



Dodge County, Wisconsin  
Finance Department  
Revenue and/or Expenditure Adjustment Form

Effective Date: \_\_\_\_\_

Date: 10/5/2016

Department: \_\_\_\_\_ Human Services and Health Department

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

**Description of Adjustment:**

Aging and Disability Resource Center (ADRC) State requirements indicate we need additional signage and changes to our ADRC Reception area. This will require expenditures not budgeted for but which can be applied against the ADRC grant amount we receive from the State. These changes are needed to insure compliance with our ADRC Contractual obligations. In addition, we applied for and were awarded a Dementia Care Innovations grant for 2016 and 2017 the added revenues and expenditures are included.

**Budget Adjustment**

Business Unit Number	Account Object Number	Subsidiary Number	Account Title	Amount
5035	4235	560100	Aging and Dis. Resource Ctr.	-7,110
5035	4235	560203	Dementia Innovations Grant	-41,400
5035	5299		Sundry Contractual Services	3,100
5035	5312		Office supplies/small equip	1,999
5035	5455	01	Dementia Innovations Grant	38,400
5035	5325		Registration Fees and Tuition	1,000
5035	5332		Automobile Allowance	1,000
5035	5335		Meals	300
5035	5336		Lodging	700
5035	5812		Furniture and Furnishings	2,011

Note the total Budget Adjustment must balance

Department Head Signature Ben Jay Bell Date: 9/20/16

County Administrator Signature James Mielke Date: 9/21/16

Committee of Jurisdiction Chairman Signature \_\_\_\_\_ Date: \_\_\_\_\_

Finance Committee Chairman Signature \_\_\_\_\_ Date: \_\_\_\_\_



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**Description of Adjustment:**

Our Department has been reviewing options for Mental Health out of home placements seeking less expensive alternatives to placements at Winnebago or Mendota. We have been utilizing FDL County acute unit for additional placements thus exceeding the amount budgeted for this specific account. Modifications are needed for the Coordinated Services Team (CST) program as the State allocation was less than we originally budgeted for and expenditures are also somewhat different from budget.

**Budget Adjustment**

Business Unit Number	Account Object Number	Subsidiary Number	Account Title	Amount
4812	5291	426	Mendota	-20,000
4812	5291	430	St. Agnes Hospital	-25,000
4812	5291	428	FDL Mental Health	45,000
5010	4525	04	Child Care Institutions	-19,664
5019	5299		Sundry Contractual Service	-33,000
5031	4234	528	CST Expansion	8,664
5031	5299		Sundry Contractual Service	44,000

**Note the total Budget Adjustment must balance**

Department Head Signature Berly Bell Date: 9/21/16

County Administrator Signature Jane Malhe Date: 9/21/16

Committee of Jurisdiction Chairman Signature \_\_\_\_\_ Date: \_\_\_\_\_

Finance Committee Chairman Signature \_\_\_\_\_ Date: \_\_\_\_\_

**COMMUNITY SUPPORT SERVICES DIVISION**  
**FROM JULY to AUGUST STATISTICS NARRATIVE**  
**FOR THE OCTOBER 2016**  
**HUMAN SERVICES & HEALTH BOARD MEETING**

**AGING AND DISABILITY RESOURCE CENTER**

**KRIS SCHEFFT – SUPERVISOR**

**CALL STATISTICS**

- Recorded Contacts were down from 521 in July to 447 in August ↓
- Providing Information and Assistance went down from 340 in July to 277 in August ↓
- Administering Long Term Care Functional Screens went down from 25 in July to 13 in August ↓
- Providing all other services was up from 89 in July to 97 in August ↑
- Referring for all other services was up from 1 in July to 2 in August ↑

**DINING MEAL DONATIONS**

- Congregate donations went up from \$25.85 in July to \$27.27 in August ↑
- Home delivered donations went down from \$34.55 in July to \$30.77 in August ↓

**DINING MEAL PARTICIPANTS**

- Congregate participants went down from 74 in July to 72 in August ↓
- Home delivered participants went down from 104 in July to 99 in August ↓

**VOLUNTEER DRIVER STATISTICS**

- Total trip miles went up from 10,252 in July to 11,832 in August ↑
- Total hours of service went up from 490 in July to 571 in August ↑
- Total cash donations received went up from \$2,519.96 in July to \$3,198.01 in August ↑

**ADULT PROTECTIVE SERVICES / LONG TERM SUPPORT**

**DOREEN GOETSCH – SUPERVISOR**

**CASELOAD/WORKLOAD STATISTICS**

- Total caseload increased from 264 in June to 265 in July ↑
- Referrals went up from 39 to 41 ↑
- Court hearings went down from 9 to 8 ↓
- Annual Protective Placement Reviews went up from 25 to 29 ↑
- Supportive Home Care Reviews went down from 12 to 7 ↓
- Total Supportive Home Care cases went down from 107 to 106 ↓
- Total Home and Financial Manager Cases went up from 20 to 21 ↑

**CASELOAD/WORKLOAD STATISTICS**

- FoodShare caseloads decreased from 3891 to 3885 ↓
- Medicaid Total caseload increased from 2157 to 2184 ↑
- BadgerCare Total caseload increased from 4889 to 4905 ↑
- Total gross recipients increased from 13,664 to 13,702 ↑  
(This is the number of county residents receiving assistance which includes those handled by other counties in the consortia)
  
- Total net recipients went up from 11,916 to 11,932 ↑  
(This is the number of county residents Dodge County staff work with)
  
- Total cases increased from 7550 to 7562 ↑
- FoodShare expenditures increased from \$799,843 in July to \$804,345 in August ↑
- Child Care expenditures increased from \$160,463 in July to \$162,883 in August ↑

**CASELOAD/WORKLOAD STATISTICS**

- Programs for Children went down from 71 in July to 63 in August ↓
- Programs for Children and Families went up from 1213 in July to 1219 in August ↑
- Programs for Women up from 25 in July to 39 in August ↑
- Programs for ALL Residents went down from 117 in July to 114 in August ↓

## DINING CENTER COMMENTS

*August 2016*

August	1	Randolph	The California Blend Vegetables were mushy.
	2	Randolph	The Hungarian Goulash was nice and hot!
	5	Randolph	The Ham Rolls meal was wonderful!
	8	Bay Shore	The Country Fried Steak was liked by all!
	9	Randolph	The Winter Blend Vegetables were very mushy and the Fruited Gelatin wasn't set.
	9	Watertown	The Baked Chicken was burned and very dry.
	10	Bay Shore	The Pork Jaegerschnitzel was burnt to the pan.
	10	Horicon	Some of the Pork Jaegerschnitzel pieces were very small.
	10	Mayville	The Pork Jaegerschnitzel was very hard to chew and cut.
	12	Bay Shore	The Beef and Pork Chop Suey meal was enjoyed and the participants would like it more often.
	15	Bay Shore	The Hamburgers were very good!
	15	Hustisford	The Watermelon needed ripening and didn't have flavor.
	18	Randolph	The Mashed Potatoes were very brown and did not taste good. The Chicken Breast was stuck to the bottom of the pan.
	18	Watertown	The Mashed Potatoes were brown and over done.
	22	Randolph	The Mashed Potatoes were very brown.
	23	Fox Lake	The Pineapple Tidbits seemed to be lacking as there was more juice than actual Pineapple.
	26	Randolph	The Burgundy Mushroom chopped steak was very good!
	29	Beaver Dam	The participants enjoyed the Hawaiian Meatballs.
	31	Bay Shore	The participants would like more broccoli in the casserole.
	31	Randolph	The Chicken Broccoli and Rice Casserole was nice and moist!

31 Watertown

The Chicken Broccoli and Rice Casserole was inconsistent with the two pans sent. One was very dry and the other was very watery.



### Who is Responsible?

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Long-term goals (taking more than one year)	Approves	Recommends and provides input
Short-term goals (taking one year or less)	Monitors	Establishes and carries out
Annual report and plan	Approves	Assesses, develops, and carries out
News media releases	Adopts policy; support public health position	Approves all media releases
Day-to-day operations	No role	Makes all management decisions
Budget	Approves	Develops and recommends
Capital purchases	Approves	Prepares requests
Decisions on building renovation, leasing, expansion, etc.	Make decisions; assumes responsibility	Recommends; signs contracts after board approval
Purchases of supplies	Establishes policy and budget for supplies	Purchases according to board policy; maintains an adequate audit trail
Major repairs	Approves	Obtains estimates and prepares recommendations
Minor repairs	Establishes policy, including amount that can be spent without board approval	Authorizes repairs up to predetermined amount





Wisconsin Division of Public Health  
**Information for Local Boards of Health**

July 2014

AREA	BOARD OF HEALTH (Policy)	DIRECTOR/HEALTH OFFICER (Operations)
Emergency repairs	Works with administrator	Notifies board chairperson and acts with concurrence from chair
Cleaning and maintenance	No role (oversight only)	Sets up schedule
Fees	Adopts policy	Develops and sets fee schedules
Billing, credit, and collections	Adopts policy	Proposes policy and implements
Hiring of staff	Hires administrator only	Approves hiring of all subordinate staff
Staff development and assignment	No role	Establishes
Firing of staff	Fires administrator only	Approves firing of all subordinate staff
Staff grievances	Establishes a grievance committee	Follows grievance procedures
Personnel policies	Adopts	Recommends and administers
Staff salaries	Allocates budget line item for salaries; approves yearly percentage increase	Approves salaries with recommendations from supervisory staff
Staff evaluations	Evaluates administrator only	Evaluates supervisory staff





## **Responsibilities of Board Members**

These expectations may be adapted to reflect your board's actual expectations of its members. Your board can adopt any of these and add others as needed. What is important is that all board members know what is expected of them.

Specific expectations of board of health members:

### **Assess**

- Educate yourself on your community and its public health status. As a county resident, you are in an excellent position to know your community's problems and needs.
- Educate yourself on your board and local department's history, goals, achievements, and current situation.

### **Develop Policy**

- Review statutes, administrative rules and local policies.
- Attend board meetings regularly and promptly.
- Review all meeting materials in advance of meeting.
- Do assigned work between meetings.
- Participate fully in open, constructive dialogue regarding local public health both in and out of meetings.
- Ask critical questions; seek clarity and implications of decisions before voting.
- Function as a policy-maker not as an administrator.
- Link the community and the local health department.
- Represent a broad cross-section of the community to the board.
- Represent public health to the community.
- Speak for the board only when delegated to do so.
- Actively participate in political activities at local, state, and national level concerning local public health.

### **Assure**

- Keep decision-making at the primary and secondary policy levels.
- Stand behind decisions of the board and its director/health officer.
- Inform the community of public health financial backing.



- Anticipate trends likely to affect the local health department.

### **Board Evaluation**

Boards need to rate their own performance. Did the board set a long-range work plan? How well did it do in accomplishing its objectives? What did the board do that was not listed as a target? What remains to be done? What is the new work plan?

Boards should also assess the meeting evaluations from the past year. What are common problems? Where has improvement been made? What goals should be set for next year?

How long should a person serve on a local board of health? Board members need to address this question; each board must find its own answer. Individually, members should ask themselves certain simple, but searching, questions about their continued involvement:

1. Am I still interested?
2. Do I participate actively and responsibly in board matters?
3. Do I attend the regularly scheduled board meetings?
4. Do I have confidence in the board, the administrator, and the health department staff?
5. Is my service on the board at least as satisfying and rewarding as any other service to which I might devote similar time and effort?

Boards, as a whole, need to consider how length of tenure influences board effectiveness.

### **Director/Health Officer Evaluation**

Although not required in statute, some Boards of Health may have it written in their local policy that they are responsible for the evaluation of the city or county Health Officer. If such a policy or language is present the following may be "good business practice" to consider.

The director/health officer's job is to make the board's policies come live. Therefore, evaluating the director/health officer is also evaluating the local department and the state of public health in your agency's jurisdiction. The city/county hires the director/health



officer (often times with input or board of health involvement) to run the health department and to achieve its public health goals. While the board should be clear about what results it wants to see in the community, it should not direct the director/health officer's day-to-day management of the local department.

Performance-based evaluation is an excellent way for boards to evaluate a director/health officer and to evaluate themselves. Such evaluations allow individuals and organizations to see how well responsibilities are being fulfilled. The board should look at each statement in the job description and indicate how the director/health officer fulfills that expectation. It is unfair to judge or rate a director/health officer on things that are not included in his or her job description. (The same goes for the board when it is evaluating itself.) Additionally, the board needs to state clearly its standard of performance for each evaluation item. A review of this type may reveal that job descriptions need to be created or updated.

Compare the director/health officer's job description and work plan to his or her accomplishments. Stick to the direct evidence and be clear about what is to be evaluated. If the board, in the absence of policy prohibiting such activities, disapproves of certain methods used to complete a task, the board has identified a policy need, not a director/health officer failing. Boards must look at outcomes of staff work, not at how staff does its work. If your county requires a standard evaluation that is not performance based, consider also evaluating your director/health officer by the performance method. Standardized forms are appropriate for most evaluation situations but may be inadequate or inappropriate for a board's evaluation of its director/health officer. Standard forms must be general enough to apply to many positions, so they may omit important or specific aspects of more complex positions.

Several things are important to stress in evaluation:

- The evaluation must correlate to the actual job.
- Specific definitions of "Superior," "Average," "Acceptable," etc., must be agreed on before the evaluation.
- Schedule the evaluation activities into the board agenda over the year.




- Summarize the evaluation in writing and provide an opportunity for the director to record his or her comments.
- Stick to job performance, not personal characteristics.

Additional responsibilities of a president or chairperson of a board of health:

- Chair all meetings.
- Facilitate discussion and decision making.
- Work with director/health officer to set agenda for meetings.
- Counsel and consult with the director/health officer.
- Speak for the board as delegated by the board.
- Represent the board to other groups.
- Consult with board members who are not fulfilling their responsibilities or who are violating law, policy, or practice.
- Initiate annual evaluation of the director/health officer.
- Initiate annual evaluation of the board.

The president or chairperson of the board must exhibit leadership ability and provide direction to the director/health officer and the health department staff. How long the chairperson should serve, is best decided by the board itself. When selecting a chairperson, the board needs to look for someone who is active and concerned with the issues of the health department. The chairperson may be called on to go to county governing bodies to support health department concerns and issues. The person selected for this leadership position should be someone who has the time, energy, and savvy to work within county government to represent the concerns of the board and the health department.

Revised 6/8/09



## Dodge County Human Services and Health Department - Public Health Unit

Jody R. Langfeldt, RN, BSN  
Public Health Officer  
10/05/16

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## DCHS&HD - Public Health Unit

- ▶ Dodge County has had a Public Health Agency since 1932
- ▶ Level II Health Department based on 2015 140 review by the state
- ▶ Currently the staff consists of:
  - ▶ Public Health Officer/Supervisor
  - ▶ 5 Public Health Nurses (4-fulltime & 1-parttime)
  - ▶ 3 Public Health Technicians
  - ▶ 1 Registered Dietician (WIC Project Director)
  - ▶ 1 Nutritionist
  - ▶ 1 Account/Clerk

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## DCHS&HD - Public Health Unit

- ▶ The goals of Public Health in Dodge County are to:
  - ▶ Prevent injury, illness and the spread of disease
  - ▶ Create a healthy environment and protect against environmental hazards
  - ▶ Promote health behaviors
  - ▶ Promote mental health
  - ▶ Respond to disasters and assist communities in recovery
  - ▶ Promote accessible, high quality health care services

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## DCHS&HD - Public Health Unit

- ▶ The Public Health Unit offers 14 programs to county residents:
  - ▶ Car Seat Education
  - ▶ Communicable Disease Surveillance & Follow up
  - ▶ Cribs for Kids®
  - ▶ Environmental Health Services
  - ▶ First Breath
  - ▶ Health Check
  - ▶ Infant Home Visits
  - ▶ Immunization clinics for Adults and Children

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## DCHS&HD - Public Health Unit

- ▶ Childhood Lead Poisoning Prevention, Screening and Follow up
- ▶ Partner Counseling and Referral Services (HIV/AIDS)
- ▶ Prenatal Care Coordination
- ▶ Public Health Preparedness
- ▶ Screenings (blood pressure, hearing, vision & TB skin testing)
- ▶ Women, Infants & Children Program (WIC)

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## DCHS&HD - Public Health Unit

- ▶ Car Seat Program - Funded by a Dept. of Transportation grant of approximately \$4,000 for the purchase of car seats only. By the end of August 43 car seats have been distributed and 51 car seat inspections have been done
- ▶ Communicable Disease Surveillance & Follow-up - More than 70 diseases require follow-up in the state of Wisconsin. The type of follow-up depends on the disease. In 2016 until the end of August 391 cases of communicable disease have been followed up on.
- ▶ Cribs for Kids® - Provide Grayco® Pack N' Plays to families who meet income guidelines and are unable to provide a safe place for their infant to sleep. So far, through August 7 cribs have been given out. Cribs are paid for through donations.
- ▶ Environmental Health Services - Investigation and follow-up on environmental health and human health hazard complaints. We provide water test kits to families with young children and pregnant women and radon kits to residents interested in testing. Public Health has followed up on 65 environmental/human health hazard complaints through the end of August.

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## DCHS&HD - Public Health Unit

- ▶ **First Breath** - A program to help pregnant women decrease or stop smoking. Incentives are provided by the Wisconsin Women's Health Foundation. As of the end of August, 21 Dodge County women had participated.
- ▶ **Health Check** - A Medicaid benefit that pays for well child visits by a nurse at home or in the clinic from birth to 21. By the end of August, 94 health check exams had been done by Public Health Nurses.
- ▶ **Infant Home Visits** - This a visit that follows the Health Check criteria but for an infant not covered by Medicaid. By the end of August, 11 of this visits had been done.
- ▶ **Immunization Clinics** - The Public Health Unit holds two scheduled immunization clinics a month. Due to the Affordable Care Act, Public Health gives less immunizations that they had prior to ACA. Two hundred and two clients had been seen by the end of August 2016.

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## DCHS&HD - Public Health Unit

- ▶ **Childhood Lead Poisoning Prevention, Screening and Follow up** - This program has been around since approximately 1994. Most children are screened in the Women's, Infants and Children's Program although some private physicians also do lead testing. Public Health is required to follow-up on every elevated level. Through end of August 308 children have been lead tested, 31 of those tested had levels > 5 mcg/dl and 12 home visits were made to look for lead hazards.
- ▶ **Partner Counseling and Referral Services (HIV/AIDS)** - This program is similar to communicable disease follow-up for people named as a contact to someone who is HIV+. Through the end of August 2 people have received this service.
- ▶ **Pre-natal Care Coordination** - A Medicaid benefit that covers a monthly contact with a pregnant woman to provide education in fetal growth & development, nutrition, comfort measures for labor and delivery, maternal and child health, and smoking reduction/cessation. This program assists with lining up transportation, locating a physician, WIC referral and other needs of the pregnant woman.

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## DCHS&HD - Public Health Unit

- ▶ **Public Health Preparedness** - Through this program, Public Health staff receive classroom training, training exercises, meetings and updates to prepare them to develop plans and respond to both natural and man-made incidents. Examples of these incidents are H1N1, tornadoes, floods, Columbus Chemical fire, and the Town of Shields tire fire.
- ▶ **Screenings (TB skin tests, blood pressure, hearing & vision)** - Up to the end of August 72 TB skin tests have been applied, 19 blood pressures have been done, no hearing screenings and 17 vision screening were done.
- ▶ **Women, Infants, & Children's Program** - Federally funded food supplement program for pregnant and breastfeeding women, infants to one year and children to age 5. Our August WIC caseload average was 1147. WIC also provides support for breastfeeding women with breastfeeding peer counselors. One hundred and fourteen breastfeeding support have been made through the end of August.

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## DCHS&HD - Public Health Unit

- ▶ Other services provided:
  - ▶ TB Dispensary
  - ▶ Resources to schools, clinics, and communities
  - ▶ Public Health representation to department & county committees
  - ▶ Fluoride varnish (47 children through the end of August)
  - ▶ Birth certificate packets (through August 424 sent out)
  - ▶ As a clinical site for students in the nutrition and health fields (UW Madison, MPTC, UW-GB, UW-O as well as some online programs)
  - ▶ As part of Communicable Disease follow-up on all reported dog bites (as of 8/31 - 68 followed up)
  - ▶ TB medication delivery and follow-up (currently following up on 5 individuals)
  - ▶ Health education for communities, businesses, daycares, etc. By 8/31, 8 had been done.

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DCHS&HD Public Health

Conclusions & Questions

Thank you!

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## CLINICAL AND FAMILY SERVICES DIVISION

### AUGUST STATISTICS NARRATIVE

FOR THE OCTOBER 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 7 (from 61 to 68) ↑

##### ONGOING CASELOAD DATA

- Number of families being served decreased by 6 (from 96 to 90) ↓
- Number of children served in these families stayed the same at 77 (\*error in last month's report) →
- Termination of Parental Rights (TPR) and guardianship cases in progress increased by 6 (from 11 to 17) ↑

#### CHILD AND ADOLESCENT SERVICES UNIT

AMY BOOHER – SUPERVISOR

##### JUVENILE JUSTICE CASELOAD STATISTICS

- Total caseload decreased by 17 (from 160 to 143) ↓

##### BIRTH TO THREE PROGRAM DATA

- Number of referrals increased by 18 (from 9 to 27) ↑
- Number of admissions increased by 13 (from 4 to 17) ↑
- Number of discharges decreased by 7 (from 13 to 6) ↓
- Total number of children served was 127 (new data)

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

- Enrollment in CLTS decreased by 1 (from 77 to 76) ↓
- Number of families enrolled in Children's COP (formerly Family Support) stayed the same at 16 →
- Number of families dually enrolled in both CLTS and Family Support stayed the same at 8 →
- Wait list for CLTS and Family Support programs decreased by 1 (from 75 to 74) ↓

#### CLINICAL SERVICES UNIT

SARA GASKA – CLINICAL SUPERVISOR  
KIM KUNZ – COMMUNITY PROGRAMS SUPERVISOR

##### OUTPATIENT MENTAL HEALTH SERVICES DATA

- Admissions increased by 4 (from 39 to 43) ↑
- Discharges increased by 33 (from 38 to 71) ↑
- End of month total client census decreased by 23 (from 816 to 793) ↓
- End of month psychiatry census (for all programs) increased by 28 (from 479 to 507) ↑
- End of month therapy census decreased by 31 (from 306 to 275) ↓



- Average caseload size for MH therapists decreased by 7 (from 76 to 69) ↓
- # of clients on waitlist for adult psychiatric evaluation is 0, next available appt. is 10/24/16 (as of 9/20/16)
- # of clients on waitlist for child/adolescent psychiatric evaluation is 30, next available appt. is on hold as of 9/20/16 due to provider leaving in September and new provider not starting until January 2017.
- Next available intake date for MH (non-emergency) is 11/30/16 (as of 9/20/16)

#### **OUTPATIENT SUBSTANCE ABUSE SERVICES DATA**

- Admissions stayed the same at 24 →
- Discharges increased by 5 (from 22 to 27) ↑
- End of month total client census increased by 21 (from 139 to 160) ↑
- Average caseload size for SA counselors increased by 5 (from 27 to 32) ↑
- Number of Intoxicated Driver Assessments increased by 31 (from 26 to 57) ↑
- Next available intake date for AODA (non-emergency) is 10/31/16 (as of 9/20/16)

#### **CRISIS RESPONSE SERVICES DATA**

- Total hospitalization days increased by 5 (from 189 to 194) ↑
- Of this total, number of county-funded days increased by 53 (from 87 to 140) ↑
- Number of Emergency Detentions (EDs) decreased by 3 (from 13 to 10) ↓
- Number of crisis diversions decreased by 38 (from 107 to 69) ↓
- Number of protective custody cases increased by 1 (from 4 to 5) ↑
- Number of voluntary admissions decreased by 5 (from 12 to 7) ↓

#### **COMMUNITY PROGRAMS DATA**

- Community Support Program (CSP) end of month census decreased by 2 (from 48 to 46) ↓
- Comprehensive Community Services (CCS) end of month census increased by 6 (from 71 to 77) ↑
- Targeted Case Management (TCM) enrollment decreased by 4 (from 40 to 36) ↓



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

	Group Homes		Institutions		Foster Care		FH Respite		Kinship Care		Monthly Total	
	5	7	56	71,201.76	2	76,149.64	43	1,960.00	43	9,871.23	113	183,025.64
January	23,843.01											
February	20,844.33	8	40	79,441.04	1	58,967.48	43	410.00	43	9,496.00	109	169,158.85
March	34,077.15	9	44	92,122.80	0	72,465.28	43	0.00	43	9,923.61	102	208,588.84
April	28,674.96	11	43	95,355.70	0	71,797.25	44	0.00	44	9,976.00	104	205,803.91
May	27,485.67	11	46	114,768.08	0	68,889.90	43	0.00	43	10,731.37	105	221,875.02
June	27,981.12	12	45	110,589.25	0	62,659.08	42	0.00	42	9,233.61	106	210,463.06
July	27,832.59	12	48	129,714.63	0	60,573.68	38	0.00	38	8,816.00	104	226,936.90
August	20,472.48	14	50	139,340.38	0	61,725.57	38	0.00	38	8,598.97	107	230,137.40
September												
October												
November												
December												
<b>Total 2016</b>	<b>46</b>	<b>211,211.31</b>	<b>84</b>	<b>832,533.64</b>	<b>3</b>	<b>533,227.88</b>	<b>372</b>	<b>2,370.00</b>	<b>334</b>	<b>76,646.79</b>	<b>850</b>	<b>1,655,989.62</b>
<b>Total Revenues/ Adj. Expenses</b>	<b>102,951.00 thru May</b>											<b>1,095,964.00</b>
<b>Average 2016</b>	<b>5.8</b>	<b>26,401.41</b>	<b>10.5</b>	<b>104,066.70</b>	<b>0.4</b>	<b>66,653.48</b>	<b>46.5</b>	<b>296.25</b>	<b>41.8</b>	<b>9,580.85</b>	<b>106.3</b>	<b>206,998.70</b>
<b>Total 2015</b>	<b>49</b>	<b>197,756.22</b>	<b>71</b>	<b>686,587.86</b>	<b>39</b>	<b>501,998.72</b>	<b>439</b>	<b>18,546.50</b>	<b>589</b>	<b>133,576.98</b>	<b>1187</b>	<b>1,538,466.28</b>
<b>Average 2015</b>	<b>4.1</b>	<b>16,479.68</b>	<b>5.9</b>	<b>57,215.65</b>	<b>3.2</b>	<b>41,833.23</b>	<b>36.6</b>	<b>1,545.54</b>	<b>49.1</b>	<b>11,131.41</b>	<b>98.9</b>	<b>128,205.52</b>

Number of placements are duplicated month-to-month.

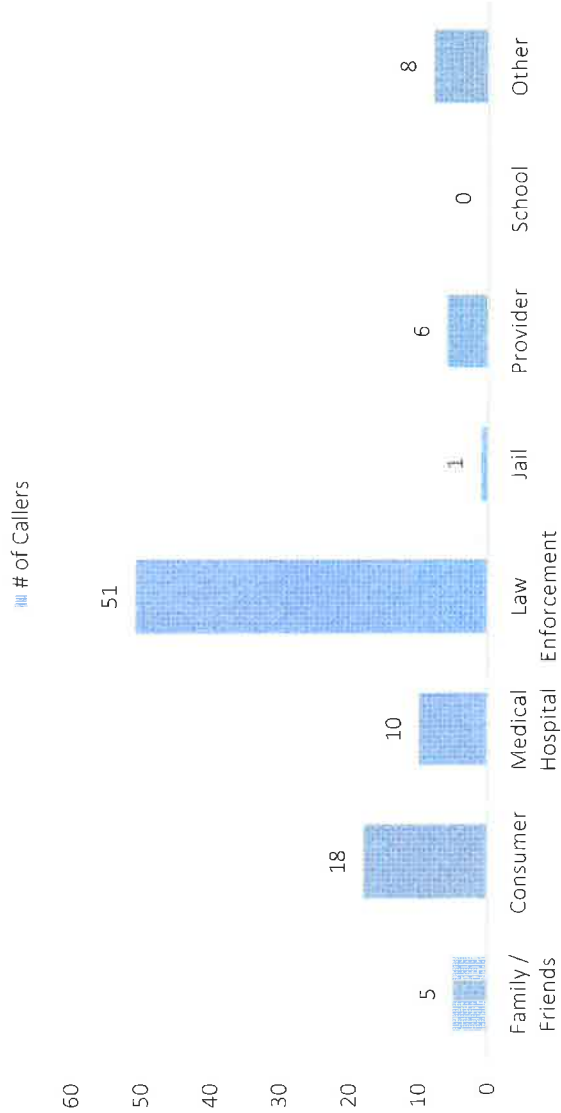
\* Total revenues are primarily a combination of collections from Child Support owed and Social Security benefits, as well as Youth Aids funding.



**Dodge County**  
**Data Report for August 1, 2016 to August 31, 2016**

**Total Calls— 99**  
**Mobile Sent— 7**  
**AODA related contacts— 20**

**# of Callers August 1-31, 2016**

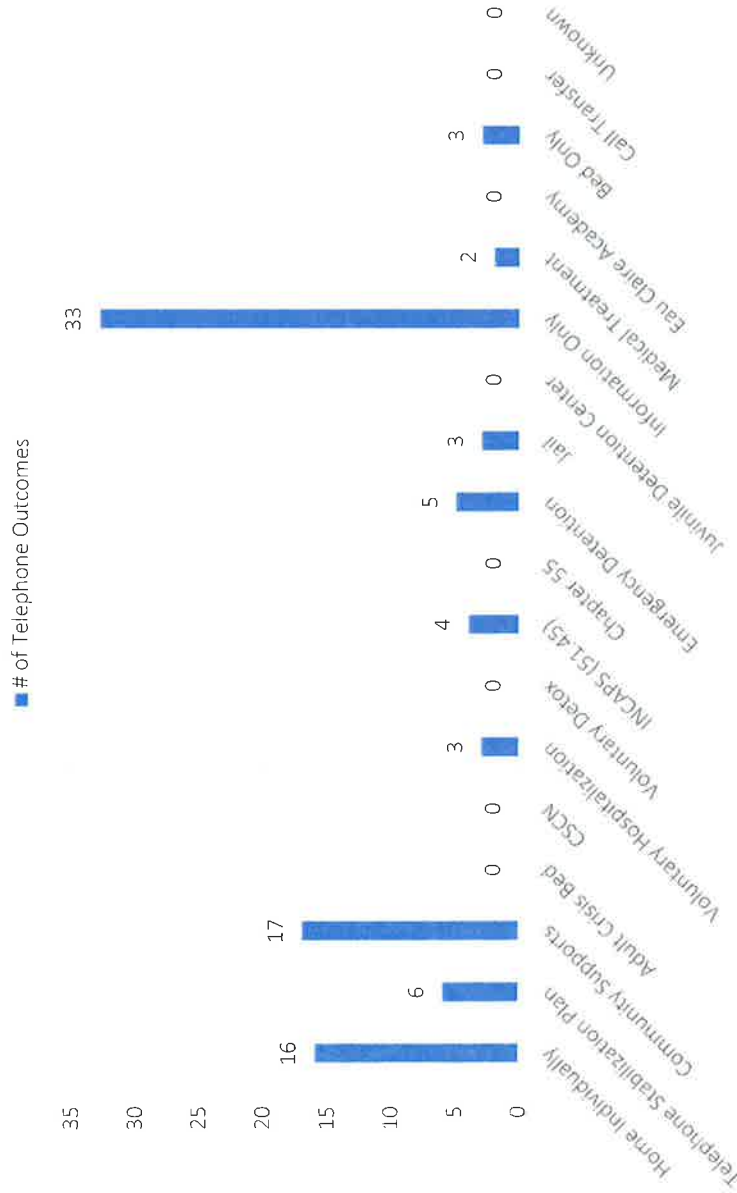


Caller	Total	Percent
Family / Friends	5	5.05%
Consumer	18	18.18%
Medical Hospital	10	10.10%
Law Enforcement	51	51.52%
Jail	1	1.01%
Provider	6	6.06%
School	0	0.00%
Other	8	8.08%
<b>Totals</b>	<b>99</b>	<b>100%</b>

Stabilization Calls (incoming and outgoing): 7

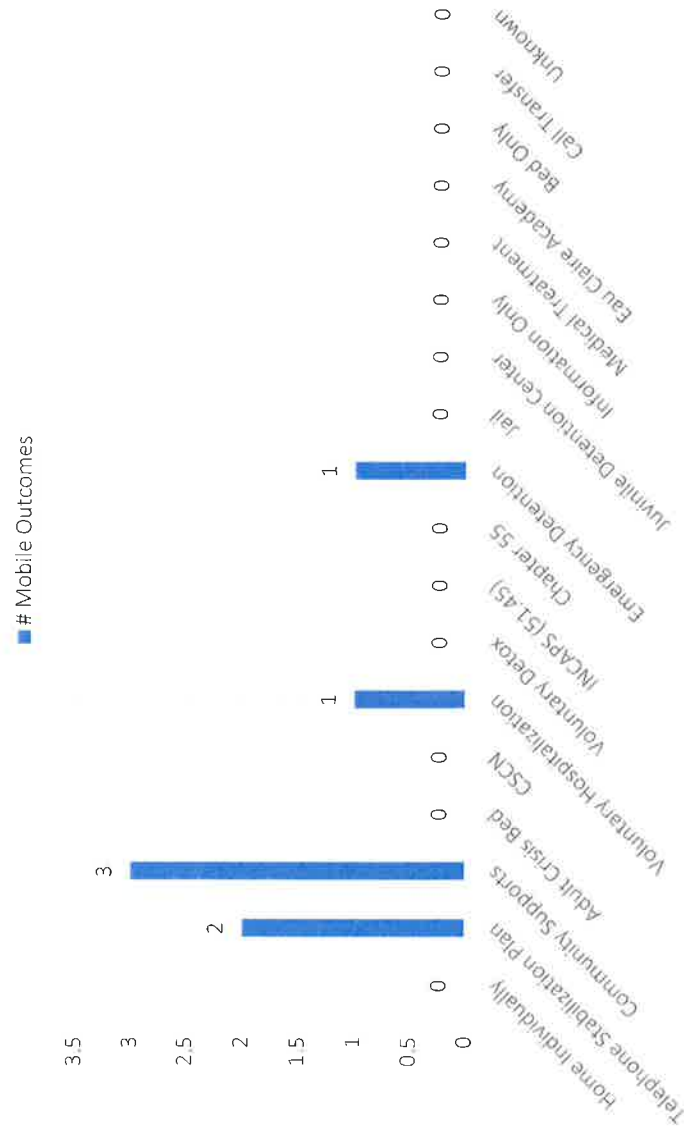
Note-Stabilization calls are created through a response plan following an initial contact resulting in a diversion with community supports.

# of Telephone Outcomes August 1-31, 2016



Telephone Outcome	Total	Percent
Home Individually	16	17.39%
Telephone Stabilization Plan	6	6.52%
Community Supports	17	18.48%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	3	3.26%
Voluntary Detox	0	0.00%
INCAPS (51.45)	4	4.35%
Chapter 55	0	0.00%
Emergency Detention	5	5.43%
Jail	3	3.26%
Juvenile Detention Center	0	0.00%
Information Only	33	35.87%
Medical Treatment	2	2.17%
Eau Claire Academy	0	0.00%
Bed Location Only	3	3.26%
Call Transfer	0	0.00%
Unknown	0	0.00%
<b>Totals</b>	<b>92</b>	<b>100%</b>

# Mobile Outcomes August 1-31, 2016



Mobile Outcome	Total	Percent
Home Individually	0	0.00%
Telephone Stabilization Plan	2	28.57%
Community Supports	3	42.86%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	1	14.29%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	1	14.29%
Jail	0	0.00%
Juvenile Detention Center	0	0.00%
Information Only	0	0.00%
Medical Treatment	0	0.00%
Eau Claire Academy	0	0.00%
Bed Location Only	0	0.00%
Call Transfer	0	0.00%
Unknown	0	0.00%
<b>Totals</b>	<b>7</b>	<b>100%</b>