

Rusk County

HEALTH & HUMAN SERVICES

AGENDA

DATE: September 12, 2024

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

- August 8, 2024

HEALTH & HUMAN SERVICES FINANCE

- Approval of Health & Human Services Vouchers and Out-of-County Travel Requests
- 2024 Contract Approval Process
- Finance Accountant I-HHS Update

HEALTH & HUMAN SERVICES

- Social Worker/Social Service Worker/Social Services Case Manager Update
- Child Support Specialist Reclassification Request
- Primary Prevention Purchase
- Comprehensive Community Services-Resignation/Recruitment
- ADRC Position Update
- Mental Health Services and Funding Allocations Resolution

PUBLIC HEALTH

- General Updates

DIRECTOR'S REPORT

- Program Reports
 - Adult Services
 - Public Health
 - ADRC-Senior Services
 - Child Support

ADJOURN

This agenda was prepared by Jeremy Jacobs at the direction of Chair Schneider. Posted September 6, 2024.

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
August 8, 2024

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

Board Members Present: Phil Schneider, Tom Hanson, Dr. John Ziemer, Lois Goode, John Moore, Mark Schmitt, Mary Schneider, Sherry Wallace Excused: Ted Hakala

Staff Present: Jeremy Jacobs, Carla Closs. Appearances: Erik Stoker, Tami Stoker

Public Comments:

None

Approval of Previous Meeting Minutes:

Motion by Schmitt, second by Hanson, to approve the July 11, 2024; 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 Schneider, second by Moore, to approve Vouchers and Out of County Travel. Motion unanimously carried.

Health & Human Services:

Discussion held.

Motion by Ziemer, second by Schmitt, to recruit for the Health and Human Services Finance Accountant I position. Motion carried unanimously.

Motion by Wallace, second by M. Schneider, to recruit for the Disability Benefit Specialist position. Motion carried unanimously.

Motion by Goode, second by Moore, to recruit for the Information and Assistance position. Motion carried unanimously.

Public Health:

Discussion held.

Program Reports:

The Board received written reports from Veterans Services and Economic Support.

Meeting adjourned by consensus of the committee at 10:47 AM.

Next meeting: September 12, 2024

As prepared by: Carla Closs, completed on 8/08/2024 at 12:36 PM.

RCHHS

Adult Services Unit

✦ Month of Aug- 2024

	Aug	2024	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	5	3	4	11	17	6	17	16	11	19	90	48
Jail Assessment (Prevention)	2	40	35	54	99	61	98	124	109	170	174	0	0
Community Assessments	5	38	59	59	59	81	111	101	113	112	118	124	95
Emergency Detentions	4	12	13	18	15	23	15	15	26	24	17	26	12
51.35 (Emergency Transfer)	1	2		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	27	58	54	62	47	65	44	32	48	26	54	66
Intoxicated Driver Program	0	14	32	29	43	26	16	21	26	35	25	2	26
Crisis Line	3	25	10	37	85	45	47	61	82	57	48	59	32
*Guardianships	0	2	4	3	5	3	1	3	3	8	6	6	9
*Adult Prot. Services	5	60	87	92	110	108	121	125	101	109	114	143	113
Total	20	225	301	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 14 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:

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

Rusk County continues participation in the Western Region Recovery and Wellness Consortium. Comprehensive Community Services continues with 60+ participants currently engaged or in the enrollment process 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.

The end of Sept, 2023, Rusk County gained knowledge of a consumer that had moved to Rusk County in need of Mental Health services beyond the community setting. In gaining background, consumer had many needed moves between Hospitalizations and Group Homes. October 2023 consumer was placed at a residential center in Dane Co. The County will continue to work diligently with the Home to identify stability; hence a lesser level of need. We are currently working on a placement closer to our area to better determine the ability to serve in a lesser restricted facility by adding community supports. Client continues placement in Dane Co as least restrictive.

In addition, one planned Group Home discharge occurred and has moved into a private dwelling with an adult child; AS will keep on the 42 board for oversight of success. This has been successful thus far.

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



Rusk County Public Health Department

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(For deaf and/or hard of hearing, please call us through Wisconsin Relay 711)



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.

July- August Report

- Summer has been busy at Public Health. Kayla, our WIC director, and myself had a table at National Night Out, providing program information for grownups and bubbles for the kids. Talhia and Amanda, our nurses, were at the Farmer's Market once a month representing Public Health at the Community Table, handing out information, and Kayla and Amber both took a turn promoting WIC and issuing Farmers Market Nutrition Program to WIC clients that were eligible and stopped by. I was at the Sister's Farm Hike on August 26 that Public Health promoted with LATA to encourage physical activity. Talhia attended the two-day, reproductive health conference in Wausau, in August.
- The DHS 140 Review is complete and we passed all state requirements. Attached you will find a copy of the report and the letter that was sent to us confirming we meet state requirements. The DHS 140 Review committee recognized the strong and positive relationship that exists between the HHS Board and the Public Health Department. And I would just like to thank the board for their continued support and insights. You all are appreciated!
- WIC active participants at the end of July are up to 324, which is an increase over the past two months. WIC staff continues to provide lead testing of children, refer to nursing staff to get childhood immunizations done, and referrals to dental for oral hygiene issues and to medical providers for things like low hemoglobin or other concerns.
- We continue to work on our CHIP objectives of promoting physical activity and building mental health resiliency. Ladysmith Area Trails Association

hosted an afternoon hike on August 26 and we had sixteen people show up. Several people simply saw the signs on the road and decided to join in. LATA did a great job leading the hikes and having the trails mowed, and we look forward to setting up another hike in October when the leaves will be changing.

- Just as a program update, Dr Samantha Runstrom has agreed to come on as our Medical Advisor for Public Health. She's very interested in taking an active role in looking at ways to improve the health of Rusk County residents. She also works at Oak Leaf Clinic here in town as a primary care provider. We are grateful to the past leadership Dr Parkhurst has provided these past few years and look forward to this new partnership with Dr Runstrom and working together to improve the health of Rusk County.

Updates on just a few of the thirteen ARPA Community Projects the HHS Board approved.

- The Storybook Path that the library manages in OJ Falge park has been completed. This was a Public Health ARPA project and the final results look great. The storybook that is featured changes each month.
- CharacterStrong, the emotional-social learning curriculum that Flambeau Elementary School requested ARPA funding for has been ordered and should arrive soon.
- The Family Resource Center in the basement of ICAA has been coming along. They held an event with WIC for Breastfeeding Week and had ten families attend. We allocated ARPA funding to purchase educational toys and furnishing the FRC.
- Also, enclosed is a thank you letter from the Blue Hills Area Trails Association for the ARPA funding they received.

Please feel free to reach out with any questions or concerns.

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

Tony Evers
Governor

Kirsten L. Johnson
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF PUBLIC HEALTH

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August 21, 2024

Phil Schneider, Chair
Rusk County HHS Board
311 E Miner Ave
Ladysmith, WI 54848

Dear Phil:

The Department of Health Services (DHS) congratulates the Rusk County Public Health for demonstrating the infrastructure and program capacity to be certified as a Level I Health Department. I am happy to report the Rusk County Public Health provided all services required by statute and rule.

I want to acknowledge the work of the Rusk County Public Health staff. Kaylee Bugbee, Health Officer, did an excellent job of providing quality evidence of meeting statutes and rules. I am acutely aware of the stress of operating a health department and that the demands on public health directors and professionals have increased exponentially during this state and global pandemic. Public health work impacts everyone and every corner of the community and succeeds when it is a shared effort. I applaud the dedicated efforts of Kaylee and the Rusk County Public Health staff to keep your jurisdiction healthy and safe.

I also appreciate the support of the Rusk County HHS Board for maintaining a strong public health department. When the basic needs of people and communities are met, they can better prevent and recover from challenges to their health and well-being. I am sure with ongoing support for evidence-based quality public health initiatives by you and your fellow board of health members, the Rusk County Public Health will continue to protect and promote the health of the people in your jurisdiction.

Sincerely,

A handwritten signature in black ink, appearing to read 'Paula Tran'.

Paula Tran
State Health Officer and Administrator

c: Kaylee Bugbee, Health Officer
Ashley Heath, Administrative Coordinator
Christa Cupp, Western Region Director



DHS 140 Review Report

*Rusk County Health and Human Services
Public Health Department*

Date: June 26, 2024
Review Level: I

Review Participants

Local Health Department Representatives	
Name	Title
Kaylee Bugbee	Health Officer, Rusk County Public Health
Jeremy Jacobs	Executive Director, Rusk County Health and Human Services
Wisconsin Department of Health Services (DHS), Division of Public Health (DPH) Staff	
Name	Bureau/Office and Title
Sharon Beck	DHS 140 Program Coordinator, Office of Policy and Practice Alignment (OPPA)
Christa Cupp	Western Region Director, OPPA
Charlotte Ahrens	Public Health Nurse Consultant, OPPA
Gabrielle Lentz	Public Health Strategist, OPPA

Contact Information for Post DHS 140 Review Correspondence

Board of Health Chair	Other requested local official(s) and VIPs
Phil Schneider, Chair Rusk County HHS Board 311 E Miner Ave Ladysmith, WI 54848	Ashley Heath Administrative Coordinator 311 E Miner Ave. Ladysmith, WI 54848
Local Health Officer	
Kaylee Bugbee, Health Officer Rusk County Public Health 311 Miner Avenue East Ladysmith, WI 54848	

Strengths and Best Practice Opportunities

Highlights, Strengths, and Impacts of Efforts

Area	Highlight(s)
Leadership	Rusk County Public Health (RCPH) benefits from supportive Health and Human Services (HHS) Board leadership. The HHS Board is actively engaged in the efforts and initiatives of the department and supports RCPH. They also have an engaged HHS Director, who is knowledgeable and involved with the health department's operations. RCPH also benefits from the leadership of their health officer, who has brought stability to the department after much staff turnover. The health officer has completed a community health assessment (CHA) and community health improvement plan (CHIP) in just over a year, as well as their first annual report in several years. The health officer is forward thinking, with plans for new programs, policy updates, partnership growth, and strategic planning. The combined support and leadership at all levels benefits not just the staff of the health department but the residents of Rusk County.
Partnerships	RCPH works to maximize their resources to meet the needs of the residents within their capacity. Therefore, RCPH collaborates with many partners to accomplish their strategic goals for their programs. RCPH leverages their partnerships for programming and initiatives, allowing RCPH to take the role of community strategist. Over the last year, the health department has been successfully reengaging partners and has regained support and interest in many RCPH programs and initiatives.
Land Use Planning	To promote land use planning and sustainable development activities to create positive health outcomes, RCPH utilized American Rescue Plan Act (ARPA) funding to build an Americans with Disabilities Act compliant playground on a former site of an elementary school. Additionally, RCPH utilized ARPA funding for trails associations to maintain area trails. Currently, the health officer is meeting with Chamber of Commerce to promote parks collaboratively and has plans to talk to Rusk County Land Information and Forestry departments to create user friendly, easy to follow maps to increase access to parks and trails, which supports the physical activity CHIP priority.

Best Practice Opportunities for Public Health Practice, Function, and Staffing

Area	Opportunities
CHIP Implementation	In 2023, RCPH partnered with Marshfield Medical Center and Wisconsin Institute of Public Policy and Service (WIPPS) to conduct a collaborative, community-wide CHA for Rusk County. After a robust CHA process, RCPH worked with partners to develop the CHIP. They are working to strengthen community partnerships and increase community ownership of the CHIP. This is an opportunity for RCPH to continue making strides in implementing, monitoring, evaluating, and improving their CHIP.

Area	Opportunities
Performance Management & Quality Improvement	Performance management (PM) and quality improvement (QI) are areas of recent interest for the department. RCPH self-identified PM and QI as an area where they would like to expand their expertise. They plan to conduct more program evaluations and grow their PM/QI work.
Policy	RCPH currently maintains a log of their internal policies and the health officer self-identified an opportunity to update their policies and procedures. With many new staff, RCPH is continuing to explore how to engage diverse populations in policy development. Updated policy will help RCPH move forward purposefully as an organization, build community involvement, and ensure best practice guidelines are in place.

Discussion Notes

Area	Summary
Jurisdiction and Structure	<p>Rusk County is located in Northwestern Wisconsin with a population of 14,000. Ladysmith is the county seat and has a population of three thousand. Ninety-four percent (94%) of the population identify as Caucasian, four percent (4%) identify as mixed race, and two percent (2%) identify as Hispanic. Less than one percent identify as Native American, Asian American, or African American. The county is very rural. Two-thirds of residents work in manufacturing, retail, or construction. Major employers include Weathershield (door and window manufacturing), Jeld-Wen (door and window manufacturing), the county, school districts, Walmart, Dollar General, and the healthcare system. Jeld-Wen is closing this summer which is expected to impact the county.</p> <p>There is one hospital in the county with 12 beds. Most patients are sent on to larger medical centers such as Eau Claire. The Prevea Clinic in the county closed in spring 2024. To maintain access to services the county purchased the building. They are leasing it to Oakleaf Clinics, an independent clinic network serving Northwestern Wisconsin. Rusk County has two clinics- Oakleaf and Marshfield Medical Center. Access to healthcare is an issue and some services, such as ob-gyn, are most closely located in Eau Claire, just over an hour away. There is one nursing home located on the east side of Ladysmith, and several small assisted living facilities in the county. Services are located exclusively in Ladysmith.</p>

Area	Summary
<p>Jurisdiction and Structure (continued)</p>	<p>Rusk County Public Health (RCPH) has a staff of four full-time employees, two nurses, an environmental health position, and the health officer. One of the nurses also serves as a school nurse. WIC staff include a part-time registered dietician, a part time Competent Professional Authority, and a part-time breast-feeding peer counselor. Birth to three services are provided by CESA and managed by a part-time coordinator. Staff turnover is a challenge for the department. The health department had four health officers in the last five years which impacted their operations. RCPH has found stability with their current health officer who started in May 2023. The health officer reports to the HHS director.</p> <p>Leadership is a strength of RCPH. See “Highlights, Strengths, and Impacts of Efforts” for more information.</p>
<p>Board of Health</p>	<p>The Rusk County HHS Board is comprised of nine total members with five elected and four community members. The members are representative of the overall Rusk County demographics, geographically diverse, many with lived experiences, and connections to the populations served by RCPH. The HHS Board is supportive of RCPH and is actively engaged in the efforts and initiatives of the department. During the site visit, it was shared that HHS board members were active in the Community CHA and CHIP process by distributing CHA surveys. One example was utilizing HHS board member connections to distribute CHA surveys at local businesses in a more difficult to reach part of the county that is less resourced. The HHS Board was receptive to public health measures during the COVID-19 pandemic. The health officer is often at the HHS Board meetings, and the HHS Board is supportive and trusting of public health as demonstrated by their support for the items RCPH presents to the board.</p>
<p>Community Health Assessment and Improvement</p>	<p>In 2023, RCPH partnered with Marshfield Medical Center and Wisconsin Institute of Public Policy and Service (WIPPS) to conduct a collaborative, community-wide community health assessment (CHA) for Rusk County. RCPH used mixed methods to increase their survey response rate and ensure the data collected reflected their population makeup. Surveys were distributed via their website, social media, news outlets, paper copies at libraries and events, and through WIC and Meals on Wheels. Rusk County Sheriff's Department distributed paper surveys to inmates. Data was presented at a community meeting and those present voted on their top three concerns. The previous CHA was completed in 2018.</p>

Area	Summary
<p>Community Health Assessment and Improvement (continued)</p>	<p>Following analysis of the community data and community meeting results, the 2024 Rusk County community health improvement plan (CHIP) was created with objectives to improve mental health and decrease stigma around mental health as well as improve physical activity. RCPH is in the process of implementing their CHIP and have monthly meetings with community partners and an open call to the community for increased involvement in the implementation efforts. The previous CHIP was started in 2019 but not completed due to staff turnover and the COVID-19 pandemic. The health officer stated they intend to grow and update the current CHIP as needed.</p> <p>CHIP Implementation is an opportunity for RCPH. See “Best Practice Opportunities for Public Health Practice, Function, and Staffing” for more information.</p>
<p>Surveillance and Investigation</p>	<p>RCPH has provided a robust, multi-language, and widely dispersed CHA data survey for their efforts in the systematic collection and analysis of the health status of their communities. Surveillance of communicable diseases, injury, hospitalizations, and outbreaks is continuously monitored through the Wisconsin Electronic Disease Surveillance System (WEDSS) and with recent access to electronic healthcare records. Vigilant monitoring is further enhanced by the reporting, data collection and analysis of public health situations through their exceptional relationships with local schools, daycare, healthcare clinics, nursing homes, Aging and Disability Resource Center (ADRC) (to reach people in their homes), and with people who are incarcerated. They assure the collection of population-based data across the lifespan through efforts like migrant farm worker outreach with language interpreters and the provision of the CHA survey and other educational materials in Spanish.</p> <p>This small, rural health department leverages their strong connections with healthcare, zoning, building inspectors, law enforcement, and social services to obtain advice, complaint support, and human health hazard investigation assistance. In taking the lead in these cases by implementing a thorough complaint and investigation process, RCPH staff further assures an ongoing analysis of cases, which will be key information that will inform a stronger and clearer human health hazard ordinance in the near future.</p>

Area	Summary
<p>Communicable Disease Control</p>	<p>RCPH provides communicable disease (CD) control, working with the WEDSS daily to provide prompt reporting of suspect and confirmed CDs. To assure providers report CDs, RCPH maintains good relationships with the clinics, hospitals, and infection preventionists in their jurisdiction. They have provided outreach to Marshfield Medical Center about the importance of prompt reporting and letting the patient know their information is shared with public health and the health department will be contacting them.</p> <p>RCPH administers the VFC and VFA programs. They have a solid relationship with the Plain Clothes community and do farm visits and coordinate with WIC appointments to administer vaccines. They hand out free children's books with vaccinations. RCPH also offers vaccinations at their building and does seasonal flu shot clinics for local residents, county staff, and area school districts.</p>
<p>Other Disease Prevention</p>	<p>RCPH utilizes robust partnerships to prevent other diseases in Rusk County. RCPH maintains a presence at the local farmers' market to distribute tick kits and first-aid kits, promote county parks and trails/physical activity, and plan to provide blood pressure and education in the future. RCPH collaborates with local emergency medical services to provide safety and first-aid education. RCPH engages county libraries to provide education through information shared on large library monitors. RCPH works closely with the ADRC to support the aging population. In the spring of 2024, RCPH held a bike fair/safety rodeo and worked with state troopers to provide car seat safety education. RCPH is currently leveraging partners to provide car seat inspections. RCPH utilizes social media to share education and provide daily education.</p> <p>During the recent CHA process, dental health care was a topic of discussion, and the RCPH WIC director is very passionate about dental care. RCPH supports the Bridging Brighter Smiles and NorthLakes Community Clinic to provide dental services to those underinsured and without insurance as only one dental provider in Rusk County accepts BadgerCare. There have been recent healthcare closures that impacted the Chippewa Valley, including Rusk County. The county worked to secure the Oakleaf practice, a team of independent physicians, in establishing a practice in the county to retain local providers.</p> <p>Rusk County has Plain Clothes and Hispanic communities within their jurisdiction. RCPH works closely with an interpreter/community health worker to support the Hispanic community members. The RCPH nurse provides the Healthy Beginnings program to the Plain Clothes community. RCPH continues to build relationships with both communities.</p>

Area	Summary
<p>Emergency Preparedness and Response</p>	<p>RCPH is an active member of the Western Wisconsin Public Health Readiness Consortium (WWPHRC), a 22 county and Tribal agency-strong workgroup that assures plans and systems are in place for emergency response. They also work with their local emergency planning committee and area partners (e.g., DNR, law enforcement, ADRC, etc.) in planning with their local emergency manager. Some actions include sharing their Public Health Emergency Preparedness Plan (PHEP), strengthening their Continuity of Operations Plan (COOP), co-leading and participating in table-top exercises, shelter identification, and working with community agencies like ADRC to identify vulnerable people requiring home, energy assistance, and transportation for re-location in the event of public health emergencies.</p>
<p>Health Promotion</p>	<p>RCPH promotes practices that support positive public health outcomes and resilient communities through various programming. RCPH provides cribs for kids, infant safe sleep education, healthy beginnings, postpartum and newborn support, Narcan training, reproductive health program, and more. In 2023, RCPH received grant funding for a Narcan Box that was placed in their government center and 130 people were trained.</p> <p>Health literacy is considered when developing materials. RCPH utilizes the software Grammarly and tries to keep materials a fifth grade reading level. They also utilize promotional materials from the state to avoid reinventing the wheel.</p>
<p>Human Health Hazard Control</p>	<p>RCPH maintains agent contracts with the Wisconsin Department of Agriculture, Trade and Consumer Protection (food and lodging), the Wisconsin Department of Natural Resources (transient non-community water systems and beach testing), and the Department of Public Instruction (DPI) (school food safety program) to provide environmental health services. RCPH operates their own in-house water lab which tests for bacteria. An area lab, Colfax, handles their nitrate, lead, manganese and arsenic testing. They are partnering with the Rusk County Land and Water Division to complete geo-mapping of wells with elevated nitrate levels. Free water testing is offered to WIC clients.</p> <p>RCPH reports and investigates occurrences of occupational disease, environmental disease, and human health hazard exposures in a variety of ways. The WIC program provides lead testing to children. Each WIC clinic has a machine to do testing onsite. RCPH provides education if elevated lead levels are identified and is working to improve follow up from families. RCPH investigates human health hazard complaints and partners with other departments as needed (local municipalities, corporate counsel, Zoning, Sheriff's Department, etc). In 2023, nine complaints were investigated, resulting in six orders and two placards. An additional nine complaints have been received in the first half of 2024.</p>

Area	Summary
<p>Policy and Planning</p>	<p>RCPH currently maintains a log of their internal policies, and physician standing orders are signed annually by the medical advisor. The health officer identified an opportunity to update their policies and procedures. With many new staff, RCPH is continuing to explore how to engage diverse populations in policy development.</p> <p>To promote land use planning and sustainable development activities to create positive health outcomes, RCPH utilized American Rescue Plan Act (ARPA) funding to build an Americans with Disabilities Act compliant playground on a former site of an elementary school. Additionally, RCPH utilized ARPA funding for trails associations to maintain area trails. Currently, the health officer is meeting with Chamber of Commerce to promote parks collaboratively and has plans to collaborate with Rusk County Land Information and Forestry departments to create user friendly, easy to follow maps to increase access to parks and trails, which supports the physical activity CHIP priority.</p> <p>RCPH self-identified policy development and review as an area where they are working to improve. See “Best Practice Opportunities for Public Health Practice, Function, and Staffing” for more information.</p> <p>Land use planning is a strength of RCPH. See “Highlights, Strengths, and Impacts of Efforts” for more information.</p>
<p>Leadership and Organizational Competencies</p>	<p>RCPH works with many partners to accomplish their strategic goals for their programs. For example, Embrace Services, a domestic violence shelter, works with staff regarding community disparities; Indianhead Community Action Agency opened a family resource center and is also promoting breastfeeding awareness week. Close partnerships while serving on infant death review team/Infant Safety Committee has resulted in county-wide distribution of welcome packs and enhanced education for new parents. RCPH strengthened relationships with area librarians and has resulted in more educational and outreach events (i.e. survey distribution, stroke information, Baby Welcome Packs) hosted in welcoming environments to populations across the lifespan.</p> <p>Access to legal counsel is directly initiated through RCPH’s HHS Director. Corporation Counsel is a part time position and located off-site, but they are always available by phone or email as needed for their expertise.</p>

Area	Summary
<p>Leadership and Organizational Competencies (continued)</p>	<p>RCPH promotes equity conversations with staff in considering and understanding the effects of economic, transportation, housing, and literacy challenges on vulnerable populations. An example of this is through assessing the living conditions of the people they serve, access to healthcare, and safe living and working environments. The department's approach to population-based services includes meeting people where they are at, thus assuring county-wide access to public health services, resources, and referrals.</p> <p>Confidentiality of public health records with identifiable information is safeguarded through many processes that include document destruction and keeping printed materials hidden. RCPH uses Nightingale notes for electronic health records, uses encrypted emails, locked computers, and locked office doors when not in use. HIPAA training is required for all public health staff and those using shared equipment (e.g. fax/copy machines).</p> <p>Partnerships are a strength of RCPH. See "Highlights, Strengths, and Impacts of Efforts" for more information.</p>
<p>Performance Management and Quality Improvement</p>	<p>PM and QI is an area of recent interest for the department. Rusk County has had 4 health officers in 5 years, which affected the continuity of operations. The new health officer entered the role a little over a year ago at which time, RCPH did not have a current CHA, CHIP, or annual report. Over the past year, they have been able to complete and publish a CHA, CHIP, and annual report. They plan to conduct more program evaluation and grow their PM/QI work.</p> <p>RCPH self-identified this as an area where they are working to improve. See "Best Practice Opportunities for Public Health Practice, Function, and Staffing" for more information.</p>
<p>Workforce Development</p>	<p>RCPH provides continuing education and training opportunities to staff based on position needs and staff interest. They are planning for services and programs they would like to offer, such as car seat checks with safety technicians. They also complete team building activities, such as Strengths Finder. Required licenses are checked before hiring staff and annually as part of staff evaluations. Copies of licenses and renewals are kept in the employee files.</p>

DHS 140 Review Report
Rusk County Public Health

Area	Summary
Public Health Nursing Services	<p>The health officer of RCPH is a BSN and clinically experienced registered nurse who oversees the two staff nurses. They meet every two weeks to discuss and review programs and objectives for consolidated contracts, strategic planning, and department services. This is a small nursing team that successfully wear many hats and are integrated into all public health programs, initiatives, and plans in the department, including the CHA/CHIP. The health officer sits on many coalitions and boards and confers regularly with the HHS Director. RCPH maintains and delivers a very comprehensive school nurse contract service with the Bruce School District, which assists in strong school-community partnerships, surveillance of CD, direct clinical services for all students (including those with chronic conditions), and the provision of health education (i.e. annual puberty education to the 5th grade). Through collaboration with other public health and social service professionals, RCPH assures the extensive programmatic reach of their general public health nursing program and population-focused services throughout their rural jurisdiction.</p>



BLUE HILLS TRAIL ASSOCIATION, INC.



P.O. Box 251 • Bruce, WI 54819-0251

August 2024

Dear Rusk County Department of Public Health,

Thank you for your assistance in providing ARPA funding for the Blue Hills Trail with your recent cash donation of \$1830. Your financial support helps the Blue Hills Trail Association provide the best skiing possible, along with year-round access to and maintenance of the Blue Hills Trail.

To keep track of trail and ski conditions – plus updates regarding upcoming events – remember to visit our website: www.bluehillstrail.com
If you have any questions, email bluehillstrail@gmail.com

Thanks again for your support. We realize that the Blue Hills Trail Association is just one of many nonprofits in need of your help – and we are grateful that you consider our organization's efforts worthy of your time and effort.

Sincerely,

BHTA Officers
John Waldron (President)
Geary Searfoss (Vice President)
Tom Paulsen (Secretary/Treasurer)

The Blue Hills Trail Association is a 501(c)(3) nonprofit organization. Your contribution is tax-deductible to the extent allowed by law. You have received no goods or services as a result of this contribution. Federal Tax ID 38-3740844.

Hi Kaylee,
We greatly appreciate your help
acquiring ARPA funding!
Thank you Tom Paulsen

**Rusk County Department of Health and Human Services
Aging & Disability Resource Center**

Nutrition Meeting

Nutrition Services held its regular quarterly- meeting April 18, 2024 following the ADRC Committee meeting that starts at 1:00 pm.

PRESENT: Kathy Walthers, Angie Harvey, Kathy Halbur, Marlene Tuma, Richard Tuma, Mary Sue Timmerman, John Smatlak, Jeremy Jacobs, Shannda Ladwig, Mark Schmitt, Mary Schneider,

EXCUSED: Fawn Armstrong,

AGENDA:

1. Call meeting to order 2:31 pm
2. Election of Chair K. Halbur nominates Mark Schmitt continue as chair, M. Tuma, 2nd, all in favor, no opposed
3. Election of Vice Chair K. nominates Sue Timmerman as Vice Chair and M. Tuma 2nd; all in favor, no opposed
4. Approval of minutes from previous meeting. M. Tuma 1st, J. Smatlak 2nd, all in favor, no opposed
5. Public input n/a
6. Review Balance of Appointments same as ADRC appointments, everyone in agreement to keeping the same
7. Appointment of Committee Member(s) K. Halbur appoint Mark Schmitt and Alice Kesan, M. Schneider 2nd, all in favor, no opposed
8. Senior Services
 - a) Employee Status No openings for aging/nutrition
 - b) Share the Love (Nov. 16, 2023- January 2, 2024)- Letter for Program info. We will be receiving \$3,333.12; (\$26,664.95 for whole year for Wisconsin, 8 participants)
 - c) Commodities-
 - i. 96 Registered good rhythm with issuing shares; lots of volunteers that help it flow well; Pick up is Thursday following the 2nd Monday each month; discussion on capping at 100 participants, no decisions at this time
 - d) GMO- Performance update approval to add as new vendor (formerly known as Reinhardt Looking into program they have for menu/nutrition information
9. Other Updates Operations manual for nutrition updated

*Farmer market vouchers, start to issue in June, will get 5, \$9 coupons

Adjourn 2:54; K. Halbur motion, M. Tuma 2nd, all in favor, no opposed

Next Meeting date is **Thursday August 15, 2024** following 1:30 p.m. Senior Center

2024 Quarterly meetings Following ADRC Committee meeting: (April 18 LEC- 1 pm,
August 15 SC- 1:30 pm, October 17 SC- 1:30 pm, Dec 19 LEC- 1 pm- Potluck 12:30pm)

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

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 June 20, 2024 at 1:00

PRESENT: Kathy Walthers, Angie Harvey, Fawn Armstrong, Jeannie Ollinger, Mary Schneider, Jeremy Jacobs, Kathy Halbur, Shannda Ladwig, Mary Sue Timmerman, Marlene Tuma, John Smatlak, Mark Schmitt, Sherry Wallace, Richard Tuma.

EXCUSED: Mike Russell

1. Call meeting to order 1:08pm Motion: Marlene Tuma, Seconded: John Smatlak
 2. Approval of minutes from previous meeting. -update to cost for internet \$25,000 and NOT \$225,00.
 3. Public Comment- none
 4. HHS -Children & Family Services employment down, looking at expanding parameters for wages and education. Accessible doors at senior center need to be fixed.
 - a. Veteran's column Source- requesting article to be benefit driven, starting with new VSO. VSO Retirement 8/9, 3 applicants qualified.
 5. Aging & Disability Resource Center/Senior Services
 - a) ADRC
 - i. Advocacy
 - i. Date May 14th, Aging Advocacy Day – discussed how it went- Went great 7 people went to represent Rusk County.
 - ii. Next Town Hall- With Independence Your Way -We had a presenter for end of life choices and a Panel to discuss Health Care options. A video of the event is on Facebook and partners sites.
 - ii. ADRC Positions Introductions: Information and Assistance position- Virginia Jacobs starts 6/24/2024 DBS position- Jeannie Ollinger 5/20/2024
 - b) Aging-2025-2028 Aging Plan
 - i. Survey results- see attached
 - ii. Reviewed Focus points
 - c) Other
 - i. Other updates
 - Activities- Mary Sue Timmerman organized an art class at Flambeau
 - Kathy Halbur asked for Senior Farmer Market Vouchers Field Trips rides form RCTC. Shannda reported that the biggest bus through RCTC is retiring. Looking at transportation options. They will connect and work to see if trips are possible.
 - Commodities are now waitlisted for new signups. Only allowed 90 participants and have 91 currently. With 1 on the wait list.
- Adjourn: Motion: Mary Sue 2:23pm Seconded by John Smatlak
Next Meeting date is **Thursday, August 15, 2024**, 1:30 p.m. at Senior Center
2024 Bi Monthly (Feb 15 SC-1:30 pm, April 18 LEC- 1 pm, June 20 LEC-1 pm; August 15 SC- 1:30pm, October 17 SC- 1:30 pm, Dec 19 LEC- 1 pm- Potluck 12:30pm)

**Rusk County Health & Human Services Board Meeting,
September 2024
Child Support Services**

(Information current as of August 31, 2024)

Current Case Count: IVD Cases: 813
 NIVD Cases: 301
 Total Case Count: 1114

Collections for Current Federal Fiscal Year:

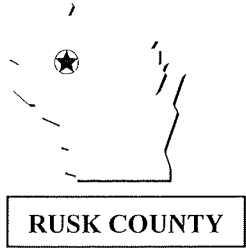
Oct 2023	\$143,682.15	Apr 2024	\$153,068.06
Nov 2023	\$142,566.52	May 2024	\$147,986.25
Dec 2023	\$146,800.20	June 2024	\$141,079.27
Jan 2024	\$139,797.45	July 2024	\$140,580.39
Feb 2024	\$151,571.74	Aug 2024	\$135,893.00
Mar 2024	\$173,136.22	Sept 2024	

Performance Measures

	Paternity Establishment Rate	Court Order Establishment Rate	Current Support Rate	Arrears Cases
Rusk County	108.21	93.31	80.32	82.28
State of WI	94.94	83.75	74.46	66.90
Measures	90%	80%	80%	80%

General Information:

We are nearing the end of FFY24- September 30th, that year sure went fast! Our performance measure percentages are right on track for FFY24, with just one month to go! The child support team works very hard to achieve these measures, as it allows us to obtain the maximum funding available. We are also well above the State of Wisconsin average in all 4 measures.



RESOLUTION #

MENTAL HEALTH SERVICES AND FUNDING ALLOCATION

TO THE RUSK COUNTY BOARD OF SUPERVISORS

ROLL CALL Board Members	AYE (Yes)	NAY (No)	Abstain / Excused
1. ALEC HAMPTON			
2. JERRY BILLER			
3. STACY ZIMMER			
4. JOHN MOORE			
5. TERRY WEDWICK			
6. SHERRY WALLACE			
7. SUZANNE VOHS			
8. TOM CUDO			
9. PHIL UNTERSCHUETZ			
10. BRIAN COGGINS			
11. PHIL SCHNEIDER			
12. JIM MEYER			
13. KURT GORSEGNER			
14. JOHN KALEPP			
15. TOM HANSON			
16. LOIS GOODE			
17. DAVE WILLINGHAM			
18. MIKE RUSSELL			
19. DAN GUDIS			
TOTAL			

RESOLUTION ACTION

Vote Required: Majority Vote of a Quorum

Motion to Approve Adopted

1st _____ Defeated

2nd _____

No: _____ Yes: _____ Exc: _____

Reviewed by: _____, Corp. Counsel

Reviewed by: _____, Finance Director

FISCAL IMPACT: (Note if there is any fiscal impact or not)

Certification:

I, Connie Meyer, Clerk of Rusk County, hereby certify that the above is a true and correct copy of a resolution that was adopted on the _____ day of _____, 2024 by the Rusk County Board of Supervisors.

 Connie Meyer
 County Clerk, Rusk County

1 **WHEREAS**, Rusk County (“County”) is concerned that the public mental health
 2 system in Wisconsin is in need of additional resources to respond appropriately to the
 3 needs of individuals with persistent mental illness and those experiencing a mental health
 4 crisis; and

5 **WHEREAS**, state law designates counties with the responsibility for the well-
 6 being, treatment, and care of individuals with mental illness, and serving those without
 7 private insurance coverage; and

8 **WHEREAS**, the Medical Assistance program (MA) covers an array of mental
 9 health services, ranging from office-based therapy to inpatient hospitalization, and many
 10 of these services are delivered by counties; and

11 **WHEREAS**, Community Support Programs (CSP) offer intensive community-
 12 based care for adults whose mental illness and functional limitations might otherwise
 13 require them to need institutionalized care. Counties use CSP services to keep people out
 14 of extended hospitalizations and support people in the community following emergency
 15 detentions; and

16 **WHEREAS**, counties are required to provide Crisis intervention services
 17 including an emergency mental health services program to serve persons in crisis
 18 situations; at a minimum, 24-hour crisis telephone service and 24-hour in-person
 19 response on an on-call basis; and

20 **WHEREAS**, while the state pays the full cost of most MA services, when it
 21 comes to county-based CSP and Crisis mental health services, the county finances the
 22 cost of the services up front, and receives MA reimbursement for only the federal share
 23 for that service, and

24 **WHEREAS**, Community Aids funding has not kept pace over the years with
 25 increased county costs for services, resulting in counties bearing a disproportionate share
 26 of CSP and Crisis service costs from county tax levy; and

27 **WHEREAS**, counties are limited in their capacity to use tax levy revenue due to
 28 state levy limits, so the lack of Community Aids increases combined with strict property
 29 tax controls makes it difficult for counties to maintain Crisis and CSP services; and

30 **WHEREAS**, in addition to the costs to county human service departments,
 31 counties and municipalities also incur law enforcement costs to transport and provide
 32 security for persons in a crisis; and

33 **WHEREAS**, the awareness of the 988 National Suicide & Crisis Lifeline has
 34 made mental health assessment and referral more readily available, resulting in more
 35 demand on the mental health crisis systems; and

36 **WHEREAS**, stagnant state funding results in variations in the extent of services
 37 available across counties, wait lists for services, and eligible people receiving limited
 38 services; and

39 **WHEREAS**, the limited state funding for Crisis services makes it difficult for
 40 counties to implement new evidence-based services, such as mobile crisis workers that
 41 could meet law enforcement officers in the field for crisis calls, that would reduce the
 42 need for law enforcement involvement and provide a more trauma-informed response to
 43 crisis situations, and;

1 **WHEREAS**, Wisconsin's counties continue to cover the costs of mental health
2 services for individuals who are not Medicaid eligible, and;
3

4 **NOW, THEREFORE, BE IT RESOLVED:** that the Rusk County Board of
5 Supervisors does hereby request that the state of Wisconsin, in its 2025-27 state biennial
6 budget, provide state GPR funding to cover the full non-federal share of MA CSP and
7 Crisis services, and;
8

9 **BE IT FURTHER RESOLVED**, that the Rusk County Clerk is hereby authorized and
10 directed to send a copy of this Resolution to the Governor of the State of Wisconsin,
11 Wisconsin State Legislators with a constituency within Rusk County, and the Wisconsin
12 Counties Association.
13

SUBMITTED BY:

Rusk County Health and Human Services
Committee

Phil Schneider, Chairman

John Moore

Lois Goode, Vice Chairman

Tom Hanson

Sherry Wallace



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WICOUNTIES.ORG

MENTAL HEALTH COMMUNITY SUPPORT PROGRAM & CRISIS SERVICES

State law designates counties with the primary responsibility for the well-being, treatment, and care of persons with mental illness. If persons are diagnosed with mental health conditions that require treatment, counties are responsible for serving persons that do not have private insurance coverage. Generally, since mental health and substance abuse services are covered benefits under private health insurance plans, county services are typically provided for those without private insurance or are supportive services not covered by private insurance. In addition, county programs frequently provide mental health care and substance abuse services for those eligible for the state's medical assistance program.

The medical assistance program (MA) covers an array of mental health services, ranging from office-based therapy to inpatient hospitalization, and many of these services are delivered by counties. The financing of county-based mental health services differs from most other MA services. For most MA services, the provider reimbursement payment is split between the federal share (approximately 60%) and state share (approximately 40%.) For county-based mental health services, the county finances the cost of the services up front and receives a reimbursement payment from the MA program equal to the federal share for that service, meaning that the county is responsible for the 40% nonfederal share (as well as any cost that exceeds the reimbursement payment). In addition, for persons who are not MA eligible, counties pay the full cost of mental health services.

In 2013 the state fully funded Comprehensive Community Services (CCS) which led to expansion of community-based services. 2013 Wisconsin Act 20 included a provision that required the Department of Health Services (DHS) to reimburse CCS providers for both the federal and non-federal costs of these services if the services were provided on a regional basis.

Community Support Program

CSP offers intensive community-based care for adults whose mental illness and functional limitations might otherwise require them to need institutionalized care. Counties use CSP services to keep people out of extended hospitalizations and support people in the community following emergency detentions.

Sixty-five counties operate certified programs under DHS Administrative Rule 63. According to DHS information for CY 2022, counties spent approximately \$50 million on CSP services and received \$30 million in federal MA reimbursement. The state GPR cost to fully fund CSP would be approximately \$20 million per year.

Keep in mind that full funding of CSP services could reduce the utilization of other MA services. For instance, if expanded CSP services would result in a decrease in inpatient hospitalization (one of the primary objectives of CSP), there could be a reduction in MA costs for inpatient hospitalization.

Crisis Services

Another required function of the county is providing an emergency mental health services program to serve persons in crisis situations. At a minimum, crisis intervention programs must offer 24-hour crisis telephone service and 24-hour in-person response on an on-call basis. For persons who are Medicaid eligible, counties can receive MA reimbursement for Crisis Intervention services. Sixty-five counties operate certified Crisis programs under DHS Administrative Rule 34.

According to DHS information for CY 2022, counties spent approximately \$78 million on MA reimbursable Crisis services. In addition, counties spent at least \$20 million on Crisis services for persons who are not MA eligible. Counties received approximately \$47 million in MA federal reimbursement for Crisis services, leaving \$31 million for the nonfederal share.

Prior to 2020, counties were responsible for the entire nonfederal share of the Crisis services cost similar to the CSP. Since 2020 the state pays a portion of the nonfederal share, provided certified counties participate in shared regional services and meet a maintenance of effort (MOE) requirement, which is equal to 75% of the three-year average of the county's crisis intervention expenditures in calendar years 2016 through 2018. To the extent counties exceed the MOE cap, DHS provides some state GPR reimbursement for the nonfederal share of Crisis services.

For CY 2022, counties received approximately \$10 million GPR reimbursement for the \$31 million nonfederal share, leaving a county cost of \$21 million for MA reimbursable crisis intervention services plus the costs for persons who are not MA eligible. While the 2019 law change providing partial state GPR funding for crisis services was a step in the right direction, the additional state funding has yet to have a substantial impact on reducing the disproportionate county share.

State funding sources available to counties that can be used as match for crisis and CSP services include Community Aids Basic County Allocation and Community Mental Health Allocation. The Community Aids funding has not kept pace over the years with increased county costs for services, resulting in counties bearing a disproportionate share of CSP and crisis service costs from county tax levy. Counties are limited in their capacity to use tax levy revenue due to state levy limits, so the lack of Community Aids increases combined with strict property tax controls makes it difficult for counties to maintain crisis and CSP services.

In addition to the costs to county human service departments, counties and municipalities also incur law enforcement costs to transport and provide security for persons in a crisis. The limited state funding for crisis services makes it difficult for counties to implement new evidence-based services, such as mobile crisis workers that could meet law enforcement officers in the field for crisis calls, that would reduce the need for law enforcement involvement and provide a more trauma-informed response to crisis situations.

CURRENT STATUS: The public mental health system in Wisconsin is in need of additional resources to respond appropriately to the needs of individuals with persistent mental illness and those experiencing a mental health crisis. Stagnant state funding results in variations in the extent of services across counties, wait lists for services, and eligible persons receiving limited services.

REQUESTED ACTION: The Wisconsin Counties Association respectfully requests:

- State GPR be provided at \$20 million annually to fund the non-federal share of MA Community Support Program (CSP) services.
- State GPR be provided at \$21 million annually to fully fund Crisis services statewide and eliminate the MOE requirement for MA reimbursable services

TALKING POINTS:

- In 2022 counties spent approximately \$128 million on Medicaid eligible crisis and CSP services.
 - The counties received approximately \$77 million reimbursement from the federal government and state reimbursement for \$10 million for costs exceeding the MOE.
 - \$41 million was Medicaid reimbursable but the counties did not receive dollars.
- If the Medicaid reimbursement for CSP and crisis intervention services is fully state funded, counties will remain responsible for persons that are not Medicaid reimbursable.
 - Counties spent \$20 million on crisis services for non-Medicaid eligible individuals in 2022.
 - Counties provide similar CSP services to the non-MA population such as case management, daily living skills, medication management, etc.
- As of February 2021, 36.4% of adults in Wisconsin reported symptoms of anxiety or depression.
 - This led to 859,000 adults in Wisconsin having a mental health condition with 18.6% unable to get needed treatment.

Contact: Chelsea Shanks, Government Affairs Associate
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