

**WAUPACA COUNTY DEPARTMENT  
OF HEALTH AND HUMAN SERVICES**

**“Healthy Individuals, Families, and Communities”**

**2010 ANNUAL REPORT**



## **VISION STATEMENT**

**Our vision is healthy individuals, families, and communities.**

## **MISSION STATEMENT**

**The mission of the Waupaca County Department of Health and Human Services is to be a leader in developing resources, assuring quality services, and managing public funds responsibly for our customers.**

**From primary prevention to crisis intervention, we are dedicated to partnering with residents, community agencies, businesses, county board, and other county departments to promote individual and community responsibility to achieve healthy individuals, families, and communities.**

## **2010 WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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<b>Program</b>	<b>Page #</b>
Vision Statement/Mission Statement .....	2
2010 DHHS Board Members .....	2
Director's Report.....	4
Access/CPS Intake .....	5
Adult Protective Services.....	5
Aging and Disability Resource Center (ADRC).....	5
Alcohol and Other Drug Abuse (AODA) .....	7
Child Care Assistance .....	7
Child Protective Services .....	8
Children's Long Term Support Waivers (CLTS).....	8
Communicable Diseases.....	9
Community Care Division to Family Care Transition .....	9
Community Support Program .....	9
Early Intervention Program/Birth-to-3.....	10
Economic and Employment Support.....	10
Emergency Assistance .....	11
Family and Community Services.....	11
Family Support Program (FSP).....	11
Fluoride Program.....	11
Food Safety & Recreational Licensing.....	12
Food Share .....	12
Foster Care.....	12
Healthy Beginnings .....	13
Healthy Connections .....	13

<b>Program</b>	<b>Page #</b>
Immunization Program.....	14
Integrated Services Program (ISP) .....	14
Juvenile Justice.....	14
Kinship Care .....	15
Medicaid/Medical Assistance and BadgerCare Plus .....	15
Mental Health Crisis .....	16
Mental Health Outpatient Treatment Services .....	16
NuAct Coalition.....	17
PNCC – Prenatal Care Coordination .....	18
Public Health Emergency Preparedness .....	18
Residential Services.....	18
School Screenings.....	18
Seal-A-Smile .....	18
Senior Nutrition.....	19
Transportation.....	19
Volunteers.....	19
W-2 and Other Work Programs .....	20
Water Testing.....	21
Waupaca County Industries.....	21
Welfare Fraud .....	23
Wisconsin Home Energy Assistance Program (WHEAP).....	23
Wisconsin Well Women Program (WWWP) .....	23
Women, Infants, Children (WIC).....	24
Financial Report.....	25
Agency Information .....	26

## **DIRECTOR'S REPORT**

The following pages are humbly presented as the Annual Report of the Waupaca County Department of Health and Human Services (DHHS). Within these pages you will find an overview of all that was accomplished by the department during 2010.

It was hoped that in 2010 we would begin to emerge from the unprecedented economic struggles that our great nation, state, and county have been facing since 2008. And, although there was some glimmer of hope in 2010, significant struggles remained and the demand for our services remained very strong. During 2010 DHHS staff and management continued to work tirelessly to respond to these demands. As mentioned last year, in 2008 the DHHS saw its most damaging one year financial loss in its history that literally exhausted the department's fund balance. At that time, a combination of aggressive cuts, program budget moves, review of operations, hard work, and a little bit of luck all contributed to a remarkable one year turn around. These efforts continued in 2010 and we again ended the year in the black. And, despite cuts in State revenue, this was once again done without any new local levy dollars.

The implementation of the statewide redesign of the Adult Long Term Care system known as Family Care was officially launched on July 1, 2010. This move changed the look of the DHHS and had a significant impact on the service mix provided either directly by the DHHS or purchased for consumers. It forced us to look at a realignment of service areas and organizational structure. These realignment efforts continue as of this writing.

The ongoing economic struggles of our time have continued to force us to search for creative, innovative, and alternative ways to serve the people of Waupaca County. It is imperative that we challenge ourselves to turn toward evidence based practice models within our service mix and work with our community partners to do the things that truly make a difference and that get the job done in a way that leverages limited and diminishing resources.

I feel it is my duty to continue to say and promote that the way in which we have been serving our citizens and the current mix of services can no longer be sustained by the dollars available. We have absolutely no choice but to do our business differently. In order to do the people's business and provide the services our citizens deserve and need, we must recognize organizational and service changes needed, embrace these changes, and aggressively respond. We must evolve as a department and service delivery system at the same pace as the needs of our community evolve. The work that needs to be done will be hard and at times very uncomfortable for some. But, failing to acknowledge the challenges before us and ignoring the need to respond is not an option.

On behalf of all of us at the Waupaca Department Health and Human Services, I thank you for your support.

Most Respectfully Submitted,

*Theodore L. Phernetton*  
Director

### **ACCESS/CPS INTAKE**

In addition to the over 600 CPS intakes written within Waupaca County, there were:

- 80 child welfare type calls
- 80 calls were Family court type calls
- 43 were about delinquency related issues
- 22 surrounded uncontrollable issues
- 22 were for general child and family issues
- 10 were for severely emotionally disturbed

January seemed to be the month for the most calls, while December seemed to be the month for the least calls.

There was one custody study for 2010 involving 7 minor children. There were not any stepparent adoptions in 2010 which was unusual. There were 3 in 2009 and already we have 3 in 2011.

### **ADULT PROTECTIVE SERVICES**

With changes in the statutes that govern Adult Protective Services (APS) over the past few years the state has more clearly defined the responsibilities of the lead agency in serving both those over 60, as well as adults who are considered vulnerable but between the ages of 18 and 59. They have instituted a tracking system to include those individuals. During 2010 we had a total of 233 APS referrals. Of those 193 were over the age of 60, and 40 for adults aged 18 to 59. In total 118 cases were opened and investigated by our two APS workers. The results of the investigations reveal that 75 or 63% were substantiated, 22 or 19% were unsubstantiated and 21 or 18% were unable to be substantiated.

Of the most disturbing is the increase in the numbers of financial abuse referrals that we receive. During tough economic times there seems to be more questionable financial activity by family members, friends and strangers foisted upon these vulnerable populations. Oftentimes we are only able to prevent further abuse from occurring in the future. Recovery of misappropriated resources is rarely within our authority. We work closely with law enforcement to investigate and refer to the District Attorney but often have difficulty being able to have successful prosecutions.

### **AGING AND DISABILITY RESOURCE CENTER (ADRC)**

Now in operation for five years, and with the transition to Family Care, the ADRC's responsibilities continue to grow. The Family Care transition means that we now were able to remove about four individuals from our waiting list each month. The individuals were defined by our transition plan dictated by the state. As we began that process we found a similar pattern as we had previously that only one in three would actually go on the program. This is the result of various factors including estate recovery, a choice to move to a nursing home, or delay access to available funding. We also need to fill slots that become open through the death of a client. Although the number going on the program is not large, the effort to find those interested now and eligible created the need for new strategies. We also continued to assist those who were funded by medical assistance in the nursing home and desired to move to the community through the Community Relocation Program. In all a total of fifty-two individuals started on one of the Family Care options since July 1.

In addition to the Family Care related activities, the ADRC provided information and assistance, options counseling, and eligibility determinations for those desiring funded supports. In all the ADRC received a total of 5,568 calls. Of those 3,664 were over the age of 60 and the remainder were either under 60 or unknown. About 30% were self referrals, 38% were family, friend or caregiver and 28% were referrals from outside agencies.

The I & A social workers conduct all of our initial home delivered meal assessments as a way to provide good information about resources in the community. The nutrition program is often the first time we have contact with our residents and this gives us a great opportunity for outreach. They also respond to

referrals for pre-admission consultations of individuals considering nursing home or assisted living options. These are required by statute and we conducted 540 this year. In October we also had to assume responsibility as the local contact agency (LCA) for those in nursing homes requesting more information about community options. During those final 3 months of the year we received 116 referrals through that process. There is a requirement that we have contact with those referred within 5 days and that is putting a strain on our capacity with only 3 I&A workers. We hope that in the coming months this process will be clarified to reduce those numbers as many of them have been inappropriate.

The ADRC provides services of the Elderly Benefits Specialist (EBS) and the Disability Benefit Specialist (DBS). The EBS assists those who are applying for or needing assistance with navigating the entitlement programs or Medicaid, Medicare or private insurance. She served a total of 404 people during the year and had a total positive financial impact of over \$400,000 for those individuals. The DBS activities are mostly focused on assisting people in their application for social security disability but also help in a variety of employment or other benefit programs.

Prevention activities to help people stay healthy and safe in their home are another focus of the ADRC. Programs including Stepping On - Falls Prevention Workshop, Chronic Disease Self-Management, Strong Women, and caregiver programs are coordinated across the consortium. These programs require the support of many volunteers who are trained and either coordinated by our ACRC Prevention Specialists or supported by our consortium. These programs grow in popularity and are all evidence based in helping to encourage healthy aging. For more information: [www.YourADRCResources.org](http://www.YourADRCResources.org)

ADRC services include:

- Information and Assistance/Referral – Available for consumers, their families and advocates, professionals and the public, regarding services, resources, and benefits, so individuals can remain safe and independent in their living arrangement of choice. Our quarterly newsletter, CCD Notes, focuses on aging and disability issues and services, and prevention and safety matters. Past issues of the CCD Notes are available online and may be accessed at: <http://public3.co.waupaca.wi.us/communitycare>
- Long Term Care Options Counseling – Identifying preferences, supports, and services available to private pay or publicly funded consumers so that the consumer and their family can best make use of the resources available to them. ADRC social workers assist consumers in determining their eligibility for long-term support benefits by assessing consumer financial and functional needs.
- Benefits Counseling – Consumers are provided accurate and current information about public and private benefits. Disability Benefit Specialists assist consumers referred from the ADRC who are age 18 to 59. In 2010, the Disability Benefits program served 114 people, helping them with social security disability hearings and other entitlements for a total of more than 200 cases. The Elderly Benefit Specialist helps consumers age 60 and older with a myriad of issues. In 2010 the Elderly Benefits program provided information and assistance to more than 1300 seniors, with most contacts related to medical entitlements and insurance, SeniorCare and Medicare Part D, housing and Homestead Tax Credit, and other services.
- Short Term Case Management – Some consumers need assistance identifying needs, and short term case management services can provide the assistance necessary to help them make the connections they need.
- Mental Health Outreach – In Waupaca County, the ADRC provides outreach to persons in need of assistance to access mental health and/or AODA services.
- Prevention and Early Intervention – the ADRC promotes effective prevention efforts to keep consumers healthy and independent because it is the philosophy of the consortium to treat consumers holistically. The ADRC consortium strives to prevent or reduce hospital admissions by providing prevention and early intervention programs that focus on reducing the risk of injury and continued disability. Programs including Stepping On, Strong Women, and Chronic Disease Self-Management are offered throughout the consortium.
- Caregiver Services – The National Family Caregiver Support program provides for special outreach and assistance to caregivers. For several years the ADRC and the Aging programs have provided information and assistance, respite and other support services, and support groups and caregiver presentations to individuals who take care of others who are elderly or disabled. In 2010, free one-day caregiver conferences were held in both Waupaca and New London. The ADRC continues to partner with other providers to better outreach and serve caregivers, both paid and unpaid.

- The ADRC Consortium Advisory Committee, having equal membership and representation from all three consortium counties, meets bi-monthly, and functions in conformity with the ordinances and resolutions of the tri-county consortium. The role of the Advisory Committee is to help develop the ADRC mission, structure, policies, procedures and operation. Composition of the Consortium Advisory Committee represents the ethnic, economic and geographic diversity of Calumet, Outagamie and Waupaca Counties.

**ALCOHOL AND OTHER DRUG ABUSE (AODA)**

In 2010 we completed 422 assessments for Operating a motor vehicle While Intoxicated (OWI), which increased 12% from 2009. Of the total OWI assessments, 317 were for men and 105 were for women. The age breakdown for the total OWI assessments completed was 30 clients in the under 20 age group, 147 clients in the 21-30 age group, 103 clients in the 31-40 age group, 85 clients in the 41-50 age group, 42 clients in the 51-60 age group, 11 clients in the 61-70 age group and 4 clients in the 71 years and over age group. Of these assessments, 9 were completed for operating a vehicle under the influence of a controlled substance rather than alcohol; 6 males and 3 females. About half (210) of the assessments were for the first time offenses, with 99 assessments completed on second time offenders. There were 57 assessments completed for persons having offended for the 3<sup>rd</sup> time, 33 assessments for the 4<sup>th</sup> time and 24 assessments for the 5<sup>th</sup> time or greater. The number of multiple offenders accounted for about 50% of all the assessments completed. There were 2 assessments completed for offenders that were involved in homicide by motor vehicle; a male 2<sup>nd</sup> time offender and a male 5<sup>th</sup> time offender. There were 35 offenders that caused injury by motor vehicle; 28 males and 7 females. We had 3 operating a boat under the influence, all male offenders. We had assessments completed for 3 offenders for operating a snowmobile under the influence, again all male offenders. 169 were sent for Groups Dynamics Traffic Safety School (both first time offenders and multiple offenders), and 254 were referred for outpatient treatment that was either county funded or privately funded through individual insurance resources and agencies. 49 total clients were funded by the county. Of these 49 clients, 10 clients voluntarily sought AODA services that were unrelated to OWI offenses and needed financial assistance. Age brackets for the 49 clients that were referred for and funded by Waupaca County DHHS for AODA services were 5 clients in the 15-21 age group; 19 clients in the 22-35 age group; 16 clients in the 36-55 age group; 6 clients in the 56-69 age group and 3 clients that were in the 70 years old or older age group.

**CHILD CARE ASSISTANCE**

The number of families per month served with Child Care Assistance declined in 2010 for the fourth year in a row, mostly because of continuing high unemployment. Child care assistance is available to families below 200% FPL for employment, or for schooling and employment if the parent is employed at least 5 hours/week.

	2006	2007	2008	2009	2010
# families served/month	141	139	136.5	127.8	122.25
Total # families served	238	244	253	238	232
Total # children served	374	382	410	383	355
Total paid to providers	\$774,207	\$738,435	\$715,442	\$682,771	\$609,940
Average paid per child	\$1623	\$1933	\$1745	\$1783	\$1718

To become eligible, the family's gross monthly income must be equal to or less than 185% of Federal Poverty Level (FPL). Once found eligible, they can remain eligible until the family's income exceeds 200% of FPL.

A co-payment is required in most instances. It is based on a sliding-fee scale. Child care must be provided by a regulated (state-licensed or county-certified) provider. The funding for Child Care Assistance is provided by the state. No local tax dollars go into the child care assistance payments to providers on behalf of these families. The following chart shows the types and numbers of providers at the end of the past 3 years.

	12/31/08	12/31/09	12/31/10
Licensed group center	12	12	11
Licensed family home	18	20	17
Certified home	4	3	2
Provisionally certified	5	5	2
School-age providers	1	1	1

Waupaca County child care providers must either be licensed by the state or certified by the county. Waupaca County subcontracts with Child Care Resource and Referral in Menasha for the certification process. They are truly the experts in the child care field.

**CHILD PROTECTIVE SERVICES (CPS)**

Waupaca County DHHS received 634 referrals concerning the maltreatment of children. This agency screened in and investigated 262 cases and screened out 372. This averages to a 41% screen-in rate, which is above the state average. In comparison, the total reports received in 2009 were 611 and 643 were received in 2008.

Waupaca County investigated 103 separate allegations of physical abuse with a total of 120 alleged victims; 121 separate allegations of neglect with 183 separate alleged victims; 66 allegations of sexual abuse with 76 alleged victims and 17 allegations of emotional damage with 18 separate alleged victims. The time frame for responding to investigations is: 1) same day; 2) within 24/48 hours and 3) within 5 business days. We responded to 39 referrals within the same day; 60 within 24/48 hours and 163 within 5 business days.

In addition to CPS investigations, 55 cases were referred as child welfare cases. These cases do not meet the standards of child abuse or neglect but are concerns about children and family functioning.

**CHILDREN'S LONG-TERM SUPPORT WAIVERS (CLTS)**

The Children's Long Term Support Waivers have been in existence since 2003. The purpose of the CLTS waivers is to help families support their children with severe disabilities within their own home or community. Severe disabilities include children between the ages of birth and 18 with developmental disabilities who meet an ICF-MR level of care; children between the ages of birth and 18 with physical disabilities that meet a nursing home or hospital level of care; and children between the ages of birth and 21 with severe emotional disturbance that meet a psychiatric hospital level of care. The CLTS waivers are funded through federal, state, and local funding.

The CLTS waivers program acknowledges that children are more likely to thrive in a family-centered system of support and acknowledges the central role of parents as planners and managers of services. Following an assessment and determination of eligibility, a case manager meets and assists in developing a service plan to meet the assessed needs of the child and the identified outcomes of the child and family. The CLTS waivers cover a broad range of supports and services and are based on the child's/family's identified outcomes and needs. Services may include adaptive aids, communication aids, in-home therapy (for children with autism); daily living skills training, day services, respite, supportive home care, home or vehicle modifications, case management, foster and treatment foster home services, supportive employment (for those 18 to 21), and adult family homes (for those 18 to 21). During 2010, Waupaca County's CLTS waivers served 63 children. The wait list for CLTS services is a first-come, first serve waitlist.

### **COMMUNICABLE DISEASES**

Communicable disease follow up is a mandated service for public health. Wisconsin has 80 communicable diseases which must be reported to health department, each requiring follow up by a public health nurse. 24 of these diseases are Category I diseases. These must be reported to the health department immediately by phone or fax and include such illnesses as: Hepatitis A, meningitis and pertussis (whooping cough). Category II diseases must be reported within 72 hours of identification and include such illnesses as: Lyme disease, salmonella and chickenpox. Category III diseases are reported to a state epidemiologist within 72 hours of identification. The Category III diseases are: AIDS, HIV infection, and low CD4T-lymphocyte counts. Public health receives information regarding the follow up for these cases directly from the state HIV program. 350-400 cases of communicable disease are managed by the department each year. Lyme disease and Chlamydia remain the most prevalent communicable diseases reported in Waupaca County.

In 2010, Waupaca County Health Services Division became a part of WEDSS (Wisconsin Electronic Data Surveillance System). WEDSS enables health departments to receive all their communicable disease reports electronically and eliminates the delays in starting follow up which come from waiting for mailed reports or trying to find lost reports. Nearly every large-system health care provider now enters lab data into WEDSS.

### **COMMUNITY CARE DIVISION TO FAMILY CARE TRANSITION**

The year began knowing that our division/unit would be undergoing a significant change in both our structure and our function as the result of Family Care coming to Waupaca County. The result of that transition was that clients served previously in their communities by this unit would be transferred effective July 1 to Community Care Inc., a private, not-for-profit, regional managed care organization. We had been operating the Community Options Program and the Home and Community Based Waiver Programs since their inception. In fact, Waupaca County was one of the original COP Pilot Counties. Now our department would no longer manage over 10 million dollars in the delivery of those services and the long-term care case managers who were coordinating those supports were going to be subcontracted to CC, Inc.

Working in consortium with Calumet and Outagamie Counties in this transition, it was decided that Calumet would begin the transition in January, Outagamie would follow in April and May, and Waupaca would transition in July. In Waupaca we decided to move all of our participants on one day, and on July 1, 317 people made the transition. Two hundred and seventy-seven chose Family Care, twenty-three chose Partnership and seventeen chose the IRIS program.

In this transition the Community Care Division eliminated the MA Personal Care Program as it would now be a function of the Family Care benefit and operated in a different manner. The nurse manager of that program was sub-contracted to CC, Inc. Of the seven LTS case managers coordinating care, two retired. The other five were initially subcontracted and by the end of the year only two remained in that capacity. The others either left employment or posted back in open positions. One secretarial and one manager's position were eliminated. By September the Community Care Division had been reorganized into the Aging and Disability Resource Center Unit which consists of the Waupaca Branch of the COW ADRC, Aging and Transportation Programs and Adult Protective Services.

### **COMMUNITY SUPPORT PROGRAM (CSP)**

The Community Support Program (CSP) served 40 clients in 2010. Of the 40 clients, 19 were female and 21 were male. The majority of the clients (36) fall within the 21-64 age group, although we had one client in the 18-20 year old age bracket, 2 clients between 65-74 and 1 client in the 75 and over age bracket. 5 clients were veterans and receive some, if not the majority of their medical/mental health services from VA facilities. The clients served in this program have chronic, severe and persistent mental illnesses and are at the greatest risk for admission to mental health hospitals. The program did not admit any new clients and discharged 3 in 2010. Of the 3 discharged from the program, 1 was transferred to another treatment provider and 2 transferred to another county CSP program. The CSP program utilizes the services of the contracted psychiatrists, a clinical psychologist, 2 CSP nurses, and 2 social workers to implement and

oversee treatment provisions. The program also utilizes trained paraprofessionals that include a fulltime contracted mental health technician and part time contracted service aides through DEN Services to make regular contacts in the community with clients in their homes. Services are billable to Medicaid. Treatment provision within CSP is directed toward providing the necessary supports to individuals so they can remain in the community and out of costly psychiatric inpatient facilities. These residents are the most vulnerable population of people who have mental illnesses and at greatest risk of decompensation without community support. Provided services include medication monitoring, assistance with activities of daily living, money management, linkage to and utilization of appropriate community resources, supported employment/sheltered workshop activities, socialization skills, symptom management and coping techniques, and management of a variety of medical and AODA issues.

### **EARLY INTERVENTION PROGRAM (EIP)/BIRTH TO THREE (B-3)**

The Early Intervention Program (EIP) is a federally mandated program. EIP offers educational, therapeutic (OT, SLP, PT) and service coordination to families who have children ages birth to three years old who have a developmental delay (communication, movement, thinking skills, social emotional development or self-help skills) or a diagnosed condition (Down syndrome, autism, cleft palate, etc.). EIP provided direct services to 122 children and their families. An additional 21 children and families were screened and provided with developmental support and resources. 95 children were screened through partnership with various Waupaca County School Districts.

When children are found eligible for services (25% delay or diagnosed condition), an Individualized Family Service Plan (IFSP) is developed in conjunction with the family to support both the family and child in building the family's confidence and competence to assist the family/child in reaching their goals. All services are provided in the child's natural environment (home, grandmothers, park, daycare, etc.). All children are eligible for service coordination; special instruction; occupational, physical, speech and language therapies, as well as other state mandated services.

Toddle Time is a caregiver and child playgroup offered to all families in the community. Toddle Time is held at the Family Resource Center in Waupaca. Child Find and outreach efforts continue to focus on collaborative efforts with local school districts. EIP staff assisted with Child Development Days (preschool/kindergarten screen for children ages 1-5 years old) in the Clintonville School District, and 2-5 year olds in the New London, Manawa and Weyauwega/Fremont School Districts during 2010. In addition, the Waupaca Family Resource Center co-sponsored two developmental screenings for children ages 6 months to 3 years.

The cost of Early Intervention is funded through local and federal dollars. Parental insurance, Medical Assistance (for therapy and Targeted Case Management) and a cost share from a family provides additional revenues.

### **ECONOMIC AND EMPLOYMENT SUPPORT**

The Division of Economic and Employment Support saw a less rapid increase in caseloads than was experienced in the 2 previous years of the recession. The number of cases (households) served increased 1.7% over 2009. The two previous years saw double-digit percentage increases. However, many who came onto benefits during the recession stayed on benefits in 2010.

The Division of Economic and Employment Support provides Medicaid and BadgerCare Plus, FoodShare, W-2 and Child Care Assistance to low-income county residents. In 2010, we provided services to an average of 4301 households each month, and served a record high of 4422 households in December. This is an increase of 5% from the previous year.

The Enrollment Services Center (ESC) in Madison began handling all requests for BC+ Core Plan, FoodShare and/or Family Planning Waiver for new cases of Childless Adults in July 2009. As a result, Waupaca County actually saw a decrease in the number of applications handled locally. But while the number of new applications decreased, the total number of cases did not. The recession continued to keep the caseloads high, even though we did

not see as many new cases coming into the agency. Many people who began receiving benefits during the recession continue to receive them as they try to recover. Wages sometimes have not been as high as on their previous jobs, or their hours are less than before, so they continue to be eligible and to need the extra help. Specific details about each program can be found under the individual headings for Medicaid and BadgerCare Plus, FoodShare, Child Care Assistance, W-2 and Other Work Programs, Emergency Assistance, Wisconsin Home Energy Assistance Program, and Welfare Fraud.

### **EMERGENCY ASSISTANCE**

One type of assistance available under W-2 is Emergency Assistance, which is for families with dependent children who are homeless, have an eviction notice, or have been a victim of a disaster. A total of \$9514 was issued to 18 families, compared to \$9479.38 issued to 21 families issued in 2009. There were an additional 8 families who applied but were denied Emergency Assistance. The majority of the cases that we handle are for Impending Homelessness. In cases of Impending Homelessness, an applicant must have an eviction notice and have a documented financial crisis beyond their control in order to be eligible. Emergency assistance is available to families no more than once every 12 months.

There was also a new program available beginning in 2009 for rental assistance using federal stimulus money, resulting in fewer people needing to use Emergency Assistance to meet their needs.

### **FAMILY AND COMMUNITY SERVICES**

During 2010, agency programs providing support and services to children with disabilities were moved into a new service area called the Family and Community Services Division. The Early Intervention Program (B-3) formally housed in our Health Services division, the Family Support Program (FSP) and the Children's Long-Term Support Waivers (CLTS) formally housed in our Community Care division, and the Integrated Services Program formally housed with our Child and Youth Services division were the programs affected by the realignment of services.

### **FAMILY SUPPORT (FSP)**

The Family Support Program is a state-funded program that assists counties in providing approximately \$48,300 per year in direct services to eligible children within Waupaca County, with a per child/per year limit of \$3000. The Program recognizes that meeting the needs of children who have severe disabilities may place hardships on a family's emotional, physical, and financial resources. The Family Support Program is designed to relieve some of the stress, to preserve the child's place in the family, and to ensure that parents get the help they need without having to give up parental responsibilities and control.

The Family Support Program offers information and help in finding services in the community; limited funding to buy needed goods and services; and help in linking families with other families to strengthen natural supports. A severe disability is a physical, cognitive, or emotional limitation which seriously restricts the child's ability to carry out basic daily living activities such as self-care, learning, communication, mobility, and self-direction.

The application process includes a needs assessment and an eligibility determination. Once a child is determined eligible they are placed on a waiting list for services. The wait list for the Family Support Program is a first-come, first-serve wait list. Families do have the option of opting out of funding available to them for any given year or requesting funds less than the \$3000/per child/per year, allowing other children on the wait list the opportunity to receive supports and services. During 2010, we served 41 children using family support funding including two high-needs children that used Family Support funding as "match" for the CLTS waiver program. This is the highest number of children ever served by the Family Support Program in one year.

### **FLUORIDE PROGRAM**

Waupaca County continues to offer a topical fluoride rinse program to five of the county's seven school districts. "Swish and Spit" is offered in areas of the county where naturally-occurring fluoride levels are below recommended levels.

### **FOOD SAFETY AND RECREATIONAL LICENSING**

The County Sanitarian and his assistant conducted at least one inspection at each of the 440 establishments, including restaurants, school kitchens, hotels, motels, tourist rooming houses, bed and breakfast establishments, tattoo/body piercing establishments, campgrounds, mobile home parks, public swimming pools and recreational and educational camps. Inspections identify and order correction of conditions that may be hazardous to the public's health.

The County Sanitarian continues to provide consultations to residents for environmental health concerns including but not limited to housing, indoor air quality, mold, radon, infestations, and garbage/rubbish, sewage and well water situations.

The county received a grant to provide radon prevention activities in 2010 which included: providing 380 radon test kits to homeowners and mapping out the radon results with the GIS coordinator; conducting radon presentations to 3 community groups; and facilitating a radon awareness program at local schools.

### **FOOD SHARE**

The FoodShare Program in Waupaca County saw an increase of 11.6% in the number of recipients in 2010, compared to a 36% increase the year before. The 1955 cases represent 5056 individuals, which is the highest number ever receiving FoodShare in Waupaca County. The amount of FoodShare benefits issued per case increased 11.5% in 2010 with an average of \$262.63 per case per month, compared to \$235.63 in 2009. There was a total of \$5,976,409 in FoodShare benefits issued in Waupaca County in 2010.

An average of 46% of the cases had at least one person employed in 2010. Many of the FoodShare recipients are the working poor. Many others are elderly or disabled. The state average is only 34% of the cases having someone working. The following chart shows how the percentage of FoodShare recipients who are working has increased since the recession.



### **FOSTER CARE**

2010 was a busy year for foster care in Waupaca County. The Department received a total of 18 serious inquires into becoming a licensed foster home for Waupaca County. The Foster Care Coordinator made personal contact with all 18 interested parties as a means to screen potential applicants. Of those 18, several elected to withdraw their interest in becoming licensed, most often due to a lack of awareness with respect to the nature of child(ren) that the Department would ultimately place in their homes. Another segment of those individuals elected to move forward with the licensing process, however, withdrew from the process at some point prior to actually becoming licensed. I am pleased to report however that 7 of those 18 inquires resulted in completing the licensing process and becoming a licensed foster home for Waupaca County. That conversion rate far exceeds the statewide average of only 1 out of every 10 inquires actually becoming licensed foster homes. In other words, in Waupaca County, approximately 40% of all inquiries result in becoming a licensed foster home for the County versus the statewide average of only 10%.

At the end of 2010, there were a total of 35 licensed foster homes located throughout Waupaca County, with one serving as the Department's receiving home. In

2010, the daily average number of children placed in Waupaca County foster homes was 23. That figure of course would fluctuate throughout the year and does not include those children placed in more restrictive settings such as treatment foster homes and other out-of-home care facilities.

A new development with foster care in 2010 involved the introduction by the State of the Levels of Care System. This system requires relatives who act as a placement option for their relatives (kinship care) to become a licensed foster home. The change resulted in a significant increase in licensing activity by the Foster Care and Kinship Care Coordinator. The new system only applied to cases where the child was placed with a relative by a court order and did not apply to voluntary kinship care cases. Lastly, two homes out of the kinship homes that were impacted by this change ultimately elected to become actual County foster homes (level 2) versus going through the licensing process and becoming a level 1 home which results in the County being in compliance with this new mandate. For more information regarding the changes to kinship care in 2010 please refer to the kinship care report.

Finally, in late 2010, steps were being taken to ensure that foster homes licensed by the Department would be prepared to comply with the State's new foster parent training mandate which was implemented January 1, 2011. That mandate requires all current and newly licensed foster homes to complete 30 hours of foundation (basic) training in nine modules relating to providing foster care. The first series of trainings were offered in early 2011 and all foster parents who were required to attend complied with the mandate.

### **HEALTHY BEGINNINGS**

Healthy Beginnings is an evidenced-based intensive home-visitation program that has consistently demonstrated the reduction of child abuse and neglect in high-risk families in Waupaca County. Research has proven that high-risk families who do not receive intensive home-visitation services will have a 40% chance of their children suffering substantiated abuse or neglect. This statistic drops to 2% when home-visitation services are present. High-risk families who have received Healthy Beginnings services have the following substantiated abuse and/or neglect rates in Waupaca County: 2002 - 0%, 2003 - 4%, 2004 - 2%, 2005 - 1.7%, 2006 - 0%, 2007 - 1%, 2008 - 0%, 2009 - 1.9%, and 2010 - 1.1%.

Healthy Beginnings provided home visitation services to 89 families living in Waupaca County in 2010. Families received comprehensive programming including: developmental assessments, social-emotional assessments, home safety assessments, parent-child interaction assessments, health assessments, postpartum depression assessments, health teaching, referral and follow-up for needed services, and case management services. Healthy Beginnings implemented the Parents as Teachers curriculum to supplement existing programming.

71% of families were able to eliminate home safety concerns or improve the safety of their environment through the Safe and Sound Initiative sponsored by the *Healthy Homes Project*, a state-funded grant. To promote early literacy and school readiness, 100% of children of families served received age-appropriate books every other month through the Little Libraries program sponsored by *Basic Needs Giving Partnership within the Community Foundation of the Fox River Area and the J.J. Keller Foundation*. The Basic Needs Giving Partnership provided funding for the collaboration of Healthy Beginnings and the county libraries to provide Babygarten, an early literacy programming for children 0-2 years and their caregivers. The goal was to increase Babygarten services from 1 county library to all 9 county libraries. Participation increased from 975 to 1375 participants in 2010. Babygarten has served 2797 individuals!

### **HEALTHY CONNECTIONS**

Healthy Connections is Waupaca County's Reproductive Health and Testing Clinic. It has been serving the male and female residents of Waupaca County and the surrounding area since 2000. The mission of Healthy Connections is to increase access to quality, confidential, timely, affordable and patient-responsive contraceptive/reproductive/sexual care services in a community-based specialty clinic. Healthy Connections clients have access to contraceptive services and supplies, STD services including detection, treatment and risk reduction, reproductive/sexual health screening, assessment and preventive services. Healthy Connections maintains a CLIA-certified lab. To ensure lab competency, all Healthy Connections staff participate in scheduled in-services and microscopy-skills testing facilitated by a contracted laboratory coordinator. In 2010, Healthy Connections staff delivered services to 402 unduplicated female and 37 male clients.

### **IMMUNIZATION PROGRAM**

Public health continues to provide immunizations to the community as part of its mandated efforts to protect the public against vaccine-preventable diseases. In 2010, Waupaca County Health Services Division provided 5894 immunizations to children and adults. This number includes 3921 doses of H1N1 vaccine. Waupaca County continues to provide regularly-scheduled clinics at the courthouse and monthly clinics in Clintonville in conjunction with a WIC clinic. This allows easier access to immunizations to residents in the northern portion of the county. Health Services completed the H1N1 vaccination campaign early in 2010 with special clinics in all Waupaca County school districts and at several community sites.

### **INTEGRATED SERVICES PROGRAM (ISP)**

The Integrated Services Program is a process used to improve the lives of children and families who have complex needs and who are involved with multiple agencies such as human services, mental health, the school system, and law enforcement. The goal of the program is to maintain children in the least restrictive setting while supporting their development in a safe and effective manner. The ISP process involves a collaborative, team effort involving the child and their family as well as other natural supports such as extended family, neighbors, friends, school personnel, clergy, and local law enforcement.

A strength-based assessment is completed with the family which focuses on those things that the family does well, while also identifying areas of need. A family team is formed and the team develops an individualized and collaborative plan of care based on identified outcomes of the child and family. Additionally, the team may develop a positive behavior support plan for the child as well as a crisis plan.

Because no single agency has the staff or resources to serve all children and their families a collaborative relationship is necessary between agencies. Drawing on the expertise and energy of many agencies and individuals involved in serving the child and family helps to increase resources. During 2010, the Integrated Services programs ran 41 ISP teams and also provided short term case management/outreach services to another 22 families. Of these cases, 35 were billed to Medical Assistance targeted case management.

### **JUVENILE JUSTICE**

For the year 2010, Waupaca County DHHS Juvenile Intake received a total of 238 referrals for processing. All but one of those referrals was from law enforcement. One referral was from a school district regarding truancy.

The function of this intake office is to review all incoming referrals to intake, and determine if a face to face intake is appropriate, redirect referrals for out of county residents to the appropriate jurisdiction, make a direct referral to juvenile court, or, in very limited circumstances, dismiss the referral at intake based on the information not meeting the criteria to believe that the referred information falls under the jurisdiction of juvenile intake. The following is a listing in order of the number of referrals of the types of delinquency acts that intake received in 2010:

<u>Number of Referrals</u>	<u>Type of Referral</u>		
80	Disorderly Conduct	12	Attempted Theft
40	Theft	10 each	Retail Theft
39	Criminal Damage to Property	9	Resisting Arrest
36	Possession of Controlled Subst/Drug Paraphernalia	8	Burglary
24 each	Battery	7	Trespassing
	Party to a Crime	6 each	Recklessly Endangering Safety
16 each	Sexual Assault, Contact or Harassment		Harassment
	Obstructing		Delivery of a Controlled Substance
			Violation of Non-secure, Court Supervision, or Rest

5 each	Possession of a Controlled Substance on School Property	1 each	Tobacco Violation
	Weapons-related Offenses		Exposing Child to Harmful Material
4 each	Drug Related Offenses		Cause Child to View Sexual Activity
	Battery to an Officer		Explosives
	Alcohol Related Offenses		Gang Involvement
3 each	Negligent Handling of Burning Materials		Possession of Pornography
	Truancy		Use of a Facsimile Firearm
	Graffiti		Child Abuse
2 each	Runaway		Intimidation (victim or witness)
	Operating a Motor Vehicle w/o Owner's Consent		Operating Motor Vehicle Without Consent/Passenger

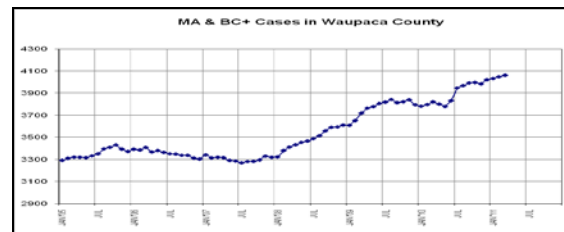
The number of referrals for 2010 is up slightly than the previous years' total of 226, but down significantly for 2008's total of 289.

**KINSHIP CARE**

Kinship Care served 55 children in the homes of 43 relatives. Ten of those cases began during the year of 2010. This is a decrease in program participation from recent years.

**MEDICAID (OR MEDICAL ASSISTANCE) AND BADGERCARE PLUS**

BadgerCare Plus (BC+) for families with dependent children in the home, Medicaid for Elderly, Blind and Disabled, and Long Term Care Medicaid are the type of cases that are handled by Waupaca County staff. These programs continued to see high utilization, with an increase of 6% in 2010. The following chart shows the amount of increase compared to previous years.



The BC+ program and MA program numbers are combined in this chart. The Medical Assistance program remains in effect for elderly and disabled individuals in WI.

The large jump in the number of cases in July 2010 happened because Waupaca County began operating Family Care. Many individuals who were already on MA through SSI now became county cases for the purposes of Family Care. We do not determine their eligibility for MA if they are on SSI, but for the Family Care Program, we must enter them in our statewide computer system for Family Care to establish their enrollment dates for Family Care services. The number of Family Care cases has continued to grow as approximately 5 new cases are taken off the waiting list each month and added to the program

### **MENTAL HEALTH CRISIS**

In 2010 there were 185 inpatient psychiatric hospital admissions done on an emergency basis through an involuntary mental health hold by law enforcement, 10 revocations of outpatient status for client court ordered outpatient condition violations, 11 hospitalizations for alcohol detoxification through protective custody holds, and 2 admissions for 3 party petition emergency detention holds. The mental health crisis unit took 83 cases to court for either 90 day settlement agreements or 6 month mental health commitments for both adults and children. Of the total 185 emergency detention holds, this means that about 45% of holds resulted in some type of court proceedings and involuntary court orders, up 10% from 2009. Although the average number of court ordered clients has increased, the number of emergency mental health detentions stayed the same, indicating that there was a decline of unnecessary holds done. There were about 75 clients that received crisis intervention services that resulted in a return back to the community without a hospitalization. The average number of emergency detentions per month was 15.4, and the average per month of mental health court orders was 7. We had existing mental health commitment orders extended for 28 adult cases and 1 juvenile case. We also had existing mental health commitment orders allowed to expire without a recommended extension for 37 adults and 13 juvenile cases due to the diligent efforts of DHHS mental health case managers to stabilize crisis situations with these clients, enabling them to move to a productive and healthy lifestyle. The DHHS mental health staff's continued efforts to work collaboratively with law enforcement agencies has helped eliminate unnecessary Chapter 51 emergency mental health detention holds and focus on immediate diversion and stabilization instead to decrease the interruption in clients' lives. The DHHS mental health staff also partnered with inpatient mental health facilities to keep the duration of inpatient stays down to a minimum and avoid court involvement by utilizing better stabilization options and setting up community networks and support systems to transition clients back home as quickly as possible without unnecessary DHHS involvement.

Waupaca County DHHS owns the mental health stabilization and diversion facility, Gateway Crisis House. Gateway House is a 4 bed adult family home licensed for clients with mental illness and/or developmental disabilities. It is located next to Lakeview Manor in Weyauwega. This facility has been in operation for 5 years now. In the summer of 2010, Innovative Services, Inc. took over the operation and staffing of the Gateway House. Their staff also assists Waupaca County's mental health on call system with providing after hours mobile crisis services when necessary as well as other after-hours services for our clients with on-going crisis diversion needs. Gateway House has been instrumental in assisting DHHS in diverting crisis situations from unnecessary inpatient hospitalizations. Gateway House has also been very beneficial in stabilizing clients that are discharged from mental health inpatient facilities. This allows for the client, as well as Waupaca County, to avoid unnecessary hospital costs because this service is available and assists the clients to transition back to the community in a safe and more efficient manner. In 2010 Gateway assisted Waupaca County Mental Health with 45 clients for diversion and stabilization services. Waupaca County DHHS has also partnered with a few of the surrounding counties and allowed them to utilize Gateway as a diversion facility should a need arise for a client they are working with. This facility has also assisted our mental health clients with AODA issues to stay in a supervised setting while accessing outpatient AODA programming at a lesser cost than residential treatment for those at greatest risk of relapse.

Waupaca County Mental Health Crisis continues to partner with our area law enforcement agencies to offer Gateway Crisis House as a voluntary option to inpatient admission and emergency detentions in appropriate crisis situations. With this facility as an option, law enforcement can more expediently handle the crisis situation and get back on the road. The most important focus of this arrangement is keeping the clients out of an inpatient facility where an admission is unnecessary to resolve the crisis situation, is least disruptive to the client's already stressful situation and makes it easier for friends and family to be part of the stabilization process to make a return to the community more productive.

### **MENTAL HEALTH OUTPATIENT TREATMENT SERVICES**

In 2010 our Outpatient Treatment Services unit was renamed to the Community Behavioral Health unit. We provide mental health services to Waupaca County residents in several areas. We have a crisis response program, mental health counseling, psychiatric care, medication monitoring, a Community Support Program, OWI assessments and AODA intervention and services, case management services for both short term and long term clients and a crisis diversion and stabilization facility. The Community Behavioral Health unit consists of 14 staff members and several contracted employees. Our unit has 4 contracted part-time psychiatrists that come on a weekly basis to provide psychiatric care, who served over 330 residents in 2010. We focus on serving our county residents

that have limited or no resources for psychiatric care and counseling because of a lack of available mental health insurance benefits or have insurance coverage through Medicare and Title 19 Fee for Service Medical Assistance where it is difficult to get psychiatric providers. There are two master's degree level mental health therapists that provide both case management services and mental health therapy. They provided case consultation to our DHHS agency staff to assist them with providing appropriate services and continuity of care. In 2010, our two therapists served about 97 Waupaca County residents for therapy and about 238 residents for case management services. There was also a variety of other services they provided through case management coordination to outside providers of services, including partnering with foster care parents, ISP teams and schools to facilitate efficient and appropriate intervention to avoid crisis and costly out of home placements and hospital admissions.

The Community Behavioral Health unit has 1 full-time clinic nurse and 2 part-time CSP program nurses. They all have made a conscientious effort to work very diligently in 2010 to build up and run a coordinated system to assist residents in applying for financial assistance for psychiatric medications. Their focus is on expanding access to patient assistance drug programs for payment of needed psychiatric medications that clients have no insurance coverage for and cannot afford to pay out of pocket due to a lack of financial resources. Our nurses' efforts helped Waupaca County DHHS save thousands of dollars in 2010 in medication costs. They also continue to work with the doctors to assist with prescribing the least expensive, yet effective medication and seek out pharmacies with low cost drug discount programs and get sample medications when available from participating drug companies.

### **NUACT COALITION**

During 2010 the NuAct (Nutrition/Activity) Coalition focused on activities for community change by accepting three grant awards to further work towards healthier communities. The Active Schools Grant (ARRA funding) focused on implementing a policy change strategy that would have a substantial impact on the burden of obesity and physical activity. The proposed policy strategy centers on changing the amount and quality of physical activity in schools (K-12) to at least 60 minutes daily. This is being coordinated with UWEX and the Waupaca Learning Center through service learning activities and educating local policy makers on the importance of physical activity. A Worksite Wellness grant (CDC funding) expanded on previous worksite wellness activities achieved through the Rural Health Grant (completed in 2009). NuAct will be working with area business owners to make improvements to the Wisconsin Worksite Wellness Toolkit in order to sustain healthier workplace environments. The final grant award, Assessing the Nutrition Environment in Waupaca (Wisconsin Partnership funds) will be looking at developing strategies to promote healthier food choices in Waupaca restaurants and food stores. The overall outcome is to impact customer choices when they purchase food, as some aspects of the nutrition environment are believed to contribute to overweight and obesity.

NuAct continues to support ongoing efforts in several programs that encourage healthier lifestyles: the Farm to School Program, which continued to provide fresh fruit and vegetable snacks to school children in 7 schools (preschool-4<sup>th</sup> grade) in Waupaca County, along with nutrition education. Farm to School encourages healthy eating habits and increases access to locally grown foods to schools; the Safe Routes to School program, which encourages children K-8<sup>th</sup> grade to walk/bike to school, as well as offers help with local trail development, and sidewalks/signage around schools to increase walkability/bikeability. Waupaca and Manawa schools have started initiating steps to pursue this program; the Environmental Youth Connections Program connected with schools to encourage hands on environmental education experiences for students.

The Waupaca Community Gardens grant activities wrapped up in June 2010, allowing the gardens in Waupaca, Weyauwega/Fremont, and Clintonville to increase access to fresh fruits and vegetables for Waupaca County residents. Many successes were noted including an increased number of distribution sites, partnership with area schools, inclusion of garden produce in some area school cafeterias and classrooms, resources for continued sustainability of the gardens, and interest by another area community to start a garden.

NuAct also sponsored a Social Media workshop that attracted business owners, coalition members, and private citizens from Waupaca and surrounding counties. A featured speaker gave an informational presentation on the use of social media such as facebook, twitter, and blogging to more effectively disseminate wellness information to a more technology-savvy audience.

### **PRENATAL CARE COORDINATION (PNCC)**

Public health nurses provided PNCC services to 43 clients in 2010. 26 of these clients completed the full course of PNCC services meeting with the PNCC nurse from the diagnosis of pregnancy until 2 months postpartum. PNCC is a program for high-risk pregnant women whose goal is to promote a healthy pregnancy. PNCC nurses schedule monthly visits which may be in the client's home, at school or even be conducted over the phone when necessary. Nurses see clients from the time the pregnancy is diagnosed until up to two months after delivery. Referrals are made to other existing programs as needed such as WIC or Healthy Beginnings.

### **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

In 2010, Waupaca County Health Services Division continued engagement in preparedness activities. Working with partners in the NEW (Northeast Wisconsin) Consortium, Health Services staff participated in updating the Public Health Emergency Plan (PHEP) and the Mass Clinic Plan as members of the workgroups assigned those tasks. The department also engaged in the following activities with preparedness partners in 2010:

- \*Finalized the county's mortuary plan with area funeral directors to be mobilized in a mass-casualty event
- \*Met with long-term care partners for a tabletop exercise and planning for mass prophylaxis
- \*Manned a Red Cross shelter during a real event long-term power outage
- \*Continued membership on the Local Emergency Planning Committee (LEPC)
- \*Continued regular disease surveillance activities with county school districts
- \*Debriefed H1N1 activities with school districts, long-term care partners, area health-care clinic managers
- \*Maintained staff competency regarding preparedness with ongoing trainings and exercises

### **RESIDENTIAL SERVICES**

Residential Services are offered at (2) two state licensed group homes known as Community Based Residential Facilities (CBRF). Each of the group home can serve (8) eight residents. These homes are leased to Clarity Care, Inc.

McKinley House, located in Clintonville, is classified as a class C-non ambulatory (CNA) facility. McKinley House residents can be in a wheel chair. Some of the residents are not physically or mentally capable of responding to a fire alarm and exit the facility without help. McKinley House had seven full time residents. Beacon House, located in New London, is classified as Ambulatory (AA) facility. Beacon House served 7 residents that must be ambulatory and are mentally and physically capable of responding to a fire alarm. Both homes provide assistance in areas, including health maintenance, hygiene, finances, personal shopping, and many leisure time activities. Respite services are also offered at McKinley House and Beacon House. Both homes provide assistance in areas including health maintenance, hygiene, finances, personal shopping and many leisure time activities.

### **SCHOOL SCREENINGS**

Waupaca County Health Services Division continued to provide school nursing services to the Iola-Scandinavia School District in 2010. In addition to assisting the district with the development of health-related policies and trainings, numerous screening services were provided including vision, hearing and scoliosis.

### **SEAL-A-SMILE/HEALTHY SMILES**

Healthy Smiles for Waupaca County (also known as Seal-A-Smile) is a school based dental sealant and fluoride varnish program. The program began in the fall of 2010 with 2<sup>nd</sup> and 3<sup>rd</sup> graders in three schools; Longfellow Elementary School (Clintonville), Manawa Elementary, and Weyauwega Elementary. In total, 395 students received dental education, 300 students received dental screenings, 120 received a fluoride varnish and 73 received dental sealants on one or more first permanent molars. There were 48 students that were recommended to seek out further dental care due to possible tooth decay and 6 students were referred due to a possible tooth decay/infection. The program assisted three families in seeking out a dental home for their child with further dental needs.

### **SENIOR NUTRITION PROGRAMS**

The Older Americans Act program, along with customer donations, county levy and other local funds provided nearly 37,000 congregate meals at seven nutrition sites this year. In addition, 53,600 meals were delivered to eligible homebound individuals. As has been the trend in the past few years the number of congregate meals has decreased at the same number of increase felt by the home delivered meals program, a swing of about 1,500 meals for the year.

The Waupaca county senior nutrition program continues to offer hot noon meals five days per week at each nutrition site. Although each site has a manager who works 3 hours a day for the program it would not operate without the help received by more than 600 volunteers. They assist at the meal sites and deliver meals to those unable to leave their home or prepare meals themselves.

Activities such as cards, bingo and exercise continue to be a good reason for older people to attend the congregate nutrition sites. Educational speakers, blood pressure clinics, and time to socialize are part of the activities at the nutrition sites. The site managers keep close contact with the volunteers who deliver meals so that if there appears to be any problems or concerns with the homebound, contacts are quickly made with the individual, their family or their neighbors to ensure their safety. The daily contact with others is one of the best components of the nutrition program, for both the congregate and home-delivered participants.

The nutrition program partners with the Title V Senior Community Service Employment Program SCSEP, a federal job training program for older low-income seniors. The additional help provided by these workers at many of the sites is a great help to the site managers who have limited hours available to operate the site.

### **TRANSPORTATION**

The Waupaca County volunteer driver program serves elderly or disabled consumers who are unable to get to their medical appointments. Nutritional and employment related transportation is also priorities of the program funded with a combination of state, federal and local dollars through the 85.21 grant. Medicaid transportation reimbursements, rider co-payments, and other special program funds also help make this program viable. This program continues to be widely recognized by many around the state as an efficient service that has worked extremely well in Waupaca County for many years. In 2010 drivers logged almost 450,000 miles and donated 14,000 hours in service to Waupaca County residents. These figures include both the transportation programs funded through the county as well as those funded through medical assistance.

### **VOLUNTEERS**

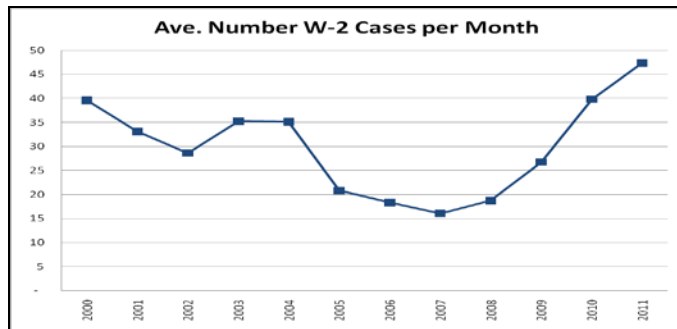
Volunteers play a significant role in many Department programs, enabling us to supplement staff services with the special attention that volunteers provide. More than 700 volunteers contribute their time in many programs, including senior nutrition, transportation, immunization clinics, companions and callers, family services programs and some office activities. The volunteer program enables people to spend time with one another and give their time to others. In 2009 volunteers donated a total of 39,339 hours and drove nearly 76,500 miles saving Waupaca County taxpayers more than \$435,000 dollars in in-kind contributions. These activities not only directly benefit our department but they are a great example to the rest of our community of the value of volunteerism. We are extremely grateful for the dedication and generosity of these very special people. (Please see the charts below)

The department celebrates and thanks our volunteers each April during Volunteer Week and in late summer at the annual Volunteer Picnic. In recent years the volunteer picnic has been held without using county or program dollars and has been funded totally with donations from the community businesses.

DHHS Volunteers	@ \$10/hour	Hours	# of Volunteers	Miles	@.50/mile
<b>CCD - Community Care: Guardians, Activity Aides, Board Members, and CCD Transportation</b>	<b>\$ 30,432.50</b>	<b>3043.25</b>	<b>20</b>	<b>3553</b>	<b>\$ 1776.50</b>
<b>CF - Children &amp; Family: Transportation &amp; Visitation</b>	<b>\$ 4,510.00</b>	<b>451</b>	<b>8</b>	<b>400</b>	<b>\$ 200.00</b>
<b>CN - Congregate Meals</b>	<b>\$174,072.50</b>	<b>17407.25</b>	<b>122</b>	<b>0</b>	<b>0</b>
<b>ES Economic Support: Transportation, Activity Aides, Scanning</b>	<b>\$ 82,422.50</b>	<b>8242.25</b>	<b>24</b>	<b>2294</b>	<b>\$ 1147.00</b>
<b>HD - Home Delivered Meals (includes MD coordinators)</b>	<b>\$ 75,507.50</b>	<b>7550.75</b>	<b>265</b>	<b>73100.5</b>	<b>\$ 36,550.25</b>
<b>HE - Health: Immunization &amp; Fluoride</b>	<b>\$ 2,290.00</b>	<b>229</b>	<b>1</b>	<b>600</b>	<b>\$ 300.00</b>
<b>TP - Transportation (85.21)</b>	<b>\$ 1,495.00</b>	<b>149.5</b>	<b>4</b>	<b>790.5</b>	<b>\$ 395.25</b>
<b>Telephone Reassurance</b>	<b>\$ 54,480.00</b>	<b>5448</b>	<b>23</b>	<b>0</b>	<b>0</b>
<b>TOTAL</b>	<b>\$425,210.00</b>	<b>42521</b>	<b>675 (undupl)</b>	<b>80738</b>	<b>\$ 40,369.00</b>
<b>HOURS &amp; MILES GRAND TOTAL</b>	<b>\$465,579.25</b>				

### W-2 AND OTHER WORK PROGRAMS

The W-2 Program in Waupaca County served 49% more participants in 2010 than in 2009. We served an average of 40 cases per month in 2010, compared to an average of 26.8 cases per month in 2009. Total payments for the year increased 47% to \$208,004 compared to \$141,893 in 2009. All funding for W-2 is state and federal dollars.



This was the 1<sup>st</sup> year of a 3-year contract for W-2. In 2010, 16.09% of the participants got jobs. That is lower than in previous years, due in part to the recession, and in part probably due to staff turnover. The statewide average for employment entry was 21.4%.

The FSET (FoodShare Employment and Training) Program was made voluntary in 2008. In 2010, we served an average of 12.2 clients per week. This is down from 17.2 clients per week served in 2009 after the program became voluntary.

The Children First Program is a work program for people who are supposed to be paying Child Support but are not because they are unemployed or underemployed. They are referred by the Child Support Agency and court-ordered to participate in Children First to help find a job. In 2010, we served 9 individuals. Failure to participate is viewed as contempt of court, and a person could actually do jail time for failure to participate. This adds an extra element of motivation to the program!

## WATER TESTING

Waupaca county Health Services Division continues to provide fee-exempt water testing to many Waupaca County residents. Households with a pregnant woman or an infant under one year of age, that do not have a municipal water supply, may request a free water sample test kit. Residents pay for the mailing of the sample. Public health receives all water sample test results, forwards a copy to the family and follows up on any abnormal results.

## WAUPACA COUNTY INDUSTRIES (WCI)

*“WCI is a progressive organization supporting people with special needs, building their dignity.”* Although WCI’s main facility is located on Howard Street in Manawa, services are offered throughout Waupaca County. A wide range of services are offered. Included are vocational, recreational, residential, transportation and community services. As a Division of the Waupaca County Department of Health and Human Services, WCI is generally best known for the vocational services offered at our Manawa location. Most referrals to WCI are directed to the ADRC (Aging & Disabilities Resource Center) in Waupaca. The ADRC screens all referrals prior to sending them to WCI. Information about other services is shared at this time.

Some referrals come to WCI from the Division of Vocational Rehabilitation (DVR), a State of Wisconsin program providing contracts with WCI for Vocational Evaluation, Work Adjustment Training, Work Experience, Supported Employment, and Job Placement services. **Vocational Evaluation** is a comprehensive process that assesses an individual’s ability to work. By identifying areas of work that match the individual’s skills and preferences, the likelihood of success is increased. Actual work and tests are used to assess an individual’s skills and preferences. This information is used to develop vocational goals. **Work Adjustment Training** is a short-term training program that usually lasts 60 days. This program helps people understand the values, and demands of work. Individuals learn and practice the skills, attitudes, and behaviors that are needed to be a success at work. **Community Work Experience** is a job in the community allowing an individual to try one or more types of jobs, as well as assisting them with developing job skills. The wages are paid by DVR. There is the possibility that at the completion of the work experience, the employer may hire the individual and place them on their payroll. Job placement services assist individuals in finding and securing employment in the community. A job coach may be used to assist the person in learning the requirements of the job. The job coach can be of assistance to both the employer and the employee throughout the training process to find a job in the community when this program is completed.

WCI entered the Family Care program in July 2010. The managed care organization serving Waupaca County is Community Care Incorporated, based out of Milwaukee. Community Care serves the COW district (Calumet, Outagamie, and Waupaca counties). WCI employment services are divided into two programs. The **Day Services** program serves individuals who may not have work as a primary goal. Individuals whose main goal is work will participate in **Prevocational Services** Program.

The **Day Services** program offers choices and opportunities to individuals served. Individuals have opportunities to participate in both vocational and leisure activities. Several people choose to be scheduled part-time on work. This program also offers individuals the opportunity to participate in a variety of non-work activities. The list of activities includes tabletop games, arts and crafts, cooking, perceptual and sensory motor activities, exercise and gross motor activities, life skills, dance, music activities, and community outings

The **Prevocational Services** program offers employment to help people develop their work skills. This service depends upon subcontract work from local companies. Most of the subcontract work is packaging. WCI is proud of the long relationships we have with many local companies.

Approximately 96 participants were employed at **work enclaves** located in local businesses. Work enclaves give individuals an opportunity to experience a more integrated work setting.

159 participants earned approximately \$462,566 working for the following businesses:

- Pacon Corporation
- Creative Converting, Inc.
- Churny Co., Inc.
- Sturm Foods
- Waupaca County Solid Waste Processing Transfer Facility
- Waupaca County Court House
- Wisconsin DOT Rest Area Maintenance:
  - Marion All Seasonal Rest Area
  - Sugar Bush Seasonal Rest Area
  - Royalton Seasonal Rest area

WCI contracted with DEN Services to hire Extra Help employees. These workers assisted WCI meet customer production needs. They also allow WCI the flexibility to take on new work opportunities, which in-turn give our members more varied work experience and the opportunity to acquire new work skills. When a member is interested in learning a new job, an Extra Worker may be assigned to train the member by working side by side with them for the day. Extra Workers may also shadow a member to offer support as needed to ensure the members success learning new job skills. The number of Extra Help employees ranged from 16 to 52 per day. These workers were placed at WCI in Manawa or enclave sites located throughout the county. In 2010, \$761,320 was paid in wages to the Extra Workers.

The total production wages exceeded \$1,000,000. Total WCI production revenue exceeded \$2,000,000.

Living arrangements for individuals served at WCI include the following:

With family	68
Alone or with Friends	42
Supported arrangement	49

Individuals at WCI are referred by the following vendors:

Community Care Inc.	92
Care Wisconsin	2
OTS/CSP	27
DVR and out of county	8

Transportation Services are provided to work by busses leased to Lamers Bus Lines. Waupaca County acquired the busses through a grant from the Wisconsin Department of Transportation grant. There are currently five (5) bus routes run daily to provide transportation to and from the workshop.

Collaboration among agencies has increased the use of the busses throughout Waupaca County. The ARC also uses the buses to transport disabled individuals to the dances and recreational outings that it provides. The following organizations King Veterans Home, Lakeview Manor and the City of New London have at least one vehicle acquired by Waupaca County that they use or lease.

### **WELFARE FRAUD**

In 2010, no additional money was provided by the Department of Health Services for fraud prevention and investigation activities. Agencies were instructed to use their Income Maintenance Allocation to fund the activities that they received a separate allocation for in the past. Waupaca County had received \$18,000 for this in 2009. Because of not receiving any additional funding, Waupaca County ended its contract of previous years for fraud investigations with Investigative Concepts Unlimited and instead it handled the cases in-house with the FEV/Fraud Specialist.

There were 36 welfare fraud referrals in 2010, compared to 15 referrals in 2009. Because Waupaca County has an ordinance prohibiting public assistance fraud, a county citation can be issued when evidence of intent to commit fraud is found. Thirteen cases were issued citations for welfare fraud under this ordinance. An additional 8 cases were referred to the District Attorney's office for prosecution. Of those cases, 11 cases that involved FoodShare were issued "Intentional Program Violations" and were denied FoodShare benefits for a period of time.

Front-end verification is the process of doing additional verification before confirming benefits. This is done on cases that meet an error-prone profile. In 2010, 5 cases were referred for FEV, compared to 23 cases in 2009.

At the end of 2010, counties were notified that in order to obtain any funding for fraud prevention and investigations, they must be part of a consortium. The Waupaca County DHHS Board decided to discontinue the FEV/Fraud Specialist position and join a consortium with other counties to provide fraud prevention activities in the future.

### **WISCONSIN HOME ENERGY ASSISTANCE PROGRAM (WHEAP)**

Waupaca County contracts with Energy Services, Inc., to operate the WHEAP program. WHEAP provides assistance for heating and cooling costs for households within certain income guidelines. Generally, the assistance is paid directly to the fuel supplier.

There were many more applicants for services in 2010 than in the previous year, probably in part due to the poor economy. For the period of October 2009 – September 2010, applications were taken for 3286 households, compared to 2007 applications in 2009, an increase of 1279 households, or 63.7%. In addition to the regular applications, 633 crisis applications were processed, compared to 524 crisis applications in 2009, for an increase of 20.8%.

There were 8412 other services provided to households in Waupaca County, including referrals to other government and non-government programs, budget counseling sessions, energy education, Salvation Army vouchers and other assistance.

### **WISCONSIN WELL WOMEN PROGRAM (WWWP)**

Waupaca County offers the Wisconsin Well Women Program (WWWP) which assists women in financial need to receive mammograms and pap smears to reduce the breast and cervical cancer death rate. Waupaca County contracted with the state to screen 111 Waupaca county residents in 2009. A total of 132 unduplicated women ages 35-64 were contacted and enrolled in WWWP.

A total of 88 unduplicated women received mammograms and their evaluation reports were received by Waupaca County. Fourteen women required follow up tests and one woman was diagnosed with breast cancer.

WWWP obtained the results of 69 women who received PAP tests and 26 additional women had testing scheduled but no results were received by the program. One woman required a colposcopy and one woman an endometrial biopsy. No women were diagnosed with cervical cancer. Of the new enrollees, seven women had not had a PAP test for 5 or more years.

**WOMEN, INFANTS AND CHILDREN (WIC) SPECIAL SUPPLEMENTAL NUTRITION PROGRAM**

The WIC Program provides nutritional assessment, education, and vouchers for specific nutritious foods to women, infants, and children. In 2010 total participation was 1459 which included 415 women, 307 infants, and 737 children under the age of 5 years.

WIC staff continues to administer and coordinate the Blood Lead Screening Program. Over 150 children received appropriate blood lead screenings at the WIC Program. Public health nurses followed up on seven elevated blood lead levels.

Over 430 WIC families participated in the Farmers Market Nutrition Program. \$3316 in drafts was redeemed for fresh fruits, vegetables, and herbs at local farm markets.

The Waupaca County WIC Program continued to partner with three other WIC Projects to offer “Fit Families”, a wellness project that targets the overweight and obesity epidemic in preschool children. Over 25 families with 2-4 year olds worked to improve the nutrition and health habits of their families through behavior change. This was the first year that the program was funded with federal SNAP education dollars.

**FINANCIAL SUMMARY**  
**2010 WCDHHS BUDGET**

<b>WCDHHS FUND BALANCE 1/1/2010</b>	<b>\$ 368,588</b>
County Tax Levy Allocated to WCDHHS	<u>3,272,545</u>
Total Dollars Available for 2010	\$3,641,133

**2010 Activity**

	<b><u>Expenses</u></b>		<b><u>Revenues</u></b>		
Health Services	1,189,739		1,174,934		
51 Board/Social Services	15,637,542		15,685,619		
WCI Production	1,609,892		2,550,233		
Economic/Employment Support	1,526,090		1,633,885		
Elderly Services	<u>1,309,150</u>		<u>1,320,714</u>		
<b>TOTALS</b>	21,272,413	less	22,365,385	= Cost to County of	(1,092,972)

<b>WCDHHS FUND BALANCE 12/31/2010</b>	<b>\$ 1,461,560</b>
<b>Fund Balance Net Increase - \$1,092,972</b>	

**WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
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