

RESOLUTION NO. _____

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

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

WHEREAS, as a result of these studies, the Human Services and Health Board recommends that the Dodge County Board of Supervisors create one new, 0.5 full-time equivalent, benefited position of *Staff Prescriber – Psychiatric Nurse Practitioner* in the Human Services and Health Department, effective September 8, 2015; and,

WHEREAS, a job description for the proposed position of *Staff Prescriber – Psychiatric Nurse Practitioner* has been marked for identification as Exhibit “A” and has been attached hereto; and,

WHEREAS, there are funds in various wages and fringe benefit object expenditure accounts in Business Unit 4801, MI-Outpatient Services, in the 2015 Budget of the Human Services and Health Department, available and sufficient to fund the proposed position of *Staff Prescriber – Psychiatric Nurse Practitioner* during the period of time commencing on September 8, 2015, and ending on December 31, 2015, both inclusive (see attached Exhibit “B”);

SO, NOW, THEREFORE, BE IT RESOLVED, that the Dodge County Board of Supervisors hereby creates one new, 0.5 full-time equivalent (FTE), benefited position of *Staff Prescriber – Psychiatric Nurse Practitioner* in the Dodge County Human Services and Health Department, effective September 8, 2015; and,

BE IT FINALLY RESOLVED, that funds in various wages and fringe benefit object expenditure accounts in Business Unit 4801, MI-Outpatient Services, in the 2015 Budget of the Dodge County Human Services and Health Department, shall be used to fund the new, 0.5 FTE, benefited position of *Staff Prescriber – Psychiatric Nurse Practitioner* during the period of time commencing on September 8, 2015, and ending on December 31, 2015, both inclusive (see attached Exhibit “B”).

All of which is respectfully submitted this 18th day of August, 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

**EXHIBIT A
DODGE COUNTY JOB DESCRIPTION**

Wage: \$60.00/hr.

JOB TITLE:	Staff Prescriber – Psychiatric Nurse Practitioner	FLSA STATUS:	Non Exempt
DEPARTMENT:	Human Services & Health	REPORTS TO:	Division Manager, Clinical and Family Services
LOCATION:	Henry Dodge Office Building	DATE:	August 1, 2015
LABOR GRADE:	Non-Union/Non-Classified	REVISED:	

OVERALL PURPOSE/SUMMARY

Under the general direction of the Division Manager and the direct supervision of the Medical Director, the Psychiatric Nurse Practitioner is a prescriber actively involved as a provider of patient care and in the coordination of patient care in order to ensure the smooth progression of the patient's medical evaluation and treatment.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. Provides psychiatric evaluations and assessments, including assessment of symptoms, side effects of medications, compliance with medications, vital signs, and other conditions or health needs.
2. Prescribes, administers and/or dispenses medications; plans and implements individual client medication schedules; and provides counseling surrounding use of medications or other health issues.
3. Performs or oversees the review of laboratory reports, imaging studies, consultations, etc. to make certain appropriate action is taken when needed.
4. Provides crisis intervention services as needed.
5. Provides interventions for family members and significant supports of persons receiving/needing treatment.
6. Refers clients to appropriate agency staff or other agencies for evaluation and additional services, if indicated.
7. Monitors client's progress on an ongoing basis, including symptoms or side effects of prescribed medications.
8. Reviews, evaluates and formulates treatment plans for clients' mental health and/or substance use issues based on evaluations, diagnoses, and agency guidelines.
9. Frequently works as part of a multi-disciplinary team composed of psychiatrists, nurses, social workers, and other MH/AODA professionals to provide a comprehensive array of MH/AODA services to clients.
10. Advocates on behalf of clients to assure client needs are met appropriately and in a timely fashion, through meeting with service providers/administration to explain client needs and to facilitate service delivery.
11. Provides consultative and supervisory services to other agency staff on a regular or as-needed basis.
12. Provides medication groups as determined by program needs and treatment planning.
13. Integrates general health concerns into treatment plan and coordinates care with medical physicians as needed.
14. Gathers/provides information for program evaluation and planning.
15. Regular attendance and punctuality required.
16. Performs related duties as may be required or assigned.

JOB SPECIFICATION

KNOWLEDGE, SKILLS, AND ABILITIES

Maintains current, working knowledge of treatment approaches, medications, and other relevant issues that pertain to the provision of psychiatric and medical care in this setting.
 Maintains appropriate licensure and certification including meeting and/or exceeding CME requirements.
 Courteous, honest, and professional at all times.
 Efficient, organized, and accurate.
 Able to work with multi-problem clients and their families.
 Able to interact effectively and cooperatively with various disciplines, community agencies, and service providers.
 Meets requirements of the Dodge County Driver Qualification Program.

EDUCATION AND EXPERIENCE

Master's degree in nursing or a related health field from a college or university that obtained accreditation by a regional accreditation agency approved by the Board of Education in the state where the institution is located, or from a program that has received programmatic accreditation by the nationally recognized advanced nursing practice accrediting agencies. Nationally certified as a Nurse Practitioner. Licensed as an Advanced Practice Nurse Practitioner specializing in Psychiatry in the State of Wisconsin, and warrants and represents that he/she is sufficiently experienced and competent to perform all principal duties and responsibilities listed above.

WORKING CONDITIONS

Moderate potential for work in adverse interpersonal situations, such as with aggressive or violent patients.

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:

EXHIBIT B – Fiscal Documentation

2015 Budget:

Funds exist in line item 5211.03 of Business Unit 4801, MI-Outpatient Services, of the 2015 Human Services and Health Department Budget, available and sufficient to fund the proposed position of *Staff Prescriber – Psychiatric Nurse Practitioner* during period of time commencing on September 8, 2015, and ending on December 31, 2015.

Analysis of line item 5211.03 of Business Unit 4801:

- Amount budgeted for 2015: **\$189,051.00**
- Total expenses as of June 30, 2015: **\$85,305.00**
- Anticipated additional contract expenses in for remainder of 2015: **\$60,800.00**
- Estimated dollars remaining for 2015: **\$42,946.00**
- Estimated expenses based on proposed September 8, 2015 start date:
 - Contracted wage (through 9/7/15): **\$5,760.00**
 - Employee wage + benefits (9/8/15-12/31/15): **\$26,305.00**
- Dollars remaining: **\$10,881.00**

2016 Budget:

The proposed 2016 budget for the Human Services and Health Department would include changes to accommodate for the approximately **\$43,410** additional dollars needed to continue this part-time, benefitted position through 2016. No additional tax levy would be requested to support this position in 2016. The position would be funded through existing budget dollars for 2016.

MEMO

To: Dodge County Human Services and Health Department Board Committee members
From: Royle G. Eenigenburg, Jr., MD, Medical Director, Human Services and Health Department
Alyssa Schultz, Division Manager, Human Services and Health Department
Date: July 27, 2015
RE: Request for consideration of creating part-time "Staff Prescriber – Psychiatric Nurse Practitioner" position within Clinical Services

Overview:

Clinical Services works to maintain contracts with both child and adult psychiatric providers at a level that meets the constantly growing need and demand, and balances cost with the potentially harmful implications of underserving this population. Harmful implications may include increased hospitalizations and the potential for self-harm or harm to others. This is a struggle that the majority of Wisconsin county agencies share. Currently there is a shortage of psychiatrists in the State, which impacts all 72 county agencies, as well as all private clinics and hospitals. Only a small percentage of psychiatrists are licensed as child/adolescent providers.

As a result of limited available psychiatrists, counties have been placed in the unfortunate position of needing to contract for these services directly, or even incur the additional cost of a locum tenens agency to do the recruiting. Advertisements in local papers and professional journals are costly, and have not yielded positive results for Dodge County. When a provider is found, it is typically through word of mouth and reputation. Counties are often asked to pay rates that seem extraordinary, but are unavoidable given the demand for these few practitioners' time and the level of need. Dodge County has endured a cycle of psychiatrists coming and going for the past several years, often due to our inability to financially support the rate of pay they are asking for. It is an issue of supply and demand.

Nowhere has this "revolving door" been more detrimental than to the clients served. The emotional toll of changing providers, perhaps even going without a provider for a period of time during a transition, can be debilitating for our clients, and can ultimately result in increased symptoms, increased chance of costly hospitalization or placement, and increased risk for the county. The Board's decision to support the creation of an employee position of Medical Director in 2014 was critically important to meeting the goal of providing stability to clients. By demonstrating investment in our providers, offering them a position with county benefits rather than simply an hourly wage, Dodge County is fostering their investment in us as well, and reducing the likelihood that they will look elsewhere.

Recent History:

Clinical Services has been without a child psychiatric prescriber since September of 2014, following the departure of Dr. Aleen Grabow. Recruitment efforts to refill this vacancy began immediately, and resulted in the securing of Dr. Leah Schupp's services in April 2015. Due to Dr. Schupp's timeline for completion of her UW fellowship program, she will join the clinic as a child and adolescent psychiatrist as of August 18, 2015 at 16 hours per week. As a result of the vacancy there are over 70 children currently waiting for these services at our clinic, and countless others who have not formally sought services because they are aware of the vacancy. Individuals may reach out to a primary care physician, but this is not someone with the training to manage significant mental illnesses, and may not ultimately meet their needs. The turnover and related vacancy at our clinic has resulted a 10-month wait list of children who do not have other insurance and cannot find another provider. There are no other options for child psychiatry providers in Dodge County. The clinic

receives anywhere from 2 to 8 calls per day requesting this service, and children continue to be our fastest growing population of clients with significant mental health diagnoses.

The addition of Dr. Schupp will move the clinic in the right direction; however the May 2015 departure of Dr. Allen Rigell (who had been providing 27 hours per week of service) has created a 9-month wait list for adult psychiatric intakes, with over 50 adults dating back to October of 2014. As Medical Director, Dr. Roy Eenigenburg ultimately has responsibility for the oversight of all child and adult cases when other doctors depart, but over time this attrition has led to him having a combined caseload of over 550 clients to monitor. This is **neither a safe nor sustainable** practice for our clients in the long-term.

With the use of existing funds for 2015 in 4801.5211.03, Dr. Eenigenburg and I are requesting your support to create an additional part-time (20 hour per week) position for an Advanced Practice Nurse Practitioner specializing in psychiatry. Under the supervision of a Medical Director, an APNP is licensed to provide psychiatric services, and the county is able to claim reimbursement from payors like Medical Assistance at a comparable rate to MDs. The average rate of pay for an APNP is considerably less (\$80-\$100 per hour versus \$170-\$250 per hour for an MD). There has been internal discussion regarding the option of recruiting an APNP for several months now, and recently, this became a true opportunity with the addition of APNP Rebecca Trewyn to our contracted staff.

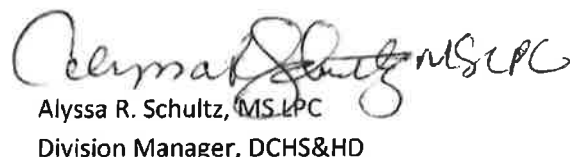
APNP Rebecca Trewyn currently sees adolescents and adults age 12 and up at our clinic. She is an excellent fit within our unit, and very well-received by her clients. We are asking for your consideration of this proposal, which would allow us to increase Ms. Trewyn's psychiatric coverage by 12 hours per week and convert the position from contract to a part-time 20 hour per week position with benefits. The position would allow for a rebalancing of caseloads between three prescribers, each specializing in their own age range. We could begin to address the unreasonably long wait times, and work to prevent detrimental and costly hospitalizations and emergency detentions. With Dr. Schupp's arrival in August, the clinic would have a full continuum of psychiatric services that included **42 hours of adult care and 26 hours of child/adolescent care per week**. These numbers are in line with what we would have seen at the clinic had Dr. Schupp started in August and Dr. Rigell remained with the clinic, however at a reduced cost to us. More importantly, we would see an increase in our capacity to service adolescents, by far our highest rate of referrals.

Why now? An option is to delay implementation to January 2016; however the opportunity presents itself now to secure a provider with the experience and qualifications we need, and solidify this as a position within our Department. If at some point this position needed to be refilled, our chances of finding suitable candidates at a reasonable cost are much greater when there is an established county position available. Various counties are beginning to consider a staff position versus a contracted provider to reduce turnover and service disruption. Dodge County has an opportunity to implement this transition now using existing and available dollars in the 2015 budget. With your support the goal for 2016 is to incorporate these expenses into the budget without additional tax levy funding.

We appreciate your consideration of this proposal, and welcome any questions you may have.

Respectfully submitted,


Dr. Royte G. Eenigenburg, Jr., MD
Medical Director, DCHS&HD


Alyssa R. Schultz, MS, LPC
Division Manager, DCHS&HD

RESOLUTION NO. _____

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

WHEREAS, the Dodge County Information Technology Committee (Committee) and the Dodge County Human Services and Health Board (Board) have considered the software needs of the Dodge County Human Services and Health Department and have determined that it is necessary to replace the current case management, electronic health records, and billing system, with a new case management, electronic health records, and billing system; and,

WHEREAS, the Committee and the Board have determined that it is in the best interests of Dodge County to proceed with the purchase of a new case management, electronic health records, and billing system, at this time, rather than waiting until the calendar year of 2016 to do so, because timely and proper billing is critical to the operations of the Human Services and Health Department and because the current case management, electronic health records, and billing system cannot properly process billings or complete other necessary, related tasks in manners that are compliant with applicable State and Federal regulations; and,

WHEREAS, the Dodge County Information Technology Department issued a Request for Proposal on May 27, 2015; and,

WHEREAS, the Information Technology Department and the Human Services and Health Department have carefully, diligently, and thoroughly reviewed the proposals that were received in response to the Request for Proposal; and,

WHEREAS, the Committee and the Board have formed the considered conclusion to recommend to the Dodge County Board of Supervisors that the Dodge County Board of Supervisors authorize and direct the Committee and the Board to purchase and implement a certified case management, electronic health records, and billing system, named myEvolv software solution, available from NetSmart Technologies, Inc., 4950 College Boulevard, Overland Park, Kansas 66211 at a total cost of \$194,212 (myEvolv software solution project); and,

WHEREAS, the budget for the myEvolv software solution project is set forth below:

- myEvolv Enterprise Edition License for 100 named users, includes Client, Case and Clinical Management features, Accounts Receivable (billing) & Accounts Payable (payments) \$ 41,325
- myEvolv State Reporting Tool Licenses \$ 10,000
- NetSmart Professional Services includes Project Management, Implementation, and Training \$119,775
- Travel, Living and Travel Time Expenses \$ 7,500
- Diagnosis Content on Demand (annual service fee) \$ 504
- Order Connect Full Suite \$ 15,108
- **TOTAL PROJECT BUDGET** **\$194,212**

WHEREAS, copies of the proposal documents are on file in the Office of the Dodge County Clerk and may be reviewed there during normal business hours; and,

WHEREAS, no funds have been budgeted in the 2015 Dodge County Budget to pay for the myEvolv software solution project; and,

WHEREAS, there are funds in the amount of \$194,212 in Business Unit 100.3429, Unassigned General Fund, available for transfer and sufficient to pay for the myEvolv software solution project; and,

WHEREAS, the Committee and the Board recommend that the Dodge County Board of Supervisors:

1. Authorize and direct the Committee and the Board to proceed forthwith to take all actions necessary to undertake and complete the myEvolv software solution project;
2. Approve and accept the proposal from NetSmart Technologies, Inc., as set forth above; and,
3. Authorize and direct the Dodge County Finance Director to transfer the sum of \$194,212 from Business Unit 100.3429, Unassigned General Fund, to Business Unit 4855, Unified Services Administration, Account No. .5818, Computer Equipment;

SO, NOW, THEREFORE, BE IT RESOLVED, that the Dodge County Board of Supervisors hereby:

1. Authorizes and directs the Committee and the Board to proceed forthwith to take all actions necessary to undertake and complete the myEvolv software solution project;
2. Approves and accepts the proposal from NetSmart Technologies, Inc., as set forth above; and,
3. Authorizes and directs the Dodge County Finance Director to transfer the sum of \$194,212 from Business Unit 100.3429, Unassigned General Fund, to Business Unit 4855, Unified Services Administration, Account No. .5818, Computer Equipment;

BE IT FINALLY RESOLVED, that upon presentation to the Dodge County Clerk of invoices properly approved by the Dodge County Information Technology Director in a total amount not to exceed \$194,212, representing the cost of completion of the myEvolv Software project by NetSmart Technologies, Inc., the County Clerk is authorized to issue orders upon the Dodge County Treasurer for payment of such invoices, and that funds for payment of such invoices shall be taken from Business Unit 4855, Unified Services Administration, Computer Equipment.



HUMAN SERVICES & HEALTH DEPARTMENT

199 COUNTY ROAD DF ♦ JUNEAU, WISCONSIN 53039-9512

920-386-3500

Janet A. Wimmer, Director

July 22, 2015

♦ ADMINISTRATION
(920) 386-3501
FAX: (920) 386-4011

♦ AGING & DISABILITY
RESOURCE CENTER (ADRC)
& AGING PROGRAM
(920) 386-3580
NUTRITION
(920) 386-3580
TRANSPORTATION
(920) 386-3832
FAX: (920) 386-4015

♦ ADULT PROTECTIVE SERVICES
& SUPPORTIVE HOME CARE
(920) 386-3750
FAX: (920) 386-3245

♦ ALCOHOL & DRUG ABUSE
(920) 386-4094
FAX: (920) 386-3812

♦ CHILD WELFARE &
JUVENILE JUSTICE
(920) 386-3750
FAX: (920) 386-3533

♦ COMMUNITY SUPPORT
PROGRAM & COMPREHENSIVE
COMMUNITY SERVICES
(920) 386-4094
FAX: (920) 386-3812

♦ ECONOMIC SUPPORT
(920) 386-3760
FAX: (920) 386-4012

♦ MENTAL HEALTH
(920) 386-4094
FAX: (920) 386-3812

♦ PUBLIC HEALTH
(920) 386-3670
FAX: (920) 386-4011

TO: Ruth Otto, Jim Mielke
FROM: Janet Wimmer
RE: TCM Software Replacement

History:

In 2011 the Dodge County Human Services and Health Department made the decision to engage the services of Clinical Data Systems (CDS) to be a part of the development of software called The Clinic Manager – also known as TCM. The development of this software was to be an ongoing project to be cost shared amongst several Wisconsin counties in a consortium to provide a tool specific to the needs of Human Services Departments. These needs included intake and case management record keeping, billing, reporting, and reconciliation functions to meet the requirements of Medicaid, Medicare, and electronic health records. The initial layout of funds from Dodge County to join this consortium was approximately \$60,000 and was covered by funds from Public Health designed for this purpose. The approval of this purchase was passed in Resolution _____. The Human Services and Health Department has utilized TCM for over 2 years and the cost for the ongoing development and implementation has amounted to \$_____. In the 2015 budget \$15,000 has been budgeted for this product. This software was to be utilized in all programs in the department, with ongoing customization modules to be developed until the product was a fully functioning tool meeting all required needs. However, there has been continual problems with the software that the company cannot rectify in a timely manner and with little technical support, the staff time and cost are climbing and the product is not providing the necessary tools. Due to this, it has become necessary to research and purchase an alternative product to meet the upcoming federal requirements to prevent a loss of revenues through billing.

Current issues and concerns:

At the inception of this project, dating back over 10 years, there were few products on the market to meet the needs of Human Services Departments. As more and more counties throughout the state joined the consortium to develop the TCM product, the cost to develop the product lessened and there was a great deal of optimism that this customized tool would meet the required needs. However, this optimism has become difficult to maintain as there have been more and more issues that have not been resolved and there is no confidence this product will be developed and tested in time to insure compliance with the electronic records/meaningful use standards before the deadline of December 31, 2016. Because of this, several counties have begun pulling out of this consortium and looking into other options. As the consortium gets smaller, the cost of this product gets higher and the expected results and outcomes are declining. Dodge County is one of the counties that will leave the consortium and find an alternative software product.

In the past year, we (the counties using TCM) became aware that there is a need to undertake a time-consuming and costly venture to develop in TCM a software certification known as “meaningful use” in electronic health records also known as EHR. This is a federally mandated requirement in order to continue to bill Medicaid/Medicare. We began meeting on this as a consortium in mid-2014. A basic understanding of “meaningful use” is a level of restricted access and security to maintain the privacy and confidentiality of any identifying information in health records. By the end of 2016, there will be financial penalties for anyone billing Medicaid/Medicare who are not using a certified EHR product. More information on these federal requirements can be found here: <http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives> By the end of 2014 it became clear that CDS would not have time or resources to develop TCM to become a certified product.

As this project will involve utilizing a vendor outside of Clinical Data Systems to complete, the cost is growing and early estimates were that it could cost each county involved approximately \$20,000 and climbing, especially with more and more counties leaving this consortium. And this comes with no guarantees that even if we go through this process that TCM can be developed to meet the certification requirements and become certified. This EHR meaningful use certification is what prompted conversations to explore replacing TCM. The bottom line is we are facing a) an expensive venture to get TCM where we need it to go, b) no guarantees we will get there, and c) no financial incentives to get us there with possible financial penalties if we don't get there. The bleakest outlook is that the up-front costs of TCM are prohibitive, we don't get the product we need, and we end of with financial penalties on our major funding source, Medicaid, which could have a serious impact on our budget.

A studied solution to TCM:

The decision was made to begin assembling the requirements of the department to develop a Request for Proposal (RFP) to seek a replacement system for TCM. The decision to pursue an alternate was based on the lack of staff of current vendor to correct the current billing solution, their need for additional funds with the hope to develop the additional pieces to the system to achieve certification and the need for the system to be compliant for HIPAA and HER. An RFP was sent out and three responses were received on May 27, 2015. Reviewing the responses it became clear that MyEvolv from Netsmart Technologies Inc was the right choice and best fulfilled the requirements gathered from the department. One of the greatest difference between the existing system, TCM, and the proposed new system, MyEvolv, is the large support group. This proposed product is supported by a staff of 852 versus 3. The company, Netsmart Technologies, Inc, has been in business since 1968, has 212 active government clients, 22 of those clients are in Wisconsin. The fear of not being prepared for the next federal or state requirement will be resolved as there are dedicated teams who are on top of those changes and are prepared to deliver them as they come.

Human Services and Health Department 2015

YTD Through 6/30/15

Aging programs

	Actual	Budget
Revenues	99,573	102,593
Expenses	92,568	102,594
	7,005	-1

Notes

Public Health

Sick payout \$7,883 in BU 4001
Anticipated WIMCR Revenue (prorated)
\$10,000 Code Red Expense in BU 4005
WIC expenditures \$22,955 over budget
CARS Revenue for June not included

1000

44,599

Senior Dining

Revenues	332,745	221,898
Expenses	226,592	221,902
	106,153	-4

Anticipated WIMCR Revenue (prorated)
MH CBRF costs \$160,590 over budget
Inpatient institutional costs \$165,982 over budget.

110,000

Public Health

Revenues	483,266	495,987
Expenses	510,827	495,995
	-27,561	-8

(Revenues are also overbudget and more than offset this overage)
Outpatient revenues and CARS revenues not included
CD CBRF and inpatient institutional expenditures \$19,934 over budget
BU 4855 Computer Maintenance and repair over annual budget amount by \$2,750
Bldg. Maint Expense not included

391,713 Estimated

-77,417 Estimated

Clinical Services

Revenues	3,620,897	4,080,518
Expenses	4,279,776	3,946,666
	-658,879	133,852

Sick payout \$26,619 in BU 5002
Sick payout \$21,111 in BU 5006

220,000 Estimated

Social Services

Revenues	3,937,271	4,768,850
Expenses	4,239,650	4,768,858
	-302,379	-8

BU 5011 Youth aids anticipated revenues
BU 5014 truancy program \$9,435 over budget
BU 5015 Community intervention \$11,485 over budget
BU 5028 Kinship Care expenditures \$8,829 over budget
BU 5030 Juvenile detention \$15,970 over budget
BU 5031 CST program \$20,948 over budget
BU 5055 Income Maintenance anticipated revenues
Bldg. Maint Expense not included

158,700

-137,535 Estimated

Totals

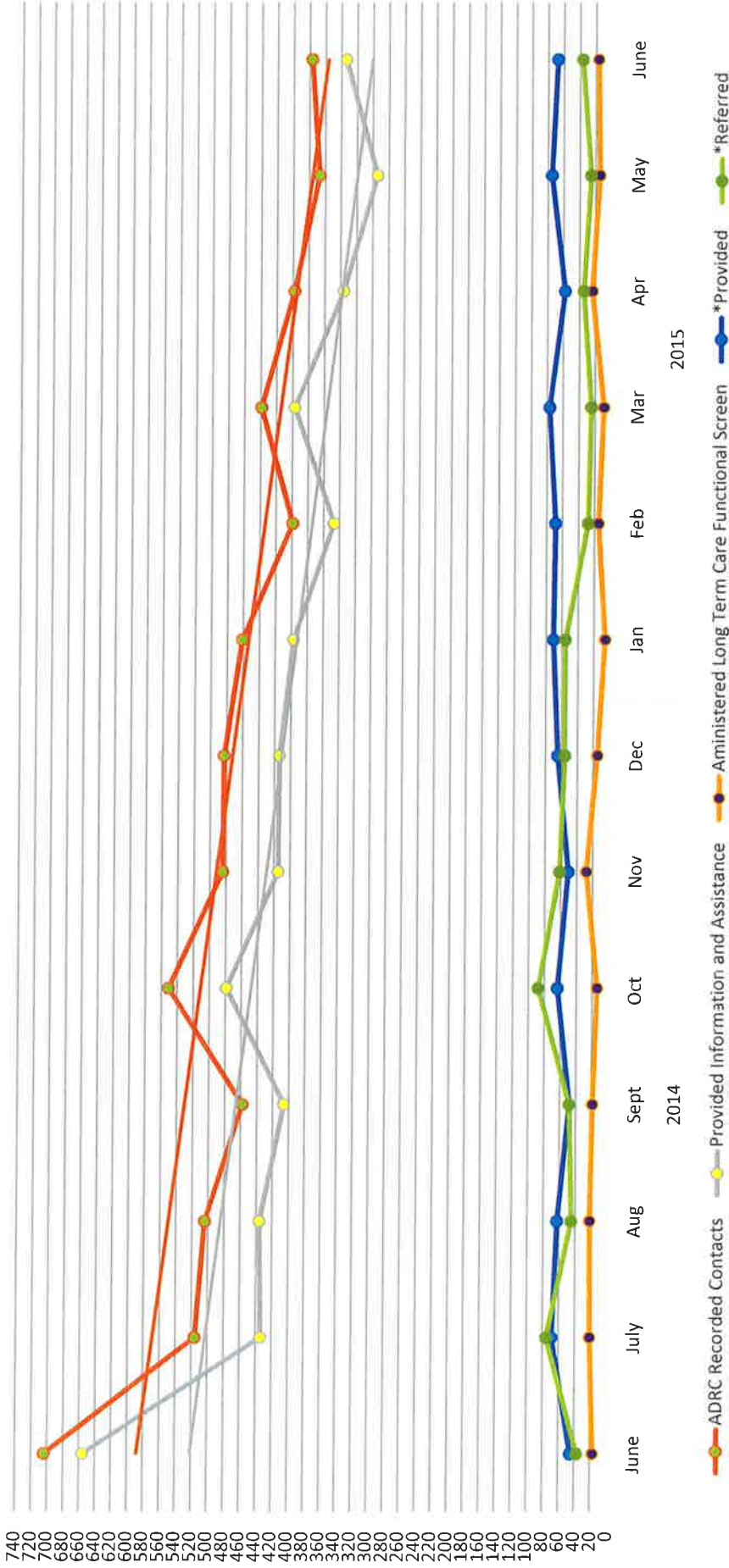
	-875,661	133,831
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Adjustments
Public Health
Clinical Services
Social Services

	45,599	
	424,296	
	241,165	
	-164,601	

Please note the revenue figures include tax levy on a prorated basis

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

June 2015

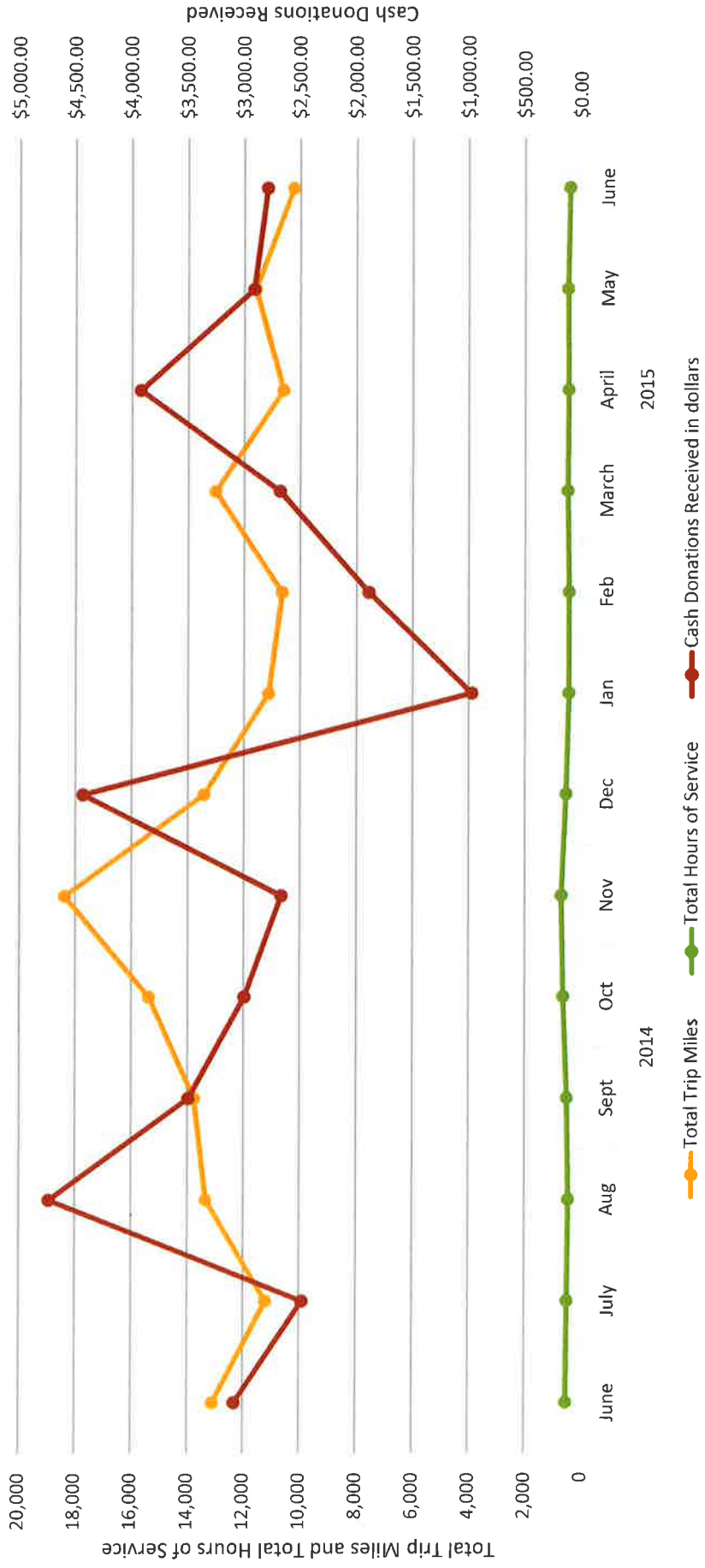
June	1	Bay Shore	The Swiss Steak meal rec'd a lot of compliments!
	2	Randolph	The Egg Custard Pie was a huge hit!
	3	Randolph	The Baked Spaghetti is always well received as they would like it twice a month!
	5	Bay Shore	Menu suggestions: spaghetti, lasagna, liver & onions and tuna casserole.
	8	Bay Shore	Some complained the meal was too salty and didn't care for the turkey.
	9	Bay Shore	Dining Center participants liked the pepper steak meal.
	9	Fox Lake	Everyone said the Pepper Steak meal was very good!
	9	Randolph	The Pepper Steak gravy was delicious!
	12	Randolph	Everybody loved the squash!
	15	Randolph	The Chicken Marsala was very tender and the Applesauce cake was very moist!
	16	Bay Shore	Mushroom Pork Cutlet received many compliments!
	16	Fox Lake	The Mushroom Pork Cutlet was tough.
	16	Randolph	The Pork was not as tender as usual.
	17	Bay Shore	Dining Center participants complained that the Beef Stroganoff was too dry.
	17	Beaver Dam	The Beef Stroganoff casserole was very good!
	17	Randolph	The Beef Stroganoff meal looked like it was missing something with a tossed salad and ice cream. A hot vegetable may have made it look like more.
	22	Mayville	The Pork Loin was tough.
	22	Randolph	The Pork Loin was tender with good flavor!
	23	Bay Shore	Everybody liked the Chicken Tetrizzini casserole!
	23	Watertown	The Lemon Vinaigrette dressing was very bitter.

- | | | |
|----|------------|--|
| 24 | Randolph | Received the Spinach Salad today instead of yesterday.
The Lemon Vinaigrette dressing was not well liked. |
| 30 | Beaver Dam | The potatoes were covered in water which turned many of them to mush making it hard to serve. |
| 30 | Lowell | Potatoes were in too much water which made the potato skins come off, which made it hard to serve. |
| 30 | Randolph | The Baby Red Potatoes were still hard. |

2014 - 2015 Congregate Meal Site Participants and Donations

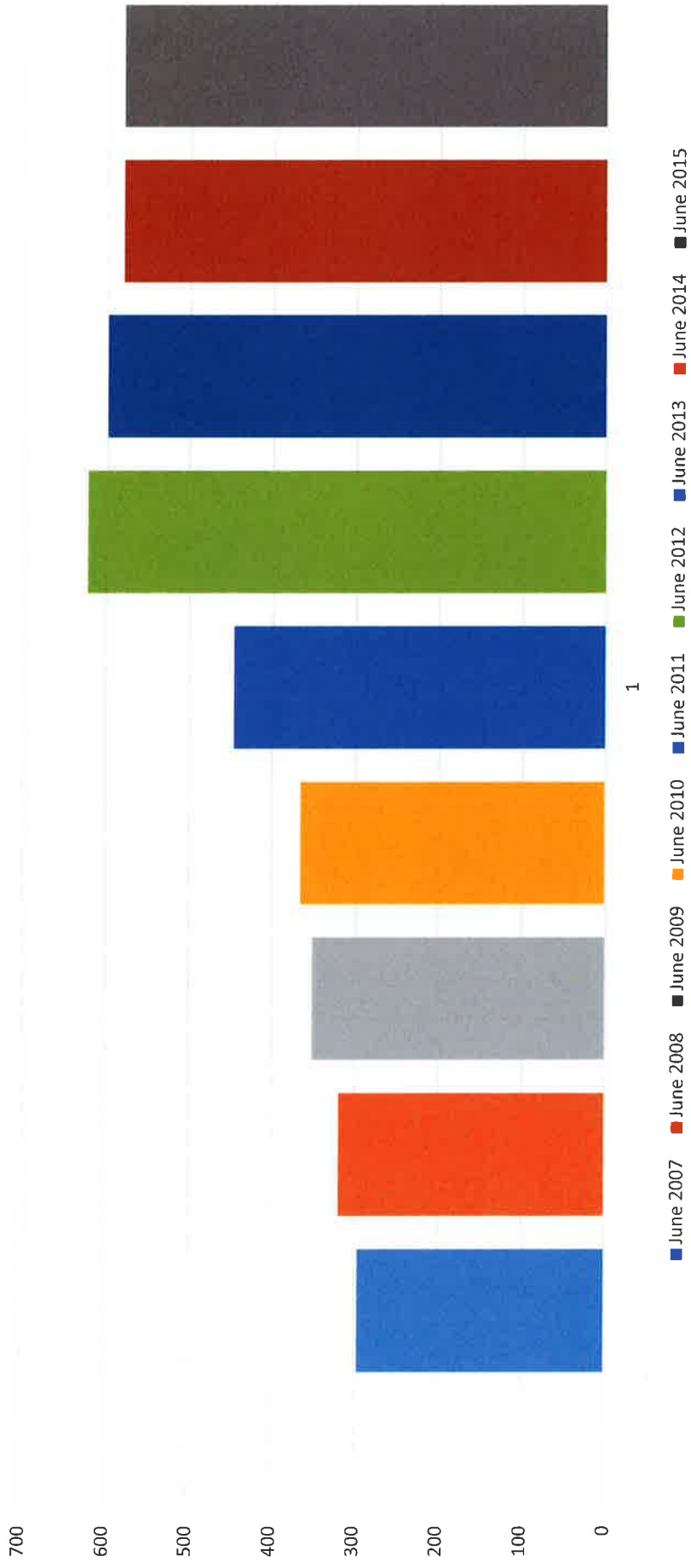


Volunteer Drivers 2014 and 2015

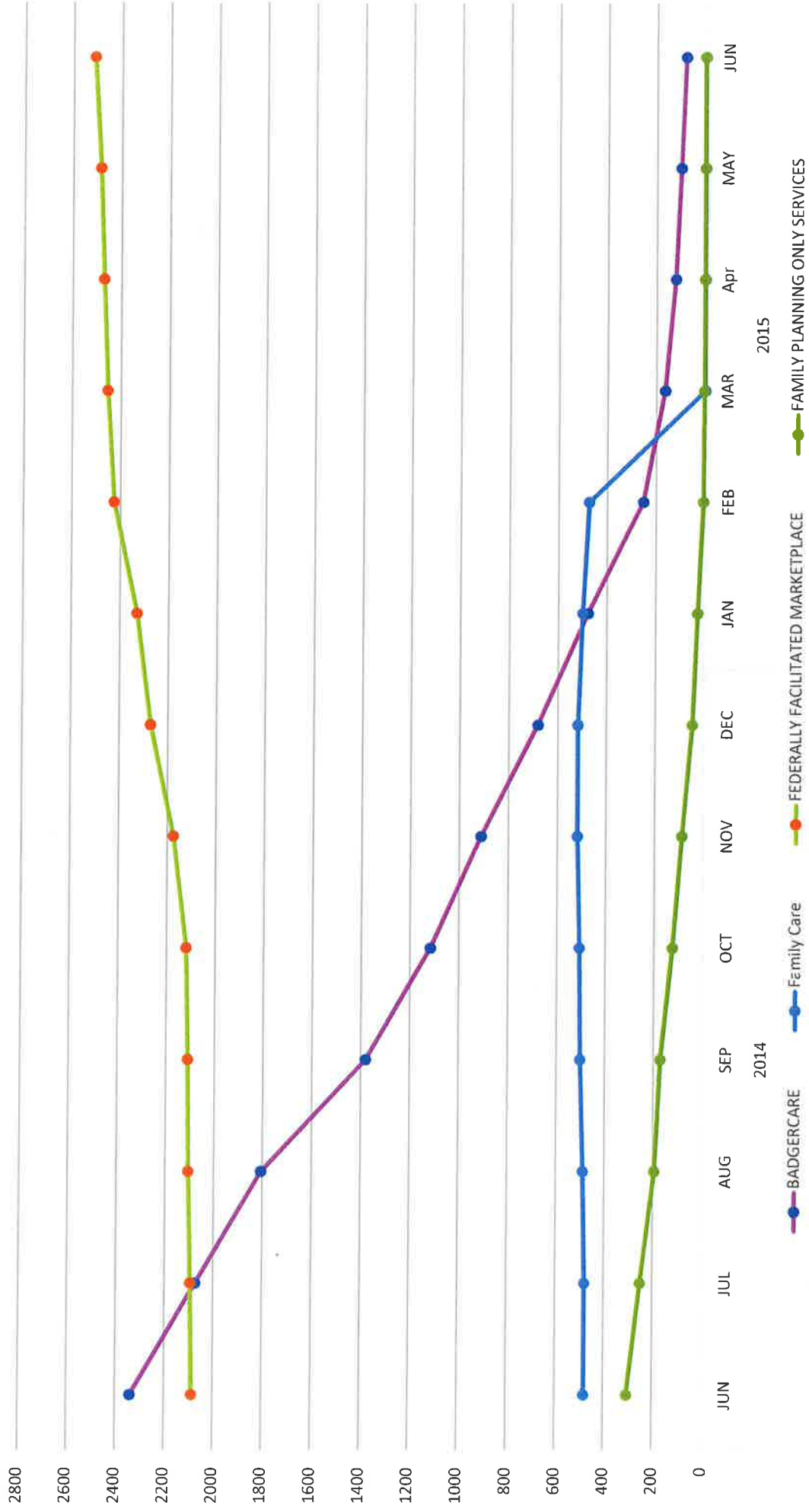


Average Economic Support Caseload from 2007 - 2015

Average Economic Support Caseload June 2007 - June 2015



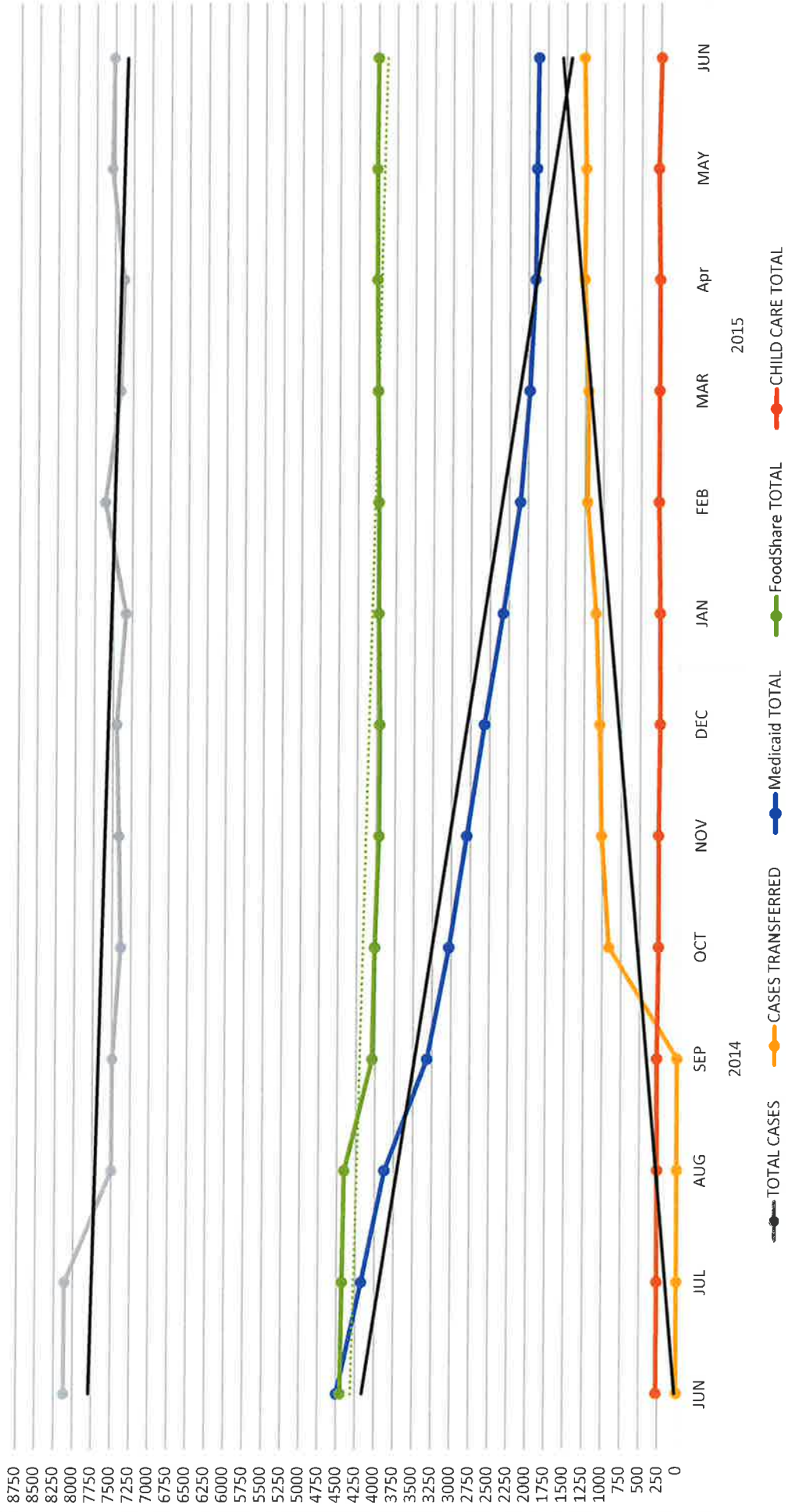
Dodge County Economic Support 2014 - 2015 Healthcare Caseloads (Unduplicated)



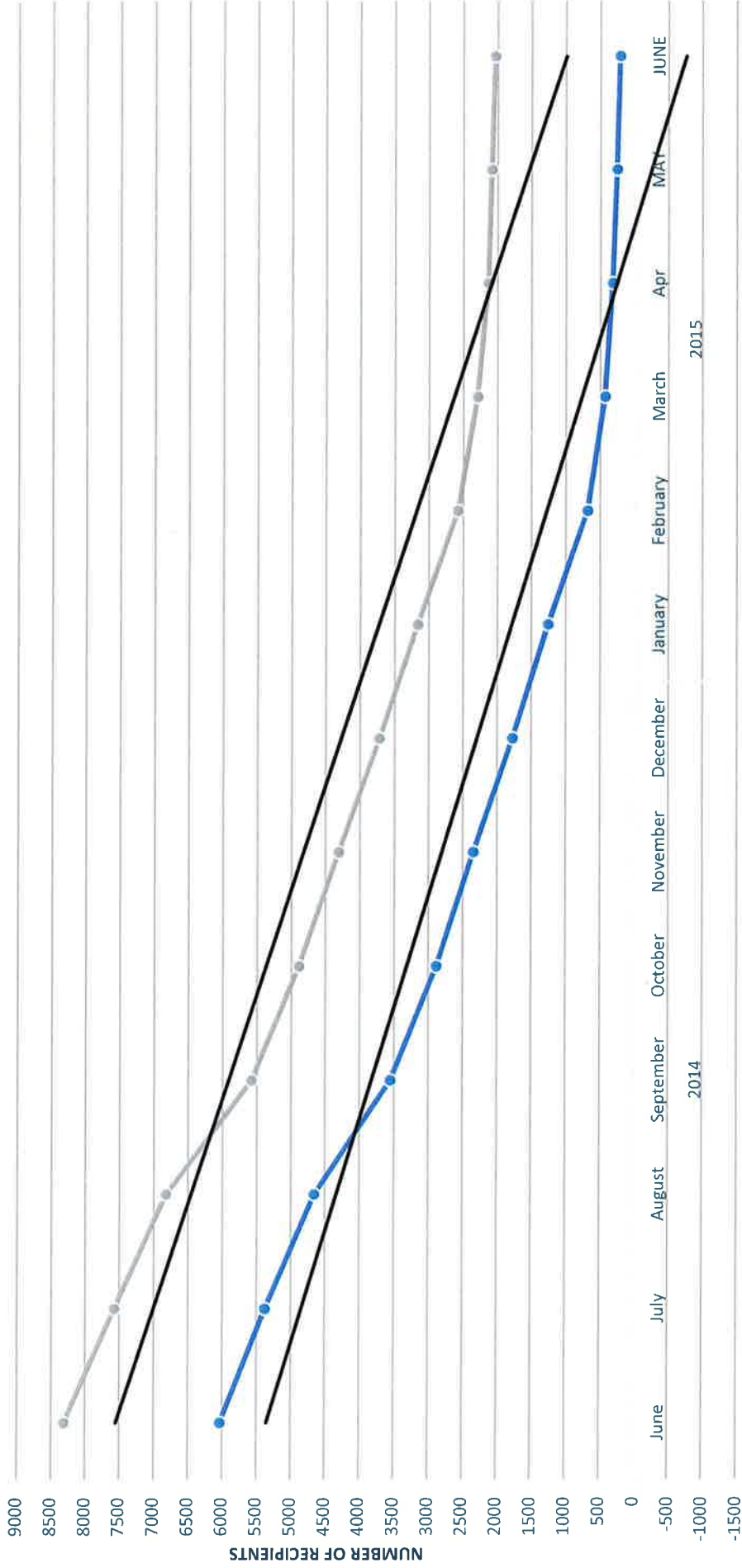
Dodge County Economic Support 2014 - 2015 Food Share Employment & Training, Child Care Only & New Application Caseloads (Unduplicated)



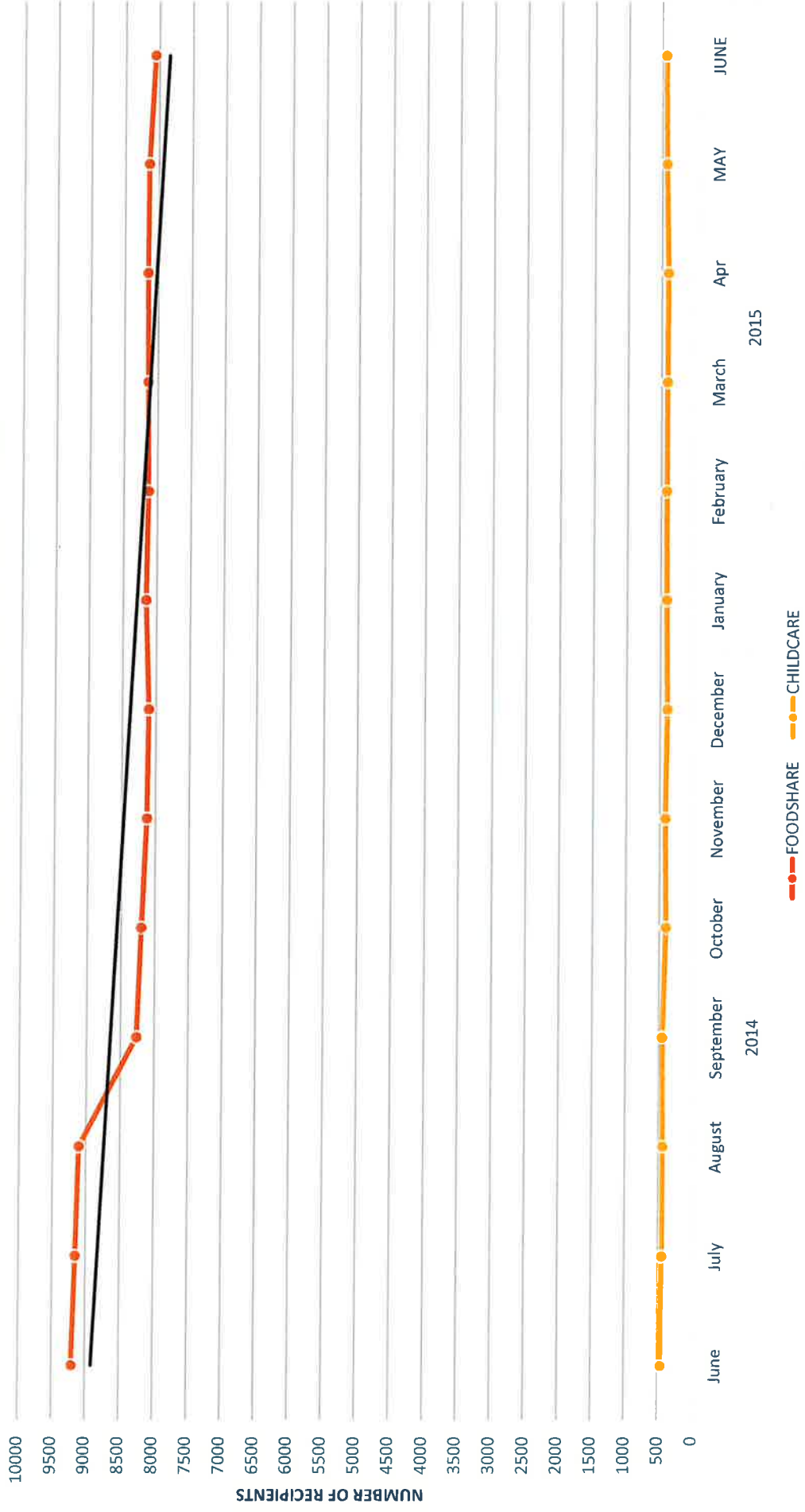
Economic Support Caseload Totals 2014 - 2015



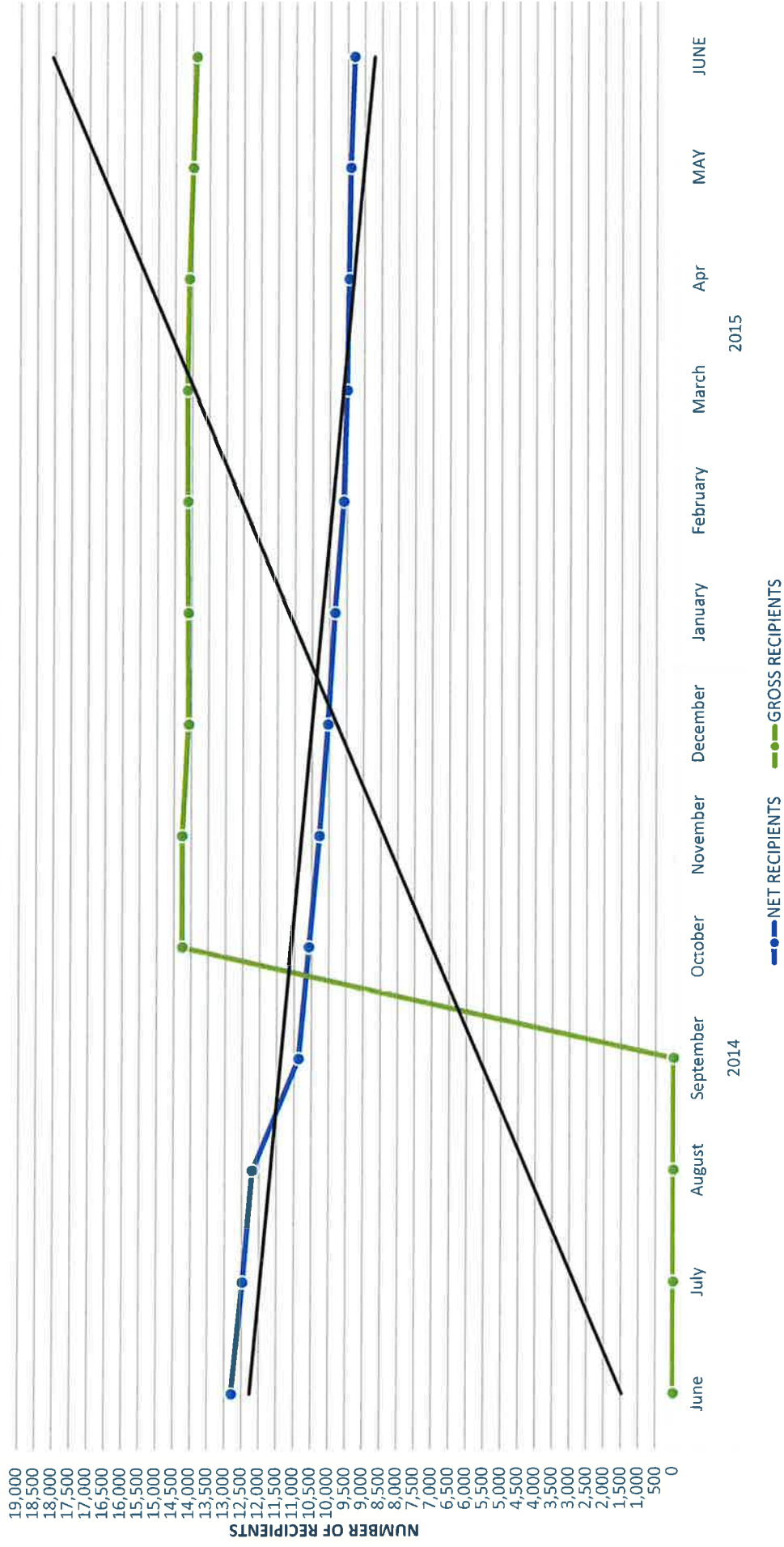
2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN BADGERCARE & MEDICAID



2014 - 2015 TOTAL ECONOMIC SUPPORT RECIPIENTS SERVED MONTHLY IN FOODSHARE & CHILD CARE



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: June 2015
(Month) (Year)

The General Relief cost this month was \$0

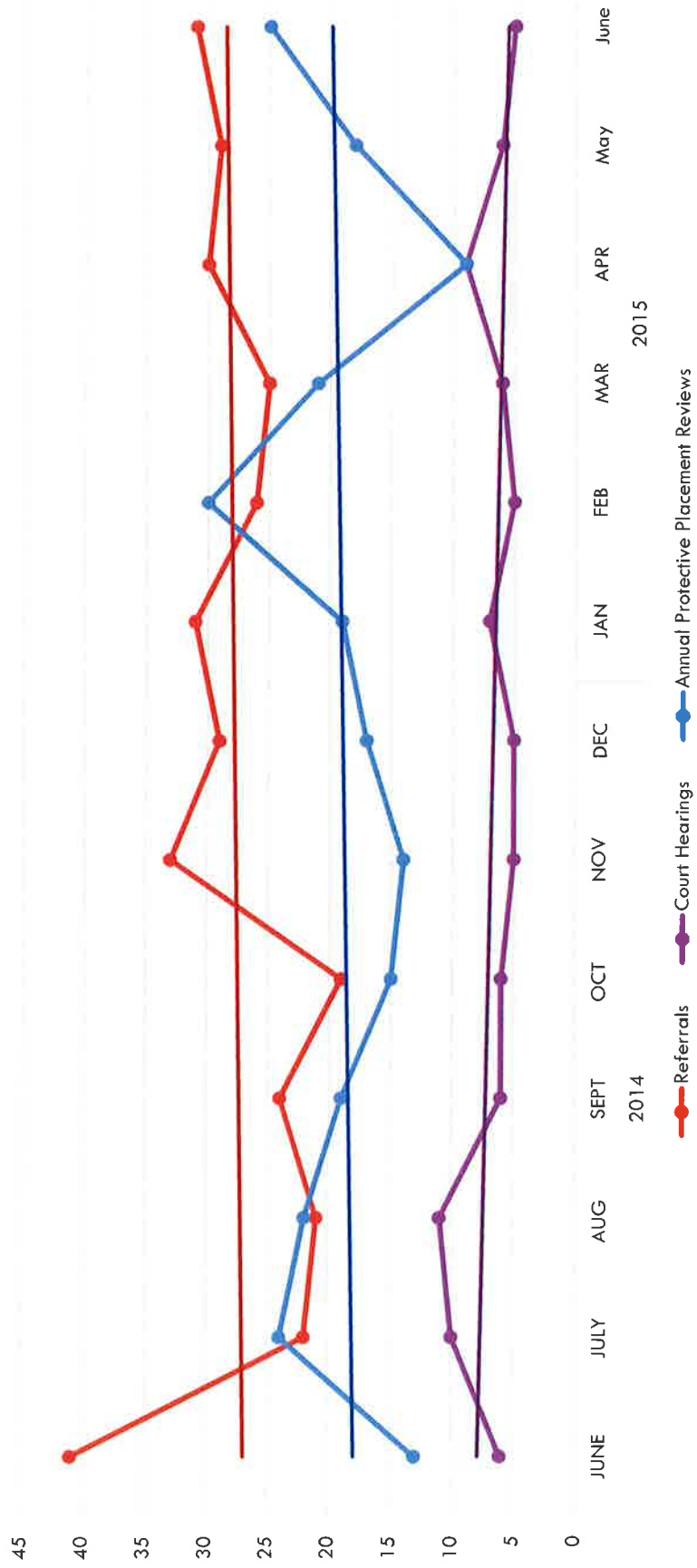
The total cost of the program to-date has been \$0, leaving a balance in the General Relief budget for this year of \$3,000.00. The payments for the month totaled \$0 in cash grants and \$0 in medical expenses. The yearly total for cash grant payments is \$0 and for medical payments is \$0.

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.

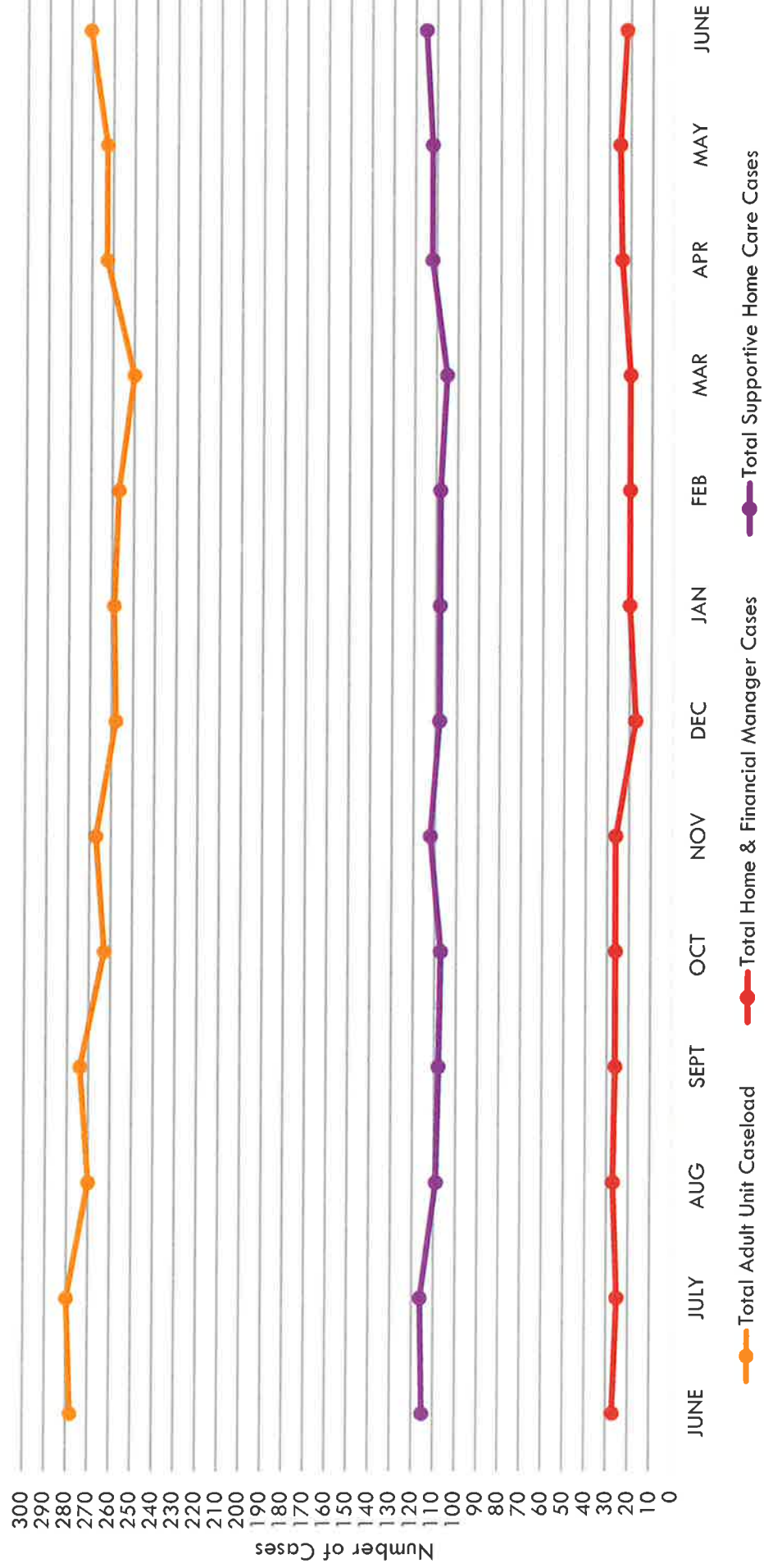
Sincerely,
Amy Beranek, Economic Support Supervisor

Ashlea Drays 7/16/15
Signed on behalf of Date
Amy

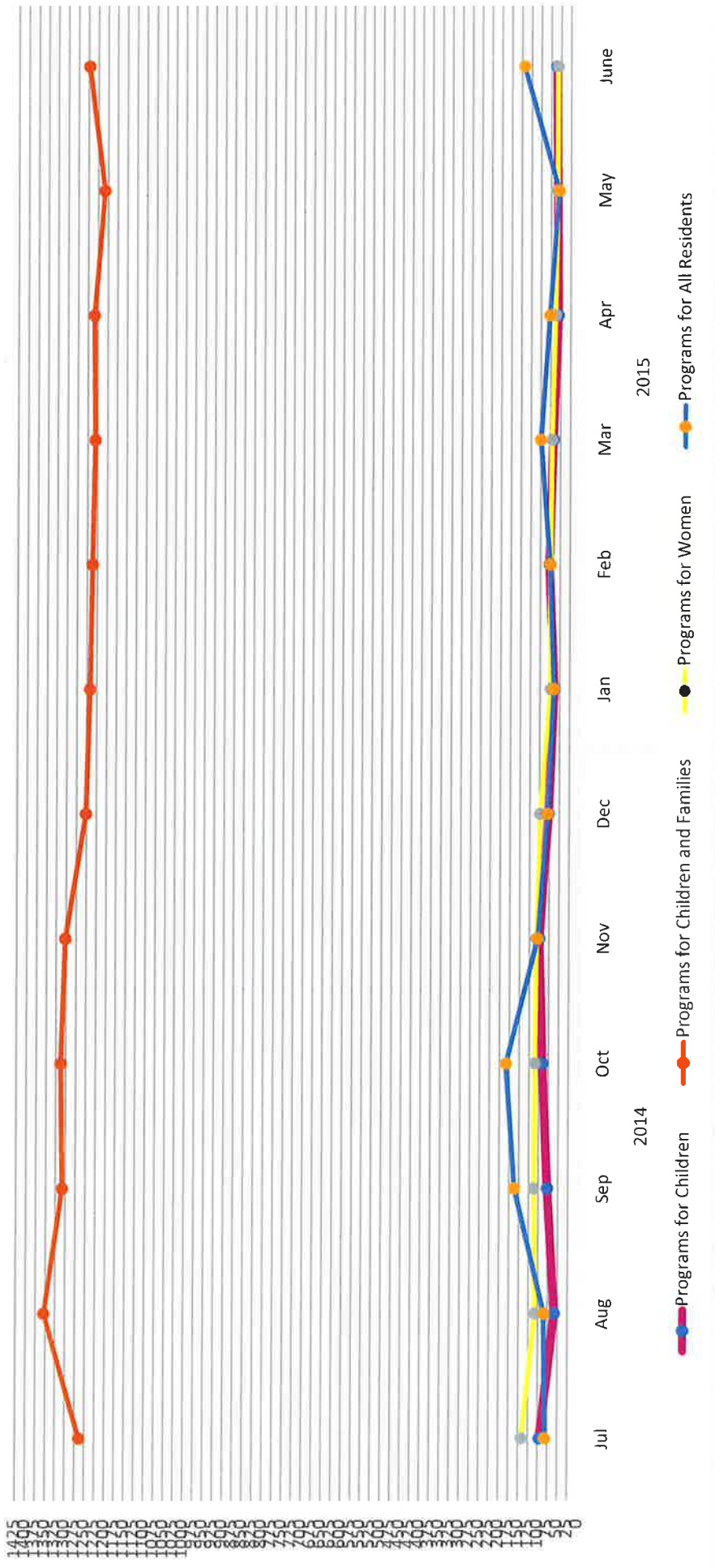
2014 & 2015 Adult Protective Services Long Term Support Report



2014 - 2015 APS Long Term Support Caseload Report



2014 - 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 Activ

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: JUNE 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: \$12,311.47

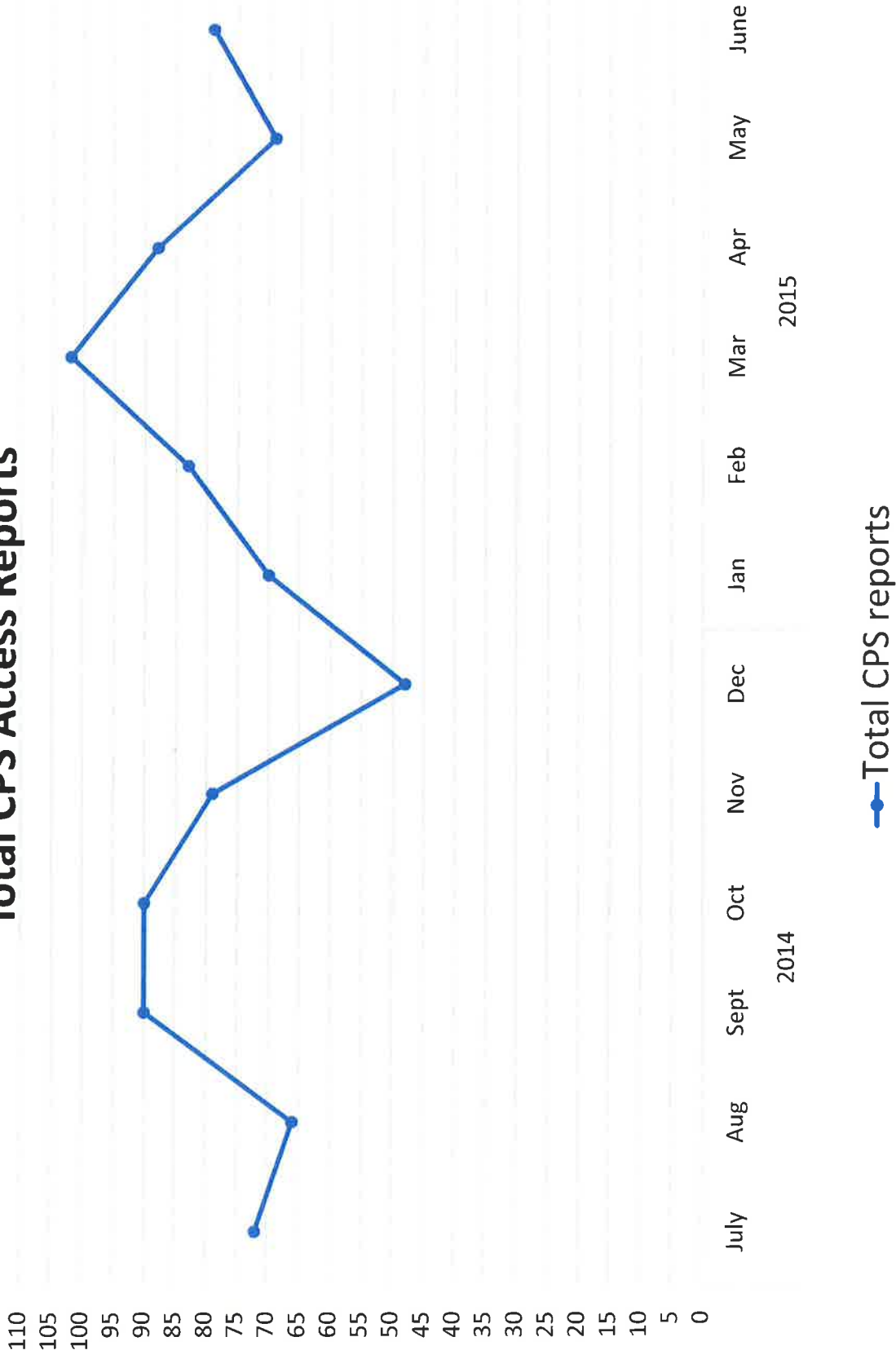
The year to date Kinship Care expenditures is: \$69,846.57
(the year to date average monthly expenditure is \$11,641.10)

The remaining Kinship Care allocation for this year is: \$ 58,092.43
(should monthly expenditures remain at current level we will
end the year with a deficit of 11,754.17)

The current number of children in the program is: 56

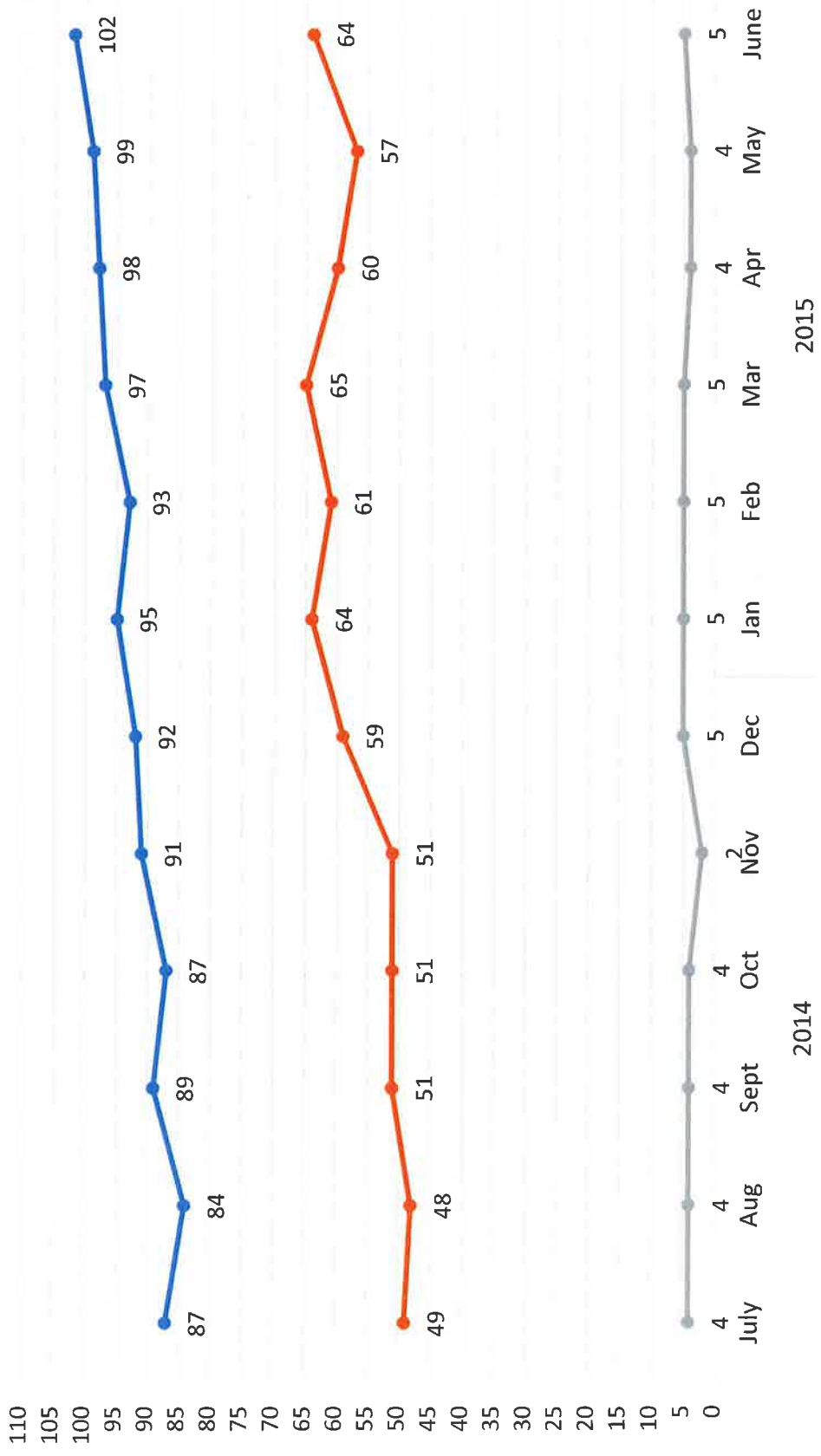
The current number of children on the waiting list is: 2

Total CPS Access Reports



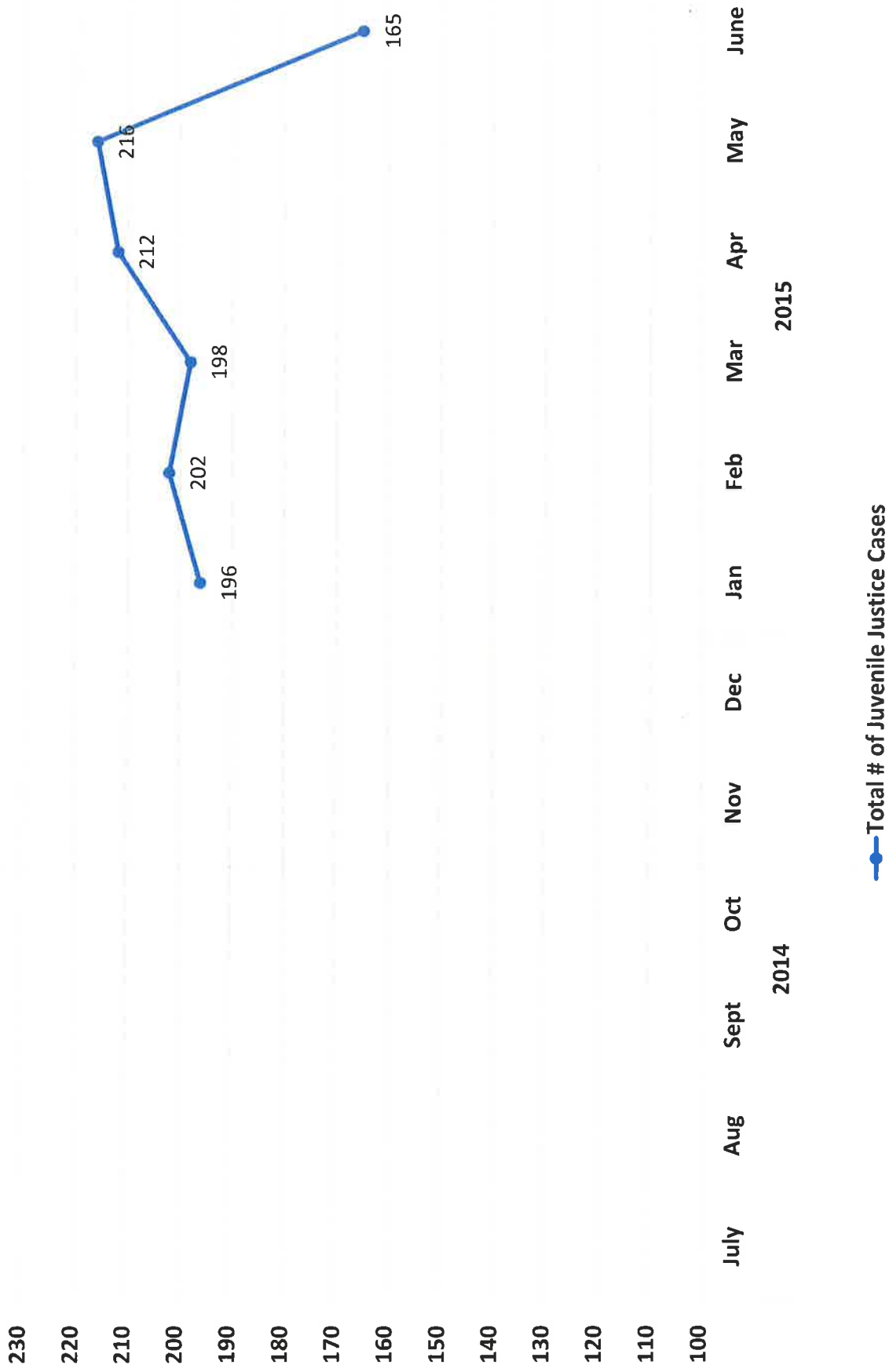
** This number includes all reports of child abuse and neglect, and families referred for services

CPS Ongoing Unit Data



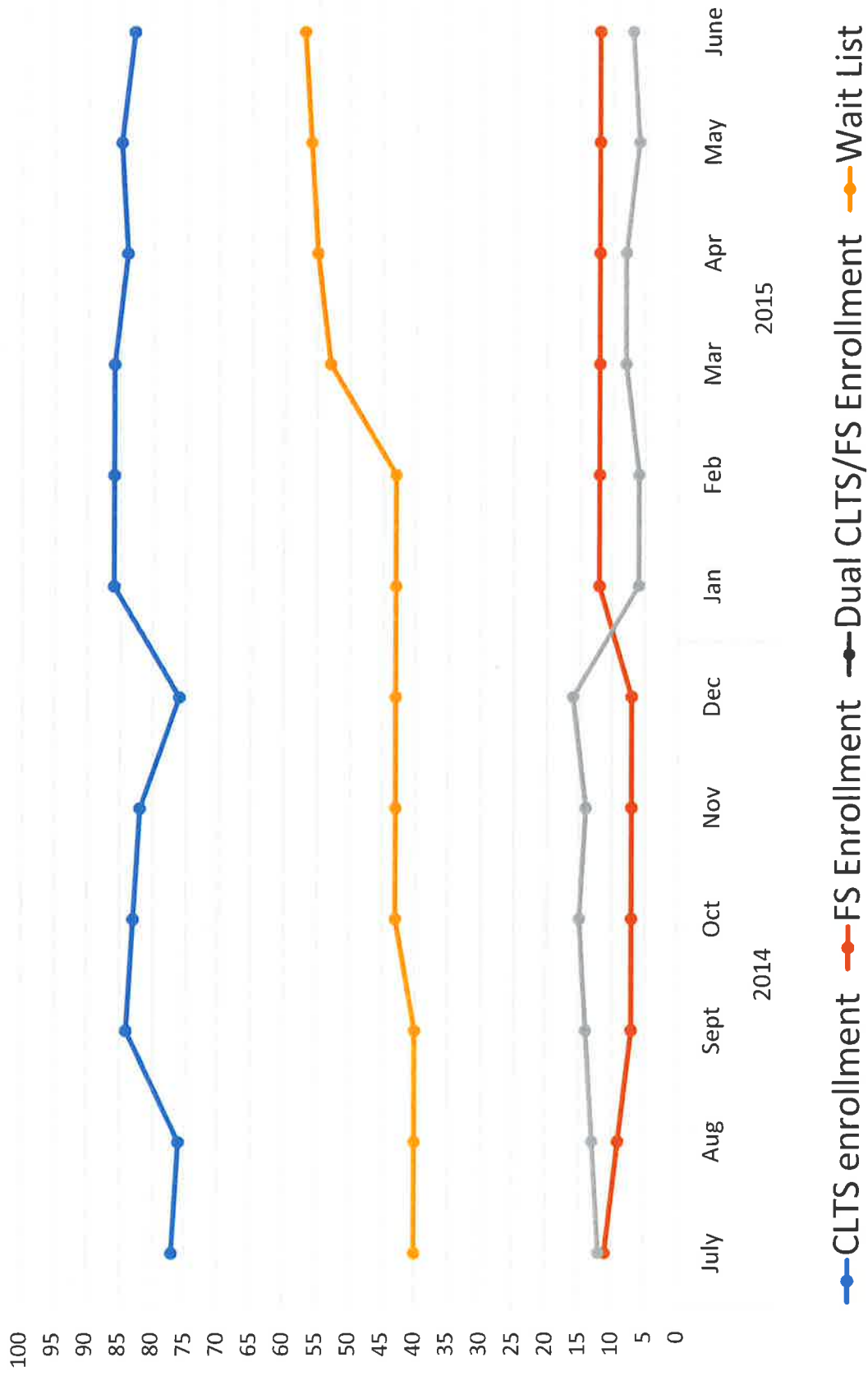
● # of Families Served
 ● # of Children in Out of Home Care
 ● # of Termination of Parental Rights Cases

Total # of Juvenile Justice Cases

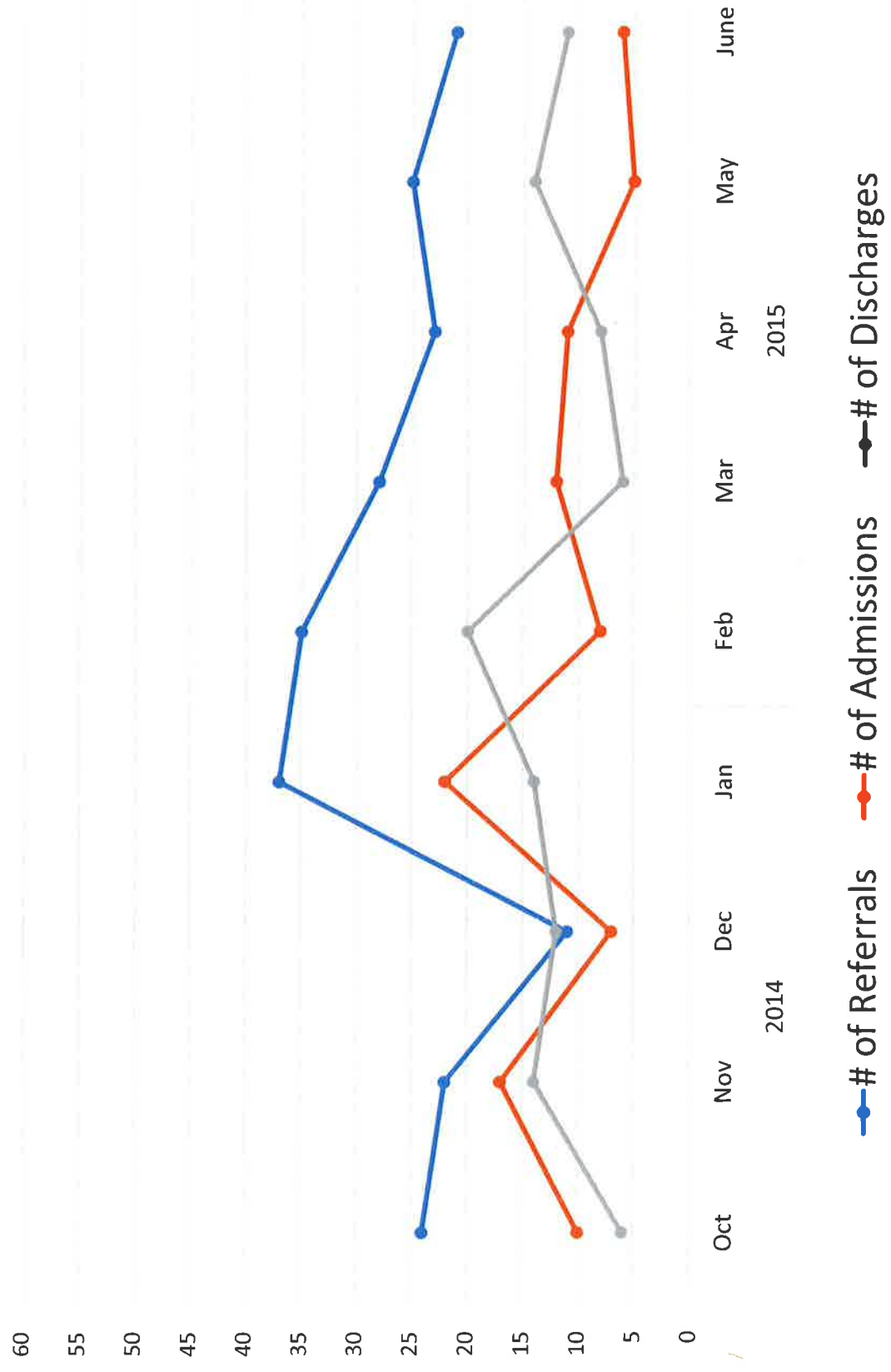


** Juvenile Justice Cases = total # of adolescents served that have been adjudicated delinquent d/t criminal activities

Children's Long Term Support and Family Support Data



Birth To Three Program Data



2015 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$) – AMENDED 7/8/15

	Group Homes		Institutions		Foster Care		FH Respite		Kinship Care		Monthly Total	
January	4	12,594.69	5	50,953.46	35	37,015.12	2	482.00	45	10,267.87	91	111,313.14
February	5	14,861.16	6	53,213.54	32	35,181.16	2	854.00	50	10,605.73	95	114,715.59
March	4	18,011.97	5	51,686.30	32	35,165.67	5	1,098.00	50	11,600.00	96	117,561.94
April	4	15,557.22	5	50,019.00	31	34,726.53	2	1,040.00	54	12,466.13	96	113,808.88
May	4	18,764.37	5	51,686.30	36	36,743.34	4	1,034.00	57	12,595.37	106	120,823.38
June	4	17,212.50	7	52,718.08	35	34,559.21	3	1,226.00	56	12,311.47	105	118,027.26
July												
August												
September												
October												
November												
December												
Total 2015	21	97,001.91	33	310,276.68	201	213,391.03	18	5,734.00	312	69,846.57	589	696,250.19
Total Revenues/ Adj. Expenses												=489,420.93
Average 2015	3.5	15,166.99	5.5	51,712.78	33.5	35,565.17	3	955.67	52	11,641.09	98.2	116,041.69
Total 2014	59	233,797.48	89	810,877.92	387	506,017.21	37	13,194.00	558	127,353.87	1130	1,682,851.48
Average 2014	4.9	19,483.12	7.4	67,573.16	32.2	42,168.10	3.1	1,099.50	46.5	10,612.82	94.2	140,237.62

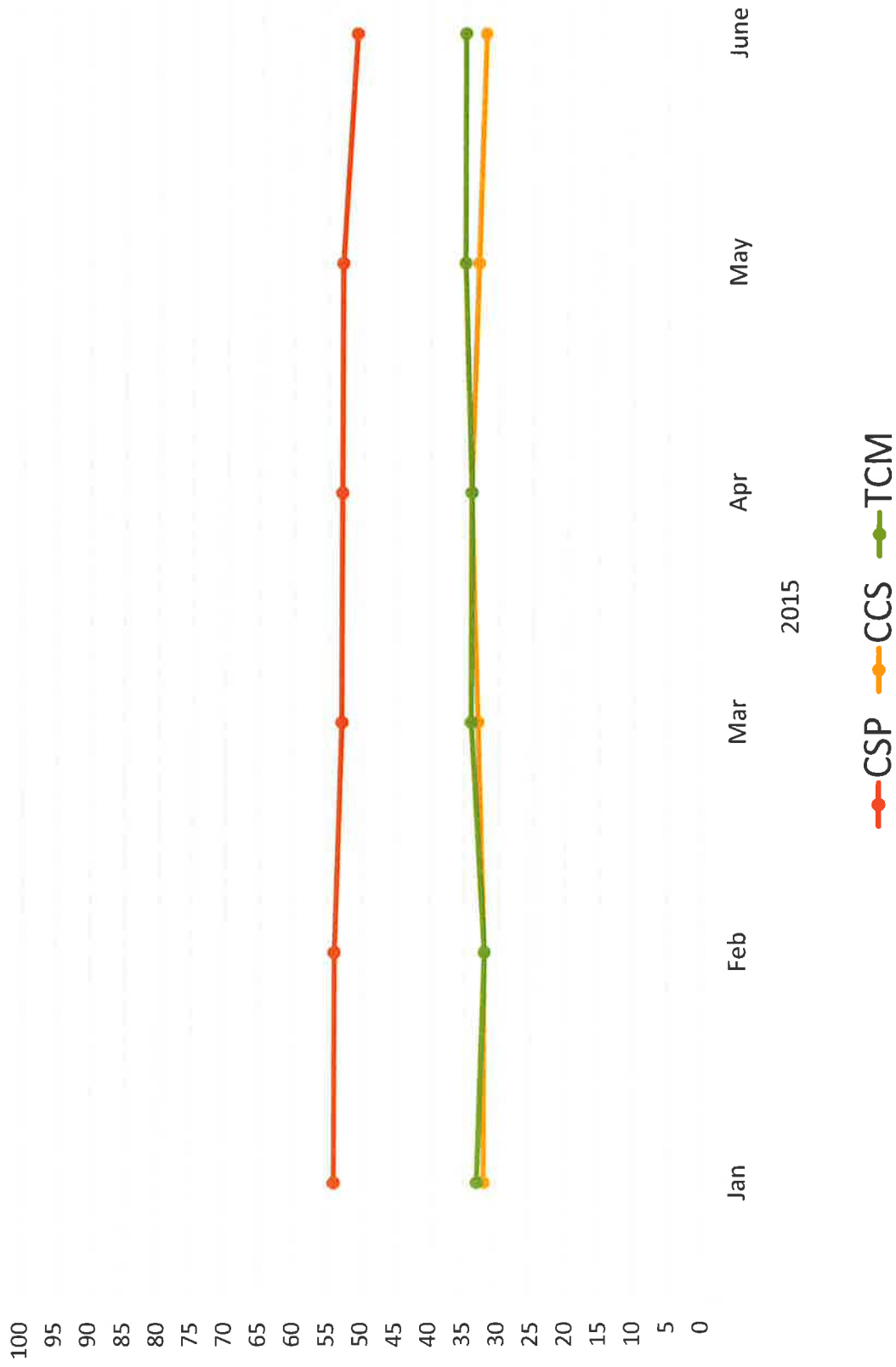
Number of placements are duplicated month-to-month.

* Total revenues are primarily a combination of collections from Child Support owed and Social Security benefits, as well as Youth Aids funding.

Clinical Services Program Statistics 2015

Programs	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total 2015
Outpatient MH services													
Admissions	31	30	37	40	26	38							
Discharges	25	21	25	25	31	58							
End of month census	878	887	899	914	909	889							
Psychiatry	524	527	537	540	547	549							
Therapy	354	360	362	374	362	340							
Average caseload size	89	90	91	94	91	85							
Outpatient AODA services													
Admissions	28	45	43	27	18	26							
Discharges	27	22	30	21	35	40							
End of month census	196	219	232	238	221	207							
Average caseload size	65	55	58	60	55	41							
Intoxicated Driver Program Assessments (IDP)	45	47	53	39	27	37							
IDP End of Month Census	284	331	328	360	387	350							
Crisis Response Services													
Hospitalizations – Total Days		195	53	49	36	50							
Emergency Detentions		21	7	12	13	11							
Diversions		19	47	67	70	72							
Protective Custody		8	2	5	5	3							

Community-Based MH/AODA Programs



CSP - Community Support Program

CCS - Comprehensive Community Services Program