

Green Lake County



DEPARTMENT OF HEALTH AND HUMAN SERVICES COVER LETTER

To: The Residents of Green Lake County, County Administrator Catherine Schmit, The Honorable Board of Supervisors of Green Lake County and the Green Lake County Health & Human Services Committee.

We respectfully submit for your consideration the 2020 Annual Report for the Department of Health & Humans Services (DHHS).

DHHS provides a vast array of programs and services intended to protect individuals and the public. These services are provided within a framework of requirements and regulations developed at the State and Federal level. This funding does not keep pace with increased costs and demands for this services, therefore the DHHS would be unable to provide these mandated and needed services to the citizens of Green Lake County without the funding allocated by local officials.

The COVID-19 pandemic brought challenges and opportunity to DHHS. The challenges were many as DHHS staff like many other County Departments dealt with constant change and unknowns in their professional and personal lives. The opportunities included creating new and strengthening existing partnerships within and outside Green Lake County. I am extremely grateful and proud to work for a County and a group of individuals that worked together and have faced the challenges the COVID-19 pandemic has presented as a team.

Attached you will find unit specific reports outlining services provided by the Department. Each unit has provided an excellent overview of their respective unit responsibilities, services provided and related data. Since it is not possible to include everything accomplished in this type of report, I would encourage each of you to visit Health & Human Services in Green Lake and Fox River Industries in Berlin for a tour and more detailed review of the services provided and programs available.

A few highlights in the report include:

- The COVID-19 Pandemic took center stage in 2020. It was a year filled with much uncertainty, strife, hardship, illness and death due to the virus. The Health Unit response started in March and will continue long into 2021. The goal was to minimize the spread of the virus, ensure disease investigation and contact tracing for those affected and finally to begin vaccinating according to priority guidelines. This is the longest lasting public health emergency in Green Lake County history.
- A new part-time Alternate Care Coordinator position was created in the Children & Family Services Unit. This position was filled in March, 2020
- Due to Covid 19, no summer group was held in 2020. Late in 2020, two Girl's Circle groups were offered via Zoom. To date, they have served Twelve (12) girls. These groups have been continued into 2021. Other curriculums such as the ART group were offered via zoom technology as well. Six (6) youth have been served with the ART curriculum.
- From October to December 2020, staff coordinated the annual Angel Tree Christmas giving program along with other community partners. One Hundred eighteen (118) of families with a total of Two Hundred Eighty-three (283) were provided gifts in 2020.

Due to the generous donations received through the Toys for Tots program, an additional 13 families were served bringing the total number of children served to Two Hundred Ninety-five (295). Extra donations were also provided to the Boys & Girls Club as well as local schools and daycares.

- The COVID-19 Pandemic has significantly increased the caseload in Economic Support. Green Lake County saw a 23% increase of households/participants on Medicaid, 20% increase on Food Share, and 10% increase on Energy Assistance. The Food Share benefit amount issued in Green Lake County for 2020 was 50% more than 2019.
- The Energy Assistance program year runs from October 1st - September 30th. Energy Assistance provides a one-time payment during the program year to low income customers who need help paying their heating costs. In most cases, the energy payment is made directly to the fuel supplier. In 2020, 803 households applied, 709 approved, and \$407,053 was the total paid out in Energy Assistance.
- In 2020, Fox River Industries, through the various services it provides, enhanced the lives over 200 different individuals in Green Lake County and the surrounding area. In 2020, 62 consumers/casual workers were employed on our production lines or through our janitorial services. 21 consumers also participated in Adult Day Services during program hours, with another 8 consumers participating exclusively in Adult Day Services. 21 non-FRI consumers (31 total) received Supported Employment services through 27 different employers, approximately 83 consumers received Representative Payee services, and 15 consumers received Supportive Home Care services.
- In 2020, 26,496 meals were served throughout the County to persons who are unable to go to the meal sites for health related reasons. In 2020 the large increase in homebound meals is due to all congregate meals being switched to curbside pickup due to the Pandemic. Requests for Homebound meals come from hospital discharge planners, meal site managers, units of Health and Human Services, doctors, and families and enable the older person to remain in his or her own home as long as possible.
- Behavioral Health services provide essential care to many community members during the public health crisis. Worldwide data shows increases in anxiety, depression, substance use disorders, isolation, suicide, and other mental health impacts due to the direct and indirect impacts of pandemic, isolation, and financial strain. According to a research study supported by the CDC, in 2018 approximately 4% of Americans had seriously considered suicide at some point. In June 2020, that number rose to an astonishing 11% of the population nation-wide. The BHU staff continue to show a tremendous amount of dedication to providing adaptive and accessible services during this time of need. All staff quickly became trained and comfortable using previously unfamiliar telehealth platforms. For those individuals unable to access telehealth services, staff have needed to find creative solutions for save delivery of in person services, placing themselves at times at increased risk of exposure.

Our ability to continue and provide quality services to the residents of Green Lake County is a tribute to the Health & Human Services Board, County Board and a very talented and dedicated staff of professionals.

We look forward to the challenges ahead and the opportunity to continue to provide services which best meet the needs of Green Lake County.

Respectfully Submitted,

Jason Jerome
Director

ADMINISTRATION SUMMARY

The Health and Human Services Administrative Department for 2020 consisted of the Director, Financial Manager, Account Clerk Specialist, Billing Specialist, Two Receptionist/Data Entry Specialists, an Insurance Verification Representative and a Secretary. The Purpose of Health and Human Services Administration Unit is to support the seven different units Health and Human Services.

Operating Highlights

In supporting the seven different departments in Health and Human Services some of the functions the administrative department performs include but is not limited to:

- Information and Referral of the general public to appropriate staff
- Field Calls for all 7 departments
- Billing for Services provided in the Department of Health and Human Services
- Collecting Payments from Consumers and third party payers
- Inputting Client Notes
- General Correspondence
- Managing and Closing Client Files and Personnel Records
- Record Meeting Minutes for HHS Board and Various Sub Committees
- Vendor Contracting and Payments
- Budgeting Process
- Financial Reporting and Grant Claiming
- Vendor Audits

Accomplishments in 2020

We continue to learn and grow with a wonderful administrative team that works great together while focusing on efficiencies and assisting the community and Health and Human Services employees. With the COVID-19 Pandemic the Administrative Unit has taken on added and modified duties to help ensure Health and Human Services programs continue to operate effectively and efficiently. The following are a few of our accomplishments we have achieved in 2020:

- Billing all programs and Posting Payments in Avatar
- Continued to learn and utilize more of the components Avatar has to offer
- Transition all departments to partially remote
- Utilizing and maximizing funding resources
- Continued improvement on capturing the maximum revenues through Insurance, WIMCR, and Grants.
- Ongoing implementation of paperless systems
- Ongoing process of streamlining Administrative functions
- Fielding COVID Calls along with working with staff to streamline changed processes due to COVID.

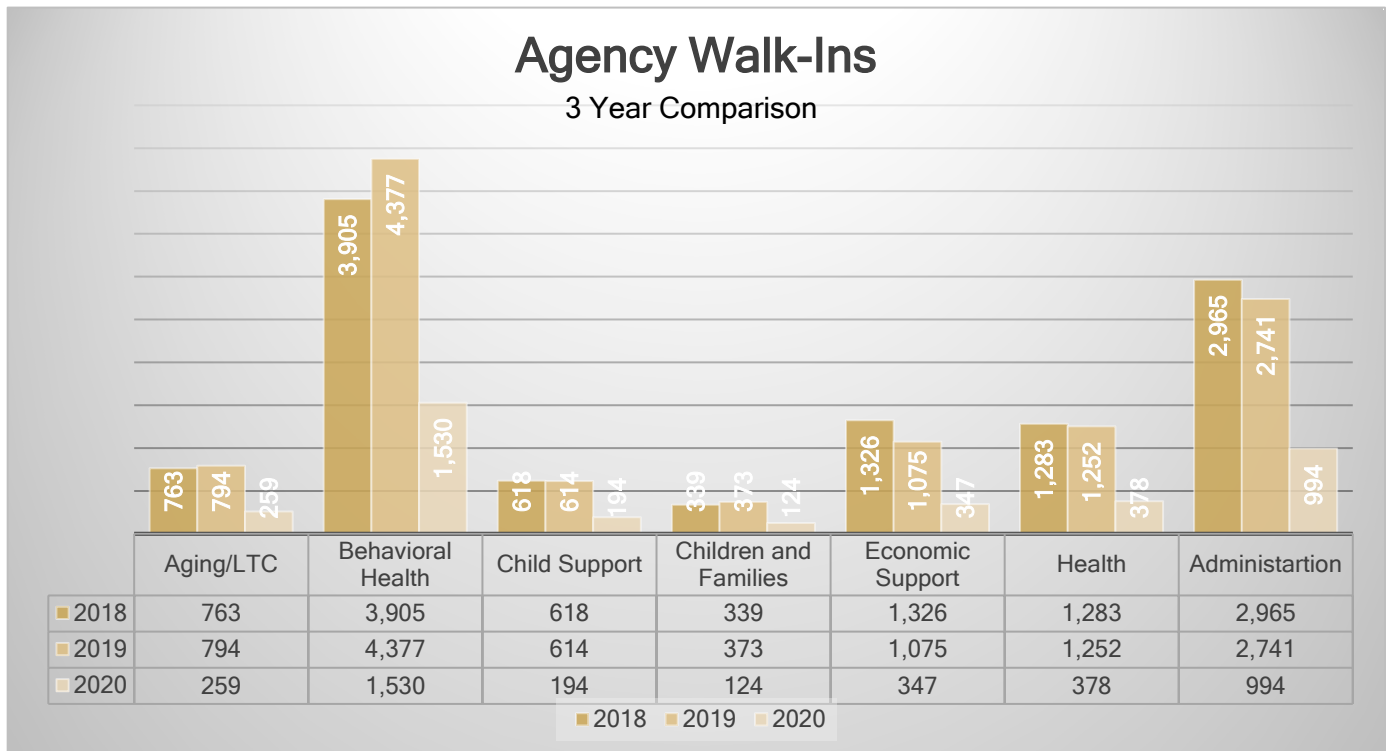
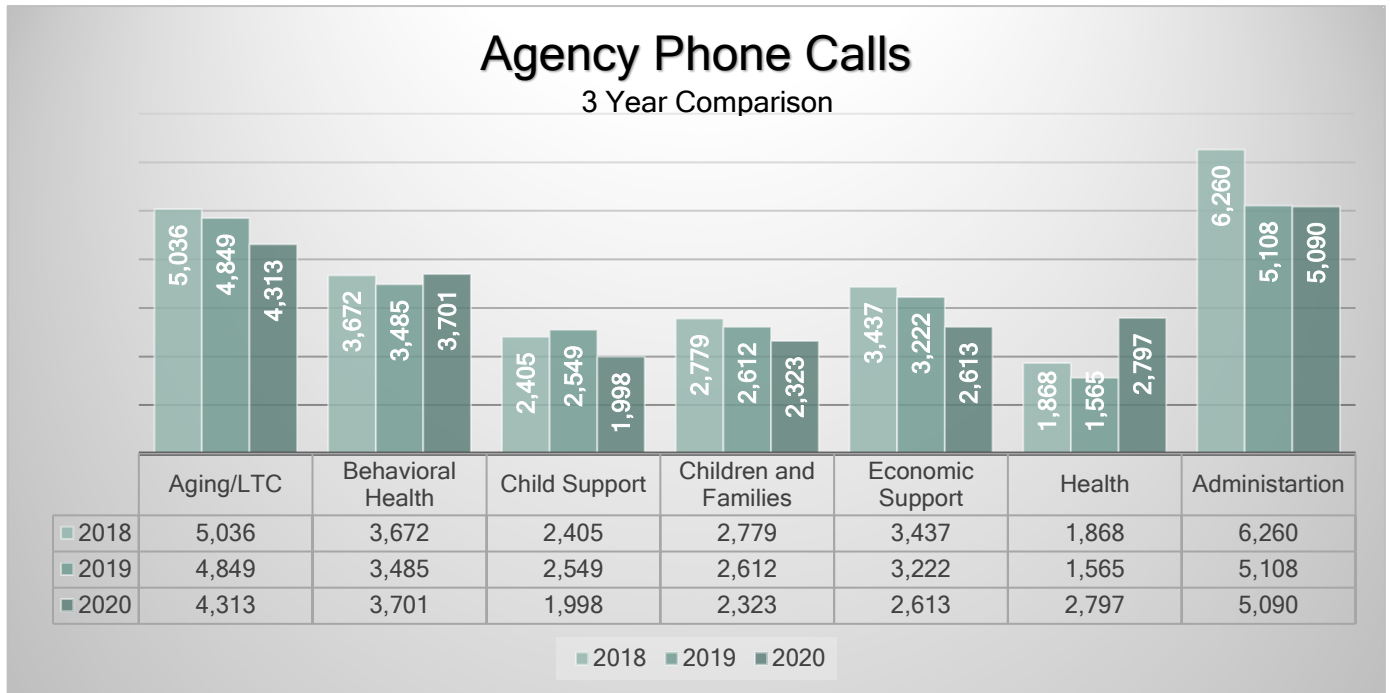
Looking forward to 2021

As we continue through the COVID pandemic and modify our day to day workflow we are looking forward to 2021 and focusing on improving in the New Year. A few of our goals for 2021:

- Continue to go paperless with all programs in HHS
- Continue to provide great customer service to all Green Lake County Clients
- Continue to streamline admin functions within the department

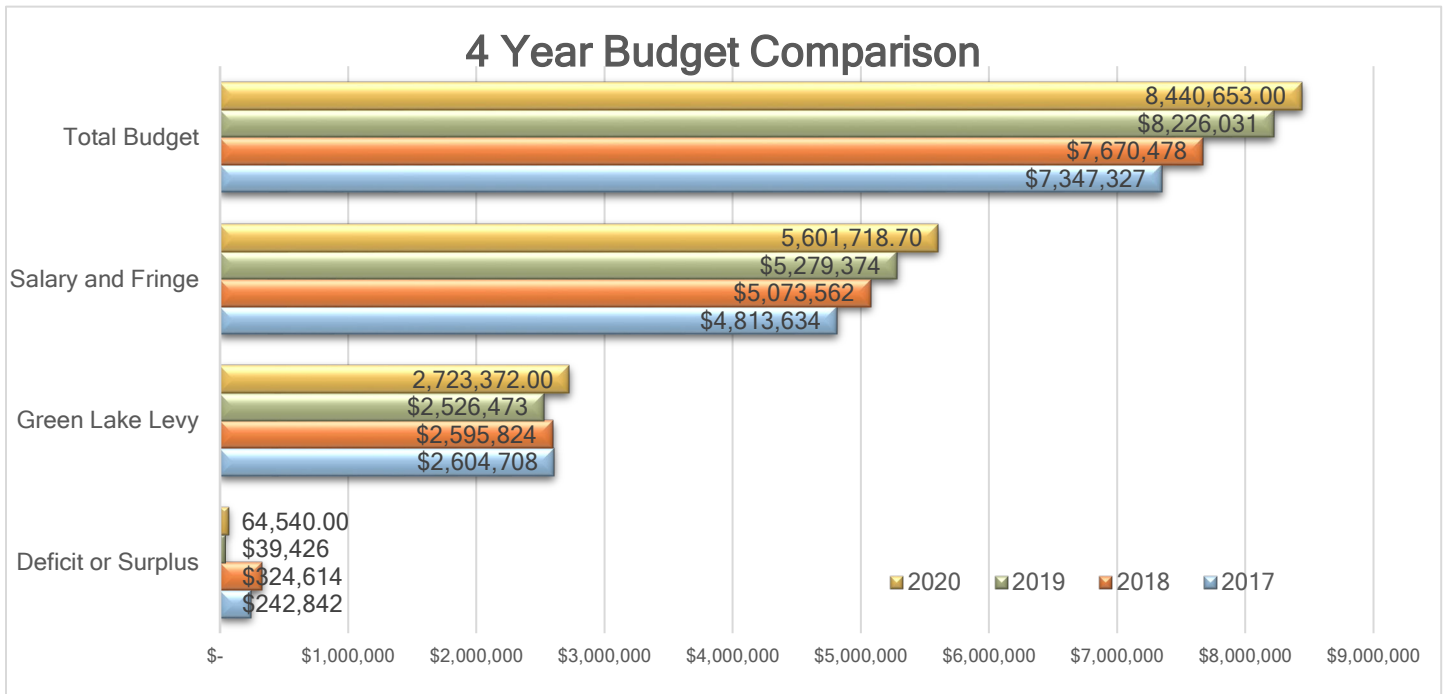
ADMINISTRATIVE STATISTICS

Public usage of Health and Human Services continues to be a high demand. Below are two comparison graphs displaying walk-ins and phone call contacts to the agency. The administrative department is often the first contact with HHS. We offer a friendly welcoming hand-off to the appropriate department that will meet the consumer's needs. The administrative department continues to adapt to evolving demands, and help ensure consumers have access to needed and appropriate services.

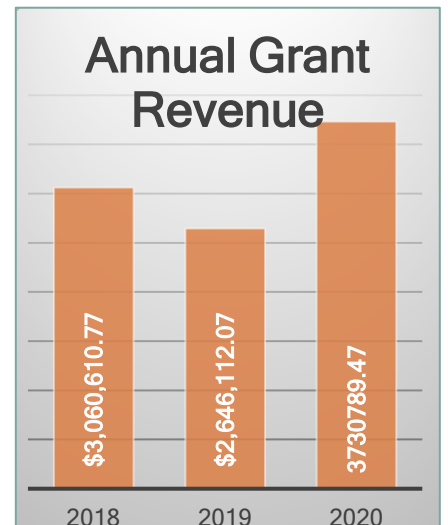
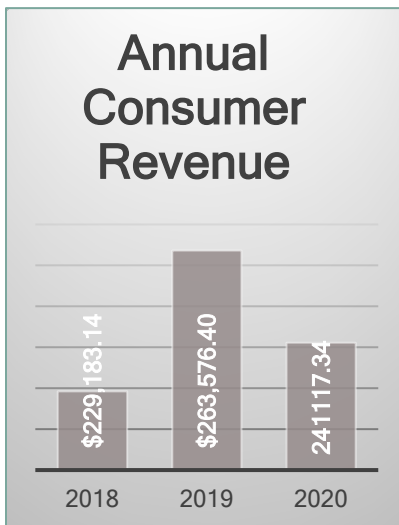
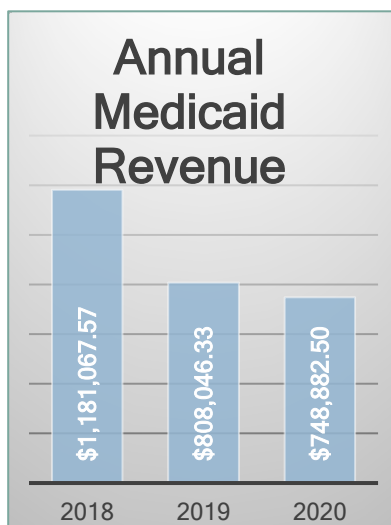


FINANCIAL STATISTICS

The financial staff within the administrative department has also been effected by the high demand in Health and Human Services consumer needs. As the demand for services continue to rise, the financial staff have to work hard to utilize all available funding resources to provide quality services for an affordable price. As the demand rises, billing services continue to grow, putting pressure on the financial staff to accumulate as much revenue as possible to support our programs. Health and Human Services were able to financially report a surplus for Health and Human Services the past four years.



**2020 Surplus Figure estimated as revenues have not all been received*



Respectfully Submitted,

Kayla Yonke, DHHS Financial/Business Manager

CHILDREN & FAMILY SERVICES UNIT

The Unit is comprised of the Unit Manager, the Initial Assessment Worker (Child Abuse/Neglect Investigations), and the Juvenile Court Intake Worker, three (3) Dispositional Social Workers, a Medical Assistance Targeted Case Management Social Worker, the Community Response Social Worker, an In-Home Therapist, Coordinated Services Team worker and Alternate Care Coordinator.

2020 was a year that there were staff shortages. There was one vacancy in the unit due to a staff resignation. Additionally the unit experienced staff shortages due to one extended medical leave. The pandemic caused staff shortages as personnel contracted the Covid 19 virus and were on isolation. Isolation of staff, their family members or close contacts also caused multiple periods of quarantine. Unit staff worked both in the office and remotely to meet the needs of our population.

A new position was added to the Unit in 2020 for a part-time Alternate Care Coordinator. This position was filled in March, 2020.

During the 2019/20 academic year the unit hosted two (2) interns from the University of Wisconsin-Oshkosh and the University of Wisconsin-Madison.

The Unit staff continued to engage in several initiatives that started in prior years: the Permanency Roundtables; Alternative Response (AR); and the Targeted Safety Service Program (TSSF). Youth Justice staff were trained in the Aggression Replacement Training (ART), which is an evidence, based model to be used with the Delinquency population. The Youth Justice staff were also trained in the Youth Assessment & Screening Instrument (YASI) which is an evidence- based assessment model for youth. Two staff were trained to facilitate the Girls' Circle which is another evidence based curriculum.

The Children & Family Services Unit is responsible for the provision of a number of programs and services available to individuals and families in the community. The following is a brief summary highlighting activities in 2020.

Due to Covid 19, staff assisted in other areas of service as needed. These included contact tracing for Public Health, taking temperatures at the front door to the complex, food drops at homes, assisting at the food pantry, with translation services for other Departments as well as with light cleaning duties.

Access/Child Abuse Neglect/Child Welfare

The ACCESS staff for the Unit received referrals that were logged into the eWISACWIS system. These numbers include the Juvenile Court Intake referrals, Community Response, Child Abuse/Neglect Reports, and Child Welfare Intakes and other Service requests. The Unit received 211 reports of Child Abuse/Neglect. 64 reports were screened in for a response from the Initial Assessment Worker. 147 reports were screened out. The screened in reports had a total number of 94 children that were identified as potentially being child victims. The total **victims** in all reports was 290. The screened in reports by maltreatment type were 13-Physical Abuse; 59 -Neglect; 20 -Sexual Abuse; 1 -Emotional Abuse and 4 - Unborn Child Abuse. 71 Service Reports were received. These were comprised of 46 Child Welfare Reports, , 6 new Kinship Care applications, 0 for court ordered studies-adoption related, and 1 re-open closed case, 1 - Inter-state compact and 1 for drug affected Infants.

	2020	2019	2018	2017
Number of Access Reports	336	452	512	450
Number of Child Abuse/Neglect Reports	211	277	279	265
Number Screened in	64	96	91	91
Number Screened out	147	181	188	174
Types of maltreatment - Case Count				
	2020	2019	2018	2017
Physical Abuse	13	35	40	36
Neglect	59	43	39	56
Sexual Abuse	20	23	13	29
Emotional Abuse	1	1	4	3
Unborn Child Abuse	4	3	5	6
Service Reports Received	74	175	233	184
# Screened	25	106	209	171
Child Welfare Screened in Reports	46	80	131	125
Juvenile Justice Reports	54	69	68	38
Kinship Care Applications	6	1	4	2
Court Ordered Study	0	0	0	0
Adoption Related	0	1	2	2
Re-open closed care	1	0	1	3
Drug Affected infants	1	0	1	0
Inter-state Compact	1	0	0	3

Juvenile Court - Delinquency/Youth Justice

In 2019, the Department of Children & Families started a new module in the State Automated Child Welfare System to enhance the tracking of the Youth Justice Population. Green Lake County DHHS applied to be advanced users of this module. This module continued to be further expanded and changed in 2020 to incorporate an interface with Case Works the case management documentation and scoring system for the YASI.

In 2020, Juvenile Court Intake received fifty-four (54) new referrals. This number is down from 2019. The decrease in part is attributed to Covid 19.

No (0) new youth were placed in the Severe Juvenile Offender Program in 2020. No (0) youth were placed in residential care facilities. One youth was referred for adult court waiver however a neighboring county took the charges forward to adult court.

Due to Covid 19, no summer group was held in 2020. Late in 2020, two Girl's Circle groups were offered via Zoom. To date, they have served Twelve (12) girls. These groups have been continued into 2021. Other curriculums such as the ART group were offered via zoom technology as well. Six (6) youth have been served with the ART curriculum.

The Intensive Supervision worker for the unit facilitated a court ordered groups on "Teens in Action". Only one (1) youth participated prior to Covid 19. This group does not work well in a virtual manner. The following are the totals for the past several years: 2020 - 1; 2019 - 5; 2018 - 4; 2017 - 3; 2016 - 12; 2015 - 20 youth.

Juvenile Court staff is on-call twenty-four hours per day for the purpose of Juvenile Intake/Detention, Child Abuse/Neglect and Energy Assistance.

Electronic Monitoring/GPS Monitoring

Two (2) youth were on electronic monitoring in 2020. This consisted of two (2) females. This number is down from prior years as staff are trying other interventions.

Parent Training/Education

The Family Training program provided services to twenty-two (22) families with a total of thirty-four (34) children in 2020. Of these children, four (4) families had children who were in out of home placements. They provided both parent training and education, parent aide services and in-home therapy. In 2020, the Crisis Intervention slots were continued. These slots are primarily

utilized in an effort to return children to their parental homes post removal or prevent the removal in an emergency.

Progressive Parenting LLC also provided parent-mentoring services in addition to Comprehensive Community Services team facilitation.

The Alternate Care Coordinator has provided parent-education as well as visitation supervision for children in foster care.

In-Home Therapy/Targeted Case Management/Comprehensive Community Services/Coordinated Services Teams:

The In-Home therapist has taken a lead role in the development of the Targeted Case Management (TCM) program. Whenever possible, TCM is billed to help recover the cost of the services provided. The In-Home therapist is cross-trained to facilitate Comprehensive Community Services (CCS) teams as well as perform Children's Functional Assessments. The In-home team is augmented by a TCM case manager as well as other mental health professionals.

Sixty-one (61) child/youth teams (TCM/CST/CCS) were active during calendar year 2020. The agency now has five (5) staff working in two (2) units (Children & Families & Behavioral Health) as well as two (2) contract staff that work facilitating teams in the TCM/CST/CCS and now a Child at Risk (CAR) programs. One (1) additional facilitator carries a limited caseload. In November 2017, the agency began to work with the Berlin School district in the county to begin an at-risk program, Child At-Risk (CAR) with a wrap-around model of care. Teams adapted the model to use tele-health during the pandemic in an effort to meet the needs of the children and families they have been serving.

Foster Care/Kinship Care

Foster Care, Kinship Care, Group Homes and Residential Care facilities are used for children who are unable to reside in the home of their parents or guardians. The State changed how foster homes are now licensed and have set up Levels of Care as well as an evaluation tool for the Level of Need. All the unit staff is certified to perform the Child and Adolescent Needs and Strengths Assessment (CANS).

In 2020, four (4) children were placed into non- relative foster care. Four (4) children were in treatment foster care. Eleven (11) children were placed in court ordered relative homes.

The number of subsidized guardianships was three (3) in 2020. No (0) cases closed during the year.

In 2020, two (2) children were subject to Termination of Parental Rights (TPR) petitions. Two (2) new cases were referred in 2020. Three (3) children were placed into guardianship but they are not subsidized.

The total unduplicated count of children placed outside of their parental home(s) under court orders(s) was eighteen (18) children.

In 2020, fifteen (15) children were in voluntary Kinship Care placement(s). Three (3) cases closed during the year.

The total of all children placed in either voluntary or involuntary removal from their parental homes in 2020 was **thirty-six (36)**. This number is the same as 2019.

Courtesy Supervision

Courtesy Supervision for both Child in Need of Protection and Services as well as Juvenile Justice Cases was performed for other Wisconsin Counties. In addition to courtesy supervision, home checks to confirm safe environment (CSE) for other counties.

Community Response Grant

This grant ended in 2019. The agency has continued the program without the grant by actively enrolling the families in the Targeted Case Management program. The number served are reflected under In Home Therapy/Targeted Case Management.

Contractual Services

The Unit In-Home Therapist also served families through Mental Health Crisis planning and services. This worker worked in conjunction with an Independent Contractor, Wellhoefer Counseling to provide in-home therapy services to youth and their families and KD Counseling Services. The Unit also contracts for parenting services from both the Family Training Program and Progressive Parenting LLC.

Mentoring

The program through Community Options was discontinued at the end of 2019. Children receive mentoring services through Community Works and the Berlin Boys & Girls Club. One (1) female receives this service through the Youth Justice Intake Worker.

Prevention/Education

Due to Covid 19, the Children & Family Services Unit staff did not make public presentations in the community on agency services and programs as well as training topics to groups. Staff have been involved on committees on the local level such as the Family Resource Council, the ADVOCAP/Headstart Policy Council, and the WCSHA Children & Families Sub-Committee. Unit staff has participated on the SART (Sexual Abuse Response Team), CART (Child Abduction Response Team) the Drug Endangered Children team and the Overdose Fatality Review Team.

From October to December 2020, unit staff coordinated the annual Angel Tree Christmas giving program along with other community partners. One Hundred eighteen (118) of families with a total of Two Hundred Eighty-three (283) were provided gifts in 2020. Due to the generous donations received through the Toys for Tots program, an additional 13 families were served bringing the total number of children served to Two Hundred Ninety-five (295). Extra donations were also provided to the Boys & Girls Club as well as local schools and daycares.

Licensing

The Green Lake County foster care coordinator actively converted a number of relative placements to licensed level two foster homes. The County currently has two (2) homes licensed of which the majority are relative homes. Three (3) relative homes are in the process of being licensed.

Respectfully submitted,

Susan Sleezer

Children & Family Services Unit Manager

ECONOMIC SUPPORT UNIT

~ Providing and Coordinating Resources to Strengthen Families ~

Access to resources and quality customer service are the main focus of the Economic Support Unit. Our goal is to provide accurate, timely, and effective financial and case management support services for all our customers.

Five Economic Support workers and a Unit Manager make up the Economic Support Unit for Green Lake County. The expertise in our unit goes back to January 2001 to current.

The 2012 Mandate required counties to form consortia. A total of 10 consortia were formed in Wisconsin. Green Lake County is part of East Central Income Maintenance Partnership (ECIMP). This “partnership” consists of 8 other counties; Calumet, Kewaunee, Manitowoc, Marquette, Outagamie, Waupaca, Waushara, and Winnebago.

East Central Income Maintenance Partnership currently serves 63,193 cases amongst the 9 counties.

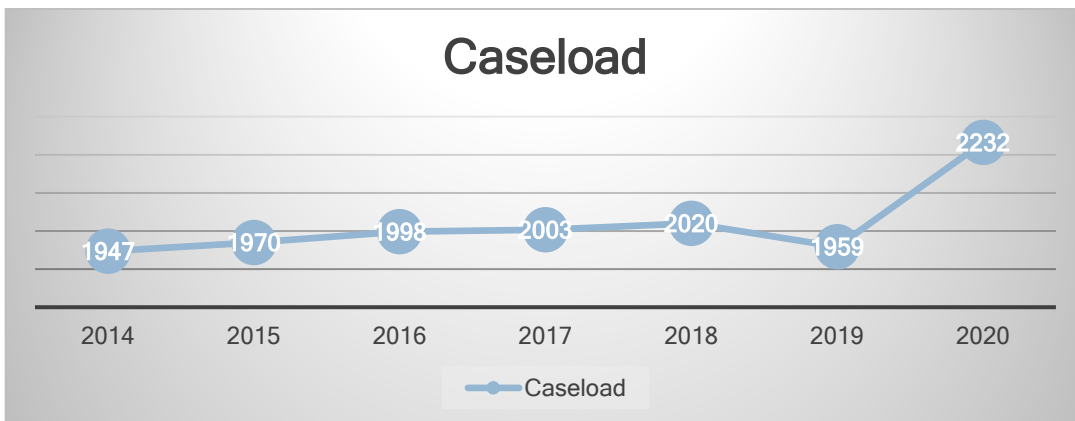


The 2012 Mandate also required Consortia to create Call Centers (CCA) to better serve our caseloads. Each county in ECIMP is responsible for “staffing” the CCA. Green Lake County is scheduled 65 hours per week in the Call Center. However, the time scheduled increases as the call volume increases. With the continued increase in call volume, Green Lake County and ECIMP have maintained and exceeded the required performance standards.

ECONOMIC SUPPORT PROGRAMS

~ The Economic Support Programs serve to provide financial stability for low income households and those experiencing a financial loss ~

The Economic Support services are necessary to meet an emergency need such as homelessness or medical needs. Each program serves a specific population and has different income guidelines and requirements. The self-sufficiency of Green Lake County households and individuals is the program goal.



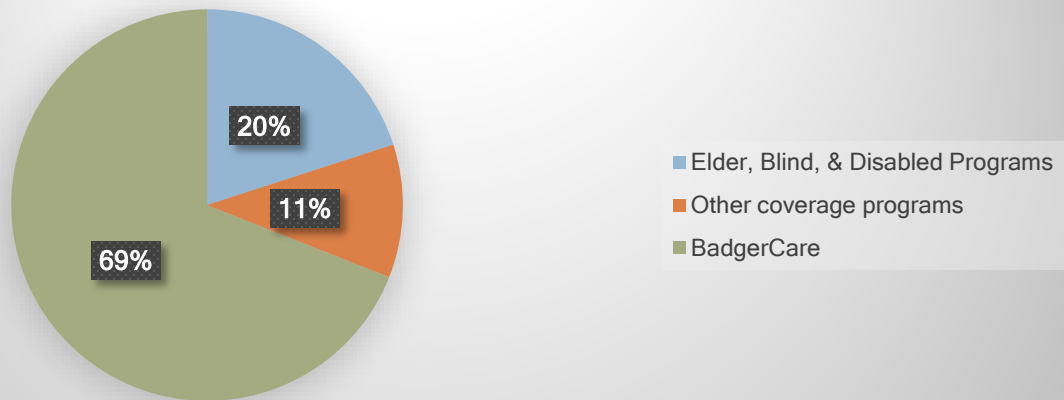
Requests for program assistance are made by contacting Green Lake County Health & Human Services and speaking to the intake worker or by coming into the agency. Customers may also use the ACCESS website at www.access.wi.gov to learn about the programs, apply and update their status online. Customers also have the option of calling our Call Center at 1-888-256-4563 to request program assistance. October 2019 the MyACCESS Mobile App was introduced. The MyACCESS Mobile App allows participants to check their benefits, get reminders and submit documents, anywhere, anytime.

Medical Assistance

A State and Federally funded program that provides low income customers comprehensive, affordable healthcare. Numerous individual programs are included under the umbrella of Medical Assistance including: BadgerCare, Medicaid Purchase Plan, Family Planning Waiver, Medicare Beneficiary, Family Care, and Institutional Medicaid. Each Program has its own specific non-financial criteria for eligibility. Some eligible customers pay a monthly premium for their Medicaid coverage. Most Medical Assistance customers must participate in a HMO.

The following charts show the number of participants in Green Lake County and the coverage type for each year.

Medicaid Recipients



Food Share

A Federal Program that provides a monthly Food Share allotment to low income customers. Eligibility is based upon income, household composition and allowable expenses. The eligible customer receives a QUEST card that is used to purchase food. April 1, 2015, able-bodied adults without dependents (ABAWD) were required to meet a work requirement to be eligible for FoodShare. To meet this requirement the FoodShare Employment and Training program (FSET) is available. This program is administered by Forward Services Corporation. If recipients of FoodShare fail to comply with the work requirement for three months they will be found ineligible for FoodShare for three years.

Green Lake County's average Food Share caseload in 2020 was 1074 households (2,101 recipients). \$3,553,913 in total Food Share benefits was distributed to Green Lake County in 2020.

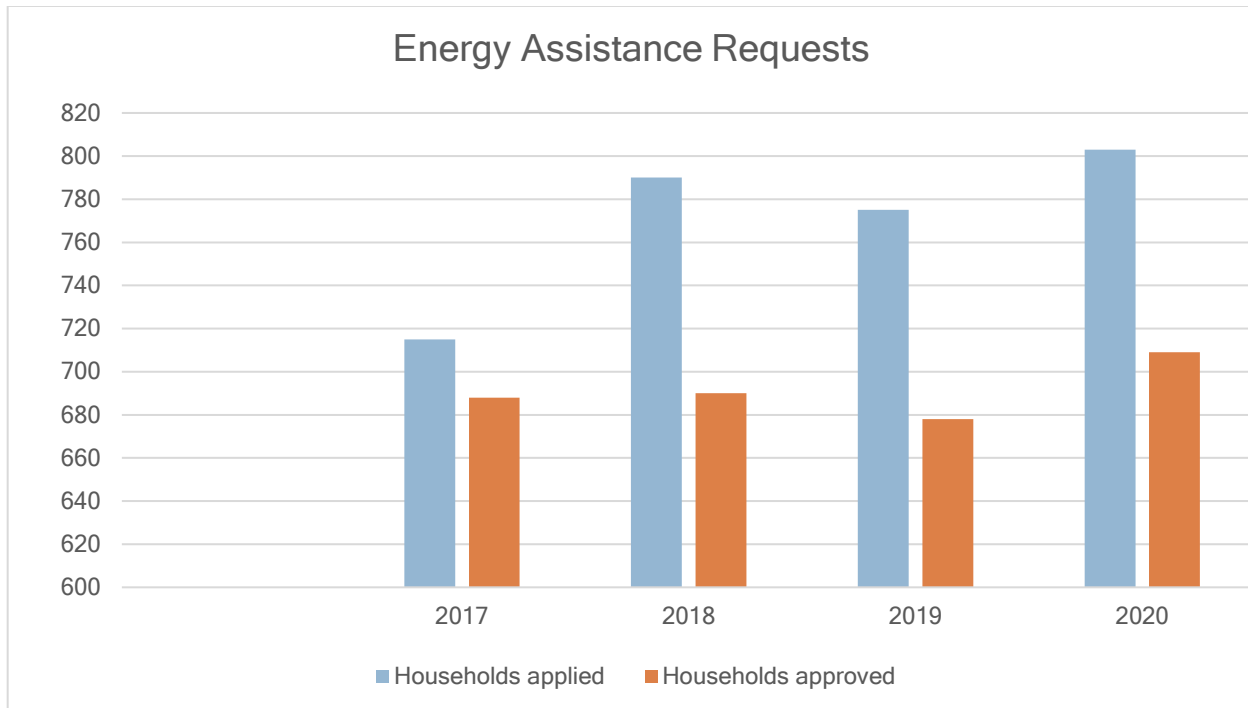
Wisconsin Shares-Child Care

A program that provides child care subsidies for low income working families to assist in their payment of child care expenses. Statewide February 2017 the MyWICChildCare card was rolled out. The child care subsidy electronic benefits transfer (EBT) card was part of an exciting program modeled after the private pay, free market child care system. The MyWICChildCare EBT card provides families with the ability to pay for child care using approved Wisconsin Shares Child Care Subsidy funds utilizing an EBT card.

In 2020, Green Lake County provided Child Care assistance to 20 households / 33 children.

Energy Assistance

The Energy Assistance program year runs from October 1st - September 30th. Energy Assistance provides a one-time payment during the program year to low income customers who need help paying their heating costs. In most cases, the energy payment is made directly to the fuel supplier. In 2020, 803 households applied, 709 approved, and \$407,053 was the total paid out in Energy Assistance.



The Energy Assistance program also helps households with repair and/or replacement of their furnace. This service is contracted with our Weatherization provider, Advocap. In 2020, we repaired 5 furnaces and 10 replacements.

COVID-19 Pandemic and the Effects it had on the Economic Support Unit

Economic Support reduced their office “footprint” and actions were taken for remote work. 40% daily staff presence in office with 60% staggered/exclusive.

COVID-19 Pandemic has significantly increased the caseload in Economic Support. Green Lake County saw a 23% increase of households/participants on Medicaid, 20% increase on Food Share, and 10% increase on Energy Assistance. The Food Share benefit amount issued in Green Lake County for 2020 was 50% more than 2019.

Timeline of changes in programs and services within Economic Support

March 2020

- Suspension of annual renewals and report form requirements for all programs.
- Suspension of work requirements for Food Share.
- Suspension of work requirements for MAPP (Medicaid Program).
- Suspended photo ID requirement for Energy Assistance.
- Energy Assistance went from a three month income verification requirement to a one month verification requirement.
- Water, electric, and natural gas utilities could not be disconnected for non-payment.

April 2020

- Continued actions/suspensions listed above.
- Suspension of Health Care premiums.
- Suspension of drug testing and treatment needs questioning.
- Relaxed verification requirements and allowing for best available information.
- Eliminated the interview requirements for Food Share.
- Emergency supplemental Food Share benefits issued.
- Health Care coverage maintained for recipients. Medicaid cannot be lost due to eligibility.
- Child Care authorizations and automatic payment to providers regardless of employment or attendance.
- Long Term Care Medicaid cost share and patient liability responsibilities “frozen.”

May 2020

- Continued actions/suspensions listed above.
- Wisconsin pilots “on-line” food purchasing with Food Share card.
- Pandemic Electronic Benefits for nutrition assistance issued for fee/reduced lunch students.
- Federal Pandemic Unemployment Compensation starts impacting those on Food Share benefits.
- Emergency supplemental Food Share benefits issued.

June 2020

- Continued actions/suspensions listed above.
- Stopped emergency Food Share supplemental benefits.
- Renewals for Child Care reinstated.

July 2020

- Continued actions/suspensions listed above.
- Emergency supplemental Food Share benefits resumed.
- Child Care authorizations and payments based on participants work and attendance.

August 2020

- Continued actions/suspensions listed above
- Emergency supplemental Food Share benefits issued.

September 2020

- Continued actions/suspensions listed above.
- Emergency supplemental Food Share benefits issued.

October 2020

- Continued actions/suspensions listed above.
- Emergency supplemental Food Share benefits issued.
- 2021 Energy Assistance program year started.

November 2020 - Current

- Continued actions/suspensions listed above.
- Emergency supplemental Food Share benefits issued.

Submitted by: Shelby Jensen

Economic & Child Support Unit Manager

CHILD SUPPORT UNIT REPORT

~Protecting Children, Strengthening Families, Building Communities~

The Wisconsin Child Support Program helps parents get court orders for financial and medical support for their children. It also enforces these support orders when needed, and makes sure that all money collected is paid out correctly.

Two Child Support workers and a Unit Manager make up the Child Support Unit for Green Lake County.

The Green Lake County Child Support Unit has 1061 cases. 87.5% of those cases are participants that are receiving some assistance that require the Child Support Agency to enforce support orders. These assistance programs may include: Medical Assistance, Child Care, Wisconsin Works, and /or children in Foster Care or Kinship Care services.

Federal Fiscal Year (FFY) 2020 Green Lake County Child Support collected \$1,922,469 in Child Support.

Child Support formulated our scanning procedures into Laser Fiche, an electronic case file system, of our current paper files beginning 2020. We started the scanning process. At present we have 20% of the Child Support files scanned. Looking to have all files scanned by the end of 2021.

2020 Green Lake Child Support Performance

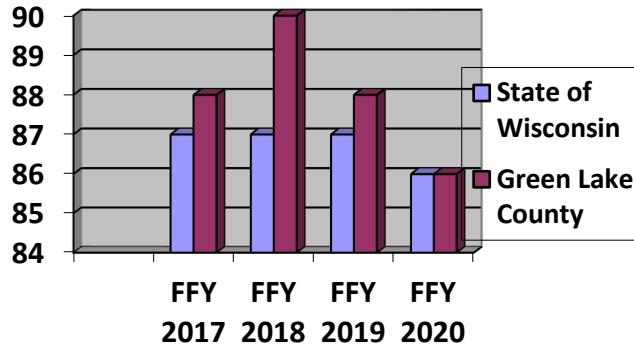
Green Lake County continues to surpass the Statewide Performance Standards average.

The following charts represent the percentage rates of the four Federal Performance measurements Statewide versus Green Lake County for the last four Federal Fiscal years. (FFY)

Note: The four years represented in the charts below encompass the performance of the Child Support Agency after their move to Economic Support in the Department of Health and Human Services.

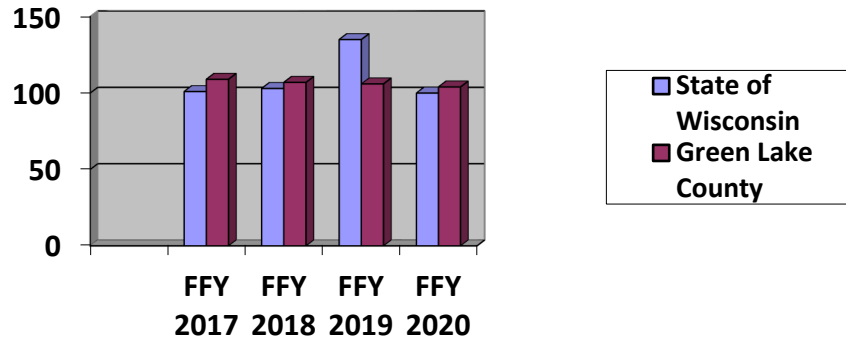
Court Order Establishment Rate

(Number of IV-D cases with Support Orders divided by the number of IV-D cases as of the last day for Federal Fiscal Year, September 30th.)



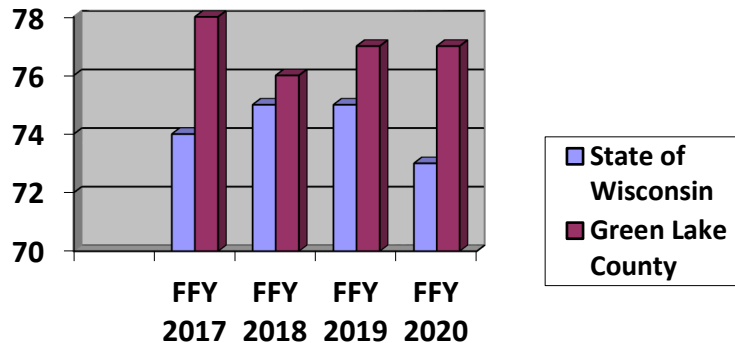
Paternity Establishment Rate

(Number of children in the caseload in the Federal Fiscal Year (FFY) or as of the end of the FFY who were born out-of-wedlock with paternity established or acknowledged divided by the number of children in the caseload as of the end of the preceding FFY who were born out-of-wedlock.)



Current Child Support Collection Rate

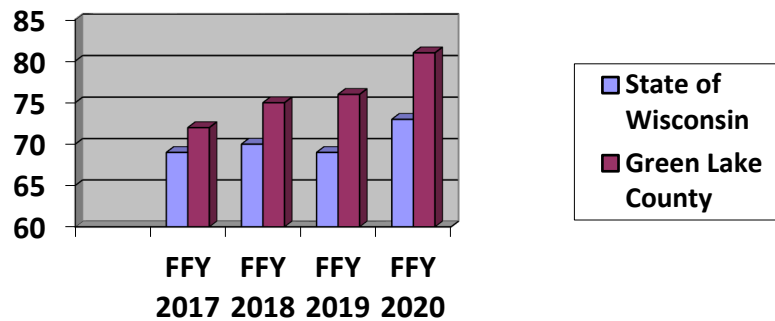
(Amount collected for the Current Support in IV-D cases divided by the amount owed for Current Support in IV-D cases)



Arrears Collection Rate

(Number of IV-D cases paying toward arrears divided by the number of IV-D cases with arrears due)

IV-D cases = these cases originate from public assistance programs. As a condition of eligibility, recipients in the programs of W-2, Child Care, Caretaker Supplement, Badger Care, foster care, and kinship care must be referred to and cooperate with their child support agency for purposes of establishing paternity and establishing and securing child support.



COVID-19 Pandemic and the Effects it had on the Child Support Unit

Child Support reduced their office “footprint” and actions were taken for remote work.

Timeline of changes in programs and services within Child Support

March 2020

- Face to face Circuit Court hearings postponed
- Suspension of enforcement activities. (Incarceration, liens, license suspensions, etc.)
- Suspension of DNA paternity testing.

April 2020

- Continued actions/suspensions listed above.
- Federal stimulus payment impacts. Intercepted payments applied to past support owed.

May 2020

- Continued actions/suspensions listed above.
- Federal Pandemic Unemployment Compensation, \$600 weekly, impacts via intercepts.
- Providing case management services due to economic impacts.

June 2020 - Current

- Continued actions/suspensions listed above.
- Resumed DNA paternity testing by Unit staff with PPE requirement.
- Encouraged Employment and Training services.

Submitted by: Shelby Jensen
Economic & Child Support Unit Manager

FOX RIVER INDUSTRIES/DISABILITIES SERVICES INC.

Overall Services Provided:

Fox River Industries (FRI), a nonprofit 501 (c) (3) organization established in 1987, is an agency of Green Lake County DHHS. Located in Berlin, FRI provides a wide variety of services to individuals residing in Green Lake County and the surrounding area. Our goal is to enhance consumers' lives by providing quality programming on a daily basis in our Supported Employment, Prevocational Services, Adult Day Services, Representative Payee, Supportive Home Care, and Transportation Services units. While the primary target population is adults with developmental disabilities, FRI also serves individuals with chronic mental illness, as well as individuals who are striving to overcome personal barriers affecting their ability to successfully transition into community jobs. All of these services are provided to help participating individuals expand their abilities, increase their independence, and live and work in the least restrictive settings possible.

Disabilities Services Inc. (DSI), a second nonprofit 501 (c) (3) organization established in 1974, works closely with FRI by providing a building for all center-based services, as well as assistance in applying for 5310 vehicle acquisition and operating program grant funding for the transportation services program.

In 2008, Green Lake County transitioned to Family Care, contracting primarily with My Choice Wisconsin, but also more recently with Inlusa and Lakeland Care, all of which are Managed Care Organizations. FRI also works with GT Independence and iLIFE, each of whom handle self-directed Family Care consumer benefits through the IRIS (Include, Respect, I Self-direct) program. Following is a description of services provided through FRI and DSI.

Supported Employment Program:

The FRI Supported Employment (SE) program serves individuals who are experiencing barriers to obtaining and maintaining community employment due primarily to developmental disabilities, mental illness, or learning disorders. In 2020 we hired a new SE Coordinator to replace our recently retired SE Coordinator, who had 16 years' experience on the job. This department also has a newly hired Program Aide as of January 2021 to replace a Program Aide that moved out of our service area. As we gradually return to the post-COVID work environment, our plan is to increase the number consumers participating in community employment, increase the

Wisconsin Division of Vocational Rehabilitation (DVR) revenues that support these individuals, and increase our staff experience and knowledge in Supported Employment services.

Supported Employment services have evolved considerably over the last several years. In Wisconsin, the emphasis now is on three target groups: high school students with a disability, long-term support (LTS) persons with disabilities who will require long term services to maintain employment, and Direct Placement individuals who require assistance developing the skills needed to find and maintain jobs and provide their own accommodations

Services to these three populations are initially funded on a fee for service basis through DVR, with most of the services actually happening prior to the actual job placement. However, only qualifying members in the LTS group are eligible for Family Care and the accompanying long-term funded supports, which can include skill instruction (formerly known as job coaching), and other long term employment related training.

The recent state focus on consumer independence has changed the landscape of SE services. While the traditional model of job coaching a consumer through years of extended services still exists for those individuals who are unable to demonstrate the ability to become fully independent in their jobs, long-term care funding for services to this target group is limited to Family Care eligible consumers. For students, direct placement job seekers, and non-Family Care eligible LTS job seekers, the emphasis continues to focus on developing natural supports by training coworkers at the employment site rather than providing long-term job coaches. While this approach itself is not new, the participating consumers that fall under non-funded long-term SE services continue to grow rapidly in number.

Long-term supports such as job coaching, employer relations dialogue and skill building often continue indefinitely, but on a reduced basis, for individuals receiving SE services, even after initial DVR funding is exhausted. The goal is to eliminate the need for paid long-term supports by developing effective natural supports, and ultimately create an employment outcome where the employee is as independent as possible.

Students, LTS consumers, and Direct Placement job seekers are assessed in order to determine the specific SE services each consumer needs to achieve a successful employment outcome. These services can include short or long term assessments, career search, job preparation (resume/cover letter/reference development), job search, job shadows, employer tours, informational interviews, work trials, vocational training, job and task analysis and skill instruction (job coaching). Each individualized service is now paid by DVR on a fee for service basis.

In previous years, the FRI SE Services Coordinator had success in carving out these employer/employee matches, as well as convincing employers that SE employment candidates do in fact represent a good long-term business investment. While there is a tremendous amount of time and effort that goes into the SE Job Development process prior to an actual job hire, experience has taught us that, if we get the initial employer/employee match right, we usually see long-term success for the individual placed in the job setting.

Additionally, FRI SE staff members work daily with FRI consumers through our Green Lake County contracted services at the Justice Center and Food Pantry, as well as through our contracted services with Green Lake City Hall. These services provide a great opportunity for participating individuals to take the first critical step toward community based employment. They currently provide 38 hours of community structured employment to our consumers per week, creating a unique opportunity for these individuals to earn hourly compensation at or above minimum wage while also learning essential work skills to prepare them for future employment opportunities.

2020 presented a particularly challenging environment for SE services. In March, most of the group homes closed due to COVID concerns, which effectively terminated SE services for about 12 eligible consumers. In fact, many of these group homes remain closed as of January 2021. Additionally, we experienced COVID related illnesses to several of our SE staff members. Several of the employers we work with also experienced cutbacks due to illness concerns, supply issues, and employee availability. These factors combined to decrease SE services significantly in 2020. But 2021 is a new year, with new opportunities, new goals, and, hopefully, a sustained reduction in COVID activity. We have a new SE staff in place, learning the job requirements, and working to rebuild the positions lost due to COVID. Our staff is dedicated, optimistic about the future, and hard working. We anticipate a successful year for SE services in 2021.

Prevocational Services Program:

The FRI Prevocational Services Program provides individuals with barriers to employment or limited employment experiences the opportunity to learn job readiness skills and other related social skills to enhance their ability to obtain and maintain community employment. Examples of skills emphasized include following directions, maintaining attention to task, accepting constructive advice from supervisors, practicing appropriate workplace behavior, and following workplace appropriate personal appearance/hygiene guidelines.

FRI completes a wage survey annually to determine commensurate consumer wage rates based on the wages actually paid at other employment sites in our service area for the same

type of work done by non-disabled employees with at least one year of experience. This method ensures that our consumer compensation rate is comparable to local industry rates for the same type of work. Federal and State special commensurate wage certificates are issued as a result of these wage surveys, with each license expiring in alternating 2 year cycles, at which time FRI reapplies for another two-year term. Extensive, detailed time studies are created by the Production Supervisor for each step of every job. Each work step is then performed by staff members or experienced consumers while being timed. This process determines what work rate represents 100% productivity. Once we have the prevailing wage rate and the work rate representing 100% productivity, we are able to enter these values into our payroll program to create an accurate, equitable piece rate compensation system for all of our consumers. Essentially, each consumer is paid according to their productivity, with a 100% work rate being compensated at the prevailing hourly wage rate (\$12.23/hour in 2020).

The Raise the Wage Act, which was introduced in the U.S House and Senate in January 2021, would, if passed, progressively raise the federal minimum wage to \$15 an hour by 2025, and could affect the ability of CRPs to utilize 14 c subminimum wage certificates in the near future. This legislation, if passed as currently written, would shift consumer services from the traditional piece rate production work to Prevocational non-work activities, both center and community based, with an emphasis on learning work related skills to prepare them for community based employment at minimum wage or above. Individuals not interested in employment outcomes would have the option to participate in Day Services programming. FRI will continue to closely monitor this legislation as it evolves.

Waushara Industries in Wautoma has recently announced the closing of their center-based Prevocational Services center effective June 2021. This development has triggered 15 recent referrals to FRI for individuals from Waushara Industries who want to continue to participate in center-based Prevocational Services, and 3 referrals for Day Services. These referrals are for Family Care funded consumers, many of whom will be participating in services full time at FRI.

FRI currently has three production area Program Aide positions supervising three consumer groups, with the Lead Bus Driver assisting as production needs dictate. We also have a Production Supervisor and a Material Handler rounding out our production staff.

The workshop continues to have several main sources of revenue: packaging jobs for Alliance Laundry Systems, inspecting/packaging jobs for Nelson-Miller Inc. (formerly Wilson-Hurd), packaging/assembly/inserting/sewing jobs for JP Luther Co., and assembly jobs for Generac Mobile Products (formerly Magnum Power Products). FRI also continues to sell cob corn

squirrel feed to Mills Fleet Farm, Havegard, Javic Wholesale (for Steins Garden and Gift), Wisconsin Garden and Pet Supply, Berlin Kitz, & Pfeil Hardware, Reinders, and several smaller outlets in the Green Lake County area. Sales in all areas were off in 2020 due to COVID. Center-based Prevocational Services hours are 9:00 AM to 3:30 PM Monday through Friday. These services are billable for Family Care members.

Adult Day Services Program:

The Adult Day Services Program at FRI promotes community inclusion and independence for adults with disabilities. FRI currently provides a variety of health, social, and support services to program participants in a protective setting as we attempt to meet the specific needs of each individual we serve. These services include education, therapy, exercise and recreation. Our goal in Day Services is increased community involvement and greater independence for all program participants.

Activities of daily living are a big component of the Day Services program. Therapy and exercise programs are necessary fundamentals to maintain consumers' quality of life. The exercise program, provided to a majority of our consumers, includes weight lifting, aerobics, and endurance training. This service also encompasses personal care needs.

Community inclusion is a key element in Day Services programming. Examples of outings include trips to the zoo, parks, retail stores, athletic events, and libraries, along with weekly bowling and YMCA swimming trips. Volunteering is also highly valued in our program as a form of community inclusion. Day Services program participants usually volunteer at Theda Care, a local area library, and the animal shelter in Green Lake. In 2020, however, the COVID pandemic forced us to provide Day Services on location at our Berlin site to protect our vulnerable population. As the pandemic clears, we plan to move our services back out into the community, where our consumers can enjoy all of the benefits that come with community inclusion.

Three CNA licensed Program Aides, a Community Integration Planner, and a Services Coordinator currently staff our Day Services Program. Adult Day Services hours are 9:00 AM and 3:30 PM Monday through Friday. These services are billable for Family Care members.

Transportation Services:

Disabilities Services, Inc. (DSI), the private non-profit corporation created to support DD services, has been working with Green Lake County to provide vehicles for the developmentally disabled and elderly residents of Green Lake County and the surrounding area since 1978 by writing annual section 5310 grants as vehicle needs dictate. The 5310 federal grant program covers 80% of the cost of the vehicles, with the funding designated to the states, in our case

through WisDOT. DSI pays for any requested vehicle upgrades, and Green Lake County pays the remaining local 20% match. Over the years, DSI has been awarded over 34 vehicles at a worth of well over \$1,100,000. Current vehicles are primarily used by Fox River Industries, but DSI also writes the 5310 grant for Southern Green Lake County Senior Transport (SGLCST) and City of Berlin Senior Center (BSC), each of whom also provides transportation services for elderly and disabled passengers who otherwise have no access to affordable transportation services for non-emergency medical, educational, or social functions. These two entities pay their own 20% local match for 5310 vehicle acquisitions. SGLCST currently operates two accessible minivans obtained through the DSI 5310 grant program, and BSC operates one 5310 accessible minivan.

In 2018, DSI applied for two mini buses valued at \$51,000 each, and \$87,008 in Operating Program funding through the 5310 grant program. Both applications were successful, with both vehicles being delivered in early 2020 and 85% of the Operating fund request (\$73,956) awarded in 2019. In 2019, DSI applied for Operating Program Assistance and was awarded \$48,150, to be paid quarterly in 2020. In 2020, DSI applied for Operating Program Assistance and was awarded \$41,618, to be paid quarterly in 2021.

FRI has been providing fixed route transportation for disabled individuals since the late 1960's, and has used DSI 5310 vehicles since this grant program, formerly known as 16(b)(2), came into existence. FRI operated vehicles provide over 24,000 passenger trips and log over 126,000 miles per year. BSC averages about 2000 passengers and 15,000 miles per year with their van, and SGLCST averages about 1000 passengers and 22,000 miles per year per van, and they operate two vans. Both BSC and SGLCST have relied on DSI to write the 5310 grants to provide the needed vehicles, but BSC has decided to write their own 5310 grants starting this year. FRI currently has a 40 hour a week Lead Bus Driver to handle vehicle and building maintenance, vehicle inspections, route schedules, and WisDOT reporting. This individual also helps out in production as needed.

Our FRI fleet currently serves individuals living in Green Lake, Fond du Lac, Marquette, Winnebago, and Waushara counties. Transportation service expenses are included in the Prevocational and Adult Day Services Family Care billing rates. Transportation service expenses are billed separately as a fee for service for non-Family Care program participants.

Representative Payee Services:

In 2009 FRI added Representative Payee Services to its program. This collective account, administered and run through FRI, currently serves 79 consumers and receives frequent new

referrals. This program employs one full-time Representative Payee Specialist with assistance from other department staff as needed. Program participants receive monthly benefits from the Social Security Administration (SSA) via direct deposit into the collective Representative Payee account. SSA Representative Payee regulations must be followed and the program is monitored through SSA audits every few years. These direct deposit SSA benefits are then applied to each member's individual account. Our program then budgets each individual account, cutting checks, paying bills, and handing all financial transactions to ensure each member meets their monthly financial obligations. Representative Payee services are billable partially through Care Wisconsin (Family Care members only), with the remaining members self-paying for services. Self-pay fees are waived in the event of financial hardship.

In December 2020, our Representative Payee Specialist with almost 40 years of experience retired. We were able to find a qualified candidate to replace her right here on our FRI staff. The Representative Payee program is off to a good start in 2021.

Supportive Home Care Services:

In 2016, FRI also began providing Supportive Home Care (SHC) services to Family Care consumers who need assistance with basic needs like grocery shopping, going to doctor appointments, and cleaning/cooking. Demand for this Care Wisconsin funded service has grown rapidly, and we added a Program Aide in 2017 to provide this service and assist with Representative Payee services duties to help meet this demand. FRI currently serves 12 SHC consumers funded through Family Care.

Administration:

Administrative duties at FRI are handled by a 40 hour/week Secretary/Bookkeeper, a 40 hour/week Unit Manager, and part-time assistance from the Green Lake County Financial Manager. In December 2020, our Secretary/Bookkeeper with 43 years of experience retired. We were able to find a qualified candidate to replace her right here on our FRI staff.

Summary:

In 2020, Fox River Industries, through the various services it provides, enhanced the lives over 200 different individuals in Green Lake County and the surrounding area. In 2020, 62 consumers/casual workers were employed on our production lines or through our janitorial services. 21 consumers also participated in Adult Day Services during program hours, with another 8 consumers participating exclusively in Adult Day Services. 21 non-FRI consumers (31 total) received Supported Employment services through 27 different employers, approximately

83 consumers received Representative Payee services, and 15 consumers received Supportive Home Care services. 2020 has been an extremely difficult year. We look forward to a gradual return to normal operations in 2021. At Fox River Industries, we have a dedicated, caring staff, we are proud of our excellent reputation for outstanding service, and we are very appreciative of the ongoing support our program receives from the Green Lake County Board of Supervisors. As always, we encourage Green Lake County Board members, especially those that have not yet been to Fox River Industries, to stop in anytime and take a tour of our facilities and meet our consumers and staff.

Submitted by: Edmund Schuh
Fox River Industries Unit Manager

AGING UNIT

The County Aging Unit is the Agency designated by the County Board and authorized by the Older Americans Act to continue to develop, support, assist, and evaluate County-based programs for older adults (over age 60) with the purpose of fostering independence and enhancing the quality of life for older adults in the county.

All Federal money from the Older Americans Act, Title III, is distributed to the state, which gives it to the regional Area Agency on Aging and then to the Counties. The amount each County receives is determined by a set formula. Included in the formula is the number of elderly, low-income elderly and isolated elderly individuals within the County.

Federal Title III-B money is used for various service programs such as elderly health screening, transportation, the elderly benefit specialist, and program development for Senior Centers. Matching local funds and required In-Kind assistance provides the rest of the resources for the Aging programs. In 2020, volunteers provided 116.5 hours equal to **\$2,962.60** In-Kind match for Title III-B programs. (2019 - 1268 hours equal to \$9,197.94) Due to the Public Health Crisis the amount of volunteer time was considerable less than the previous year. Federal Title III C-1 & 2 must be used for elderly nutrition. See below for more information on the elderly nutrition and matching In-Kind amounts.

Congregate Nutrition Program (C-1)

The Nutrition Program assists older individuals to live independently by promoting better health through improved nutrition. It reduces the isolation of older individuals through nutrition related and supportive services. It prevents malnutrition and promotes good health through nutrition education, screening and intervention. The Aging Unit Nutrition/Volunteer Coordinator is trained as a certified ServSafe Professional Food Manager/Nutrition Director and oversees both the Congregate and Homebound Meal Programs.

In 2020, 1204 meals were served at three Mealsites: Berlin Senior Center, Dartford Bay Apartments - Green Lake, and Grand River Apartments - Markesan. The large decrease in congregated meals in 2020 was due to all onsite dining being closed in March due to the Covid-19 Public Health Crisis. Volunteers play a vital role in all our Congregate and Homebound Meals Programs; twenty-five (**25**) volunteers donated approximately 3,130 hours in the Nutrition Program. These hours equal **\$79,595.90** in In-Kind Dollars. In-Kind includes activities such as setting tables, serving food, packaging homebound meals, delivering meals, clean-up tasks, and

doing paperwork and are a requirement of the Older Americans Act to earn funds for the meal programs. Donations at **\$4.00** per meal received in this program were **\$2,761.00.***

	2019	2020
Meals served at meal sites	5088	1204
Volunteer hours	1402.75	3130
In-Kind Dollars	\$10,169.94	\$79,263.83
Congregate Meal Donation Dollars	\$15,050.41	\$2,761.00
Homebound meals delivered	19,125	26,496
Homebound meal donation dollars	\$69,318.35	\$84,201.48

Homebound Meal Program (C-2)

In 2020, 26,496 meals were served throughout the County to persons who are unable to go to the meal sites for health related reasons. In 2020 the large increase in homebound meals is due to all congregate meals being switched to curbside pickup due to the Pandemic. Requests for Homebound meals come from hospital discharge planners, meal site managers, units of Health and Human Services, doctors, and families and enable the older person to remain in his or her own home as long as possible. Requests are referred to the Nutrition Coordinator who meets with each new enrollee to conduct a thorough nutritional assessment; these are updated annually. The meal delivery program is also a part of a support system that checks on the elder person four to five days per week depending on their location. Drivers are trained to watch for changing needs and to alert Nutrition Coordinator as necessary.

Donations at **\$4.00** per meal received in this Program in 2020 were **\$84,201.48.***

* Subject to Audit

Title III-D Program

In 2020, due to the Covid-19 Public Health Crisis, in person health promotion classes had to be canceled. This program funding helped to fund the two virtual classes offered through the ADRC. The majority of the funding will be carried over into 2021 to provide classes.

Transportation

One of the greatest needs for the elderly and/or handicapped person is transportation. The Aging Unit receives and administers the 85.21 State Grant monies, \$80,240.00 in 2020. Service priorities are MEDICAL TRIPS, NUTRITION-RELATED ACTIVITIES, WORK-RELATED ACTIVITIES, and SOCIAL ACTIVITIES. Handicapped and older adults were provided 13,538 trips in 2020 with 85.21 funding.

	2020	2019
85.21 State Grant funds received	\$80,240.00	\$72,389.00
Number of trips	13,538	14,657

TEFAP - (The Emergency Food Assistance Program)

The Food Pantry is operated by the Aging/Long Term Care Unit of the Department of Health and Human Services and is available to any indigent person/family in an emergency. The Food Pantry is funded by TEFAP and private donations from fundraisers and local donors.

The Emergency Food Assistance Program/Food Pantry operates every Tuesday from 10:00 am to noon. The Food Pantry currently has 31 volunteers who staff the days the food pantry is open and pick up donations.

Eligible residents of the County may attend once each month. Throughout 2020, the Food Pantry served an average of 208 households, and 474 individuals per month. Each household was provided an average of 120 pounds of food for a month.

Food Pantry	2019	2020
Average households served monthly	165	208
Average number of individuals	338	474

Elderly Benefit Specialist Program

The Elderly Benefit Specialist coordinates information and counseling regarding public benefit programs to individuals sixty years of age and older. The Elderly Benefit Specialist assists people age sixty and over to apply for Social Security, Social Security Disability, Medicare, Medicare Part D, Medical Assistance, and Senior Care.

In 2020, there were 223 Open Cases, and 183 hours of training. Through these efforts, the monetary impact to Green Lake County elderly clients was \$1,622,364.00.

There were 1345 Information and Referral inquiries to the Aging Unit, 18 hours of Outreach Services and 2 hours of presentations at the various Senior Centers and meal sites.

	2019	2020
Elderly Benefit Specialist open cases	341	223
Hours of training	100	183
Dollars saved for elderly clients	\$2,022,714.00	\$1,622,364.00
Information and Referral Inquiries	1537	1345
Outreach Service Hours	250.5	18
Senior Center presentation hours	14	2

Family Caregiver Program

Under the Federal Family Caregiver Grant, the Volunteer Coordinator identifies and meets with caregivers who are elderly, including grandparents who are raising grandchildren. A monthly support group, training, loan library, respite care, and information and assistance are available for caregivers. We served nine caregivers in 2020 through this program. (2019 - 8 caregivers served)

Adult Protective Services/Guardianships

The Adult Protective Services Social Worker performed **six** guardianship studies for adults in 2020. (2019 - 3) These consisted of Temporary, Permanent and Successor Guardianships. In addition, thirty-one Protective Placement reviews were completed. (2019 - 32). All reviews require a brief summary hearing on each of these placements to ensure that the continuation of the placement is appropriate, least restrictive and most integrated into the community. The Adult Protective Services worker submits a report to the court and attends each review hearing. Placements are monitored in nursing homes, Community Based residential Facilities (CBRF), State Centers for the Developmentally Disabled, Adult Family homes, and private homes or apartments. In addition, Power of Attorney documents and advanced planning information is regularly requested and assistance provided as needed.

Other Programs

The Senior Sentinel is a bi-monthly newsletter published by the Aging Unit and delivered to over 1000 households in the County. The articles that appear in this publication help elders keep up-to-date with current information about our services and programs. The UW Extension Office and the Nutrition program provide healthy recipes and health tips. The publication contains current information concerning County, State and Federal programs that affect Senior Citizens in Green Lake County.

Each year in August, the Aging Unit sponsors a countywide Senior Picnic. In 2020 the annual picnic had to be canceled due to the Covid-19 Public Health Crisis. (2019 - 182 in attendance)

Alzheimer's Family Caregiver Support Program

During 2020, we received \$9,565.00 in Alzheimer's Family Caregivers Support Program (AFCSP) funds. These funds provided a variety of services to two individuals who suffer from Alzheimer's disease. (2018 - \$9,594.00 for four individuals).

In 2019 we had two staff members become certified to facilitate Dementia Live. Dementia Live is an interactive sensory experience that through special equipment allows the participant to experience a situation in the same way someone with Dementia would. This experience leads to a better understanding of individuals with Dementia and increased knowledge on how to interact with an individual with Dementia. In 2020 we held 2 Dementia Live trainings with 16 individuals completing the experience.

Supportive Home Care

Throughout 2020, nine individuals received Supportive Home Care (SHC) funded services, including housecleaning, yard work, meal preparation and assistance with laundry, lifeline, etc. (2018 - 8 individuals)

Submitted respectfully:
Betty Bradley,
Aging Unit Manager

BEHAVIORAL HEALTH UNIT

Green Lake County's Community Health Improvement Plan (CHIP) identifies youth in crisis, trauma-related issues, and substance use disorders as critical concerns affecting the Green Lake County population. The novel coronavirus (COVID-19) pandemic had widespread impacts on behavioral health around the globe and here in Green Lake County during this past year. The Behavioral Health Unit (BHU) offers an array of services that meet these needs within the community and across the lifespan. The 2020 staffing construct for the Behavioral Health Unit consisted of 11 full time staff and 3 part-time contracted doctors. Full time staff include a unit manager, four counselors, two case managers, three program coordinators, and a psychiatric nurse. Contracted staff include two part-time psychiatrists (child and adult specialties) and a part time psychologist who provides clinical supervision. All unit staff receive cross-training in several of the unit programs including 24/7 on-call mobile crisis intervention. The unit collaborates across other units of Health & Human Services including teaming with cross-trained staff in Children & Families, Public Health, and Fox River Industries. In 2020, the unit hosted 3 student interns at various times.

A note on COVID-19 pandemic response:

Behavioral Health services provide essential care to many community members during the public health crisis. Worldwide data shows increases in anxiety, depression, substance use disorders, isolation, suicide, and other mental health impacts due to the direct and indirect impacts of pandemic, isolation, and financial strain. According to a research study supported by the CDC, in 2018 approximately 4% of Americans had seriously considered suicide at some point. In June 2020, that number rose to an astonishing 11% of the population nation-wide¹. The BHU staff continue to show a tremendous amount of dedication to providing adaptive and accessible services during this time of need. All staff quickly became trained and comfortable using previously unfamiliar telehealth platforms. For those individuals unable to access telehealth services, staff have needed to find creative solutions for safe delivery of in person services, placing themselves at times at increased risk of exposure. This report provides data about services in each specific program area. Notably, across all programs, clients have been impacted by these unique circumstances, and the majority of services have been provided in the telehealth format. BHU programs were covered under early emergency orders allowing programs to diverge from historical protocols in order to provide services in a telehealth/ remote work capacity. After these orders ended, the clinic received approval for variances to continue

these adaptations. The state Department of Health Services is reviewing administrative code related to telehealth with permanent rule change anticipated in 2021.

The BHU includes a range of programs, collectively serving 943 county residents (consistent with 2019 services, represents a 1.5% increase in past 5 years). Clients served in multiple programs are counted only once here.

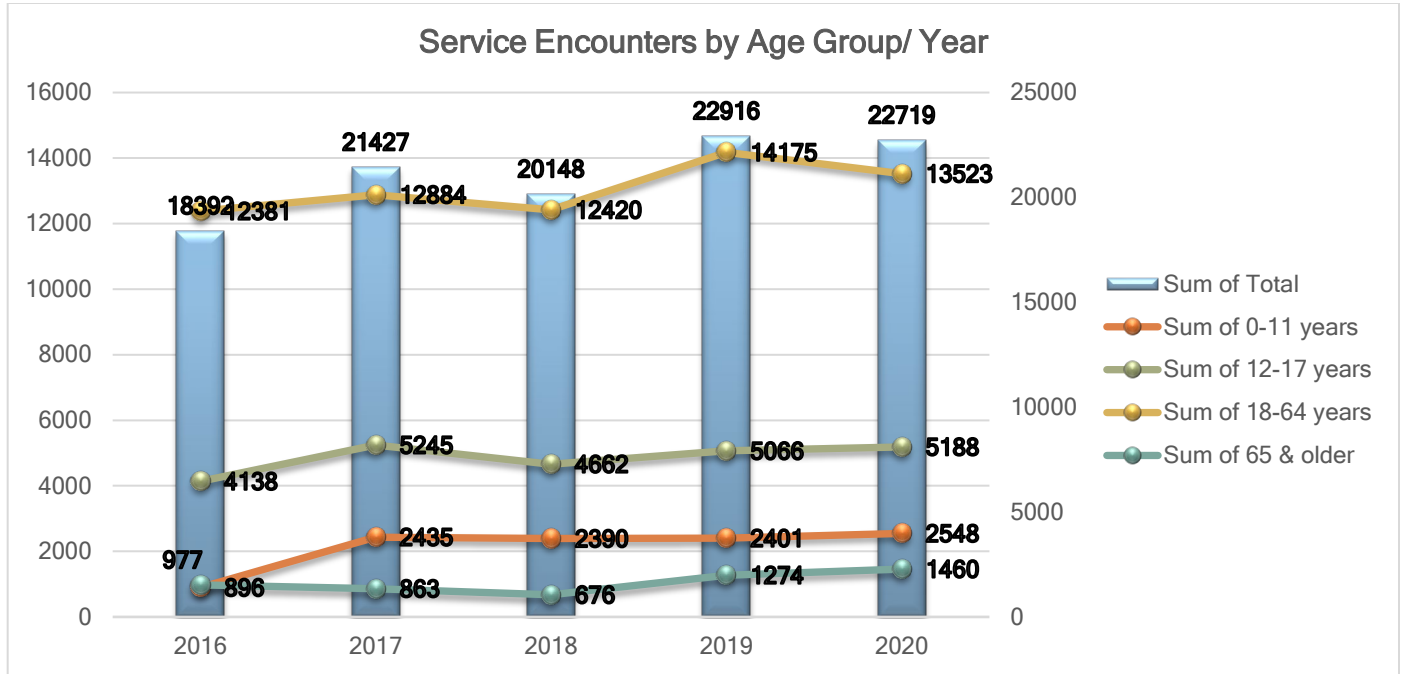


Table 1: This table demonstrates a trend of slight increases in total number of services across all clinic programs. The data does continue to show a slightly larger increase in the youngest age groups as well as amongst 65 & older.

Outpatient Counseling and School Office

BHU providers take a whole-system approach to serving residents and understands how each aspect of a person's life can affect quality of life in others. In 2020, this meant adapting programs to continue to serve clients with a multitude of behavioral health issues while also meeting unique needs arising due to the global public health crisis. During 2020, The Behavioral Health Unit served 758 clients across the outpatient programs—an 18% increase compared to 2018. Green Lake County has been designated a rural area with provider shortage in the area of psychiatric care, however we are fortunate to have on-site prescribers for adults and youth on a part-time basis.

Outpatient Clinic Highlights: Clinical staff strive to stay up-to-date on practices that are innovative and relevant to the concerns presented by those we serve. Across all programs in 2020, this included training staff and implementing telehealth quickly into all programs. During 2020, staff also saw a significant increase in clinic wait time due to a number of factors including increased demand for services, decreased failed appointment rate due to the accessibility of telehealth, and additional demands on staff time.

* **School-Based Satellite Offices:** BHU presently maintains satellite school-based offices in Markesan and Berlin Middle/High Schools. During 2020, BHU also began discussion with the Green Lake School District to establish an office as well. Services to all school offices currently utilize telehealth with a few exceptions based on individual circumstances.

* **Improved medication management protocol:** Last year, the clinic added pre-prescriber nursing visits to enhance the quality of care within the clinic. In August 2020, implementation of e-prescribing software began as the next step in improving medication management protocol. It is anticipated that it may take several more months in 2021 for all client files to be transitioned to e-prescribing, however this system improves ability to ensure continuity of care and communicate easily with pharmacies.

* **Evidence-based clinical practices:** In 2020, additional staff participated in training on the Dialectical Behavior Therapy

Substance Use Disorders Data

Treatment for substance use disorders in rural communities continues to be a challenge around the nation, and here in Green Lake County. In Green Lake County, outpatient counseling is available at DHHS. More intensive levels of support such as intensive outpatient, day treatment, Medication Assisted Treatment, or residential care are available by referral to private sector providers.

Substance Use Concerns:

- Alcohol: 50.8%
- Opioids:
- Marijuana:
- Methamphetamines:

Living Arrangement at time of admission:

- Adults in independent living situation: 94.5%
- Youth living at home: 4.5%
- Homeless: < 1%

Employment Status at time of Admission:

- Working full time: 38.9%
- Working part time: 12.5%
- Seeking work: 25%
- Retired/homemaker: 5.6%
- Receiving disability: 3.4%
- Student: 3.4%

Education at time of Admission:

- College: 11.3%
- High School Graduate: 52.8%
- Less than High school: 11.1%

Criminal Justice System

Involvement: 57.7% have co

(DBT) and Trauma-Focused Cognitive Behavior Therapy (TF-CBT) models in order to expand the availability of these evidence-based models to more consumers within the clinic. Both therapy models can be provided in modified formats over telehealth services.

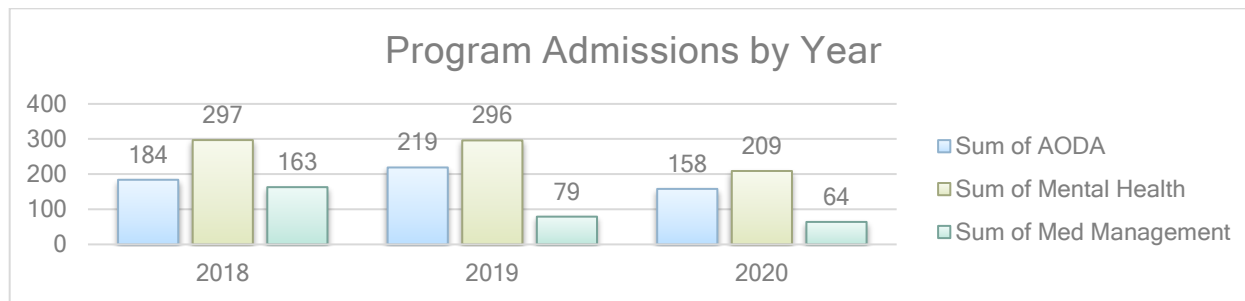


Figure 1- In March 2020, the clinic placed a temporary waitlist on new therapy intakes which lasted approximately 2 weeks while clinicians made the transition to telehealth due to the COVID19 pandemic. For psychiatry, new intakes have needed to continue occurring in-person and therefore no new intakes occurred from mid-March through early May. Overall clinic capacity for new admissions has been lower as a result of the COVID19 pandemic, however need for services within the community continues to grow.

Community Support Program (CSP)

The CSP program provides intensive community-based services to people with severe and persistent mental illness who may otherwise require hospitalization or residential care. Treatment is individualized and based on the person's needs and goals. Staff provide psychiatry, counseling, support, transportation, case management, medication management, crisis services, social opportunities, assistance with activities of daily living, and assistance with vocational rehabilitation. CSP provides services almost exclusively in the community. CSP served 13 consumers throughout 2020.

CSP highlights

- Social opportunities are designed to offer peer interaction and facilitated social skills training, involving a combination of community-based outings and onsite activities. In 2020 these social opportunities were more difficult to provide in a safe format. Staff focused on providing connection and contact to reduce feelings of isolation. Staff were able to provide a holiday meal “kit” delivered to clients at their homes.
- The Wellness Group was not held throughout most of 2020 due to concerns about client safety in a group setting due to the pandemic. Staff focused instead on providing education and accurate information about health and safety to vulnerable consumers.
- The Community Support Program continued delivery of food pantry items to vulnerable clients throughout the year.
- The Community Support Program began collaboration with a home support staff from Fox River Industries to increase the capacity for daily living skills training for individual consumers. This position is currently being recruited.

Comprehensive Community Services (CCS)

The Comprehensive Community Services (CCS) program is a strength-based consumer driven psychosocial rehabilitation recovery program. This program utilizes the consumer's identified strengths to support their goal-directed recovery process. CCS receives Medicaid funding and requires each individual enrolled in the program to have Medicaid, have a mental health and/or substance use diagnosis, be motivated to work on self-identified recovery goals, and utilize a collaborative team based model emphasizing natural supports in recovery.

CCS provides community-based services, working to support people in their communities rather than in hospitals or residential treatments. CCS works closely with the Children & Family Unit to help provide services to keep children in their homes instead of foster care placement and to help return a child back to their home with the proper supports.

In 2020, CCS served 56 consumers, consistent with recent years and a significant increase over the past 5 years. CCS supports a variety of treatment modalities including flexible options such as in-home family systems therapy, which allows clients to find a true array of services and

receive the types of therapy that best meet their needs. CCS staff are committed to providing consumer-driven care. The Behavioral Health Unit/ CCS program actively participates in our Regional CCS Consortium, approved by the state of Wisconsin. The consortium includes six surrounding counties working together. Due to consortium efforts, medically necessary services provided to CCS consumers can be reimbursed at a rate of 100% for the services we provide CCS consumers.

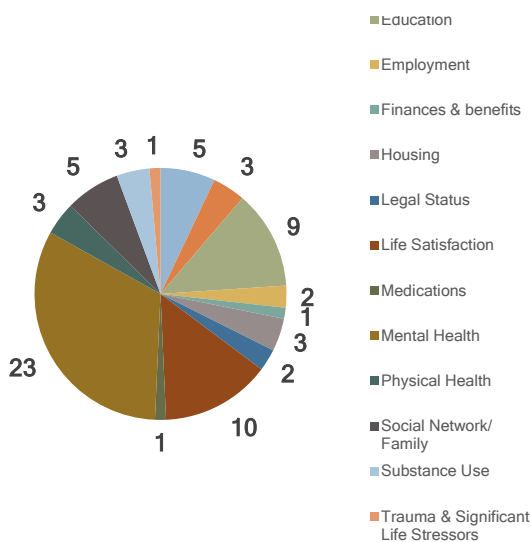
Crisis Intervention

During the year of 2020, crisis intervention responded to **349** initial crisis calls and many additional follow up contacts. Crisis intervention services on average comprise 24% of the mental health services provided by clinical staff. Crisis workers provide

crisis counseling on a walk-in basis or respond mobile to the most appropriate location (e.g. Emergency Rooms, schools, police departments) to provide assessment and intervention. Historically, BHU adheres to the philosophy that when a counselor engages face-to-face with an individual, they develop an understanding of the individual's needs and can create a safe response plan in the least restrictive environment. Out of an abundance of caution for staff and client safety, especially in high-risk setting such as emergency rooms, crisis response has occurred primarily over telehealth throughout 2020. When determined that the most appropriate

Recovery Goals by

Figure 2 This chart shows the various domains that CCS supports clients in based on the frequency with which they appear on client treatment plans.



level of care is a psychiatric hospitalization, crisis workers first work for voluntary admission. Crisis workers and law enforcement initiate an emergency detention after all other options have been exhausted or determined unsafe.

Effective supervisory support and routine triage of crisis calls ensure efficacy of services including thorough follow up services and support for staff in providing ethical and professionally responsible services in high-risk situations. Dr. Kent Berney (Forensic Licensed Psychologist) provides weekly supervision of the crisis intervention team. Crisis service linkage and follow up support continuity of care, provide critical and timely interventions for stabilization and referral as well as offer support in navigating complex systems of care. A full time crisis case manager coordinates linkage and follow-up for individuals involved with the crisis system through both voluntary and involuntary services.

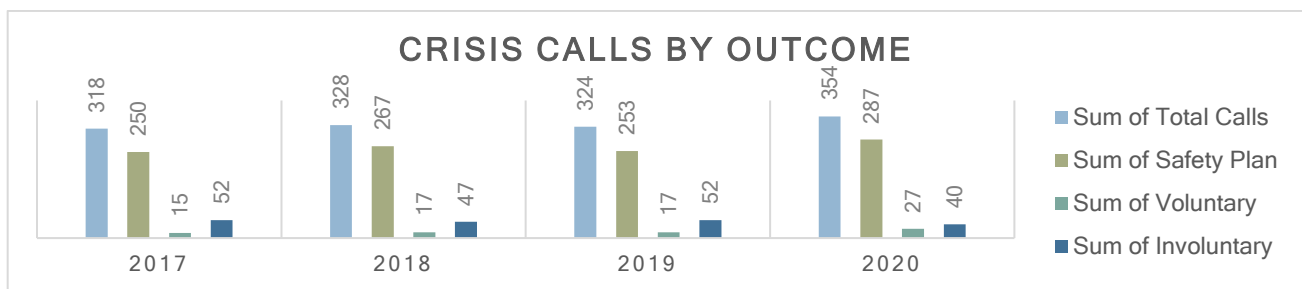


Figure 3- Crisis call volume and outcomes have remained relatively consistent over the past several years, although monthly data indicates seasonal flux. Overall, crisis services has successfully focused towards safety plans and diversion options with fewer than 25% of calls ending in more restrictive hospital settings. This graph shows initial crisis calls and does not include crisis follow up, which increased greatly in 2020, in part due to the mental health impacts of the coronavirus pandemic.

Crisis Highlights:

- Behavioral Health established a Crisis Stakeholder team in 2018 to enhance community partnerships and address cross-systems issues. This team has met three times in 2020. This team has been helpful in maintaining collaboration during a time when protocols across our system and others have changed frequently and rapidly in response to global events.
- Crisis services have been an essential service for many during 2020. During a time when a widespread health crisis has been sweeping the globe, our crisis service saw increased demand both in frequency of follow up and intensity of crises. As many experienced isolation from many natural supports or community supports (During lockdown), the need for hospitalization did increase during 2020. The Behavioral Health Unit is grateful to our dedicated community partners and board for supporting the work that we continue to do to address the mental health crisis existing during this time.

Treatment Court Program

In 2016, Green Lake County received grant funding in the amount of \$101,130.00 annually for five years from the Department of Justice, Treatment Alternatives/ Diversion grant to support development and implementation of an adult drug court program. Program implementation began in 2017 with the staff addition of a treatment court coordinator. The treatment court

accepted its first participant in October 2017 and has since served 15 clients. The program had its first graduation in July 2019, and has 6 active clients as of January 1, 2020.

The Treatment Court program is designed to take 14-18 months for participants to complete across a five phase structure. The early phases provide swift accountability for behavior and intensive services to address the myriad of needs that comes with early recovery. Later phases reduce the intensity of services in order to provide support during the long-term lifestyle changes that individuals in recovery must make if they are to sustain their sobriety. There have been 3 graduates from the program to date.

Children's' Long Term Support Waiver

The Children's Long Term Support Waiver (CLTS) is a Medicaid Waiver program for children with developmental or physical disabilities or Severe Emotional Disturbances (SED). Families develop a person-centered ISP together with their caseworker in which they identify specific supports that are not ordinarily covered by Medicaid. Examples include: accessible home modifications, sensory supplies/ therapeutic aids, respite care, and service coordination. In 2017, the State of Wisconsin announced the dissolution of the CLTS waitlist, requiring counties to develop strategies to service families presently on the state-wide waitlist. BHU presently has one case worker who is dually trained in CCS and CLTS service coordination as well as unit manager who is certified in waiver services. In order to meet the growing population of this program, three additional caseworkers have been cross-trained in CLTS and carry partial caseloads. At the start of 2018 there were 10 families enrolled in CLTS, and as the process of waitlist elimination has continued, the program now serves 32 families. All families who were on the waitlist at the time that the waitlist elimination was announced are now being served, however new families continue to be added to the state waiting list. Beginning in 2021, as families come to the top of the state waiting list, our program will be required to begin serving them within one month. All staff are currently at or consistently near capacity within this program so this new requirement places increased burden on the existing resources. Typically, once a youth is opened within this program, they will continue to receive services from the program until they transition into the adult Long Term Care system (between the ages of 18-21).

Targeted Case Management (TCM)

In 2018, Behavioral Health added a Targeted Case Management (TCM) program tier. TCM is a Medicaid-funded case management program that offers support to individuals with mental health or substance abuse issues who may benefit from case management at a less intensive level or as a step-down from more intensive program option. TCM has historically been offered outside

of BHU for other target populations. There are presently 9 consumers being served within the Behavioral Health TCM program.

Behavior Health Unit 2021 program development areas:

Continued community and county-level support, dedication from staff, and collaboration with community partners allow the Behavioral Health Unit to continue to grow. The Behavioral Health unit identifies development areas for 2021 that build our capacity to provide innovative, community-based services and improve outcomes for individuals, families, and communities:

- ◆ Expansion of evidence-based practices for mental health and substance use disorders
- ◆ Central Wisconsin Health Partnership
- ◆ Dementia Capable Systems
- ◆ AODA and Mental Health Awareness and prevention
- ◆ Crisis Debriefing/ Critical Incident Stress Management Initiative
- ◆ Expanded use of electronic health record to include e-prescribe capacity
- ◆ School Transformation Advisory Committee/ Children At-Risk Program
- ◆ Expand program Accessibility through continued integration and improvement of telehealth services

Respectfully submitted by: Nichol Grathen, LPC

Behavioral Health Unit Manager

1. Czeisler MÉ , Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049-1057.
DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>



2020 Health Unit Annual Report

Mission:

The mission of the Green Lake County Health Department is to promote and protect health and prevent disease.

Vision:

We will become the leader in Public Health in Green Lake County promoting healthy people, thriving communities, and safe environments.

Core Values:

- *Prevention*
- *Professionalism*
- *Evidence-based Practices*
- *Collaboration*
- *Good Stewardship of All Resources*
- *Responsive*
- *Performance Improvement*
- *Health Equity*



The 2020 COVID Vaccination Response Team included members front row left, Julia McCarroll, Health Educator, Jason Jerome, DHHS Director, Rachel Prellwitz, Public Health Nurse (PHN), Kathy Munsey, Health Officer, Lisa Rollin, PHN, Gary Podoll, Emergency Management Director, Allison McCormick, Environmental Health Specialist, Mark Podoll, Sheriff, Shari Krause PH Program Specialist, Allison Davey, PHN, Renee Peters, Birth to 3/Children's Long Term Support Coordinator and Nancy Gimenez, PHN.

The COVID-19 Pandemic took center stage in 2020. It was a year filled with much uncertainty, strife, hardship, illness and death due to the virus. The Health Unit response started in March and will continue long into 2021. The goal was to minimize the spread of the virus, ensure disease investigation and contact tracing for those affected and finally to begin vaccinating according to priority guidelines. This is the longest lasting public health emergency in Green Lake County history.





Our 2020 Programs and Services

Disease Control and Prevention

Public Health is required by statute to follow up on acute and communicable diseases. Using the WI Electronic Disease Surveillance System (WEDSS), we are able to monitor trends and track outbreaks as they occur. Below are some of the diseases we followed in 2020, including COVID 19 cases along with previous year comparables.

Frequency of Reported Diseases in Green Lake County	2017	2018	2019	2020
Babesiosis			1	-
Campylobacteriosis	4	16	11	3
Carbon Monoxide Poisoning *New in 2019	-	-	2	-
Chlamydia	46	46	52	27
COVID 19 Confirmed	-	-	-	1399
COVID 19 Probable	-	-	-	301
Cyclosporiasis	0	7	0	-
Cryptosporidiosis	2	2	2	-
E-Coli	8	25	15	8
Ehrlichiosis	5	1	0	-
Foodborne Disease	-	-	7	
Giardiasis	2	2	0	1
Gonorrhea	3	6	3	5
Haemophilus Influenza	-	-	-	1
Hepatitis B	-	0	1	-
Hepatitis C	12	4	8	3
Histoplasmosis	-	-	-	1
Influenza (hospitalized)	14	19	7	1
Legionellosis	-	1	0	-
Lyme Disease	20	9	18	2
Measles (Rubeola)	-	1*	0	-
Mycobacterium (non-tuberculosis)	4	4	6	-
Norovirus Outbreak	-	-	9	1
Pesticide related disease	-	-	2	-
Pertussis (whooping cough)	2	4	20	3
Salmonellosis	3	4	3	5
Syphilis	-	-	1	-
Invasive Strep Disease	3	2	7	1
Latent TB infection	2	3	0	-
Varicella (Chicken Pox)	-	-	-	1
TOTAL	134	156	177	1763

COVID 19 required us to review our Continuation of Operations Plan (COOP). The COOP is the plan that is used during emergencies to determine

which programs are essential and which programs can be temporarily put on hold. Many programs were adjusted to be administered virtually, using mailings, phone conferencing or a combination of these. As you can see from the report that follows, many programs suffered due to the pandemic and we will be looking forward to getting back to our in-person services as soon as we can. The pandemic was extremely challenging, pushing staff to the limit of their capabilities as cases rose in our county. In addition to the 1399 confirmed cases and 301 probable cases, we had hundreds of contacts to these cases who had to be notified and quarantined as well. Many of these individuals were less than accepting of the quarantine requirements and some were outright mean and rude and very disrespectful to staff who were just doing their job and trying to reduce the spread and protect the public. We also had 14 confirmed deaths from COVID and three probable deaths related to COVID 19.

We were very fortunate that over the years, we have done extensive disaster training with other Human Services staff members who volunteered to help with contact tracing, following up with families who were quarantined for extensive periods of time and delivering food and medical supplies. Their assistance was very much appreciated and helped the health unit staff manage the pandemic especially when we were seeing 20 new cases a day during October and November. The Health Unit staff helped families, businesses, schools and county employees navigate through these unprecedented times. Toolkits were developed to help schools and businesses do contact tracing in order to keep their places of business safe. These toolkits were necessary as early on it became obvious that we could not do all the contact tracing alone. Many businesses used surveillance videos to determine who had been in contact with a positive case for more than 15 minutes so they would know who to send home and quarantine. The toolkits emphasized cleaning,



rearranging workstations and breakrooms to reduce spread. It was a great community effort.

Immunizations for Children and Adults

We normally have monthly immunization clinics in Green Lake and a home visitation project with Rachel Prellwitz and Julia McCarroll to provide immunizations to the Amish community. Due to the pandemic, we discontinued home visits and our regularly scheduled monthly clinic numbers were greatly reduced. We encouraged families to call and come in for appointments and our immunization rates remain at 66% for our cohort who are completely vaccinated by age 2. That is the same as last year. We have 72% of all 2 years considered “late up to date” which means they are fully vaccinated but not by their 2nd birthday. We expected more of a dip due to the pandemic since families are not going in for regular wellness visits.

Dental

We contract with Carrie Knurowski, Dental Hygienist to provide services to Head Start and school age children for cleanings. This service was also temporarily put on hold during the pandemic due to the high risk of dental procedures. We will continue the services once the pandemic is over.

Childhood Lead Testing

In 2019, Allison McCormick, our Environmental Health Specialist, passed the Lead Risk Assessor test and became certified. Her skills were put to use in 2020 as we did have 2 children with elevated blood lead levels. The goal is to reduce lead hazards in homes and reduce the level of lead in a child’s bloodstream. After home visits and an evaluation of areas that had lead-based paint, remediation was done and the children’s blood lead levels were reduced. All children in WIC get tested for lead, but since this program was virtual, the numbers of children tested was reduced this year also.

Mother, Child and Family

There were 180 births in Green Lake County in 2020 compared to 187 in 2019. In 2017 and

2018, we had 212 and 181 births respectively. We had no births to women less than age 18, compared to 1 last year. We also had 16 babies that were considered “low birth weight” (weighing less than 5lbs, 8oz), the same as last year. In 2020, the percentage of women who smoked during pregnancy was 12.78% compared to 18% in 2018 and 2019. This is a tremendous improvement. Six of the 23 women who reported smoking during their pregnancy had low birth weight babies. Overall, two infants were transferred to Neonatal Intensive Care Units compared to 7 in 2019. Of the 180 births, 3 were born with congenital anomalies compared to one last year. Rachel Prellwitz did 12 car seat checks and was able to provide 9 free car seats due to a grant we received. One hundred percent of those who had car seat installation checks reported an increase in knowledge regarding proper use of a car seat.

Nutrition WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. In Green Lake County, WIC helped many income-eligible pregnant and breastfeeding women, infants and children ages 1-4. In addition, breastfeeding education was available to all WIC clients. WIC provides a breastfeeding peer mentor, which is an invaluable resource to new mothers. However, early in the pandemic, for safety reasons, in person visits were halted and replaced with phone calls and vouchers were mailed. For the year, 35 pregnant women were served, 34 infants <12 months and 144 children age 1-4 years old.

Birth to 3

Birth to 3 is Wisconsin’s early intervention program for families of infants and toddlers with developmental delays and disabilities. The Green Lake County Health Unit has been designated by the county board to be the administrative agency in our county for this mandated program. The county is required to maintain a base level of funding for this program and a yearly allocation is provided with state and federal funds. Medicaid and Private



Insurance are billed for services when available with parental permission.

In 2020, 30 new children were referred to the program. Referrals came from a number of sources including: physician (17), family member (5), social worker (6), Berlin Schools Child Development Day (1) and other Birth to 3 Programs (1). Eleven new children were enrolled into the Program during the calendar (the same as 2019). The total number of children served through an Individualized Family Service Plan in 2020 was 27. In addition to those with significant developmental delays, there were several children with specific diagnoses including: Deafness, Spina Bifida, Autism, Sifrim-Hitz Weiss, Wolf-Hirschorn and Down Syndrome.

Renee Peters is the Program and Service Coordinator/Educator. Contracted service providers included Tara McPeak, Occupational Therapist from NEW Rehab in New London. Hannah Lehocky provides Speech and Language therapy via a new contract with Elite Therapy Company, LLC out of Oshkosh. Jody Streeter is the Physical Therapist from Taylored Rehab in Fond du Lac.

The COVID-19 Pandemic has provided a new challenge of how to safely provide services to our families. Most of our services are currently being provided virtually through ZOOM. Although new and challenging at first, we all have become comfortable and are embracing this new way to meet with families. We have found some wonderful benefits. For example, meeting virtually allows for visits even if the weather would not allow for a home visit. Staff meetings via ZOOM also saves time and travel expenses for the therapists.

Children’s Community Options Program (CCOP)

Special funding available through the state to meet the needs of children who have severe disabilities. Children are now primarily being served with funding through the Children’s Long Term

Support Waiver, however, there are some unique services/goods that are not allowed to be paid for by the waiver. The Coordinator for this Program is Renee Peters.

Tri-County Environmental Health Environmental Issues Addressed

For the licensing period of July 1, 2019 to June 30, 2020, there were 106 routine inspections completed, 18 pre-inspections, 4 re-inspections, and 5 follow-up inspections. Due to COVID-19, Tri-County Environmental Health created an inspection roll out plan as a guide to conducting inspections during the pandemic in 2020. This plan was created using guidance from DATCP. Environmental health staff remained in Phase 1 of the plan throughout 2020. Phase 1 includes:

- *Pre-inspections, re-inspections, and complaints may be conducted in person at all facilities. If a virtual inspection is possible, then staff may do it virtually. Complaints should be handled over the phone whenever possible.
- *Routine inspections can be done in-person at facilities where social distancing can be maintained. For example: tourist rooming houses, hotels, pools, campgrounds, small retail food establishments and restaurants with few staff and customers.
- *All staff are required to wear a mask.
- *Staff may individually decide what facilities they are comfortable inspecting.

Other Activities—

- Animal Bites—41
- Well Water Concerns—1
- Meth House Placards—1
- Housing Inspection Cases—11
- Nuisance/Other—11
- Radon Kits Distributed—96
- Water Kits Distributed—42 (note these were in addition to the free well water grant program discussed below)

The Health Unit also received a \$10,000 grant to do water testing for nitrates in 2019 and it carried over into 2020. The Water Quality Task Force was able to provide free water test kits to 263 county residents. There were 33 wells that tested at a level over ten for nitrates. The plan had been to do a

community event to discuss the results after all results were in, but COVID-19 struck and we simply sent out informational flyers to participants via mail. This project gave us a good baseline to map out our water quality throughout the county. We hope to continue similar projects with our partners once the pandemic is over.

Prevention Activities

Rachel Prellwitz completed the train the trainer QPR (Question, Persuade, Refer) suicide prevention curriculum. Rachel was able to train staff within Human Services and the Boys and Girls Club staff on how to recognize a person who may be contemplating suicide and also what to do when this happens. The evaluations on the value of the program were very positive and this will continue into the future. It was not possible to hold more trainings due to the pandemic.

Health Equity

Green Lake County continues to be a partner in the Central WI Health Partnership (CWHP). Our group is focusing on Health Equity in the six counties to improve health outcomes. Our goal in 2020 was to create a strategic plan and many of our meetings had to be canceled due to COVID-19. We have participated in Zoom meetings to work on the strategic plan and will continue our work going forward in 2021.



Health Officer, Kathy Munsey displays the COVID-19 Vaccination card after receiving the first dose of the Pfizer vaccine. The white boards in the background allowed vaccinated patients to sign their thoughts on getting the vaccine.

Opioid Prevention Activities

We continue to be a member of the Alliance for WI Youth (AWY) we were able to secure funds to do prevention activities to reduce youth access to drugs and alcohol. We also received additional lock boxes to keep opioids locked up in homes. The distribution was slowed due to the pandemic, but we have provided them to folks in need who have come into our office.

Green Lake County wrote for a grant to start an Opioid Fatality Review team with Marquette and Waushara counties. The successful application allows us to review opioid deaths and determine if there are community interventions that we can implement in order to reduce these premature deaths. In 2020, we completed two death reviews and will continue with this project as we were funded for two additional years.

Staffing Update

We did have some staffing changes due to COVID-19. Kari Schneider did decide to leave her position. Nancy Gimenez, RN was hired as her replacement. We were able to have Melanie Simpkins, RN come back to work as an LTE during a maternity leave in the summer and Lisa Rollin, RN joined us as an LTE to assist with COVID-19 response duties. We used COVID-19 grant funds for these positions



Rachel Prellwitz, Public Health Nurse gives the first COVID-19 vaccine to Green Lake First Responder, Carol Ehrenberg