

DODGE COUNTY HUMAN SERVICES & HEALTH BOARD MINUTES

The Dodge County Human Services & Health Board met on Wednesday, December 6, 2017, in Conference Room #G52 of the Henry Dodge Office Building.

The meeting was called to order at 6:00 p.m. by Mary Bobholz

ROLL CALL: PRESENT: Mary Bobholz, Lois Augustson, Jeremy Bartsch, Becky Glewen, David Godshall, Stephanie Justmann, Jennifer Keyes, Mark Roesch, and Kira Sheahan-Malloy.

NOT PRESENT. NA

ALSO PRESENT: STAFF: Jim Mielke - County Administrator, Becky Bell – Director, Monica Hooper-Division Manager, Sheila Drays-Division Manager, Jody Langfeldt-Supervisor, Alyssa Schultz-Division Manager

OTHERS: Kris Schefft, Amy Ewerdt, Marguerite Bashynski

Certification of Public Notice: Kris Keith certified public notice.

Consideration to Deviate from the Agenda if Needed:

A motion was made by Becky Glewen to approve deviation from the agenda if needed. The motion was seconded by Stephanie Justmann. Motion carried.

Approval of Minutes of the November 1, 2017 meeting:

A motion was made by Mark Roesch to approve the minutes of the November 1, 2017 meeting. The motion was seconded by Jennifer Keyes. Motion carried.

Public Forum:

Board Action:

- A. Consider, discuss and take action on 85.21 Grant Funding Request for 2018

Division Manger Sheila Drays reported that this grant is submitted every year to help run the transportation program and that there was no real changes to report for this year.

Becky Glewen made a motion to approve the 85.21 Grant Funding Request for 2018. The motion was seconded by Mark Roesch. Motion carried

- B. Consider, discuss and take action on the State Targeted Response to the Opioid Crisis Grant Resolution

Becky Bell discussed the State Targeted Response to the Opioid Crisis Grant which was received in July 2017. This grant was for \$84,879 and the department anticipated only using half of the funds in the calendar year 2017, however, we will exceed the \$50,000 threshold in 2017 thus creating a need for this resolution. We have served 22 individuals so far with these grant funds and anticipate the need will increase over time. The grant funding is expected to be exhausted prior to April 2018. Clinical Services Division Manager, Alyssa Schultz, did report that due to advertising efforts regarding the opportunity referrals have increased.

Stephanie Justmann made a motion to approve the Opioid Crisis Grant Resolution. Jennifer Keyes seconded the motion. Motion carried

HUMAN SERVICES & HEALTH BOARD MINUTES

December 6, 2017 – Page 2

Director's Report:

A. Update: NetSmart Status/Next Steps

Division Manager Monica Hooper reported to the board that the PPS State reporting system is up to date through the 2nd quarter and is now working into the 3rd quarter. Ms. Hooper said the department started testing closing months in JDEdwards and it appears to be working. The department is hoping to close March in production tomorrow and move forward from there. As far as billing, all programs are billed through November except Targeted. The billing department is trying to run bills weekly instead of monthly to even out the workflow. The department is receiving money back for bills through September and the Account Clerks are working on getting caught up on entering in the payments received. Ms. Hooper reported that she received a scope of work from NetSmart on the cost of training going forward, but stated that the scope did not provide details so they were asked to provide that by the end of the week.

B. Update: Easter Seals Grant Status

Director Becky Bell led the discussion on the Easter Seals Grant Status. Ms. Bell reported to the Board that this was a \$100,000 grant that the community had applied for and the project discussions started today and will go through tomorrow. Ms. Bell and Sheila Drays mentioned several stakeholders got together to discuss the scope and goals of the project. The hope is to provide transportation to help people get to work. Ms. Bell and Ms. Drays will keep the Board updated.

Division Reports:

The Board members reviewed and discussed the following informational items:

A. Clinical & Family Services Division:

1. Program Statistics:

Division manager Alyssa Schultz reported that clinical services will be adding additional child/adolescent psychologist hours in 2018.

- a. Out of Home Costs**
- b. October Report from Northwest Connections on after-hours crisis activity**

B. Community Support Services Division:

- 1. Introduction of Amy Ewerdt-Nutrition/Transportation Supervisor**
- 2. Program Statistics**
- 3. Aging and Disability Resource Center Information:**
 - a. 2016-2018 GVAR Aging Plan Review**
 - b. Dining Center Comments**
 - c. Driver/Trip Stats**

4. Public Health Information:
 - a. Award Letter for Child Passenger Safety Seats Grant
 - b. Press release: First confirmed case of WNV in Dodge County in 2017
 - c. Dodge County housing with Public Health concerns

C. Fiscal & Support Services Division:

1. Review of October 2017 expenditures & revenues

Monica Hooper updated the Board on some of the audit findings and reported that the month of March in Netsmart will be closing tomorrow. In addition, there has been a policy created for SEFA, Month End Process, and Allowance for Uncollectible Accounts. The department is also working on updating the contracts 2018 before they are sent out with Kim Nass. In regards to the contracts finding, the department is monitoring contract costs on a monthly basis and making sure the audit reports get turned in on time.

2. Discuss Intra-Department Fund Transfer

Next Meeting Date: February 7, 2018 @ 6:00 p.m.

A motion was made by Lois Augustson to adjourn the November meeting. The motion was seconded by Stephanie Justmann. Motion carried. The meeting was adjourned at 6:57

Lois Augustson, **Secretary**

Mary Bobholz, **Chairperson**

Kris Keith, **Recording Secretary**

kk

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

NONPROFIT GROUPS DEAL WITH COUNTY FUNDING CUTS

October 27, 2017 at 4:00 pm | By AUSTIN MONTGOMERY Staff writer

JANESVILLE - Rock County is slashing overall nonprofit funding based on a state legal opinion from September.

The county is cutting funding to four area nonprofits completely as part of next year's budget proposal.

An opinion from Wisconsin Attorney General Brad Schimel was the guiding rationale behind the sweeping changes, with the county to provide \$120,443 to nine nonprofit organizations next year.

The county provided 11 groups with \$248,015 this year. New funding requests were brought forward Wednesday by Rock County Administrator Josh Smith at the Rock County Board of Human Services Committee meeting. State statute prohibits counties from making direct financial contributions to nonprofits unless specifically authorized, according to Schimel's opinion. Funding is allowed for specific seniors assistance, fairs, historical societies, tourism and victims of domestic abuse.

Groups missing out on funding this year include HealthNet of Rock County, NeighborWorks, Rock Valley Community Programs and United Way Blackhawk Region.

Rock Valley Community Programs was solely funded by the county to offer community service hours as an alternative for those who faced court fines or probation after conviction. The county funded RVCP with \$73,505 for its two main programs. One full-time position will be redirected within the county, and the funding cut was expected.

The funding cut from RVCP will be dedicated to the county's Evidence-Based Decision Making fund as part of its ongoing overhaul of the county justice system. The county budget has set aside \$158,584 for the Evidence Based Decision Making program for next year.

The county began the initiative in 2014 along with other counties in the state seeking criminal justice reforms.

In Rock County, the Evidence Based Decision Making program goal will eventually implement pre-trial risk assessments, a pre-charge diversion program and an enhanced deferred prosecution program. It also is to provide enhanced information sharing between Rock County Human Services and law enforcement.

"We had already had conversations with RVCP and with the justice system stakeholders about the potential for reallocating those funds to other, higher-priority projects," Smith said. "...There had already been ongoing discussions about moving those funds ..., so after the AG's opinion when we felt we had to make the changes, I continued on the path that we had been discussing and recommended moving them to the EBDM account."

HealthNet will lost nearly \$60,000 in county funding directly offered for services to uninsured or under-insured county residents that rely on the free medical clinic.

CEO Ian Hedges said the cut could be equated to 386 of the over-1,500 patients seen at the clinic losing access to lab work, x-rays, prescriptions and the continuation of care.

"This lose of continuity of care would mean increases to emergency rooms in the county, ambulatory services and crisis stabilization for patients with mental illness," Hedges said.

Smith and Hedges both said the county could enter into a contract to provide funding, but no agreement has been discussed and the Wisconsin County Association has been unresponsive to requests by HealthNet to discuss any future contract.

"We don't want to lose any of those services that we provide," Hedges stressed. "We value our partnerships with the county."

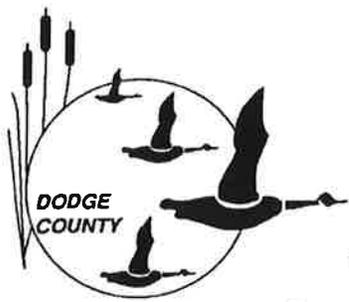
HealthNet recently authored a report on sober living and was a key player in securing an AmeriCorps Vista volunteer for the Rock County Health Department, on top of the free clinical services provided.

The state county association would be key for any future funding source since it would need to provide the Rock County Board with a legal interpretation for the structuring of any future contract.

At United Way, which will lose \$4,000 in county funds, CEO Mary Fanning-Penny said the group would "attempt to identify alternative funding sources." for the 211 community service information line. Last year, nearly 3,000 calls were placed by region residents to the informational help line. Needs ranged from how to locate housing; food assistance; utilities and medical aid and mental health counseling options.

"Marketing of 211 is often grassroots and word of mouth, so unfortunately our residents and neighbors may not be aware this 24 hour, 7-days a week information and referral help line exists," Fanning-Penny said.

Representatives NeighborWorks and RVCP could not be reached for comment Thursday.



HUMAN SERVICES & HEALTH DEPARTMENT

199 COUNTY ROAD DF ♦ JUNEAU, WISCONSIN 53039-9512

920-386-3500

Becky Bell, Director

TO: Human Services and Health Board Members
FROM: Becky Bell
DATE: February 1, 2018

◆ **ADMINISTRATION**
(920) 386-3501
FAX: (920) 386-4011

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

◆ **ADULT PROTECTIVE SERVICES
& SUPPORTIVE HOME CARE**
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◆ **ALCOHOL & DRUG ABUSE**
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The Comprehensive Community Services Program (CCS) is a recovery and goal oriented, consumer driven Medical Assistance reimbursable program serving individual with mental health and substance abuse disorders who meet functional eligibility. Dodge County has operated a CCS Program since 2008. Initially, Medical Assistance reimbursed the county 60% of the expenses incurred. In 2014, the State introduced the option of CCS Regionalization, encouraging counties to work in collaborative regions to share resources and expand programming. As part of this regionalization, Medical Assistance began reimbursing counties for 100% of expenses incurred, thereby no longer requiring counties to contribute any of their own county tax levy. Dodge County regionalized its services with Washington, Ozaukee, and Sheboygan Counties on January 1, 2015 under the Shared Services Model. Within this model, the four counties share service providers, training for providers, and quality improvement strategies. Along with the increase in reimbursement is the expectation from the State to continue to expand services over the next several years. Prior to our regionalization, the Dodge County CCS Program had contracts with 3 private agencies to provide CCS services to individuals. As a direct impact to regionalization, Dodge County now contracts with 13 different agencies to provide in-home individual and family therapy, therapeutic and recreational skill development, and psychoeducation services to consumers in the program. We continue to expand contracts as agencies express interest in becoming CCS certified. The ability to improve service options within CCS has led to a significant increase in referrals and an explosion in the size of the program. In 2016, the CCS Program served a total of 90 individuals and for the calendar year 2017, our program served 132 individuals.

In addition to the county staff employed as Service Facilitators in the CCS program, we have been able to contract with Lutheran Social Services (LSS) agency, who is known for their expertise in serving youth, for four additional Service Facilitators to work with children and adolescents. Of the 132 individual receiving services, 64 as compared to 54 in 2016.

A key to the success of CCS is its community-based focus. Individuals and/or families can engage in healthy, recovery-oriented services in their home or community, rather than needing to come to the outpatient clinic for services. CCS staff can work with the family to connect them with resources that can meet their needs. This program has enabled many individuals to be diverted from hospitalization, group home placement, and other out of home care placements by wrapping the consumer and family with services that will help them maintain or regain their independence with the ultimate goal of the concept of recovery.

Services offered through CCS include Service Facilitation, Diagnostic Evaluations, Medication Management, Physical Health Monitoring, Peer Support Services, Individual Skill Development and Enhancement, Employment-Related Skill Training, Individual and/or Family Psychoeducation, Wellness Management and Recovery Support Services, Psychotherapy, and Substance Abuse Treatment.

1 RESOLUTION NO. _____
2

3 **Human Services and Health Department**
4 **2017 Dodge County Budget Amendment**
5

6 TO THE HONORABLE BOARD OF SUPERVISORS OF DODGE COUNTY, WISCONSIN
7 MEMBERS,
8

9 **WHEREAS**, in January of 2015, the Comprehensive Community Services (CCS) program in
10 Dodge County was regionalized with CCS programs in Washington, Ozaukee, and Sheboygan counties
11 under the Shared Services Model encouraged by the State of Wisconsin; and,
12

13 **WHEREAS**, as a result of this regionalization of the CCS program in Dodge County, 1) the
14 number of available certified agencies providing services increased from three to thirteen, 2) program
15 enrollment increased from 34 individuals in January of 2015, to 83 individuals as of December of 2016,
16 and 132 as of December of 2017, 3) contracting for the provision of services for the CCS program has
17 increased, 4) services provided to the CCS program have increased, 5) expenditures for the CCS
18 program have increased and there is a need to appropriate excess revenues to pay for these increased
19 expenditures; and,
20

21 **WHEREAS**, the Human Services and Health Board received a detailed presentation of the CCS
22 program at its February 7, 2018 meeting, and has formed the considered conclusion that the increased
23 expenditures for the CCS program were necessary and reasonable; and,
24

25 **WHEREAS**, there are excess revenues in the amount of \$566,610 in Business Unit 4807,
26 Comprehensive Community Services, Account No. .4630, Medicaid, to pay costs for the expanded
27 contracting for the CCS program and to pay costs for the provision of other services, supplies and
28 equipment necessary to support individuals in the CCS programs as set forth on Exhibit "A" attached
29 hereto; and,
30

31 **WHEREAS**, the Human Services and Health Board requests that the Dodge County Board of
32 Supervisors appropriate to the 2017 Dodge County Human Services and Health Department Budget
33 excess revenues in the amount of \$566,610 from Business Unit 4807, Comprehensive Community
34 Services, Account No. .4630, Medicaid and expenditures in the amounts, business units and accounts as
35 described on Exhibit "A";
36

37 **SO, NOW, THEREFORE, BE IT RESOLVED**, that the Dodge County Board of Supervisors
38 hereby approves the excess revenues and expenditures as described on Exhibit "A" attached hereto and
39 authorizes and directs the Dodge County Finance Director to appropriate the excess revenues to the 2017
40 Dodge County Human Services and Health Department Budget and make the necessary budget
41 adjustments in accordance with Exhibit "A".
42

All of which is respectfully submitted this 21th day of February, 2017.

Dodge County Human Services and Health Board:

Mary J. Bobholz

Lois Augustson

Becky Glewen

Stephanie Justmann

Michael Malloy

Mark E. Roesch

David Godshall

Jennifer Keyes

Jeremy Bartsch

FISCAL NOTE:

The revenue/expenditure is contained in the current year budget: ___ Yes X No ___ N/A.

Budget Impact: \$566,610. Finance Committee review date: February 13, 2018. Chair initials: ____.

Vote Required: Two-thirds (2/3) of members elect.

Resolution Summary: Dodge County Human Services and Health Department 2017 Dodge County Budget Amendment, in the amount of \$566,610.

RESOLUTION NO. _____

**Carry Over Funds from Budget Year 2017 to Budget Year 2018
in the Dodge County Human Services and Health Department**

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

WHEREAS, the Dodge County Human Services and Health Department has a request to carry over unexpended funds from Budget Year 2017 to Budget Year 2018, for a different purpose, as set forth in Exhibit "A", attached hereto and incorporated herein by reference; and,

WHEREAS, the Dodge County Human Services and Health Board recommends that these funds in the 2017 Budget of the Human Services and Health Department, in a total amount of \$5,000, be carried over to the 2018 Budget of the Human Services and Health Department, as set forth in Exhibit "A", and that a plan be developed relating to transportation for the use of these funds; and,

WHEREAS, the Dodge County Human Services and Health Board recommends that the Dodge County Board of Supervisors authorize and direct the Dodge County Finance Director to carry over funds in the 2017 Budget of the Human Services and Health Department, in a total amount of \$5,000, to the 2018 Budget of the Human Services and Health Department, as set forth in Exhibit "A";

SO, NOW, THEREFORE, BE IT RESOLVED, by the Dodge County Board of Supervisors, that the unexpended funds of \$5,000 are authorized to be carried over, and hereby authorizes and directs the Dodge County Finance Director to carry over unexpended funds in the 2017 Budget of the Dodge County Human Services and Health Department, in a total amount of \$5,000, to the 2018 Budget of the Human Services and Health Department, as set forth in Exhibit "A".

All of which is respectfully submitted this 22nd day of February, 2018.

Dodge County Human Services and Health Board:

Mary J. Bobholz

Lois Augustson

Becky Glewen

Stephanie Justmann

Michael Malloy

Mark E. Roesch

David Godshall

Jennifer Keyes

Jeremy Bartsch

FISCAL NOTE:

*The revenue/expenditure is contained in the current year budget: ___ Yes X No ___ N/A.
Budget Impact: \$5,000. Finance Committee review date: February 13, 2018. Chair initials: ____.*

Vote Required: Two-thirds (2/3) of members elect.

Resolution Summary: Carry over unexpended funds from Budget Year 2017 to Budget Year 2018 in the Dodge County Human Services and Health Department, in the amount of \$5,000.

**Requests to Carry Over Funds From
Budget Year 2017 to Budget Year 2018
Different Purpose**

Dodge County Human Services and Health Department					
	From Business Account No.	Amount Available for Carryover	Project/Specific Purpose	To Business Account No.	Justification
A.	4881.4851	\$5,000	Transportation Program	4881.5349	These funds were received late in the calendar year of 2017. At that time, a thought out purpose and plan was not defined to use these funds. The department will develop a purpose and plan in 2018.

Total amount of funds requested to be carried over:

\$5,000



HUMAN SERVICES & HEALTH DEPARTMENT

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

TO: Human Services and Health Department Board Members
FROM: Becky Bell
DATE: February 1, 2018

The resolution brought before you tonight is, in part, a request for your support to fund the engagement of the Joxel Group to assist the Dodge County Human Services and Health Department to complete the Netsmart MyEvolv Project to enable clinical and fiscal staff to utilize the software to best meet the needs of the department. The software purchase was authorized through Resolution 15-29 adopted by the County Board in August 2015. This software was purchased to replace the Clinical Manager (TCM) software. The decision was made to purchase NetSmart My Evolv as the TCM product did not meet Meaningful Use requirements under Federal Law. The consequence of not being able to attest to Meaningful Use is a loss of revenue through the Medicare Program. The purchase price of the software and implementation was \$194,212.

The implementation of the software was a joint effort between Netsmart and Dodge County. Throughout the project, it was determined that there were additional modules that needed to be purchased to comply with Meaningful Use. These modules include Order Connect/Care Connect and Care Pathways reporting tool. The referenced required modules were unknown to Dodge County at the time of the original purchase.

During the implementation of OrderConnect, it was indicated by Netsmart that a portion of what was needed to be turned on for successful delivery of lab test results was not purchased. Therefore, an additional purchase by Dodge County was needed to allow laboratory tests results to be returned electronically to the system. The Care Connect module purchase was presented to the County Board in November 2016, through Resolution 16-67. The adopted Resolution approved the additional software purchase totaling \$40,680.

Over the course of the project implementation, there was a transition of key Fiscal personnel involved in the project from both Netsmart and Dodge County. In 2016, the Fiscal Support Supervisor and Fiscal Division Manager submitted letters of retirement and subsequently left employment. Additionally, in April 2016, there was a change in the Human Services and Health Department Director. There were staffing changes at Netsmart as well including a new project manager as well a Fiscal Advisor. The change in personnel contributed to configuration and programmatic issues within the setup as historical knowledge was not transferred nor was configuration thoroughly tested.

In March of 2017, Dodge County Human Services and Health Department Clinical/Fiscal Services went live in MyEvolv. Over the intervening months, it became apparent that configuration of the system was not done correctly. Several months of work, including site visits and remote work from Netsmart, which carried additional costs, attempted to fix the configuration issues.

By September of 2017, it became apparent by staff at Human Services that extensive work needed to continue in order to setup the system as designed. Netsmart and Dodge County had multiple conversations on how to meet Dodge County's needs. Netsmart was unwilling/unable to provide the services Dodge County believed were required in

timely manner. In addition to the configuration issues, it was evident that the Human Services Fiscal Staff and Netsmart personnel did not have the full knowledge of our system or training to complete the processes necessary to complete a billing run and apply receipts to claims.

In November of 2017, the Human Services Director reached out to the Joxel Group. The Joxel Group has extensive experience working with Wisconsin counties assisting in configuring Netsmart products. A statement of work was issued to complete an assessment and provide Dodge County with a recommendation on how best to proceed. The cost of the assessment was \$24,000. Of this \$24,000, \$8,000 was incurred and paid in 2017. A balance due of \$16,000 remains. The findings document provided by Joxel disclosed multiple concerns regarding system configuration and identified the lack of proper training for the Fiscal staff. The Joxel Group provided Dodge County two options. Option 1 included engaging with Netsmart to purchase consulting services to complete specific recommendations from the finding of the on-site visit performed by the Joxel Group. Option 2 included engaging with the Joxel Group to complete a full financial optimization of MyEvolv. After internal discussions with Human Services, Information Technology, Finance, Corporation Counsel, and the County Administrator, it was determined the best option for Dodge County is to move forward with a scope of work for the financial optimization of the MyEvolv system using Joxel Group resources. The financial optimization includes:

- Current state review
- Documentation of future state
- Reconfiguration, testing, and validation
- Workflow changes
- Training of the Fiscal staff
- Go-Live Support

The Joxel Group will address and correct all Dodge County issues that have been documented to date and anything that is uncovered during the engagement. The Statement of Work for the financial optimization of the MyEvolv system is \$134,200. Travel expenses would equal approximately \$3,000 as the Joxel Group is a local entity based in Mequon, Wisconsin. Based upon County Board approval, the anticipated start date would be February 26 followed by anticipated completion by the end of August.

In summary, the Human Services and Health Department is requesting approval to carry over and repurpose \$153,200 from the 2017 budget to the 2018 budget. The breakdown of the expense is:

- \$16,000 – Joxel Group, completed work
- \$134,200 – Joxel Group, anticipated work
- \$3,000 – travel costs

1 RESOLUTION NO. _____
2

3 **Authorize the Purchase of Additional Professional Services for Netsmart Software and**
4 **Approve Carry Over Funds from Budget Year 2017 to Budget Year 2018**
5 **in the Dodge County Human Services and Health Department**
6

7
8 TO THE HONORABLE BOARD OF SUPERVISORS OF DODGE COUNTY, WISCONSIN
9 MEMBERS:
10

11 **WHEREAS**, on August 18, 2015, the Dodge County Board of Supervisors adopted
12 Resolution No. 15-29, which, among other things, authorized and directed the Dodge County
13 Information Technology Committee (Committee) and the Dodge County Human Services and Health
14 Board (Board) to purchase and implement a certified case management, electronic health records, and
15 billing system, named myEvolv software solution, available from Netsmart Technologies, Inc., 4950
16 College Boulevard, Overland Park, Kansas (Netsmart); and,
17

18 **WHEREAS**, since the purchase of Netsmart, the Human Services and Health Department
19 staff and other County staff have invested considerable time and effort to implement the clinical and
20 fiscal components of the software; and,
21

22 **WHEREAS**, in March of 2017, the Netsmart software began operating "Live", meaning that
23 it was employed for its intended purpose in a live environment; and,
24

25 **WHEREAS**, after several months of use, staff continued to have concerns regarding the
26 configuration, functionality and optimization of the software and engaged the Joxel Group of
27 Mequon, Wisconsin, through Netsmart, to undertake an assessment; and,
28

29 **WHEREAS**, the Committee and the Board have considered the status of the implementation
30 of the software including the assessment of the configuration and functionality as well as the training
31 needs of the staff and have determined that it is necessary to purchase additional professional services
32 including training to fully implement and optimize the myEvolv software solution from Netsmart;
33 and,
34

35 **WHEREAS**, the Dodge County Netsmart Project Implementation Team (Team) solicited a
36 price quotation from Netsmart for the purchase of the additional professional services to be provided
37 by the Joxel Group and received a price quote of \$134,200; and,
38

39 **WHEREAS**, a copy of this price quotation with the complete Statement of Work (SOW) is
40 on file in the Office of the Dodge County Clerk, and may be viewed there during normal business
41 hours; and,
42

43 **WHEREAS**, no funds have been budgeted in the 2018 Dodge County Human Service and
44 Health Department Budget to pay for the additional professional services and training; and,
45

46 **WHEREAS**, there are funds in the amount of \$153,200 in the 2017 Human Services and
47 Health Department Budget available for carryover to the 2018 Human Services and Health

1 Department Budget to cover the costs of the additional professional services and other project related
2 costs as set forth on Exhibit "A" attached hereto; and,

3
4 **WHEREAS**, the Committee and the Board recommend that the Dodge County Board of
5 Supervisors:

- 6
7 1. Accept the price quotation from Netsmart and authorize the purchase of the additional
8 professional services, in the amount of \$134,200 for the services summarized in the
9 excerpt from the SOW which is attached hereto as Exhibit "B";
10
11 2. Approve the carryover of funds from the 2017 Dodge County Human Services and Health
12 Department Budget to the 2018 Human Services and Health Department Budget, as
13 described on Exhibit "A" for the purposes set forth therein;

14
15 **SO, NOW, THEREFORE, BE IT RESOLVED**, that the Dodge County Board of
16 Supervisors hereby:

- 17
18 1. Accepts the price quotation from Netsmart for the purchase of the additional professional
19 services, in the amount of \$134,200 and authorizes the purchase of additional professional
20 services to be provided by the Joxel Group as summarized on Exhibit "B"; and,
21
22 2. Approves the carryover of funds from the 2017 Dodge County Human Services and
23 Health Department Budget to the 2018 Human Services and Health Department Budget,
24 as described on Exhibit "A" and authorizes and directs the Dodge County Finance
25 Director to carryover the amount of \$153,200 to the 2018 Dodge County Human Services
26 and Health Department Budget as specified thereon; and,

27
28 **BE IT FINALLY RESOLVED**, that upon presentation to the Dodge County Clerk of
29 invoices properly approved by the Dodge County Information Technology Director, in a total amount
30 not to exceed \$134,200, representing the purchase of additional features from Netsmart, the Dodge
31 County Information Technology Director is authorized to make payment of such invoices from
32 Business Unit 4855, Unified Services Administration, Account No. .5818, Computer Equipment.

All of which is respectfully submitted this 21st day of February, 2018.

Dodge County Information Technology Committee:

Donna Maly

Mary J. Bobholz

Jeffrey Duchac

Janice K. Bobholz

Jeremy Bartsch

Dodge County Human Services and Health Board:

Mary J. Bobholz

Lois Augustson

Kira Sheahan-Malloy

David Godshall

Stephanie Justmann

Mark E. Roesch

Becky Glewen

Jennifer Keyes

Jeremy Bartsch

Dodge County Finance Committee:

David Frohling

Ed Benter

David Guckenberger

Richard Fink

Thomas J. Schaefer

FISCAL NOTE:

The revenue/expenditure is contained in the current year budget: ___ Yes X No ___ N/A.

Budget Impact: \$153,200. Finance Committee review date: February 13, 2018. Chair initials: ____.

Vote Required: Two-thirds (2/3) of members elect.

Resolution Summary: Authorize the purchase of additional services and carryover for Netsmart in the amount of \$153,200.

**Requests to Carry Over Funds From
Budget Year 2017 to Budget Year 2018
Different Purpose**

Dodge County Human Services and Health Department					
	From Business Account No.	Amount Available for Carryover	Project/Specific Purpose	To Business Account No.	Justification
A.	4885.5818	\$153,200	Netsmart Project	4855.5818	This projected was not completed at the end of 2017. An assessment was done and Dodge County is looking to finish this project in 2018. Part of these funds will be used to have the Joxel Group engage with Dodge County for a financial optimization of the software as well as address any open items prohibiting this project from being completed.

Total amount of funds requested to be carried over:

\$153,200

Planning Phase:

- Joxel
 - Create a detailed project charter and schedule.
 - Schedule project kick off
- Dodge County
 - Schedule appropriate staff to participate in project kick off.

Discovery Phase:

- Joxel
 - Deliver project kick off
 - Deliver final project charter and schedule
 - Complete current state interviews
 - Utilize industry best practices to define and document future state processes
 - Deliver onsite review of future state processes
- Dodge County
 - Ensure appropriate staff are in attendance for project kick off
 - Review and approve project charter and schedule
 - Promptly schedule appropriate staff for current state interviews
 - Ensure appropriate staff are in attendance for the onsite review of future state processes
 - Review and approve future state processes

Configuration

- Joxel
 - Configure Dodge County's development environment based on best practice and approved future state processes.
 - Deliver onsite demo of configured environment
- Dodge County
 - Provide resources that have the authority and knowledge to promptly make decisions related to configuration.
 - Schedule appropriate staff to attend demo of configured environment
 - Promptly sign off on acceptance of configuration

System Validation

- Joxel
 - Integration Testing
 - Deliver four days of onsite train the trainer training
 - Deliver one day of training for UAT
- Dodge County
 - Ensure appropriate staff are scheduled to attend train the trainer and UAT

- Complete training for remaining end users
- Complete UAT

Implementation

- Joxel
 - Configure Dodge County's live environment identical to development
 - 5 days of onsite go live support
 - 25 days of remote post go live support
- Dodge County
 - Provide Subject Matter Experts (SMEs) to assist with go live support

Transition

- Joxel
 - Complete project closure report to Dodge County
 - Work with Netsmart to ensure smooth transition to support
- Dodge County
 - Promptly complete transition documentation and closing documents

7 Client Responsibilities

- Dodge County will be responsible for project related travel expenses including flights, hotels, meals, and mileage.
- The appropriate Dodge County subject matter experts are available for decision making related to the functional and technical configuration, testing and training.
- Dodge County will assign a dedicated Project Manager to this effort who will be responsible for coordination of all resources from Dodge County to deliver the work for project decisions on time, for internal change management inclusive of process change, communication, job aids, job training, testing, end user and executive buy-in.
- Dodge County will be responsible for maintaining and revising the process workflows upon approval. The Dodge County Project Manager will need to identify the appropriate resources to take ownership of process flows developed by Joxel.
- Dodge County will provide myEvolv administrative permissions for Netsmart/Joxel project team members.
- Dodge County will provide workspace and sufficient internet access.
- Dodge County will provide sufficient resources to assist in issue resolution.
- Dodge County will ensure staff are available to attend training sessions.

January 26th, 2018: This *ForwardHealth Update* has been revised since its original publication. Providers should refer to the maximum allowable fee schedule for the correct rates. Several rates published in the attachments of this *Update* were recently revised. ForwardHealth will be publishing another *Update* soon with current information.

ForwardHealth

Wisconsin serving you

Update
December 2017

No. 2017-41

Affected Programs: BadgerCare Plus, Medicaid

To: Advanced Practice Nurse Prescribers with Psychiatric Specialty, Intensive In-Home Mental Health and Substance Abuse Treatment Services for Children Providers, Master's-Level Psychotherapists, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Physician Clinics, Physicians, Psychiatrists, Psychologists, Qualified Treatment Trainees, Substance Abuse Counselors, HMO and Other Managed Care Programs

Increased Reimbursement and Changes to Claims Submission Requirements for Outpatient Behavioral Health Services

Overview

In October 2017, Governor Scott Walker directed the Wisconsin Department of Health Services to increase reimbursement for professionals providing outpatient mental health and substance use disorder services. As a result, effective for dates of service (DOS) **on and after** January 1, 2018, ForwardHealth will implement changes to the rate structure, maximum allowable fee schedule, and units of time for outpatient mental health and substance use disorder services. These reimbursement changes simplify the fee schedule for outpatient behavioral health services and increase reimbursement rates to more accurately reflect the value of these high-need and cost-effective services. The changes to the rate structure and max fees do not change other BadgerCare Plus and Medicaid program requirements for outpatient behavioral health services, including allowable providers, documentation requirements, and medical necessity.

Note: The updates to the rate structure and fee schedule **only** apply to the services outlined in the Outpatient Mental Health and Outpatient Substance Abuse service areas of the ForwardHealth Online Handbook on the ForwardHealth Portal.

Rate Structure

Effective for DOS **on and after** January 1, 2018, the rate structure for outpatient behavioral health services will be modified from a four-rate structure to a two-rate structure. For most outpatient behavioral health services, ForwardHealth will now set two max fees per procedure. Providers will continue to be reimbursed at a particular rate according to their qualifications and the type of treatment provided. Refer to Attachment 1 of this *ForwardHealth Update* for a complete table of the behavioral health provider reimbursement rate assignments.

Reimbursement Rates

Effective for DOS **on and after** January 1, 2018, ForwardHealth reimbursement rates will be increased for outpatient behavioral health services. The fee schedules listed on the Portal will be updated on January 1, 2018, when the new rates are effective. Refer to Attachment 2 for the full list of the impacted Healthcare Common Procedure Coding System (HCPCS) procedure codes and their established rates.

For the current reimbursement rates, refer to the fee schedules by clicking the Fee Schedules link in the Providers quick link box on the home page of the Portal.

Department of Health Services

Substance Abuse Claims Submission Requirements

Effective for DOS **on and after** January 1, 2018, HCPCS codes H0005, H0022, H0047, and T1006 will represent 15 minutes of service per one unit. Refer to Attachment 3 for a complete table of the listed HCPCS procedure codes and their required modifiers.

When submitting claims, providers are required to round codes to the closest unit of time, per HCPCS rounding guidelines. A unit of time has been reached when a provider has completed 51 percent of the designated time.

Note: The updates to the units of time for substance use disorder services apply to the procedure codes covered in both the Outpatient Substance Abuse and the Outpatient Mental Health and Substance Abuse Services in the Home or Community for Adults service areas of the Online Handbook.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to providers on a fee-for-service basis only. For managed care policy and rates, contact the appropriate managed care organization (MCO). MCOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Medicaid Services, the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Behavioral Health Provider Reimbursement Rates Assignments

Effective for dates of service **on and after** January, 1, 2018, the reimbursement structure will be modified to the two-tier structure below to align with Medicare tiers. For the current reimbursement rates, refer to the maximum allowable fee schedules by clicking the Fee Schedules link in the Providers quick links box on the home page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Provider Qualifications	Modifier	Mental Health Rates	Substance Abuse Rates
M.D. Psychiatrist	UA	Rate 1	Rate 1
Advanced Practice Nurse Prescriber	UB	Rate 1	Rate 1
Ph.D. Psychologist	HP	Rate 1	Rate 1
Licensed or Certified Psychotherapist	HO	Rate 2	Rate 1*
Qualified Treatment Trainee	U6	Rate 2	N/A
Substance Abuse Counselor	HN	N/A	Rate 2

* Psychotherapists with a substance use disorder treatment specialty.

ATTACHMENT 2

Behavioral Health Provider Reimbursement Rates Assignments

Effective for dates of service **on and after** January, 1, 2018, the maximum allowable fees will be updated. Procedure codes where a Rate 2 is not listed indicates that either no changes were made to the existing rate or providers in that tier are not eligible to provide the service. For the current reimbursement rates, refer to the maximum allowable fee schedules by clicking the Fee Schedules link in the Providers quick link box on the home page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Procedure Code	Description	Rate	Established Max Fee
90785	Interactive complexity (List separately in addition to the code for primary procedure)	Rate 1	13.72
		Rate 2	10.29
90791	Psychiatric diagnostic evaluation	Rate 1	129.03
		Rate 2	96.77
90792	Psychiatric diagnostic evaluation with medical services	Rate 1	144.14
90832	Psychotherapy, 30 minutes with patient	Rate 1	62.89
		Rate 2	47.17
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	64.93
90834	Psychotherapy, 45 minutes with patient	Rate 1	83.56
		Rate 2	62.67
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	82.20
90837	Psychotherapy, 60 minutes with patient	Rate 1	125.25
		Rate 2	93.94
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	Rate 1	108.34

Procedure Code	Description	Rate	Established Max Fee
90839	Psychotherapy for crisis; first 60 minutes	Rate 1	130.95
		Rate 2	98.21
90840	Psychotherapy for crisis; each additional 30 minutes (List separately in addition to the code for primary service)	Rate 1	62.54
		Rate 2	46.91
90845	Psychoanalysis	Rate 1	89.72
		Rate 2	67.29
90846	Family psychotherapy (without the patient present), 50 minutes	Rate 1	100.99
		Rate 2	75.74
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Rate 1	104.92
		Rate 2	78.69
90849	Multiple-family group psychotherapy	Rate 1	34.02
		Rate 2	25.51
90853	Group psychotherapy (other than of a multiple-family group)	Rate 1	27.92
		Rate 2	22.74
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital [Amytal] interview)	Rate 1	164.11
		Rate 2	123.08
90870	Electroconvulsive therapy (includes necessary monitoring)	Rate 1	173.02
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes	Rate 1	60.34
		Rate 2	45.26
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes	Rate 1	105.67
		Rate 2	79.26
90880	Hypnotherapy	Rate 1	99.81
		Rate 2	74.86
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	Rate 1	86.16
		Rate 2	64.62

Procedure Code	Description	Rate	Established Max Fee
90899	Unlisted psychiatric service or procedure	Rate 1	83.56
		Rate 2	62.67
96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	Rate 1	21.36
		Rate 2	16.02
96151	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; Re-assessment	Rate 1	20.64
		Rate 2	15.48
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	Rate 1	20.23
		Rate 2	14.69
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	Rate 1	5.11
		Rate 2	3.33
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	Rate 1	20.23
		Rate 2	14.42
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	Rate 1	22.12
		Rate 2	16.59
99354	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service)	Rate 1	126.39
		Rate 2	94.79
99355	Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	Rate 1	95.34
		Rate 2	75.51
H0005	Alcohol and/or drug services; group counseling by a clinician	Rate 1	4.21
		Rate 2	3.16
H0022	Alcohol and/or drug intervention service (planned facilitation)	Rate 1	20.89
		Rate 2	15.67
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Rate 1	20.89

Procedure Code	Description	Rate	Established Max Fee
T1006	Alcohol and/or substance abuse services, family/couple counseling	Rate 1	26.23
		Rate 2	19.67
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting test results and preparing the report	Rate 1	80.93
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Rate 1	60.29
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report	Rate 1	43.60
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	Rate 1	105.81
96110	Developmental screening, with interpretation and report, per standardized instrument form	Rate 1	9.08
96111	Developmental Testing (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report	Rate 1	128.89
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Rate 1	90.53
96118	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Rate 1	96.03

Procedure Code	Description	Rate	Established Max Fee
96119	Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face	Rate 1	77.36
96120	Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report	Rate 1	72.84

ATTACHMENT 3

Substance Abuse HCPCS Codes Represented by 15 Minutes of Service per One Unit

Effective for dates of service **on and after** January 1, 2018, the following Healthcare Common Procedure Coding System (HCPCS) codes will be represented by 15 minutes of service per one unit.

HCPCS Code	Description	Modifier (Required)	Unit Time Allocation	Rates
H0005	Alcohol and/or drug services; group counseling by a clinician	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 4.21
				Rate 2 – 3.16
H0022*	Alcohol and/or drug intervention service (planned facilitation)	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 20.89
				Rate 2 – 15.67
H0047	Alcohol and/or drug abuse services, not otherwise specified	HO, HP, UA	1 unit = 15 minutes	Rate 1 – 20.89
T1006	Alcohol and/or substance abuse services, family/couple counseling	HN, HO, HP, UA	1 unit = 15 minutes	Rate 1 – 26.23
				Rate 2 – 19.67

* Providers should use this HCPCS code for **individual** alcohol and/or drug intervention services.

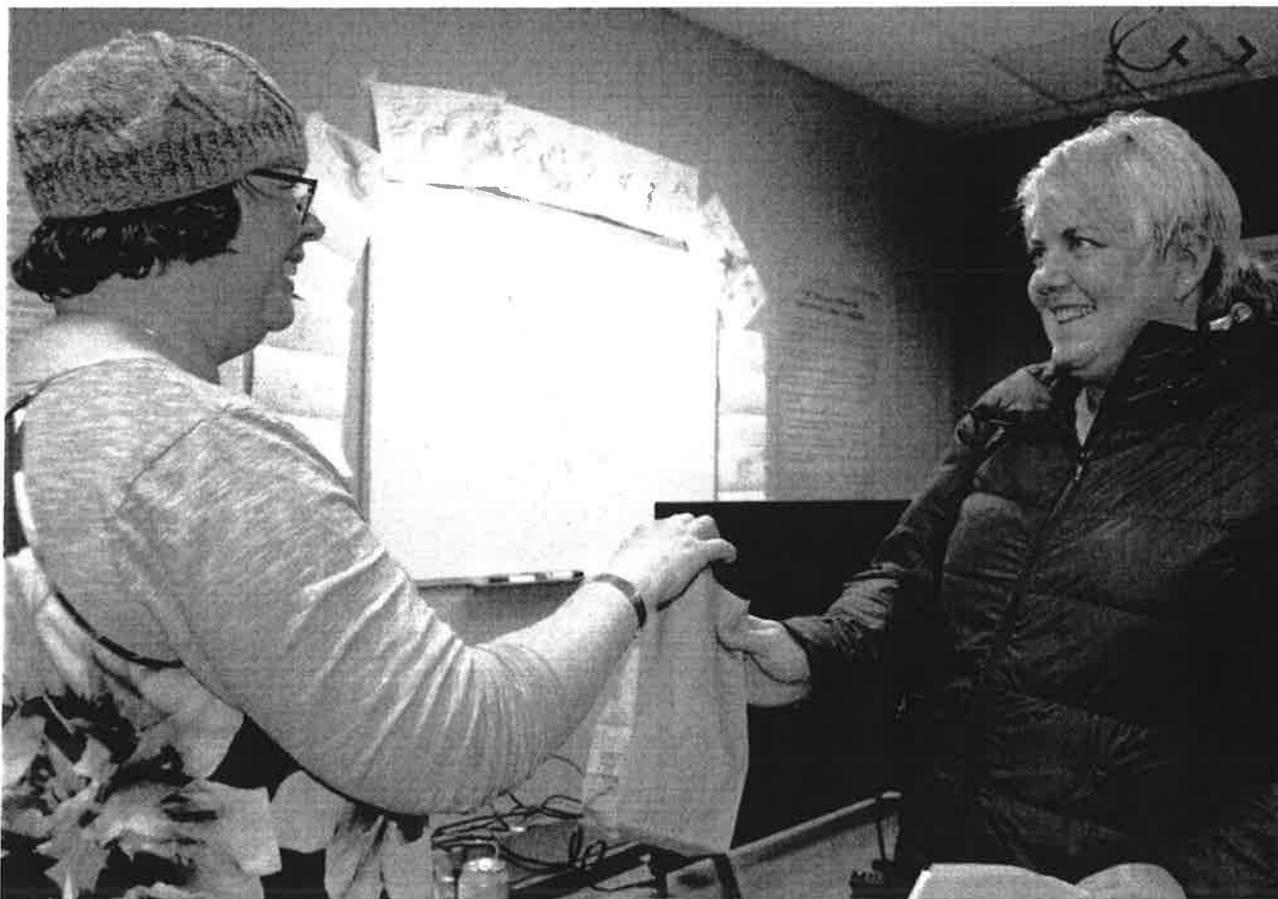
The following table lists the applicable modifiers that providers are required to use when submitting claims for outpatient substance abuse services. Not all providers may be reimbursed for all substance abuse services.

Modifier	Provider
HN	Wisconsin Department of Safety and Professional Services-certified substance abuse counselors or clinical substance abuse counselors who are not a certified or licensed psychotherapist
HO	Licensed or certified psychotherapists who have a DSPS certificate as a substance abuse counselor or clinical substance abuse counselor or a DSPS issued substance abuse specialty (Licensed or certified psychotherapists include licensed or certified social workers, professional counselors, or marriage/family therapists who have completed their 3,000 hours of post-graduate supervised clinical hours, per DSPS, or who have a DQA Provider Status Approval letter).
HP	Psychologist, Ph.D.
UA	Psychiatrist billing mental health and substance abuse services Physician billing substance abuse services Physician assistant billing substance abuse services

http://www.wiscnews.com/bdc/news/local/article_485c0b73-d204-5eda-abb8-6a6c3f882039.html

Dodge and Fond du Lac counties join together on grant to fight opioid addiction

TERRI PEDERSON tpederson@wiscnews.com 16 hrs ago



AIDS Resource Center of Wisconsin specialist Heidi Olson-Streed, left, hands a bag containing NARCAN, an opioid-overdose treatment, to Wendy Compton during a NARCAN training session Thursday night at C.A.R.E. for Dodge County in Beaver Dam. Dodge and Fond du Lac county departments recently won a large grant to fund an opioid treatment center.

BUY N

TERRI PEDERSON/Daily Citizen

JUNEAU — The Dodge County Human Services and Health Department has joined together with the Fond du Lac County’s Department of Community Programs to receive \$666,667 to fund an regional opioid treatment center.

“I’m super excited,” Dodge County Human Services and Health Department director Becky Bell said. “I’m over the moon.”

The Wisconsin Department of Health Services awarded three grants. The partnership of the health and human services departments in Dodge and Fond du Lac counties will provide treatment for opioid addiction in Adams, Dodge, Fond du Lac, Juneau, Manitowoc and Marquette counties.

The two counties submitted the joint proposal because of how the grant was structured. Bell worked in Fond du Lac County before coming to Dodge County.

“I have some ties to Fond du Lac, and we have had some conversations on joining forces,” Bell said. “The grant required a regional approach with more than one county applying.”

Dodge County is designated a high-priority area because of the high number of deaths in Dodge County. The number of deaths from drug overdoses rose from 14 in 2014 to at least 26 in 2016. Dodge County Medical Examiner P.J. Schoebel said final numbers for 2017 are not completed yet. However, it appears at least 20 people in Dodge County died from drug overdoses last year.

Bell said that they have not received a final contract yet, but they have been told they could receive the funding on April 1.

The grant includes contracting with Justice Point, a nonprofit organization from Milwaukee County that promotes evidence-informed criminal justice programs, practices and policies.

Bell said Justice Point is already used in Dodge County. For this grant, the program will be housed out of Dodge County Human Services, but will travel to Fond du Lac as well.

The AODA counselors in the counties cannot provide all the resources that addicts need sometime, Bell said. Justice Point will step in and help with things like housing, employment and transportation.

“To try to treat addiction while you are homeless impedes recovery,” Bell said. “We want to meet all their needs and set up the best success outcomes possible. In order to do that, we have to look at the environmental factors.”

The grant will also fund residential treatment, detoxification services, medication treatments and even financing transportation for treatments.

Bell said if they are successful, there is an opportunity for an additional four years of funding.

Dodge County Human Services already provides confidential help to those fighting substance abuse, from outpatient day treatments to residential treatment for those needing additional services including detoxification services.

To access help through the county, a person does not need insurance, Bell said.

Dodge County Human Services does not report drug use to law enforcement, Bell said.

Anyone who needs help or needs information about helping someone with an addiction can contact an intake worker by calling 920-386-4094. Those in crisis may ask to speak to a crisis worker. However, when crisis workers are not available, law enforcement should be contacted to receive help fast.

How to get help

- Call 920-386-4094 and ask for an intake worker.
- The intake worker will schedule an appointment.
- An assessment will be done and treatment options are discussed.
- All services are kept confidential.

2017 Children's Monthly Out-of-Home Placement Costs (# of children / \$\$\$)

	Group Homes	Institutions	Foster Care	FH Respite	Kinship Care	Monthly Total						
January	4	13,445.06	14	165,241.47	41	50,719.44	0	0.00	45	10,226.70	104	239,632.67
February	4	17,442.24	14	140,624.88	40	47,054.33	0	0.00	44	9,727.43	102	214,848.88
March	6	26,890.12	13	137,296.63	45	50,752.00	0	0.00	43	10,034.80	107	224,973.55
April	7	28,729.42	12	127,762.04	40	46,553.20	0	0.00	40	9,164.00	99	212,208.66
May	4	22,529.56	11	118,309.41	37	49,214.69	0	0.00	40	8,872.00	92	198,925.66
June	7	27,542.75	10	101,698.52	37	45,534.82	0	0.00	41	9,713.07	95	184,489.16
July	9	43,783.00	9	93,704.04	38	48,424.09	0	0.00	40	8,939.49	96	194,850.62
August	9	50,357.20	8	81,747.14	40	45,932.07	0	0.00	39	8,932.00	96	186,968.41
September	10	45,460.37	6	55,322.88	43	50,318.05	0	0.00	39	8,611.07	98	159,712.37
October	7	35,956.34	8	79,541.90	41	48,525.60	0	0.00	36	8,075.10	92	172,098.94
November	7	40,258.88	7	57,729.00	41	43,303.08	0	0.00	36	8,352.00	91	149,642.96
December	7	36,138.03	9	85,551.51	39	44,093.75	0	0.00	39	10,252.90	94	176,036.19
Total 2017	81	388,532.97	121	1,244,529.42	482	570,425.12	0	0.00	482	110,900.56	1166	2,314,388.07
Average 2017	6.7	32,377.75	10.1	103,710.78	40.2	47,535.43	0	0.00	40.2	9,241.71	97.2	192,865.66
Total 2016	63	263,596.23	140	1,451,042.38	548	753,713.32	3	2,370.00	489	113,472.65	1254	2,584,194.58
Average 2016	5	21,966.35	12	120,920.20	46	62,809.44	0.2	197.50	41	9,456.05	104	215,349.55

^A = This number includes approx. \$40,000 in costs not previously billed for one child

Number of placements are duplicated month-to-month.

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

CLINICAL AND FAMILY SERVICES DIVISION

NOVEMBER STATISTICS NARRATIVE

FOR THE FEBRUARY 2018

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 1 (from 108 to 109) ↑

ONGOING CASELOAD DATA

- Number of families being served stayed the same at 92 →
- Number of children being served decreased by 17 (from 215 to 198) ↓
- Number of children in out-of-home care increased by 7 (from 65 to 72) ↑
- Termination of Parental Rights (TPR) and guardianship cases in progress decreased by 1 (from 7 to 6) ↓

CHILD AND ADOLESCENT SERVICES UNIT

AMY BOOHER – SUPERVISOR

JUVENILE JUSTICE CASELOAD STATISTICS

- Total caseload increased by 16 (from 151 to 167) ↑

BIRTH TO THREE PROGRAM DATA

- Number of referrals decreased by 2 (from 24 to 22) ↓
- Number of admissions decreased by 7 (from 15 to 8) ↓
- Number of discharges decreased by 4 (from 10 to 6) ↓
- Total number of children served decreased by 14 (from 125 to 111) ↓

CHILDRENS LONG TERM SUPPORT WAIVER (CLTS) and COMMUNITY OPTIONS PROGRAM (CCOP) DATA

- Total number of children served increased by 6 (from 85 to 91) ↑
- Total number of new referrals this month is 2; total for the calendar year is 33
- Number of families dually enrolled in both CLTS and CCS stayed the same at 7 →
- Wait list for CLTS and Family Support programs decreased by 4 (from 61 to 57) ↓

CLINICAL SERVICES UNIT

SARA GASKA – CLINICAL SUPERVISOR
KIM KUNZ – COMMUNITY PROGRAMS SUPERVISOR

OUTPATIENT MENTAL HEALTH SERVICES DATA

- Admissions decreased by 5 (from 54 to 49) ↓
- Discharges increased by 5 (from 33 to 38) ↑
- End of month total client census increased by 42 (from 1131 to 1173) ↑
- End of month psychiatry census (for all programs) increased by 17 (from 789 to 806) ↑
- End of month therapy census increased by 31 (from 524 to 555) ↑
- Average caseload size for MH therapists increased by 4 (from 75 to 79) ↑

- # of clients on waitlist for adult psychiatric evaluation is 0, next available appt. is 3/22/18 (as of 1/4/18)
- # of clients on waitlist for child/adolescent psychiatric evaluation is 1, next available appt. is 3/27/18 (as of 1/4/18).
- Next available intake date for MH (non-emergency) is 2/1/18 (as of 1/4/18)

OUTPATIENT SUBSTANCE ABUSE SERVICES DATA

- Admissions increased by 9 (from 22 to 31) ↑
- Discharges increased by 2 (from 14 to 16) ↑
- End of month total client census increased by 27 (from 305 to 332) ↑
- Average caseload size for SA counselors stayed the same at 60 →
- Number of Intoxicated Driver Assessments decreased by 15 (from 38 to 23) ↓
- Next available intake date for AODA (non-emergency) is 1/26/18 (as of 1/4/18)

CRISIS RESPONSE SERVICES DATA

- Total hospitalization days increased by 172 (from 124 to 296) ↑
- Of this total, number of county-funded days increased by 134 (from 46 to 180) ↑
- Number of Emergency Detentions (EDs) increased by 6 (from 16 to 22) ↑
- Number of crisis diversions decreased by 8 (from 104 to 96) ↓
- Number of protective custody cases increased by 1 (from 3 to 4) ↑
- Number of voluntary admissions stayed the same at 4 →

COMMUNITY PROGRAMS DATA

- Community Support Program (CSP) end of month census stayed the same at 42 →
- Comprehensive Community Services (CCS) end of month census increased by 6 (from 138 to 144) ↑
- Targeted Case Management (TCM) enrollment stayed the same at 38 →



CLINICAL AND FAMILY SERVICES DIVISION

DECEMBER STATISTICS NARRATIVE

FOR THE FEBRUARY 2018

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 decreased by 26 (from 109 to 83) ↓

ONGOING CASELOAD DATA

- Number of families being served increased by 1 (from 92 to 93) ↑
- Number of children being served decreased by 4 (from 198 to 195) ↓
- Number of children in out-of-home care stayed the same at 72 →
- Termination of Parental Rights (TPR) and guardianship cases in progress stayed the same at 6 →

CHILD AND ADOLESCENT SERVICES UNIT

AMY BOOHER – SUPERVISOR

JUVENILE JUSTICE CASELOAD STATISTICS

- Total caseload stayed the same at 167 →

BIRTH TO THREE PROGRAM DATA

- Number of referrals decreased by 9 (from 22 to 13) ↓
- Number of admissions decreased by 1 (from 8 to 7) ↓
- Number of discharges stayed the same at 6 →
- Total number of children served increased by 28 (from 111 to 139) ↑

CHILDRENS LONG TERM SUPPORT WAIVER (CLTS) and COMMUNITY OPTIONS PROGRAM (CCOP) DATA

- Total number of children served increased by 1 (from 91 to 92) ↑
- Total number of new referrals this month is 4; total for the calendar year is 37
- Number of families dually enrolled in both CLTS and CCS increased by 3 (from 7 to 10) ↑
- Wait list for CLTS and Family Support programs decreased by 3 (from 57 to 54) ↓

CLINICAL SERVICES UNIT

SARA GASKA – CLINICAL SUPERVISOR
KIM KUNZ – COMMUNITY PROGRAMS SUPERVISOR

OUTPATIENT MENTAL HEALTH SERVICES DATA

- Admissions decreased by 4 (from 49 to 45) ↓
- Discharges decreased by 11 (from 38 to 27) ↓
- End of month total client census increased by 45 (from 1173 to 1218) ↑
- End of month psychiatry census (for all programs) increased by 15 (from 806 to 821) ↑
- End of month therapy census increased by 37 (from 555 to 592) ↑
- Average caseload size for MH therapists increased by 6 (from 79 to 85) ↑

- # of clients on waitlist for adult psychiatric evaluation is 0, next available appt. is 3/22/18 (as of 1/4/18)
- # of clients on waitlist for child/adolescent psychiatric evaluation is 1, next available appt. is 3/27/18 (as of 1/4/18).
- Next available intake date for MH (non-emergency) is 2/1/18 (as of 1/4/18)

OUTPATIENT SUBSTANCE ABUSE SERVICES DATA

- Admissions decreased by 11 (from 31 to 20) ↓
- Discharges increased by 2 (from 16 to 18) ↑
- End of month total client census increased by 19 (from 332 to 351) ↑
- Average caseload size for SA counselors increased by 4 (from 60 to 64) ↑
- Number of Intoxicated Driver Assessments increased by 10 (from 23 to 33) ↑
- Next available intake date for AODA (non-emergency) is 1/26/18 (as of 1/4/18)

CRISIS RESPONSE SERVICES DATA

- Total hospitalization days decreased by 193 (from 296 to 103) ↓
- Of this total, number of county-funded days decreased by 139 (from 180 to 41) ↓
- Number of Emergency Detentions (EDs) decreased by 8 (from 22 to 14) ↓
- Number of crisis diversions increased by 4 (from 96 to 100) ↑
- Number of protective custody cases decreased by 1 (from 4 to 3) ↓
- Number of voluntary admissions increased by 1 (from 4 to 5) ↑

COMMUNITY PROGRAMS DATA

- Community Support Program (CSP) end of month census stayed the same at 42 →
- Comprehensive Community Services (CCS) end of month census increased by 7 (from 144 to 151) ↑
- Targeted Case Management (TCM) enrollment increased by 1 (from 38 to 39) ↑

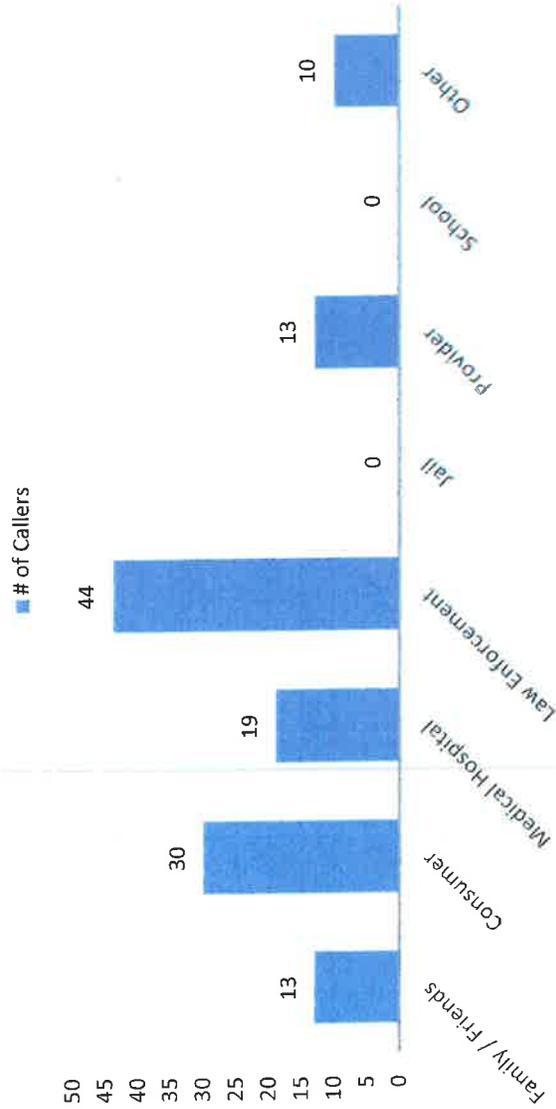




Dodge County
Data Report for November 1, 2017 to November 30, 2017

Total Calls—129
Total Minors: 33
Total Adults: 93
Total Age Unknown: 2
Mobile Sent—9
AODA related contacts—20

of Callers November 1 - November 30, 2017

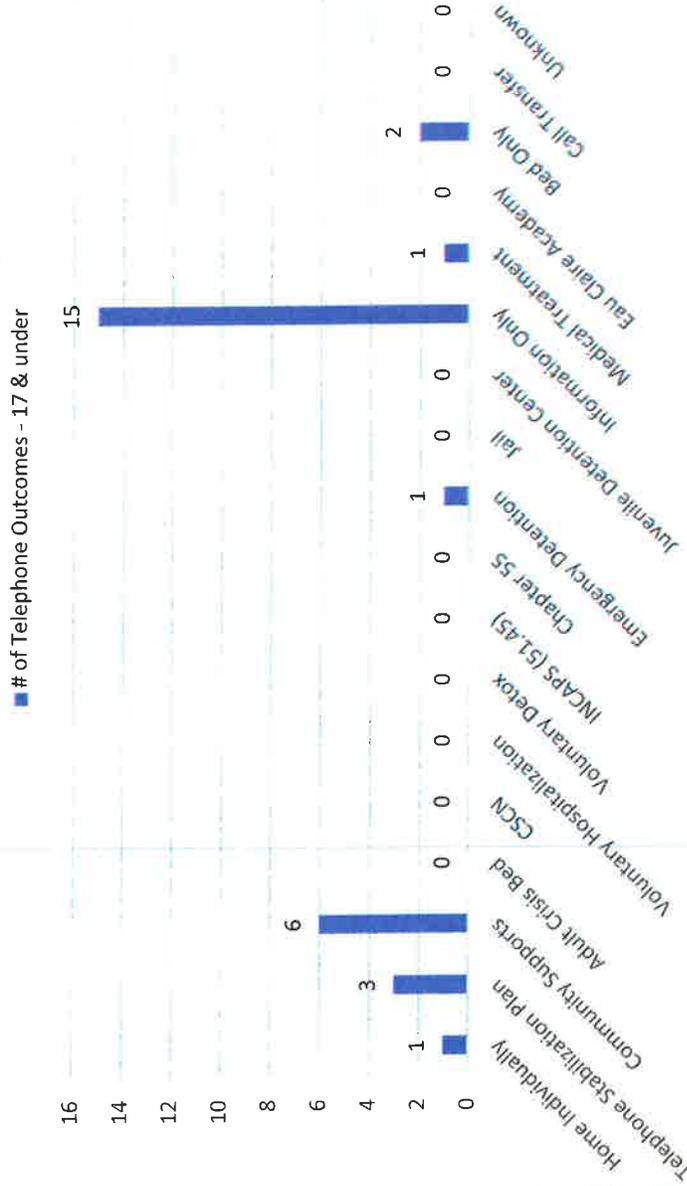


Caller	Total	Percent
Family / Friends	13	10.08%
Consumer	30	23.26%
Medical Hospital	19	14.73%
Law Enforcement	44	34.11%
Jail	0	0.00%
Provider	13	10.08%
School	0	0.00%
Other	10	7.75%
Totals	129	100%

Stabilization Calls (incoming and outgoing): 13

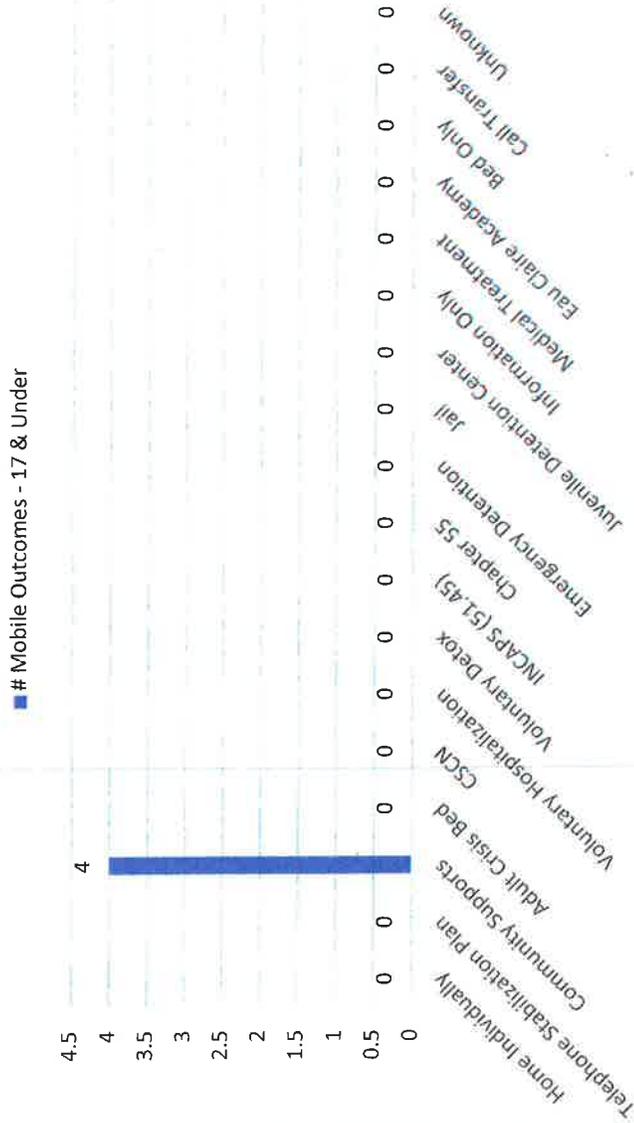
Note-Stabilization calls are created through a response plan following an initial contact resulting in a diversion with community supports.

**# of Telephone Outcomes - Minors (17 & under)
November 1 - November 30, 2017**



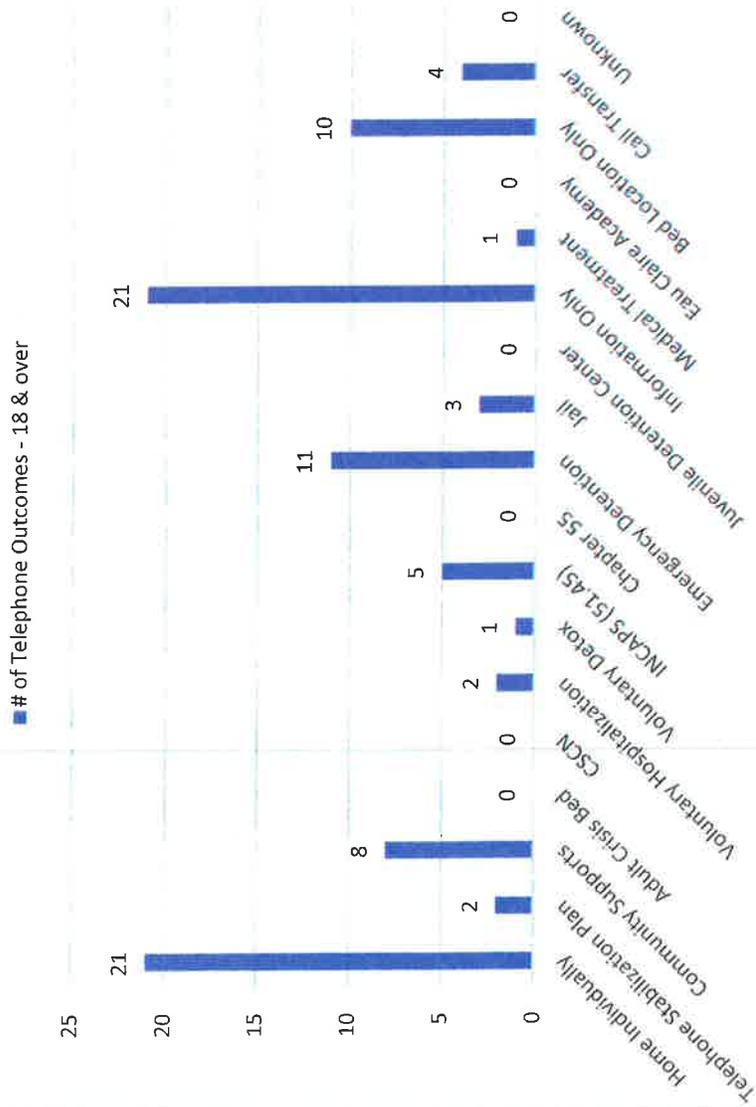
Telephone Outcome	Total	Percent
Home Individually	1	3.45%
Telephone Stabilization Plan	3	10.34%
Community Supports	6	20.69%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	0	0.00%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	1	3.45%
Jail	0	0.00%
Juvenile Detention Center	0	0.00%
Information Only	15	51.72%
Medical Treatment	1	3.45%
Eau Claire Academy	0	0.00%
Bed Location Only	2	6.90%
Call Transfer	0	0.00%
Unknown	0	0.00%
Totals	29	100%

Mobile Outcomes - Minors (17 & Under) November 1 - November 30, 2017



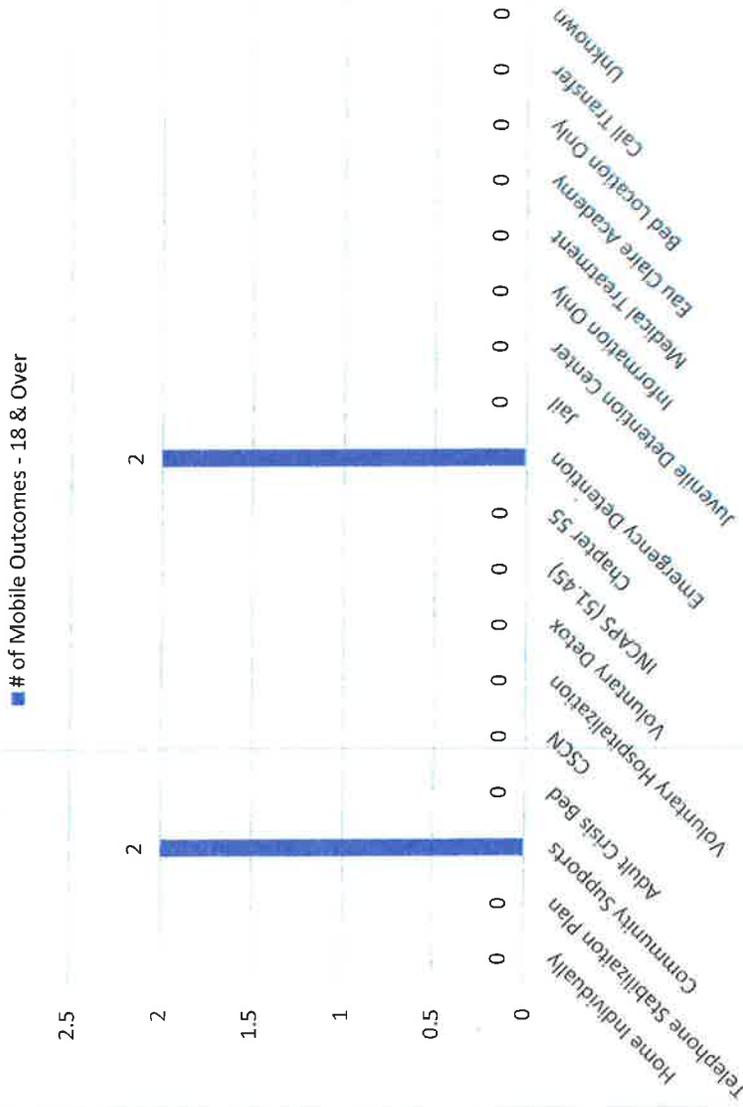
Mobile Outcome	Total	Percent
Home Individually	0	0.00%
Telephone Stabilization Plan	0	0.00%
Community Supports	4	100.00%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	0	0.00%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	0	0.00%
Jail	0	0.00%
Juvenile 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%
Totals	4	100%

of Telephone Outcomes - 18 & over November 1 - November 30, 2017



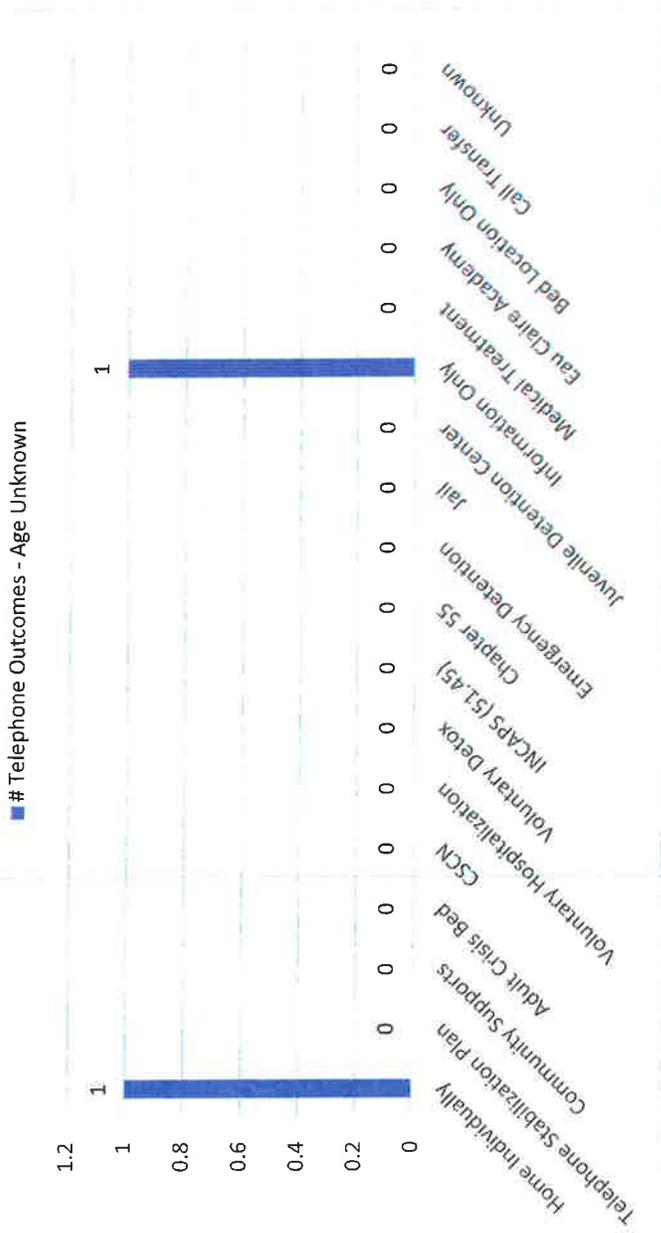
Telephone Outcome	Total	Percent
Home Individually	21	23.60%
Telephone Stabilization Plan	2	2.25%
Community Supports	8	8.99%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	2	2.25%
Voluntary Detox	1	1.12%
INCAPS (51.45)	5	5.62%
Chapter 55	0	0.00%
Emergency Detention	11	12.36%
Jail	3	3.37%
Juvenile Detention Center	0	0.00%
Information Only	21	23.60%
Medical Treatment	1	1.12%
Eau Claire Academy	0	0.00%
Bed Location Only	10	11.24%
Call Transfer	4	4.49%
Unknown	0	0.00%
Totals	89	100%

of Mobile Outcomes - 18 & Over November 1 - November 30, 2017



Mobile Outcome	Total	Percent
Home Individually	0	0.00%
Telephone Stabilization Plan	0	0.00%
Community Supports	2	50.00%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	0	0.00%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	2	50.00%
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%
Totals	4	100%

Telephone Outcomes - Age Unknown November 1 - November 30, 2017



Telephone Outcome	Total	Percent
Home Individually	1	50.00%
Telephone Stabilization Plan	0	0.00%
Community Supports	0	0.00%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	0	0.00%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	0	0.00%
Jail	0	0.00%
Juvenile Detention Center	0	0.00%
Information Only	1	50.00%
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%
Totals	2	100%

of Mobile Outcome - Age Unknown November 1 - November 30, 2017

■ # of Mobile Outcome - Age Unknown



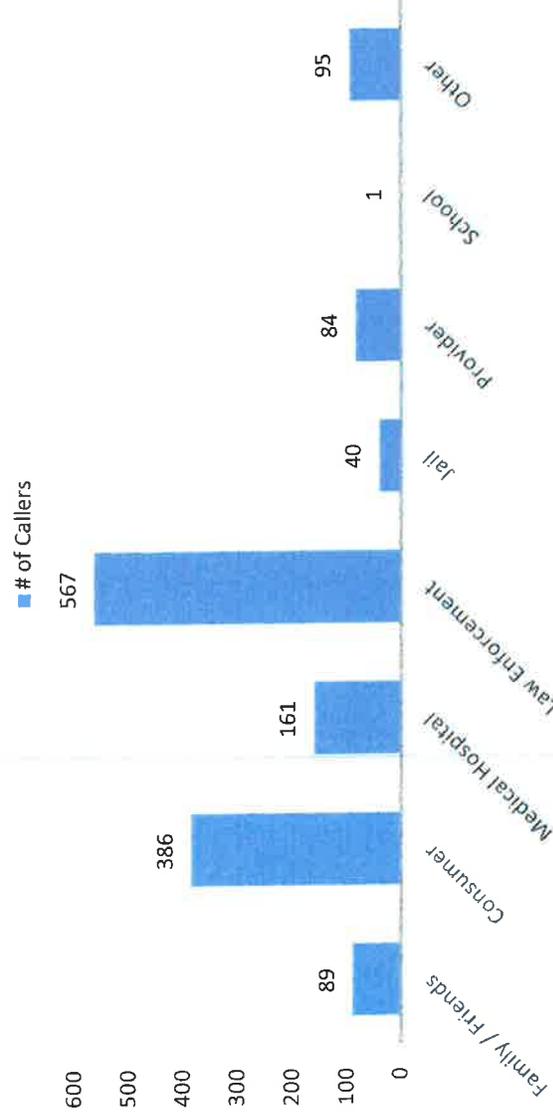
Mobile Outcome	Total	Percent
Home Individually	0	!Zero Divide
Telephone Stabilization Plan	0	!Zero Divide
Community Supports	0	!Zero Divide
Adult Crisis Bed	0	!Zero Divide
CSCN	0	!Zero Divide
Voluntary Hospitalization	0	!Zero Divide
Voluntary Detox	0	!Zero Divide
INCAPS (51.45)	0	!Zero Divide
Chapter 55	0	!Zero Divide
Emergency Detention	0	!Zero Divide
Jail	0	!Zero Divide
Juvenile Detention Center	0	!Zero Divide
Information Only	0	!Zero Divide
Medical Treatment	0	!Zero Divide
Eau Claire Academy	0	!Zero Divide
Bed Location Only	0	!Zero Divide
Call Transfer	0	!Zero Divide
Unknown	0	!Zero Divide
Totals	0	0%



Dodge County
Data Report for January 1, 2017 to December 31, 2017

Total Calls— 1423
Total Minors: 250
Total Adults: 1144
Total Age Unknown: 29
Mobile Sent— 67
AODA related contacts— 239

of Callers January 1 - December 31, 2017

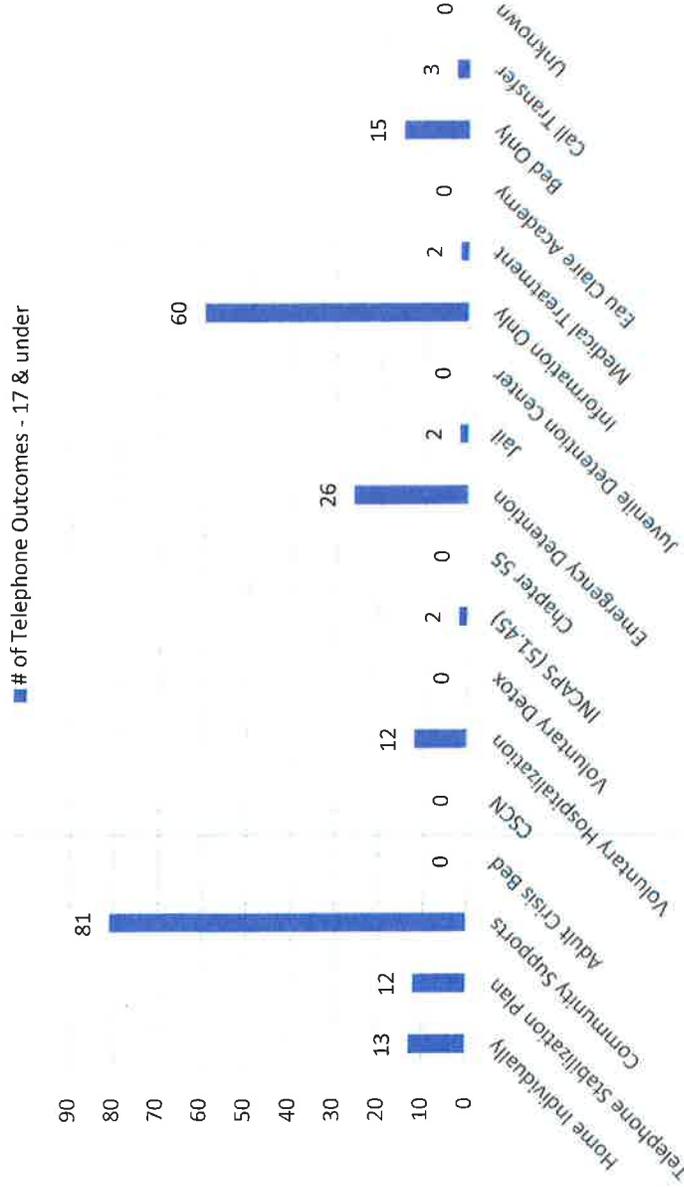


Caller	Total	Percent
Family / Friends	89	6.25%
Consumer	386	27.13%
Medical Hospital	161	11.31%
Law Enforcement	567	39.85%
Jail	40	2.81%
Provider	84	5.90%
School	1	0.07%
Other	95	6.68%
Totals	1423	100%

Stabilization Calls (incoming and outgoing): 95

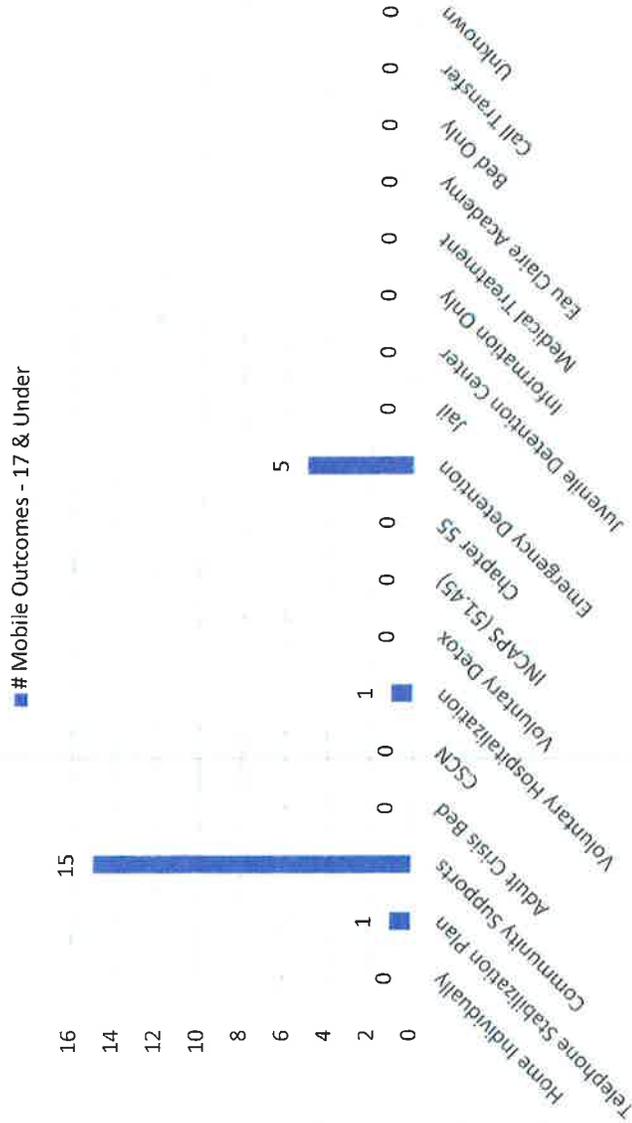
Note-Stabilization calls are created through a response plan following an initial contact resulting in a diversion with community supports.

**# of Telephone Outcomes - Minors (17 & under)
January 1 - December 31, 2017**



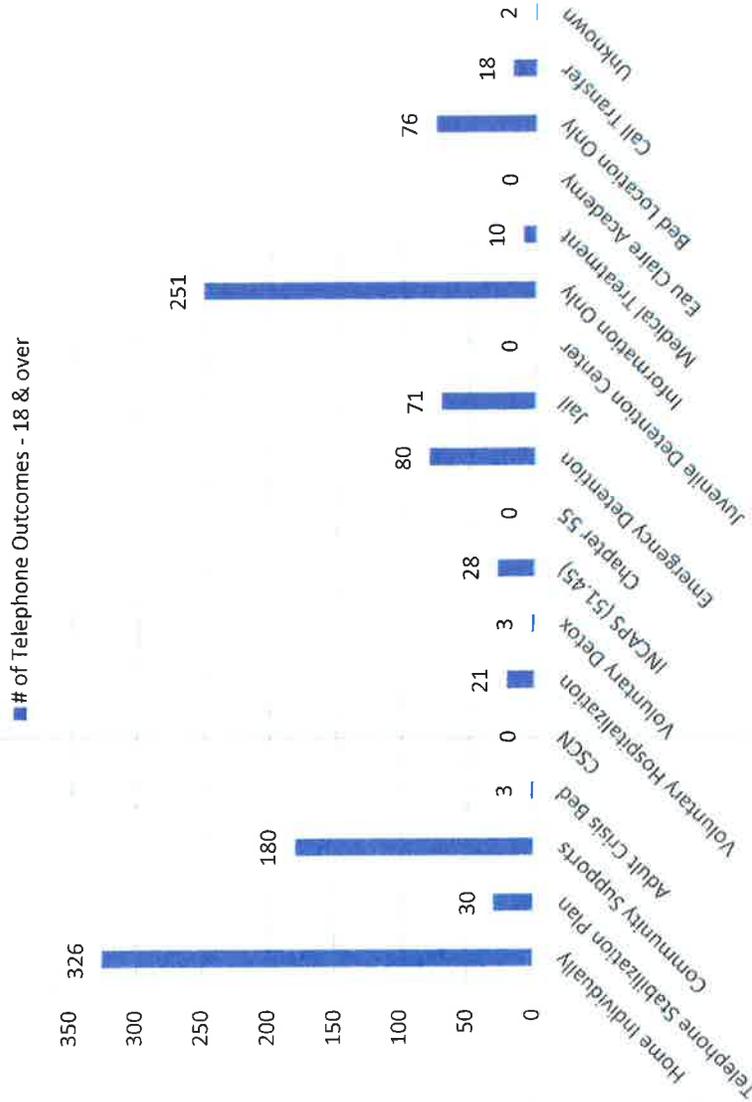
Telephone Outcome	Total	Percent
Home Individually	13	5.70%
Telephone Stabilization Plan	12	5.26%
Community Supports	81	35.53%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	12	5.26%
Voluntary Detox	0	0.00%
INCAPS (51.45)	2	0.88%
Chapter 55	0	0.00%
Emergency Detention	26	11.40%
Jail	2	0.88%
Juvenile Detention Center	0	0.00%
Information Only	60	26.32%
Medical Treatment	2	0.88%
Eau Claire Academy	0	0.00%
Bed Location Only	15	6.58%
Call Transfer	3	1.32%
Unknown	0	0.00%
Totals	228	100%

Mobile Outcomes - Minors (17 & Under) January 1 - December 31, 2017



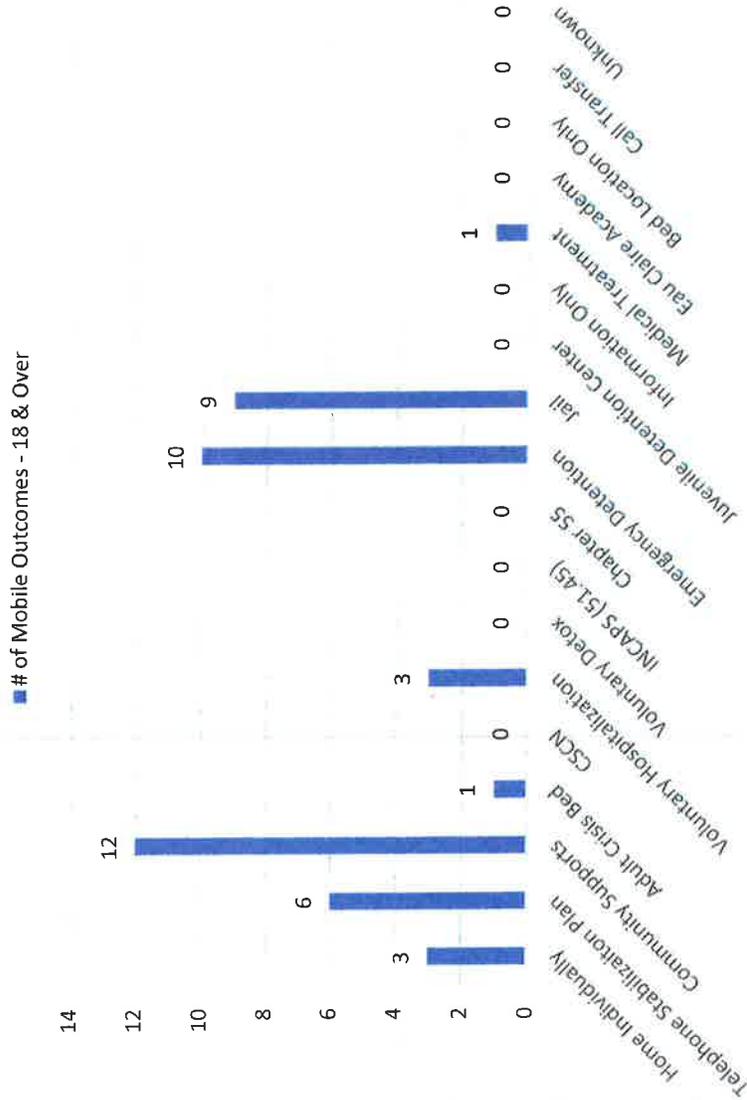
Mobile Outcome	Total	Percent
Home Individually	0	0.00%
Telephone Stabilization Plan	1	4.55%
Community Supports	15	68.18%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	1	4.55%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	5	22.73%
Jail	0	0.00%
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%
Totals	22	100%

of Telephone Outcomes - 18 & over January 1 - December 31, 2017



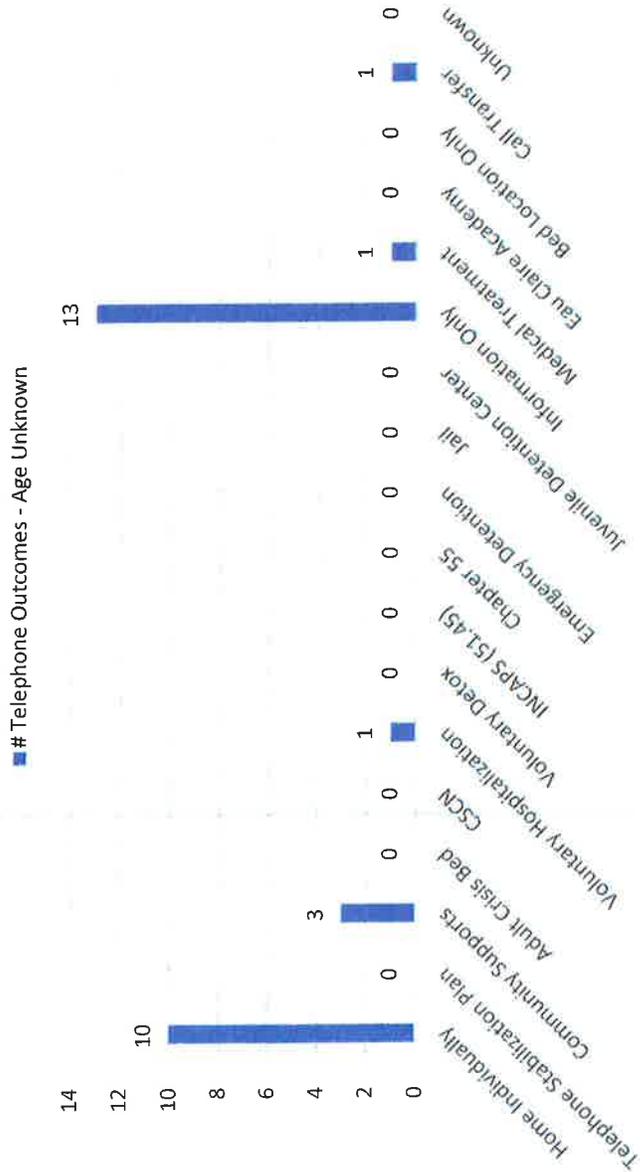
Telephone Outcome	Total	Percent
Home Individually	326	29.66%
Telephone Stabilization Plan	30	2.73%
Community Supports	180	16.38%
Adult Crisis Bed	3	0.27%
CSCN	0	0.00%
Voluntary Hospitalization	21	1.91%
Voluntary Detox	3	0.27%
INCAPS (51.45)	28	2.55%
Chapter 55	0	0.00%
Emergency Detention	80	7.28%
Jail	71	6.46%
Juvenile Detention Center	0	0.00%
Information Only	251	22.84%
Medical Treatment	10	0.91%
Eau Claire Academy	0	0.00%
Bed Location Only	76	6.92%
Call Transfer	18	1.64%
Unknown	2	0.18%
Totals	1099	100%

of Mobile Outcomes - 18 & Over January 1 - December 31, 2017



Mobile Outcome	Total	Percent
Home Individually	3	6.67%
Telephone Stabilization Plan	6	13.33%
Community Supports	12	26.67%
Adult Crisis Bed	1	2.22%
CSCN	0	0.00%
Voluntary Hospitalization	3	6.67%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	10	22.22%
Jail	9	20.00%
Juvenile Detention Center	0	0.00%
Information Only	0	0.00%
Medical Treatment	1	2.22%
Eau Claire Academy	0	0.00%
Bed Location Only	0	0.00%
Call Transfer	0	0.00%
Unknown	0	0.00%
Totals	45	100%

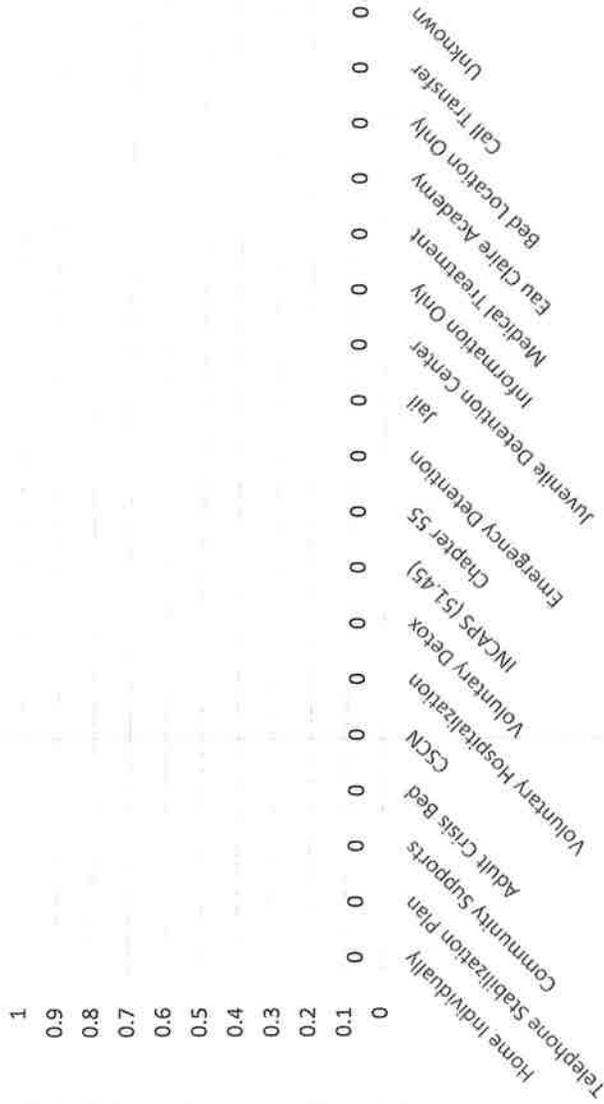
Telephone Outcomes - Age Unknown January 1 - December 31, 2017



Telephone Outcome	Total	Percent
Home Individually	10	34.48%
Telephone Stabilization Plan	0	0.00%
Community Supports	3	10.34%
Adult Crisis Bed	0	0.00%
CSCN	0	0.00%
Voluntary Hospitalization	1	3.45%
Voluntary Detox	0	0.00%
INCAPS (51.45)	0	0.00%
Chapter 55	0	0.00%
Emergency Detention	0	0.00%
Jail	0	0.00%
Juvenile Detention Center	0	0.00%
Information Only	13	44.83%
Medical Treatment	1	3.45%
Eau Claire Academy	0	0.00%
Bed Location Only	0	0.00%
Call Transfer	1	3.45%
Unknown	0	0.00%
Totals	29	100%

of Mobile Outcome - Age Unknown January 1 - December 31, 2017

■ # of Mobile Outcome - Age Unknown



Mobile Outcome	Total	Percent
Home Individually	0	!Zero Divide
Telephone Stabilization Plan	0	!Zero Divide
Community Supports	0	!Zero Divide
Adult Crisis Bed	0	!Zero Divide
CSCN	0	!Zero Divide
Voluntary Hospitalization	0	!Zero Divide
Voluntary Detox	0	!Zero Divide
INCAPS (51.45)	0	!Zero Divide
Chapter 55	0	!Zero Divide
Emergency Detention	0	!Zero Divide
Jail	0	!Zero Divide
Juvenile Detention Center	0	!Zero Divide
Information Only	0	!Zero Divide
Medical Treatment	0	!Zero Divide
Eau Claire Academy	0	!Zero Divide
Bed Location Only	0	!Zero Divide
Call Transfer	0	!Zero Divide
Unknown	0	!Zero Divide
Totals	0	0%

COMMUNITY SUPPORT SERVICES DIVISION
FROM OCTOBER TO DECEMBER STATISTICS NARRATIVE
FOR THE FEBRUARY 2018
HUMAN SERVICES & HEALTH BOARD MEETING

AGING AND DISABILITY RESOURCE CENTER
AGING, TRANSPORTATION, AND NUTRITION

KRIS SCHEFFT – SUPERVISOR
AMY EWERTD - SUPERVISOR

CALL STATISTICS

- Recorded Contacts went from 478 in October to 523 in November and 497 in December ↑
- Providing Information and Assistance went down from 323 in October to 310 in November and 294 in December ↓
- Administering Long Term Care Functional Screens went down from 46 in October to 40 in November and 30 in December ↓
- Providing all other services went from 195 in October to 237 in November and 135 in December ↓
- Referring for all other services went down from 1 in October to 0 in November and December ↓

DINING MEAL DONATIONS

- Congregate donations went from \$23.63 in October to \$20.47 in November and \$21.22 in December ↓
- Home delivered donations went from \$30.14 in October to \$32.46 in November and \$17.63 in December ↓

DINING MEAL PARTICIPANTS

- Congregate participants went up from 87 in October & November to 89 in December ↑
- Home delivered participants went from 93 in October to 99 in November and 95 in December ↑

VOLUNTEER DRIVER STATISTICS

- Total trip miles went down from 15,180 in October to 14,972 in November & 12,797 in December ↓
- Total hours of service went down from 689 in October to 687 in November & 590 in December ↓
- Total cash donations received went down from \$3,734.77 in October to \$2,911.02 in November and \$2,386.20 in December ↓

ADULT PROTECTIVE SERVICES / LONG TERM SUPPORT

PAULA BECKER – SUPERVISOR

CASELOAD/WORKLOAD STATISTICS

- Total caseload went from 272 in October to 279 in November and 276 in December ↑
- Referrals went from 33 in October to 29 in November and back to 33 in December →
- Court hearings went from 5 in October to 14 in November and 10 in December ↑
- Annual Protective Placement reviews went down from 17 in October to 13 in November and 12 in December ↓
- Supportive Home Care reviews went down from 23 in October to 18 in November and 5 in December ↓
- Total Supportive Home Care cases went from 123 in October to 125 in November and 122 in December ↓
- Total Home and Financial Manager cases went from 24 in October and November to 27 in December ↑

CASELOAD/WORKLOAD STATISTICS

- FoodShare caseloads increased from 3436 in October to 3369 in November and 3475 in December ↑
- Medicaid Total caseload increased from 2227 in October to 2231 in November and 2240 in December ↑
- BadgerCare Total caseload increased from 4687 in October to 4721 in November and 4741 in December ↑
- Total gross recipients decreased from 12,985 in October to 13,028 in November and 12,125 in December ↓
(This is the number of county residents receiving assistance, which includes those handled by other counties in the consortia)
- Total cases increased from 7266 in October to 7305 in November and 7340 in December ↑
- FoodShare expenditures went from \$696,691 in October to \$694,175 in November and \$701,825 in December ↑
- Child Care expenditures went from \$110,722 in October to \$121,012 in November and \$121,478 in December ↑

CASELOAD/WORKLOAD STATISTICS

- Programs for Children went from 53 in October to 51 in November and 54 in December ↑
- Programs for Children and Families went from 1090 in October to 1074 in November and 1058 in December ↓
- Programs for Women went from 21 in October to 22 in November and 17 in December ↓
- Programs for ALL Residents went from 228 in October to 107 in November and 61 in December ↓

DINING CENTER COMMENTS
November 2017

November	3	Bay Shore	The Chicken Marsala was extra tender and was very good!
	6	Beaver Dam	Chocolate Pudding is always a favorite!
	6	Randolph	The Mashed Potatoes were brown in color.
	7	Bay Shore	Many participants commented on how good the Chicken and Biscuit Casserole was!
	8	Beaver Dam	The Pork Jaegerschnitzel was very tender!
	9	Watertown	The Crispy Fish Fillet was enjoyed! Request to have it more often!
	10	Bay Shore	The Swedish Meatballs were dry and burned.
	10	Beaver Dam	The Swedish Meatballs were good!
	10	Fox Lake	The Mashed Potatoes were brown.
	10	Horicon	The Mashed Potatoes were burned.
	10	Lomira	The Mashed Potatoes were dark in color.
	10	Randolph	The Mashed Potatoes were brown and crusty on the bottom.
	10	Watertown	The Mashed Potatoes were brown.
	13	Bay Shore	The Beef Stew and Coconut Cream Pie were very good!
	13	Reeseville	Some pieces of the Winter Blend Vegetables were chewy.
	13	Watertown	The Beef Stew was very good!
	14	Fox Lake	Pineapple Tidbits were good.
	15	Beaver Dam	The Meatloaf was excellent!
	15	Fox Lake	The Red Velvet cake was dry.
	16	Fox Lake	Mashed Potatoes were very brown and looked terrible.

16	Lomira	The Mashed Potatoes were a dark tan color and burnt to the bottom of the pan.
16	Randolph	The Mashed Potatoes were bery brown and burned on the sides.
17	Beaver Dam	The Macaroni and Cheese was very good.
17	Horicon	The Broccoli Cuts were mushy.
17	Hustisford	The Macaroni and Cheese was burnt.
17	Reeseville	The Broccoli cuts were mushy.
21	Bay Shore	Many liked the Chili Casserole.
22	Fox Lake	The Roast Turkey, Mashed Potatoes, Corn, Pumpkin Pie, and bread was all very good!
22	Randolph	The Roast Turkey meal was excellent!
27	Watertown	The Cranberry/Kraut Meatballs were very good!
28	Mayville	The California Blend Vegetables were too soft and runny.

DINING CENTER COMMENTS

Dec-17

December	1	Bay Shore	Lots of good remarks about the spaghetti
	1	Fox Lake	Could have had more Italian salad
	4	Fox Lake	No red cabbage-calico bean from last week
	4	Horicon	2 servings short of red cabbage
	6	Bay Shore	Happy with extra gravy for potatoes.
	7	Fox lake	Peas instead of salad
	7	Bay Shore	Had peas instead of salad.
	7	Mayville	Sent brussel sprouts instead of tossed salad.
	7	Randolph	Sent hot mixed veggie instead of tossed salad.
	7	Watertown	Sent peas instead of lettuce salad
	8	Bay Shore	4 servings short of beans.
	8	Mayville	Short one bratwurst.
	8	Reeseville	Coleslaw was too vinegary.
	11	Bay Shore	Too juicy, good flavor. 1 serving short of vegetable and it was mushy.
	12	Bay Shore	Meat was burnt.
	12	Watertown	Ordered 2 skim and received one. Not enough sauce in meat-meat was stuck in the pan and tasted burnt.
	13	Bay Shore	3 short on Milk
	13	Beaver Dam	Chicken was nice and moist.
	13	Fox Lake	Had coleslaw instead of copper penny salad.
	13	Horicon	Received 2 extra meals-verified with Dodge County. Ordered 16, received 18.
	13	Randolph	Sent coleslaw instead of copper penny salad

13	Watertown	Chicken tasted good.
14	Fox Lake	Cantalope was very good!
14	Watertown	Very good meat-tender & enough sauce. Sent pineapple for the canteloupe.
18	Fox Lake	Feil's driver forgot bread.
18	Mayville	Sent applesauce instead of fruit cocktail.
18	Watertown	Very tender chicken, enough gravy.
19	Bay Shore	Plenty of gravy, several complaints of tough meat.
19	Horicon	Short one serving of meat
19	Reeseville	Meat was tough
20	Bay Shore	3 servings short of vegetable
20	Fox Lake	2 servings of fruit short-beans. Dessert was very good.
21	Bay Shore	Rolls were nice and fresh-3 comments.
21	Lomira	Substituted pineapple tidbits with fruit cocktail. Received 2 skim milks when ordered 3-replaced with 2%
21	Randolph	Carrot coin instead of coleslaw and mixed fruit instead of pineapple.
21	Reeseville	Sweet potatoes were a big hit!
21	Watertown	Short one stollen.
26	Reeseville	Some of the pears were hard
27	Fox Lake	2 servings short of three bean salad.
27	Horicon	Short one piece of chicken.
28	Reeseville	Participants would like more salad dressing-for the amount of salad they get.

Outreach 2017

ACTIVITIES 1/2017

Brochures Mailed:

Center for Women's health
ATTN: Gretchen Klug RN
128 Hospital Drive
Watertown Wi, 53098

Beaver Dam Community Hospital
Attn: Breast Health/Oncology
707 South University Ave
Beaver Dam,
WI 53916
Melissa Schuett

Lorri Larson
c/o Monroe Clinic
515 22nd Avenue
Monroe WI 53566.

Jacquelyne Bodden RN MS WHNP-BC APNP
Program Director/Nurse Practitioner
SWCAP- Neighborhood Health Partners
5 W. Mineral Street
Platteville, WI 53818

Teresa Dietsch
Women's Health Nurse Navigator
Sauk Prairie Health Care
260 26th Street, Prairie du Sac, WI 53578

Brochures

Mile Bluff Medical Center/Clinics (holders/brochures for each pod)

3/8/2017

Meeting at Sauk Prairie Memorial Hospital
Teresa Kietsch, RN, BSN
Women's Health Nurse Navigator

SSM Dean – Visited each facility and attended Nurse Staff Meeting

Barneveld
Dodgeville
Mineral Point

Community Connections Clinic
Rebecca Steffes

3/10/2017

SSM Dean – Visited each facility and attended Nurse Staff Meeting

Baraboo – Medical Associates
Lake Delton
Wisconsin Dells
Portage

Dropped off materials to:
St. Claire Hospital - Social Worker
Client Resource Management Office

3/21/2017-3/22/2017

Monroe Hospital & Clinic (staff meeting/Mammography)
Green County Health Department
Lafayette County Health Department
Darlington Community Clinic
Lafayette County Human Services
City Building – Darlington
Public Library
Neighborhood Health Partners – Platteville
Thrift Store – Platteville
Lancaster Public Library
InHealth Community Clinic
Gundersen Clinic – Boscobel
Gundersen Clinic – Muscoda

3/28/2017

Dean – Beaver Dam (Staff Meeting)
Church Health Services
Dodge County Staff Meeting

5/8/2017

Good Neighbor Clinic – Prairie du Sac (Staff Meeting)
Dean – Columbus (Staff Meeting)

7/13/2017

Church Health Services
Care 4U Clinic (Dalton, WI – Green Lake)

8/5/17

Touched Twice – Juneau County (New Lisbon)

8/12/17

Touched Twice – Reedsburg

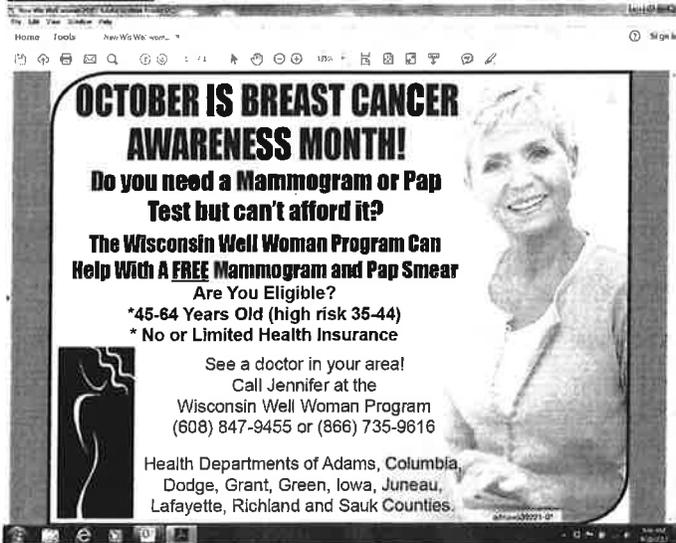
9/20/17

Mailed out to 100 women on the WWWP database that had come off the program because of unable to contact.

Info mailed: Brochure and Missed You note asking them to call if they would like to re-enroll.

Adams County Mobile Food Pantry – handed out chip clips and brochures

10/03/17



10/5/17

Juneau County Women's Night Out

10/6/17

Emailed out PSA to local media with for October Breast Cancer Awareness Month

10/7/17 -

Pink Pumpkin Run – Hartford WI (Dodge and Washington County)

Information provided for run.

Resource for Women on their journey with breast cancer

10/11/17

Emailed T.V. Cable Stations to put something on their stations.

LaValle

Mauston Channel 6
Portage

10/18/17

Distributed WWWP Posters in Adams/Friendship – Practical cents, Dollar Stores, Laundromats

10/19/2017

Dropped off Information

- Richland Center Free Clinic – Richland Center Medical Center
- Richland County Health and Human Services
- Library
- Laundromat

Passed out WWWP chip clips and brochures - 101 families

- Richland Center Food Pantry
Richland Center Fellowship, 26700 Fellowship Lane, Richland Center, WI 53581
*Brian Larson – FoodShare Outreach Specialist

10/20/2017

Provided information and brochures

- Neighborhood Health Partners
65 S. Elm Street, Platteville
Platteville, WI
Angie Donovan/Susan Greene

Passed out WWWP chip clips and brochures – 98 families

- Platteville Food Pantry (1 hour)
St. Mary's Catholic Church/School
131 W. Cedar Street, Platteville
*Diane with Catholic Charities knows attending

Drop off chip clips and brochures – Platteville Ladies Night Out (Event November 2, 2017)

- Kathie Bartels
Sales & Marketing Consultant
Grant, Iowa, Lafayette Shopping News
11 Means Drive, Platteville, WI

Dropped off information

Platteville

- SW Health Center – Women's Health Center Platteville
- Family Advocates, 250 N. Court, Platteville 348 5995

Lancaster

- ADRC/Human Services
- Grant Regional Mammography area

- Grant County Health Department
- Red Robin Laundromat
- Schreiner Memorial Library

Fennimore

- Gundersen Clinic
- Crossing Roads Clinic
- Dwight Parker Library

Boscobel

- Gundersen Clinic
- Oak Street Laundromat
- Library
- Pharmacy
- World of Variety

Meeting – Provided information and brochures

- Gundersen Clinic/Hospital Billing Department
Jody Cooper

10/21/2017

10:00-4:00 - In Health Boscobel
10 Year Celebration
109 E Bluff St, Boscobel, WI 53805

Blaine Gym which is kitty corner from the clinic. Set up at 9:00 am

11/2/17

Attended Adams County Women's Night Out

11/9/17

Adams County Staff Meeting

**Wisconsin Well Woman Program
Adams, Columbia, Dodge, Grant, Green, Iowa, Juneau,
Lafayette, Richland, and Sauk Counties**

**January 2018
Director Update**

1. Reminders

- Done early December 2017

2. Provider Quarterly Newsletter

3. Outreach

- See Attached List of Outreach

4. Computer/Database

- Harmony Technologies is who we have contracted with for our Access Database Manager. This allows me to track the women for enrollment and screening purposes.

5. Meetings

6. Billing

- Continue to work with healthcare providers on current and old billing issues.

7. Provider Training

- Working with Gundersen Moundview Memorial Hospital and Clinics – New WWWP Provider☺

8. Case Management *I will provide you with numbers of women who require more in-depth follow-up/case management.

Adams:	1
Columbia:	4
Dodge:	2
Grant:	0
Green:	7 (billing follow-up)
Iowa:	0
Juneau:	0
Lafayette:	0
Richland:	0
Sauk:	0

**Wisconsin Well Woman Program
Adams, Columbia, Dodge, Grant, Green, Iowa, Juneau,
Lafayette, Richland, and Sauk Counties**

**January 2018
Director Update**

9. Wisconsin Well Woman Medicaid (WWMA)

	<u>Current</u>
Adams	3
Columbia	1
Dodge	9
Grant	4
Green	2
Iowa	4
Juneau	3
Lafayette	1
Richland	3
Sauk	7

10. Multiple Sclerosis

MS continues to be covered under the WWWP. We have received no updates on this part of the program. Currently not working with anyone.

12. Komen (Columbia/Dodge/Sauk/Iowa/Green)

Working with Dane County on several referrals. I have been helping to get the application process started and then they are forward to Dane County Public Health /Wisconsin Well Woman Program. There are some major changes happening to the Komen Treatment Access Fund. The three Wisconsin Komen affiliates are combining into one. Dane County will not be the fiscal agent of the Treatment Access Fund in the near future, but we should still have access to these funds. I will continue to monitor this.

WWWP Active Caseload

ADAMS: 21
COLUMBIA: 31
DODGE: 48
GRANT: 15
GREEN: 20
IOWA: 24
JUNEAU: 31
LAFAYETTE: 12
RICHLAND: 10
SAUK: 99

**Wisconsin Well Woman Program
Adams, Columbia, Dodge, Grant, Green, Iowa, Juneau,
Lafayette, Richland, and Sauk Counties**

**January 2018
Director Update**

WWWP Screening Numbers (7/1/17-current)*Only billed services

Adams: 2
Columbia: 9
Dodge: 10
Grant: 1
Green: 1
Iowa: 4
Juneau: 8
Lafayette: 2
Richland: 2
Sauk: 24

WWWP Screening Numbers (7/1/2015-6/30/2016)

Adams: 12
Columbia: 10
Dodge: 34
Grant: 6
Green: 5
Iowa: 6
Juneau: 18
Lafayette: 4
Richland: 4
Sauk: 50

WWWP Screening Numbers (7/1/16-6/30/17)

Adams: 10
Columbia: 20
Dodge: 25
Grant: 1
Green: 10
Iowa: 10
Juneau: 19

**Wisconsin Well Woman Program
Adams, Columbia, Dodge, Grant, Green, Iowa, Juneau,
Lafayette, Richland, and Sauk Counties**

**January 2018
Director Update**

Lafayette: 6

Richland: 4

Sauk: 50



County Board of Health Report

Jurisdiction: Dodge County

Received Date: 1/1/2017 to 12/31/2017

Disease	Confirmed	Probable	Suspect	Not A Case	Total
AFB SMEAR POSITIVE	0	0	0	2	2
ARBOVIRAL ILLNESS, DENGUE	0	0	0	2	2
ARBOVIRAL ILLNESS, JAMESTOWN CANYON, Unspecified	0	0	0	1	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, NEUROINVASIVE	1	0	0	0	1
ARBOVIRAL ILLNESS, WEST NILE VIRUS, Unspecified	0	0	0	1	1
ARBOVIRAL ILLNESS, ZIKA VIRUS	0	0	5	12	17
BABESIOSIS	0	0	0	3	3
CAMPYLOBACTERIOSIS	29	0	0	3	32
CHLAMYDIA TRACHOMATIS INFECTION	139	0	0	0	139
CRYPTOSPORIDIOSIS	17	0	0	0	17
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	4	0	1	0	5
EHRlichiosis, E. chaffeensis	0	0	0	2	2
EHRlichiosis/ANAPLASMOSIS, A. phagocytophilum	1	0	0	0	1
GIARDIASIS	6	0	0	0	6
GONORRHEA	12	0	0	0	12
HAEMOPHILUS INFLUENZAE, INVASIVE DISEASE	0	0	0	3	3
HEPATITIS A	0	0	0	1	1
HEPATITIS B, ACUTE	0	0	0	3	3
HEPATITIS B, CHRONIC	0	1	0	0	1
HEPATITIS B, Unspecified	0	0	0	2	2
HEPATITIS C, ACUTE	1	0	0	0	1
HEPATITIS C, CHRONIC	22	6	0	12	40
HISTOPLASMOSIS	0	0	1	2	3
INFLUENZA-ASSOCIATED HOSPITALIZATION	1	0	0	1	2
LEGIONELLOSIS	1	0	1	0	2
LYME DISEASE (B.BURGDORFERI)	16	4	1	23	44
LYME LABORATORY REPORT	0	0	0	4	4
MENINGITIS, BACTERIAL OTHER	1	0	0	0	1
METAL POISONING (NON-LEAD)	0	0	4	0	4
METHICILLIN- or OXICILLIN RESISTANT S. AUREUS (MRSA/ORSA)	1	0	0	0	1
MUMPS	0	0	0	3	3
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	10	0	0	1	11
NOT REPORTABLE	1	0	1	0	2
PERTUSSIS (WHOOPING COUGH)	2	2	1	4	9
PLESIOMONAS INFECTION	0	0	0	1	1
Q FEVER, unspecified	0	0	0	1	1
RHEUMATIC FEVER	0	0	0	2	2
ROCKY MOUNTAIN SPOTTED FEVER	0	0	0	1	1
RUBELLA	0	0	0	1	1
SALMONELLOSIS	24	0	0	0	24
SHIGELLOSIS	1	1	0	0	2
STREPTOCOCCAL DISEASE, INVASIVE, GROUP A	4	0	0	8	12
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	1	1	0	9	11
STREPTOCOCCAL INFECTION, OTHER INVASIVE	0	0	0	1	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	3	0	0	2	5
SYPHILIS REACTOR	0	0	0	15	15
SYPHILIS, LATE LATENT	2	0	0	0	2
SYPHILIS, PRIMARY	2	0	0	0	2
SYPHILIS, SECONDARY	2	0	0	0	2
TOXOPLASMOSIS	0	0	0	2	2

Disease	Confirmed	Probable	Suspect	Not A Case	Total
TUBERCULOSIS, CLASS A OR B	1	0	0	0	1
UNUSUAL DISEASE	1	0	0	0	1
VARICELLA (CHICKENPOX)	4	2	0	7	13
Total	310	17	15	135	477