

Management Report to DHHS Board

To: DHHS Board
From: Ted Phernetton, Director
Date: August 25, 2021

Purpose of Report

The purpose of this report is to provide a brief overview of operations of the Waupaca County DHHS as well as a primer for the monthly board meeting. It will also be used as the foundation of creating in the future an ongoing dashboard to act as a cover to this report.

Presentation

Due to the anticipated discussion on the 2022 budget and the time that this may take, there will not be a program presentation this month.

Action Items

General

There are no general action items being brought forward for the board this month. All action items fall under the “Finance” and “Personnel” sections of the agenda.

Finance

Outside of the typical process of review of the Income Statement and Payment Register/Approval of Bills there are two additional items are listed for action. They are, Reclassifications of positions and action on the proposed 2022 budget.

Personnel

There is an item under this section as it relates to the Deputy Director position that currently remains on the table of organization, but is not being budgeted for again this year.

Telework Update

As of now, 49 DHHS employees have completed the Telework application. Most of the employees who are teleworking, are doing so at an intermittent schedule. The Management team is working on employee schedules to best utilize the office space within DHHS.

Financial Services – Erica Becker, Fiscal Administrator

The Fiscal team consists of the administrator, assistant manager, 1 accountant, 1 CCS support technician, 1 account technician, and 2 account clerks.

In review of the income statement through July 2021, the financial position reflects a negative balance. At this point in time, revenues are approximately 10% and expenses approximately 4% below the projected targets. The fiscal department continues to work on the billing system error previously mentioned and all revenues previously not captured will be received by September from Medicaid, Medicare, and private insurance. July grant reporting was delayed due to the 2022 budget preparation process and those revenues were not recognized in the income statement at the time of this report writing. Based on currently trends the 2021 budget's estimated ending balance is forecasted to be (\$138,998).

2021

- Revenues \$5,516,664.33
- Expenses \$7,643,205.42
- Financial Position (\$2,126,542.09)

Family and Community Services – Shawna Hansen, Manager

The Family and Community Services Unit serves children with special needs. Bridgett Barkalow, CST/CCS Case Manager, has been the intake worker for new children's referrals. There are families she meets with that she connects to community resources but may not enroll in a county program; Bridgett met with 9 new referrals in the month of July while maintaining a full caseload.

Children's Long-Term Support Waiver – CLTS

- 104 open cases
- 6 new cases
- 2 case closed
- No waitlist (the State no longer allows a waitlist for this program)
- The CLTS Program is available to children and youth under age 22 who have a developmental disability, physical disability, or mental health diagnosis.
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- CLTS and CCOP can pay for a variety of services and supports requested by a family. Conferences for care takers to learn about their child's special needs are covered under this service; which may sometimes include airfare, lodging, the conference itself, and an attendant to support the family in attending the conference (the attendant can serve as a support for caring for the youth if the youth needs a break from the conference and child care is not offered). Some diagnoses are rare and conferences may not be offered in State; hence the need to cover airfare and lodging to ensure care takers have access to education about their child's unique needs. Natural supports can be found during these networking opportunities (conferences) made available by the State covering these expenses through CLTS and CCOP.
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- Case managers “follow” cases when youth are in an ineligible setting to be enrolled in the CLTS program, staff are currently following 3 cases that are not open but we want to remain a support for the family until a child returns to an eligible/community setting.

Children’s Community Options Program – CCOP

- 110 open cases
- 6 new cases (all CLTS cases are automatically enrolled in CCOP)
- 2 cases closed
- No waitlist

CCOP is for families who have a child under age 22 who has a developmental delay or diagnosed condition; this program provides service coordination and financial support to assist eligible families to care for their children within the home and community.

Coordinated Services Teams – CST

- 23 open cases
- 1 new cases
- 0 cases closed
- No waitlist
- CST Initiatives are for children who are involved in multiple systems of care such as mental health, substance use, child welfare, juvenile justice, special education, or developmental disabilities. CST Initiatives develop a comprehensive, individualized system of care for children with complex behavioral health needs. The CST itself is a group that includes family members, service providers, and others that work to design and carry out a coordinated services plan for the child.

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- The CST program was awarded a Supplemental Grant for \$25,000; this grant runs through September. You will see unusual (Chamber Gift Cards for thousands of dollars) expenses on the credit card statement that are covered by this grant.
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- Grant funds will be used for Chamber Gift Cards for families to spend time together in their community. Families who feel they belong in their community fair better than those who do not. Picnic tables were purchased and placed outside the courthouse to offer safe outdoor meeting space for families and the community. This grant will fund a free group for teens in partnership with CAPS Services providing snack and transportation. The group will discuss:
- Social Media/Internet Safety • Art Expression • Healthy Coping Skills • Positive Self Image • Bullying • Drugs and Vaping • Peer Pressure • Managing Emotions • Conflict Resolution • Mental Health • Healthy Relationships.

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- These funds will be used to certify a CST Case Manager in the Neurosequential Model of Therapeutics (NMT) through Saint A's. NMT is a developmentally-informed, biologically-respectful approach to working with children and adults who have experienced trauma. CST does not have funds to cover this assessment through outside agencies, having a case manager who can provide this service in-house will be preventative to all who receive the comprehensive assessment and recommendations to move through trauma. NMT is not an intervention but a tool; it helps identify which options for treatment may be most beneficial. NMT assesses how well different areas of the brain are functioning and identifies areas that may be underdeveloped. For example, if someone has difficulty managing emotional responses, they may have a dysregulated brainstem, interventions (such as equine therapy/horse therapy) that are rhythmic and sensory can help regulate that part of the brain. <https://www.socialworker.com/feature-articles/practice/the-neurosequential-model-of-therapeutics-nmt-helping-clients-move-beyond-trauma/>

Mentor Program

- 20 open cases
- 0 new cases
- 0 case closed
- No waitlist
- The mentor provides youth with experiences in peer interaction, social and recreational activities, and employability skill-building opportunities during spontaneous and real-life situations, rather than in a segregated or classroom-type environment. The mentor implements learning opportunities by guiding and shadowing youth in the community while practicing and modeling interaction skills. The mentors have recently created a system to track progress within the mentor program; this system focuses on pre and post self-assessments for the mentee and family.

Birth to Three

Birth to Three consists of 1 manager, 3 case workers, and contracted services for Occupational, Physical, and Speech Therapy.

- 81 open cases 57 of those open for direct services
- 7 new cases
- 3 case closed
- Birth to Three does not allow waitlists

Birth to Three Program is currently without an occupational therapist, and is actively searching. Families who have occupational therapy as an identified need are given the option to receive this through outpatient or their current B-3 team will work to support those needs. Our current OT is

continuing to service families who have a high level of need or are close to transitioning out due to age.

Open cases are those that are being evaluate, receiving services, or being provided case management. Open Cases are those directly enrolled in services with an open Individual Service Plan.

Economic Support Services – Thiago, Manager

The Economic Support Unit consists of 1 manager, 2 lead workers, 3 EBD workers, 1 ES Assistant, 11 Family workers, and 1 pre-screener.

- Medical Assistance – Total – 5,856 cases
 - 3,849 cases of BadgerCare
 - 183 cases of Family Planning
 - 2,007cases of EBD
 - 840 cases of Long Term Care
- FoodShare – 5,331 recipients as of June 2021 (up to date)
- Caretaker Supplement – 21 cases
- Child Care cases – 64 cases
- New requests in the month of July – 180 new applications
- Cases closed in the month of July – 179
- No Waitlist
- Federal Pandemic policies continue in effect such as households receiving additional emergency FoodShare benefits and rules requiring Medical Assistance closures to be put on hold.

Approval of emergency supplemental FoodShare benefits is approved on a month to month basis.

Children and Family Service

CPS/ Parent Mentors – Jasmine Peterson, Manager

- Access Reports: 43
- Neglect: 26
- Physical abuse: 14
- Sexual Abuse: 1
- Initial Assessment: 25 IAs were completed, 24 were opened in the month. In the last 30 days, there have been 15 cases unsubstantiated and 6 substantiated cases. 2 cases of services not needed, 1 cases services needed.

Child Protective Services

- Open cases: 30 cases currently open with 52 children
- Home with Parents: 21
- Foster Home: 11 non-relative; 13 relative
- Kinship: 8

- Reunifications: 3

Parent Aides

- Are currently working with 12 active and participating families
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Youth Justice, Foster Care, Kinship Care,- Crystal Farrell, Manager

Youth Justice

- Open cases: 75 with 80 children being served
- 0 Voluntary Services Case open
- Foster Home: 2
- Kinship: 1
- Residential: 4
- Group Home: 2
- Institution: 1

Foster Care/ Kinship Care

- **24 Foster Care Placements**
- **6 Kinship Care Placements**
- **4 Residential Placements**
- **2 Group Home Placements**
- **1 Winnebago Mental Health**

Behavioral Health Services - Kay Saarinen-Barr, Manager

The Behavioral Health unit consists of 4 clinical social workers, 1 psychiatric nurse, 1 AODA counselor, 1 psychologist, 5 crisis workers , 2 secretaries, 2 CSP social workers, 1 CSP nurse, 2 CCS facilitators, and 3 CSS technicians.

Outpatient

The Behavioral Health Outpatient clinic has 458 open clients at this time.

Community Support Program (CSP): This program is supported by 2 Case Managers, 1 RN, and 3 Community Support Specialists.

- Sue Stelzner joined us recently as Community Support Specialist. Filling the position that Linda Steffes left.

Comprehensive Community Services (CCS): This program has 2 full time service facilitators in the BH Unit and 4 others from the Family and Community Services Unit that do CCS work part-time. We are in the process of hiring another CCS Service Facilitator at this time. We are continuing to see more and more referrals for this program. Lorena Guerrero joined us at the end of July as a Service Facilitator with CCS. Ted Conachen did resign in August as well and we are working to fill his position now. He was also a CCS Service Facilitator.

Crisis: The Crisis Program has 5 full-time workers. We just hired Denise Wiley as the 5th Crisis Worker. The Crisis Unit responded to 28 crisis calls in June during regular work hours. 43 calls were received after hours. We had 9

emergency detentions and 12 voluntary admissions to the hospital. 32 clients responded to a diversion plan to avoid hospitalization. 51 calls were for adults and 21 were for children.

ADRC – Melissa Anderson, Manager

The ADRC consists of the unit manager, 1 Aging Programs Supervisor, 1 APS lead social worker, 2 APS social workers, 4 I&A specialists, 2 benefit specialists, 1 transportation coordinator, 1 volunteer coordinator, 1 ADRC assistant, 1 clerk typist, and 4 nutrition site managers

*to ensure accuracy of information, data shared will be from previous month.

Aging and Disability Resource Center

In the month of July the ADRC received 491 calls.

- Top five topic areas include: long-term care, public benefits, income maintenance, caregiving and housing information.

EBS (Elderly Benefit Specialist) serves persons age 60+

- 23 referrals in the month of July.

DBS (Disability Benefit Specialist) serves persons 18-59

- 24 referrals in the month of July

Volunteer Transportation Program-

- Masks continue to be required for both drivers and riders. Restriction for essential transportation only has been lifted. Transportation is now available for shopping, doctor appointments, personal appointments available for riders 65+, as well as individuals connected to services within Waupaca County DHHS.
- 581 one ways rides provided in the month of July, 8 New Riders

Adult Protective Services, serves adults ages 18+

- New APS Cases
 - January, 2021 = 22
 - February, 2021= 33
 - March, 2021= 37
 - April, 2021= 37
 - May, 2021= 32
 - June, 2021= 35
 - July, 2021= 24

Elderly Nutrition Program-

- Voucher restaurant senior dining started July 6, 2021
Completed registrations for the program-

- June- 22 individuals
- July – 22 individuals
- August-(through today)- 12 individuals
- New Home Delivered Meal Assessments
 - January- 24 (3 individual were found ineligible)
 - February- 12 (3 individual withdrew request for meals)
 - March-18 (7 individuals were found ineligible)
 - April- 12 (0 individuals were found ineligible)
 - May- 13 (0 individuals were found ineligible)
 - June- 10 (1 individual found ineligible)
 - July – 22 (1 individual found ineligible)
 - August- 19 (0 found ineligible)

Public Health – Jed Wohlt, Health Officer

Public Health consists of 1 health officer, 1 public health nurse supervisor, 3 public health nurses, 3 healthy beginnings case managers, 1 WIC project director, 2 nutrition educators, 3 environmental health specialists, 1 community health educator, and 1 program assistant.

Pandemic Response:

- Waupaca County has seen a jump in cases in August
 - The last 7 day trend showed an average of 13 new cases per day, in mid July the average was 1 new case per day
 - Two new facility outbreak investigations are on-going
- 47% of county residents have received at least 1 dose of vaccine
 - Over 56% of Waupaca County adults have received at least 1 dose
- Walk-in vaccination clinics continue on Wednesdays (Walk-in Wednesday)
 - Approximately 40-50 individuals per clinic have been participated during the August clinics
- Public Health is collaborating with school districts on their COVID plans for the upcoming school year

Environmental Health

- As of Aug 25th, 32 inspections of licensed facilities were conducted
- Processed 58 water samples in August (through August 25)
- Investigated 6 environmental complaints and 5 licensed facility complaint in August (through August 25)

Healthy Beginnings

- Currently have 31 families enrolled
- 0 families on a waitlist

Public Health Nursing, Community Health/PHEP Coordinator, & Program Assistant

- Continue to support COVID response with vaccination clinics and disease investigation
 - Administered 89 COVID vaccinations in August (thru Aug 25)
- Investigated 417 reportable communicable diseases (including 321 COVID-19 cases) from July 25 – August 25)

WIC

- 629 Participants served in the month of July.
- WIC Farmer Market vouchers continue to be offered to families, vouchers are \$30.00 per qualifying individual and are able to be used at Farmer Markets and Farm Stands throughout Wisconsin.

Personnel and Staffing Issues

As is typical of each month, the board is provided with a detailed spreadsheet outlining staffing changes. That document is found in the board's monthly meeting packet.

Client Grievances

As was the case last month, as of this writing there is no updated news to share from the State regarding the one remaining client rights grievances that has been mentioned in the past few of reports. Approximately two weeks ago the State's grievance examiner did request additional information from the department.

Structural and Operational Adjustments within the Department

There is little to add to this month's report. As noted in a past reports, there are certain areas that are being focused on outside of getting the day-to-day duties of the department completed. Some of that focus is on the review of certain policies and procedures that influence the department's workings.

General Update

As reported in the last couple of months, we continue to experience an uptick in placements of adolescents in high-level/high-cost residential settings. At the meeting additional information will be provided regarding a couple of these cases to give the board a flavor for the cases and an inability to meet those needs in a community setting.

There have been a couple of requests of board members that relate to certain reporting issues. One is the use of "Gift Cards" by the department. It is unclear the foundation of the request, but it has been shared that possibly there is some concern that the department is using gift cards as incentives or rewards to staff. This writer is not aware of that occurring. On one occasion this writer purchased a gift card with

personal funds to provide to staff in a drawing, but not county or other tax dollars were used. This writer and the agency's Fiscal Services Administrator have had conversations over the months over the use of "gift cards" and the need to develop a policy and accompanying procedures that provide more of an accounting of their use. This thought is not because there is any concerns regarding staff and inappropriate use, but the need to protect staff from any negative allegations. It will be noted that the county's auditors have not raised any questions in this area.

Another request was recently made that purchases by the department be highlighted as to when program and third party dollars are used and when county tax levy is used. Although department administration wants to ensure that each request by board members are answered, this request is extremely difficult to accomplish given the number of expense items, timing of reimbursements, available designated and restricted dollars, how some purchases and expenses take place, etc. In discussions with our Fiscal Services Administrator, such an attempt would take days each month to try and accomplish, if it really could be accomplished accurately in real time. The ongoing reconciliation efforts each month as different dollars and reimbursements come in could be overwhelming.

As stated, all attempts are made and will continue to be made to respond to each question asked by board members; as best can be accomplished. For what it is worth, when this writer and the Fiscal Services Administrator met with the investigators from Eau Claire County, they were amazed as to how the department was engaging with the board and the amount of fiscal information that was being shared each month.

It is clear that not all of the DHHS board members are in support of the "remote/telework" policy. However, since it is an approved county policy, staff are being allowed to operate under that policy. However, ongoing work is being done to refine the "remote/telework" operations internally to DHHS. As with the gift card issue, a policy that enhances and supports the county policy is being crafted to address some of the unique needs that DHHS has as it relates to remote work. The county policy has only been in place a few weeks and there are growing pains to be expected but are being addressed as they appear or are brought forward.