



# POLK COUNTY, WISCONSIN

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## AGENDA AND NOTICE OF MEETING

HEALTH AND HUMAN SERVICES BOARD

Government Center

Conference Room A & B

Balsam Lake, WI 54810

10:00 a.m. Tuesday August 11<sup>th</sup>, 2015

**Purpose:** Review and Action on selected items as listed below

**Documents:** Minutes of July 14<sup>th</sup>, 2015

ITEM	LEAD PERSON
Call to order	Committee Chair
Approval of agenda Approval of minutes for July 14 <sup>th</sup> , 2015	
Public comment	
New business	
1. Golden Age Manor six month report	Director Dana Reese
2. Veterans Service six month report	Director Rick Gates
3. CHIP Annual Progress Report & Plan for 2015 Community Health Needs Assessment 4. Accreditation Annual Report 5. Department Annual Report – Board member Q and A	Director Gretchen Sampson
6. Agent Program: Merger with DATCAP (implications for locals)	Brian Hobbs
7. Legislative Event Report	Committee Chair
Future agenda items- Next meeting September 8 <sup>th</sup> , 2015	Committee members
Adjourn	

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, Conference Room A & B  
 Balsam Lake, WI 54810  
 10:00 Tuesday, July 14, 2015

**Meeting called to order by Committee Chair, Pat Schmidt @ 10:02 AM.**

**Members present**

Attendee Name	Title	Status
Pat Schmidt	Chair	Present
Marvin Caspersen	Vice Chair	Present
John Bonneprise	Supervisor	Present
Dean Johansen	Supervisor	Present
Joe Demulling	Supervisor	Absent
William Alleva	Citizen	Present
Dr. David Markert	Citizen	Present
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Tammy Peterson, Executive Secretary, Dana Reese, Director of Golden Age Manor, Gene Phillips, Director of Human Services and Gretchen Sampson, Director of Public Health.

**Approval of Agenda-** Chair called for a motion to approve agenda; **Motion** (Caspersen/Bonneprise) to approve agenda. Motion carried.

**Approval of Minutes-** Chair called for a motion to approve the minutes of the May 12<sup>th</sup>, 2015 meeting. **Motion** (Markert/ Alleva) to approve the minutes. Motion carried.

**Public Comment** - None

**New Business**

Director of Golden Age Manor, Dana Reese discussed and answered questions on the Medicare and Medicaid services rating.

Director of Human Services, Gene Phillips distributed notes for discussion on the evaluation on the Family Support program. Discussion included programs, type of services, monthly average, accomplishments, challenges and budget.

Director of Public Health, Gretchen Sampson provided handouts and covered several topics such as: midyear progress on the 2013-2016 strategic plans, results from the 2014-2015 customer satisfaction survey, update on SHOW project, and 2014 annual report.

Ms. Sampson stated the legislative event will be held on Monday, July 20<sup>th</sup> in New Richmond.

**Future Agenda Items** – Next meeting August 11<sup>th</sup>, 2015, Public Health will choose the next program evaluation, budget, staffing issues and audit report.

**Adjourn – Motion** (Bonneprise/Markert) to adjourn. Meeting adjourned 11:54 a.m.

**POLK COUNTY HUMAN SERVICES DEPARTMENT**

**BEHAVIORAL HEALTH SERVICES**

**COMMUNITY SUPPORT PROGRAM (CSP)**

**2014 Annual Report**

**Mission statement:**

The Community Support program provides client-focused individualized community based services to people diagnosed with a severe and persistent mental illness. Treatment is provided by a multi-disciplinary team in collaboration with the client, their family and the community where they reside. The goal of the program is to reduce the disabling effects of the Consumer's psychiatric symptomatology through evidence base practice, education and supportive resources. Services shall emphasize community based treatment to reduce the need for hospital and institutional care and allow Consumers to achieve the highest level of functioning and quality of life to which they are capable.

**Certification and Utilization:**

During 2014, the Community Support program operated under an ongoing certification from the State of Wisconsin's Department of Health and Family Services. The program is up for renewal of the certification in April 2016. During the last on-site visit from the Bureau of Quality Assurance, our office received a two-year certification. Polk County has been able to maintain this certification through on-going training and close collaboration with the Bureau of Quality Assurance.

In 2014, the CSP Team served a total of 25 clients. There were 6 admissions and 5 discharges.

**Minimum Requirements:**

- Small caseload: no more than 14 Consumers per provider and based on the intensity of services required by the Consumer.
- Multidisciplinary team approach: psychiatrist, clinical coordinator, psychiatric nurse and two master level case managers.
- Services are provided in the community at least 60% of the time.
- Crisis Support provided by contracted crisis team working with the CSP Team to support a Consumer with exacerbated symptoms.

**Program Evaluation Results:**

Program evaluation was completed through the use of the following tools:

- **CSP Enrollment/Placement/Contact Summary:** a tool used by the CSP Therapist to conduct an annual review of each case that determines how many days enrolled in the program and how many days in an Institute for Mental Disease (IMD), Hospital or Community Based Residential

Facility (CBRF). It also measures what percent of contact made by a CSP Case Manager was in the community.

- **CSP Consumer Survey**: this is an objective tool used to obtain valuable anonymous information completed by the Consumer regarding their satisfaction with how CSP services are delivered to them.
- **CSP Treatment Evaluation Profile Summary**: a tool used by the CSP Therapist to measure the Consumer's level of functioning at intake, annually and at discharge.

**Objective 1: The CSP will be a community-based program.**

**Measurable outcome**: The Polk County CSP will have at least sixty percent (60%) of contacts with Consumers occur in the community.

**Program Evaluation Findings**:

During the 2014 time frame the Polk County CSP Team reported an average of eighty-nine percent (89%) of contact with Consumers was completed in the community.

**Objective 2: The CSP will help Consumers remain in the community with supportive services.**

**Measurable outcome**: Average placement days per year in psychiatric hospitals and Institutes for Mental Disease will be less than two percent (2%) of total days clients are enrolled in the CSP program. It will be a standing program goal to decrease the percentage of documented placements days from the previous year.

**Program Evaluation Findings**:

During the 2014 time frame, CSP Consumers had a combined total of 157 or 2.1% days placed in a psychiatric hospital or an Institute for Mental Disease (IMD). This percent is reflective of two adolescents that were enrolled in CSP while they were in an IMD. Special attention had to be taken to ensure a safe transition to the community.

**Objective 3: The CSP will help Consumers increase and/or stabilize their level of functioning and decrease the disabling effects of mental illness.**

**Measurable outcome**: Evaluation results will indicate an improvement or stabilize from baseline measures of the Consumers' level of functioning in the community and capacity to manage the symptoms of their mental illness.

**Program Evaluation Findings**: According to the CSP Treatment Evaluation Profile/Summary for 2014, 56% CSP Consumers demonstrated a major or minor improvement in their ability to manage psychiatric symptoms. The other domains measured included Social Functioning, Medical, Vocational, Financial, Capacity for Independent Living and Legal Status. Overall the

majority (89%) of CSP Consumers presented as “stable” or demonstrated a “minor to major improvement.”

**Objective 4: The CSP will provide respectful, individualized and person-centered services to the Consumers of the program.**

**Measurable outcome:** CSP Consumer Survey results will provide information directly from the Consumer on their experience working with the CSP Team. The CSP Survey asks how they would rate their experience in treatment planning decisions, if they felt respected and having services that are individualized to meet their specific needs. Although, this is an objective tool, the CSP Team believes receiving their feedback will help the CSP Team gauge how we represent ourselves.

**Program Evaluation Findings:** A CSP Consumer Survey was completed by six individuals. All six participating Consumers reported “Strongly Agreed to Agreed” with having been treated respectfully by the CSP Staff and were included in developing their own treatment plan. All six participating Consumers reported “Strongly Agreed to Agreed” that CSP services have helped them.

**2014 Program Staff:**

Dr. Rosario. Grau, M.D., Psychiatrist

Kathy Carter, RNCEN

Linda Mills-Krebsbach, MSW, LCSW CSP Clinical Coordinator/CSP Therapist/Case Manager

Amy Hering, MSW, LCSW CSP Therapist/Case Manager

Sheena Wick, LPC CSP Therapist/Case Manager

**Utilization of Resources:**

Resources utilized by the CSP Team included Adult Foster Homes (AFH), Community Based Residential Facilities (CBRF), Crisis Stabilization Beds and Children’s Stabilization Crisis Network (CSCN). These homes have been an asset in offering Consumers a safe place to go when psychiatric symptoms are unmanageable. In addition, placing a Consumer here has resulted in a significant decrease in hospitalizations and IMD services.

CSP Team also used other government services such as Department of Vocational Resource [DVR] to assist with employment and continuing education. Subsidized housing is also a resource that allows Consumers to access safe and affordable housing in their community.

CSP Team continues to refer Consumers to community resources such as Interfaith Caregivers to assist with transportation as the cost of owning a car is cost prohibited for most CSP Consumers. Area food

shelves are also utilized to assist Consumers in gaining access to nutritional food and supplement their monthly income.

Endeavors Adult Development Center offers supported employment services to a CSP Consumer who want to work.

**Summary and Recommendations:**

In 2014, the CSP Team had one CSP Case Manager go on maternity leave. This caused temporary shifting of CSP Consumers to other CSP therapists. This also affected the amount of Consumers that could be served during this time frame.

The CSP Team was also reduced by an approximate .5 position as Sheena Wick, LPC started transitioning to coordinate Comprehensive Care Services (CCS). In an effort to accommodate for the loss of this position and serve more Consumers the CSP Team will begin expanding their collaboration with Polk County Behavioral Health Out-Patient Therapists and Mental Health Case Mangers in 2015.

The CSP Team would also like to continue to focus on Consumers who are currently living in a CBRF or AFH and offer services in returning them to the community.

As previously mentioned, keeping our case load between 10 and 14 per CSP Case Manager will ensure the CSP Team ability to respond to psychiatric issues in a timely and respectful way. This will also allow us to continue to maintain compliance with DHS 63 while keeping placement costs down.

**Submitted by:**

**Linda Mills-Krebsbach, MSW, LCSW**

**Polk County CSP Clinical Coordinator**

**POLK COUNTY DEPARTMENT OF HUMAN SERVICES**

Government Center, 100 Polk County Plaza #50, Balsam Lake, WI 54810 (715) 485-8400

June, 2015

**Behavioral Health Outpatient**

People are assisted in living a productive life by Mental Health and Substance Abuse assessment and therapy. Clinical supervision is provided, as well as direct Psychiatric services and medication management. Individual and group therapy is utilized. Collaboration with private and other public services is a major component of operations.

<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Psychiatry/Medication Management	233	310	318
Outpatient Recipients	282	275	344

**Behavioral Health Adult Protection**

Reports of adult abuse or neglect are investigated. Long term services provide support for adults challenged in living in the community. Institutional placement review, Payee, and Guardianship assistance is provided. Emergency services are available 24 hours a day.

<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Reports	19	20	25
Investigations	4	6	8
Emergency Detentions	7	9	10
In-Home Support Recipients	157	203	248
Out-of-Home Placements	20	20	26

**Children and Family Protection**

Reports of children in unhealthy or unsafe conditions are investigated. When appropriate, action is taken, and children may be removed from the home until safe conditions are assured. Supportive services are provided to assist families in assuring the health and safety of the children. Families with a child with severe needs may also receive services.

<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Reports	82	76	86
Investigations	16	17	18
In-Home Support Recipients	109	112	102
Out-of-Home Placements	40	22	26

*Polk County Human Services is responsible for Childcare Certification. Due to diligent work in this endeavor by staff, a \$300 grant was given to the County for county certified daycare homes. The funds can be used for smoke detectors, carbon monoxide detectors, and other items within the homes.*

**Children and Family Treatment**

The Department treats children and youth that have mental health, substance abuse, and/or delinquency behaviors to age 17 (18+ in special situations). Services are with the family and in the community, or in treatment facilities. Those placed out of the community return as soon as the safety of the individual, the family, and the community is addressed.

	<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Intakes		13	15	12
In-Home Support Recipients		58	58	65
Out-of Home Placements		9	8	11

*Examples of program concerns (with fiscal challenges). Of 10 youth placed in treatment facilities: 2 had been in foster care, but had too intensive of needs to remain; 1 had extreme drug use with out of control behavior; 2 had extremely violent behavior; and 5 had sexual offenses. 3 of these moved to Polk County while in the process of being placed and may cost the county approximately \$250,000 this year.*

**Economic Support**

Economic Support helps families in need become self-sufficient by determining eligibility for programs to assist through difficult times and by referral to other resources. Referrals are to a wide variety of job related and/or assistance programs. Polk shares services in the 10 County Great Rivers Consortium; statistics are specific to Polk Cou

	<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
Food Share Recipients		4,525	5,209	5,323
Medical Assistance		7,959	8,202	8,456
Child Care Assistance		100	131	143
WHEAP (WI Heating & Energy Assistance)		1,828	1,472	1,751

*As a separate function from licensing for childcare, the Human Services Department is responsible for Childcare Benefits. A problem was identified that some people are prevented from working because the cost of child care makes it financially unfeasible. Those who meet the criteria can received some assistance in those costs. When the counties in this area starting providing Economic Support services through a consortium model (Great Rivers Consortium) state regulations kept Childcare our of the consortium service array. A request was made to waive those regulations. After much work by staff to satisfy the state, notice was received that those regulations can be waived. Services can then be better coordinated with other Economic Support services.*

**General Operations**

Approximate totals: operational budget, \$9.4 million; County funds, 3.6 million; number staff, 70; number of revenue sources, 40; number of vendors, 122; funds expended because of Departmental authorizations, about 50 million. Qualific personnel provide emergency response 24 hours a day, with specific services listed above in direct service categories.

	<u>monthly average</u>	<u>2015</u>	<u>2014</u>	<u>2013</u>
After-hours Emergency Service Contacts		156	138	133

POLK COUNTY

## HUMAN SERVICES DEPARTMENT



*Our mission is to assist, empower, and build upon the strengths of children, youth, and adults in Polk County to achieve positive outcomes.*

### ***Polk County Behavioral Health Annual Report and Client Satisfaction Survey Results – Calendar Year 2014***

Each year the Behavioral Health Unit (consisting of the Out-Patient Mental Health Therapists, Emergency Services Therapist, Case Managers, and Substance Abuse Services Counselors) asks for client feedback. We use this survey tool to help us gather suggestions from clients and to help us monitor our client satisfaction with services provided throughout the year.

During calendar year 2014, the Case Management Social Workers helped a total of ninety six (96) clients who were on commitment, were voluntary clients, or were involved in our COP or protectively placed programs.

There were a total of one hundred six (106) emergency detentions completed by Human Services this past year. While delivering emergency services during 2014, the staff completed 1,733 crisis reports and helped five hundred nine (509) individuals dealing with crisis situations. Of these reports, thirty two (32) were received from the Polk County Jail. Additionally, there were fifty seven (57) individuals assisted with voluntary placements.

The highest need for our services was in the Psychiatric Service area with four hundred sixty (460) clients served. In the Mental Health Services area there were three hundred six (306) clients helped and in Substance Abuse Services, three hundred eighty six (386) clients.

Surveys are shared with clients one week/month during the point of check in at the clinic. From the 142 responses received, here is the summary of these feedback forms:

1. Overall, how satisfied are you with the services you are receiving?
 

120-Very satisfied	85%
20-Somewhat satisfied	14%
1 –Somewhat dissatisfied	
1 –Very dissatisfied	1%
  
2. Do you receive services in a timely manner?
 

139 -Yes	98%
2- No	2%
  
3. Are you treated with respect by staff?
 

137-All of the time	96%
4-Most of the time	3%
1-Some of the time	1%
0-None of the time	
  
4. Are the services you are receiving right for you?
 

139-Yes	96%
3-No	4%
  
5. Were your opinions and ideas considered in the development of your treatment plan?
 

140-Yes	99%
2-No	1%
  
6. Were you informed about your rights as a client in this clinic?
 

140-Yes	99%
2-No	1%
  
7. How do you see yourself since beginning services?
 

93-Much better	65%
37-Somewhat better	27% (92% when adding top two)
11-Same	8%

0-Somewhat worse

0-Much worse

### AODA Client Satisfaction Survey Results – 2014

For the Substance Abuse Services area, the following number of clients responded to the survey:

<u>Program Area</u>	<u># of clients responding</u>
OWI Assessment	7
Intensive Out-Patient Group	5
Social Support Group	4
Relapse Prevention Group	12
Continued Care Group	18
Drug or Alcohol Assessment	6
Early Recovery/Relapse Prevention Group	11
Individual Drug or Alcohol Counseling	<u>23</u>
Total AODA responses:	86

### Emergency Services Client Satisfaction Survey Results - 2014

In an effort to increase the number of survey instruments for Emergency Services in 2014, after our staff had recorded the crisis reports in the computer system, a random week was selected and clients who had received emergency service were mailed a survey along with a self-addressed stamped envelope. Throughout the year, our office mailed a total of 153 surveys to clients and there were twenty seven (27) surveys returned where these results were collected:

1. Helpfulness and courtesy of the staff
  - 11-Excellent 41%
  - 12-Very good 44%
  - 1-Satisfactory 4%

1-Fair	4%
0-Poor	
2. Staff explained available Polk County resources	
11-Excellent	41%
10-Very good	31%
5-Satisfactory	19%
0-Fair	
1-Poor	4%
3. Ability to closely listen to me	
16-Excellent	59%
7-Very good	26%
1-Satisfactory	7%
3-Fair	11%
0-Poor	
4. Treated me with respect and sensitivity	
15-Excellent	56%
9-Very good	33%
2-Satisfactory	7%
0-Fair	
1-Poor	4%
5. Understood my problem and how I felt about it	
13-Excellent	47%
9-Very good	33%
2-Satisfactory	7%
2-Fair	7%
1-Poor	4%
6. Your involvement with planning and decisions	

9-Excellent	33%
8-Very good	30%
7-Satisfactory	26%
1-Fair	4%
2-Poor	7%

7. When I met a worker, they explained my client rights

11-Excellent	41%
7-Very good	26%
5-Satisfactory	19%
1-Fair	4%
1-Poor	4%

8. The service I received was appropriate and helpful for my needs at the time

15-Excellent	56%
6-Very good	22%
4-Satisfactory	15%
2-Fair	7%
0-Poor	

9. The overall quality of services received

14-Excellent	52%
11-Very good	40%
1-Satisfactory	4%
1-Fair	4%
0-Poor	

Comments from Emergency Services clients:

The mobile worker was the best I have seen in the Polk County Mental Health program. He helped me calm down in regards to what the police officer had to say. I also have mental health issues.

Mobile worker was very knowledgeable. He helped me talk with police officer. Mother said she was frustrated with officer and mobile workers helped her cope. Mother reported "I have mental illness too." Mother reported a lot of family stress at the time. She took client to emergency room. She has completed a crisis plan with therapist.

I would like to thank you all for the chance to come together and talk yesterday, I appreciate you all taking the time out of your busy schedules to make that happen. As I expressed yesterday, please feel free to contact me any time with any concerns, observations, insights, or ideas you may have for my program. I am very happy to be up here in Polk County, and I look forward to all we can accomplish together. Have a great weekend, (Provider Name).

It was very helpful and nice. I really appreciate (Provider Name) help. I'm still upset over everything but I'm handling everything okay. If I ever need to talk to someone, I would choose (Provider Name). I really needed that. Thank you, (client name).

**Clinic Client Satisfaction Survey Comments Received for**

**Substance Abuse Services and Clinic Services – Calendar Year 2014**

**(Listed below is a sampling of comments received this past calendar year.)**

"Coming to treatment/counselor helped me and I feel like a whole new person because of it. I suggest if you need it take it cuz it helps."

(Provider Name) is a good guy and explains stuff in a way that sticks.

Thank you so very much for the help I received. (Client name)

(Provider Name) was very helpful, considerate, and an awesome listener.

Positive experience.

It would be nice to have more evening appointments available for intake or individual sessions.

Thank you for the help.

(Provider Name) has been very helpful.

"I am very grateful for all the staff members here they have helped me learn a more positive way of living life and to not be afraid to ask for help or support."

Without the treatment I received I honestly would not be where I am today. I learned that I had skills I never would have dreamed I had. I am a much better person today because of the treatment I have received.

More time off jail sentence for IDIP.

No comment.

Learned a lot more about myself then I thought I would.

I would recommend this program whole heartedly and it really was a life saver for me.

Everything I've learned is something I'm going to remember and know will help me every step.

I've enjoyed the group and learned a lot.

I have a blast.

I already miss my group!

Happy to have competed.

(Provider Name) is awesome!

The services were given to my eight year old son. The answers were on his level.

Love the services.

Very focused on my individual needs and treatment. Thank you for being flexible and understanding!

Good program for me! Enjoyed my time much more than I thought I would. Was grumbly at first, then found out people really do care and this wasn't all about getting as much money out of me as possible. Thanks for everything!

I am very satisfied with my time spent here it has helped a lot.

With what I learned in group will always stick with me and will help me stay sober.

Thank you!

Very good! I couldn't have gotten better without you guys! (Relapse Prevention Group)

This group was a life saver for me. It got me sober and happy Thanks for everything!!!! (Continued Care Group)

Everything went smooth, very pleased.

Want to thank (Provider Name) and (Provider Name) for helping me with my problems.

Everyone has been a great help and very supportive of my need for sobriety and recovery.

Treatment was good all and all.

“Keeping medical records with the client and counselor plus the parent’s medical info.”

(Provider Name) is wonderful and my new (Provider Name), I love. Thank you.

Thank you.

I have had quite a number of therapists and psychiatrists in my life and (Provider Name) and (Provider Name) really stand out as the best!

We are very pleased with the great work that (Provider Name) has done with Mitchell. He has come a long ways since his first session.

I filled this out with my foster daughter who is receiving service. She feels that she does no need counseling because she has no problems. That is why #4 is a no.

I think the service I have received here have been very helpful to me in a lot of situations in my life and am glad to be here.

I can really see a difference from when I start to now.

I like it here.

Just keep up the good work.

I have a daughter that just does not want to comply with treatment.

Great job everyone.

I have had counseling in the past with not a great outcome. And truly when I was referred to the ‘county’ I was incredibly skeptical, and did not want to be here or felt like I belonged here! But (Provider Name) took time to get to “know” or “understand” why I felt the way I did about being “dumped” at the County instead of an outside agency. I am truly thankful for (Provider Name) for all that she has done for me. The appointments later in the day/night were great for me as I work days and could not get here early. And the tools that she has given me are things I will use on a daily basis in my life. She has changed my outlook on “therapists/counselors” and I truly feel that she actually CARED about ME! But not just me but my spouse and children as well. She has taught me about

communication and how to communicate with my spouse. She has given me confidence in myself and shown me that I am my own person. She would be a wonderful marriage counselor! My spouse was very reluctant to meet with her in group sessions but she also changed his perspective as well. The way she approaches “couples” is amazing! Never did we feel like she “sided” with one over the other. She just showed us how to communicate effectively!! And together she gave us “tools”. She is an amazing person, counselor that I will always be grateful for.

(Provider Name) has keen ability. Very good specialist. Sorry she has left! (Provider Name) has tremendously helped me to function and build self esteem. Her help has taught me practical useful techniques addressing anxiety and sadness. How I got to the previous state, and how I have progressed into a more stable and capable person have been the discussion topics and I’ve made huge changes, and my life is getting much better. I’m extremely grateful that she is here and that the service is available for me. And the receptionists (I usually speak with (Provider Name)) are always upbeat and spot on. They do make every part of appointment setting better.

I feel this time, after my last relapse that I am being honest with myself and others and doing what I need to do to stay sober.

Staff and counselors were great.

I was dead set against this program in the beginning but it was just what I needed!

Great program!

## Polk County Health Department

*Monthly Update for Board of Health & Human Services –August, 2015 (Data is from June, 2015)*

### General Public Health Program Activities

1. **Community Health Improvement Planning (CHIP)** – the “Annual CHIP Update Report to the Community” and the plan for the 2015 Community Health Needs Assessment will be shared at the August BHHS meeting as well as the activities of the CHIP Unhealthy Alcohol Use Workgroup.
2. **Communicable Disease Surveillance, Control and Follow-up** – No current outbreaks in Polk County.
3. **Department Strategic Plan** – no updates.

### Specific Public Health Programs

**Family Health Benefits Counseling** - In June, our staff enrolled 29 persons in the Marketplace and BadgerCare programs and interacted with 159 client contacts about health care financing options.

**Immunization** – We used Ebola grant funding to purchase a new vaccine refrigerator and freezer. Our previous model had failed after many years of service. We now can assure stable and proper temperatures for our vaccine storage.

**Jail Health** – The jail nurse had 147 sick call visits with inmates in June. Our jail nurse mentored an AHEC intern in June and July; the intern’s project was to work with inmates being discharged to assure they were connected to health insurance via Badgercare/Marketplace plans as well as other community resources. The process she developed will be continued by our Family Health Benefits Counselor.

**Environmental Health/Agent Program** – Forty four (44) inspections were conducted in June under the Agent program. DNR well water testing is well underway and 119 tests were conducted in June.

### Public Health Preparedness Consortium

- Co-sponsored Functional Assessment Service Teams (FAST) training with DHS in Superior. FAST teams are utilized in sheltering operations to support people who may present with wide ranging functional and support needs.
- Developed and provided a template Mass Fatality Response Plan to members. Members will utilize the plan, as appropriate locally and in accordance with any existing local plans, to complete their PHEP contract deliverable by December 31.
- Provided members with a web-based technical assistance session to review mass fatality planning.
- Director attended Family Assistance Center (FAC) Train the Trainer for two days in Madison. Dr. Grady Bray, a national expert and speaker on the topic, trained representatives from throughout WI. Attendees will now provide training to response partners throughout the state. FACs may be activated to support the survivors and/or friends and family of those missing or deceased following a mass fatality incident.

**Northwest Wisconsin Health Care Coalition (NWWiHCC)** – I will attend the first meeting of the new coalition on August 7 in Rice Lake. First steps are to approve bylaws which will outline the structure of the group. Our budget to manage as fiscal agent is \$157,500 plus an additional \$41,838 as part of the Regional Trauma Advisory Council (RTAC) component of the coalition. The budget should be firmed up soon after the coalition meets for the first time. This grant is on a 07/01/15-06/30/16 cycle. As mentioned previously, Health Departments are required to be active members of the new regional health care coalitions as part of their public health preparedness contract objectives.

**Reproductive Health** – We served 24 unduplicated clients in June with 92 visits. Unduplicated client count is 387 YTD compared to 425 in 2014. We will be completing our annual cost report for this program in August.

**WIC** – We served 699 program participants in June. Food dollars spent in Polk were \$43,730 compared to \$39,918 in 2014. Across Wisconsin this summer local WIC (Women, Infants, and Children) Programs are rolling out brand new electronic benefit cards, called eWIC, for participants. Polk County started issuing the eWIC cards in June and by the end of October all Wisconsin counties will be using the cards. Benefits of using the cards include:

- \* Improved shopping experience for both families and cashiers. No more hassle with checking WIC IDs or dates on the vouchers.
- \* Participants purchase only what they need each shopping trip and use their eWIC card as often as they want to redeem their monthly food benefits.
- \* Electronic payments will improve the business side of the process for retail vendors.
- \* WIC clinic visits will be streamlined with less paperwork.

About 750 families are served each month by the Polk County Health Department's WIC Program. The WIC program provides pregnant women, infants and children assistance to buy healthy foods, time to talk with a WIC dietitian, support for breastfeeding, help monitoring healthy growth and development, and referrals to other health programs.

**Prenatal Care Coordination (PNCC)** – There were 12 admissions in the month of June with 120 visits to program participants. Thirteen (13) women were discharged from the program. We still have not yet heard any feedback from our Medicaid audit process for this program.

**Birth to 3-** No data available at the time of this report.

**Multi-Jurisdiction Tobacco Coalition (MJC) - Multi-Jurisdiction Tobacco Coalition (MJC)** - Polk County underage tobacco compliance checks have been completed for 2015. There were a total of 5 sales out of 57 checks (8.77% sale rate) in Polk County. The state goal is to be under 10 %. The Polk County rate of sales improved from 2014 (11.8%). We continue to assist organizations with electronic cigarette policies. St. Croix County is currently working on passing a county policy that prohibits smoking at all county owned parks and the fairground and includes e-cigarettes. We recently assisted two Multi-Unit Housing authorities to pass stronger smoke-free policies including electronic cigarettes and smoke-free grounds. Mary Boe, program coordinator was recently invited to sit on the new statewide tobacco coalition that consists of state tobacco prevention staff, advocacy partners (ALA, ACS) and diversity

partners. For updates on MJC work visit the newsletter page of our Western Wisconsin Working for Tobacco-Free Living (W3TFL) website at <http://www.w3tfl.org/w3tfl-newsletters/>. These newsletters are monthly. We also have a W3TFL Facebook page <https://www.facebook.com/W3TFL> .

**Well Woman Program (WWWP)** – We have started the work as a coordinating agency July 1 and will be able to report to you in more detail next month as to how that transition and service provision is going.

### **Director's Update**

1. I have been asked to speak at the Indiana Public Health Association annual meeting in September on the challenges rural health departments face with accreditation. All my expenses will be paid.
2. I spoke to the regional public health and home care supervisor's group meeting in Eau Claire on July 22 about public health funding and budgeting in a local health department.
3. We will be getting our school working agreements out to the school districts this month as well as beginning planning for fall influenza clinics at the schools. We are hearing that there will likely be delays with the Flumist vaccine so will need to schedule school clinics later in the fall.
4. We had a booth at the Polk County Fair with a variety of program related information present.
5. We have not gotten grant award amounts yet for the majority of our state grants; we budget based on the assumption of static funding.
6. We have been extremely lucky to have Suz Thomsen back temping for us at the reception desk as our primary staff person is out on medical leave. We have had numerous staff medical leave issues the past 2 years so having someone who knows our business and is willing to work part time to fill in is a gift!



## MINUTES

**Health and Human Services Board**  
Government Center, Conference Room A & B  
Balsam Lake, WI 54810  
10:00 Tuesday, August 11<sup>th</sup>, 2015

**Meeting called to order by Committee Chair, Pat Schmidt @ 10:02 AM.**  
**Members present**

Attendee Name	Title	Status
Pat Schmidt	Chair	Present
Marvin Caspersen	Vice Chair	Present
John Bonneprise	Supervisor	Present
Dean Johansen	Supervisor	Present
Joe Demulling	Supervisor	Present
William Alleva	Citizen	Absent
Dr. David Markert	Citizen	Present
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Tammy Peterson, Executive Secretary, Dana Reese, Director of Golden Age Manor, Gene Phillips, Director of Human Services, Rick Gates, Director of Veteran Services and Gretchen Sampson, Director of Public Health.

**Approval of Agenda-** Chair called for a motion to approve agenda; **Motion** (Bonneprise/ DeShaw) to approve agenda. Motion carried.

**Approval of Minutes-** Chair called for a motion to approve the minutes of the July 14<sup>th</sup>, 2015 meeting. **Motion** (Caspersen/ Lagus) to approve the minutes. Motion carried.

**Public Comment** - None

### **New Business**

Director Dana Reese of Golden Age Manor handed out and discussed the Golden Age Manor semi-annual report.

Director Rick Gates of Veteran Services distributed and discussed the Veterans six month report.

Director of Public Health, Gretchen Sampson provided handouts and spoke on the annual CHIP progress report and Plan of 2015.

Ms. Sampson also discussed and answered questions on the accreditation annual report.

Environmental Health Specialist, Brian Hobbs provided handout and discussed the transfer of the DHS licensing programs to Department of Ag., Trade, and Consumer Protection (DATCP). This will take effect on July 1, 2016.

Director Gretchen Sampson stated this will require a policy change that will need to go to the County Board in the future.

Chair Pat Schmidt and others spoke on the legislative event that was held on July 20<sup>th</sup> in New Richmond. Next meeting is scheduled for October 19<sup>th</sup> in New Richmond.

**Future Agenda Items** – Next meeting September 8<sup>th</sup>, 2015, Public Health will do reproductive health evaluation. Budget and Report on HHS.

**Adjourn – Motion** (Bonneprise/ Johansen)) to adjourn. Meeting adjourned 11:54 a.m.