

RESOLUTION NO. \_\_\_\_\_

TO THE HONORABLE BOARD OF SUPERVISORS OF DODGE COUNTY, WISCONSIN MEMBERS,

**WHEREAS**, the Dodge County Human Services and Health Board has studied and analyzed staffing needs at the Dodge County Human Services and Health Department; and,

**WHEREAS**, as a result of these studies and analyses, the Human Services and Health Board recommends that the Dodge County Board of Supervisors create one full-time, benefited position of *Counselor I, II, or III – AODA* in the Dodge County Human Services and Health Department, effective May 20, 2015, to provide additional AODA treatment services to clients being served in the Treatment Alternatives and Diversion Program and the Alcohol Treatment Court; and,

**WHEREAS**, job descriptions for the proposed position of *Counselor I, II, or III – AODA* have been marked for identification as Exhibit “A”, “B”, and “C”, respectively, and have been attached hereto; and,

**WHEREAS**, Treatment Alternatives Program Grant Award funds that were awarded to the Human Services and Health Department in 2014, and that have been appropriated to the 2015 Human Services and Health Department Budget in Business Unit 4845, CD-TAP Grant, in various personnel object expenditure accounts, are available and sufficient to fund this proposed position of *Counselor I, II, or III – AODA* during the period of time commencing on May 20, 2015, and ending on December 31, 2015, both inclusive;

**SO, NOW, THEREFORE, BE IT RESOLVED**, that the Dodge County Board of Supervisors hereby creates one full-time, benefited position of *Counselor I, II, or III – AODA* in the Dodge County Human Services and Health Department, effective May 20, 2015; and,

**BE IT FURTHER RESOLVED**, that Treatment Alternatives Program Grant Award funds, that were awarded to the Human Services and Health Department in 2014, and that have been appropriated to the 2015 Human Services and Health Department Budget in Business Unit 4845, CD-TAP Grant, in various personnel object expenditure accounts, shall be used to fund this position of *Counselor I, II, or III – AODA*, during the period of time commencing on May 20, 2015, and ending on December 31, 2015, both inclusive; and,

**BE IT FINALLY RESOLVED**, that in the event that, at any time in the future, Dodge County does not receive Treatment Alternatives Program Grant Award funds from the State of Wisconsin, then, effective immediately, upon the expenditure of all Treatment Alternatives Program Grant Award funds that were previously received by Dodge County from the State of Wisconsin, and without the need for any further action by the Dodge County Board of Supervisors, this position of *Counselor I, II, or III – AODA* shall terminate.

All of which is respectfully submitted this 19<sup>th</sup> day of May, 2015.

**Dodge County Human Services and Health Board:**

\_\_\_\_\_  
Glenn Stousland

\_\_\_\_\_  
Mary Bobholz

\_\_\_\_\_  
James Houchin

\_\_\_\_\_  
Clem Hoelzel

\_\_\_\_\_  
David Godshall

\_\_\_\_\_  
Lois Augustson

\_\_\_\_\_  
Mark Roesch

\_\_\_\_\_  
Gilbert Falkenthal

\_\_\_\_\_  
Phillip Gohr

**FISCAL NOTE:**

Is the referenced expenditure included in the adopted  
2015 Budget? \_\_\_\_\_ Yes or \_\_\_\_\_ No

Fiscal Impact on the adopted 2015 Budget:

\$ \_\_\_\_\_

Fiscal Impact reviewed by the Dodge County Finance  
Committee on \_\_\_\_\_, 2015.

\_\_\_\_\_  
David Frohling, Chairman  
Dodge County Finance Committee

Vote by Finance Committee Members to Recommend Approval of this Resolution:

David Frohling:      \_\_\_\_\_ Aye      \_\_\_\_\_ No      \_\_\_\_\_ Abstain      \_\_\_\_\_ Absent from Meeting

Wayne Uttke:      \_\_\_\_\_ Aye      \_\_\_\_\_ No      \_\_\_\_\_ Abstain      \_\_\_\_\_ Absent from Meeting

Phillip Gohr:      \_\_\_\_\_ Aye      \_\_\_\_\_ No      \_\_\_\_\_ Abstain      \_\_\_\_\_ Absent from Meeting

Gerald Adelmeyer:      \_\_\_\_\_ Aye      \_\_\_\_\_ No      \_\_\_\_\_ Abstain      \_\_\_\_\_ Absent from Meeting

Thomas J. Schaefer:      \_\_\_\_\_ Aye      \_\_\_\_\_ No      \_\_\_\_\_ Abstain      \_\_\_\_\_ Absent from Meeting

**DODGE COUNTY JOB DESCRIPTION**

**Wage Range: \$18.59 - \$25.49**

<b>JOB TITLE:</b>	Counselor I - AODA	<b>FLSA STATUS:</b>	Non Exempt
<b>DEPARTMENT:</b>	Human Services and Health	<b>REPORTS TO:</b>	Human Services Supervisor
<b>LOCATION:</b>	Henry Dodge Office Building	<b>DATE:</b>	August 14, 2000
<b>LABOR GRADE:</b>	Dodge County Five (5)	<b>REVISED:</b>	11/15/10; 3/20/13

**OVERALL PURPOSE/SUMMARY**

Under the general direction of Human Services Supervisor, provides and coordinates services through evaluation, treatment, and rehabilitation of clients and their families. Undertakes diagnostic studies, and initiates appropriate treatment using developed skills and methodology. Plans and carries out prevention and rehabilitation treatment program in alcohol and drug day treatment programs as well as individual outpatient counseling sessions.

**PRINCIPAL DUTIES AND RESPONSIBILITIES**

1. Provides alcohol and other drug abuse assessments utilizing standardized formats.
2. Provides individual or group therapy to assigned clients.
3. Provides telephone/TDD crisis intervention services.
4. Provides interventions for family members and significant supports of persons receiving/needing treatment.
5. Provides community outreach to increase awareness of available agency resources.
6. Refers clients for appropriate services based on comprehensive treatment plan or routine intake.
7. Develops and reviews comprehensive treatment plan for clients based on evaluations, diagnosis, and agency guidelines in accordance with State statutes.
8. Functions as member of multi-disciplinary team for case planning and review.
9. Evaluates client's progress, referring for additional evaluation or alternate treatment, if indicated.
10. Arranges for client transportation when client is unable to self-initiate the process, in accordance with agency procedure.
11. Facilitates for clients receiving treatment, financial aid/other assistance, requests for information, completing appropriate forms, writing clinical summaries, or and assisting medical records personnel in releasing appropriate records.
12. Advocates on behalf of clients to assure client needs are met appropriately and in timely fashion, through meeting with service providers/administration to explain client needs and to facilitate service delivery.
13. Meets with other community agencies/organizations to assist them in providing relevant programs/services for clients or to develop programs to meet other community needs.
14. Provides education programs to schools, self-help groups, and other community organizations with a primary emphasis on prevention education.
15. Serves as contact person to other treatment agencies or organizations.
16. Gathers and provides to administration such information as may be deemed useful for ongoing program evaluation and planning.
17. Participates in staff trainings as deemed appropriate by supervisor.
18. Maintains required and related paperwork in an accurate and timely manner.
19. Regular attendance and punctuality required.
20. Performs related duties as may be required or assigned.

**JOB SPECIFICATION**

**KNOWLEDGE, SKILLS, AND ABILITIES**

- Knowledge of individual/group counseling techniques and theories.
- Knowledge of pharmacology/psychopharmacology.
- Knowledge of assessment & treatment planning.
- Working knowledge of applicable Wisconsin State Administrative Codes, including but not limited to, Chapters 34, 37, 51, 55, and 75.
- Knowledge of counselor ethics/conduct.
- Skill in working with chronic alcohol and other drug abuse cases and special populations.
- Ability to work with chemically dependent individuals/families.
- Ability to communicate effectively.
- Must meet requirements of Dodge County Driver Qualification Policy.

**EDUCATION AND EXPERIENCE**

Associate Degree and WI State Substance Abuse Counselor Certification and two (2) years directly related experience, OR, Bachelor's Degree and WI State Substance Abuse Counselor Certification and no experience.

**WORKING CONDITIONS**

Office and field working environment. Potential to work in adverse interpersonal situations.

**PHYSICAL DEMANDS**

The County of Dodge is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**ACKNOWLEDGEMENTS**

EMPLOYEE SIGNATURE:  
DATE:  
SUPERVISOR SIGNATURE:  
DATE:

**FOR HUMAN RESOURCE USE**

ANALYST(S):  
DATE:

The principal duties and responsibilities shown are all essential job functions except for those indicated with an asterisk (\*).

THIS POSITION DESCRIPTION SUPERSEDES ALL PRIOR DESCRIPTIONS.

**DODGE COUNTY JOB DESCRIPTION**

**Wage Range: \$20.51 - \$28.13**

<b>JOB TITLE:</b>	Counselor II - AODA	<b>FLSA STATUS:</b>	Non Exempt
<b>DEPARTMENT:</b>	Human Services and Health	<b>REPORTS TO:</b>	Human Services Supervisor
<b>LOCATION:</b>	Henry Dodge Office Building	<b>DATE:</b>	August 14, 2000
<b>LABOR GRADE:</b>	Dodge County Six (6)	<b>REVISED:</b>	11/15/10; 3/20/13

**OVERALL PURPOSE/SUMMARY**

Under the general direction of Human Services Supervisor, provides and coordinates services through evaluation, treatment, and rehabilitation of clients and their families. Undertakes diagnostic studies, and initiates appropriate treatment using developed skills and methodology. Plans and carries out prevention and rehabilitation treatment program in alcohol and drug day treatment programs as well as individual outpatient counseling sessions.

**PRINCIPAL DUTIES AND RESPONSIBILITIES**

1. Provides alcohol and other drug abuse assessments utilizing standardized formats.
2. Provides individual or group therapy to assigned clients.
3. Provides telephone/TDD crisis intervention services.
4. Provides interventions for family members and significant supports of persons receiving/needing treatment.
5. Provides community outreach to increase awareness of available agency resources.
6. Refers clients for appropriate services based on comprehensive treatment plan or routine intake.
7. Develops and reviews comprehensive treatment plan for clients based on evaluations, diagnosis, and agency guidelines in accordance with State statutes.
8. Functions as member of multi-disciplinary team for case planning and review.
9. Evaluates client's progress, referring for additional evaluation or alternate treatment, if indicated.
10. Arranges for client transportation when client is unable to self-initiate the process, in accordance with agency procedure.
11. Facilitates for clients receiving treatment, financial aid/other assistance, requests for information, completing appropriate forms, writing clinical summaries, and assisting medical records personnel in releasing appropriate records.
12. Advocates on behalf of clients to assure client needs are met appropriately and in timely fashion, through meeting with service providers/administration to explain client needs and to facilitate service delivery.
13. Meets with other community agencies/organizations to assist them in providing relevant programs/services for clients or to develop programs to meet other community needs.
14. Provides education programs to schools, self-help groups, and other community organizations with a primary emphasis on prevention education.
15. Serves as contact person to other treatment agencies or organizations.
16. Gathers and provides to administration such information as may be deemed useful for ongoing program evaluation and planning.
17. Participates in staff trainings as deemed appropriate by supervisor.
18. Maintains required and related paperwork in an accurate and timely manner.
19. Regular attendance and punctuality required.
20. Performs related duties as may be required or assigned.

**JOB SPECIFICATION**

**KNOWLEDGE, SKILLS, AND ABILITIES**

- Knowledge of individual/group counseling techniques and theories.
- Knowledge of pharmacology/psychopharmacology.
- Knowledge of assessment & treatment planning.
- Working knowledge of applicable Wisconsin State Administrative Codes, including but not limited to, Chapters 34, 37, 51, 55, and 75.
- Knowledge of counselor ethics/conduct.
- Skill in working with chronic alcohol and other drug abuse cases and special populations.
- Ability to work with chemically dependent individuals/families.
- Ability to communicate effectively.
- Must meet requirements of Dodge County Driver Qualification Policy.

**EDUCATION AND EXPERIENCE**

Associate Degree and WI State Substance Abuse Counselor Certification and four (4) years directly related experience and 5 C.E.U.'s, OR, Bachelor's Degree and WI State Substance Abuse Counselor Certification and two (2) years directly related experience and 5 C.E.U.'s.

**WORKING CONDITIONS**

Office and field working environment. Potential to work in adverse interpersonal situations.

**PHYSICAL DEMANDS**

The County of Dodge is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**ACKNOWLEDGEMENTS**

**EMPLOYEE SIGNATURE:**

**DATE:**

**SUPERVISOR SIGNATURE:**

**DATE:**

**FOR HUMAN RESOURCE USE**

**ANALYST(S):**

**DATE:**

The principal duties and responsibilities shown are all essential job functions except for those indicated with an asterisk (\*).

THIS POSITION DESCRIPTION SUPERSEDES ALL PRIOR DESCRIPTIONS.

**DODGE COUNTY JOB DESCRIPTION**

**Wage Range: \$22.44 - \$30.77**

<b>JOB TITLE:</b>	Counselor III - AODA	<b>FLSA STATUS:</b>	Non Exempt
<b>DEPARTMENT:</b>	Human Services and Health	<b>REPORTS TO:</b>	Human Services Supervisor
<b>LOCATION:</b>	Henry Dodge Office Building	<b>DATE:</b>	August 14, 2000
<b>LABOR GRADE:</b>	Dodge County Seven (7)	<b>REVISED:</b>	11/15/10; 3/20/13

**OVERALL PURPOSE/SUMMARY**

Under the general direction of Human Services Supervisor, provides and coordinates services through evaluation, treatment, and rehabilitation of clients and their families. Undertakes diagnostic studies, and initiates appropriate treatment using developed skills and methodology. Plans and carries out prevention and rehabilitation treatment program in alcohol and drug day treatment programs as well as individual outpatient counseling sessions.

**PRINCIPAL DUTIES AND RESPONSIBILITIES**

1. Provides alcohol and other drug abuse assessments utilizing standardized formats.
2. Provides individual or group therapy to assigned clients.
3. Provides telephone/TDD crisis intervention services.
4. Provides interventions for family members and significant supports of persons receiving/needing treatment.
5. Provides community outreach to increase awareness of available agency resources.
6. Refers clients for appropriate services based on comprehensive treatment plan or routine intake.
7. Develops and reviews comprehensive treatment plan for clients based on evaluations, diagnosis, and agency guidelines in accordance with State statutes.
8. Functions as member of multi-disciplinary team for case planning and review.
9. Evaluates client's progress, referring for additional evaluation or alternate treatment, if indicated.
10. Arranges for client transportation when client is unable to self-initiate the process, in accordance with agency procedure.
11. Facilitates for clients receiving treatment, financial aid/other assistance, requests for information, completing appropriate forms, writing clinical summaries, and assisting medical records personnel in releasing appropriate records.
12. Advocates on behalf of clients to assure client needs are met appropriately and in timely fashion, through meeting with service providers/administration to explain client needs and to facilitate service delivery.
13. Meets with other community agencies/organizations to assist them in providing relevant programs/services for clients or to develop programs to meet other community needs.
14. Provides education programs to schools, self-help groups, and other community organizations with a primary emphasis on prevention education.
15. Serves as contact person to other treatment agencies or organizations.
16. Gathers and provides to administration such information as may be deemed useful for ongoing program evaluation and planning.
17. Participates in staff trainings as deemed appropriate by supervisor.
18. Maintains required and related paperwork in an accurate and timely manner.
19. Regular attendance and punctuality required.
20. Performs related duties as may be required or assigned.

**JOB SPECIFICATION**

**KNOWLEDGE, SKILLS, AND ABILITIES**

- Knowledge of individual/group counseling techniques and theories.
- Knowledge of pharmacology/psychopharmacology.
- Knowledge of assessment & treatment planning.
- Working knowledge of applicable Wisconsin State Administrative Codes, including but not limited to, Chapters 34, 37, 51, 55, and 75.
- Knowledge of counselor ethics/conduct.
- Skill in working with chronic alcohol and other drug abuse cases and special populations.
- Ability to work with chemically dependent individuals/families.
- Ability to communicate effectively.
- Must meet requirements of Dodge County Driver Qualification Policy.

**EDUCATION AND EXPERIENCE**

Associate Degree and WI State Substance Abuse Counselor Certification and seven (7) years directly related experience and ten (10) C.E.U.'s, OR, Bachelor's Degree and WI State Substance Abuse Counselor Certification and five (5) years directly related experience and ten (10) C.E.U.'s.

**WORKING CONDITIONS**

Office and field working environment. Potential to work in adverse interpersonal situations.

**PHYSICAL DEMANDS**

The County of Dodge is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**ACKNOWLEDGEMENTS**

**EMPLOYEE SIGNATURE:**

**DATE:**

**SUPERVISOR SIGNATURE:**

**DATE:**

**FOR HUMAN RESOURCE USE**

**ANALYST(S):**

**DATE:**

The principal duties and responsibilities shown are all essential job functions except for those indicated with an asterisk (\*).

## Dodge County Human Services and Health Department

### Adult Mental Health Institution Placements

	2014 ED Placements**	Total 2015 Monthly Client Count	2015 ED Placements^	2015 ED Days of Care	2015 ED County-Funded Days of Care <sup>κ</sup>	2015 PC/Detox Placements <sup>§</sup>	2015 PC/Detox Days of Care	2015 PC/Detox County-Funded Days of Care	2015 Total Placements
January*	22	14	9	67	47	5	6	6	14
February	19	47	18	167	131	8	9	9	26
March	25	56	7	50	48	2	3	3	9
April	16	73	9	48	44	5	6	6	14
May	22								
June	12								
July	27								
August	17								
September	18								
October	25								
November	18								
December	12								
<b>TOTAL</b>	<b>233</b>	<b>190</b>	<b>43</b>	<b>332</b>	<b>270</b>	<b>20</b>	<b>24</b>	<b>24</b>	<b>63</b>
<b>AVERAGE</b>	<b>19</b>	<b>48</b>	<b>11</b>	<b>83</b>	<b>68</b>	<b>5</b>	<b>6</b>	<b>6</b>	<b>16</b>

\*The data for January includes accurate numbers collected January 20th and later. Prior to this date, no comprehensive data was collected.

\*\*Total placements for 2014 includes both ED's and PC's. The number of ED's is verified by Corporation Counsel.

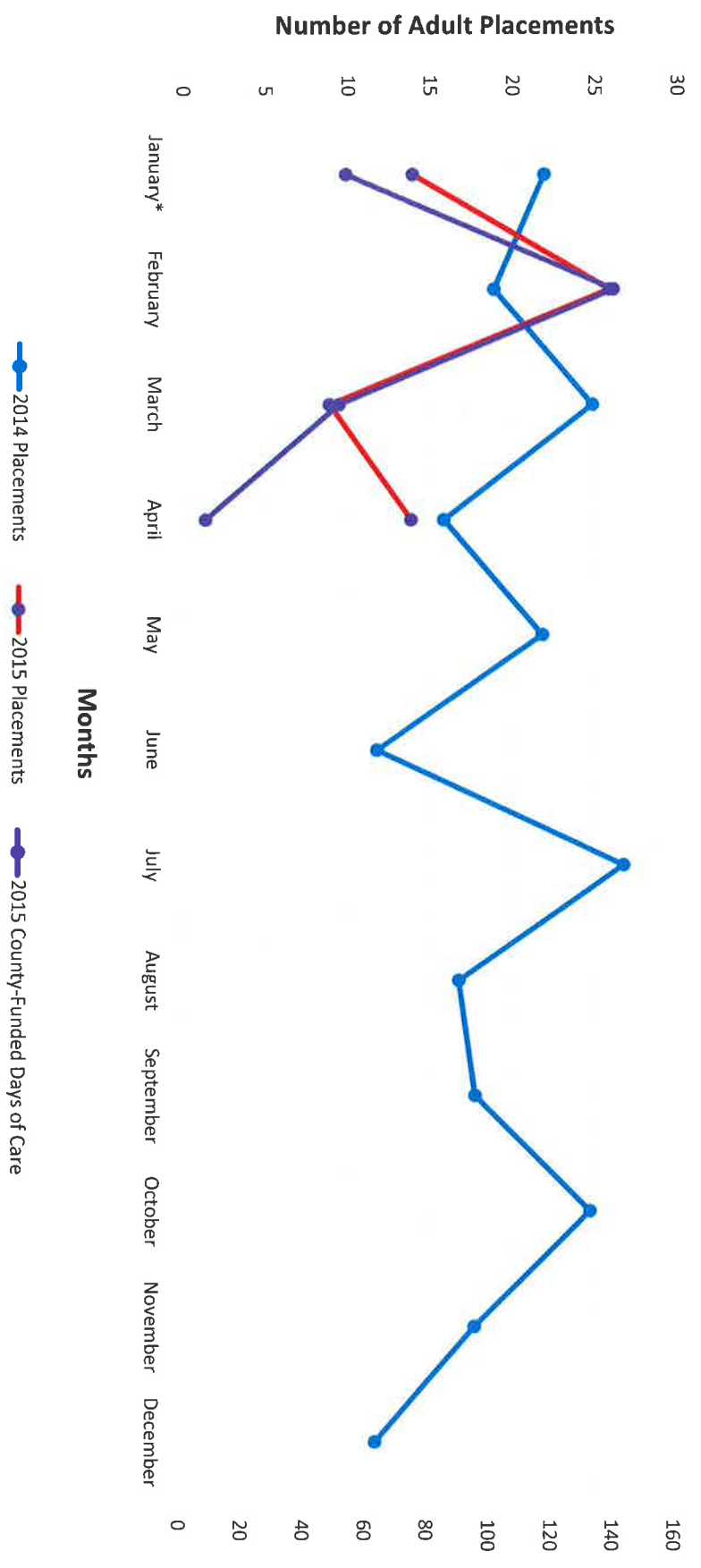
^An ED placement, or Emergency Detention occurs when a person presents as a danger to themselves or others. Typically this is a valid suicide threat or attempt, or credible threats to harm others. The County is mandated to provide both ED and PC/Detox placements as needed.

«When a placement is made, a person's available health insurance is taken into account when a facility is chosen so an in-network, approved provider is utilized. This action prevents the County from being responsible for the cost of care. This is why there is a difference between the total days of care and the county-funded days of care.

§A PC (Protective Custody /Detox) placement is a placement made because of medical necessity to prevent risk of harm or death due to alcohol or other drug intoxication. These placements are typically more short term and less costly than an Inpatient Mental Health Placement due to the type of facilities utilized.

#Before a placement is made at an inpatient mental health hospital, every effort is made to provide a less restrictive (and therefore less costly) level of care - hence, a **diversion**. This does not mean the person wasn't seen/treated, it means a more appropriate level of care was utilized other than inpatient hospitalization. However, in appropriate management of mandated, crisis care, any type of out-of-home care is avoided as this is in the best interest of the patient.

## 2014/2015 Comparison of Inpatient Placements





## Dodge County Human Services and Health Department

### \*Wisconsin State Statutes - County Mandated Services in DODGE County 2015

WI Statute	Title	Requirement (MANDATE)	DODGE County Implementation
<b>Chapter 46: Social Services</b>			
\$46.90 (2) & (3)	Elder Abuse Reporting System	(2): each county shall designate a county agency for purposes of this section. (3): each county shall develop a policy of notifying law enforcement of elder abuse; shall receive reports of abuse; shall publicize extent of reporting system (5): after receiving report of abuse, county agency shall investigate or refer report to another agency After investigating, county dept. or investigative agency shall determine if the elder person is in need of protective services; after investigation if report of abuse is found to have foundation, the county dept shall prepare a report on the incident	DODGE County Elder Abuse Services are provided under Doreen Goetsch with 6 Long Term Support Services staff.
\$46.031	County social service & mental hygiene budget and contract	each county dept. under s. 46.215, 46.22, 46.23, 51.42, or 51.437 must submit an annual budget for services directly provided or purchased. (2): before submitting a budget, a county dept. must assess its needs and inventory resources and services.	Each year an assessment is done on the needs for mental health services in DODGE County. This assessment is used as the basis for our annual budget report submitted to the state.
\$46.036	Purchase of care and services	all care and services purchased by a county dept. under s. 46.215, 46.22, 46.23, 51.42, or 51.437 shall be authorized and contracted for under the standards of this section. all care and services purchased shall meet standards established by the Department; purchase of service contracts shall be written according to the rules and procedures of the Department	This statute outlines the general requirements for entering into purchase of services contracts with the state.
\$46.10 (8m)	Cost of care and maintenance, liability in mental health services	the county dept shall deduct 100% of all money collected from the chargeable cost of care at the mental health institutions; 70% of all collections made for county hospitals shall be returned to the board; 50% of collections made for other services not mentioned shall be returned to the board; deduct or remit all money collected for persons ineligible for medical assistance benefits and who are unable to pay for care otherwise	This statute outlines how the cost of services are designated by the state even though the counties provide the services to the county residents.
\$46.22	County Social Services	In counties with a population of less than 500,000, shall establish a county department of social services. The county department shall have the following duties and functions: maintain administrative and reporting relationships with state departments, conduct investigations related to welfare services, provide social services to persons eligible for aid through title xvi of social security act, administer long term support community options programs, and establish and administer child care program under s. 49.155.	Social Services provided in DODGE County are provided in Economic Support under Amy Beranek with 16 staff. The COP waiver program is now managed through Family Care yet funded through the County.
\$46.23	County department of human services	a county board may establish a dept. of human services; the county dept. shall put together a local plan for providing human services and prior to adopting the local plan, a public hearing shall be held; a county human services board shall be created; members of the human services board shall serve for terms of 3 years; the human services board shall establish policies; director of dept. of human services shall be appointed; in counties with county exec or county administrator, county exec or administrator shall appoint director.	This outlines the responsibilities we have as a county Department of Human Services.
\$46.238	Infants & unborn children whose mothers abuse controlled substances	If a county dept. receives a report under s. 146.0255, the county dept. shall offer to provide appropriate services and treatment to the child and the child's mother or to the unborn child.	These services may be provided by either Children & Family Services or Public Health.
\$46.24	Assistance to minors concerning parental consent to abortion	A county dept. shall provide assistance, upon request, to a minor who is contemplating an abortion	This service is provided by Public Health nursing services.



**Chapter 46: Social Services, continued**

\$46.245	Information for certain pregnant women	Upon request, a county dept. under s. 46.215, 46.22, or 46.23 shall distribute materials described under s. 253.10(3)(d).	This service is provided by Public Health.
\$46.27(3)	Long term support Community Options Program (COP)	The county board of supervisors of any county participating in the county shall: create an interagency long-term support planning committee; designate a county dept. develop procedures and phases for implementation of the program; review and approve or disapprove community option plans to participate in the program; ensure that program uses existing county resources and personnel to the greatest extent possible; and after implementing the program for 12 months, provide noninstitutional community alternatives	This Committee exists and is facilitated through our Long Term Support Program.
\$46.275 (3)	Community integration program for residents of state centers	A county may participate in the program if it meets the following requirements: the county board of supervisors shall designate a county dept. to administer the program; a county must inform eligible individuals that home and community based services are available; a county shall provide case management services; a county shall protect the health and welfare of the persons receiving services.	These services are provided for DODGE County residents through Family Care Managed Care Organizations, MCO's. The county pays for these services through the MCO's.
\$46.277	Community integration program for persons relocated or meeting reimbursable levels of care	Services in this program shall substitute for care provided a person in a skilled nursing facility or intermediate care facility. Every county dept. participating in the program shall provide home and community based care to eligible persons	These services are provided for DODGE County residents through Family Care MCO's.
\$46.278	Community integration program and brain injury waiver programs for persons with DD	each county dept. participating in the program shall provide home and community based care to persons eligible under this section.	These services are provided for DODGE County residents through Family Care MCO's.
\$46.282	Councils on long-term care	In a county participating in a pilot project under s. 46.281(1)(d) and before a county participates in the program under s. 46.2805 to 46.2895 the following shall be done: the county board of supervisors shall appoint a local long-term care council; members of the council shall be appointed; members of the council who are older or persons with disabilities or those who are family members of these people shall be compensated for reasonable expenses from the county.	This council exists in Dodge County.
\$46.283	Resource Center	A county board of supervisors can authorize a county dept. or aging unit to apply for a contract with the Department to operate a resource center. A resource center shall: provide services within the geographic area prescribed by the Department; implement quality improvement & assurance processes; submit required reports and data to the Department; cooperate with reviews by advocacy agencies; within 6 months after family care benefit is available to eligible people; provide information about the center's services; provide a functional and financial screen for individuals seeking admission to a nursing home; community based residential facility, etc.; provide access to services under s. 46.90 and ch. 55 to an eligible person through cooperation with county agencies that provide those services; and make sure emergency calls to the center are responded to promptly, 24 hours a day.	The DODGE County ADRC provides these services under the supervision of Melanie Macdonald.
\$46.40	Community Aids funding	The Department shall distribute funds for community social, mental health, developmental disabilities, and alcohol and drug abuse services to county depts; a county dept may contract with the Department authorizing the county dept. to hire private counsel with funds being allocated to the county dept. to do so	These services are provided through Clinical Services and the Long Term Support Program.
\$46.55	Grants for services to persons in treatment	A county dept that receives funding for the provision of services to individuals receiving alcohol or drug abuse treatment shall: give priority to families whose income is below 150% of the poverty line.	These services are provided through the Clinical Services Program.

**Chapter 46: Social Services, continued**

<p>§46.56 (4)</p>	<p>Integrated service programs for children with severe disabilities</p>	<p>A county board shall appoint a coordinating committee and designate an administering agency; The agency must oversee the program, assist coord. Committee in drafting and executing interagency agreements, distribute information about program to the public, and engage in all other activities necessary for compliance with applicable statutes, rules, and regulations</p>	<p>These services are provided under the supervision of Amy Booher in the Children's Long Term Support (CLTS) program with 2 staff.</p>
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<p>§46.82</p>	<p>Aging unit</p>	<p>A county board of supervisors may choose to create programs for older persons with federal funding under 42 USC 3001, 42 USC 5001, and 42 USC 5011(b). If a program is created, the county board shall establish an aging unit through a resolution. An aging unit shall: work to ensure that older persons have access to information and services through the aging unit; plan for, receive and administer federal, state, and county funds; organize and administer congregate programs (including a nutrition program); work to secure a countywide transportation system for the older persons; identify and publicize gaps in services needed by older persons</p>	<p>The aging services in DODGE County are provided in conjunction with the ADRC under the supervision of Melanie Macdonald.</p>
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**Chapter 48: Children's Code**

<p>§48.56</p>	<p>Child welfare services in counties having populations of less than 500,000</p>	<p>Each county with a population of less than 500,000 shall provide child welfare services through its county department.</p>	<p>Child Welfare services are provided through 3 distinct units: Intake and Access under the supervision of Mark Bebel and 6 staff; Ongoing Services under Lisa Gycowski with 10 staff; and Juvenile Justice under the supervision of Amy Booher with 7 staff.</p>
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<p>§48.981</p>	<p>Abused or neglected children; and abused unborn children</p>	<p>(3): a county dept shall investigate a report of abuse or neglect within 24 hours. If the abuse involves a caregiver or an unnamed person, the investigation shall include an observation or interview with the child and/or parents or guardian.</p>	<p>Child Welfare Investigations are provided under the supervision of Mark Bebel and 6 staff.</p>
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**Chapter 49: Public Assistance and Children and Family Services**

<p>§49.325</p>	<p>County Department budgets and contracts</p>	<p>Each county dept. shall submit an annual final budget for services directly provided or purchased under this subchapter (economic support and work programs). A county must conduct an assessment of needs and inventory resources and services.</p>	<p>This budget is finalized through Economic Support in conjunction with the Capital Consortium regional provider group.</p>
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<p>§49.34</p>	<p>Purchase of care and services</p>	<p>All services purchased by a county dept shall be authorized and contracted for according to the standards established by this chapter. Purchase of service contracts shall be written in accordance with the rules and procedures established by the Department. Contracts for client services shall state the total dollar amount and for each service it shall list the number of clients to be served, number of client service units, the unit rate per client service and the total dollar amount for each service.</p>	<p>This statute outlines the general requirements for entering into purchase of services contracts with the state.</p>
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**Chapter 51: State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act**

§51.22	Care and custody of persons (MHA)	Person committed under this chapter shall be committed to the county department under 51.42 or 51.437. Department shall determine need for inpatient care.	This service is provided in Clinical Services under the supervision of Division Manager Alyssa Schultz, supervisors Sara Gaska and Kim Herman, with a combined staff of 28.
§51.42	Community mental health, developmental disabilities, alcoholism and drug abuse services	(1)(b): The county board of supervisors has the primary responsibility for the well-being, treatment, and care of the mental ill, developmentally disabled, alcoholic and other drug dependent citizens (3): the county board of supervisors shall establish a county department of community programs to administer a community mental health, developmental disabilities, alcoholism and drug abuse program.	This service is provided in Clinical Services under the supervision of Division Manager Alyssa Schultz, supervisors Sara Gaska and Kim Herman, with a combined staff of 28.
§51.437	Development Disabilities Services	(4): The county board of supervisors has the primary responsibility for the well-being of developmentally disabled citizens. (4g): every county board of supervisors shall establish a county department of developmental disabilities services (4m) duties: county department shall establish a county developmental disabilities service program, develop, approve, and modify plan to deliver services, provide counsel to public and private agencies, and enter into contracts to provide or secure services from other agencies or resources	These services are provided in the DODGE County ADRC under the supervision of Melanie Macdonald.
§51.44	Early intervention services	(4): each county board of supervisors shall designate the appropriate county dept, local health dept. or another entity as the local lead agency to provide early intervention services.	These services are provided in the Birth to Three program contracted to Green Valley Enterprises with contract oversight provided by supervisor Amy Booher.
<b>Chapter 55: Protective Service System</b>			
§55.02	Protective services system; establishment	The chairperson of each county board shall designate a county department that is providing services to have responsibility for local planning for the protective services system. In each county, the county department shall determine the reporting requirements applicable to the county.	These services are provided in Adult Protective Services under the supervision of Doreen Goetsch with 6 staff.
§55.05	Protective services	The Department shall contract with county depts to administer the protective services program.	These services are provided in the Adult Protective Services under the supervision of Doreen Goetsch with 6 staff.



**Chapter 59 and HFS 90: County Functions**

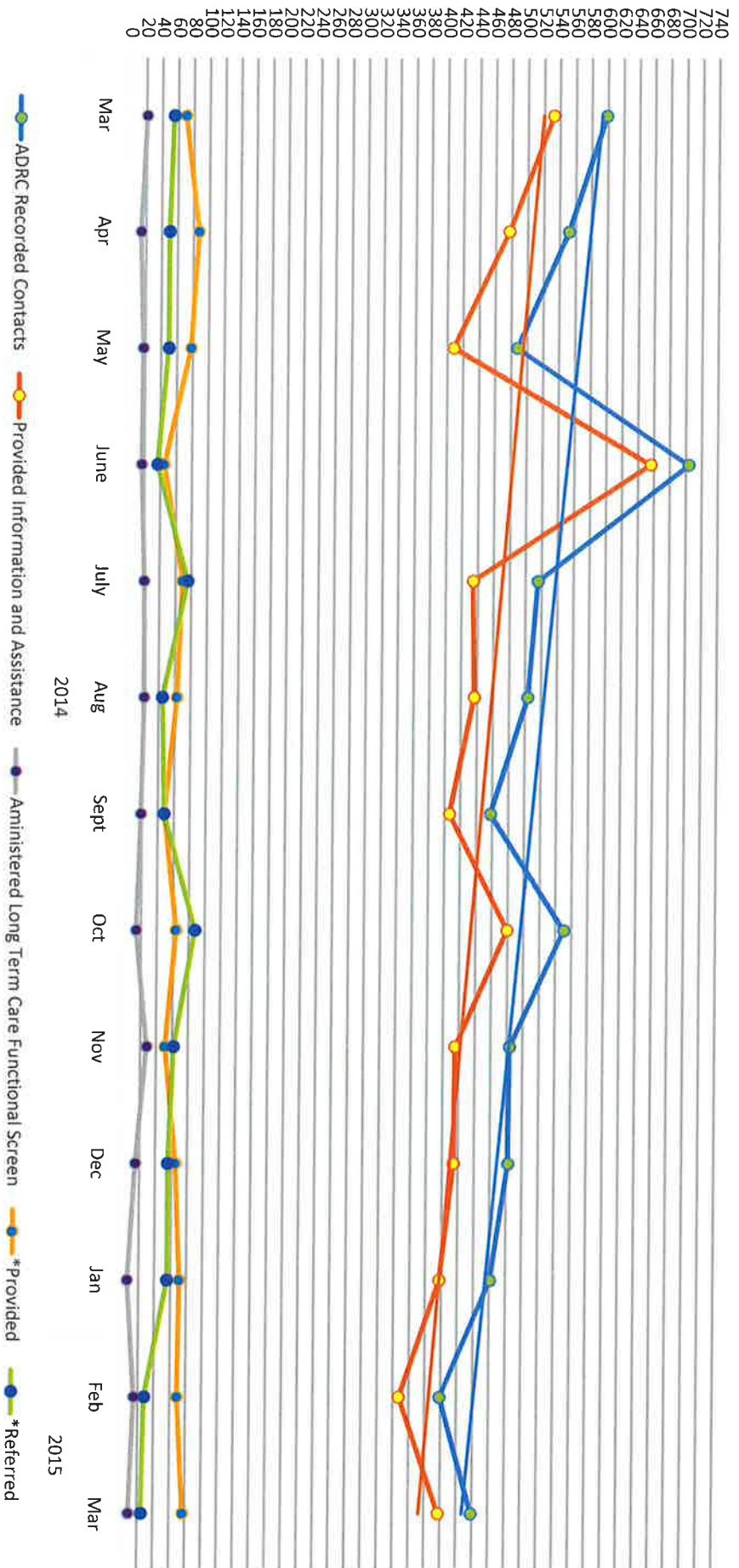
HFS 90.06	County administrative agency designation and responsibilities	(1m): the county board shall designate a county department, a local public health agency, or enter into contract with other public agency to be the administrative agency for the county's birth to 3 program. (2): county administrative agency shall ensure the following be done: interested persons (parents) are involved in the planning development and operation of early intervention service system; a comprehensive child find system is established; a service coordinator is designated for every child referred for evaluation.	These services are provided in the Birth to Three program contracted to Green Valley Enterprises with contract oversight provided by supervisor Amy Booher.
<b>Chapter 938: Juvenile Justice Code</b>			
\$938.07	County Departments that provide developmental, mental health or alcohol and other drug abuse services	(4): within the limits of state and federal funds and of county funds appropriated to match state funds, a court may order that county departments established under s. 51.42 or s. 51.437 to provide special treatment or care to a juvenile if special treatment or care has been ordered under s. 938.34(6) and if s. 938.362(4) applies	These services are provided through Juvenile Justice under the supervision of Amy Booher and 7 staff.
\$938.295	Physical, psychological, mental or developmental examination	(2)(a): If court orders examination of juvenile, the county shall pay the costs of the examination. The county may recover costs from juvenile's parent or guardian.	This service is contracted to community professionals and supervised by Amy Booher.
\$938.296	Testing for HIV infection and certain other diseases	(6): a court may order the county to pay for the cost of a test or series of tests ordered under sub. (4) or (5). The county can recover a reasonable contribution to costs from parent or guardian upon court order.	This service may be conducted by DODGE County Public Health or contracted out through Juvenile Justice.
\$ 938.362	Payment for certain special special treatment or care services	(4): If parent/guardian is unable to pay for services, the court may order the county department under s. 51.42 or 51.437 to pay the costs for special treatment or care services. A county may recover a reasonable contribution towards the costs from the parent/guardian based on parent or guardian's ability to pay.	This service is managed through Juvenile Justice in collaboration with Clinical Services.
\$938.57	Powers and duties of county departments providing juvenile welfare services	Each county department shall administer and expend money as necessary out of any funds which may be appropriated for juvenile welfare purposes.	This service is provided in Juvenile Justice under the supervision of Amy Booher and 7 staff.
\$938.59	Examination of records	The county department shall investigate the personal and family history and environment of any juvenile transferred to its custody or placed under its supervision. The county department shall make any physical or mental examinations of the juvenile considered necessary to determine the type of care the juvenile is to receive.	This service is provided in Juvenile Justice under the supervision of Amy Booher and 7 staff.

**Chapter 251: Local Health Officials**

\$251.05	Outlines Level II Health Department Services	Collect and analyze data and make available this information on the health of the community, develop policies and procedures, develop a community health plan, submit data to public health data system; have a local health officer who meets the qualification in §251.06(1)(b).	The Dodge County Health Department is a Level II Health Department. The County Public Health Officer is Jody Langfeldt.
\$251.06 (1)	Qualifications of local health officer of a Level II Health Department	A physician or registered nurse, three years experience in a public health agency, bachelor's degree in a nursing program with preparation in public health nursing or a bachelor's degree in other outlined fields. A local health officer of a county health department will be a full-time employee of the county who meets the qualifications of a local health officer of a Level I local health department.	This outlines the qualifications of a Level II Health Officer.
\$251.06 (3)	General authority of Health Officer	Administer state statutes and rules, enforce state public health statutes and rules, enforce regulations adopted by local board of health, administer funds, appoint necessary subordinate personnel, investigate and supervise sanitary conditions within the jurisdictional area of local health department, have access to vital records and statistics, perform the duties prescribed by the local board of health, promote the spread of information as to the causes, nature and prevention of prevalent diseases, and the preservation and improvement of health.	This outlines the general authorities of a Public Health Officer
<b>Chapter 252: Communicable Diseases</b>			
\$252.03	Duties of Local Health Officers	Upon appearance of any communicable disease shall investigate all the circumstances and make a full report to the appropriate governing body. Take all measures necessary to prevent, suppress and control communicable diseases and report the progress of communicable diseases and the measures taken against them. Health Officers may do what is reasonable and necessary for prevention and suppression of disease.	These duties and services are provided within Dodge County by Public Health Officer Jody Langfeldt and 11 staff.
\$252.04	Immunization Program	Carry out an immunization program to eliminate mumps, measles, rubella, diphtheria, pertussis, poliomyelitis and other diseases specified by Department rule, and to protect against tetanus.	
\$252.06	Isolation and Quarantine	The local Health Officer may require isolation of a patient or individual to prevent the spread of communicable disease.	
\$252.07(5)	Tuberculosis	The Local Health Officer shall investigate reports of infectious tuberculosis and suspected tuberculosis and order proper actions to prevent the spread of the disease.	
\$252.11(2)	Sexually Transmitted Diseases	A Local Health Officer having knowledge of any reported or reasonable suspected case of contact of a specific sexually transmitted disease . . . shall investigate as necessary. If a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination or treatment, the Local Health Officer may proceed to have the person committed for examination, treatment or observation.	
<b>Chapter 254: Environmental Health</b>			
\$254.152	Delegation to local health departments	The Department (state) may designate local health departments as its agents in administering and enforcing §254.11 to 254.17g	These duties and services are provided within Dodge County by Public Health Officer Jody Langfeldt and 11 staff.
\$254.11	Toxic Substances	Asbestos and Lead poisoning or exposure definitions	
\$254.13	Reporting of lead exposure or lead poisoning reporting	Report verified information of the existence of any person found or suspected to have lead poisoning or lead exposure. The local health department shall report to the Department the name, address, laboratory results, date of birth, and any other information about the person that the Department considers essential.	
\$254.15	Lead poisoning or lead exposure prevention and treatment program	Develop and implement a comprehensive lead poisoning or lead exposure prevention and treatment program.	
\$254.46	Beaches	A local health department shall close or restrict swimming, diving and recreational bathing if a human health hazard exists.	
\$254.59	Human Health Hazards	If a local health officer finds a human health hazard, he or she shall order the abatement or removal of the human health hazard on private premises, within a reasonable time period, and if the owner or occupant fails to comply, the local health officer may enter upon the premises and abate or remove the human health hazard.	

\*This statutory list and all information provided herein was prepared by Dodge County Human Services and Health Department Director, Janet A. Wimmer. This document and the information provided was condensed from the published 2013-14 Wisconsin Statutes and Annotations, 52nd Edition. The information provided is intended as a listing and general reference ONLY and is not intended to be an exhaustive listing, nor does it represent a legal interpretation or opinion on any of the statutes listed. Any errors or omissions are not intentional. For complete information on these statutes as they are written in totality, please consult the Wisconsin Statutes and Annotations 2013-14, (52nd Edition) published by the State of Wisconsin under authority of Section 55.18. This edition contains the general statutes of Wisconsin, including the acts of the 2013-14 Legislature at its regular session ending April 3, 2014, and special sessions beginning October 2013, December 2013, and March 2014.

## ADRC Call Statistics Report 2014 - 2015



\* Provided Includes: Options Counseling, Follow up, Assistance with Medicaid application process, Brief or short-term services or service coordination, Youth transition support, Enrollment Consultation, Disenrollment Consultation and Assistance/Referral for health promotion or information

\* Referred Includes: Economic Support, Financial-Related needs other than economic support, Private Pay Service Options, Mental Health Services and Substance Abuse Services



## DINING CENTER COMMENTS

*March 2015*

March	3	Mayville	Some complained the Baked Potatoes were too dry and hard.
	3	Randolph	Everybody liked the Cream Sicle Torte and the Chicken Cacciatore was tender but some said the Baked Potato was burned.
	4	Lomira	The Fruited Gelatin was cut in three different sizes.
	4	Lowell	The Swiss Steak dinner was very tasty!
	6	Lomira	Poor quality of imitation seafood.
	9	Lomira	The Hawaiian Meatballs were tasteless.
	9	Randolph	Everybody enjoyed the Sugar Cookie!
	10	Mayville	The Baked Chicken was very good.
	11	Fox Lake	The Beef Stew had a lot of potatoes and very little meat. It looked skimpy.
	11	Randolph	The potatoes in the Beef Stew were very small.
	12	Randolph	The Pork was very tender! Good portions today!
	13	Beaver Dam	The Cheese Tortellini was very good!
	16	Beaver Dam	Three people signed up particularly for the Spinach Salad and were not happy when Copper Penny Salad was substituted instead.
	16	Fox Lake	Had Copper Penny Salad instead of Spinach Salad.
	17	Beaver Dam	The Corned Beef meal was excellent!
	19	Bay Shore	The Sweet Potato Bake was delicious!
	19	Lomira	The Glazed Ham was of nice size proportions!
	19	Randolph	The Glazed Ham was very tender!
	20	Bay Shore	The Potatoes Romanoff was burnt on the edge of the pan.
	24	Beaver Dam	The Lasagna Casserole meal was very good and the participants loved the French Bread!
	25	Bay Shore	Participants enjoyed the chicken!
	25	Beaver Dam	The Baked Chicken was not very tender. There were many complaints.

25	Watertown	Many people complained of hard and tasteless pineapple.
26	Bay Shore	Some said the Alexander Torte had a strange taste.
26	Randolph	The Meatloaf meal was well liked and they loved the Alexander Torte!
27	Fox Lake	The potatoes in the German Potato Salad were chewy.
27	Lowell	The potatoes in German Potato Salad were not done.
27	Mayville	The potatoes in the German Potato Salad were hard.
27	Randolph	The potatoes in the German Potato Salad were hard.
30	Lomira	The California Blend vegetables were over cooked.
30	Mayville	The California Blend vegetables were too done.
31	Bay Shore	The Chili Casserole was burnt.
31	Lomira	Had California Blend vegetables again even though corn was on the menu.
31	Randolph	The Chili Casserole is always a favorite and would like it more often.

2015 PARTICIPANT AVERAGES

Last Yr's	CONGREGATE PARTICIPANTS												2015 Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Bay Shore	21	19	19	19									19
Beaver Dam Sr Center	13	14	16	15									15
Fox Lake	4	2	3	5									3
Horicon	7	4	3	4									4
Hustisford	5	5	6	6									6
Juneau	0	0	0	0	0	0	0	0	0	0	0	0	0
Lomira	3	2	2	2									2
Lowell	3	3	2	4									3
Mayville	8	5	4	5									5
Randolph	9	8	9	8									8
Watertown	21	31	30	26									29
<b>Avg's</b>	<b>94</b>	<b>93</b>	<b>94</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>94</b>
	-1	0	0	0									0

Last Yr's	HOME DELIVERY PARTICIPANTS												2014 Average
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Bay Shore	2	1	1	1									1
Beaver Dam Sr Center	0	0	0	0	0	0	0	0	0	0	0	0	0
Fox Lake	5	6	4	5									5
Horicon	9	14	11	12									12
Hustisford	11	14	13	14									14
Juneau	10	6	6	6									6
Lomira	9	8	8	7									8
Lowell	5	4	6	6									5
Mayville	18	18	20	18									19
Randolph	4	6	7	7									7
Watertown	29	25	22	21									23
Beaver Dam Hospital	1	0	0	0									0
Other	4	3	3	3									3
<b>Avg's</b>	<b>107</b>	<b>105</b>	<b>101</b>	<b>100</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>103</b>
	-2	-6	-7										-4

cc: Melanie Macdonald / Stephanie Levenhagen / Shelby Miller

**2015 DONATION AVERAGES**

Last Yr's	CONGREGATE DONATIONS												2015 Average		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Bay Shore	2.06	1.59	2.31	2.05											1.98
Beaver Dam Sr Center	2.51	2.07	2.12	2.30											2.16
Fox Lake	2.81	3.04	4.40	3.03											3.49
Horicon	3.31	4.55	6.29	1.66											4.17
Hustisford	2.00	2.63	1.73	1.06											1.81
Juneau	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lomira	2.29	2.11	1.82	1.38											1.77
Lowell	3.14	3.20	3.44	3.21											3.28
Mayville	3.28	3.76	3.64	2.50											3.30
Randolph	2.75	3.44	2.20	2.49											2.71
Watertown	2.11	1.66	2.00	1.70											1.79
<b>Avg's</b>	<b>2.41</b>	<b>2.23</b>	<b>2.41</b>	<b>2.05</b>											<b>2.22</b>
	-0.18	0.00	-0.36												-0.19

Last Yr's	HOME DELIVERY DONATIONS												2015 Average		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Bay Shore	3.12	2.00	1.30	2.64											1.98
Beaver Dam Sr Center	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Fox Lake	2.56	2.61	7.39	1.76											3.92
Horicon	3.57	2.65	3.36	3.69											3.23
Hustisford	2.57	2.32	1.38	2.86											2.19
Juneau	2.60	3.40	2.20	2.53											2.71
Lomira	3.46	2.52	2.32	3.17											2.67
Lowell	4.01	4.90	3.11	4.04											4.02
Mayville	2.53	2.52	1.74	1.85											2.04
Randolph	3.00	1.09	3.28	3.13											2.50
Watertown	3.69	3.40	6.28	4.12											4.60
Other	2.12	2.26	6.77	2.71											3.91
<b>Avg's</b>	<b>3.05</b>	<b>2.74</b>	<b>3.37</b>	<b>3.05</b>											<b>3.05</b>
	-0.31	0.32	0.00												0.00

cc: Melanie Macdonald  
 Stephanie Levenhagen  
 Shelby Miller

VOLUNTEER DRIVERS 2015

Number of Drivers 11

	TOTAL TRIP MILES	TOTAL HOURS OF SERVICE	CASH DONATIONS RECEIVED
JANUARY	11,112	442	\$ 974.00
FEBRUARY	10,640	437	\$ 1,888.84
MARCH	13,013	486	\$ 2,679.44
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
<b>YEAR-TO-DATE</b>	<b>34,765</b>	<b>1,365</b>	<b>\$ 5,542.28</b>

# **AGING ADVISORY COMMITTEE**

**Wednesday, February 11, 2015**

Wayne Schmitz called the Aging Advisory Committee meeting to order at 9:13 a.m.

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## **Roll Call**

Jan Duffy, Phillip Gohr, William Hoekstra, MaryAnn Miller, and Wayne Schmitz

## **Also Present**

Sheila Drays, Amanda Higgins, Stephanie Levenhagen, Melanie Macdonald, and Jackie Wendlandt

## **Absent**

Clem Hoelzel

## **Action on Minutes of the December 10, 2014, meeting**

MaryAnn Miller motioned and Phillip Gohr seconded to approve the minutes of the December 10, 2014, Aging Advisory Committee meeting. The motion carried.

## **Public Forum**

None

## **GWAAR Report, Fraud Alert...Information & Updates on Regional Issues**

No GWAAR Report. Melanie Macdonald reviewed *December, 2014 and January, 2015, Fraud Alert* handouts provided for members of the Aging Advisory Committee. Brief discussion followed.

## **Merging Aging Advisory Committee with ADRC Governing Board Discussion**

Melanie reviewed the *Aging and Disability Resource Center Development Information Bulletin #16* handouts provided for members of the Aging Advisory Committee. Discussion followed.

## **ADRC/Aging Services Supervisor's Report**

Melanie reviewed the *ADRC/Aging Services Supervisor's Report* handout provided for members of the Aging Advisory Committee. Melanie said that the next ADRC Newsletter will go out by April 1, 2015. Melanie invited Amanda Higgins to discuss briefly the Governor's Budget as it relates to Senior Care. Discussion followed.

## **Next Meeting**

The next meeting of the Aging Advisory Committee will be held on **Wednesday, April 8, 2015, at 8:30 a.m.** at **199 County Road DF** in **room G046** on the **ground floor** of the Henry Dodge Office Building immediately following the Nutrition Program Advisory Council meeting.

## **Adjournment**

Phillip Gohr motioned and MaryAnn Miller seconded to adjourn this meeting of the Aging Advisory Committee at 10:02 a.m. The motion carried.

Respectfully Submitted,

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Phillip Gohr, Secretary



*Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.*

## **AGING ADVISORY COMMITTEE**

**Wednesday, April 1, 2015**

Clem Hoelzel called the Aging Advisory Committee meeting to order at 8:55 a.m.

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### **Roll Call**

Jan Duffy, Phillip Gohr, William Hoekstra, Clem Hoelzel, MaryAnn Miller

### **Also Present**

Sheila Drays, Heather Ehrlich, Amanda Higgins, Melanie Macdonald, Jackie Wendlandt

### **Absent**

Wayne Schmitz

### **Action on Minutes of the February 11, 2015, meeting**

William Hoekstra motioned and MaryAnn Miller seconded to approve the minutes of the February 11, 2015, Aging Advisory Committee meeting. The motion carried.

### **Public Forum**

None

### **Review, Discuss, and Approve the Aging Unit Self-Assessment for 2014**

Melanie Macdonald reviewed the *Aging Unit Self-Assessment for 2014* handout provided for members of the Aging Advisory Committee. Discussion followed. MaryAnn Miller motioned and Jan Duffy seconded to approve the *Aging Unit Self-Assessment for 2014* as written. Motion carried.

### **GWAAR Report, Fraud Alert...Information & Updates on Regional Issues**

No GWAAR Report. Melanie reviewed the *February, 2015 Fraud Alert* handout provided for members of the Aging Advisory Committee. Brief discussion followed.

### **ADRC/Aging Services Supervisor's Report**

Melanie reviewed the *ADRC/Aging Services Supervisor's Report for April, 2015* handout provided for members of the Aging Advisory Committee. Discussion followed.

### **Wisconsin State Budget Discussion**

Melanie reviewed the advocacy information, sample letters, sample resolutions, and *WI Budget Upcoming Town Hall Meetings & Public Hearings* handouts provided for members of the Aging Advisory Committee. Discussion followed.

### **Your Benefit News**

Amanda Higgins handed out flyers for *Welcome to Medicare Workshop* and *Lunch and Learn* to members of the Aging Advisory Committee. Discussion followed.

### **Next Meeting**

The next meeting of the Aging Advisory Committee will be held on **Wednesday, June 10, 2015, at 8:30 a.m. at 199 County Road DF in room G046** on the **ground floor** of the Henry Dodge Office Building immediately following the Nutrition Program Advisory Council meeting.

### **Adjournment**

Phillip Gohr motioned and MaryAnn Miller seconded to adjourn this meeting of the Aging Advisory Committee at 10:13 a.m. The motion carried.

Respectfully Submitted,

---

Phillip Gohr, Secretary

*Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.*

# **NUTRITION PROGRAM ADVISORY COUNCIL**

**Wednesday, February 11, 2015**

Phillip Gohr called the Nutrition Program Advisory Council meeting to order at 8:31 a.m.

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## **Roll Call**

Jan Duffy, Phillip Gohr, William Hoekstra, MaryAnn Miller, Wayne Schmitz

## **Also Present**

Sheila Drays, Amanda Higgins, Stephanie Levenhagen, Melanie Macdonald, Jackie Wendlandt

## **Absent**

Clem Hoelzel

## **Action on Minutes of the December 10, 2014, meeting**

MaryAnn Miller motioned and Wayne Schmitz seconded to approve the minutes of the December 10, 2014, Nutrition Program Advisory Council. The motion carried.

## **Public Forum**

None

## **Yearly On-site Review of each Dining Center Designation**

Stephanie Levenhagen reviewed the *Dining Center Assignments for 2015* handout provided to members of the Nutrition Program Advisory Council. Stephanie said that the on-site reviews need to be completed before the end of December, 2015. Phillip Gohr noted the following location assignments:

- Bay Shore Dining Center – MaryAnn Miller
- Beaver Dam Dining Center – Wayne Schmitz
- Fox Lake Dining Center – William Hoekstra
- Lomira Dining Center – Phillip Gohr
- Mayville Dining Center – Phillip Gohr
- Randolph Dining Center – William Hoekstra
- Watertown Dining Center – Jan Duffy

Assignment of Horicon, Hustisford, and Lowell Dining Centers was tabled until the April meeting.

## **Senior Farmers' Market Program Distribution**

Stephanie reviewed the *Wisconsin Senior Farmers' Market Nutrition Program Issuance and Redemption Report* handout provided to members of the Nutrition Program Advisory Council. Discussion followed.

## **Action: Review, discuss, and make a recommendation for the 2015 Suggested Donation amount**

Stephanie said that currently the suggested donation amount per meal is \$3.70 and that since the cost has increased in 2015, consideration should be given to increase the suggested donation. Based on their recommendations, she will notify participants and dining centers to post a revised notice which includes the full cost of each meal and the suggested donation. MaryAnn Miller motioned and William Hoekstra seconded to make a recommendation for the 2015 suggested donation amount to increase to \$3.99 per meal. The motion carried.

## **Program Report and Program Statistics**

Stephanie reviewed the items as written in the *Nutrition Program Report*, the *Program Statistics*, and the *2014 Donation and Participant Averages* handouts provided for members of the Nutrition Program Advisory

Council. A Dining Center Manager is retiring in April and Stephanie has requested that the two day per week position for Lomira be refilled. Discussion followed.

### **Dining Center Reports**

There were no dining center reports.

### **Next Meeting**

The next meeting of the Nutrition Program Advisory Council will be held on **Wednesday, April 8, 2015**, at **8:30 a.m.** at **199 County Road DF** in **room G046** on the **ground floor** of the Henry Dodge Office Building.

### **Adjournment**

William Hoekstra motioned and MaryAnn Miller seconded to adjourn this meeting of the Nutrition Program Advisory Council at 9:12 a.m. The motion carried.

Respectfully Submitted,

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MaryAnn Miller, Secretary

*Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.*

# **NUTRITION PROGRAM ADVISORY COUNCIL**

DRAFT

**Wednesday, April 1, 2015**

Clem Hoelzel called the Nutrition Program Advisory Council meeting to order at 8:30 a.m.

---

## **Roll Call**

Jan Duffy, Phillip Gohr, William Hoekstra, Clem Hoelzel, MaryAnn Miller

## **Also Present**

Sheila Drays, Heather Ehrlich, Amanda Higgins, Melanie Macdonald, Jackie Wendlandt

## **Absent**

Wayne Schmitz

## **Action on Minutes of the February 11, 2015, meeting**

MaryAnn Miller motioned and William Hoekstra seconded to approve the minutes of the February 11, 2015, Nutrition Program Advisory Council meeting. The motion carried.

## **Public Forum**

None

## **Program Report and Program Statistics**

Melanie Macdonald reviewed the items as written in the *Nutrition Program Report*, the *Program Statistics*, and the *2015 Donation and Participant Averages* handouts provided for members of the Nutrition Program Advisory Council. Discussion followed.

## **Dining Center Reports**

There were no dining center reports. Council members discussed the low numbers and suggested that entertainment increased numbers of participants. Discussion followed about the benefits of entertainment and the costs.

Clem Hoelzel said that he will attend Horicon, Hustisford, and Lowell Dining Centers for their annual on-site review.

## **Next Meeting**

The next meeting of the Nutrition Program Advisory Council will be held on **Wednesday, June 10, 2015**, at **8:30 a.m.** at **199 County Road DF** in **room G046** on the **ground floor** of the Henry Dodge Office Building.

## **Adjournment**

William Hoekstra motioned and Phillip Gohr seconded to adjourn this meeting of the Nutrition Program Advisory Council at 8:54 a.m. The motion carried.

Respectfully Submitted,

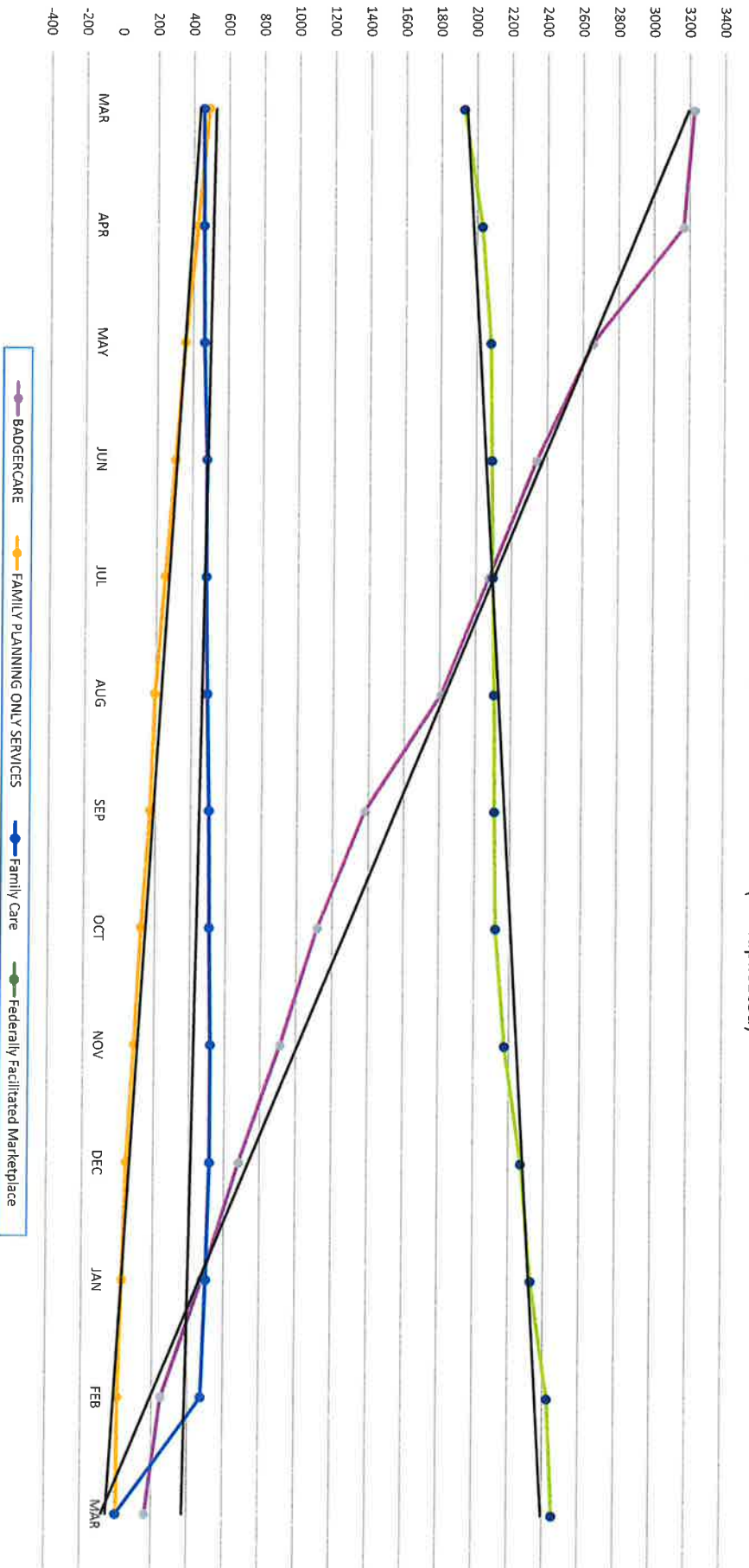
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MaryAnn Miller, Secretary

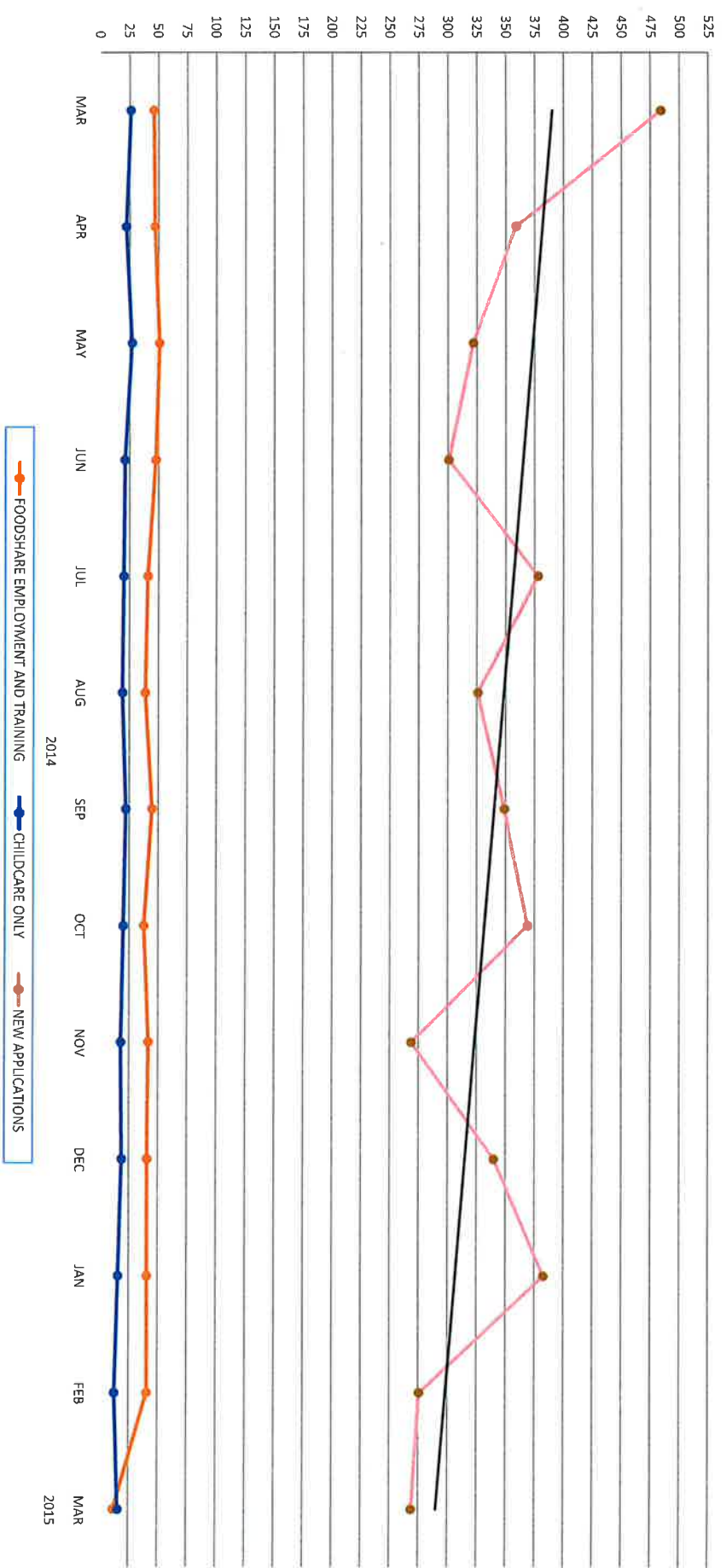
*Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.*



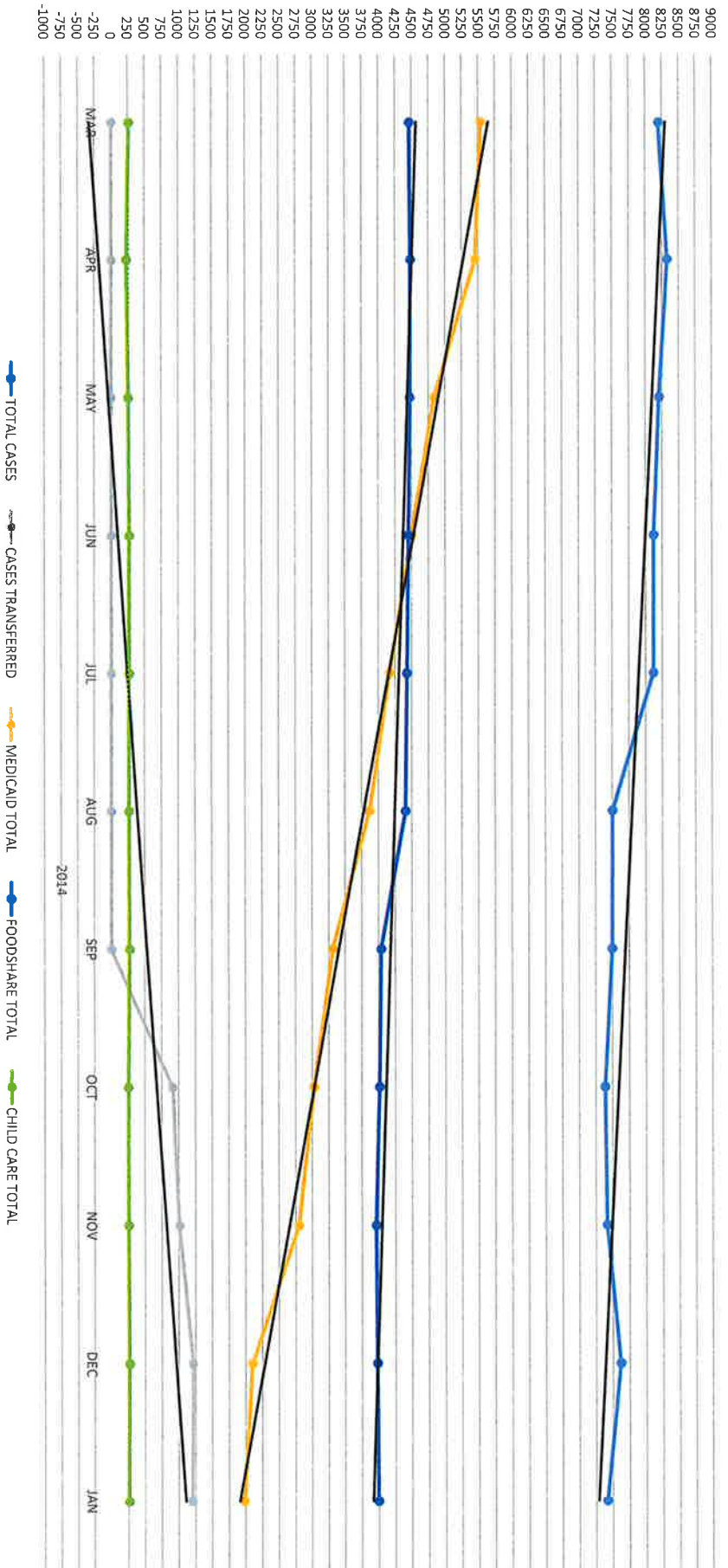
### Dodge County Economic Support 2014 - 2015 Healthcare Caseloads (Unduplicated)



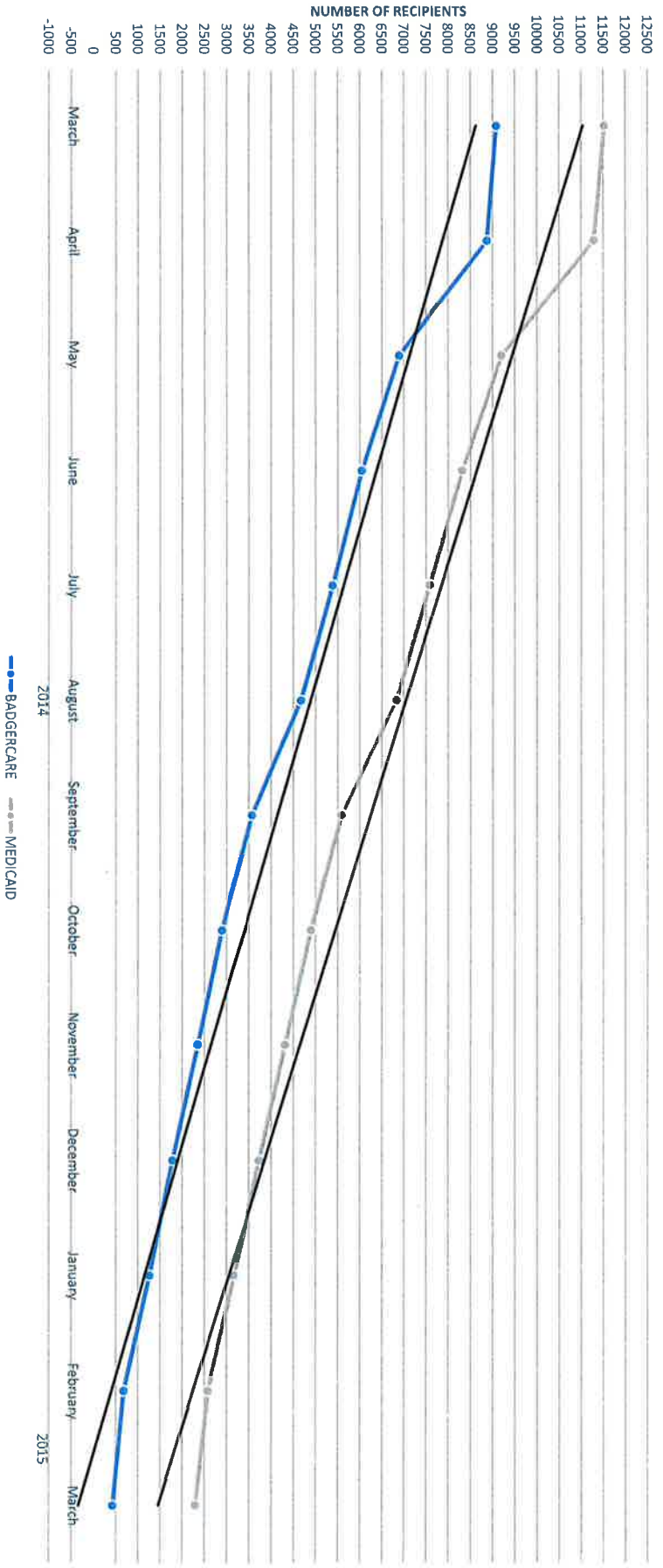
Dodge County Economic Support  
 2014 - 2015 Food Share Employment & Training, Child Care Only & New Application Caseloads (Unduplicated)



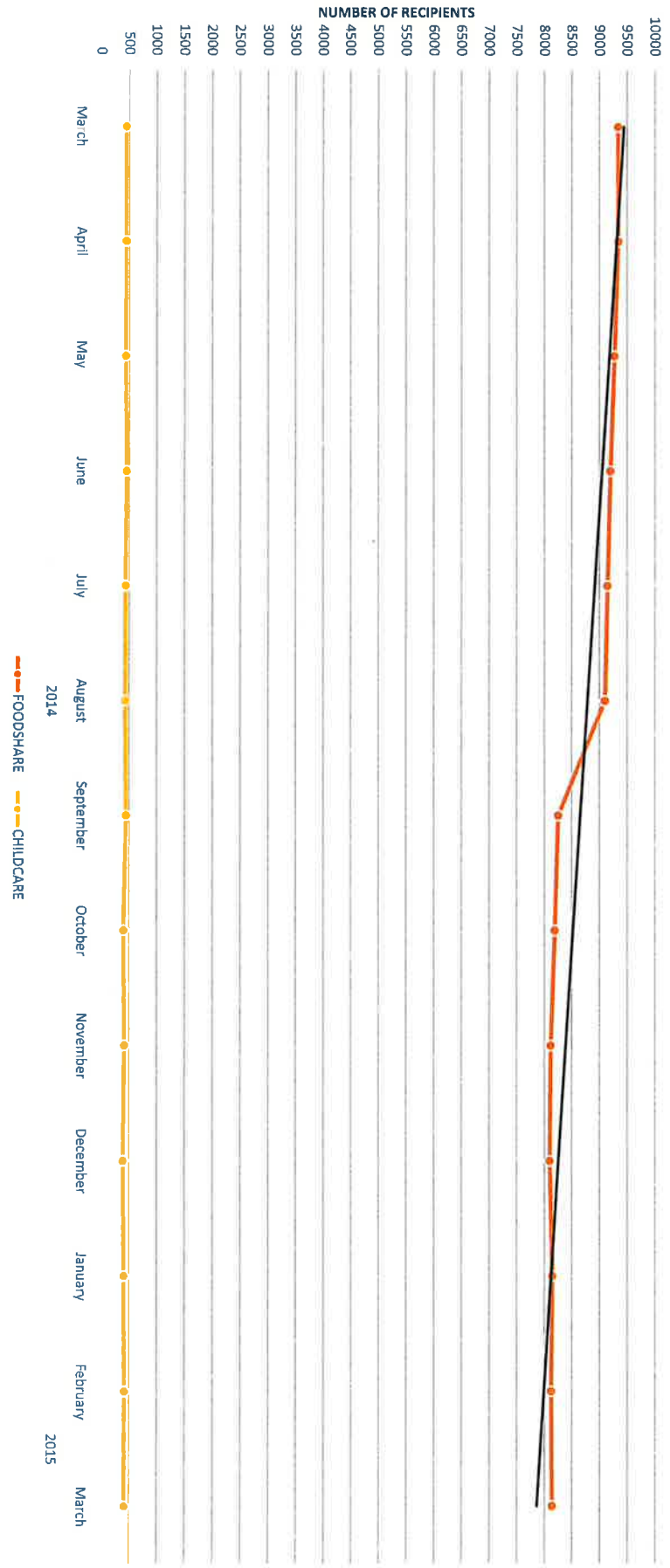
### Economic Support Caseload Totals 2014 - 2015



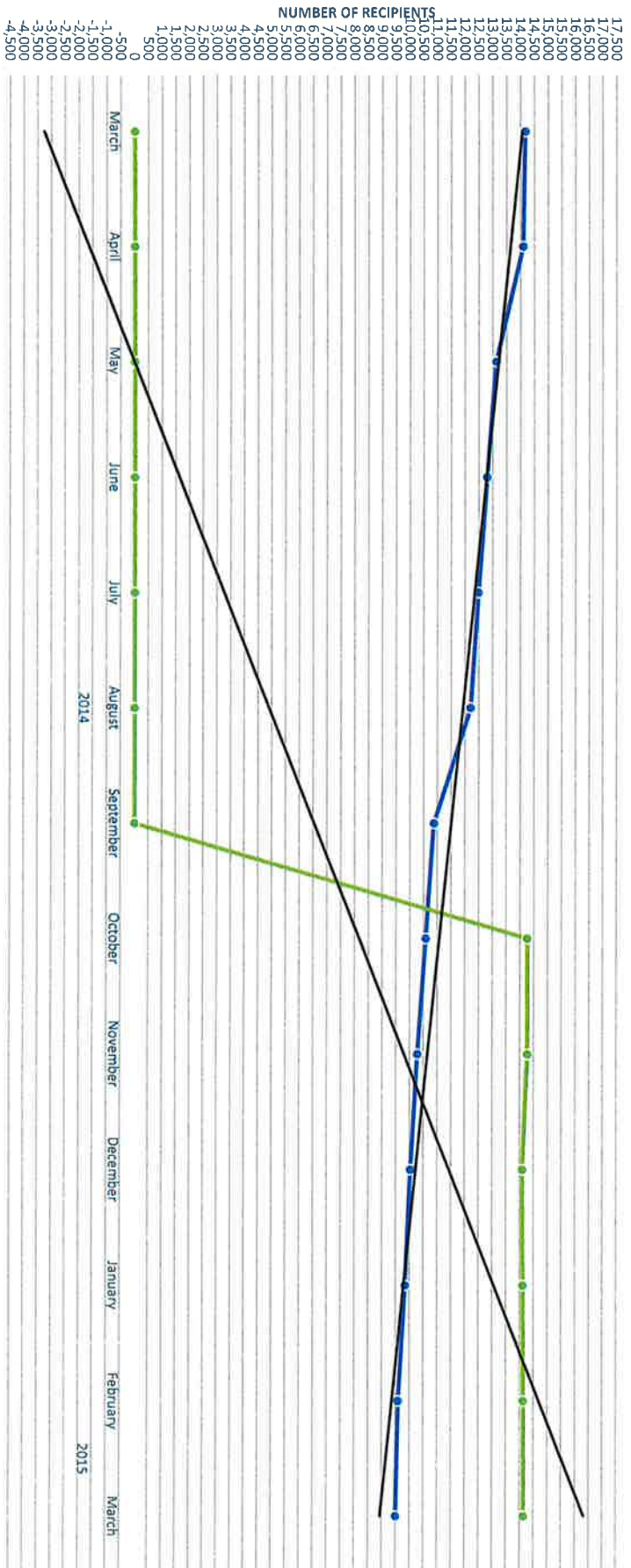
## 2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN BADGERCARE & MEDICAID



## 2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN FOODSHARE & CHILDCARE



## 2014 - 2015 TOTAL ECONOMIC SUPPORT NET AND GROSS RECIPIENTS



Net Recipients:

This is the number of county residents Dodge County staff work with.

Gross Recipients:

This is the number of county residents receiving assistance which includes those handled by other counties in the consortia



# HUMAN SERVICES & HEALTH DEPARTMENT

Juneau, Wisconsin 53039

Janet A. Wimmer, Director

Administration  
143 East Center Street  
(920) 386-3501

ADRC  
Aging & Disability  
Resource Center  
199 County Road DF  
Aging  
(920) 386-3580  
Nutrition  
(920) 386-3580  
Transportation  
(920) 386-3832  
Fax: (920) 386-4015

Adult Protective  
Services & Supportive  
Home Care  
199 County Road DF  
(920) 386-3750  
Fax: (920) 386-3245

Alcohol and  
Drug Abuse  
199 County Road DF  
(920) 386-4094  
Fax: (920) 386-3812

Child Welfare  
199 County Road DF  
(920) 386-3750  
Fax: (920) 386-3533

Community Support  
Program and  
Comprehensive  
Community Services  
199 County Road DF  
(920) 386-4094  
Fax: (920) 386-3812

Economic Support  
199 County Road DF  
(920) 386-3760  
Fax: (920) 386-4012

Mental Health  
199 County Road DF  
(920) 386-4094  
Fax: (920) 386-3812

Public Health  
143 East Center Street  
(920) 386-3670  
Fax: (920) 386-4011

TO: Human Services and Health Board

RE: General Relief Program Report

FOR: March 2015  
(Month) (Year)

The General Relief cost this month was \$0

The total cost of the program to-date has been \$0, leaving a balance in the General

Relief budget for this year of \$3,000.00. The payments for the month totaled

\$0 in cash grants and \$0 in medical expenses. The yearly total for

cash grant payments is \$0 and for medical payments is \$0.

If program expenses continue to run at this level for the remainder of the year, the

General Relief budget will show a year-end surplus of \$3,000.00.

Sincerely,  
Amy Beranek, Economic Support Supervisor

Signed Amy Beranek 4/13/15  
Date

Greater WI Agency on Aging Resources, Inc.  
 1414 MacArthur Rd, Suite A  
 Madison, WI 53714

Form ELDER ABUSE REALLOCATION 2013  
 GWAAR G/L #12314  
 \*\*\*\*\*Email to fiscal@gwaar.org

Name of County/Tribe  
 Address  
 City, State Zip

Dodge County Human Services & Jealth Dept.  
 199 County road DF  
 Juneau, WI 53039

Contract Period

01/01/2014-12/31/2014

Report for the Month of

December 2014

Elder Abuse Contract Amount->

\$32,199

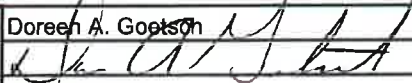
	Expenditures Current Month	Expenditures YTD
Elder Abuse Expenditures	\$8,275	\$40,474
<b>Total</b>	<b>\$8,275</b>	<b>\$40,474</b>

Remaining Budget Balance

-8275

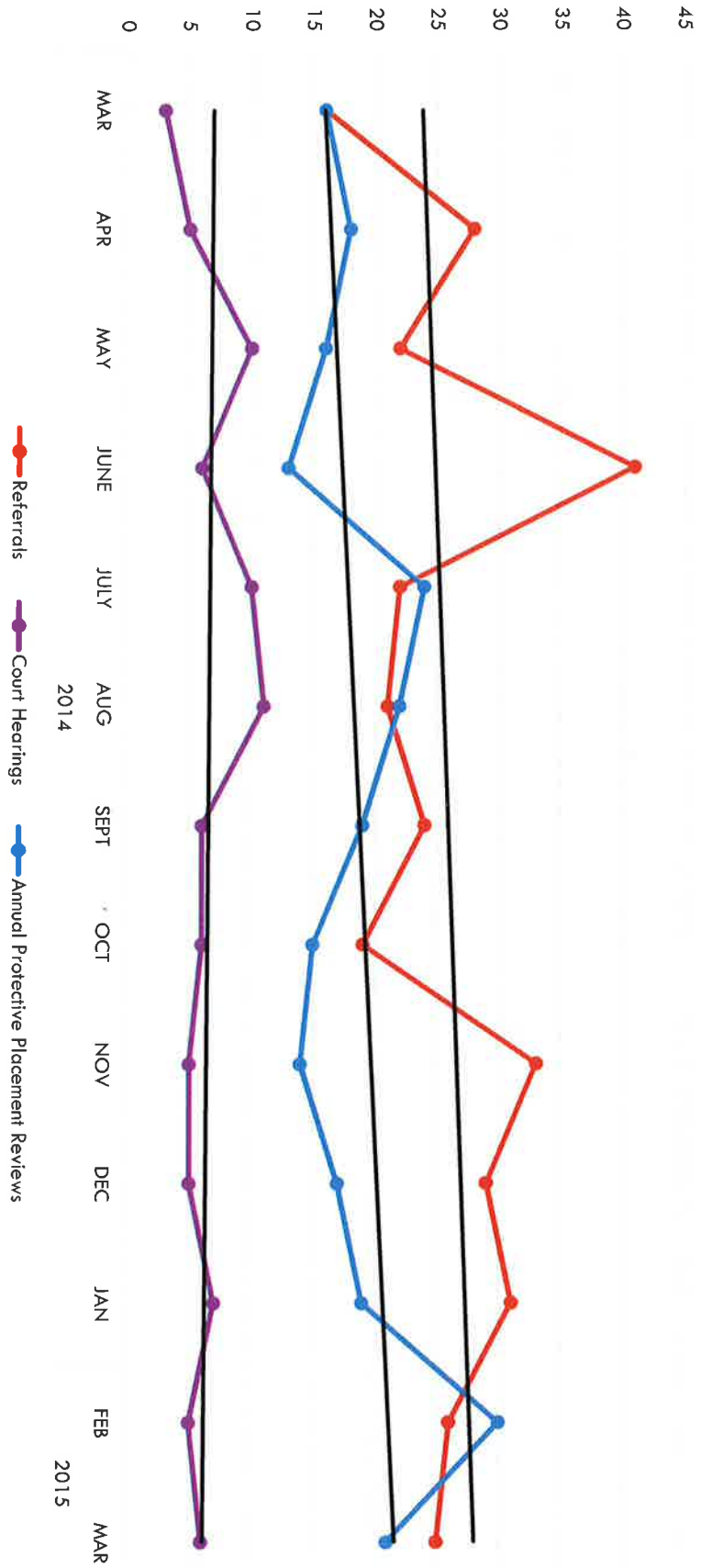
Note: Only shaded cells may be edited.

Under penalty of perjury, I certify the information reported here is true and correct.  
 I further certify the expenditures reported are accurate summarizations of the  
 financial data contained on the county/tribal financial records.

Name	Doreen A. Gootson
Signature	
Telephone #	920-386-3639
Date	04/01/15



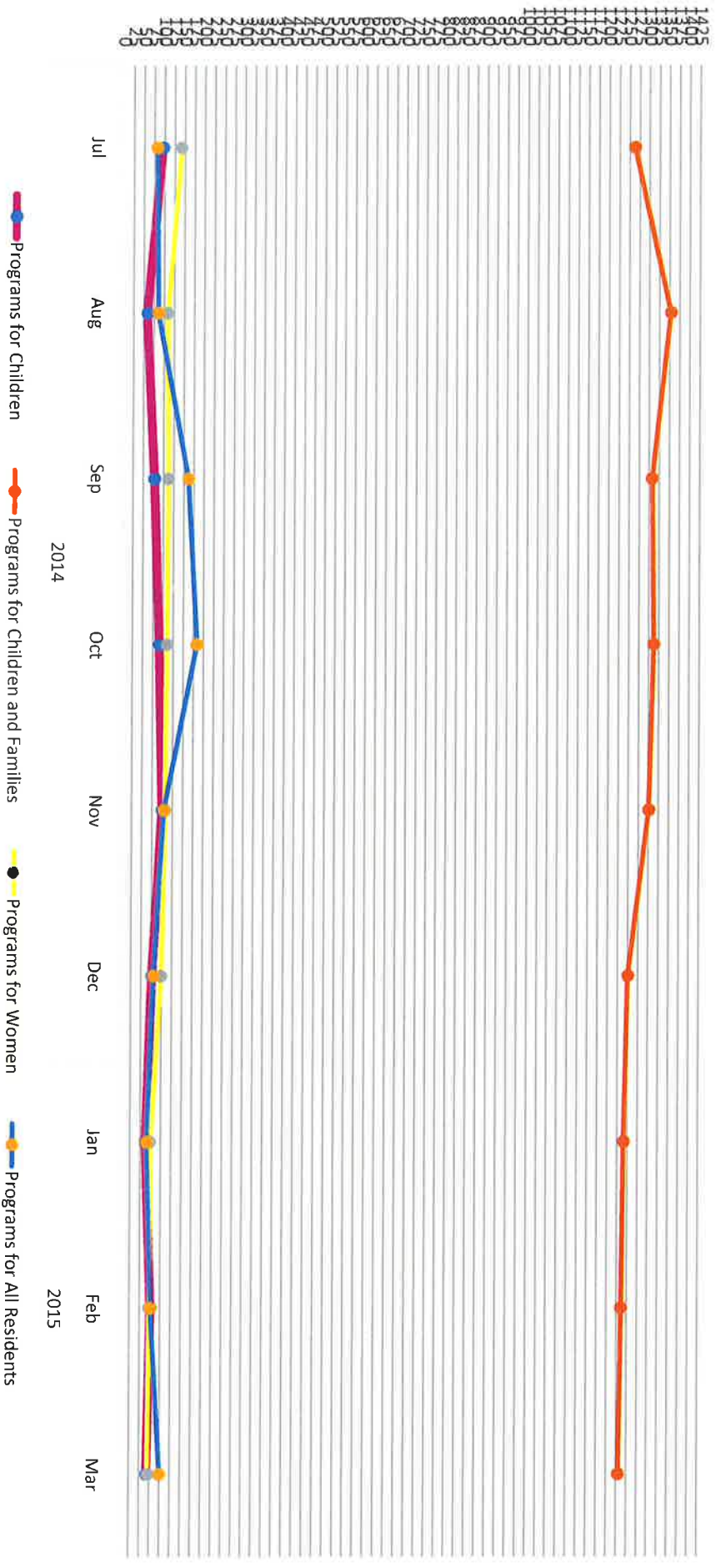
## 2014 & 2015 Adult Protective Services Long Term Support Report



## 2014 - 2015 APS Long Term Support Caseload Report



## 2015 Public Health Statistics



**Programs for Children:**

Fluoride Varnish, Health Check (MA), Infant Home Visits (nonMA), Blood Lead Level Screening, # of levels > 5

**Programs for Children & Families:**

Birth Certificate packets, Car Seat Safety Inspections, Car Seat Distribution, Cribs for Kids®, First Breath, Well Baby Clinic, WIC Monthly Caseload avg

**Programs for Women:**

Pregnancy Tests, Prenatal Care Coordination, Well Woman Program, WIC Breastfeeding Peer Support Visits

**Programs for All Residents:**

Communicable Disease, Environmental Health Services, Health Education (groups), Immunization Clients, Partner Counseling & Referral, Partner Counseling & Referral, Public Health Preparedness Activities, Rabies/Dog Bites, Screenings (TB skin tests/ BP), (Hearing/Vision), TB Follow-up

## Dodge (DO)

	Dodge County	Error Margin	Top U.S. Performers*	Wisconsin	Rank (of 72)
<b>Health Outcomes</b>					<b>33</b>
<b>Length of Life</b>					<b>23</b>
Premature death	5,400	4,844-5,955	5,200	5,881	
<b>Quality of Life</b>					<b>47</b>
Poor or fair health	15%	10-20%	10%	12%	
Poor physical health days	3.0	2.2-3.9	2.5	3.2	
Poor mental health days	3.5	2.6-4.5	2.3	3.0	
Low birthweight	6.0%	5.4-6.6%	5.9%	7.0%	
<b>Health Factors</b>					<b>29</b>
<b>Health Behaviors</b>					<b>24</b>
Adult smoking	15%	11-19%	14%	18%	
Adult obesity	30%	24-35%	25%	29%	
Food environment index	8.6		8.4	8.0	
Physical inactivity	23%	18-28%	20%	21%	
Access to exercise opportunities	76%		92%	83%	
Excessive drinking	27%	21-33%	10%	24%	
Alcohol-impaired driving deaths	38%		14%	39%	
Sexually transmitted infections	405		138	414	
Teen births	22	20-24	20	27	
<b>Clinical Care</b>					<b>25</b>
Uninsured	9%	8-10%	11%	10%	
Primary care physicians	1,734:1		1,045:1	1,215:1	
Dentists	3,681:1		1,377:1	1,631:1	
Mental health providers	1,523:1		386:1	623:1	
Preventable hospital stays	46	41-50	41	51	
Diabetic monitoring	90%	84-96%	90%	90%	
Mammography screening	66.3%	59.6-72.9%	70.7%	70.2%	
<b>Social &amp; Economic Factors</b>					<b>27</b>
High school graduation	94%			88%	
Some college	56.6%	53.7-59.4%	71.0%	65.9%	
Unemployment	7.2%		4.0%	6.7%	
Children in poverty	12%	9-15%	13%	18%	
Income inequality	3.5	3.4-3.7	3.7	4.3	
Children in single-parent households	25%	21-28%	20%	31%	
Social associations	12.1		22.0	11.8	
Violent crime	82		59	255	
Injury deaths	75	67-83	50	63	
<b>Physical Environment</b>					<b>58</b>
Air pollution - particulate matter	12.0		9.5	11.5	
Drinking water violations	9%		0%	5%	
Severe housing problems	12%	11-13%	9%	15%	
Driving alone to work	83%	82-84%	71%	80%	
Long commute - driving alone	29%	27-30%	15%	26%	

\* 90th percentile, i.e., only 10% are better.

Note: Blank values reflect unreliable or missing data

2015

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# 2015 *County Health Rankings* **Wisconsin**



A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.



Support  
provided by

Robert Wood Johnson  
Foundation

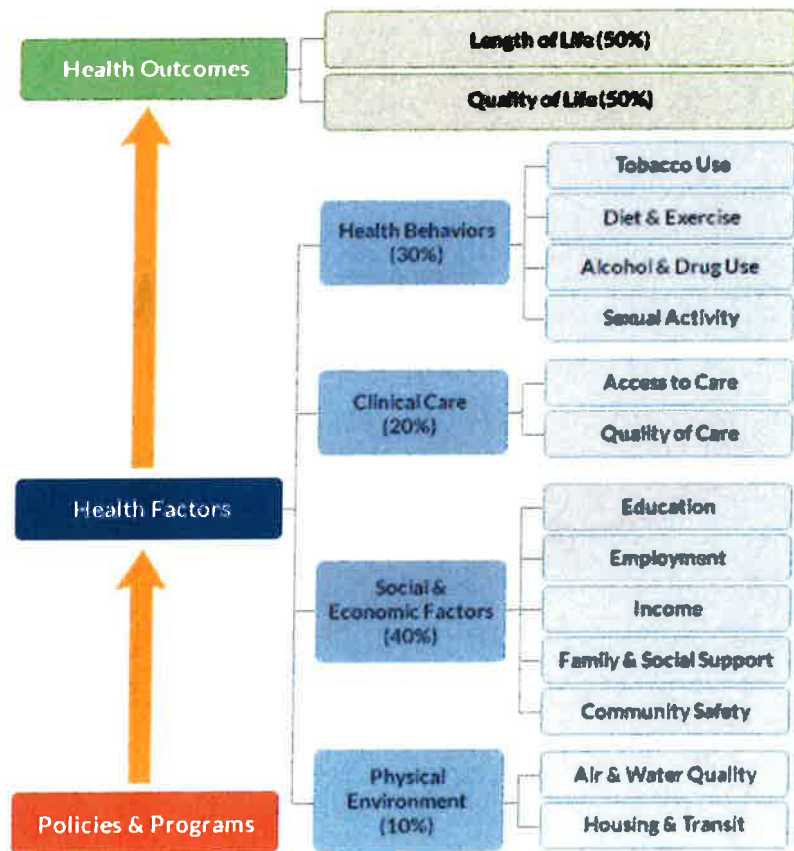


## INTRODUCTION

The *County Health Rankings & Roadmaps* program helps communities identify and implement solutions that make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps to Health* and *RWJF Culture of Health Prize* show what we can do to create healthier places to live, learn, work, and play.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to identify and garner support for local health improvement initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## MOVING FROM DATA TO ACTION

*Roadmaps to Health* help communities bring people together to look at the many factors that influence health, select strategies that work, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from awareness about their county's ranking to action

to improve people's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- *What Works for Health* – a searchable database of evidence-informed policies and programs that can improve health



- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org)

## LEARNING FROM OTHERS

At [countyhealthrankings.org](http://countyhealthrankings.org), we feature stories from communities across the nation who have used data from the *County Health Rankings* or have engaged in strategies to improve health. The *RWJF Culture of Health Prize* recognizes communities that are creating powerful partnerships and deep commitments to enable everyone in our diverse society to lead healthy lives now and for generations to come. The Prize is awarded annually by RWJF to honor communities that are working to build a Culture of Health by implementing solutions that give everyone the opportunity for a healthy life. In 2015, up to 10 winning communities will each receive a \$25,000 cash prize and have their stories shared broadly with the goal of inspiring locally driven change across the nation.

Prize winners are selected based on how well they demonstrate their community's achievement on their journey to a Culture of Health in the following areas:

- Defining health in the broadest possible terms
- Committing to sustainable systems changes and long-term policy-oriented solutions
- Cultivating a shared and deeply held belief in the importance of equal opportunity for health
- Harnessing the collective power of leaders, partners, and community members
- Securing and making the most of resources
- Measuring and sharing progress and results

Visit [countyhealthrankings.org](http://countyhealthrankings.org) or [rwjf.org/prize](http://rwjf.org/prize) to learn about the work of past Prize winners and the application process.

## HOW CAN YOU GET INVOLVED?

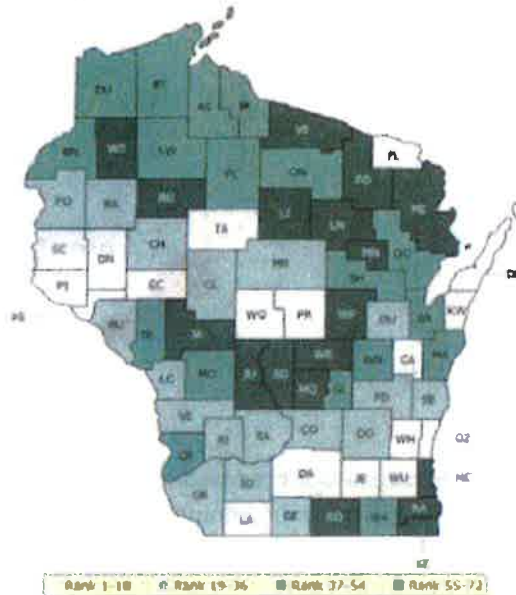
You might want to contact your local affiliate of United Way Worldwide or the National Association of Counties – their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit [countyhealthrankings.org](http://countyhealthrankings.org) to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.



### HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Wisconsin's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).



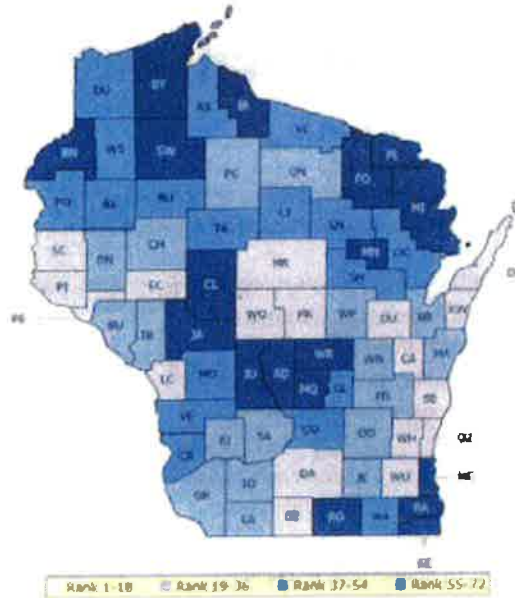
County	Rank	County	Rank	County	Rank	County	Rank
Adams	63	Florence	4	Marathon	22	Rusk	68
Ashland	49	Fond du Lac	34	Marinette	61	Sauk	36
Barron	24	Forest	70	Marquette	65	Sawyer	41
Bayfield	44	Grant	20	Menominee	72	Shawano	46
Brown	39	Green	28	Milwaukee	71	Shibohgan	25
Buffalo	31	Green Lake	52	Monroe	54	St. Croix	9
Burnett	37	Iowa	29	Oconto	47	Taylor	11
Calumet	3	Iron	51	Oneida	40	Trempealeau	43
Chippewa	21	Jackson	57	Outagamie	23	Vernon	27
Clark	35	Jefferson	10	Ozaukee	1	Vilas	56
Columbia	26	Juneau	67	Pepin	2	Walworth	45
Crawford	38	Kenosha	64	Pierce	6	Washburn	69
Dane	15	Kewaunee	5	Polk	30	Washington	12
Dodge	33	La Crosse	19	Portage	7	Waukesha	14
Door	8	Lafayette	18	Price	48	Waupaca	55
Douglas	50	Langlade	59	Racine	66	Waushara	60
Dunn	17	Lincoln	58	Richland	32	Winnabago	42
Eau Claire	13	Manitowoc	53	Rock	62	Wood	16



### HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Wisconsin's summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter colors indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).



County	Rank	County	Rank	County	Rank	County	Rank
Adams	70	Florence	56	Marathon	18	Rusk	53
Ashland	38	Fond du Lac	20	Marinette	58	Sauk	33
Barron	54	Forest	68	Menominee	72	Sawyer	67
Bayfield	55	Grant	21	Monroe	47	Shawano	52
Brown	23	Green	11	Outagamie	8	Shaboygan	10
Buffalo	32	Green Lake	41	Oconto	42	St. Croix	6
Burnett	60	Iowa	24	Oneida	28	Taylor	40
Calumet	5	Iron	63	Outagamie	8	Trempealeau	30
Chippewa	35	Jackson	59	Ozaukee	1	Vernon	45
Clark	61	Jefferson	27	Papin	13	Vilas	46
Columbia	39	Juneau	69	Pierce	9	Walworth	37
Crawford	50	Kenosha	65	Polk	44	Washburn	49
Dane	2	Kewaunee	16	Portage	15	Washington	7
Dodge	29	La Crosse	3	Price	25	Waukesha	4
Door	17	Lafayette	22	Racine	66	Waupaca	34
Douglas	51	Langlade	48	Richland	36	Waushara	57
Dunn	26	Lincoln	43	Rock	62	Winnebago	19
Eau Claire	12	Manitowoc	31			Wood	14

## 2015 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7681	5881	3739	11338
Poor or fair health	% of adults reporting fair or poor health	17%	12%	7%	21%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.2	1.9	4.8
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.5	3.0	1.7	6.3
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7.0%	4.5%	9.2%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	21%	18%	8%	46%
Adult obesity	% of adults that report a BMI $\geq$ 30	31%	29%	22%	39%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.3	8.0	5.3	9.3
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	27%	21%	17%	31%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	65%	83%	7%	99%
Excessive drinking	% of adults reporting binge or heavy drinking	16%	24%	17%	36%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	39%	0%	69%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	291	414	69	1383
Teen births	# of births per 1,000 female population ages 15-19	41	27	6	111
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	17%	10%	6%	18%
Primary care physicians	Ratio of population to primary care physicians	2015:1	1215:1	15205:1	535:1
Dentists	Ratio of population to dentists	2670:1	1631:1	10240:1	863:1
Mental health providers	Ratio of population to mental health providers	1128:1	623:1	6679:1	301:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	65.3	51	28	77
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	90%	82%	94%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	70.2%	57.1%	83.8%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	85%	88%	55%	97%
Some college	% of adults ages 25-44 with some post-secondary education	56%	65.9%	45.1%	81.2%
Unemployment	% of population aged 16 and older unemployed but seeking work	7%	6.7%	4.6%	14.1%
Children in poverty	% of children under age 18 in poverty	24%	18%	6%	59%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.3	3.4	5.3
Children in single-parent households	% of children that live in a household headed by single parent	31%	31%	17%	63%
Social associations	# of membership associations per 10,000 population	12.6	11.8	7.8	23.4
Violent crime	# of reported violent crime offenses per 100,000 population	199	255	28	800
Injury deaths	# of deaths due to injury per 100,000 population	73.8	63	35	113
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	11.5	10.5	12.6
Drinking water violations	% of population potentially exposed to water exceeding a violation limit during the past year	1.0%	5%	0%	47%
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	15%	9%	22%
Driving alone to work	% of workforce that drives alone to work	80%	80%	73%	86%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	26%	12%	46%

## 2015 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2010-2012
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2006-2012
	Poor physical health days	Behavioral Risk Factor Surveillance System	2006-2012
	Poor mental health days	Behavioral Risk Factor Surveillance System	2006-2012
	Low birthweight	National Center for Health Statistics – Natality files	2006-2012
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2006-2012
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2011
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2012
<b>Alcohol and Drug Use</b>	Physical inactivity	CDC Diabetes Interactive Atlas	2011
	Excessive drinking	Behavioral Risk Factor Surveillance System	2006-2012
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2009-2013
<b>Sexual Activity</b>	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2013
	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2012
	Teen births	National Center for Health Statistics – Natality files	2006-2012
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2012
	Primary care physicians	Area Health Resource File/American Medical Association	2012
	Dentists	Area Health Resource File/National Provider Identification file	2013
	Mental health providers	CMS, National Provider Identification file	2014
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2012
	Diabetic monitoring	Dartmouth Atlas of Health Care	2012
	Mammography screening	Dartmouth Atlas of Health Care	2012
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	data.gov, supplemented w/ National Center for Education Statistics	2011-2012
	Some college	American Community Survey	2009-2013
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2013
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2013
	Income inequality	American Community Survey	2009-2013
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2009-2013
	Social associations	County Business Patterns	2012
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2008-2012
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution – particulate matter <sup>1</sup>	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2007-2011
	Driving alone to work	American Community Survey	2009-2013
	Long commute – driving alone	American Community Survey	2009-2013

<sup>1</sup> Not available for AK and HI.

## CREDITS

### Report Authors

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Dartmouth Institute for Health Policy & Clinical Practice

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Forum One, Alexandria, VA

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James Marks, MD, MPH  
Joe Marx  
Donald Schwarz, MD, MPH  
Kathryn Wehr, MPH

## County Health Rankings & Roadmaps

Building a Culture of Health. County by County

[countyhealthrankings.org](http://countyhealthrankings.org)



University of Wisconsin Population Health Institute  
610 Walnut St, #527, Madison, WI 53726  
(608) 265-8240 / [info@countyhealthrankings.org](mailto:info@countyhealthrankings.org)

TO: Ken Kamps, Alyssa Schultz , Shelby Miller & Amy Booher  
RE: Monthly Kinship Care Expenditure Report (CARS Profile 377)  
FROM: Dodge County Human Services and Health Department  
Jackie Oestreich

The reporting month is: MARCH 2015

The 2015 Kinship Care Allocation is: \$127,939.00.  
(allowing for an average monthly expenditure of \$10,661.58)

The Kinship Care expenses for this month are: \$11,600.00

The year to date Kinship Care expenditures is: \$32,473.60  
(the year to date average monthly expenditure is \$10,824.53)

The remaining Kinship Care allocation for this year is: \$ 95,465.40  
(should monthly expenditures remain at current level we will  
end the year with a deficit of -1,955.37)

The current number of children in the program is: 50

The current number of children on the waiting list is: 0



## Child and Adolescent Services Statistics 2015

Programs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total 2014
<b>Child Protective Services – Access and Intake Unit</b>													
Screened in CPS reports	25	22	22										
Screened out CPS reports	31	42	49										
Screened in Services reports	13	18	28										
Screened out Services reports	1	1	3										
Total Reports	70	83	102										
<b>Child Protective Services – Ongoing Services Unit</b>													
# of families served	95	93	97										
# of children in OHC	64	61	65										
Referrals	3	10	12										
Termination of Parental Rights	5	5	5										
Subsidized Guardianship	3	3	3										
Independent Living Skills and Restitution Programs	25	21	25										
<b>Juvenile Justice Unit</b>													
JJ Cases	151	152	150										
Kinship Care Cases	45	50	48										
Total Cases	196	202	198										
<b>Birth to Three Program</b>													
Referrals	37	35	28										
Admissions	22	8	12										
Discharges	14	20	6										
End of month census	132	129	134										
<b>Children’s Long Term Support Waiver Program (CLTS) and Family Support Program (FSP)</b>													
CLTS Only	86	86	86										
FSP Only	12	12	12										
Both CLTS and FSP	6	6	8										
Total Served	104	104	106										
Referrals	5	5	7										
Wait list	43	43	53										

**Please note: Duplicated counts are shaded by section**

## 2015 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$)

	Group Homes	Institutions	Foster Care	FH Respite	Kinship Care	Monthly Total
January	4	5	35	2	45	91
	12,594.69	50,953.46	37,015.12	482.00	10,267.87	111,313.14
February	5	6	32	2	50	95
	14,861.16	53,213.54	35,181.16	854.00	10,605.73	114,715.59
March	4	5	32	5	50	96
	18,011.97	51,686.30	35,165.67	1,098.00	11,600.00	117,561.94
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total 2015</b>	<b>9</b>	<b>16</b>	<b>99</b>	<b>9</b>	<b>145</b>	<b>282</b>
	<b>45,467.82</b>	<b>155,853.30</b>	<b>107,361.95</b>	<b>2,434.00</b>	<b>32,473.60</b>	<b>343,590.67</b>
Average 2015	4.3	5.3	33	3	48.3	93
	15,155.94	51,951.10	35,787.32	811.33	10,824.53	113,009.36
<b>Total 2014</b>	<b>59</b>	<b>89</b>	<b>387</b>	<b>37</b>	<b>558</b>	<b>1130</b>
	<b>233,797.48</b>	<b>810,877.92</b>	<b>506,017.21</b>	<b>13,194.00</b>	<b>127,353.87</b>	<b>1,682,851.48</b>
Average 2014	4.9	7.4	32.2	3.1	46.5	94.2
	19,483.12	67,573.16	42,168.10	1,099.50	10,612.82	140,237.62

\* Number of placements are duplicated month-to-month.

