen Sampson was present via telephone and informed the Board that Citizen member Pamela DeShaw of the HHS Board passed away. Sampson will meet with another nurse later this week and if she meets the criteria the vacant position should be filled fairly quickly. She stated that she would like to send a card to the family of Pamela DeShaw from the BHHS.

Action Items

Chairman Bonneprise requested a motion to approve **Resolution No. 24-18** To Authorize the Staffing of the UW Extension Family Educator. **Motion** (Edgell/Route) to approve and recommend to the County Board for passage. Discussion ensued. Kristen Bruder, the Area 5 Extension Director explained what the position is and how it works in conjunction with Community Services. Chairman Bonneprise called for a

voice vote on the motion to recommend Resolution No. 24-18 to the County Board. **Motion carried by unanimous voice vote.**

Discussion Items

Board received an update on the status and activities of Golden Age Manor from Dana Reese. Board received a handout of the Golden Age Manor Facility Wide Resource Assessment and another on the 2018 Workforce Survey Long-Term & Residential care Providers Preliminary Results. A new state initiative that will pay for training for CNA's may help resolve some staff retention issues. Without sufficient staff there is a possibility they may have to refuse some patients. Golden Age Manor currently has a good census and is operating in the black.

Board received an update from Rick Gates on the CVSO office work and his upcoming retirement. Board received an overview of how veterans receive services and Gates acknowledged there may be more veterans in the county eligible for services that have not applied. The board acknowledged appreciation for Rick's service to veterans.

Under the 2018 work plan the program evaluation for March is Juvenile Justice. Board received a program evaluation document and a detailed presentation regarding the Juvenile Justice program and challenges faced from Chad Knutson and Jaime Weness. Children enter the system at an earlier age and many need more intensive services than in the past. Costs of providing care and/or treatment for these youth is increasing greatly.

Ms. Sampson, via telephone, briefly discussed the Board of Health Satisfaction Survey Results. She asked that the Preliminary End of the Year Financial Report be delayed to April 2018 as well as the Immunization Personal Conviction Data Presentation.

Motion (Alleva/Prichard) to adjourn. Chairman Bonneprise declared the meeting adjourned at 12:30 p.m.

Next meeting date is April 10, 2018 @ 10:00 a.m.

Future Agenda Items:

2018 Work Plan Continued Development or changes/additions

Update regarding appointment to fill vacancy created by the passing of Pamela DeShaw

Review schools reporting immunizations personal conviction waivers in 2017

Preliminary End of the Year Financial Report for the Division

Respectfully Submitted,

Marilyn Blake

Deputy County Clerk

Polk County Department of Children and Families

Program Evaluation: Juvenile Justice

2018

Purpose and Objectives

Purpose of Juvenile Justice

Juvenile Justice is a statutorily mandated service provided by Wisconsin counties. Per 938.01(2), the legislative intent is to “promote a juvenile justice system capable of dealing with the problem of juvenile delinquency, a system which will protect the community, impose accountability for violations of law and equip juvenile offenders with competencies to live responsibly and productively.” Locally, Polk County Department of Children and Families effectuates this by means of:

- Supporting the needs of adolescents, families and the community by providing supervision, resources and opportunities to help prevent recidivism through advocacy, education, and accountability.
- Addressing community safety issues.
- Serving as a resource regarding adolescent struggles and current issues.

Goals/Objectives of Juvenile Justice

- Reduce youth recidivism
- Provide community based supervision
- Connect youth and families to local resources
- Reference community safety
- Reference youth needs

Target Population and Referrals

Target Population

Juvenile Justice serves children and adolescents who:

- have committed crimes;
- are struggling behaviorally;
- and/or are truant from school.

How are People Connected with Juvenile Justice?

- A youth is alleged to have committed a delinquent act and is referred by law enforcement.
- A youth is truant from school and school district makes a truancy referral.
- A parent contacts the Department, indicating his/her child is out of control and in need of protection and/or services.
- A youth and/or parent contacts Juvenile Justice and requests voluntary services.

Service Overview and Definitions

Staffing

The Juvenile Justice unit is comprised of 3.5 Social Workers

Juvenile Intake

The Juvenile Intake (JI) Worker receives and screens referrals from Law Enforcement (delinquencies), parents (out of control youth) and schools (truancies). The JI Worker schedules an intake conference with the youth and family to discuss the referral, assess for risk, gather social history information, offer resources and make appropriate referrals. The JI also ensures victims are made aware of their rights. The JI, along with the Juvenile Justice Unit and supervisor, reviews this information and makes a screening/referral decision.

Juvenile Supervision

Juvenile Justice Social Workers supervise, provide resources and monitor the compliance of youth on formal supervision, deferred prosecution agreements, consent decrees, delinquencies, and juveniles in need of protection/services. Juvenile supervision is based upon the assessed needs of the specific youth and his/her family.

Types of supervision:

Delinquency

- Court process completed and juvenile is formally adjudicated
- Generally 1 year of formal supervision
- Sanctions available may include but are not limited to:
 - Electronic monitoring
 - 72 hour hold (secure and/or non-secure facility)
 - Longer term placements/sanctions require a court hearing (e.g. 10 days in secure detention or change of placement to out of home care)

Juvenile in Need of Protection and Services (JIPS) – uncontrollable and habitual truancy

- Filed by parent for an “out of control” juvenile

- School referral for habitual truancy
- Sanctions available may include but are not limited to:
 - Electronic monitoring
 - 72 hour hold (non-secure facility – e.g. Northwest Passage, Group Home)
 - Longer term placements/sanctions require a court hearing (e.g. 10 days to non-secure facility or change of placement to out of home care)

Deferred Prosecution Agreement (DPA)

- Most commonly utilized for first time and/or low risk offenders
- No court involvement or court order
- No ability to sanction
- No ability to impose a 72 hour hold
- Recourse for violation(s) = initiate Court process on original offense

Consent Decree (CD)

- Initiated by District Attorney's Office
- Requires a court hearing and court ordered conditions
- No ability to sanction
- No ability to impose a 72 hour hold
- Recourse for violation(s) = resume Court process on original offense

Voluntary Services

Juvenile Justice Social Workers provide preventative voluntary services and case management. This tends to be a supportive rather than a compliance-based service. Many times referrals/inquiries to voluntary services come from our local schools. A Juvenile Justice Social Worker will meet with youth and their parents to explore potential resources including an assignment to a social worker.

Stop Abusive Messaging (SAM)

Juvenile Justice, in partnership with the Polk County District Attorney's Office, continues to offer SAM presentations to local school districts. Polk County youth are informed of the seriousness of abusive social media messaging. They are also made aware these behaviors can result in a law enforcement referral and court ordered supervision.

School Based Social Work

The Polk County Department of Children and Families has entered into a partnership with the Unity School District to provide a school based social worker at Unity Schools. The provision of school based social work is a component of a greater initiative to provide trauma informed care and pupil services within Unity Schools. The school based social worker acts as a liaison between the County and Unity Schools and will provide the following trauma informed services/interventions:

- Assisting families with navigating and accessing program areas/services in the County's Community Services Division (Economic Support, Behavioral Health, Substance Abuse, Public Health, Children's Long Term Support, Child Protective Services, and Juvenile Justice).
- Assisting families with accessing and utilizing other community resources to meet identified needs (such as mental health services, child care, housing assistance, transportation, health insurance coverage, etc.).
- Facilitating communication and coordination between the school, county services, and other community service providers.
- Participating in staffing/consultation with school staff related to student behavioral and/or truancy concerns.
- Truancy intervention.

Outreach and Systems Advocacy

Juvenile Justice Social Workers have a comprehensive understanding of the complex challenges/issues youth face that can often lead to contact with the criminal justice system. Juvenile Justice staff are available to answer questions and address concerns regarding adolescent behavior. Also, staff make themselves available to present on current adolescent issues and topics.

Juvenile Justice Social Workers are trained in trauma informed care and implement this in their daily practice.

Juvenile Justice Regulation and Monitoring

- Wisconsin State Statute Chapter 938; Juvenile Code
- Juvenile Justice Social Workers receive monthly 1:1 supervision
- Annual grant reporting
- Weekly staff meetings
- The Juvenile Justice Unit screens referrals to Juvenile Intake and makes recommendations
- The Juvenile Justice Unit meets to discuss cases and strategies to best serve clients
- Additional multidisciplinary staffings are held on challenging cases within the Department and Division
- State oversight
- Client data entry into the State system, eWiSACWIS
 - State oversight of Juvenile Justice recently transitioned from the Department of Corrections to the Department of Children and Families. Statewide, Juvenile Justice Programs are anticipating more regulations and standards as a result of this transition.

Program Data

Number of Youth Served Annually

	2015	2016	2017
Referrals to Juvenile Intake	115	124	146
Ongoing (Case Management)	94	89	89

The ongoing caseload has remained consistent, while referrals to Juvenile Intake are on the rise. This is a result of a small number of youth being referred to Juvenile Intake on multiple occasions.

Summary of Active Clients

89 unduplicated youth were served by the Juvenile Justice unit in calendar year 2017.

Gender

- 69% of supervised youth are male
- 31% of supervised youth are female

Age

- Average age of youth served by Juvenile Justice in calendar year 2017, 15.4 years old.

Trauma

- 62% of supervised youth have experienced significant trauma in his/her lifetime

Youths' primary area of concern

Area of concern	% of supervised youth demonstrating
Acting out aggressively	28%
Habitually truant	26%
Engaging in inappropriate sexual behaviors (including perpetrating on other children)	20%
Struggle with alcohol and/or other drug issues	10%
Other (theft, criminal damage to property, etc.)	9%
In need of protection and/or services (Parent has filed a petition with court indicating child is in need of supervision.)	7%

Youth generally appear with complex needs.

Youths' supervision status

Status	% of youth on supervision
Adjudicated delinquent	45%
Deferred Prosecution Agreement (DPA)	24%
Adjudicated juvenile in need of protection or services (truancy or related to being uncontrollable)	20%
Consent Decree	4%
Voluntary service agreement	4%
Child in need of protection or services (CHIPS)	2%

Juvenile Justice Outcomes

Successful Completion of Juvenile Supervision

In 2017, 38 youth successfully completed supervision.

Recidivism

	2015	2016	2017
% Supervised juveniles who were adjudicated for a new crime	12%	13.5%	13%

Community Supervision

In 2017, 80% of youth were successfully supervised in the community and did not require an out of home placement.

Youth in least restrictive settings

Programmatic data shows that the Juvenile Justice unit has successfully maintained youth with high levels of need in their homes and communities, as measured by use of the Children and Adolescent Needs and Strengths (CANS). This assessment tool is utilized by the State of Wisconsin to determine a youth's level of need and their corresponding level of care.

CANS rating and corresponding placement setting:

- 1-2 (community/foster home),
- 3-4 (group home)
- 5-6 (residential, secure detention, corrections)

Current Juvenile Justice caseload CANS data:

- Average level of need = 2.9
- Average level of care = 1.1

Summary of youth assessed with CANS; level of need and corresponding level of care:

Client ID	Level of need	Level of care	Approximate monthly savings
1	6	0	6300
7	6	3	6450
15	6	0	12750
19	6	3	6450
30	6	0	12750
31	6	6	0
36	6	6	0
16	5	0	12750
27	5	5	0
3	4	0	6300
12	4	0	6300
20	4	0	6300
23	4	0	6300
34	4	4	0
9	3	0	6300
11	3	0	6300
17	3	0	6300
21	3	0	6300
22	3	0	6300
25	3	0	6300
29	3	0	6300
32	3	3	0
33	3	3	0
35	3	3	0
4	2	3	0
2	0	0	0
5	0	0	0
6	0	0	0
8	0	0	0
10	0	0	0
13	0	0	0
14	0	0	0
18	0	0	0
24	0	0	0
26	0	0	0
28	0	0	0

If the current Polk County Juvenile Justice caseload was placed at their CANS-indicated need levels, placement costs would increase by approximately \$126,000 per month.

The CANS data helps to demonstrate that, given all points of consideration that must be accounted for on any given case, Polk County youth are maintained in the least restrictive and most cost effective environments available.

Major Challenges Facing Juvenile Justice in 2018 and Beyond

Changing Juvenile Justice Population

Intensive mental health needs of youth

Supervised youth are presenting with more intense mental health needs than years prior. The severity of the mental health symptoms and corresponding behaviors are increasing and becoming more challenging to manage in a community based setting. Juvenile Justice Social Workers are working diligently and collaboratively with community providers to determine the appropriate intervention strategies while balancing mental health versus behavioral needs.

Cognitively delayed youth

The Juvenile Justice unit has seen an increase in the number of youth with cognitive disabilities who have been referred for violent/aggressive delinquent behaviors. This presents a unique challenge, as traditional juvenile sanctions/interventions may not be appropriate and may actually be counterproductive with this population. Juvenile Social Workers are carefully balancing the safety concerns of the community, while being sensitive to this population's needs and best interests.

Young offenders

Juvenile Justice Social Workers supervised seven youth under the age of 12 in 2017. Three of those seven (43%) were younger than 10.

Young offenders generally present with truancy and/or aggression issues. Wisconsin Child Protection law (Chapter 48) does not recognize or define educational neglect. Thus, young children with truancy issues are being served by the Juvenile Justice system.

Juvenile Justice youth expelled or on reduced school days

Concerns:

- Youth lack daily structured activities
- Unstructured time creates boredom and can lead to delinquent behaviors
- Lack of prosocial activities
- Under educated and under socialized youth

Juvenile Justice Social Worker Safety

The majority of Juvenile Justice cases are with families who do not necessarily want to be involved with the juvenile justice system. Many of clients and families present with situations that are volatile, hostile and threatening. The Social Workers are tasked with providing supervision to the juvenile that requires home visits, school visits and/or other face to face contacts. The Juvenile Justice Social Workers do not travel with law enforcement and have no protective factors in place aside from training and experience.

There are occasions where workers are threatened and/or exposed to aggressive outbursts and behaviors. This type of encounter is not only potentially dangerous but also induces high stress levels for social workers. Juvenile Justice Social Workers must balance the needs of clients and the community, the stress of interventions and their own personal wellbeing.

In most recent years, threats to Juvenile Justice Social Workers have included (list not exhaustive):

Threats to person:

- A supervised youth completed suicide. This youth's parent blamed the social worker for the suicide and threatened to cause physical harm to the worker. The Social Worker had concerns for their personal safety and contacted their local Police Department. Additionally, the Polk County Sheriff's Department had an officer monitoring Human Services. Months later, the Social Worker left a local business and was confronted by this parent who presented in an extremely aggressive manner.
- A supervised youth threatened to kill a pregnant Social Worker when she attempted to implement a 72 hour hold.
- Worker threatened by client's father after court hearing in the Justice Center. Client cornered the worker in a room and came within an inch of physical contact. Client threatened to kill social worker. Law enforcement was contacted after the worker was able to get out of the room.
- Worker threatened to be shot by client and his father. Worker had law enforcement on patrol around the Human Services building for several days following the threat. Family well-known by law enforcement as volatile.

Threats to the community:

- Supervised youth have threatened school shootings and/or other school violence.
- Through social media a Juvenile made threats to kill specific classmates. This youth was later found in possession of a stolen handgun.
- Youth was found in possession of a list of students he planned to harm/kill.
- A review of a supervised youth's school-issued computer revealed hundreds of school shooting searches.

Local Capacity and Resources

Small percentage of clients take the majority of resources and time

In 2017, only 21% of the juvenile case load required an out of home placement. The cost to Polk County for out of home placement for this subset of youth, in 2017, was approximately \$1.2 million.

High risk, high needs juveniles require a substantial amount of time and case planning. The Juvenile Justice Unit's total FTE count was decreased by 1.5 by process of resource reallocation within the Department of Children and Families. When assessing current case management capacity within the Juvenile Justice unit, factors such as increasing case complexity (e.g., time required to be dedicated to one child or family, number of associated providers per child, etc.) and increasing staff supervision requirements, must be balanced against the reduction of juveniles on supervision. With increasingly complex cases requiring the majority of case management time, the scope of responsiveness and intervention to lesser need clients decreases. This is a change in practice and service from previous years.

Community resources

Resources related to the provision of adequate service to children, youth and families are lacking or decreasing in Polk County and surrounding areas. Limited placement resources will be discussed later in this document.

A pool of qualified caregivers and mentors for youth is largely unavailable. Several requests for respite go unfilled as there are not enough individual service providers willing to take on this kind of work.

Access to Mental health and AODA providers who specialize in the needs of children and youth is limited and access to providers is frequently limited due to transportation barriers.

Limited Placement Resources

The number of placement resources in Wisconsin has declined over the past 5 years. As a result, placements resources are bogged down with waiting lists and less likely to admit high needs youth.

There are currently 50 Wisconsin youth placed in other States. Polk County has one youth placed out of state at nearly \$16,000 per month. Polk County staff contacted 16 Wisconsin and Minnesota placement resources, which all indicated they were unable to meet this client's needs.

The State currently has several initiatives examining the Wisconsin placement resource crisis.

Placement Costs and Community Safety Issues

Aggressive youth make up the highest percentage of youth supervised by Juvenile Justice Social Workers (28%). Youth that act out in an aggressive and assaultive manner tend to consume

much of the Juvenile Justice staff's time and resources. This type of youth is the most likely to require an out of home placement due community safety issues. It is often a struggle to devise a reunification strategy and return these youth to community supervision, as they continue to assault individuals while in their out of home placement. Also, there may not be a family resource available that is able to provide for the youth's aggressive and/or special needs. Many times parents/caregivers are unwilling and/or unable to have youth return to their care. Aggressive youth tend to be the most costly due to out of home care daily rates (see below).

Settings and Average Daily Rates

Residential Care Center – \$270 to \$550 per day

Group Home – \$200 – \$250 per day

Secure detention - \$225 per day

Juvenile Corrections - \$340 per day

Number of Youth Placed Out of Home, Annually

	2015	2016	2017
# youth placed out of home	17	16	19

Summary of Current Placements, March 2018

10 youth, or 19%, of the current Juvenile Justice case load are placed out of home.

Placement due to violence/harm to others

Juvenile Detention

Pattern of behaviors: Attempted to start an apartment building on fire to kill his mother. Has poured gasoline on animals in an attempt to set them on fire, as well as injured other animals. Has repeatedly stolen cars and most recently caused thousands of dollars in damage to a stolen vehicle. Allegations of inappropriate sexual contact with other children. Juvenile has frequent running behaviors and has twice run from the juvenile detention facility. Most recently staff at the detention facility found a note indicating the client had a plan for suicide.

Residential

Pattern of behaviors: Assaulting caregivers, neighbors and school staff. Nine referrals for disorderly/assaultive behavior in a very short time. Frequent law enforcement contact. Threats to kill neighbors or caregivers. Client continues to assault staff while in care. IQ of 48.

Group Home

Pattern of behaviors: Threatened homicide, resisted officer, and caused significant damage to property to a local foster home. Has assaulted staff while in placement. Due to continuous assaults on group home staff, the juvenile is now on adult probation. IQ 65.

Placement due to drug use, significant mental health issues and/or out of control behaviors

Juvenile Detention

Pattern of behaviors: Significant drug use including huffing and methamphetamines. Refuses to participate in school and has run away from his home and placements. 30 day inpatient neurological evaluation indicates brain damage from chemical use. Most recently found in possession of methamphetamine and weapons while on run.

Residential

Pattern of behaviors: Guardian no longer able to care for the client and handle the significant and aggressive behaviors. Tantrums, threats of harm to self and others (with planning). Juvenile kicked out a foster parent's car windshield. This juvenile has been involved with the Department since infancy. The client's behaviors, due to trauma and developmental disabilities, have escalated to the point of Juvenile Justice referrals. This is a difficult situation in that the behaviors are certainly problematic for family, self and community. However, this client is also considerably low functioning and has other such delays that place them in the developmentally disabled category. Client has assaulted staff while in care, causing significant injury and the need for medical attention.

Pattern of behaviors: Assaulting group home staff, criminal damage to group home that made it uninhabitable, threats to harm others, self-harming, running, assaulting and obstructing police officers. IQ of 71. Youth suffers from a significant history of trauma including being sexually assaulted by at least four caregivers and a sibling. Behaviors so challenging that no residential care center in the State of WI or MN would admit this client. Juvenile is currently placed in Tennessee and continues assaulting staff while in care. Also, this client consumes screws and nails, drives items into her skin and spreads feces.

Group Home

Sibling group. Long history of Tribal Child Protection involvement and placements. Juveniles continue to run away, use alcohol and drugs and are at high risk for sexual exploitation. Tribal workers have asked for placement with over 25 families within the Tribe, all declining. Juvenile's behaviors escalating to making threats of harm to others and self. Deceased father and the mother in and out of their lives. Long history of trauma related to neglect. This is a tribal court order and placement.

Placement due to parenting issues and prevention

Group Home

Pattern of behaviors: Juvenile made a request to be placed out of the home. Mother not providing adequate food, medical care. Frequent drinking and fighting in the family home.

Pattern of behaviors: Truancy, general noncompliance with court order, failure to follow the rules of his caregiver, runaway, car theft and chemical use.

Golden Age Manor Facility Wide Resource Assessment



Dana Reese
Golden Age Manor



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Team Members	<i>Dana Reese, Mary Frank, Dr. Debra Strodthoff, Dana Frey, Michelle Belanger, Christi Hendricks</i>
Assessment Completed	11/27/2017
QAA/QAPI Review Completed	12/11/2017

Introduction

The Facility Assessment is required by the nursing home Requirements of Participation to identify and analyze the facility’s resident population and identify the personnel, physical plant, environmental and emergency response resources to needed to competently care for the residents during day to day operations and emergencies.

Intent

The facility provides person-centered, competent care that helps each person served to live their lives as they wish. The services and care provided assist people to reach their highest level of practicable potential and maintain their ability to participate in life activities as long as they are able. The facility offers comfort and compassionate care to those at the end of their lives.

The mission of Golden Age Manor is to provide high quality long term care and short term rehabilitation services to residents of Polk County and surrounding areas utilizing a team approach. We strive to care for each of our residents in a professional, compassionate and supportive manner while promoting the highest quality of life and individualized personal care.

The facility assessment serves as a resource to support decision-making regarding staffing and other resources.

The Facility Assessment collects information about the facility’s resident population to identify the number of residents; facility capacity; the care required; staff competencies; the ethnic, cultural and religious aspects of the unique resident population; physical; personnel resources needed; contractual agreements; health information technology resources; environment; equipment, supplies and other services utilized; and a facility and community based risk assessment utilizing an all hazards approach. The facility’s resources are identified and evaluated to ensure that care can be provided to meet residents’ needs during day to day and emergency operations.

Facility Assessment Process

A Representative from the Governing Body, the Administrator, the Medical Director, Director of the Nursing, and all other department management staff collaborated to develop and conduct the facility assessment with input from staff in each department.

Each department identified the relevant information to identify the resident population and the resources available within their departments to meet the residents’ needs.



Information sources such as the average daily census, Quality Measure reports, facility equipment inventory, staff orientation plans and others were used to develop the Facility Assessment.

The Facility Assessment will be reviewed annually and if the resident population changes, new types of care and services are provided or new technology, equipment or other resources are introduced.

Facility Assessment and QAPI

Information from the Facility Assessment is used to inform the Quality Assurance Performance Improvement (QAPI) process as indicated in the QAPI Plan. The identification of residents needs focuses the activities of the QAPI process. The description of care, services and resources available at the facility provides both areas for monitoring of processes and outcomes as well as information for investigation of root causes of adverse events and gaps in performance.

FACILITY OVERVIEW

Facility Description

Golden Age Manor is a licensed skilled nursing facility. The facility is licensed for 114 beds with an average daily census ranging from 90-100. The facility has a specialized and secured unit for dementia care which has 17 beds. The facility also has designated 7 private rooms for those residents receiving short term rehabilitation services.

The facility admits approximately 11 individuals and discharges 8 individuals on a monthly basis with an average length of stay of 313 days. For those residents on Medicare A the average length of stay is 30 days. The facility is located in the city of Amery with one main structure which his connected by hallway link to the Amery Public Library and Evergreen Apartment Complex. The facility also has a detached garage near the employee parking area. Our facility also provides transportation for residents via a facility handicap accessibly bus.

Resident Profile

The facility serves individuals who often times have one or more chronic or co-morbid conditions. Our overall resident population consists of ...

The population of the facility is 62% female. The age range of residents in the Short Term Transitional Care unit fluctuates from approximately 50 – 90 years old. The average age of residents in the Memory Care unit is 85 years old and long term care units is 82 years old with a range of ages from 47-104. Hospice services are typically provided for approximately 3-10% of the facility population. The resident population of the facility reflects the surrounding community with residents of various cultures and religions.



The residents of the facility have both chronic illnesses and post-acute conditions.

The residents of the 7 bed Short Term Transitional Care unit have some combination of post-surgical conditions and chronic diseases, such as COPD, CHF and Diabetes. Common admitting diagnoses include hip fracture, pneumonia, and exacerbation of COPD. The residents of the Short Term Transitional Care unit are admitted from the hospital and require skilled nursing skilled therapy services for recovery from surgery and illness. The average RUG level for these residents is RUC. Residents typically enter the facility with dependencies in ADL care and mobility and are discharged to the community at more independent levels of functioning.

The residents of the 17 bed Dementia Care unit have a range of diseases with associated dementia symptoms, such as Parkinson’s disease, Alzheimer’s disease and residual effects of CVA. Approximately 50% of the residents living in the Dementia Care unit have behaviors toward others, wandering or exit seeking behaviors. The average RUG level for the residents of the Memory Care unit is BB1. Residents of the Dementia Care unit typically require supervision for mobility and need assistance with bathing, dressing and grooming. Approximately 67% of the residents require supervision and assistance with eating.

Residents living in long term care units typically have a number of chronic diseases. The most common are Hypertension (77%), Hyperlipidemia (49%), Depression (47%) and Hypothyroidism (33%). The most prevalent RUG level for the long term care residents is PC1. 75% of these residents require assistance with mobility and 100% require assistance with bathing and 94% with dressing. 2% of the residents require enteral feedings. 70% of these residents are occasionally or frequently incontinent of bladder and 35% of residents are occasionally or frequently incontinent of bowel due to functional incontinence.

Residents of the facility are at risk for falls, pressure ulcers, infections, incontinence, increased disability, weight loss, depression and other potential areas of decline.

- **Resident Demographics – Diseases, conditions, physical and cognitive disabilities**

The following indicates the common diagnosis/conditions, physical and cognitive disabilities or a combination of these conditions.

ICD 10 Code	Common Diagnosis	% of Population
I10	Hypertension	77%
E78.5	Hyperlipidemia	49%
E32.9	Depression	47%
E03.9	Hypothyroidism	33%
K21.9	Gastroesophageal Reflux	29%
F03.90	Dementia without behavior	28%
F41.9	Anxiety Disorder	25%
B35.1	Tinea Unquium	25%
N18.3	Chronic Kidney Ds III	23%
I48.91	Atrial Fibrillation, Unsp.	20%

**Data Source –The information about the resident population was derived from our clinical software reporting, MatrixCare.*



- **Caring for Residents with Conditions not listed above**

Although the list above depicts the top common diseases and conditions that we serve, our facility has a comprehensive process in place to assess resident needs and determine the care and services required. The facility cares for residents with skilled needs. We utilize a comprehensive admission, readmission and required assessment process in which the interdisciplinary team identifies individualized resident care needs.

Should an individual require care and services based upon a diagnosis or condition not typically serviced in our resident population, our team, in conjunction with our Medical Director and Director of Nursing would assess the competencies that would be needed for caring for that condition and provide training to all staff necessary.

- **Resident Population Acuity**

The facility reviews acuity within our resident population. The below outlines the resident population of **Medicare A** acuity within the past 6 months.

RUG IV	% of Population
RUC	18.8%
RUB	15.1%
RUA	15.1%
RVC	7.5%
RVA	7.5%
ES1	5.6%

The facility reviews acuity within our resident population. The below outlines the resident population of **Medicaid** acuity within the past 6 months.

RUG IV	% of Population
PC1	12.4%
PE1	9.3%
RAD	9.3%
PD1	8.5%
RAC	8.5%
BB1	7.8%
PB1	7.0%



▪ **Resident Level of Independence to Dependence**

ADL Assistance	Independent %	Assist of 1-2 %	Dependent %
Dressing	3%	85%	9%
Bathing	0%	83%	14%
Transfer	7%	77%	12%
Eating	30%	62%	6%
Toileting	5%	83%	9%
	Independent %	Asst Device Used to Ambulate	In Chair Most of Time
Mobility	2%	53%	84%

***Data Source** –The information about the resident population was derived from the CMS 672 Resident Census and Condition report from the facility Matrix Clinical Software.

▪ **Resident Preferences**

The facility supports a culture of person centered care with respect to personal preferences. Our facility support this by our admission process as well as our day to day operations. The dining options at Golden Age Manor reflect resident choice in the following ways: continental breakfast in the morning in addition to or instead of the regular breakfast menu; soup/salad bar offered Monday-Friday in addition to or instead of the regular lunch menu; and restaurant style menu choices 7 days a week on a 2 week rotating cycle, a dinner salad or the regular scheduled menu. The activity department meets with each new admission to determine their preferences in activities and invites or incorporates their requests into the schedule of activities.

▪ **Resident Care and Services Correlating to Resident Population**

The facility provides care and services based upon the needs of our resident population. Our facility embraces a person-centered care culture in which we provide care and services based upon our resident population, including the following:

- A skilled rehabilitation program is offered with therapy available seven days per week or as ordered by the physician.
- Oxygen and respiratory treatments are provided. There is a consulting respiratory therapist available on-call from Northwest Respiratory Services.
- The licensed nursing staff provides IV therapy, medication by injection and inhalation and specialty wound care.
- Residents requiring hemodialysis are treated at Davita Dialysis center here in Amery. Care and treatment for these residents is a joint effort of the facility and dialysis center staff.
- The facility has agreements with two of the local Hospice agencies to provide services in the facility. The Administrator will be happy to arrange an agreement with other agencies as requested by the residents and their representatives.

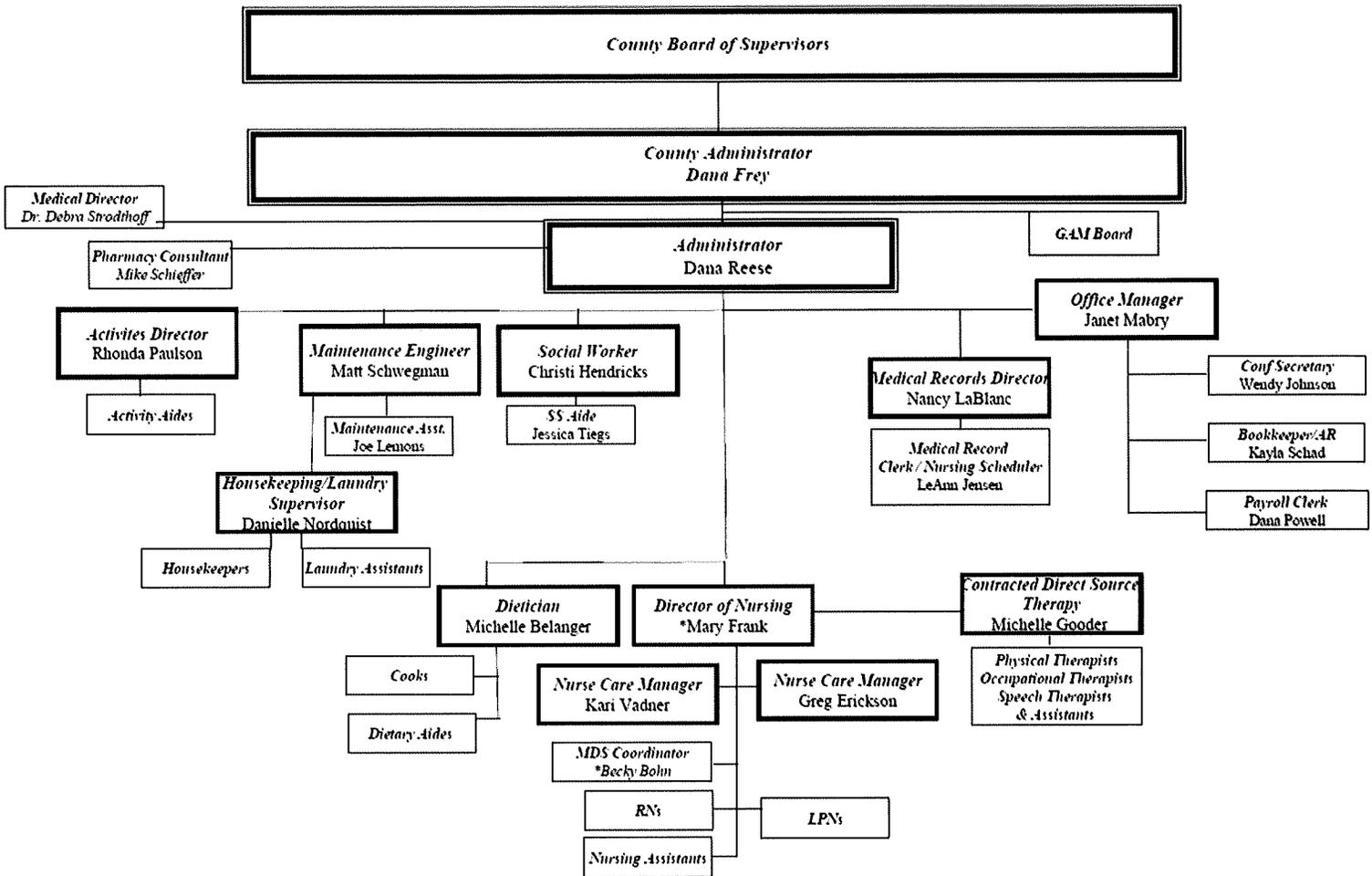


- The staff is capable to provide support, assistance and direct care as needed for activities of daily living, mobility and eating. Bathing is offered in the tub room and showers are available in two common areas if a resident would prefer a shower. Residents are encouraged to establish their own daily routines and schedules.
- The Restorative Nursing Program assists residents to reach higher levels of function and avoid decline in self-care abilities and mobility. The programs are implemented following an assessment of needs by a therapist or RN. Programs include range of motion, ambulation, transfer, strength and balance, bladder retraining and bowel retraining.
- The local behavior health clinic is located across the street from the facility. Transportation is provided to residents needing those services. Occasionally therapists visit residents at the facility as needed.
- The facility offers on-site dental, podiatry and optometry services to meet residents' needs. Services may be requested by residents and their representatives or recommended by the staff.
- Medication administration is offered by the nursing staff. Residents will be assessed for safe self-administration of medications upon request by residents and their representatives or recommendation by the staff. Medication management is provided by the Pharmacy. A consulting pharmacist reviews each resident's medication regimen monthly and collaborates with the nursing staff and medical provides for optimal medication therapies.
- The nutrition services department provides nutritious and appetizing meals to meet each resident's dietary needs, based on assessment by the registered dietician. Staff serves meals in two main dining areas and three assisted dining areas and can provide meals in residents' rooms. Nutrition services staff make every effort to provide for each resident's food preferences. Special meals are provided for religious holidays celebrated by the residents.
- The Activities department provides a variety of activities based on the expressed preferences of the residents. Residents are supplied with reading materials, hand crafts and other hobby or activity supplies for use in their rooms.
- The facility has routine clergy visits and religious services available in the facility from all of the churches in the community including: Lutheran, Catholic, Jehovah's Witness and congregational church.

Facility Resources

Facility Staff

The facility is owned by Polk County and managed by Licensed Nursing Home Administrator Dana Reese. The Medical Director oversees medical practice and the clinical policies and programs of the facility. Each resident is supported to choose their own physician. There is a Nurse Practitioner from Amery Hospital & Clinic that works full time at Golden Age Manor and is overseen by an MD. Residents will be followed by the in house nurse practitioner and MD if they choose, if not they may choose another Doctor if that Doctor will make rounds at the facility. The facility collaborates medical practitioners as it relates to the care and service needs of the facility resident population. (See facility org chart on next page)



The facility personnel consist of:

- licensed nurses, RN and LPN, certified nursing assistants
- medical records staff,
- a licensed social worker,
- a registered dietician and
- nutrition services staff,
- activities staff,
- maintenance, housekeeping and laundry staff, and
- staff in the business office.
- Each department is led by a department director.
- Therapy services are provided under contract and staff includes, licensed physical and occupational therapists and speech language pathologists.
- Volunteers
- Consultant Pharmacist
- Support services



- Laboratory staff that come onsite from Amery Hospital & Clinic
- Nurse Practitioner on site that is employed by Amery Hospital & Clinic

Staffing Plan

The table below describes the number of staff available to meet residents' needs. Nursing, nutrition services and housekeeping staffing is evaluated at the beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population. Please see the posted nursing staffing hours for details.

Position	FTEs
Licensed nurses	15.1
Certified nursing assistants (Also provide restorative Nursing)	43.05
Licensed social worker	1
Dietician	1
Nutrition services staff	8
Social Services	.55
Activity Therapy	3.3
Other Services	10.9

Nursing staff is primarily assigned to care for the same residents. There are some nursing staff who float between units to fill in vacancies.

Staff Education, Training and Competencies

Each job description identifies the required education and credentials for the job. Staff education and credentials are verified prior to hire.

Every staff member has knowledge competency in: abuse, neglect, exploitation and misappropriation; resident rights; identification of condition change; and resident preferences. Additional knowledge competencies for all staff include dementia management, infection transmission and prevention, immunization, QAPI, fire safety and OSHA hazard communication. Hand hygiene return demonstration competencies and observed knowledge competencies for emergency response are also required.

Additional competencies are determined according to the amount of resident interaction required by the job role, job specific knowledge, skills and abilities and those needed to care for the resident population.

Certified nursing assistants have additional required competencies for:



- *Person centered care*
- *Communication*
- *Basic nursing skills*
- *Basic restorative services*
- *Skin and wound care*
- *Medication management*
- *Pain management*
- *Additional Infection control topics*
- *Identification of changes in condition*
- *Cultural competency*

Competencies are based on current standards of practice and may include knowledge and a test, knowledge and return demonstration, knowledge and observed ability, knowledge and observed behavior and annual performance evaluation. Competencies are based on the care and services needed by the resident population. Please see the Resident Needs and Competencies worksheet for more details

Competencies are verified upon orientation, least annually and as needed.

The facility provides education and training in person and through online training in Relias Learning. The staff training and education program is designed to ensure knowledge competency for all staff. Education is provided through the on-line learning system, peer mentoring and classroom sessions. The training program is reviewed and revised each time the Facility Assessment is reviewed and/or revised.

Policies and Procedures for Provision of Care

The care needs of the residents and the requirements of regulations rules and laws govern the needed policies and procedures.

Policies and procedures for care are reviewed and updated at least annually and as needed with the introduction of new resident care needs, new technology or equipment or a change in the physical plant or environmental hazards.

Resources for Resident Population Needs

Equipment, Supplies, Additional Services and Third Party Arrangements

Via a prescribed process, the facility evaluates the day to day and emergency provision of equipment (medical and non-medical), supplies, as well as additional services by providers via a contractual arrangement which is based upon the resident population care needs, annually or as needed. The following steps are utilized throughout the evaluation process:



This process is conducted in conjunction with the facility assessment evaluation, per requirement, and the facility QAPI process.

Upon the evaluation process, it has been determined that the type and number of resources (i.e. equipment, supplies, other services) is adequate to meet the resident population care needs and services daily. The facility has reviewed the provision of resources in an emergency and determined that the type and number of resources, services and supplies are planned and applicable to the resident population. See the Emergency Preparedness Plan.

Equipment and Supplies

The facility has a designee who oversees the procurement and maintenance of par levels for resident equipment and supplies based upon resident population needs. The East Nurse Manager reviews supplies on a weekly basis and places orders for appropriate medical supplies keeping in mind current census, needs and par levels.

The facility utilizes the TELS Preventative Maintenance Program to inventory equipment, physical plant and other physical plant needs and conduct maintenance prevention based upon the PMP plan.

The facility evaluates the physical environment, equipment (medical and non-medical), supplies, and additional services by providers via a contractual arrangement based upon the resident population needs for provision of care, annually or as needed.

Third Party Agreements, Contracts, Memoranda of Understanding

Under the direction of the Administrator, the facility reviews all third-party agreements, contracts, and memoranda of understandings via a prescribed process which reviews the vendor arrangement, terms of contract and the provision of services on a daily or emergency need. These arrangements for the provision of services, equipment, and supplies to provide the level and types of care needed for the resident population.

Health Information Technology

The facility has a designee who oversees the health information technology resources including electronic health records and electronic sharing of resident information. The facility has a system to ensure that the electronic medical records remain secure and that access is only granted to those individuals that need the information. Information is exchanged with other providers per agreements put into place.



Infection Control

The facility has conducted an infection control risk assessment which evaluated and determined the risk or potential vulnerabilities within the resident population and the surrounding community. This process is integrated with the facility Infection Prevention and Control Program (IPCP). The IPCP is designed to meet current standards of practice and the needs of the facility population, staff and community. It is part of the QAPI program. The IPCP is reviewed at least annually and whenever the Facility Assessment is reviewed.

Facility and Community Risk Assessment

The facility has conducted a facility and community based risk assessment which document potential hazards within the geographic area of the facility, the facility physical plant and the vulnerabilities and challenges that may impact the facility utilizing an all hazards approach. In addition, the risk assessment evaluates the facility's ability to maintain continuity of operations, its ability to provide care and services, and its ability to secure required supplies and resources during an emergency or natural disaster. This risk assessment has been incorporated into the Emergency Preparedness Plan.

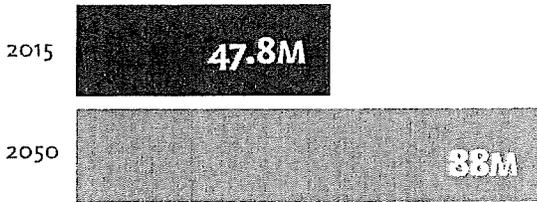
National Workforce Crisis facing Long-Term Services and Supports

The United States is experiencing a significant shortage of, and a growing demand for, qualified workers who are capable of managing, supervising, and providing high-quality services and supports for older adults.

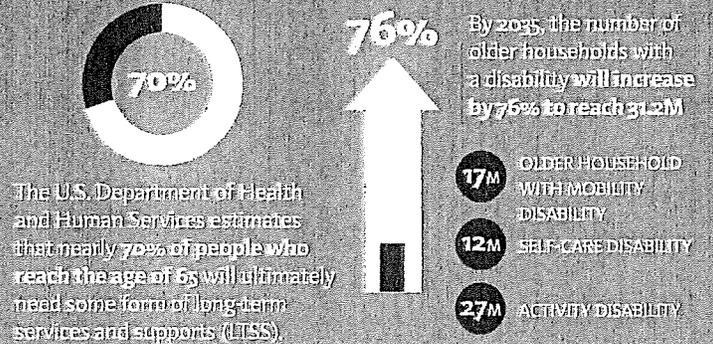
Several trends are fueling this national workforce crisis

A Rapidly Growing Older Population

The population of adults age 65 and older will increase from 47.8 million in 2015 to 88 million in 2050.

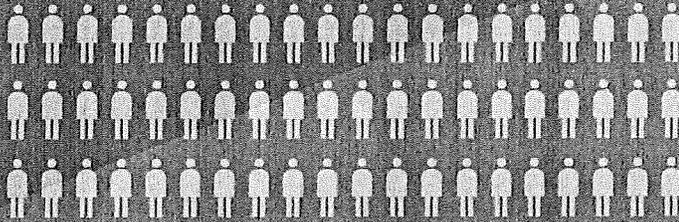


A Growing Need for Assistance

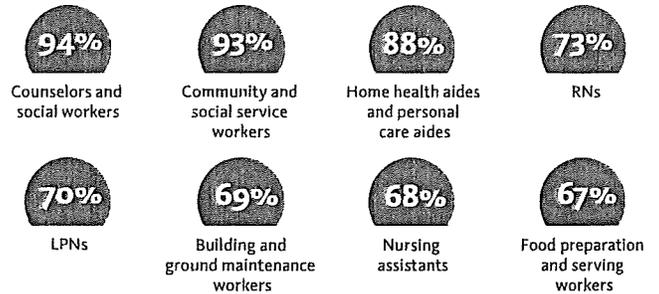


A Growing Need for Workers

The nation will need **2.5 million** LTSS workers by 2030 to keep up with the growth of America's aging population.



The projected percentage increase in the number of positions employed in long-term care between 2010 and 2030 are the following:



What Does an Unstable Workforce Mean for Providers?

1. High provider costs. It's expensive to continuously recruit and train new workers and to use temporary, contract staff.

2. Concerns about access and quality. A shortage of workers means that consumers have more problems accessing services. Worker shortages can also compromise quality of care and quality of life for LTSS consumers.

3. Poor working conditions. Staff shortages often cause hardships for workers who remain on the job. These hardships include extreme workloads for both nurses and direct care worker staff, inadequate supervision, lost time as new workers learn their jobs, and high accident and injury rates. More workers are currently leaving the LTSS sector than are entering it.

Shortage of Workers Trained in Geriatrics

1 : 4,254
By 2030 the projected need for geriatric physicians is 36,000 but the projected number is 7,750 or one geriatric physician for every 4,254 older Americans.

1 : 20,195
By 2030 the projected number of geriatric psychiatrists is 1,659 or one for every 20,195 older Americans.

4% of social workers and less than **1%** of physician assistants identify themselves as specializing in geriatrics.

< 1%

Less than **1%** of RNs and pharmacists are certified in geriatrics • Less than **1%** of practicing physical therapists are certified as geriatric clinical specialists.

Visit LeadingAge.org/Workforce for recruitment and retention practices yielding great results as well as tools, resource materials and more!



2018 Workforce Survey Long-Term & Residential Care Providers Preliminary Results*

*Sponsored by: LeadingAge Wisconsin, WALA, WHCA/WiCAL and DSPN
756 providers from across Wisconsin (689 in 2016)*

19%: Average caregiver** vacancy rate (14.5 in 2016)

1 in 2 experiencing vacancy rates 20% and higher (2016: 1 in 4)
1 in 5 at 30% and higher

16,900 caregiver vacancies statewide (47% increase over 2016)
1 in 5 caregiver positions unfilled (2016: 1 in 7)

54% no applicants for caregiver positions (2016: less than 50%)
55% said poor reimbursement doesn't allow for wage increases

\$11.00/hour median starting wage for personal caregivers***
1 in 3 in markets where non-healthcare starting wage = \$13.00+
67% lost personal caregivers to non-healthcare employers

1 in 4 limited admissions due to caregiver vacancies (2016: 1 in 5)

54% working with fewer caregivers than preferred
53% hire less experienced caregivers than preferred

** The State's long-term care and senior housing associations will jointly release the complete 2018 nursing home and assisted living workforce study later this month*

***Caregivers include registered nurses, licensed practical nurses, certified nursing assistants, and direct care workers*

****Personal caregivers include certified nursing assistants and direct care workers*

LeadingAge Wisconsin
204 S. Hamilton St.
Madison, WI 53703

The logo for LeadingAge Wisconsin features the word "LeadingAge" in a stylized font with a heart shape integrated into the letter "A". Below it, the word "Wisconsin" is written in a smaller, simpler font. Underneath that, the tagline "Better Services for Better Aging" is displayed in a smaller font.

www.leadingagewi.org
608-255-7060

AGENDA AND NOTICE OF MEETING

BOARD OF HEALTH AND HUMAN SERVICES

Government Center, 100 Polk County Plaza, Balsam Lake, WI 54810

Conference Room A&B

Tuesday, March 13, 2018 at 10:00 a.m.

A quorum of the County Board may be present

Materials: January 9, 2018 Minutes

- | | | |
|-------|--|---------------------------|
| 10:00 | 1. Call to order | Chair Bonneprise |
| | A. Approval of agenda | |
| | B. Approval of minutes for January 9, 2018 | |
| 10:05 | 2. Public comment (3 minutes) | |
| 10:10 | 3. Announcements and committee information | Jeff Fuge |
| 10:20 | 4. Action Items | |
| | A. Resolution No. 24-18: To Authorize the Staffing of the UW
Extension Family Educator Position | Sampson/Kristen
Bruder |
| 10:40 | 5. Discussion Items | |
| | A. Golden Age Manor Update | Dana Reese |
| | B. Veterans Services Update | Rick Gates |
| | C. Program Evaluation Juvenile Justice | Sampson/Knutson |
| | D. Board of Health Satisfaction Survey Results | Sampson |
| | E. Preliminary End of Year Financial Report | Sampson |
| 11:45 | 6. Informational Presentations | |
| | A. Immunization Personal Conviction Data | Sampson |
| Noon | 7. Adjourn | |

Items on the agenda not necessarily presented in the order listed. This meeting is open to the public according to Wisconsin State Statute 19.83. Persons with disabilities wishing to attend and/or participate are asked to notify the County Clerk's office (715-485-9226) at least 24 hours in advance of the scheduled meeting time so all reasonable accommodations can be made. Requests are confidential.



MINUTES

Health and Human Services Board

Government Center, Conf. Room A&B

Balsam Lake, WI 54810

10:00 a.m. Tuesday, January 9, 2018

Meeting called to order by Chair Bonneprise @ 10:00 a.m.

Members present

Attendee Name	Title	Status
John Bonneprise	Chair	Present
Joe Demulling	Vice Chair	Present
Jim Edgell	Supervisor	Present
Doug Route	Supervisor	Present
Mike Prichard	Supervisor	Absent
William Alleva	Citizen	Present
Vacant	Citizen	
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Absent

Also present Marilyn Blake, Deputy County Clerk; Dana Frey, County Administrator; Gretchen Sampson, Community Services Director; Lisa Lassear, Behavior Health Director; Brian Kaczmariski, Public Health Director; Tonya Eichelt, Director of Business and Operations; and member of the press

Approval of Agenda- Chair Bonneprise called for a motion to approve agenda. **Motion** (Route/Demulling) to approve agenda. **Motion carried** by unanimous voice vote.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the December 12, 2017 meeting. **Motion** (Alleva/DeShaw) to approve the December 12, 2017 minutes. **Motion carried** by unanimous voice vote.

Public Comment – None

Announcements and Committee Information

Ms. Sampson reviewed the process of selecting a replacement for Dr. Markert on the board. There has been a good candidate located and has been sent the application form. There will be more information when they receive the application and it is reviewed by Ms. Sampson and Mr. Frey.

Ms. Sampson announced that her retirement date is April 13, 2018.

Mr. Frey discussed the increased cost of court ordered placement of children for Polk County. The court orders are made based on the recommendations of Community Services. The costs this year will exceed the budget and the costs and placements are increasing. This is mainly due to the use of meth and opioids. He suggested this is a good time to write to our legislators to request help from the state with the cost of placements.

Mr. Frey also announced that there will be an Executive Committee meeting on Thursday, January 11, 2018 at 1 P.M. and a County Board meeting on Thursday, January 11, 2018 at 2 P.M.

Mr. Frey announced that a workers' compensation claim from Golden Age Manor had been settled. It was in the amount of \$12,000.00. It was asked if the insurance would cover it and he said they are checking but doesn't believe so as it was basically wages.

Action Items

Mr. Bonneprise acknowledged Ms. Sampson to go over the 2018 Board of Health and Human Services 2018 Work Plan. The Board added some additional items to the work plan.

Discussion Items

Ms. Sampson went over a summary of the board accomplishments for the year 2017. During that discussion it was noted that the opioid litigation resolution failed to be passed by the County Board. During this discussion Mr. Edgell brought up the idea of making another attempt at getting the opioid litigation resolution passed at the County Board. Chair Bonneprise asked for a motion regarding this issue. **Motions (Alleva/Demulling) to have Mr. Fuge draft** a new resolution for Polk County to join the opioid litigation. This will be on the March DHHS agenda for consideration. There was discussion about new information that they will want to be in the new resolution. The **motion passed** on a voice vote.

Ms. Sampson discussed and provided a handout as an update on Influenza/Communicable Diseases. There is widespread influenza in Polk County and throughout the country.

Ms. Sampson passed out a Board of Health Satisfaction Survey to the Board members and asked them to complete the survey and return to her. If possible she would prefer that they complete the survey online as it is easier to compile the information.

Brian Hobbs, with the assistance of Patty Lombardo, gave a presentation on Radon gas. They distributed information and handed out radon test kits to the board members. January is radon awareness month and it is one of the leading causes of lung cancer. Kits for testing the radon levels in your home may be obtained for a small fee from the health department. Mr. Hobbs indicated that if the test result is in the range indicating correction is needed it may cost in the range of \$800-\$1500.00 in this area to eliminate the radon from the air in the home.

Motion (Edgell/Demulling) to adjourn. Chairman Bonneprise declared the meeting adjourned at 11:15 a.m.

Next meeting date is March 13, 2018 @ 10:00 a.m. There will be NO February meeting.

Future Agenda Items:

2018 Work Plan Continued Development or changes/additions

Update regarding appointment to fill vacancy created by Dr. Markert's resignation

Review schools reporting immunizations

New resolution regarding joining the Opioid Litigation law suit

Respectfully Submitted,
Marilyn Blake
Deputy County Clerk

Resolution No. 24-2018
Resolution to Authorize the Staffing of the UW-Extension Family Educator

TO THE HONORABLE CHAIRPERSON AND MEMBERS OF THE POLK COUNTY BOARD OF SUPERVISORS:

Ladies and Gentlemen:

- 1 WHEREAS, the University of Wisconsin, through its Extension program, provides
2 valuable services to the citizens of Polk County; and
3
- 4 WHEREAS, Resolution No. 75-17 authorized the Polk County Administrator to hold
5 allocation of resources for UW Extension for vacant positions until such time as the Polk
6 County Board of Supervisors makes a determination as to services to be provided Polk
7 County through UW Extension; and
- 8 WHEREAS, there has been a substantial increase in the demand for child abuse and
9 neglect prevention services to at-risk families in Polk County as evidenced by a
10 substantial increase in the cost of out-of-home placements for children in Polk County;
11 and
- 12 WHEREAS, UW-Extension can provide services to address the causes of this problem
13 through staffing a Family (Human Development Relationships) Educator; and
- 14 WHEREAS, funding for such position has been budgeted for 2018.
- 15 NOW, THEREFORE, BE IT RESOLVED that the Polk County Board of Supervisors
16 determines that there is a need for services through UW Extension for the County to be
17 responsive to the increased demand for child abuse and neglect prevention services.
- 18 BE IT FURTHER RESOLVED that County Administrator is authorized to release
19 resources to enable UW-Extension to fill this position.
- 20 BE IT FURTHER RESOLVED that UW-Extension must report to the Polk County
21 Board of Supervisors on or before October 1, 2018, on the staffing of this position and on
22 the associated results from providing services to at-risk families.

(Continued to Page 2)

Signed and sponsored by:

Brad Olson
Brad Olson, Supervisor, District #1

Doug Route, Supervisor, District #2

Dean Johansen, Chair,
Supervisor, District #3,

Chris Nelson, Supervisor, District #4

Tracy LaBlanc, Supervisor, District #5

Brian Masters, Supervisor, District #6

Michael Pritchard, Supervisor,
District #7

James Edgell, Supervisor, District #8

Kim O'Connell, Supervisor, District #9

Larry Jepsen, 2nd Vice Chair,
Supervisor, District # 10

Jay Luke, 1st Vice Chair,
Supervisor, District #11

Kate Isaacson, Supervisor, District #12

Russell Arcand, Supervisor, District #13

John Bonneprise, Supervisor, District #14

Joe DeMulling, Supervisor, District #15

Effective Date:	Upon Passage
Dated Submitted To County Board	March 20, 2018
Review By County Administrator: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input checked="" type="checkbox"/> Reviewed Only <u>Jeffrey B. Fuge</u> Jeffrey B. Fuge, Interim County Administrator	Review By Corporation Counsel: <input checked="" type="checkbox"/> Approved as to Form <input checked="" type="checkbox"/> Reviewed Only <u>Jeffrey B. Fuge</u> Jeffrey B. Fuge, Corporation Counsel

At its regular business meeting on the 20th of March, 2018, the Polk County Board of Supervisors acted on Resolution No. 24-18: Resolution to Authorize the Staffing of the UW-Extension Family Educator, as follows:

- Adopted by simple majority of the board of supervisors by a vote of _____ in favor and _____ against.
- Enacted by unanimous vote.
- Defeated

SIGNED BY:

Dean Johansen, County Board Chairperson

Attest: _____
Sharon Jorgenson, County Clerk

Polk County Board of Health and Human Services
2018 Workplan – v010418

Date	Scheduled Agenda Items	Program Evaluation and Upcoming Issues
January	<ul style="list-style-type: none"> • Finalize 2018 Work Plan • BHHS accomplishments • BHHS Satisfaction Survey • RADON program 	<ul style="list-style-type: none"> • Finalize plan for program evaluation • Policy 10 – HHS Board section • Vacant Board Position update
February	No meeting	
March	<ul style="list-style-type: none"> • 2017 Division Performance Measures Report – Postpone until April • Preliminary End of Year Financial Report • Legislative Event report from January • GAM and VSO Updates 	<ul style="list-style-type: none"> • Program Evaluation (Program TBD) – Juvenile Justice
April	<ul style="list-style-type: none"> • Strategic Plan Update • Zero Suicide Program – Corby Stark • Tobacco Program Updates – Elizabeth Hagen 	
May	<ul style="list-style-type: none"> • Consideration/reconsideration of County Board priorities in Health and Human Services Programs • Legislative Event Report 	<ul style="list-style-type: none"> • Program Evaluation TBD • Orient New Board Members
June	<ul style="list-style-type: none"> • Department Annual Reports • Medical Examiner Update 	
July	<ul style="list-style-type: none"> • VSO and GAM mid-year reports 	<ul style="list-style-type: none"> • Program Evaluation TBD
August	<ul style="list-style-type: none"> • Review and recommendations on fee schedule and leases • Community Health Improvement Plan Update • Legislative Event Report if applicable 	
September	<ul style="list-style-type: none"> • Annual Budget Review • Program Evaluation 	<ul style="list-style-type: none"> • Program Evaluation TBD
October	<ul style="list-style-type: none"> • Annual Budget Amendments 	
November	<ul style="list-style-type: none"> • Legislative Event Report if applicable • Program Evaluation 	<ul style="list-style-type: none"> • Program Evaluation TBD
December	<ul style="list-style-type: none"> • Develop 2019 Work Plan 	

Polk County Board of Health and Human Services
2018 Workplan – v010418

	<ul style="list-style-type: none">• Update on Division Strategic Plan Progress	
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