Rusk County
HEALTH & HUMAN SERVICES AGENDA

DATE: July 13, 2023
TIME: 9:00 AM
PLACE: Rusk County Government Center-County Board Room, Ladysmith, WI 54848

Note: Items listed on the Agenda are for discussion and possible action by the Health & Human Services Board;

CALL TO ORDER

PUBLIC COMMENT-Limited to Five Minutes Per Person

APPROVAL OF MINUTES
- June 8, 2023

PUBLIC PARTICIPATION NOTICE: Wis. Stat. 46.031(13) 9:15AM-10:15AM
- Review of Agency Services
- Unmet Needs
- Local/State Budget Implications
- Suggestions-System/Service Delivery, Budget Projections

HEALTH & HUMAN SERVICES FINANCE
- Approval of Health & Human Services Vouchers and Out-of-County Travel Requests

HEALTH & HUMAN SERVICES
- Rusk County Drug Court-Relocation of Supervision of Drug Court Coordinator
- Harvest of Talents Update
- Indianhead Community Action Agency-MOU-Family First Home Visiting Program

PUBLIC HEALTH
- Reproductive Health/Regional Preparedness Position Planning
- Naloxone (Narcan) Policy
- Community Health Assessment/Community Health Plan

CLOSED SESSION announced by Chair
Employee Compensation Wi Stats 19.85(1)(c). For considering employment, promotion, compensation or performance evaluation data of any public employee over which the government body has jurisdiction or exercises responsibility.
OPEN SESSION – Possible Motion on Topic of Closed Session.

DIRECTOR'S REPORT
- Program Reports
  - Adult Services
  - Public Health
  - Child Support
  - Aging Disability Resource Center/Senior Services

ADJOURN
This agenda was prepared by Jeremy Jacobs at the direction of Chair Schneider. Posted July 6, 2023.

At any time, a quorum of another County Committee or of the County Board may be present at the meeting to observe the proceedings, but no action will be taken except by those Committee Members for the stated Committee meeting and only on noticed agenda items.

Please note that, upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, contact the Rusk County Clerk, at 311 Miner Ave. E. Ladysmith, WI Phone: (715) 532-2100. For deaf and/or hard hearing, please call us through Wisconsin Relay 711.

UNAPPROVED
RUSK COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES

June 8, 2023

Meeting called to order by Chair Schneider at 9:02 AM.

Board Members Present: Phil Schneider, Randy Tatur, Dan Gudis, Mark Schmitt, Mary Schneider, Lois Goode, Dr. John Ziemer, Dave Willingham, Tom Hanson. Excused: Ken Brown, Ted Hakala

Staff Present: Jeremy Jacobs and Carla Closs. Appearance by Kaylee Bugbee.

Public Comments:
None

Approval of Previous Meeting Minutes:
Motion by Schmitt, second by Gudis, to approve the May 11, 2023; meeting minutes. Motion unanimously carried.

Approval of Health & Human Services Vouchers and Out of County Travel Requests:
Jacobs reported on various purchases, invoices, and Out of County Travel. Motion by Hanson, second by Gudis, to approve Vouchers and Out of County Travel. Motion unanimously carried.

Health & Human Services:
Discussion held.

Motion by M. Schneider, second by Goode, to approve the Substance Abuse Prevention and Resource Specialist job description.

Motion by Ziemer, second by Schmitt, to authorize Jacobs to continue to explore employee licensure fee reimbursement.

Motion by Tatur, second by Schmitt, pending approval of the purchase of Primary Prevention Equipment; to authorize the purchase of an enclosed trailer (maximum size 6x12) from the appropriate funding source, to be used for transport of equipment; and forward request to the Property Committee.

Public Health:
Discussion held.

Directors Report:
Discussion held.

Program Reports: The Board received written reports from Veterans Services, Economic Support, Public Health and Children and Family Services.

Next meeting: July 13, 2023.

Meeting adjourned at 10:46 AM by general consensus of the committee.

As prepared by: Carla Closs, Completed on 6/8/2023 at 11:49 AM.

Memorandum of Understanding
Between
Indianhead Community Action Agency (ICAA) Home Visiting—Healthy Families America Affiliate and
Rusk County Health and Human Services

Purpose
The overall purpose of this agreement is to enhance and expand the service network for the Rusk County Human Services involved children and families and to provide more intensive supplemental services that will benefit child welfare populations. ICAA implements the Healthy Families America (HFA) model focusing on the prevention of child abuse and neglect. In our communities, child welfare providers have served as a source of referral to HFA for families who could benefit from home visiting. This has resulted in improved parent-child relationships, improved child health and safety, and many families averting further child welfare involvement.

Indianhead Community Action Agency is awarded Family Foundations Home Visiting funds through a contract with Department of Children and Families (DCF). Our program model is Healthy Families America. For the purpose of this MOU, HFA refers to the ICAA Home Visiting program.

Families First Prevention Services Act:
HFA is a community provider, whose protocols meet the requirements for Families First Prevention Services. HFA is a voluntary evidence-based home visiting program serving pregnant women and families of infants and young children. HFA is a prevention program dedicated to supporting families in their quest to be the best parents they can be. Program services are designed to strengthen families during the critical first years of a child's life. The child's age at HFA enrollment is prenatal to age 24 months as services are focused primarily on prevention through education and support in the homes of parents. All HFA program criteria are based on proven best practice standards. Intensity of services is based on each family's needs, beginning weekly and moving gradually to quarterly home visits as families become more self-sufficient.

Goal 1: To enroll and sustain participation of eligible families involved with the child welfare system to include those in out-of-home care and those served in their own homes.

1. Referrals -- Through referral efforts, Rusk County Health and Human Services will partner with HFA to provide prevention services to prenatal woman and children through age 24 months. Child referrals ages 3-24 months, need to be focused on child welfare circumstances. Upon receiving referral information, HFA will contact the client; however, acceptance into the home visiting program is based on enrollment availability.

HFA will notify Rusk County Human Services when openings are available, seeking referrals for enrollment.

2. Recruitment – HFA will actively recruit families referred by Rusk County Human Services as openings become available. If requested, HFA will provide program information and trainings to Rusk County Human Services staff and to prospective families.
3. Enrollment -- HFA will provide a point of contact for Rusk County Human Services. HFA will assist caregivers or case managers with the enrollment process.
4. Information Sharing – Both Rusk County Human Services and HFA will obtain appropriate release forms to share information related to the family's services. When family needs are identified, both parties will collaborate to provide resources to the extent feasible.

Goal 2: To encourage and enhance collaboration among the parties to improve service delivery.

1. Case Conferences and Family Team Meetings -- When appropriate, HFA and Rusk County Human Services shall work together to inform one another of relevant case conferences involving the family.
2. Ongoing Meetings – HFA and Rusk Human Services shall correspond annually to review this MOU.
3. Training – Upon request, Rusk County Human Services will provide training and technical assistance for HFA staff on topics relating to recognizing child abuse, mandated reporters, responding to child abuse and neglect, Wisconsin reporting laws, etc. HFA will provide Rusk County Human Services training and technical assistance on HFA policies and procedure relating to HFA enrollment, eligibility, and services available.

Goal 3: To prevent/reduce child abuse and neglect.

1. Reporting Abuse and Neglect – HFA shall report all cases of suspected abuse or neglect. In the case where there is an existing relationship with HFA and the case manager, intake staff shall be informed of the relationship with the case manager.
2. Abuse/Neglect Prevention Strategies – HFA and Rusk County Human Services shall work collaboratively on strategies to strengthen families, such as parent education trainings and parent activities.

For more information on the HFA Home Visiting Program or to make a referral, please contact: Jennifer Petras, ICAA HFA Coordinator at Jennifer.petras@indianheadcaa.org or 715-415-5202

A detailed overview of the HFA Child Welfare Protocol is attached to this MOU.

Michelle Stout

Michelle Stout, Indianhead Community Action Agency

6-22-23

Date

Jeremy Jacobs, Rusk County Health and Human Services

Date

Healthy Families America®

Healthy Families America and Department of Child Welfare

Healthy Families America is a voluntary evidence-based home visiting program serving pregnant women and families of infants and young children. HFA is a prevention program dedicated to supporting families in their quest to be the best parents they can be. Program services are designed to strengthen families during the critical first years of a child's life. The child's age at HFA enrollment is prenatal to age 24 months as services are focused primarily on prevention through education and support in the homes of new parents. All HFA Program criteria are based on proven best practice standards. Intensity of services is based on each family's needs, beginning weekly and moving gradually to quarterly home visits as families become more self-sufficient. The Department of Child Welfare contracts with community providers who implement the program in their local communities.

FAMILY SUPPORT SPECIALISTS are caring, well-trained home visitors who offer support, encouragement, and services using an evidence-based approach which include the following:

- Providing emotional support and encouragement to parents
- Teaching & supporting appropriate parent-child interaction and discipline
- Providing periodic developmental assessments and referrals if delayed
- Linking families with community services, health care, child care, and housing
- Encouraging self-sufficiency through education and employment
- Providing child development, nutrition, and safety education

INTAKE INTO THE HFA PROGRAM consists of the following steps which generally take place in a potential participant's home.

- Parents are to be informed, verbally and in writing, of the voluntary nature of participating in HFA services as early as possible but no later than when families consent to participate in services.
- The Family Resource Specialist reviews the Family Rights and Confidentiality handout, which also indicates the services are voluntary. Families will need to complete the signed document before services can proceed.
- In the event child welfare or the court system attempt to mandate services for a family, HFA staff will ensure that both the agency and the family know services will be offered voluntarily.
- HFA Family Resource Specialist or Family Support Specialist will complete a Parent Survey interview which is a comprehensive psycho-social assessment identifying early childhood trauma, life stresses, coping skills, parenting styles, etc. which will form the basis of each family's HFA Service Plan.
- All intake assessments must occur and the program accepted by the family prior to the target child turning twenty-four months of age.
- Program services to the entire family can continue until the child is five years of age.

Healthy Families America®

HFA WILL PROVIDE THE FOLLOWING TO CHILD WELFARE INVOLVED FAMILIES:

- Accept referrals from Child Welfare staff and provide a screening and/or assessment for the parent(s) if the parent(s) wishes to determine if they are eligible to receive program services.
- While the child is often in parental custody at the time of HFA intake, situations of newborns removed at birth are appropriate referrals when reunification is intended.
- If a child has medical complications and is in the hospital for a period of time (i.e., the infant is not in the home), the family can be accepted into the program as long as the family retains custody of the child.
- Having an in-home dependency petition does not preclude enrollment in HFA if all other enrollment criteria are met.
- Should Child Welfare file a dependency petition and the child is removed from the parent's custody, there must be a plan for reunification if services are to continue.
- If the parent is involved in multiple services, the HFA Manager may request a staffing with Child Welfare and the parent(s) to determine the services most appropriate to meet the needs of the individual family.
- HFA staff will attend Child Welfare case staffings only with the parent(s) permission and with the parent(s) also in attendance.
- HFA staff are required by the model to report suspected child abuse and neglect, even if the state does not acknowledge them as mandated reporters, and staff will continue to report observations of child abuse and neglect in families in the program or as families are leaving the program.

HFA CAN <u>NOT</u> PROVIDE THE FOLLOWING:

- Supervision for visits between the child and parent(s) and/or transport to/from supervised visits.
- Progress reports to the Child Welfare staff without the written consent of the parent(s).
- Program records to Child Welfare or other government agencies without specific prior written consent of the parent(s) or the receipt of a court order.
- Joint visits to a family by HFA staff and Child Welfare without the parent(s) consent.
- Testimony in a proceeding without a court order or parent(s) written permission.
- Mandated service for a Child Welfare case plan since program services are voluntary and the parent can terminate services at any time.
- Preference to Child Welfare families. All families are enrolled in services on a first-come first-served basis.
- A waiting list for child welfare involved families. The HFA program does not maintain waiting lists.
- Upon termination of services, HFA will be unable to advise Child Welfare of the parent's status unless the parent gives written consent for HFA staff to talk with Child Welfare.

- Behavioral Health Services
- Children & Family Services
- Child Support Services
- Economic Support Services

Rusk County
Health & Human Services

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- Health Services
- Senior Services
- Veterans Services

Policy/Standing Medical Order

POLICY TITLE: Naloxone (Narcan) Policy and Procedure for Rusk County Health & Human Services.
ADOPTED: May 2023

PURPOSE: To provide guidance for Rusk County Health & Human Services Staff regarding the training, distribution, and use of Naloxone Nasal Spray (Narcan) by a trained facilitator. Naloxone is a life-saving medication that can reverse an overdose from opioids, including heroin, fentanyl, and prescription opioid medications. It is recognized that fentanyl can be present in non-opioid drugs as well, including cocaine, methamphetamine, counterfeit medications, and marijuana.

In keeping with best practice recommended by the Wisconsin Department of Health Services, Rusk County Health & Human Services has adopted the following policies and procedures to provide guidance to staff where witnessing a drug overdose is possible.

A medical standing order has been signed by the Rusk County Medical Director for the distribution and emergency use of Naloxone nasal spray (attached to this policy).

POLICY:
Information regarding access to Naloxone Nasal Spray Kits:
Employees will have access to Naloxone Nasal Spray in several locations throughout Human Services. Kits containing two doses of Nasal Naloxone will be stored and accessible during staffed business hours.

Staff who receive the training will also be provided with two doses of Naloxone that they can carry on their person or keep in their office space.

Naloxone kept in on-site locations noted above will be replaced upon use or expiration by Outpatient Clinic Staff. Staff will be responsible for requesting replacements of used or expired doses issued directly to them.

Naloxone training and administration is voluntary for all Human Services Staff.

Training Procedures:
Rusk County Human Services employees will be offered training on how to recognize and support someone during an opioid overdose. Staff choosing to be trained and authorized in the administration of Naloxone will have a training certificate in their employee personnel file.

Indications for Use:
• Unresponsive or unconscious individuals
• Not breathing or slow/shallow respirations • Snoring or gurgling sounds (may indicate upper partial upper airway obstruction)
• Blue lips and/or nail beds
• Pinpoint (very small) pupils • Clammy skin

Procedure for Administration:

• If an individual is experiencing a medical emergency whether overdose related or not, staff will contact 9-1-1 immediately.
• Staff will ensure universal precautions are utilized to protect themselves from pathogens and communicable diseases.
• Once determined that an individual may be experiencing an opioid overdose and is unresponsive:
    - o Staff attempts to wake the individual.
    - o If the individual is still unresponsive, staff administers naloxone nasal spray per training protocol.
    - o Alerts other staff to the potential emergency and requests assistance.
    - o Asks anyone not needed to effectively address the situation to leave the area.
    - o Stays with the individual until emergency help arrives and remains on the line with the dispatcher, answers any questions, and/or follows any directions given by the dispatcher.
    - o Continues to evaluate the individual, and if the individual remains unresponsive and EMS has not arrived, administers additional doses of naloxone nasal spray, per training protocol.

• If the individual responds to the Naloxone nasal spray and becomes alert:
    - o Staff will inform the individual EMS/police were notified when the naloxone was administered and encourage the individual to remain where they are until EMS arrives.
    - o If the individual becomes combative or physically aggressive, staff will inform and request direction from the 9-1-1 dispatcher to ensure the safety of the individual, staff, and any others present.

• If the individual leaves:
    - o Staff informs the 9-1-1 dispatcher and provides all necessary information so the individual can be identified and assisted by emergency personnel. (Under these circumstances, an individual's right to confidentiality is waived under the Duty to Warn provision).
    - o Provides all necessary information to police/EMS so they may locate and assist the individual with their medical needs.

• Upon arrival of EMS personnel, reports all pertinent information immediately including the time and dosage(s) of the administered naloxone nasal spray.

• Staff remains available to EMS personnel but relinquishes all care responsibilities to EMS.

Reporting the Use of Naloxone Nasal Spray:

1. Immediate report of use to supervisors after individual is no longer in need of care.
2. Supervisor will notify public health and county administration of the incident.
3. Public Health will schedule a debriefing to examine opportunities to provide support to the staff.
4. Staff person will complete the Naloxone Administration Report and email to immediate supervisor.
5. If Naloxone was used for a non-work emergency you do not need to report via this process.
6. You can get a replacement dose from Public Health.

Storage:

When available through grant funding, a supply of Naloxone will be maintained by Public Health.

For Naloxone to remain effective it must be stored below 77°F. Excursions permitted up to 104°F. Do not freeze or expose to excessive heat above 104°F. (Staff should be mindful to therefore not store this in vehicles year-round.)

Standing Medical Order:

Narcan (Naloxone Nasal Spray) is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It is delivered intranasally with the use of a mucosal atomizer device.

1. This standing order authorizes Rusk County Health & Human Services to maintain a supply of Narcan nasal spray for the purposes of distribution.
2. This standing order authorizes Rusk County Health & Human Services staff to possess and administer Narcan Nasal Spray to a person who may be experiencing an opioid overdose in accordance with this policy.

Medical Advisor

RCHHS
Adult Services Unit

✖ **Month of June- 2023**

	June 23	2023	2022	2021	2020	2019	2018	2017	2016	2015	2014	2013
Mental Health Referral			0	0	0	0	0	1	7	13	30	
AODA Referral			0	0	0	0	0	1	3	1	22	0
Jail Assessments (Safety)	0	0	4	11	17	6	17	16	11	19	90	48
Jail Assessment (Prevention)	1	16	54	99	61	98	124	109	170	174	0	0
Community Assessments	4	28	59	59	81	111	101	113	112	118	124	95
Emergency Detentions	1	6	18	15	23	15	15	26	24	17	26	12
51.35 (Emergency Transfer)			0	2	1	5	0	1	8	3	7	2
51.45 (11 & 12)			0	0	0		0	1	1	3	5	1
51:15 Conversion 55/54			0		1							
Medication Requests			0		0	0	0	0	1	2	4	1
OWI	0	32	54	62	47	65	44	32	48	26	54	66
Intoxicated Driver Program	0	18	29	43	26	16	21	26	35	25	2	26
Crisis Line	0	3	37	85	45	47	61	82	57	48	59	32
*Guardianships	0	1	3	5	3	1	3	3	8	6	6	9
*Adult Prot. Services	14	44	92	110	108	121	125	101	109	114	143	113
Total	**20**	**148**	**350**	**491**	**413**	**485**	**511**	**511**	**592**	**559**	**543**	**469**

Program Areas....

Community Support Program

Rusk County Health and Human Services continues to maintain a contractual agreement with Aurora Community Services for this case management, community based, supportive program, serving 10 serious and persistent mentally ill consumers.

Independence remains the focus while providing this intensive structured service. Aurora continues to have good results with case planning as their case manager works closely with Bethany on individual service plans. While substantial risk is present, diligent efforts continue to be preventative based to avoid crisis level of need. The participants tend to cycle through their mental health and AODA circumstances utilizing their developed crisis plans. The case managers have been outstanding in defusing crisis situations providing redirection as well as advocating for development of coping skills. This population is aging resulting in the propensity of physical health problems which often manifest the co-occurring mental health/substance abuse issues.

Aurora continues to utilize tele-health for psychiatry services. Availability allows for ease of re-commitment evaluations. Rusk County mental health consumers are more readily monitored due to the increased psychiatric time allowance. Dr. Andrew Spitznas, Psychiatrist, sees clients in conjunction with Claudia his APNP. ,

Behavioral Health Services

Clients served through Rusk County Case Management:

- 12 currently committed to the Rusk County 51.42 Board
- 1 currently under Settlement Agreements through the Court
- 3 currently in adult family/CBRF setting
- 0 Institute for Mental Disease Placement
- 50 clients receiving case management services.

- 10 Community Support Program (CSP)

Rusk County continues participation in the Western Region Recovery and Wellness Consortium. Comprehensive Community Services continues with 80+ participants currently engaged or in the enrollment process with Aurora Community Services for this mental health and alcohol and drug, person-centered recovery model. There continue to be multiple referrals and diligent efforts to contact potential consumers to this voluntary program. Staffing continues to be evaluated to meet met trending demand of case load. Currently individual Counties are assessing a "Wrap-around Approach" which is an evaluation of Communities Natural Supports as step down out of CCS. Rusk County is in the process of creating an Ad'Hoc team to start this process.

Adult Protective Services

- 35 Customers under Protective Placement
- 5 Currently voluntarily case managed
- 3 Alzheimer's Family Caregiver Support Program

Community awareness continues specifically designed to promote safety and reporting of adult protection service needs, services, and linkage to resources. Continued efforts with the managed care system as to safety planning occur with monthly contacts. Crisis planning has been discussed, as areas of improvement with this population. Brenda continues to complete comprehensive evaluations and annual reviews of protective placement through Rusk County court orders.

Respectfully Submitted, Chris Soltis

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Mission Statement: The mission of the Health and Human Services, Public Health Department, is to maximize the quality of life across the lifespan by promoting health, protecting the environment, and preventing disease and injury.

June Report

June was a busy month for Public Health!

- Maggie Huettl started as our Environmental Health Specialist on June 26 and has dived right in, and is learning all aspects of her job. She's already gone on her first joint inspection of an area business.
- Jennifer Ruff has started as the Breastfeeding Peer Counselor for WIC and is completing WIC required trainings before she can begin to meet with clients.
- WIC had their review with the State WIC Officials and did great. No major issues noted. They also continue to grow in enrollment numbers. Currently they have 348 active participants, which is up eleven from May.
- Staff did outreach for "Fight the Bite", which is a campaign to raise awareness about tick and mosquito borne illnesses. We visited nineteen different sites throughout the county, including county parks, campgrounds, hiking trails, the library, and visitor center. We handed out information and mosquito wipes and bug spray as well as kits to assist in safe removal of wood ticks.
- Public health nursing staff and myself attended PortaCount training in Barron. The Western Wisconsin Public Health Readiness Consortium (WWPHRC), of which Rusk County is a member, purchased a PortaCount system that members can borrow. This is a quantitative method of Fit Testing for respirator masks which uses objective data when assessing mask fit and is considered most accurate.
- Reproductive Health continues to provide birth control supplies and services to clients. In June, we had one new client, got supplies to eighteen

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established clients, administered two depo shots, had two annual visits, and also provided two pregnancy tests, and STI testing to three individuals.

- We continue to strengthen community partnerships through coalitions and community partners as well as promoting our programing to our target groups.
- Planning for our Community Health Assessment is in full swing. A kick off meeting will be held virtually July 27, detailing the process and what the community can expect. The link to this will be sent via email. If anyone would like to meet in person to go over the process and the why and how of what this all entails, I would be happy to meet with you as well. Community surveys will be available beginning in August.

Respectfully submitted by Kaylee Bugbee, Health Officer, July 3, 2023.

Rusk County Health & Human Services Board Meeting,
July, 2023
Child Support Services

(Information current as of July 1, 2023)

Current Case Count:

IVD Cases: 809
NIVD Cases: 292
Total Case Count: 1101

Collections for Current Federal Fiscal Year:

Oct 2022	$146,142.70
Nov 2022	$149,676.49
Dec 2022	$156, 443.64
Jan 2023	$156, 154.60
Feb 2023	$137,241.58
Mar 2023	$181,365.32

Apr 2023	$150,898.94
May 2023	$187,910.67
June 2023	$141,563.06
July 2023	
Aug 2023	
Sept 2022	$155,205.27

Performance Measures

	Paternity Establishment Rate	Court Order Establishment Rate	Current Support Rate	Arrears Cases
Rusk County	107.01%	92.26%	80.58%	75.47%
State of WI	93.74%	84.83%	74.64%	64.82%
Measures	90%	80%	80%	80%

General Information:

As the end of our FFY is approaching (September 30, 2023) we are pushing hard to meet all 4 of our performance measures for FFY23.

Rusk County Department of Health and Human Services
Aging & Disability Resource Center
Advisory Committee Meeting

The Rusk County Aging & Disability Resource Center Board held its bi-monthly meeting on February 16, 2023 at 1:30

PRESENT: Kathy Walthers, Angie Harvey, Kayla Poppe, Fawn Armstrong, Kathy Halbur, John Smatlak, Marlene Tuma, Mike Hraban, Richard Tuma, Mark Schmitt, Shannda Ladwig (virtual), Jeremy Jacobs, Mary Schneider, Mary Sue Timmerman
EXCUSED:, Kathy Mai,

1. Call meeting to order Schmidt- 1:02pm
2. Approval of minutes from previous meeting. One change made that was correct in the handout given and Hraban and M. Tuma
3. HHS Update Jeremy Jacobs; APS Brenda seeing more financial exploitation both family and scams; Kaylee Bugbee – Environment Health Officer - Community Wellness Coordinator; Hiring Sanitarian in the process; Hiring ES position; CCS hiring 2 additional workers; VA-n/a
4. Aging & Disability Resource Center/Senior Services
   a) ADRC
      i. Grants
         i. CHW Grant- status update Dementia piece done end of May; Nutrition piece until the end of 2023.
         ii. Marshfield Grant Hopefully know this month or May if we get funding and if it will extend into next year; Kayla Poppe does Boost your brain and memory classes – Had viewings of Robin's Wish and a local author, 39 people attended both Ladysmith and Rice Lake showing
      ii. COVID Unwinding update May 1st, last meal site will be open; MA participants got letter telling them about their renewals
      iii. DBS position DBS/CLTS split to 2 positions approved by Finance, goes to County Board on Tuesday. Kayla Poppe has given her notice; May 26th last day.
      iv. Events
         i. Independence Your Way Event speakers: Kevin Julien talk about scams; panel for Covid unwinding; many vendors will be present; at Indianhead upstairs; no registration required
         ii. Advocacy day; topics – transportation, ADRC EBS, HDM, Caregiver Support
            1. Sandwich
            2. Register Live link and how to register on handout
            3. Transportation ride being offered – bus with Chippewa & Eau Claire
   b) Other Kathy Halbur – talked about Senior Town Halls to talk about what is important to local citizens; Inviting State Senator Cory Tomczyk and State Representative James Edming to a listening session to start with at Dining at 5 in July. Mary Sue suggested calling their schedulers to see if they are available that date. Kayla talked about Disability Advocacy Day.

Hraban Motion to adjourn, Timmerman 2nd at 1:58pm

Next Meeting date is **Thursday, June 22, 2023**, 1:00 p.m. in the County Board Room/LEC

This agenda was prepared by Kathy Walthers, Program Manager of the ADRC under direction of Mark Schmitt committee chair.