



MINUTES

Polk County Health and Human Services Board

Government Center, Conf. Room A&B

Balsam Lake, WI 54810

10:00 a.m. Tuesday, June 13, 2017

Meeting called to order by Chair Bonneprise at 10:00.

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
Dr. David Markert	Citizen	Absent
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Sharon Jorgenson, County Clerk; Gretchen Sampson, Administrator, Community Services Division; Lisa Lasseur, Behavior Health Director; Dana Frey, County Administrator; Brian Kaczmariski, Public Health Preparedness; and Elianna Emerson, Intern.

Approval of Agenda-Chair Bonneprise called for a motion to approve agenda. **Motion/Second by Route/Edgell** to approve agenda. The **motion carried by unanimous voice vote**.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the May 9th, 2017 meeting. **Motion/Second by Route/Edgell** to approve the minutes. The **motion carried by unanimous voice vote**.

Public Comment – None

Ms. Sampson introduced Elianna Emerson who is doing an internship in the Community Services/Public Health Department.

Discussion Items

Board received copy of Polk County Board Policy Priority Statements from Administrator Frey. Departments will be using priorities developed by County Board during budget preparation.

Board received information regarding work plan and upcoming topics for meetings: July – Annual reports, August – Fees & Charges, September – Budget, October – Act on Budget Changes, November – Finalize Budget, December – Work plan for 2018.

Board received update from Ms. Sampson regarding Treatment without Borders Proposal that went to area legislators which is a meth prevention and treatment proposal intended to provide solutions to the methamphetamine crisis in northwestern Wisconsin (Polk, Barron and Burnett Counties). The proposal

did not pass in the Joint Finance Committee legislative session per Senator Harsdorf. Requested funding for the proposal is being pared down for future presentation to legislators.

Board received 2016 Annual Report from Polk County Health Department. Sampson reviewed the major accomplishments of the Department in 2016. Board members can bring questions back to next month's meeting for discussion.

Board received information from Ms. Sampson regarding Dementia Crisis Innovation Grant that Polk County has applied for. Grant would be used for training/assessment tools for staff, sheriff's department staff, nursing home staff and EMS staff. One goal of training is to avoid costly emergency detention of individuals.

Chair Bonneprise called for a recess from 10:45 to 11:00 a.m.

Chair Bonneprise called meeting back in session at 11:08 a.m.

Board received PowerPoint presentation from Brian Kaczmarek regarding results of Public Health Preparedness Consortium and Healthcare Coalition response to the Chetek tornado.

Future Agenda Items –

July:

Further discussion on Consideration/reconsideration of County Board priorities in health and human services programs

Continued discussion on 2017 Work Plan

Review Annual Reports – Comments/discussion regarding Health Department annual report

Presentation from Child protection supervisor

Semiannual reports from Dana Reese – Golden Age Manor and Rick Gates – Veterans Service Officer

Other priorities

Board HHS-Committee Rules, Roles, Obligations

HHS Board tour of Health Department

August – Fees & Charges

September – Budget

October – Act on Budget Changes

November – Finalize Budget

December – Work plan for 2018.

Next meeting date is Tuesday, July 11, 2017 at 10:00 A.M.

Motion/Second by Edgell/Demulling to adjourn. **Motion** carried by unanimous voice vote. Chair Bonneprise declared meeting adjourned at 11:50 A.M

Respectfully submitted

Sharon E. Jorgenson
Polk County Deputy County Clerk



POLK COUNTY, WISCONSIN

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Sharon Jorgenson, County Clerk
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Phone (715) 485-9226 Email Sharon.Jorgenson@co.polk.wi.us

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, June 13, 2017 at 10:00 a.m.

A quorum of the County Board may be present

Materials: May 9, 2017 Minutes

- | | | |
|-------|--|-------------------|
| 10:00 | 1. Call to order | Chair Bonneprise |
| | A. Approval of agenda | |
| | B. Approval of minutes for May 9, 2017 | |
| 10:05 | 2. Public comment (3 minutes) | |
| 10:10 | 3. Announcements and committee information | Dana Frey |
| 10:20 | 4. Discussion Items | |
| | A. Presentation: Public Health Preparedness Consortium and Healthcare Coalition response to the Chetek tornado | Brian Kaczmariski |
| | B. Update on Treatment Without Borders proposal to area legislators | Gretchen Sampson |
| | C. 2016 Annual Report-Health Department | Gretchen Sampson |
| | D. Dementia Crisis Innovation Grant | Gretchen Sampson |
| 12:00 | 5. Adjourn | |

Items on the agenda may not necessarily be 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.



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Doug Route	Supervisor	Present
Mike Prichard	Supervisor	Present
William Alleva	Citizen	Present
Dr. David Markert	Citizen	Present
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Marilyn Blake, Deputy County Clerk; Gretchen Sampson, Administrator, Community Services Division; Lisa Lavasseur, Behavior Health Director; Wendy Bauman, Health Officer/ Public Health Director; Andrea Jerrick, Deputy County Administrator; Dana Frey, County Administrator, Dana Reese, Golden Age Manor Director; Tim Anderson, Polk County Planner.

Approval of Agenda-Chair Bonneprise called for a motion to approve agenda. **Motion/Second by Route/Lagus** to approve agenda. The **motion carried by unanimous voice vote**.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the April 11, 2017 meeting. **Motion/Second by Alleva/Demulling** to approve the minutes. The **motion carried by unanimous voice vote**.

Public Comment – None

Ms. Sampson introduced Lisa Lavasseur as the new Behavioral Health Department Director. She began working in the position April 24th. Lisa discussed her background in the area of behavioral health.

Action Items

The HHS Board received PowerPoint presentation from Administrator Frey regarding the process of policy planning, identification of key issues and prioritizing and budgeting. He included last year's list of key issues that the HHS Board sent forward to the County Board for prioritizing.

Tim Anderson, Polk County Planner, then led a discussion with the board about what key issues they would like to leave on the list from last year, which to remove or what new issues they would like to add. The board discussed and identified key issues and will forward them to the full County Board meeting on May 20th.

Chair Bonneprise called for a motion to approve Resolution 30-17, Memorandum of Understanding with Polk County Criminal Justice Collaborating Council. **Motion/Second by Alleva/Markert** to approve the resolution. There was discussion about the resolution and Chair Bonneprise called for a vote on the motion. The motion passed by a majority vote with one no vote.

Discussion Items

Administrator Frey handed out and discussed the Golden Age Manor Audit. The audit report was very good overall. He said that last year Golden Age Manor actually had a profit of \$184,000.00. Mr. Bonneprise asked the board members to take the

printed report home and if they had any questions they could call Administrator Frey to discuss them. They can bring questions back to next month's meeting for discussion.

Dana Reese reviewed statistics for Golden Age Manor. She indicated that they stay at about 90% occupancy. She also discussed the ongoing updates that are taking place and she discussed the staffing issues at GAM.

Ms. Sampson talked about the Treatment without Borders Project Proposal. This is a meth prevention and treatment proposal they hope to implement in a response to a request by area state legislators for solutions to the methamphetamine crisis in northwestern Wisconsin. It is a program to be implemented in Polk, Barron and Burnett Counties. It will be a treatment and diversion program with case management and connection with community supports directed at families who are already involved in the child protection program because of drug abuse. The counties have discussed crafting a Bremer grant proposal should this project not get legislative support and funding.

There was a legislative event held in New Richmond on April 24th. Ms. Sampson indicated that there was a discussion of the need for inpatient mental health treatment on a regional basis. Several local hospitals have studied the feasibility of dedicating part of their facilities for mental health treatment, or building a new facility to meet this need, but have determined it would not be cost effective. The county representatives in attendance reiterated the need for legislative assistance with this issue including raising Medicaid reimbursement for inpatient mental health and substance abuse treatment.

Future Agenda Items –

June

Further discussion on Consideration/reconsideration of County Board priorities in health and human services programs

Continued discussion on 2017 Work Plan

Other priorities

Board HHS-Committee Rules, Roles, Obligations

Next meeting date is June 13, 2017 at 10:00 A.M.

Motion/Second by Alleva/Demulling to adjourn. Meeting adjourned at 11:50 A.M

Respectfully submitted

Marilyn M. Blake

Polk County Deputy County Clerk

POLK COUNTY HUMAN SERVICES MONTHLY STATISTICS

Jan. 2017	Feb. 2017	Mar. 2017	April 2017	May 2017	June 2017	July 2017	Aug. 2017	Sep. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Average 2017	Average 2016	Average 2015
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CLIENT COUNT

Psychiatry/Medication Management	302	309	309	313								308	277	246
Mental Health Outpatient	35	35	28	34								33	64	129
AODA (Alcohol & Other Drug Abuse) Outpatient	179	169	183	161								173	154	140

OWI (Operating While Intoxicated) Assessments	14	10	9	24								14	13	13
Drug Court Enrollees	8	10	10	10								10	11	13
Drug Court Completed	0	0	2	0								1	0	0

Community Support	24	24	26	25								25	23	22
Case Management	114	130	135	139								130	105	127

APS (Adult Protective Services) Investigations	14	2	5	2								6	5	5
APS (Adult Protective Services) Ongoing	5	7	4	4								5	7	19

Juvenile Intakes	13	6	38	16								18	15	14
Juvenile On-going	45	49	49	45								47	46	55

Child Protection Investigations	27	24	22	17								23	19	17
Child Protection On-going	63	58	63	55								60	76	68

Children's Waiver/FSP Caseload	39	39	36	36								38	45	48
Children's Waiver/FSP Waitlist	9	9	12	12								11	15	16

Food Share Recipients	4,153	4,157	4,087	4,042								4,110	4,168	4,447
Medical Assistance	8,916	8,545	7,520	7,546								8,132	8,222	7,653
Child Care	87	92	95	93								92	95	98
WHEAP (WI Heating & Energy Assist. Pro.)	1,521	1,619	1,730	1,809								1,670	1,495	1,558

PLACEMENTS

Emergency Detentions	6	7	7	9								7	9	8
Adult Placements	16	19	20	18								18	15	20
Juvenile Residential Care	7	7	9	10								8	8	8
Child Foster Care	30	30	32	38								33	30	37

CONTACTS

Emergency Service Contacts	204	139	164	162								167	163	150
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Access Calls-APS (Adult Protective Services)	38	24	22	25								27	24	19
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Access Calls-CPS (Child Protection Services)	72	57	90	65								71	66	80
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**Polk County Health Department
Board of Health and Human Services Update 06/13/17**

WIC: Results of a longitudinal study done over the past 20 years called "Feed My Baby".

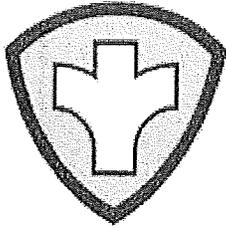
The Federal Nutrition Services (FNS) funded the "Feeding My Baby" study, published earlier this year. The longitudinal study describes the feeding practices used by infant caregivers and measures the nutrition outcomes of children who participate in WIC. This study will track children from a nationally representative sample until their fifth birthday, and provide the PCHD WIC program with some relevant data to use for program planning and evaluation. The study will develop deeper understanding of the impacts of WIC. In addition, the study will continue to track families if they exit the WIC program, and this will provide important new insight and understanding on participant retention.

Key findings are listed below.

- **WIC mothers are breastfeeding at much higher rates than they were 20+ years ago**, with 83 % (Polk = 80.6%) now initiating breastfeeding as compared to 56 % 20+ years ago; 62 % (Polk = 73.9%) breastfeeding at 1-month postpartum as compared to 33 % 20+ years ago; and 18 % (Polk = 13.9%) still breastfeeding at 12 months as compared to 7 % 20+ years ago.
- **Study mothers report receiving extensive support from WIC for breastfeeding.** This includes education from WIC, individual support calls, and guidance when encountering breastfeeding problems.
- **Introduction of complementary foods prior to 4 months, which was a substantial problem 20+ years ago, is no longer a major issue among WIC mothers.** 20% of mothers (Polk = 5.8%) are introducing complementary foods before 4 months, as compared to at least 62 % of mothers 20+ years ago.
- **Mothers report having made positive changes in how they feed themselves and their families due to WIC.** The most commonly reported changes include knowing how to choose more healthy foods, and eating more fruits and vegetables.

2017 Polk County Public Health Emergency Plan (PHEP)

Executive Summary



Public Health
Prevent. Promote. Protect.

The Public Health Emergency Plan (PHEP) was first developed in 2003. Since then, the Polk County Health Department along with local public health agencies throughout the State of Wisconsin have been planning and collaborating with preparedness partners, exercising and drilling various plan components, and strengthening workforce capacity and competency to respond to various public health incidents. The PHEP is under continuous review and revision to reflect changes in planning needs and evolving public health issues, emergencies and hazards as determined in the Hazard Vulnerability Assessment.

The purpose of the Polk County Public Health Emergency Plan (PHEP) is to enable and assist the health department in responding to local needs in a collaborative and organized manner with other participating response agencies/partners during a public health event by:

1. Aligning with other local, regional, state, and federal response plans which includes the PHEP's use of the Federal Emergency Management Agency (FEMA) definitions and criteria for incident types.
2. Utilizing the National Incident Management System (NIMS) to ensure that state, local, and tribal agencies have a standardized approach to prepare, prevent, respond to, and recover from an event.
3. Addressing critical public health emergency functions and capabilities during a response using the various sections of the PHEP.
4. Identifying the necessary response structure that allows the health department to determine appropriate internal and external resources needed during an event.
5. Describing the process for activating the PHEP, operational parameters during the event, termination of the event, recovery from the event, and evaluation of performance.
6. Making provisions for the protection of public health workers, health care providers, emergency responders, and residents in a public health incident.
7. Providing detailed public health legal authorities and powers during an emergency.

The 2017 Polk County Health Department PHEP has been revised to reflect the extensive work over this five year grant cycle to close gaps within the 15 Public Health Preparedness Capabilities. This work included plan creation and revision, staff training, drilling/exercising and evaluation. The 2017 PHEP has been reformatted to incorporate plans, tools and direction within each capability. Each capability begins with an operations (OPS) Checklist as a guide to staff in the process to respond to an event/incident, activate a specific capability/plan, and provide access to tools and other guidance needed to meet the desired function.

The 2017 Polk County Health Department PHEP is organized into 4 sections with plans, tools and guidance for the capabilities associated with the section task.

- **Part A: Administration**
- **Part B: Planning**
 - Community Preparedness

- **Part C: Response**
 - Emergency Operations Coordination
 - Emergency Public Information and Warning
 - Fatality Management
 - Information Sharing
 - Mass Care (Sheltering)
 - Medical Countermeasure Dispensing
 - Medical Material Management and Distribution
 - Medical Surge
 - Non-Pharmaceutical Interventions
 - Public Health Laboratory Testing
 - Public Health Surveillance and Epidemiologic Investigation
 - Responder Safety and Health
 - Volunteer Management
- **Part D: Recovery**
 - Community Recovery

The Polk County Health Department has worked closely with the Western Wisconsin Public Health Readiness Consortium and the Northwest Wisconsin Health Care Coalition in planning, training and exercising to meet the requirements for each capability. As a result, the Polk County PHEP mirrors that of our surrounding counties making mutual aid response easier and more consistent as well as providing structure for a regional response to emergencies when local resources are exhausted and/or overwhelmed.

Public health emergencies as well as other types of emergencies—weather, cyber-attack, supply disruptions, etc.—will require a multidisciplinary approach to response management. No one agency will be able to meet all of the demands of the response or service requirements. Polk County Health Department will need to work closely with our partners (hospitals, emergency management, Red Cross, ambulance, etc.) to assure that these response demands are met. The PHEP outlines how agencies will support and work with each other to fulfill response requirements.

The Regional Medical Coordinating Center: How the NWWIHCC and WWPHRC supported Barron County in a Tornado Response



Alphabet Soup

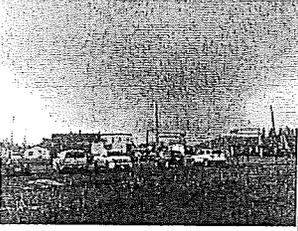
- › The Northwest Wisconsin Healthcare Coalition (NWWIHCC)
- › The Western Wisconsin Public Health Readiness Consortium (WWPHRC)

- › Both are support, coordination, and response entities. Both are supported by CDC Preparedness Dollars.
- › NWWIHCC represents ALL partners.
- › WWPHRC focuses on Public Health Partners

2

From Planning to Response

- › Both entities have changed by laws and MOU's to indicate a shift towards a response role.
- › COORDINATION, not COMMAND
- › Significant shift from a decade + of Planning, Training and Exercising

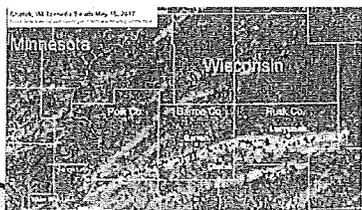


WLUX, John Morrill

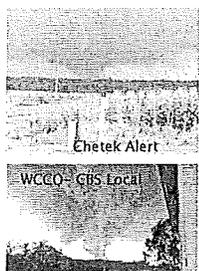
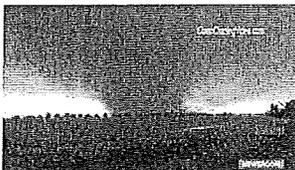
3

OVERVIEW OF THE EVENT

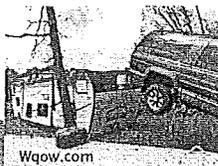
- › EF3 Damage Reported
- › 83 mile path (longest in WI History)
- › 1 Fatality, 25 Injuries
- › 232 homes impacted

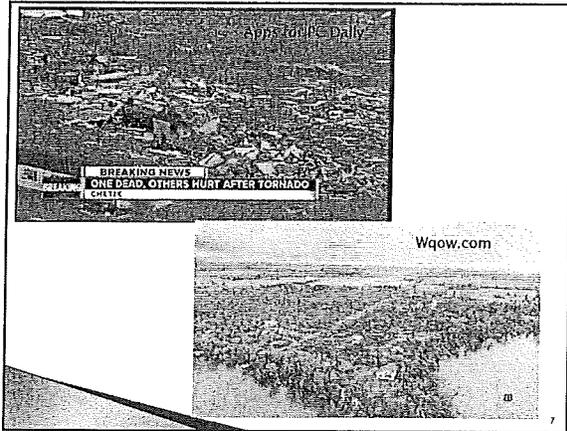


The Storm....



The Result....





Hours 0-6: Timeline

- ▶ Overview of this timeframe
 - Life Safety is primary focus
 - 20+ EMS Units onsite
 - 30+ Fire Units
 - 3 air lifted
 - @20 transported
- Mosaic Telecom in Cameron becomes shelter site
- 2 couples sheltered overnight

▶ Sheriff and EM in the field (immediate response)

Activation/Notification

- ▶ WPHRC Director saw weather and news reports, proactively reached out to Barron County Health Officer.
- ▶ Barron County Health Officer states;
 - Shelter opening in Cameron
 - Injuries, one fatality
 - Red Cross enroute
- ▶ Request for WPHRC and NWWIHCC to report May 17 at 0800 at Barron DHHS DOC
- ▶ Lessons Learned:
 - Do NOT self-deploy but DON'T WAIT either...
 - Reach out, see if there's a need
 - Communication is key

Wednesday, May 17 (AM)

- › Reported to Barron County DHHS Department Operations Center (DOC) at 0815.
- › Briefed on incident by Public Health and DHHS Director
- › Determined support needed at Mosaic Telecom in Cameron, location of overnight shelter by American Red Cross (ARC).
- › Arrived at Mosaic Telecom at 1000

- › Sheriff and EM in the field (trailer park)

10

Wednesday, May 17 (AM)

- › No Incident Command Structure (County)
- › No EOC Activation (County)

- › Initial steps
 - Determine ICS structure
 - Set Priorities
 - See what we currently have for resources

- › Issues
 - No long term vision
 - Simply 'putting out fires'
 - Reactive, not proactive

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Wednesday, May 17 (AM)

- › Responders didn't know 'where' to go for information
- › Public didn't know where to go for questions
- › Beginning to get overwhelmed with resources/volunteers/donations

- › We were in no position to make command decisions

- › We needed a 'time out'

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Wednesday, May 17 (PM)

- Requested briefing with Sheriff, DHHS Director at 1300.
- Hoped to establish command, set initial objectives, and formalize an EOC structure
- All were in agreement
- Sheriff and DHHS Director were Unified Command

- We became the 'default' EOC.....and so much more....

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Significant Events

- Activated 211 - pushed all calls to them
- Established Volunteer Reception Center -
 - Washburn County Responders
 - WI-DNR
 - Team Rubicon
 - Processed over 900 volunteers and counting...
- Established Donations Management
 - Mosaic Telecom, Living Waters Church, Ruby's Pantry (Ongoing)
- Consistent Coordination with local media
- VIP Tour from Governor Walker

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What'd we do well?

- We responded, we mobilized
- We solved conflicts professionally
- We DOCUMENTED

- We used the Incident Command System

- Processed over 900 volunteers
- Identified and tracked over 200 work requests
- Divided area into four work zones, bused volunteers to and from Volunteer Reception Center.
- Coordinated meals for all volunteers

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What do we need to fix?

- › Earlier Activation/Notification
- › Earlier command structure identified
- › Activate Logistics Section Chief sooner

- › Single point for volunteer agencies to contact for assistance (ended up with too many, stepping on toes) – Liaison Officer

16

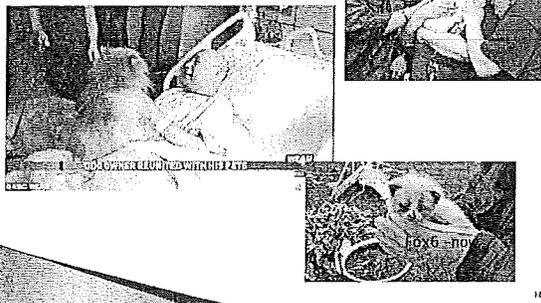
Lessons Learned: What we'll focus on moving forward

- › The Regional Medical Coordinating Center is not really a Regional Medical Coordinating Center.
 - It's really a Regional Response Coordinating Center
 - We did coordinate medical needs, but we did so much more OUTSIDE the realm of 'Medical'

- › 211 is a tremendous partner
- › WI-DNR and Team Rubicon are tremendous partners (explore formal MOU)

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Why we try to get better at this stuff.....



18
