

DODGE COUNTY HUMAN SERVICES & HEALTH BOARD MINUTES

The Dodge County Human Services & Health Board met on Tuesday, March 8, 2016 in the Human Services Admin Room #G46 of the Henry Dodge Office Building.

The meeting was called to order at 7:00 p.m. by Glenn Stousland, Chairman.

ROLL CALL: PRESENT: Glenn Stousland, Chairman, Mary Bobholz, Gilbert Falkenthal, James Houchin, David Godshall, Phillip Gohr, and Mark Roesch.

NOT PRESENT: Clem Hoelzel and Lois Augustson.

ALSO PRESENT: STAFF: Jim Mielke, County Administrator, Janet Wimmer, Director, Ken Kamps, Jody Langfeldt, Alyssa Schultz and Sheila Drays.

OTHERS: Kathy Ryan and Janet Carlson

Certification of Public Notice: Jackie Vincent certified public notice.

Consideration to Deviate from the Agenda if Needed:

A motion was made by Phillip Gohr to approve deviation from the agenda if needed. The motion was seconded by Mary Bobholz. Motion carried.

Approval of Minutes of the February 3, 2016 meeting:

A motion was made by James Houchin to approve the minutes of the February 3, 2016 meeting as presented. The motion was seconded by David Godshall. Motion carried.

Public Forum:

Janet Carlson asked about the length of wait lists to get in for services with a psychiatrist.

Alyssa responded:

As of last week, all of the individuals on the adult psychiatric eval wait list had been scheduled for intakes with a doc through the last week in April and first week in May. There were 7 individuals who had not returned calls to reception to schedule, and there are still appointments available for them in April should they choose to call back and schedule. At this point, there is NO wait list for child/adolescent psychiatry evals, and save for these 7 that have not been scheduled as of last week, there is also NO wait list for adult psychiatry evals. All have been scheduled out through the first week in May. Very exciting!!!

Board Action: None

The Aging and Disability Resource Center Presentation of SPARK! was shown out of order.

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Director's Report:

An update was given by Janet Wimmer on:

- A. Presentation of 2015 Human Services and Health Department Annual Report

Division Reports:

The Board members reviewed and discussed the following informational items:

- **Fiscal & Support Services Division:**
 - Review of January, 2016 expenditures & revenues.

- **Community Support Services Division:**
 1. Program Statistics:

Sheila mentioned that Economic Support statistics in the new program are being tracked differently than the old system. Things will now be categorized differently, but this has no impact as far as staffing or caseloads, the information will just look different than the old statistics looked.

2. Aging and Disability Resource Center Information:
 - a. Dining Center Comments
 - b. Gary Schmidt from Burnett, has been appointed to the ADRC Governing Board at the Committee level. He will be representing Elderly Persons.
 - c. Presentation of SPARK! Program (done previously, out of order)

3. Public Health Information:
 - a. Vaccine Handouts
 - b. Event Schedule (Appleton)
 - c. Disease Incident Count Statistics

- **Clinical & Family Services Division:**
 1. Program Statistics:
 - a. Out of Home Costs

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Next Meeting Date: April 6, 2016 @ 7:00 p.m.

A motion was made by David Godshall to adjourn the **March** meeting. The motion was seconded by James Houchin. Motion carried. The meeting was adjourned at 7:45 p.m.

Lois Augustson, **Secretary**

Glenn Stousland, **Chairman**

Jackie L. Vincent, **Recording Secretary**

jv

DISCLAIMER: THE ABOVE MINUTES MAY BE APPROVED, AMENDED OR CORRECTED AT THE NEXT COMMITTEE MEETING

Please follow the instructions on the last two pages (also emailed with this document) and provide any text updates in ~~green font~~ blue font for 2015.

**BUREAU OF AGING AND DISABILITY RESOURCES
AGING UNIT SELF-ASSESSMENT FOR 2013-2015**

County/Tribe: Dodge County						
Name of Aging Unit Director: Melanie Macdonald Kristine Schefft						
Approved by Commission on Aging?	Yes		No		Date Approved:	April 1, 2015 (yes, emailed approval)
	X					

Part I: Compliance With the Wisconsin Elders' Act	
Organization of the Aging Unit The law permits one of three organizational options. Which of the following permissible options has the county/tribe chosen?	Check One
1. The aging unit is an agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
2. The aging unit is a unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X NO CHANGE
3. The aging unit is a private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging The law permits one of three options. Which of the following permissible options has the county/tribe chosen?	Check One
1. For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X NO CHANGE
2. For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
3. For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission	

and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

Part I: Compliance With the Wisconsin Elders' Act (continued)
Needs to be completed only if there have been changes since completing your 2013-2015 plan.

Full-Time Aging Director

The law requires that the aging unit have a full-time director as described below. Does the county/tribe have a full-time aging director as required by law?

Does the aging unit have a full-time aging director?

NO CHANGE Yes

 No

Membership of the Commission on Aging

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that as nearly as practicable, the terms of one-third of the members shall expire each year and no member may serve more than 2 consecutive 3-year terms. In the case of county board members, the requirement is 3 consecutive 2-year terms.

Is the aging unit in compliance?

NO CHANGE Yes

 No

Members of the Commission on Aging (please list)

Name of Individual	Age 60 and Older (x)	Elected Official (x)	Year first term began
Chairperson: Glenn Stousland	X	X	1997
Mary Bobholz		X	2012
James Houchin		X	2014
Clem Hoelzel (retired, replaced in 4/16)	X	X	2008
Phillip Gohr	X	X	2012
Mark Roesch		X	2014
Gilbert Falkenthal	X		2006
David Godshall	X		2006
Lois Augustson	X		2002

AGING ADVISORY COMMITTEE (required to list each member and provide requested information)	Age 60 and Older (x)	Elected Official (x)	Year first term began
Chairperson: CLEM HOELZEL (retired)	X	X	2012
JAN DUFFY			2011
WILLIAM HOEKSTRA	X		2013
PHILLIP GOHR (acting chair)	X	X	2012
MARYANN MILLER	X	X	2013
WAYNE SCHMITZ (resigned)	X		2012
Carolyn Flowers	X		2015
Harvey Grulke	X		2015
Ivan Elm	X		2015
VACANT – Plans moving forward to combine ADRC/Aging Advisory Committees which will eliminate vacancy. Dodge County has chosen to keep ADRC and Aging Advisory Committee separate at this time, due to new supervisor starting August 2015. This may be looked at again in the future, but at this time they will remain separate entities			
IMPORTANT: If the aging unit does not meet with <u>all</u> of the above, it is required to submit a corrective action plan outlining a timeline and goals, in SMART format, to GWAAR by April 15, 2015 . The policy manual outlines such plans which must include involvement of older persons, discussion of such a plan at commission on aging/advisory committee meetings and appropriate public hearing notices, meeting notices, agendas, and minutes. Corrective action plan documents must be sent electronically to GWAAR (sarah.cowen@gwaar.org).			
DEFINITIONS:			
ADRC – Aging & Disability Resource Center			
Staff positions housed in the ADRC:			
ADRC Nurse (delete)			
ADRC/Aging Services Supervisor			
Aging & Disability Resource Specialists			
Disability Benefit Specialist			
Economic Support Workers			
Elder Benefit Specialist			
Benefit Specialist – Family Caregiver Coordinator (Title changed to Caregiver Program Coordinator) (Benefit Specialist who administers the AFCSP and NFCSP)			
Nutrition and Transportation Program Manager			
Support Staff			
Transportation Clerk			
AFCSP – Alzheimer’s Family Caregiver Support Program			
AIRS – Alliance of Information and Referral Systems			

Part II: Activities to Help Older People Advocate for Themselves

1. What does the aging unit do to inform older people about the issues that affect their lives?

The ADRC provides information directly to older people by phone, in person in the ADRC office or at their home, and through outreach activities including senior fairs, county fair, Dementia Concerns Coalition meetings & fund raisers, presentations to community organizations, presentations at meal sites and senior centers, articles in county newspapers, public presentations, and website posting. The ADRC also provides trainings about identifying signs of dementia, and the normal aging process.

2. How does the aging unit teach older people to act as advocates?

As individuals call or stop in at the ADRC office for information, or receive information through home visits, phone calls or an outreach activity, ADR Specialists assess their needs, identify appropriate resources that meet those needs, and encourage consumers to choose from a variety of service options. The ADR Specialists also help individuals understand the steps that need to be taken to obtain needed services so that they can advocate on their own behalf. In meal sites and senior centers, the Elderly Benefit Specialist provides information regarding benefits as well as who to contact (such as the State Insurance Commissioner, the ADRC or a legislator) if they have benefit problems or concerns.

Seven of the ADRC staff are AIRS Certified and well versed in resources available within our county. Resources include legislators, the Department of Health Services, Social Security, Coalition of Wisconsin Aging Groups, Disability Rights Wisconsin, and service providers (such as Access to Independence). Various brochures are available to use as communication tools to aid people in advocacy efforts.

The ADRC provides information about complaint and appeal rights, including referrals to the ombudsman program and legislators as needed.

3. How does the aging unit advocate on behalf of the older people it serves?

The ADRC/Aging Services Supervisor was very involved in gathering information from other units about the ongoing struggle for elders on Medical Assistance to get good quality transportation in the county. In one specific instance, an elder discharged from a nursing home to home but needed dialysis three days each week. The social worker at the nursing had contacted MTM to notify them that the person was discharging and MTM set up transportation for two weeks. When the two weeks had lapsed, Forward Health did not have updated information and therefore MTM was not going to serve the client. The client had a family member that took off work for the three days that week but could not continue and was at risk of losing his job. I took on the responsibility of contacting the dialysis social worker, the nursing home social worker, Economic Support, and the MTM general manager to resolve the issue and insist that an exception be made for this client. I did not have contact with the client but was able to resolve the problem and get the transportation services set up.

ADRC staff provided many outreach presentations, including but not limited to Medicare A, B, C, and D, Medicaid programs, and benefits checkups. ADRC staff have discussions with members of committees (Aging Advisory Committee, Nutrition Program Advisory Council, Transportation Advisory Committee, ADRC Governing Board, and Human Services and Health Department Board), network with providers and other agencies (for example, recent work with the Regional Enrollment Network regarding the Affordable Care Act, holding an enrollment fair, Dementia Concerns Coalition monthly meetings) and partner with a local hospital to provide the Stepping On course. We have appeared on a local radio Community Comment show three times in 2013 where we discussed Aging Programs, Elder Abuse, Elderly Benefit

Specialist services, and the Pro Bono Attorney program.

Assuming the role of ADRC/Aging services supervisor in August 2015, I can only add that we continue with the previously mentioned programs.

Part III: Progress on the Aging Unit Plan for Serving Older People – Statewide Priorities

Section 4 A-F: Statewide Focus Areas

Progress Notes
(briefly summarize only those activities completed as of Dec. of each year; explain if a goal was not accomplished)

Check if Done
 2013 2014 2015

Focus 4-A: Development of a System of Home and Community-Based Services

Goal 1: To improve access to home and community based services the ADRC will develop a resource guide of referral agencies, mail the guide to medical clinics, and post it to the ADRC website by December 31, 2013; the ADRC will update the guide twice annually in each of the plan years of 2014 and 2015.

Resource brochures were completed during 2013, mailed to medical clinics, and updated. They will be placed on the ADRC website in early 2014. Resource brochures are provided on the ADRC website and updated at least once every six months. Resource brochures are updated every six months, and are available on our website.

Goal 2: To improve access to home and community based services the ADRC will install a computer in the lobby with links to community resources and benefit application websites by December 31, 2014 and will update the community resource links in 2015.

To be completed in 2014. Due to wiring limitations in the lobby a computer was installed in the ADRC Conference room to provide access to resource information and applications for benefits. Links to resources have been updated on the website. Continued from 2015

Goal 3: The ADRC will improve access to home and community based services by performing a process improvement project regarding follow-up contacts to individual consumers who might benefit from such a contact. The project will include an annual survey of consumers regarding key factors of customer satisfaction. The ADRC will increase customer satisfaction by 3% based on the initial survey in each of the plan years by December 31, 2013, 2014 and 2015.

The ADRC completed a process improvement change project to provide better consumer access to Family Care services through successful completion of timely Medical Assistance applications. Over 40% of applications were lapsing after 30 days; outcome of the project reduced lapsed Medical Assistance applications for Family Care programs to 10%.
 The original plan for Follow-up was not completed in 2013 due to time constraints and

X X X
 N/A X X

X

	<p>the consumer need for services and enrollment into Family Care programs. The original plan for Follow-up was not completed in 2013 due to emergent need for a review of timeliness compliance for completion of functional screens.</p> <p>The ADRC completed a process improvement project called "Time Bandits" whereby the percent of functional screens completed exceeding the 14 day maximum was reduced from 36 percent to 8 percent.</p> <p>The ADRC resource specialists continue to report on completion time and adhere to these standards. This is being reviewed on an annual basis</p>		
<p>Focus 4-B: Older Americans Act Programs</p>			
<p>Goal 1: To increase broad access to benefits for elders in the community, the Elderly Benefit Specialist will interview, train and supervise one new Benefit Specialist volunteer in each of the plan years by December 31, 2013, 2014 and 2015.</p>	<p>Elderly Benefit Specialist held a volunteer training event with CWAG for Senior Medicare Patrol and met with three potential volunteers. The Elderly Benefit Specialist has maintained contact with these individuals and will pursue assistance from GWAAR to further develop the volunteer parameters for her program area. The Elderly Benefit Specialist worked very hard to recruit volunteers which resulted in one volunteer who proceeded through training. Upon completion of training, the volunteer was unable to continue due to serious health concerns. The Elderly Benefit specialist changed focus and has a volunteer in place for the SOS/Medicare Minute program for the next 3 year Aging plan.</p>		X

<p>Goal 2: To increase access to benefit information for elders in the community, the Elderly Benefit Specialist will ensure that the Benefit Specialist volunteers visit a meal site or senior center once quarterly in each of the plan years of 2014 and 2015.</p>	<p>To be completed in 2014 and 2015. The Elder Benefit Specialist has fulfilled this requirement herself by providing regular visits to meal sites and senior centers throughout the county. The Elder Benefit Specialist maintains regular office hours at one meal site, and one senior center, and housing complexes as requested</p>	<p>N/A</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 3: To increase revenue resources for the Senior Dining Program, the ADRC will mail a monthly letter summarizing meal costs and suggesting a donation amount to congregate meal participants by December 31, 2013; the goal is ongoing in 2014 and 2015.</p>	<p>Completed. The Senior Dining Program began sending out summary letters with August meals; revenues increased by 10% in the remainder of the year.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Focus 4-C: Alzheimer's Disease</p>					
<p>Goal 1: To Increase awareness and knowledge of the Wisconsin Alzheimer's conference, the ADRC will provide links to conference information on the ADRC website by December 31, 2013 with updates in 2014 and 2015.</p>	<p>Completed. The ADRC website has information updated annually for each Wisconsin Alzheimer's Conference.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 2: To increase awareness and knowledge of Alzheimer's and caregiver support groups, the ADRC will include information about such groups in the resource guide and on the ADRC website by December 31, 2013 with annual updates in 2014 and 2015.</p>	<p>Not completed but requested in February, 2014, as we were updating brochures. Since the conference will be in May, 2014, the information will be included on the website prior to the registration cutoff date. The ADRC has increased capability in quickly updating our webpage, so information on dementia trainings and educational activities are added regularly.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 3: To increase awareness and knowledge of Alzheimer's and caregiver services, the ADRC will provide presentations to two community organizations in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. The ADRC provided presentations at Beaver Dam Community Hospital and at meal sites. Completed. The ADRC provided presentation to several community organizations and at four support groups. In calendar year 2015, there were over 25 different presentations offered on dementia. There were also 31 memory screens completed.</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 4: To increase awareness and knowledge of the ADRC, the resource guide, Alzheimer's disease, Alzheimer's conferences, and support groups, the</p>	<p>Completed. The ADRC appeared on Community Comment on June 14, 2013, and on November</p>	<p>X</p>	<p>X</p>	<p>X</p>	<p>X</p>

<p>ADRC will appear twice in each of the plan years of 2013, 2014 and 2015 on Community Comment on WBEV radio.</p>	<p>25, 2013. Completed. The ADRC appeared on Community Comment on February 20, May 23, and June 3, 2014. The ADRC appeared on Community Comment on June 9th, 2015</p>	
<p>Focus 4-D: Emergency Preparedness</p>		
<p>Goal 1: To increase community buy in of Emergency Preparedness the ADRC will coordinate with Public Health and the Office of Emergency Management to:</p> <ul style="list-style-type: none"> • create and distribute to elders through Senior Dining centers 200 copies of an easy to understand, large print preparedness document to “make a kit” by December 31, 2013. • include the large print preparedness document on the ADRC website by December 31, 2014. 	<p>Not completed. Purchased first aid kits, bags, and researched the purchase of water bottles with ADRC logo and information on them. Plan to complete in 2014. We completed the work on the booklet but did not yet print it. Completed distribution through elder fairs and county fair of smaller print preparedness document in 2014. After considerable research and review of the large print document we had, we determined that it did not fulfill our vision. We have in 2015 found that the Minnesota guide produced by older people for older people is going to fit our vision. The ADRC created a one page document to use with the Emergency Prep bags and this is posted on our webpage.</p>	<p>X X</p>
<p>Goal 2: To increase elders use of Emergency Preparedness concepts (such as Red Cross make-a-kit), the ADRC will create 100 emergency kits in ADRC re-useable grocery bags and distribute them to elders through presentations at Senior Dining centers by December 31, 2013; ongoing 2014 and 2015.</p>	<p>Not completed. Plan to complete in 2014. Due to staff shortage, we did not have adequate staff time to accomplish this task. Not completed in 2014. During 2014 the ADRC was operating with four ADR Specialists. Mid 2014, we hired a fifth ADR Specialist which helped to alleviate some but not all of the timeliness concerns. The process improvement project required the most attention so that the “make a kit” project was delayed. However, as of the time of this writing, a team is working on completion and distribution of this project no</p>	<p>X X</p>

<p>Goal 3: To address how the aging program will work with local emergency preparedness organizations in the development of long-range emergency preparedness plans and coordination with emergency response teams in responding to natural and man-made disasters, the ADRC will coordinate with Public Health and the Office of Emergency Management on planned table top emergency exercises in 2013, 2014 and 2015. Additional staff experience through the exercise will improve our ability to respond in an emergency. Lessons learned will be shared with ADRC staff at least once annually in each of the plan years of 2013, 2014 and 2015.</p>	<p>later than OAA month in May. We have learned that this is a much larger and labor intensive project than we thought it would be. Still, it is an amazing concept that we wish to proceed with and accomplish it. We now have a five staff committee working on this outreach project. Plan to provide a presentation to the Aging Advisory Committee on April 8, 2015. ADRC staff completed and distributed 10 emergency preparedness kits. They were presented/raffled at the local YMCA senior fair, Dodge County Fair, and the distribution points for Farmers Market Vouchers.</p>	
	<p>Not completed. Plan to complete in 2014. In the past, the ADRC has worked with Public Health (Dodge, Watertown, and Jefferson) and the Office of Emergency Management (OEM) regarding facility Emergency Planning, thinking outside the box for the use of resources, and training for area facility staff to create their plans in a coordinated effort. During 2013 and 2014, the OEM applied for a grant to work with schools and child day care agencies. Lack of completion by the ADRC was due to the change in direction by the OEM and staff shortage. However, the ADRC Supervisor continued coordination with Public Health (Dodge, Watertown, and Jefferson) networking on the Community Health Initiative which has maintained the community relationships needed for involvement in the Emergency Management projects in the future. Point in fact, in January, 2015, the ADRC was invited by</p>	

	<p>OEM to participate in Accessibility Studies of the buildings of the Dodge County campus. At this time, there are no tabletop exercises planned in the county. In May 2015 supervisor MM retired, and in August 2015 Kris Schefft assumed this role. At that time 3 year Aging plan was developed, and no further work on this goal.</p>	
<p>Focus 4-E: Evidence-Based Prevention Programming</p>		
<p>Goal 1: To increase participation in the Stepping On evidence-based prevention program, the ADRC will hold one class in partnership with Beaver Dam Community Hospital in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. Tried to have two classes. The class that we completed was very successful and we had 13 participants. The participants not only completed the class but also the follow-up contact after the class. One class was completed in Beaver Dam. Additional efforts were made to hold a second class at several locations throughout the county including Beaver Dam, Watertown, and Waupun without success. Plan to complete two classes in 2015. Also plan to expand evidence based prevention programming in 2015 to include Living Well with Chronic Disease. In 2015 Living Well training was obtained and one class was conducted. There were also 3 Stepping On classes held, two in conjunction with the Waupun hospital, one in conjunction with Watertowns Marquardt Village.</p>	<p>X X X</p>
<p>Goal 2: To increase participation in the Stepping On evidence-based prevention program, the ADRC will hold one class in partnership with an alternate community organization within the county in 2014 and 2015.</p>	<p>Not completed. We put all of our energy and focus on getting a class completed in Beaver Dam with the hospital since the first one failed to attract the minimum requirement of 8 participants. To be completed in 2014. One class was completed in Beaver Dam. Additional</p>	<p>N/A X</p>

	<p>efforts were made to hold a second class at several locations throughout the county including Beaver Dam, Watertown, and Waupun without success. To be completed in 2015. A new partner was found with the Waupun hospital, and two Stepping On classes were provided and well attended</p>	<p>Not completed. The two Stepping On Leaders did not find an appropriate volunteer among the participants in the fall 2013 class. Plan to complete in 2014. Not completed. The two Stepping On Leaders did not find an appropriate volunteer among the participants in the Spring 2014 class. Plan to complete in 2015. Plan to expand evidence based prevention programming into Living Well With Chronic Disease and engage at least one appropriate volunteer. One volunteer was recruited from the Waupun class, and she assisted with the second Waupun class.</p>	X
<p>Goal 3: To increase participation in the Stepping On evidence-based prevention program, the ADRC will recruit one volunteer who is 60 or over to be a Peer Leader in each of the plan years of 2013, 2014 and 2015.</p>			

Focus 4-F: Family Caregiver Support (NFCSP) Please answer the following where the aging unit is the direct services provider.

<p>Area 1: Provide information to caregivers about available services.</p> <p>Goal 1: To increase awareness and knowledge of caregiver support groups, the ADRC will include information about such groups in the resource guide and on the ADRC website by December 31, 2013 with twice annual updates in 2014 and 2015.</p>	<p>Completed. The ADRC completed all of the resource brochures, which is our version of a resource guide. Completed. The ADRC completed all of the resource brochures, which is our version of a resource guide. This brochure is updated regularly.</p>	X	X	X
<p>Goal 2: To increase awareness and knowledge of caregiver services, the ADRC will provide presentations about caregiver services to two community organizations in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. Although we had many presentations during 2013, the most memorable was being written about in InSpire Magazine, a one page article about the ADRC, part of a series about caregiver services. The</p>	X	X	X

	<p>other event that really involved the whole community was the Steppin' Out for Dementia walk which we participated in as part of the Dementia Concerns Coalition. This walk reaches may families who understand the challenges of caring for someone with dementia while also providing a substantial donation to the Alzheimer's program grant. Completed. The ADRC provided presentations at multiple locations about caregiver services and many other topics during 2014. A particularly successful event was developed in partnership with the Veterans Affairs Officer in Dodge County. ADRC staff presented to over 100 Veterans with some of the participants following up with appointments at the ADRC that same day. The ADRC continues to present information about caregiver programs. In 2015 information was shared with Dementia Cares Coalition, and Church Health Services.</p>		
<p>Goal 3: To increase awareness and knowledge of the ADRC, the resource guide, caregiver services, and support groups, the ADRC will participate twice annually with Community Comment on WBEV radio in 2013, 2014 and 2015.</p>	<p>Completed. Community Comment on WBEV radio has been wonderful for reaching out to seniors in Dodge County. We were able to reach many rural listeners. Although the success of these radio programs in not truly measurable, I am very aware that the ratio station is listened to by farmers every day all day long. The interviewer is very competent and makes all of our interactions easy! Completed. The ADRC appeared on Community Comment on February 20, May 23, and June 3, 2014. Partial completion: Due to change in supervision, only one Community Comment was</p>	<p>X</p>	<p>X</p>

completed in 2015.			
<p>Area 2: Provide assistance to caregivers in gaining access to the services.</p> <p>Goal 1: To assure that caregiver needs are identified and that they are linked to available services:</p> <ul style="list-style-type: none"> the Benefit Specialist I will provide one training for agency staff on caregiver issues and services available in each of the plan years of 2013, 2014 and 2015 the Benefit Specialist I will provide two local trainings on dementia, caregiving issues, and support services available in the county in each of the plan years of 2013, 2014 and 2015 the ADRC Specialists will provide options counseling and referrals to Aging programs and community organizations such as the Alzheimer's Association in each of the plan years of 2013, 2014 and 2015. 	<p>Completed. The Benefit Specialist I spoke to ADRC and Adult Protective Services staff about caregiver issues and services available. Staff presented information to seniors at a church and at a Caregiver Conference at Beaver Dam Community Hospital. ADRC Specialists regularly provide options counseling and referrals to Aging programs and community organizations including the Alzheimer's Association.</p> <p>Completed. The Benefit Specialist I spoke to ADRC and Adult Protective Services staff about caregiver issues and services available. Staff presented information to seniors at a church and at a Caregiver Conference at Beaver Dam Community Hospital and at many other community presentations. This past year we were fortunate to partner with the Veterans Affairs Officer to provide a one day Veterans Conference. The Benefit Specialist I provided presentations at four support groups which serve Dodge County residents. ADRC Specialists regularly provide options counseling and referrals to Aging programs and community organizations including the Alzheimer's Association. The Dementia Care Specialist provided numerous trainings in 2015, not only including information on dementia but stressing caregiver burnout and how to look for resources. One program, SPARK, is a unique blend on supporting those with dementia as</p>		<p>X X X X</p>

	well as their caregivers.	
Area 3: Provide individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles.		
<p>Goal 1: To assure caregivers have access to support groups and training to assist them in making decisions and solving problems related to their caregiving role:</p> <ul style="list-style-type: none"> • The ADRC will provide information about caregiver support groups to caregivers in each of the plan years of 2013, 2014 and 2015. • The Benefit Specialist I will attend each support group once annually to educate caregivers on programs and services available in each of the plan years of 2013, 2014 and 2015. 	<p>Partially completed. The ADRC provides information about caregiver support groups to caregivers. The Benefit Specialist I attended one support group to educate caregivers on programs and services available; plan to complete task in 2014.</p> <p>Completed. The ADRC provides information about caregiver support groups to caregivers. In 2014, the Benefit Specialist I attended and presented at four support groups to educate caregivers on programs and services available. In 2015 the Caregiver Coordinator developed a tool to give caregivers (messenger bag of information). In addition, she attended meetings highlighting the needs for caregiver supports. She attended one April 21st in Fond du Lac and June 1st in Waupun.</p>	<p>X X X</p>
Area 4: Provide respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.		
<p>Goal 1: To ensure that caregivers are temporarily relieved from their caregiver responsibilities, the ADRC will provide information and assistance about respite services and referral to funding sources (such as AFCSP and NFCSP) for those meeting eligibility requirements in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. 19 Consumers/Caregivers were served in 2013.</p> <p>Completed. 16 Consumers/Caregivers were served in 2014.</p> <p>Completed. 20 Consumer/Caregivers were supported in 2015.</p>	<p>X X X</p>
Area 5: Provide supplemental services, on a limited basis, to complement the care provided by caregivers.		

Goal 1: To ensure that caregivers are supported in their caregiver role, the ADRC will provide information and assistance about support services (such as supportive home care and chore services) and referral to funding sources for those meeting eligibility requirements in each of the plan years of 2013, 2014 and 2015.

Completed. The ADRC provides Supplemental Services to caregivers through several grants not always included in and funded by the NFCSP grant. Transportation and Nutrition may be met through adult day care/respite services which is under the NFCSP funding but the Dodge County Transportation program frequently provides transportation for people and their caregivers using one of our 6 accessible vans or volunteer drivers. Destinations may include medical appointments, trips to the grocery store, social outings, personal business, and other destinations. Individuals may need a lift chair, air conditioning, or an emergency notification system/device; most of these items are paid for through the IIIB program instead of NFCSP. We do not track these supplemental services by client for NFCSP but do ensure that caregivers have their needs met. Those items will be recorded and numbers reported on the 2014 self-assessment. No Change. No change

X X X

X

Part IV: Progress on the Aging Unit Plan for Serving Older People – National Family Caregiver Support Program
This section is not required for tribal aging units.

Caregiver Coordination: *To ensure coordination of caregiver services in the county, the aging unit shall convene or be a member of a local family-caregiver coalition or coordinating committee with other local providers who currently provide support services to family caregivers. The aging unit shall coordinate activities under this program with other community agencies and voluntary organizations providing services to caregivers.*

Does the aging unit facilitate a local caregiver coalition?

YES X or NO

If No, please state which local agency facilitates this coalition: There is no facilitator. The membership elects officers annually.

If Yes, was information provided in the 3-year plan on the coalition's members?

X YES or NO

If Yes, were goals stated for 2013 to coordinate caregiver services?

X YES or NO

The Benefit Specialist I maintains membership in Dementia Concerns Coalition (DCC). DCC is an organization comprised of members from community organizations which provide services such as adult day care, supportive home care, community-based residential facilities, nursing home care, Alzheimer's Association and staff from Human Services and Health Department (which includes Adult Protective Services, an ADR Specialist, the Benefit Specialist, and the Dementia Care Specialist). The function of the DCC is to develop support groups, link consumers with them, and perform fund raising activities to support care givers. The Benefit Specialist I attended monthly DCC meetings in 2012 to plan and coordinate services with service providers in the county. There are 8 support groups serving residents of Dodge County.

Please provide a brief update on coalition activities conducted in

2013: DCC made substantial donations to the Dodge County Alzheimer's program and the Alzheimer's Association, held a Family Caregiver Conference at Beaver Dam Community Hospital, provided information at the Senior Expo in Beaver Dam, provided training scholarships for families and professionals in the caregiver field to attend training (such as the Alzheimer's Conference). DCC sponsored the Stepping Out for Dementia walk which raised over \$16,000 in 2013.

If applicable please provide any update on coalition activities conducted in 2014:

DCC made substantial donations to the Dodge County Alzheimer's program and the Alzheimer's Association, held a Family Caregiver Conference at Beaver Dam Community Hospital, provided information at the Senior Expos in Beaver Dam and Waupun, and provided training scholarships for families and professionals in the caregiver field to attend training (such as the Alzheimer's Conference). DCC sponsored the Stepping Out for Dementia walk,

hosted by Human Services & Health Department partnering with Clearview, which raised over \$14,000 in 2014.

If applicable please provide any update on coalition activities conducted in 2015: In 2015 the DCC held its yearly conference with Dr. Diane Mosnik as presenter. This was April 16th at the Beaver Dam Hospital. In addition, they organized the annual Alzheimer's Walk and raised approximately \$12,400. The DCC continues to support families and professional staff with scholarships, respite funds, and the also supports Project Lifesaver in collaboration with the Dodge County Sherriff's office.

Part V: Progress on the Aging Unit Plan for Serving Older People – Local Priorities

It is expected that each aging unit will have at least one local focus area/goal for each year of the plan. Please provide information here on goals accomplished in the previous year.

<p>Goal 1: To Increase awareness of the ADRC by consumers, ADRC staff will provide community presentations at one meal site in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. Please see “Lunch and Learn” as outreach item at the end of this document. The Elderly Benefit Specialist has been very involved in developing her reputation particularly in Beaver Dam. She has started regular quarterly programs called “Lunch and Learn.” At such a program, people may find out about powers of attorney or a benefit. In addition, she has been very proactive at getting articles into the Beaver Dam Senior Center Newsletter. Most of the articles are regarding Medicare topics. Completed. Multiple presentations including meal sites and senior centers throughout 2014. Regular Lunch and Learn presentations, as well as Emergency Preparedness at 4 dining centers</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 2: To Increase awareness and use of the ADRC by consumers, the ADRC will provide one presentation to a service organization in each of the plan years of 2013, 2014 and 2015.</p>	<p>Completed. Presentation provided to a church volunteer organization. Completed. Presentations provided to Interagency Community Resource group; participation in Community Health Initiative group. The ADRC provided outreach to businesses (03/04/15 to Green Valley Enterprises), Church Health Services, working with the Parish Nurses.</p>	<p>X</p>	<p>X</p>	<p>X</p>
<p>Goal 3: To increase awareness and use of the ADRC by consumers, the ADRC will work with Dodge County Information Technology Department to improve the website by making it more user friendly by December 31, 2013.</p>	<p>Completed. The website was improved by the Dodge County Information Technology Department. No Change.</p>	<p>X</p>	<p>X</p>	<p>n/a</p>

Part VI: Significant Accomplishments or Issues Not Included in the Aging Unit Plan

(Unplanned accomplishments or issues that had a significant impact on the aging unit's activities during 2013. This is not meetings attended or actions that fit under plan goal objectives but may reflect noteworthy events or achievements.) This section is not required.

Significant unplanned accomplishments (briefly describe). None at this time.

Significant unplanned accomplishments (briefly describe).

During 2014, the Dodge County ADRC began publishing a newsletter. I have included past issues with this report for review. This quarterly newsletter is distributed to County Board Supervisors and committee members, meal site participants, home delivered meal participants, others as requested, and on our website.

We have also increased our marketing activities significantly to the point where we actually have to decline due to time conflicts.

We wrote and received a grant to hire a Dementia Care Specialist. She has a background of working with family members with dementia concerns, working for the Alzheimer's Association for over six years, and has a degree in marketing. She has been a great addition to our ADRC team.

With the retiring of Melanie Macdonald, and hiring of Kris Scheff in August 2015, the ADRC has a new set of experiences and eyes to look at how Dodge County can best support our Aging Unit. We increased our marketing in 2015 and were able to provide more outreach, including completing 31 memory screens. We have a Dementia Care Specialist to promote education and programs for the community to understand dementia. She has been most successful partnering with libraries, and the local parish nurse programs. In particular, we were awarded an Innovation Grant to address crisis in the community with supporting those with dementia. This will include training stakeholders including first responders, hospital staff, anyone with a vested interest in learning about this health crisis looming in our near future. And, we have developed a three year plan with ambitious goals to meet.

Part VII: Coordination Between Titles III and VI

If the county includes part or all of a federally-recognized tribe, indicate how the county aging unit and the tribal aging unit have worked together in the previous year to coordinate and ensure the provision of services to tribal elders.

If the county does not include part or all of a federally-recognized tribe, please indicate: Not Applicable

Not Applicable.

The box below to be completed by GWAAR staff

Reviewed by (last name): Mullins	Date Reviewed: when received
Aging Unit Self-Assessment Approved?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (check one) (BUT...depending on plan to merge Aging Advisory and ADRC Board the AU is aware such an action would require an amendment to the plan at that time. John is aware of this.)
If No, provide brief comment for why this self-assessment is not approved.	
Is there a need for a Corrective Action Plan?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please contact Older Americans Act Program Manager John Schnabl at john.schnabl@gwaar.org	
<i>Letters of approval will both be emailed to the director who is asked to please forward the chairperson's copy to them on behalf of GWAAR.</i>	
Aging Unit Self-Assessment Approval Letter sent to Director? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Aging Unit Self-Assessment Approval Letter sent to Committee Chairperson? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date approval letters sent: April 23, 2015	

(were also emailed with this document)

INSTRUCTIONS FOR THE AGING UNIT 2015 SELF-ASSESSMENT

The purpose of the aging unit self-assessment is to provide the aging unit staff and commission on aging members with a structured approach to conducting an annual review of the:

- Aging unit's compliance with the Wisconsin Elders' Act.
- Activities to help older people advocate for themselves.
- Aging unit's progress on the local aging plan for older people.
- Important events or accomplishments not covered in the aging plan.

Compliance with the Elders' Act is a legal requirement. The local aging plan is a contractual obligation of the county or tribe.

Process

- Upon completion this self-assessment must be sent **electronically in MS Word** to GWAAR (sarah.cowen@gwaar.org), by **Friday, March 18, 2016**. Please do not fax/mail.
- The self-assessment covers the calendar year of 2015.
- The self-assessment should be reviewed and approved by the commission on aging or tribal council prior to submittal to GWAAR. Documentation of that review does **NOT** need to be submitted but the date of approval should be noted where requested.
- If an aging unit is out of compliance, a corrective action plan is required by April 15, 2016.
- Please use a **blue-colored font** for any 2015 goal progress notes.

Header

Update the name of the director if applicable. Add the date your commission on aging/tribal council approved your 2015 self-assessment.

Part I: Compliance With the Wisconsin Elders' Act

Needs to be completed only if there are changes since completing your 2016-2018 final plan.

Part II: Activities to Help Older People Advocate for Themselves

Expand on the three questions in a **blue-colored font** about how the aging unit has informed and taught older people about aging issues and on how the aging unit advocates on behalf of older people. Advocating for older people and helping older people advocate for themselves, is THE major function of the aging network. Attach additional pages if necessary.

Part III: Progress on the Aging Unit Plan for Serving Older People - Statewide Priorities

Provide a brief update on the progress the aging unit made during the past year in a **blue-colored font** on the statewide aging priority goals it had stated would be done in the previous year. These activities are required of all aging units. Attach additional pages if necessary. Please note that tribal aging units need not respond to the section on *family caregiving*.

Part IV: Progress on the Aging Unit Plan for Serving Older People - National Family Caregiver Support Program

Aging units may contract for all or part of the services required under NFCSP. Note this does not require the expenditure of NFCSP funds in all areas; however, the aging unit must collect data and report activity where required. Additionally, the aging unit is responsible for partnering with other providers on caregiver activities in the county. If you contract with another organization for any or all of the five components (e.g., I&A through an ADRC), please describe in a blue-colored font how the program goals are being met, including amended ones if any, and by whom. Regardless of contractual relationships, the aging unit is responsible for the activities.

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to the services.
3. Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles.
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
5. Supplemental services, on a limited basis, to complement the care provided by caregivers. These services are not to exceed 20% of the county expenditure.
6. Describe how the aging unit coordinates its efforts with other provider agencies that also serve family caregivers. Describe the coordinating committee/coalition the aging unit works with, including how often it meets, and its members.

[This section is not required for tribal aging units.]

Part V: Progress on the Aging Unit Plan for Serving Older People - Local Priorities

Provide a brief update on the progress the aging unit made during the past year in a blue-colored font on the unique local aging issues the aging unit worked on. Attach additional pages if necessary.

Part VI: Significant Accomplishments Not Included in the Aging Unit Plan

Aging units may accomplish many things independent of the aging plan. Unplanned circumstances may arise and require advocacy, outreach, organization, planning, etc. If you have an accomplishment or event completed in the previous year you would like us to be aware of, please identify it here in a blue-colored font. Attach additional pages if necessary.

[This section is not required.]

Part VII: Coordination Between Titles III and VI

The Older Americans Act (Sec. 306 (a)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under this title with services provided under title VI.

If the county includes part or all of a federally-recognized tribe, indicate in a blue-colored font how the county aging unit and the tribal aging unit will work together to coordinate and ensure the provision of services to tribal elders.

If the county does not include part or all of a federally-recognized tribe, please indicate: Not Applicable.

Memo

To: Finance Department
From: Kenneth Kamps
cc: Janet Wimmer
Date: March 9, 2016
Re: Over \$10,000 invoices

Attached are 2 invoices exceeding the \$10,000 threshold which are being posted to business unit 4809 and account 5279.468. We acknowledge this will create an over budget situation for this particular account. A discussion with Julie Kolp, Finance Director, a couple weeks ago prompted a conscious decision to limit postings for mental health CBRF costs to three of the accounts in this business unit. The thought is we are seeking to eliminate postings to individual accounts associated with specific vendors. We will continue to post to 3 of the account in this business unit: 5279.468 Other CBRF, 5279.476 Crisis Beds and 5279.633 High cost clients. This should assist with budgeting in the future and eliminate the need for accounts associated with individual vendors in the new accounting software.

I have also reviewed the overall status of this business unit and note the 2016 annual expense budget for this business unit is \$1,198,000 and we will be at about \$210,000 with the processing of the February invoices. There are sufficient funds budgeted within this business unit to pay for the expenditures in these two invoices exceeding \$10,000 1) Evergreen Manor II \$15,491.22 and 2) Evergreen Manor III \$29,095.99.

Please notify me if it is advisable to proceed with a budget amendment request in light of the changes made to posting to the individual accounts in this business unit as described in the first paragraph of this memo.



Dodge County, Wisconsin
Finance Department
Intra-Department Fund Transfer Form
 Effective Date: January 01, 2016

Date: 3/21/2016

Department: Human Services and Health

For Finance Department use only	
Doc#	_____
Batch#	_____
GL Date:	_____

Description of Adjustment:

See attached memo for BU 4809 and the same logic applies to BU 4842

Increase to Budget

Business Unit Number	Account Object Number	Subsidiary Number	Account Title	Amount
4809	5279	468	Other CBRF	995000
4809	5279	633	High Cost Client Care	25000
4842	5279	468	Other CBRF	92000

Decrease to Budget

Business Unit Number	Account Object Number	Subsidiary Number	Account Title	Amount
4809	5279	401	Daybreak Horicon	175000
4809	5279	440	Daybreak Waupun	125000
4809	5279	464	Golden Years Living	20000
4809	5279	478	Evergreen Manor	700000
4842	5279	415	Exodus Transitional	15000
4842	5279	419	Tellurian	15000
4842	5279	479	Friends of Women	62000

Note the increases must balance with the decreases

Department Head Signature James Mielke Date: 3/22/16

County Administrator Signature James Mielke Date: 3/22/16

Committee of ~~Jurisdiction~~ ^{Finance} Chairman Signature David Fohlberg Date: 4/12/16

~~Jurisdiction~~ ^{Finance} Committee Chairman Signature _____ Date: _____

COMMUNITY SUPPORT SERVICES DIVISION
FROM JANUARY to FEBRUARY STATISTICS NARRATIVE
FOR THE APRIL 2016
HUMAN SERVICES & HEALTH BOARD MEETING

AGING AND DISABILITY RESOURCE CENTER

KRIS SCHEFFT – SUPERVISOR

CALL STATISTICS

- ↑ ○ Recorded Contacts were down from 527 in January to 524 in February ↓
- Providing Information and Assistance was up from 373 in January to 378 in February ↑
- Administering Long Term Care Functional Screens were up from 24 in January to 25 in February ↑
- Providing all other services was down from 103 in January to 99 in February ↓
- Referring for all other services was down from 9 in January to 8 in February ↓

DINING MEAL DONATIONS

- Congregate donations went down from \$27.73 in January to \$25.87 in February ↓
- Home delivered donations went up from \$25.92 in January to \$29.27 in February ↑

DINING MEAL PARTICIPANTS

- Congregate participants remained at 79 →
- Home delivered participants remained at 115 →

VOLUNTEER DRIVER STATISTICS

- Total trip miles went down from 9,853 in January to 9,192 in February ↓
- Total hours of service also went down from 455 in January to 432 in February ↓
- Total cash donations received went up from \$2,257.40 in January to \$4,395.16 in February ↑

ADULT PROTECTIVE SERVICES / LONG TERM SUPPORT

DOREEN GOETSCH – SUPERVISOR

CASELOAD/WORKLOAD STATISTICS

- Total caseload went down from 267 to 266 ↓
- Referrals went down from 29 to 26 ↓
- Court hearings went up from 8 to 9 ↑
- Annual Protective Placement Reviews went up from 20 to 26 ↑
- Supportive Home Care Reviews went up from 7 to 8 ↑
- Total Supportive Home Care cases remained at 116 →
- Total Home and Financial Manager Cases went down from 21 to 20 ↓

CASELOAD/WORKLOAD STATISTICS

Note: You are going to note a huge change in Economic Support caseloads. The state is in the process of providing better, more accurate methods to track the caseloads across consortia which has been lacking since their inception. We now are able to more accurately gather the data that better reflects the work actually being done in Economic Support. This is a work in progress as the state is still modifying these reports.

- FoodShare caseloads decreased from 4013 to 3961 ↓
- Medicaid Total caseload decreased from 2085 to 2081 ↓
- BadgerCare Total caseload increased from 4739 to 4769 ↑
- Total gross recipients increased from 13,747 to 13,796 ↑
(This is the number of county residents receiving assistance which includes those handled by other counties in the consortia)
- Total net recipients increased from 12,201 to 12,213 ↑
(This is the number of county residents Dodge County staff work with)
- Total cases increased from 7644 to 7674 ↑
- FoodShare expenditures decreased from \$811,989 in January to \$800,463 in February ↓
- Child Care expenditures increased from \$116,552 in January to \$122,622 in February ↑

CASELOAD/WORKLOAD STATISTICS

- Programs for Children went down from 59 in January to 56 in February ↓
- Programs for Children and Families went up from 1138 in January to 1152 in February ↑
- Programs for Women remained at 27 →
- Programs for ALL Residents went down from 128 in January to 118 in February ↓

COMMUNITY SUPPORT SERVICES DIVISION
FROM JANUARY to MARCH STATISTICS NARRATIVE
FOR THE MAY 2016
HUMAN SERVICES & HEALTH BOARD MEETING

AGING AND DISABILITY RESOURCE CENTER

KRIS SCHEFFT – SUPERVISOR

CALL STATISTICS

- Recorded Contacts were down from 527 in January to 488 in March ↓
- Providing Information and Assistance went down from 373 in January to 347 in March ↓
- Administering Long Term Care Functional Screens remained at 24 from January to March →
- Providing all other services was down from 103 in January to 86 in March ↓
- Referring for all other services was down from 9 in January to 7 in March ↓

DINING MEAL DONATIONS

- Congregate donations went down from \$27.73 in January to \$26.85 in March ↓
- Home delivered donations went up from \$25.92 in January to \$27.69 in March ↑

DINING MEAL PARTICIPANTS

- Congregate participants went up from 79 in January to 81 in March ↑
- Home delivered participants went up from 115 in January to 116 in March ↑

VOLUNTEER DRIVER STATISTICS

- Total trip miles went up from 9,853 in January to 10,775 in March ↑
- Total hours of service went up from 455 in January to 539 in March ↑
- Total cash donations received went up from \$2,257.40 in January to \$3,849.37 in March ↑

ADULT PROTECTIVE SERVICES / LONG TERM SUPPORT

DOREEN GOETSCH – SUPERVISOR

CASELOAD/WORKLOAD STATISTICS

- Total caseload went down from 267 to 265 ↓
- Referrals went down from 29 to 28 ↓
- Court hearings went down from 8 to 7 ↓
- Annual Protective Placement Reviews went down from 20 to 18 ↓
- Supportive Home Care Reviews went up from 7 to 10 ↑
- Total Supportive Home Care cases went down from 116 to 115 ↓
- Total Home and Financial Manager Cases went down from 21 to 19 ↓

CASELOAD/WORKLOAD STATISTICS

- FoodShare caseloads decreased from 4013 to 3935 ↓
- Medicaid Total caseload increased from 2085 to 2211 ↑
- BadgerCare Total caseload increased from 4739 to 4745 ↑
- Total gross recipients decreased from 13,747 to 13,745 ↓
(This is the number of county residents receiving assistance which includes those handled by other counties in the consortia)

- Total net recipients remained study at 12,201 →
(This is the number of county residents Dodge County staff work with)

- Total cases decreased from 7644 to 7640 ↓
- FoodShare expenditures decreased from \$811,989 in January to \$803,809 in March ↓
- Child Care expenditures decreased from \$116,552 in January to \$116,334 in March ↓

CASELOAD/WORKLOAD STATISTICS

- Programs for Children went up from 59 in January to 60 in March ↑
- Programs for Children and Families remained at 1138 from January to March →
- Programs for Women remained at 27 →
- Programs for ALL Residents went up from 128 in January to 173 in March ↑

DINING CENTER COMMENTS

February 2016

February	1	Randolph	The Salisbury Steak meal was great!
	4	Beaver Dam	The Baked Spaghetti was burnt on pan and very dry.
	4	Fox Lake	Spaghetti was burnt onto the pan and was very dry.
	5	Randolph	People eating were confused by the title "Chicken and Biscuit" when it was really just a casserole.
	8	Mayville	Menu said Chinese Ramen Salad and we received mixed vegetables.
	10	Bay Shore	Some complaints the Macaroni and Cheese was of a thick and sticky consistency.
	10	Beaver Dam	The Macaroni and Cheese was excellent!
	11	Bay Shore	Some thought the potatoes were dry. Lots of requests for French fries and American potato salad.
	11	Randolph	Everybody loves hamburgers and would like more often!
	12	Bay Shore	The Potato Salad was dry.
	13	Mayville	Received an Orange Cream Torte not the Egg Custard Pie.
	13	Randolph	We had an Orange Fluffy Dessert not the Egg Custard Pie.
	16	Bay Shore	Roast Turkey pieces seemed small and chewy.
	16	Hustisford	Although the Roast Turkey tasted it good it fell apart while trying to serve and the bottom layer was stuck to the pan due to very little gravy.
	16	Randolph	The Roast Turkey was much better than the usual processed and the people eating noticed the difference and were very pleased!
	16	Watertown	The Roast Turkey was very good. Everyone commented it was better than the pressed turkey.
	17	Watertown	Everybody enjoyed the bigger pieces of Ham in the Escalloped Potatoes and Ham Casserole.
	18	Beaver Dam	Everybody loves the French Bread!
	18	Randolph	The Baked Potatoes were overcooked.

- 19 Bay Shore Tortellini was dry.
- 19 Randolph The servings were wonderful and everybody left full and satisfied!
- 23 Lomira Menu stated Brussel Sprouts but we received peas.
- 24 Mayville The Chicken was a nice golden brown and very appealing!
- 25 Randolph The Peaches were very fresh!
- 26 Randolph The Salmon Loaf was very moist and not overcooked!
- 29 Mayville The Smoked Sausage was broken in half.

DINING CENTER COMMENTS

March 2016

March	1	Randolph	The Chopped Steak in Burgundy/Mushroom sauce is always a hit and the participants would like it once a month!
	4	Bay Shore	Dining center participants enjoyed the Seafood Creole
	4	Randolph	The Seafood Creole was very tasty and everyone appreciates the serving of fish on Friday's during Lent!
	7	Bay Shore	The red cabbage seemed to have too much vinegar
	7	Hustisford	The Oatmeal Raisin cookie was very small.
	10	Bay Shore	Everybody that ate was disappointed it was not a bratwurst.
	10	Lomira	Menu stated a Bratwurst but received three pieces of sausage per person.
	10	Randolph	Nobody cared for the "hot dog" when the menu stated Brat. Potato wedge was one side of a baked potato. Cantaloupe was hard. Please do not substitute hot dogs for brats!
	11	Bay Shore	The Tuna casserole was enjoyed by all and would like it more often.
	14	Beaver Dam	The Baked Chicken was excellent as usual!
	14	Watertown	The Pineapple Tidbits were very good - not hard.
	15	Beaver Dam	One Baked Potato was rotten inside.
	17	Bay Shore	The Corned Beef was very tender!
	17	Beaver Dam	The Corned Beef meal was excellent!
	17	Horicon	Some complained about carrots in with the cabbage.
	17	Lomira	The Corned Beef was sliced paper thin.
	17	Randolph	Some thought that there were too many carrots and not enough cabbage.
	21	Lowell	The Lasagna Casserole was burned on the pan and very dry.
	21	Randolph	The Lasagna Casserole were baked on and dried up.

- | | | |
|----|------------|---|
| 23 | Hustisford | The Pot Roast was so soft it just fell apart. |
| 23 | Watertown | The Pot Roast was very good and tender! Please have it more often! |
| 24 | Lomira | The Glazed Ham portions were very small. |
| 24 | Watertown | The Glazed Ham was delicious! |
| 28 | Bay Shore | Everybody loved the Pork Loin and Baked Apples! Would like this more! |
| 31 | Randolph | The BBQ Meatballs were good except Wax Beans were a bit mushy. |

Goetsch, Doreen

From: Jayne Mullins <Jayne.Mullins@gwaar.org>
Sent: Monday, March 28, 2016 5:00 PM
To: Goetsch, Doreen
Subject: URGENT: 2015 Dodge County EA Direct Svcs-Contract Reallocation Award Announcement

Importance: High

March 28, 2016
RE: 2015 Elder Abuse Reallocation Award

Hello Doreen,

I am pleased to inform you that Dodge county is being awarded a 2015 elder abuse funding reallocation of \$7,000. This will bring your county's total 2015 EA Direct Services Allocation Contract of \$32,199 up to \$39,199.

Our fiscal department will be emailing you a contract revision page to sign and return in the next few days. Please follow the instructions included with that document to claim the additional funds. If you have any questions contact fiscal@gwaar.org.

On behalf of myself and GWAAR's management team I want to thank you for the work you and your staff do in serving vulnerable older adults in your service area.

Jayne

Jayne Mullins, OAA Consultant
Elder Abuse Program Specialist
Emergency Preparedness Contact
GWAAR Elder Law & Advocacy Cntr
1414 MacArthur Rd, Ste A
Madison, WI 53714
608-243-5675 (desk)
Jayne.mullins@gwaar.org
www.gwaar.org

"Democracy is not just the right to vote, it is the right to live in dignity."
— Naomi Klein



Upcoming Events

- April 6–12: Public Health Week
- April 26: CARES Summit– Adverse Childhood Experiences
- April 30: Wayland Health Fair
- June 25: Dodge County 5k Family Fun Run
- By Appointment: Car Seat Checks

Wisconsin Voter Photo ID Law. WI now requires a photo ID to vote

Do I have the right photo ID?

- The following are acceptable for voting and can be unexpired or expired after the date of the most recent general election (Nov 4, 2014): WI DOT-issued drivers license, WI DOT-issued ID card, Military ID card, U.S. Passport
- The following are acceptable for voting but must not be expired: certificate of naturalization issued within the last two years, unexpired WI driver license or ID card receipt, photo ID issued by a WI accredited university or college containing date of issuance, student signature, and expiration date now later than two years after date of issuance, along with a separate document proving enrollment.



The address on your ID doesn't have to be current. Election officials will only look at your ID type, name, picture and expiration date

Don't have a photo ID? If you are eligible to vote but do not have a photo ID, you may obtain a free ID from the Department of Motor Vehicles. Apply for the ID as soon as possible. You will not receive it immediately; it will be sent in the mail

For more information visit www.bringit.wisconsin.gov or call 1-866-vote-wis

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Dodge.Cty.PublicHealth



(920) 386-3670



Ground Floor

199 County Road DF

Janesville, WI 53039

Screen time, how much is too much?

According to the American Academy of Pediatrics



- Children spend an average of 7 hours a day on entertainment media (non-school related). Including TVs, computers, phones, and tablets.
- Excessive media exposure can lead to: attention problems, school difficulties, sleep disorders, eating disorders and obesity.
- The internet can be a dangerous place for children and adolescents. it is much easier to participate in illicit and risky behaviors.
- What are the alternatives?, books, newspapers, board games, family activities, physical activities, hobbies, outdoor play time.
- Create "screen free" zones for your children, and make sure you set a good example for them! No TV, computers, video games in the bedroom, no TV during dinner, and create a designated place outside of the bedroom for phones during bedtime.
- Limit entertainment media to 1-2 hours per day for children and teens.
- No screen time for children under age 2- brains develop best by interacting with people, not screens and apps.

Public Health Program Highlight

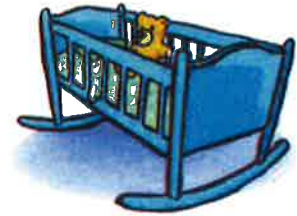
Prenatal Care Coordination

What is Prenatal Care Coordination?

Prenatal Care Coordination (PNCC) is a Medicaid and BadgerCare Plus benefit that helps pregnant women get the support and services they need to have a healthy baby.

These services include:

- Help getting the health care you need
- Personal support
- Information on good eating habits and health practices
- Information and help finding needed services in your community



A nurse will be your care coordinator, and they will work with you through out your pregnancy and after delivery. During these one-on-one meetings with your care coordinator, you can learn about :

- When to go to the doctor and how to get there
- Signs of labor, how to manage labor, and what to expect
- Community services that are available to you
- What your baby will need, and how to keep you and your baby safe and healthy
- Any other worries or concerns you have regarding your pregnancy and becoming a parent

How do I know if this service is for me?

The care coordinator will help you by asking about your:

- Current and previous pregnancy
- Health history
- Relationships
- Worries

If you are eligible, the care coordinator will help you get the services you need. There is no copayment for prenatal care coordination.

**** You do not need to be on BadgerCare or Medicaid to receive these services****

If you are interested in Prenatal Care Coordination, please call (920)386-3670

Our Mission:

The mission of the Dodge County Public Health Unit is to promote healthy living, prevent disease and illness, and protect against injury and environmental concerns to those living in Dodge County no matter their age, education, or economic standing using prevention services, health education and working with other agencies and groups

Elizabethkingia and Zika

Elizabethkingia (EK)

- EK is a group of bacteria that causes infections especially in people with serious medical conditions or compromised immune systems.
- EK anophelis (EK.A) is the species of EK that is infecting people in Wisconsin. It is very rare and very little is known about this species.
- This is the largest EK.A outbreak ever recorded
- 19 confirmed deaths in Wisconsin. Nine counties have had deaths and tested positive for EK: Columbia, Dodge, Fond du Lac, Milwaukee, Ozaukee, Racine, Sheboygan, Washington and Waukesha.
- Local Public Health have been working with DHS and CDC to interview patients with EK and their families.
- Samples from facilities that have treated patients with EK and commonly used products in these facilities have tested negative. There is no indication that the bacteria has been spread by a single health care facility.
- Testing of confirmed cases of EK and close contacts by nose and throat swabs to see if they are carrying the bacteria have come back negative. This suggests that the bacteria is not spreading from person to person in health care settings.

Zika

- Zika virus infection is a mosquito-borne arboviral disease transmitted to humans by the bite of infected *Aedes aegypti* and *A. albopictus* mosquitoes. There have been outbreaks in many areas of Africa, Southeast Asia and the Pacific Islands. It has recently spread to Central and South America and the Caribbean.
- Locally mosquito-transmitted Zika virus has not been reported in the continental United States so far, and reported U.S. cases are associated with travel to a high-risk area. **Currently there has been no report of Zika virus infections in Wisconsin travelers.** The *Aedes* species of mosquitoes that can transmit Zika virus is not yet found in Wisconsin.
- About 80 percent of people who are infected with Zika virus may not have any symptoms. Illness may develop in 20 percent of infected people within 3 to 7 days after a bite from an infected mosquito. Symptoms are generally mild and can last for several days to a week.
- Common symptoms of Zika virus infection include fever, rash, joint pain, conjunctivitis (red eyes), muscle pain or headache. Severe symptoms and fatalities are uncommon. There is no vaccine, prophylactic or specific medication treatment for Zika virus illness. Supportive care is recommended.
- Zika virus can be transmitted from the mother to the baby during pregnancy. Zika virus infections may be associated with microcephaly (a medical condition in which the circumference of the head is smaller than normal because the brain has not developed properly or has stopped growing) and other poor birth outcomes of babies born to infected mothers.
- Prevention requires taking precautions to prevent exposure to mosquito bites as well as eliminating mosquito habitat.
- Although rare, there have been reports that Zika virus can be spread through blood transfusion and sexual contact. Further investigation to understand more about these types of transmission is ongoing.

CLINICAL AND FAMILY SERVICES DIVISION
FEBRUARY STATISTICS NARRATIVE
FOR THE APRIL 2016
HUMAN SERVICES & HEALTH BOARD MEETING

CHILD PROTECTIVE SERVICES UNITS

MARK BEBEL – INTAKE SUPERVISOR
LISA GRZYCOWSKI – ONGOING SUPERVISOR

ACCESS REPORTS

- Total number of CPS Access and Services reports decreased by 1 (from 90 to 89) ↓

ONGOING CASELOAD DATA

- Number of families being served increased by 2 (from 79 to 81) ↑
- Number of children served in these families increased by 3 (from 75 to 78) ↑
- Termination of Parental Rights (TPR) and guardianship cases in progress increased by 3 (from 8 to 11) ↑

CHILD AND ADOLESCENT SERVICES UNIT

AMY BOOHER – SUPERVISOR

JUVENILE JUSTICE CASELOAD STATISTICS

- Total caseload decreased by 20 (from 192 to 172) ↓

BIRTH TO THREE PROGRAM DATA

- Number of referrals decreased by 5 (from 24 to 19) ↓
- Number of admissions increased by 2 (from 9 to 11) ↑
- Number of discharges decreased by 3 (from 10 to 7) ↓

CHILDRENS LONG TERM SUPPORT WAIVER (CLTS) and FAMILY SUPPORT PROGRAM DATA

- Enrollment in CLTS increased by 3 (from 82 to 85) ↑
- Number of families enrolled in Family Support increased by 2 (13 to 15) ↑
- Number of families dually enrolled in both CLTS and Family Support increased by 1 (from 8 to 9) ↑
- Wait list for CLTS and FS programs increased by 1 (from 71 to 72) ↑

CLINICAL SERVICES UNIT

SARA GASKA – SUPERVISOR

OUTPATIENT MENTAL HEALTH SERVICES DATA

- Admissions increased by 5 (from 37 to 42) ↑
- Discharges increased by 11 (from 18 to 29) ↑
- End of month total client census decreased by 91 (from 840 to 749) ↓
- End of month psychiatry census (for all programs) decreased by 69 (from 672 to 603) ↓
- End of month therapy census decreased by 62 (from 354 to 292) ↓
- Average caseload size for MH therapists decreased by 15 (88 to 73) ↓

- # of clients on waitlist for adult psychiatric evaluation is 0, next available appt. 3/31/16 (as of 3/17/16)
- # of clients on waitlist for child/adolescent psychiatric evaluation is 0, next available appt. 4/27/16 (as of 3/17/16)
- Next available intake date for MH (non-emergency) is 5/23/16 (as of 3/17/16)

OUTPATIENT SUBSTANCE ABUSE SERVICES DATA

- Admissions increased by 1 (from 29 to 30) ↑
- Discharges increased by 17 (from 36 to 53) ↑
- End of month total client census increased by 10 (from 142 to 152) ↑
- Average caseload size for SA counselors increased by 2 (from 28 to 30) ↑
- Number of Intoxicated Driver Assessments increased by 5 (from 36 to 41) ↑
- Next available intake date for AODA (non-emergency) is 4/13/16 (as of 3/17/16)

CRISIS RESPONSE SERVICES DATA

- Total hospitalization days increased by 16 (from 140 to 156) ↑
- Of this total, number of county-funded days decreased by 13 (from 106 to 93) ↓
- Number of Emergency Detentions (EDs) decreased by 2 (from 15 to 13) ↓
- Number of crisis diversions increased by 29 (from 30 to 59) ↑
- Number of protective custody cases stayed the same at 2 →
- Number of voluntary admissions decreased by 7 (from 10 to 3) ↓

COMMUNITY MENTAL HEALTH PROGRAMS DATA

- Community Support Program (CSP) enrollment increased by 2 (from 48 to 50) ↑
- Comprehensive Community Services (CCS) enrollment increased by 4 (from 55 to 59) ↑
- Targeted Case Management (TCM) enrollment decreased by 1 (from 36 to 35) ↓
- Wait time for referral to any of these programs is 1-2 weeks (as of 3/17/16)



CLINICAL AND FAMILY SERVICES DIVISION

MARCH STATISTICS NARRATIVE

FOR THE MAY 2016

HUMAN SERVICES & HEALTH BOARD MEETING

CHILD PROTECTIVE SERVICES UNITS

MARK BEBEL – INTAKE SUPERVISOR
LISA GRYCOWSKI – ONGOING SUPERVISOR

ACCESS REPORTS

- Total number of CPS Access and Services reports increased by 15 (from 89 to 104) ↑

ONGOING CASELOAD DATA

- Number of families being served increased by 3 (from 81 to 84) ↑
- Number of children served in these families increased by 4 (from 78 to 82) ↑
- Termination of Parental Rights (TPR) and guardianship cases in progress stayed the same at 11 ⇒

CHILD AND ADOLESCENT SERVICES UNIT

AMY BOOHER – SUPERVISOR

JUVENILE JUSTICE CASELOAD STATISTICS

- Total caseload decreased by 7 (from 172 to 165) ↓

BIRTH TO THREE PROGRAM DATA

- Number of referrals increased by 10 (from 19 to 29) ↑
- Number of admissions decreased by 4 (from 11 to 7) ↓
- Number of discharges increased by 10 (from 7 to 17) ↑

CHILDRENS LONG TERM SUPPORT WAIVER (CLTS) and FAMILY SUPPORT PROGRAM DATA

- Enrollment in CLTS decreased by 3 (from 85 to 82) ↓
- Number of families enrolled in Family Support stayed the same at 15 ⇒
- Number of families dually enrolled in both CLTS and Family Support increased by 1 (from 9 to 10) ↑
- Wait list for CLTS and FS programs increased by 3 (from 72 to 75) ↑

CLINICAL SERVICES UNIT

SARA GASKA – SUPERVISOR

OUTPATIENT MENTAL HEALTH SERVICES DATA

- Admissions decreased by 17 (from 42 to 25) ↓
- Discharges increased by 98 (from 29 to 127) ↑
- End of month total client census increased by 18 (from 749 to 767) ↑
- End of month psychiatry census (for all programs) decreased by 152 (from 603 to 451) ↓
- End of month therapy census increased by 25 (from 292 to 317) ↑
- Average caseload size for MH therapists increased by 6 (73 to 79) ↑

- # of clients on waitlist for adult psychiatric evaluation is 0, next available appt. 5/5/16 (as of 4/15/16)
- # of clients on waitlist for child/adolescent psychiatric evaluation is 0, next available appt. 5/24/16 (as of 4/15/16)
- Next available intake date for MH (non-emergency) is 6/27/16 (as of 4/15/16)

OUTPATIENT SUBSTANCE ABUSE SERVICES DATA

- Admissions increased by 7 (from 30 to 37) ↑
- Discharges decreased by 8 (from 53 to 45) ↓
- End of month total client census decreased by 9 (from 152 to 143) ↓
- Average caseload size for SA counselors decreased by 1 (from 30 to 29) ↓
- Number of Intoxicated Driver Assessments increased by 10 (from 41 to 51) ↑
- Next available intake date for AODA (non-emergency) is 5/2/16 (as of 4/15/16)

CRISIS RESPONSE SERVICES DATA

- Total hospitalization days increased by 2 (from 156 to 158) ↑
- Of this total, number of county-funded days decreased by 46 (from 93 to 47) ↓
- Number of Emergency Detentions (EDs) increased by 2 (from 13 to 15) ↑
- Number of crisis diversions decreased by 4 (from 59 to 55) ↓
- Number of protective custody cases decreased by 1 (from 2 to 1) ↓
- Number of voluntary admissions increased by 7 (from 3 to 10) ↑

COMMUNITY MENTAL HEALTH PROGRAMS DATA

- Community Support Program (CSP) enrollment decreased by 2 (from 50 to 48) ↓
- Comprehensive Community Services (CCS) enrollment increased by 3 (from 59 to 62) ↑
- Targeted Case Management (TCM) enrollment decreased by 1 (from 35 to 34) ↓
- Wait time for referral to any of these programs is 1-2 weeks (as of 4/15/16)



2016 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$)

	Group Homes	Institutions	Foster Care	FH Respite	Kinship Care	Monthly Total
January	5	7	2	1,960.00	9,871.23	183,025.64
February	6	8	1	410.00	9,496.00	169,158.85
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total 2016	11	15	3	2,370.00	19,367.23	352,184.49
Total Revenues/ Adj. Expenses					17,959.00	334,225.49
Average 2016	5.5	7.5	1.5	1,185.00	9,683.61	176,092.24
Total 2015	49	71	39	18,546.50	133,576.98	1,538,466.28
Average 2015	4.1	5.9	3.2	1,545.54	11,131.41	128,205.52

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.

^ Includes some additional costs from August that carried over, as well as some 2 high-level foster home placements which are more costly.

* Kinship Care payment of \$329.39 denied on 8/4/15, putting this money back into balance.

2016 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$)

	Group Homes		Institutions		Foster Care		FH Respite		Kinship Care		Monthly Total	
	5	23,843.01	7	71,201.76	56	76,149.64	2	1,960.00	43	9,871.23	113	183,025.64
January	5	23,843.01	7	71,201.76	56	76,149.64	2	1,960.00	43	9,871.23	113	183,025.64
February	6	20,844.33	8	79,441.04	40	58,967.48	1	410.00	43	9,496.00	109	169,158.85
March	6	34,077.15	9	92,122.80	44	72,465.28	0	0.00	43	9,923.61	102	208,588.84
April												
May												
June												
July												
August												
September												
October												
November												
December												
Total 2016	17	78,764.49	24	242,765.60	140	207,582.40	3	2,370.00	129	29,290.84	324	560,773.33
Total Revenues/ Adj. Expenses										17,959.00		334,225.49
Average 2016	5.7	26,254.83	8	80,921.87	46.7	69,194.13	1	790.00	43	9,683.61	108	186,924.44
Total 2015	49	197,756.22	71	686,587.86	439	501,998.72	39	18,546.50	589	133,576.98	1187	1,538,466.28
Average 2015	4.1	16,479.68	5.9	57,215.65	36.6	41,833.23	3.2	1,545.54	49.1	11,131.41	98.9	128,205.52

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.