

2015 Annual Report



Portage County Health and Human Services

The mission of Portage County Health and Human Services Department is: To promote the health, safety, and well being of Portage County residents.

We attempt to accomplish this mission by offering a variety of services to our residents. Our services are available to any residents regardless of age, race, religion, color, sex, national origin, ancestry, handicap, physical condition, developmental disability [as defined in s.51.01(5)], arrest or conviction record [s.111.32], sexual orientation, marital status, or ability to pay.

Portage County Executive: Patty Dreier

Portage County Health and Human Services Board

Jeanne Dodge, Chair
Jim Krems
Dan Dobratz
Jerry Walters
James Clark

Nancy Prince, Vice Chair
Lonnie Krogwold
Chris Doubek
Gene Numsen, Citizen



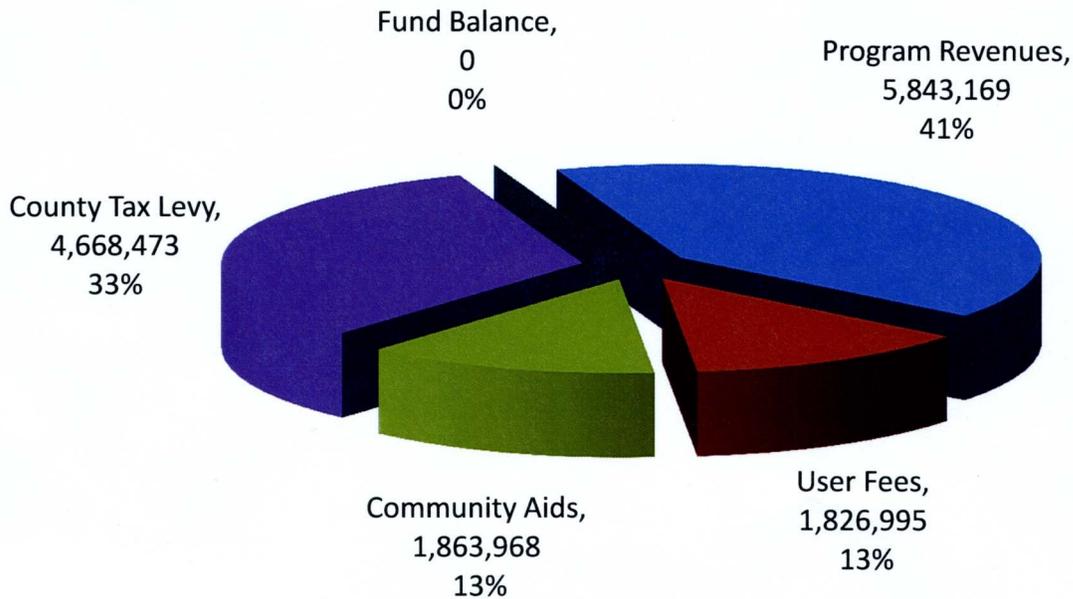
Financial P.2
Administration/Business P.3
Community Programs P.4-7
Public Health P.8-16
Children & Family Services P.17-24

Financial Information

COMBINED ACCOUNTS

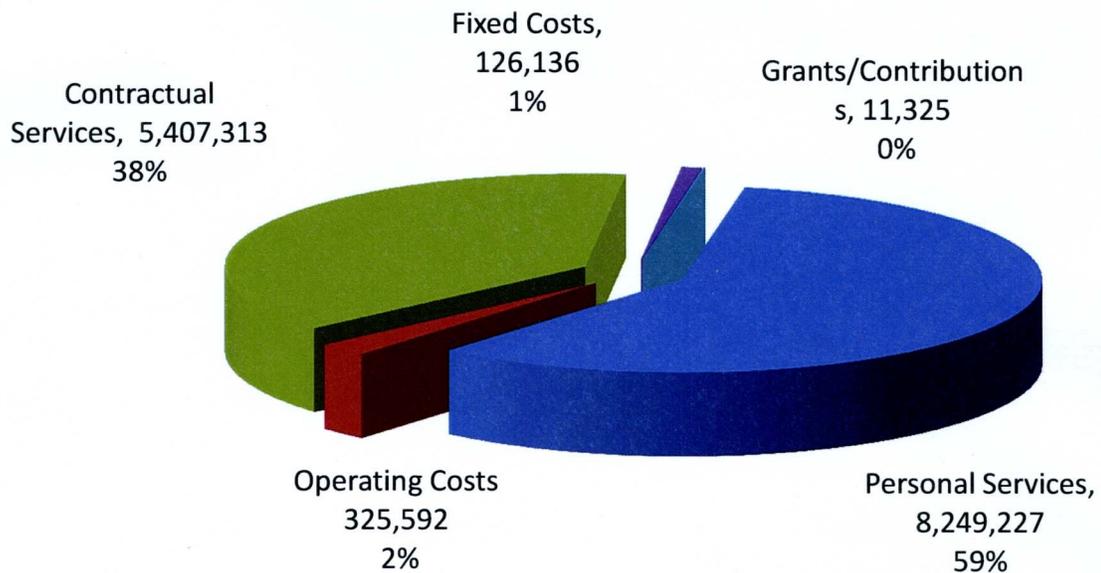
Revenues

Total = \$14,202,605



Expenses

Total = \$14,119,593



Division of Administration



Administrative Support Staff perform numerous services for the public and staff at PCHHS. The Division's goals are to provide exceptional customer service to the residents of Portage County and to our co-worker's as well, to assure the results of those interactions are positive and have a satisfactory outcome.



Administrative staff provide front desk services which include answering the main phone lines, (PCHHS & Child Support), checking in clients for appointments, scheduling appointments, receiving and receipting payments for accounts receivable, issuing bus passes/vouchers, accessing CARES/KIDS state system to provide customer information for child support and economic support questions, assisting all visitors as necessary to fulfill customer service satisfaction, optical imaging documents into 3 different imaging systems, processing incoming and outgoing faxes, and assisting clients who can't afford their medications in obtaining prescription medicines by utilizing the Patient Assistance Program.

The number of visitors to HHS in a given month is hard to pinpoint, but the average number of scheduled Mental Health Clinic appointments is 200+ per month. Appointments with staff other than the Mental Health Clinic and those customers who do not have an appointment but come to our agency seeking assistance for any of the services we offer also adds greatly to the numbers of visitors we serve at PCHHS. This necessitates the need to have extensive knowledge of the various Divisions at PCHHS and what programs and services they provide to the public. Front desk staff are often the first contact the public has with our agency, and we strive to always provide excellent customer service.



Administrative staff provide dictation transcription; take minutes for the HHS Board and WCHSA; process incoming and outgoing mail; purchase and distribute office supplies/equipment to staff as needed for day to day operations; creation of and printing documents; photocopying/binding/laminating of agency documents, brochures, posters, and other printed items as requested by staff.

Staff transcribe documents which included letters, memos, case notes, court reports, reports, meeting agendas and minutes, and other miscellaneous documents. Some of these are entered directly into the optical imaging system from dictation, others are printed off and given to staff, or emailed to staff if requested. Paper documents are scanned and placed in the imaging system.

Staff are responsible for processing intakes into the AS400 system. Incoming mail is opened, date stamped, and distributed to staff mailboxes on a daily basis. Outgoing mail is taken to the Courthouse and processed by staff.

	2013	2014	2015
Patient Assistance*	47	40	16
Phone calls received	58,232	54,741	52,567
Purchasing Requisitions	252	215	95
Transcription	5,076	5,084	5,062
Medical Records released	Not available	500	368
Scanned Documents**	Not available	52500	75.902
Intakes Completed**	1,315	1,247	760
Outgoing Mail***	42,945	50,093	50,865
Incoming Mail***	29,124	23,157	28,964

* This number is lower due to the Affordable Care Act. Many of our clients now have some type of prescription coverage and are no longer eligible for Patient Assistance.

**This number includes Child Support documents that are scanned into the alternate imaging program. It does not include scanned items that are converted to PDF's and placed into the various computer drives (Accounts Payable, Accounts Receivable, and the Public Health Nurse drive).

*** 2015 saw an increase in both incoming and outgoing mail. Most divisions saw increased cases which likely resulted in more mail to be processed.

The goal to bring the main child support phone number and reception duties into the front desk area was not met in 2015 due to staff shortages and an impending retirement in the Administrative Services section. This goal will be achieved in early 2016, which will increase efficiency and consolidate duplicated services.

2015 Staff

- 1 FTE Office Manager
- 1.5 FTE Receptionist
- 2 FTE Word Processing Specialists
- 1 FTE Switchboard/Patient Assistance Coordinator
- 1 FTE Optical Imager
- 1 FTE Admin. Secretary

Division of Community Programs

Community Support Program

The Community Support Program provides case management services for individuals living with serious and persistent mental illness. Individuals are provided a full spectrum of case management services that connect them to medication management, supported employment, housing support, economic support, crisis intervention, and general support services to maintain individuals as independently as possible in our community.

Year	Number Served	Hours Spent
2013	207	10,302
2014	230	10,800
2015	278	10,657.15

Comprehensive Community Services

The Comprehensive Community Support Services program is a subset of our Community Support Program for adults and Children’s Long Term Support Program for children. This is a model of service that provides case management in a teaming approach that is person –centered and focuses on individual’s recovery services that keep the individual as independent as possible within their own homes in the community. Many services such as supported employment, peer specialists, mentoring (for children), daily living skills training, and general case management services are paid for through this program.

Year	Number Served	Hours Spent
2013		1,903.25
2014	54	3,297.70
2015	60	3,718.6



Community Recovery Services

The Community Recovery Services Program is also a subset of the Community Support Program. It is a program that also promotes working with adults with serious and persistent mental illness that need services such as supported employment, peer support services, and Community Living Support Services – such as in home daily living skills training or Community Based Residential Facility placement.

Year	Number Served	Hours Spent	Savings to High Cost Budget
2013	16	1,270.53	\$372,925
2014	16	714.50	\$134,572
2015	7	573.15	\$126,921

2015 Staff—Community Support Program

6 FTE HSS1 Social Workers

1 FTE HSS2 Community Support Nurse

Adult Protective Services

Adult Protective Services investigates all reports of elder adults-at-risk and adults-at-risk that may be in danger of experience abuse, neglect, self-neglect, or financial abuse. Adult Protective Services also collaborates with Portage County Corporation Counsel office to establish guardianships and annual review of guardianships established for those individuals protectively placed by this service.

Year	Number Served	Hours Spent
2013	446	3,852
2014	222	3,770.72
2015	242	4,107.1

Crisis Intervention Services

Crisis Intervention Services includes intervention to adults and children experiencing acute mental health crisis. The mobile crisis team and on-site crisis interventionist pair with community partners such as law enforcement, hospitals, crisis facilities, and corporation counsel to evaluation and advocate for individuals to receive least restrictive placement or diversion when experiencing acute mental health crisis. This program also follows up the next business day with any individual that had contact with mobile crisis services to prevent further entry into the crisis system of care through provision of information and referral to outpatient services.

Year	# Served	# Divered	Contact Hours
2013	311	48	1,011
2014	325	68	1,143.80
2015	210	163	1,130.55

2015 Staff

1 FTE HSS1 Social Worker
2 FTE HSS2 Social Workers



OWI Services

OWI Services provides court ordered AODA screening and development of Driver Safety Plans after an individual has received a charge of Operating While Intoxicated. Many times treatment recommendations are made after the appointment and the individual must follow through with recommendations made or will be put in a noncompliant status with Wisconsin Department of Transportation.

Year	Number Served	Hours Spent
2013	385	1,754.5
2014	345	1,815.50
2015	353	1,418.75

2015 Staff

1 FTE OWI Assessor

Psychological Services

Psychological Services section provides medication evaluation and management services by a psychiatrist, individual and family outpatient therapy, and Intensive In-Home Therapy Services for children and families that have identified mental health issues and are at high risk of out of home placement.

Year	# Served	# Psychiatrist Clients	# Outpatient & Intensive In-Home	Contact Hours
2013	662	570	92	4,671.6
2014	664	573	91	4,717
2015	495	406	89	4,354.5

All numbers are unduplicated clients.

2015 Staff

0.75 FTE Psychiatrist
1 FTE Mental Health Clinician 1
1 FTE HSS1 Social Worker
1 Contracted Psychiatrist (8 hours per week)

Portage House

Portage House is a 12 bed group facility that serves male corrections clients that are either referred by the Region 8 Department of Correction Staff or are enrolled in the new Community and Residential Corrections program.

Year	# Served	Completion Rate	Found Employment
2013	52	80%	71%
2014	63	67%	55%
2015	71	70%	85%

2015 Staff

1 FTE Portage House Director 1 FTE Program Assistant
 2 FTE Counselor 1.6 FTE Night Security

Jail Social Work Services

Jail Social Work Services are provided by one full time social worker paid for in collaboration by Portage County Health and Human Services and the Portage County Jail. This social worker provides evaluation, outreach, and referral to individuals with mental health issues, AODA issues, or need general support while incarcerated in the Portage County Jail.

Year	# Served	Contact Hours
2013	366	1,565
2014	250	1,968.25
2015	255	1,945.25

2015 Staff

1 FTE HSS1 Social Worker

Special Needs Program Services for Children

Birth to Three

The Birth to Three Program is a federally mandated program to support families of children with delays or disabilities under the age of three. Program staff include two service coordinators, one early childhood teacher, one Occupational Therapist, one Physical Therapist, and two Speech and Language Pathologists. Services are provided to the child and their family in their natural environment. The goal of early intervention services is to enhance the capacity of families to meet the special needs of their child, maximize the potential for independent living, and reduce costs to our society.

Year	# Served	Contact Hours
2013	188	5,972
2014	188	6,400
2015	193	6,958



Family Support Program

The Family Support Program is a funding source available to families who have a child with a severe disability. These funds may be used to assist families in purchasing a good or service related to the child's disability that is not covered by private insurance or other funding programs.

Year	# Served	Contact Hours
2013	61	72.65
2014	71	71
2015	61	273.75

Children's Long Term Support Waivers

Children's Long Term Support Waivers (CLTS Waivers) make funding available to support children who are living at home or in the community and who have substantial limitations due to developmental, emotional, and/or physical disabilities. Funding may be used to support a range of different services that are identified based on an assessment of the child's specific needs and identified goals or outcomes.

Year	# Served	Contact Hours
2013	65	6,830.45
2014	77	7,039.40
2015	86	7,906.25



Coordinated Services Teams

Coordinated Services Teams (CST) are wraparound models of care for children with behavioral health issues. CST is targeted to children and families involved in two or more systems of care (such as mental health, long term care, juvenile justice, child welfare, substance abuse or special education) who have complex needs. The wraparound process is based on family and community values, is unconditional in its commitment to creatively address child and family needs and focuses on community-based supports. Each child and family-centered team develops an individualized plan, incorporating the strengths of the child and family. The team members from across the involved service systems work in partnership with the family on agreed upon goals.



Year	# Served	Contact Hours
2013	52	670.75
2014	60	95.5
2015	66	290.25

2015 Staff

- 1 FTE Special Needs Supervisor
- 1 FTE HSS2 Social Worker
- 7 FTE HSS1 Social Workers
- 0.65 FTE HSS1 Social Worker

The Special Needs Section also contracts with several individuals who provide physical therapy, occupational therapy, and speech and language therapy.



Immunization Programs

Immunization is one of the most important public health victories of the 20th century - decreasing or sharply reducing diseases such as smallpox, polio, diphtheria, and others. Many organisms that cause these diseases have been eliminated but could reemerge if vaccination rates continue to decline.

Number of Portage County Adults and Children Vaccinated			
	2013	2014	2015
Children, Age 0-19	1,056	826	607
Adults, Age 19+	357	264	675
Total	1,413	1,090	1,382



Portage County Division of Public Health offers a comprehensive childhood immunization program. All vaccines recommended for infants through age 18 are available at our walk-in clinics on Tuesday and Friday. Adult vaccines include hepatitis B, tetanus, pertussis/tetanus boosters, and Pneumovax 23 for at risk adults.

Of the 744 children 0-2 immunized in Portage County 717 (73%) (564 or 76.4% in 2014) clients met all benchmark criteria: DTaP (series of 4 shots), Hep B (series of 3 shots), Hib (series of 3 shots), MMR (one shot), Polio (series of 3 shots), Pneumovax (series of 4 shots), Varicella (one shot); 180 clients did not by their second birthday. Late up to date clients totaled 554 (78%) meet all bench criteria as outlined above.

School Health Services

Portage County Division of Public Health contracts with 4 school districts in Portage County and provides Vision and Hearing Screening and a Sealant program to all school districts in Portage County. The nurses provide health education, public health services, health services, and provide administrative and consultative services to the schools.



School Health Services Screenings						
Screening Type	# of children served			# of referrals		
	2013	2014	2015	2013	2014	2015
Vision	1822	3956	3550	198	187	163
Hearing	1006	1575	1447	4	14	18
Dental	2123	1315	1678	166	161	151

In the Stevens Point Area School District alone:

- nurses dispensed 18,672 (21,153 in 2014 and 16,197 in 2013) doses of medication
- supported 40,256 (42,927 in 2014 and 47,072 in 2013) health room visits; 36,591 students remained in school after those visits
- Nurses dispensed 19 medications to 573 students on medication acquiring specialized training such as insulin injections, inhalers, metered nebulizers, gastrostomy tubes, glucagon.

This spring, 831 Ben Franklin students participated in the Wellness Program. Individual Body Mass Indexes (BMI) and their corresponding percentile were calculated using each student's height, weight, gender, and date of birth. The most significant finding this year was the 2.6% decrease in obesity from 2014 to 2015. This was only the second year of participation from PJ Jacobs.

BEN STUDENTS BMI RESULTS BY YEAR			
Categories of Risk by Percentile	2013 (780)	2014 (746)	2015 (779)
Under Weight	6	2	1
Healthy Weight	71	71.5	66
At Risk for Over-Weight	15.5	15.6	16
Obese	12.3	10.5	17

PJ STUDENTS BMI RESULTS BY YEAR	
Categories of Risk by Percentile	2015 (720)
Under Weight	3
Healthy Weight	66
At Risk for Over-Weight	14
Obese	17

Fluoride Supplements



Fluoride supplements are provided to those families without water fluoridation. In 2015, 204 (278 in 2014 and 492 in 2013) clients were provided with fluoride.

Prenatal Care Coordination

Prenatal Care Coordination (PNCC) services pregnant women who are identified as at risk for poor birth outcomes. Goals of the program include; increase first trimester prenatal services, increase smoking cessation, decrease alcohol and drug use during pregnancy, increase breastfeeding rates, increase depression screening rates, and increase contraceptive services.

PNCC Assessments and Screenings			
	2013	2014	2015
Prenatal assessments	125	122	141
Postpartum assessments	32	72	76
Prenatal depression screening	111	113	115



- 101 clients or 83.9% began prenatal care in the first trimester
- 53% or 51 clients smoked prior to pregnancy
- 89% of 28 clients decreased or had quit smoking at time of delivery
- 81.8% delivered infants who had a birthweight between 2500-3999 gms (5 lbs 9 oz—8 lbs 13 oz)

Safe Baby/Safe Kids Portage County

This is a newer initiative in which we combined prevention services under one heading. The goal of this program is to reduce unintentional injuries in children age 0-11 through educational presentations.

- **Cribs for Kids** - 50 cribs were given to income eligible families.
- **Period of PURPLE Crying** - a new program which provides education to prevent abusive head trauma and shaken baby syndrome. The program expanded to St. Michael's Hospital this past year therefore approximately 700 clients took part in this educational program.
- **Child Passenger Safety** – 2 nurses are now certified to perform passenger safety seat inspections. 43 car seats were inspected/installed/education provided in 2015.
- **Interactive Safety Display** - Continues to be utilized at community events with an interactive display for fire safety, poisoning, and playground safety.
- **Infant Nutrition** - 65 families of infants were able to benefit from this program. Ensures families experiencing a gap or exceptional need can feed their infant.



Communicable Disease

In collaboration with the Communicable Disease section of the Wisconsin Department of Public Health, the division executes the requirements described in Chapter 252 Wisconsin Statutes regarding the reporting, surveillance, and control of communicable disease. All reporting is now done electronically through a secure web-based program called the Wisconsin Epidemiological Surveillance System (WEDSS).

Since 2011, Wisconsin State Lab of Hygiene, Marshfield Labs, Aspirus Labs, and Mayo Labs all do electronic lab reporting (ELR). With WEDSS and ELR the reporting between lab test result and health department notification has greatly decreased, which facilitates prompt investigation and containment measures.

Highlights for 2015:

- in 2015, 189 people from 24 states and the District of Columbia were reported to have measles. In 2014, the United States experienced a record number of measles cases, with 667 cases from 27 states reported to the CDC's National Center for immunization and Respiratory Disease (NCIRD); this is the greatest number of cases since measles elimination was documented in the US in 2000. Portage County investigated 2 suspect cases of measles neither ended with a case of confirmed measles.
- The ZIKA outbreak began in early 2015 in Brazil, then spread to other parts of South and North America; it is also affecting several islands in the Pacific. WHO declared the outbreak a Public Health Emergency of International Concern as evidence grew that ZIKA can cause birth defects and neurological problems. The virus can be transmitted from an infected pregnant woman to her fetus, then can cause microcephaly and other severe brain anomalies in the infant. ZIKA infections in adults can result in Guillain-Barré syndrome.

Leading Reportable Communicable and Sexually Transmitted Diseases for Portage County*			
	2013	2014	2015
Lyme disease	206	33	71
Chlamydia	185	201	216
Pertussis	51	49	27
Tick-borne disease	35	33	33
Campylobacteriosis	34	29	41
Hepatitis C	16	14	27
Salmonellosis	12	7	7
Cryptosporidium	10	12	26
Giardiasis	10	5	9

*Includes confirmed, probable, and suspect cases



Environmental Health Programs

Licensed Establishments Inspection and Regulation

Portage County Health and Human Services - Division of Public Health (PCHHS – DPH) serves as a contracted agent for the Wisconsin Division of Health Services (DHS), Department of Agriculture, Trade, and Consumer Protection (DATCP) and Department of Safety and Professional Services (DSPS) for the purpose of inspection and regulation on an annual basis. Licensed establishments in Portage County include: restaurants, retail food, lodging, swimming pools, mobile home parks, campgrounds, recreation and education camps, body art, vending machines, school kitchens and temporary food stands



Number of Licensed Establishments in Portage County for 2015*				
Type of Establishment	Number of Licensed Establishments			State Program
	2013	2014	2015	
Restaurants	275	267	274	DHS
Retail Food	114	122	124	DATCP
Lodging	22	26	27	DHS
Swimming Pools	41	44	42	DHS
Mobile Home Parks	21	20	20	DSPS
Campgrounds	10	11	12	DHS
Rec/Ed Camps	8	8	8	DHS
Body Art	6	5	4	DHS
School Kitchens**	(26)	24	24	MOU w/DHS
Vending Machines***	N/A	N/A	N/A	DHS
Temporary Food Stands	35	38	33	DHS

*For 2014-15 licensing period (July 1, 2014 – June 30, 2015) for DHS and DATCP contracts.

**Not licensed directly by PCHHS inspected twice on an annual basis per MOU w/DHS.

***Not licensed directly by PCHHS, inspected annually per contract with DHS.

In 2015, 16 (23 in 2014) inspections were completed for DSPTS; 447 (512 in 2013-14) inspections for the 2014-2015 licensing period or DHS [including 80 (80 last licensing period) vending machine inspections, 48 (48 last licensing period) school kitchen inspections, and 98 (105 last licensing period) temporary food stand inspections]; and 122 (90 last licensing period) inspections for DATCP during the 2014-15 licensing period. In addition to annual inspections, 20 (28 last licensing period) pre-inspections (new establishment or change of operator), 57 (45 last licensing period) re-inspections, and 38 (35 last licensing period) on-site consultations were provided for DHS establishments; and 11 (18 last licensing period) pre-inspections, 12 (6 last licensing period) re-inspections, and 6 (6 last licensing period) on-site consultations were provided for DATCP establishments. Inspection of the Portage County Jail kitchen was also completed. Inspection reports for restaurants were posted online in 2015. DHS tracked a total of 8,397 viewing hits for 2015, which is 700 hits per month when averaged.

Water Quality

Through a contract with the Wisconsin Department of Natural Resources, transient non-community water supplies (private wells/water systems that serve the public) are tested in Portage County to ensure safe and dependable water for public consumption. Municipal water systems test their water regularly to ensure it is safe, testing and inspection of smaller systems are contracted out by the DNR to be tested annually for the presence of bacteria and nitrate. Smaller systems (TNC's) are defined as wells that serve a minimum of 25 people for 60 or more days per year. Newly constructed wells are also tested for the nitrites. Water test kits are made available by our agency to residents of Portage County and testing is done locally for a fee.

Portage County Transient Non-Community Water Systems			
	2013	2014	2015
Total number of TNC facilities	128	129	127
Total number of non-TNC facilities*	12	20	24
Number of TNCs with a nitrate level of 10 mg/L – 20mg/L	16	15	18
Number of TNCs with a nitrate level of >20mg/L	6	6	5
Number of DSPTS approved nitrate removal systems operating	2	2	3
Total number of bacteria unsafe samples	2	2	3
Total number of nitrite samples	1	5	1



* Water systems that serve < 25 people for 60 or more days per year.

Community Complaints/Human Health Hazards

Sections 46.23 and 251.04, Wis. Stats. authorizes the Portage County Health and Human Services Board to adopt regulations that it considers necessary to protect and improve public health. Portage County Ordinance 4.5, enacted on March 21, 1994, protects the public's health in Portage County by preventing unhealthy or dangerous conditions which may result from a human health hazard. Enforcement of this ordinance is the role of the Portage County Health Officer and Environmental Health Staff. If a human health hazard complaint is substantiated, Division of Public Health Staff works with individuals involved to ensure safe elimination of the hazard identified.

Human health hazards as described by county ordinance may include, but not limited to infestations of vermin such as insects (cockroaches and bed bugs) and rodents; accumulation of garbage that provides harborage for pests; unwholesome food for sale; unburied dead animals; the pollution of any well, groundwater aquifer or body of water; outdoor smoke; fumes or odors; mold; indoor air; housing complaints; and dwelling complaints. Environmental Health Staff regularly respond to citizen and business complaints regarding these and other health issues as they arise.

In 2015, 27 (37 in 2014 and 34 in 2013) complaints were formally investigated, of these 17 (25 in 2014 and 29 in 2013) of which were at licensed facilities. Many of the complaints were consumer driven regarding unhealthy conditions at licensed facilities. Examples of the complaints received in 2015 include:

- Misuse of gloves by food service staff
- Air quality in a swimming pool area
- Unfit living conditions at a home
- Water quality of a whirl pool
- Moldy food/unlicensed food/out of date food being served
- Presence of bed bugs/cock roaches
- Maintenance of a swimming pool
- Cross contamination of food
- Bare hand contact with ready-to-eat foods
- Trash/abandon automobiles on a property
- Tattooing without a license
- Unsanitary conditions at a licensed establishment
- Sewage back up
- Non-service animal in a licensed kitchen
- Fire at an establishment
- Worm in food served
- Discharge of waste water/raw sewage onto the ground
- Presence of mold/leak at ceiling at a home
- Smell of urine/feces outdoors

Radon

There was one formal human health hazards investigated in 2015.

Radon is a colorless, odorless, tasteless and chemically inert gas. It is a byproduct of naturally occurring decay of uranium in rock, soil and water. It can be found in all 50 states. Radon moves through the ground to the air above. Some remains below the surface and dissolves in water that collects and flows under the ground's surface.

Radon itself is less dangerous to our health than the products it decays into. These products (progeny) are charged particles that can easily attach to dust. These charged dust particles are easily inhaled. The radioactive particles have a very short half-life, decaying in the lungs and releasing small amounts of radioactivity when doing so. Lung tissue is damaged and may lead to cancer over time.

PCHHS – Division of Public Health works in collaboration with the South Central Radon Information Center, located in Wautoma, provide radon test kits free of charge to residents of Portage County as well consultation to the public regarding radon gas. In 2015**, 45 (50 in 2014 and 185 in 2013) radon test kits were provided to the public. Testing results were in a range from <.6—31.4 pCi/L (<.9—36.4 pCi/L in 2014 and <.5 – 46.9 pCi/L in 2013) (pico curries present per volume of air space sampled). Between five and ten percent of the homes in Wisconsin have radon levels above the US EPA guideline of 4 pCi/L for the year average on the main floor. Every region of Wisconsin has some homes with elevated radon levels.

Radon Testing Results Summary			
	2013	2014	2015
Total # of testing results	112	30	22
# Test results <= 4 pCi/L	36	17	8
# of Test Results of > 4 pCi/L	76	21	14

*Average rate of 9.8 pCi/L for radon tests in 2015, with 1 error in testing.

**2015 radon test results reported from January through June only.

2015 Staff

Supervised directly by the Health Division Coordinator
 2 FTE Human Services Specialists (Sanitarian)
 0.375 FTE Public Health Technician

Environmental Health Programs Areas	Allocated Hours by Program Area		
	2013	2014	2015
DHS Agent Hours	2,003	1,703.75	1,908.50
DATCP Agent Hours	396	288.5	369.75
DSPS Agent Hours	30	24.5	9.50
TNC Activity Hours	180	222.25	239.75
WINS Hours	0	5	154.00
BRACE	0	13.5	40.50
General EH Program Hours	2,018	1,651.25	1,665
Total Program Hours	4,627	3,964.5	4,387

Tobacco Control and Prevention

Portage County is a member of the Tobacco-Free Central Wisconsin Coalition which is a multi-jurisdictional coalition (MJC), in which Wood and Marathon Counties are also members. Efforts of the MJC are supported by a coordinator employed by the Marathon County Health Department, with designated state tobacco funding from Portage County as well as Wood County. The Wisconsin Wins (WI Wins) campaign is a science-based, state-level initiative designed to decrease youth access to tobacco products. WI Wins was launched in the spring of 2002 as part of a comprehensive approach to preventing youth access to tobacco. In 2015, Portage County had 47 compliance checks completed from which 3 sales to youth occurred, resulting in a sales to youth rate of 6.4%.

Portage County Tobacco Sales Compliance Checks									
Municipality	Number of Tobacco Retailers			Number of Tobacco Retailers in Compliance			Compliance Rate		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Stevens Point	21	34	25	21	34	23	100%	100%	92%
Plover	9	10	11	9	10	11	100%	100%	100%
Other villages and townships	40	26	11	39	24	10	97.5%	92%	91%



Affordable Care Navigator

In September of 2015, PCHHS-Division of Public Health, as a sub grantee, was awarded a three-year grant in the amount of \$42,495 from Covering Wisconsin (formerly Covering Kids and Families) an organization whose mission is “to connect Wisconsin residents with appropriate insurance coverage and other programs that support health, and to promote effective use of these programs.” As a federally designated Navigator entity for the Affordable Care Act, Covering Wisconsin is affiliated with UW-Extension and collaborates with the Wisconsin Department of Health Services and other agencies to provide training and support to the state’s 11 regional enrollment networks. The grant funding supports a .5 LTE, whose serves as a Navigator and whose primary function is to engage consumers in discussions on health coverage options and how they work, and provide materials in plain language, and step-by-step instructions to pick the right plan and get the most appropriate care. Our Navigator provides service to a local regional network that includes Portage, Adams, and Waushara Counties and served 36 clients during the 2015 open enrollment period (November and December),



Building Resiliency Against Climate Effect (BRACE)

In mid-2014 PCHHS received a \$10,000 grant, for two years, from DHS to assess the impact of climate effect on public health in Portage and Wood Counties. Through community engagements in both Portage and Wood Counties staff assessed how changes in climate would impact the public’s health. Identified climate effects could result in increasing the occurrence and severity of winter weather, heat, drought, severe weather, wild fires, and flood conditions that could impact environmental health, incidence of vector-borne disease occurrence, and the public’s health in general. Community engagements in Portage County identified the following areas of concern to be addressed: ground water quality and quantity, vector borne diseases, heat vulnerability/stress, and mental health/addressing anxiety brought on by climate effect that is detrimental to the health of an individual. Similar concerns and additional concerns were identified in Wood County. The initial grant period ended on September 30, 2015 and an additional \$2,500 was awarded in October of 2015 to be applied towards creating sustainability through existing plans and partnerships to address the issues identified. Work is on going into 2016.

Prevention and Preparedness Programs

Public Health Emergency Preparedness

Public health preparedness planning is currently undergoing restructuring to incorporate national standards for public health preparedness capabilities. Federal funds provided to the Center for Disease Control and Prevention (CDC) provides grants at the state level through the Wisconsin Department of Health Services and serves to initiate strategic planning and improvement at the local level to incorporate 15 public health preparedness capabilities over a 5 year period. This process began locally in 2012. Every year 3 capabilities are incorporated into existing plans and practice. Preparedness planning in 2015 focused on mass care, medical surge, and volunteer management. Strategic planning focuses on updating written plans, enhancing equipment, increasing staff capacity through training and skills building through completion of tasks and practice through participation in exercises.

2015 saw the establishment of the North Central Wisconsin—Healthcare Emergency Readiness Coalition (NCW-HERC), a regional network dedicated to ensuring collaboration among healthcare organizations and public- and private-sector partners that is organized to prepare for, and respond to, an emergency, mass casualty or catastrophic health event; completion of a regional hazard vulnerability assessment (HVA); and development of regional plans related to mass fatality response and related family assistance centers. PCHHS-DPH participated in table top exercises locally with healthcare partners related to Ebola, a regional tabletop exercise in response to a bioterrorism event, and mass clinics provided in the community for seasonal influenza. These mass clinics served as full functional exercise in public health preparedness for public health staff.



2015 Staff

Supervised directly by the Health Division Coordinator
1 FTE HSS2 Public Health Planner

Preparedness/Prevention Program Areas	Allocated Hours by Program Area		
	2013	2014	2015
Preparedness Hours	667	1,011	1,196
Prevention Hours	1,518	458.75	215
Total Program Hours	2,195	1,471.75	1,411

Women, Infants and Children (WIC)/Nutrition Services Programs

The WIC Program is a supplemental nutrition program which provides participants with food assistance as well as nutrition education and referrals to health care and other social services. WIC is based on the premise that early intervention programs during critical times of growth and development in a child's life can help prevent future medical and developmental problems. In 2015, \$628,163.37 in WIC drafts were redeemed for food at Portage County area grocery stores (\$693,459.10 in 2014 and \$683,274.88 in 2013).



Participation in Portage County WIC				
	Women	Infants	Children	Total
2013	529	326	982	1,837
2014	484	332	915	1,731
2015	448	301	907	1,656

Breastfeeding Peer Counseling Program (BFPCP)

The BFPCP targets prenatal and postpartum women on WIC to encourage breastfeeding by educating, supporting, and giving basic guidance. Contact is made via telephone, email, and office visits. Classes to educate pregnant women on breastfeeding are offered through Ministry Medical Group. The Portage County BFPCP is coordinated by a certified lactation specialist. The team includes three breastfeeding peer counselors, including two who are bilingual, and two WIC lactation specialists. Meetings to support breastfeeding needs are facilitated through the Portage County Breastfeeding Coalition. Collaboration exists with a variety of community partners, stakeholders, and organizations to improve community access to resources and develop programs on needs of both individuals and health professionals in the community. The incidence of breastfeeding in Portage County in 2015 was 77.4% (77.9% in 2014 and 79.4% in 2013) which was greater than state incidence of 72.5% (72.6% in 2014 and 72.1% in 2013). Incidence is measured at 1 month of age, 3 months, 9 months and 12 months.

Incidence and Duration of Breastfeeding in Portage County						
Incidence of Breastfeeding and duration	Portage County WIC			Wisconsin WIC		
	2013	2014	2015	2013	2014	2015
1 month of age	78.2%	83.7%	81.5%	70.8%	71.4%	73%
3 months of age	54.9%	54.1%	75%	52.6%	54.4%	57.5%
6 months of age	33.7%	35.4%	49.1%	29.6%	31.2%	33.7%
12 months of age	15.9%	15.9%	22.7%	13.7%	14.7%	15.8%
Exclusive Breastfeeding						
1 month of age	59.5%	59.78%	53.2%	38.0%	59.8%	38.7%
3 months of age	39.9%	41.9%	52.6%	25.3%	41.9%	27.2%
6 months of age	23.8%	29.4%	27.2%	10.4%	29.4%	1.4%

Farmer's Market Nutrition Program (FMNP)

Portage County WIC is an active participant in promoting the United States Department of Agriculture (USDA) FMNP. Each WIC family received \$17 in vouchers to redeem for fresh fruits, vegetables, and herbs at local authorized farmers' markets and stands. A total of \$5,610 (\$6,281 in 2014 and \$6,142 in 2013) in FMNP vouchers were redeemed by Portage County farmers' market vendors, which equates to a usage rate of 86% by WIC participants.



Fit Families Program

Fit Families is a public health nutrition education program funded under the USDA's Supplemental Nutrition Assistance Program (SNAP - Ed) and implemented through the Portage County WIC Program. Fit Families is a successful behavior change program for families with children 2 to 4 years of age and is an evidence program that empowers families with tools and education and supports participant's efforts to adopt healthy eating and physical activity behaviors. Fit Families provides the framework for achieving healthy food and beverage consumption, daily physical activity, and healthy supportive environments. Fit Families strives to prevent childhood overweight /obesity.

In 2015, 95 (101 in 2014 and 93 in 2013) parents and their 124 (112 in 2014 and 106 in 2013) children (age 2 through 4 years) participated in Fit Families SNAP-Ed Portage County project, exceeding the targeted caseload of 50 families. This program runs October to September each year and there are some overlapping numbers.

Wisconsin Well Women Program

The Wisconsin Well Women Program (WWWP) provides breast and cervical cancer screenings. Women, ages 45-64, who have no or poor health insurance coverage and are within the established income guidelines qualify. Women requiring further diagnostic testing or medical care for cancer treatment are assisted with Medicare applications and offered case management services through their treatment plan.

In 2015, Portage County enrolled 56 (60 in 2014 and 104 in 2013) women into WWWP; 47 (37 in 2014 and 82 in 2013) women received screenings. The reason for the decrease in participation overall was due to the implementation of the Affordable Care Act, where women were able to receive more comprehensive health insurance.

Note: July 1, 2015, Portage County began administering the WWWP program for 6 additional counties. The numbers above are for Portage County only.

WIC and Nutrition Services Program Areas	Allocated Hours by Program Area		
	2013	2014	2015
WIC Hours	7,186	7,613.25	7,744.75
WWWP Hours	363	604.5	1,007
SNAP-ED Hours	982	997.25	985.25
Total Program Hours	8,531	9,215	9,737

2015 Staff

1 FTE	Public Health Nutrition Supervisor
0.8 FTE	Nutrition Educator
0.90 FTE	Registered Dietician Technician
0.8 FTE	SNAP-Ed Fit Families Counselor
1.85 FTE	WIC Aide

Division of Children and Families

Child Welfare

Child Protective Services investigates allegations of child abuse and neglect. This entails documenting reports of abuse and neglect received and initial decision making regarding opening the case as meeting statutory criteria or screening the case out. Initial assessment Social Workers assess families to determine if abuse or neglect occurred, if children are safe in their homes and if court action is needed to ensure continuing safety. In addition, Child Welfare Social Workers provide ongoing services to families where abuse or neglect has occurred. These services include family assessment, case planning, monitoring of court orders, facilitation of needed services, crisis intervention and permanency planning.

Access

Access receives and documents abuse and neglect reports for screening. Portage County began recording Access statistics in a data base beginning in 1998. Each report needs to be recorded in the state system and screened by a supervisor within 24 hours. Portage County's screen in rate of 37.8% is consistent with the screen in rate of 35.9%.

Year	# Reports Received	# Screened in for abuse or neglect	# of Hours Spent
2013	762	291 or 38.1%	1,941
2014	795	301 or 37.8%	1,804
2015	864	327 or 37.8%	1,805

Initial Assessment

In 1998, the three abuse and neglect initial assessment (IA) social workers completed 98 abuse and neglect investigations or 2.7 investigations per month per worker. In January 2014, an additional Initial Assessment Social Worker was hired.

Year	# of Workers	Investigations Completed	# of Children Involved	Girls	Boys	# of hours of field work
2013	3	291	420	47.9%	52.1%	4,311
2014	4	301	533	152 (51.2%)	145 (48.8%)	5,652
2015	4	327	608	172 (52.6%)	155 (47.4%)	5,995

Families Investigated for Abuse/Neglect

Year	Identified Maltreaters	Birth Parent Maltreaters
2013	275	202 or 73.4%
2014	290	235 or 78.1%
2015	308	303 or 92.6%

Other maltreaters included step-parents, boyfriend/girlfriend of parent living in the home, other relatives, peers, teachers, and in one circumstance, a foster parent.

Alleged Victims of Maltreatment Identified by Age

AGE	2013		2014		2015	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4	119	42.2%	128	43.2%	133	40.7%
5-9	77	27.3%	77	26%	97	29.6%
10-14	46	16.3%	5	22%	65	19.9%
15-17	40	14.2%	26	8.8%	32	9.8%

The number of children identified by age may not match the number of children involved as ages were unknown at time of access.

2015 Staff

1 FTE	Child Protective Services Supervisor	2 FTE	Child Welfare Assistant
4 FTE	Initial Assessment Social Worker	1 FTE	Foster Care Coordinator
6 FTE	Dispositional Social Worker		

Ongoing Services

Five ongoing dispositional or child welfare workers carried an average caseload of 18 to 20 families each in 2015. This is at least 6 families over the maximum limit per caseload allowed by the Bureau of Milwaukee Child Welfare. In total, Portage County child welfare social workers delivered 10,026 hours of service to their families compared to 6,595 hours in 2014 and 4,859 hours in 2013.

Portage County child welfare social workers served a total of 154 kids in 2015 in out of home placement as opposed to 164 kids in 2014 and 136 kids in 2013. There was an average of 95 children living in out of home care at any given time in 2015. In 2014 this average was 110 kids and in 2013 Portage County averaged 77 kids in care at any given time. In 2015, 65 kids were discharged from placement. In 2014 and 2013, 82 and 57 children respectively left placement. The majority of the children leaving care were reunified with their parent. In 2015, 46 kids or 70.8% returned home. In 2014, 67 kids or 81.7% returned home. Finally, in 2013, 41 kids or 72% were reunified. In 2015, 9 kids or 13.8% achieved permanence through guardianship. In 2014, 8 kids or 9.8% and in 2013, 10 kids or 17.5% achieved permanence with a guardian. In 2015, no children aged out of out of home care. In 2014, 3 kids or 3.6% aged out of care and in 2013, 6 kids or 10.5% aged out of out of home care. Lastly, in 2015, 9 children or 13.8% achieved permanency through adoption. In 2014, 4 or 4.9% were adopted and in 2013 no children reached permanence through adoption in Portage County.

Federal benchmarks require that social workers see each child in out of home placement face to face at least every calendar month the child is in placement. The goal is that social workers will meet the requirement for 95% of the children in placement. The State average showed that 97.4% of kids in care were seen face to face each month. PCHHS social workers met the requirement for 92.2% of kids in placement. Further, the benchmarks state that at least 51% of those face to face visits with children will occur in the child's placement. The State met the requirement by seeing 88.2% of the children in their out of home placements. PCHHS workers saw fully 82% of kids in the home in which they were placed.

Out of Home Care

Portage County averaged 48 licensed foster homes available for placement in 2015. There were 40 foster homes in Portage County in 2014 and 44 foster homes in 2013. In December 2015, there were 102 kids placed in out of home care. At that same time in 2014, there were 113 kids in care. In December of 2013, there were 80 children placed in Portage County out of home care. Of those kids placed in December 2015, 49 or 48% of the kids were placed in a non-relative licensed foster home. In 2014, 68 kids or 60.2% were in non-relative foster homes and in 2013, 45 kids or 57.5% were in non-relative licensed foster homes. While every effort was made to place children close to parents, relatives and in their home schools, 18 kids or 17.6% of Portage County foster children needed to be placed outside of Portage County due to not having sufficient foster homes located within Portage County. In 2014, 12 kids or 18% were placed in foster care outside of Portage County. In 2013, 21 or 57% of our foster kids needed to be placed outside of Portage County due to insufficient capacity within Portage County. Recruiting new homes is and will remain a priority. Last year in December, 14 kids or 335 of the 102 children placed out of home were placed in the home of a licensed or unlicensed relative. This number was 30 kids or 26.5% in 2014 and 22 kids or 27.5% in 2013. Finally, in December of 2015, 18 kids or 17% of the children in out of home care were living in other placements such as residential facilities, shelters, group homes, juvenile corrections or at home under trial reunification. In December 2014, 15 or 15.5% of our kids placed out of home were living in placements other than foster care. In 2013, 12 or 15% of our kids were living in other placements.

There were 19 new foster homes licensed in 2015. Twelve new homes were licensed in 2014 and 11 new foster homes were licensed in 2013. Of these new homes, 13 were relatives that became licensed for specific children. There were 12 homes closed in 2015 as compared to 11 closed in 2014 and 6 closed in 2013. Of the homes closed in 2015, 4 homes closed due to becoming subsidized guardians for the relative child placed in the home, 3 children reunified, 1 foster family moved, and 4 foster homes closed due to life circumstances and for other reasons. There was a net gain of 7 foster homes in Portage County in 2015.

Juvenile Justice

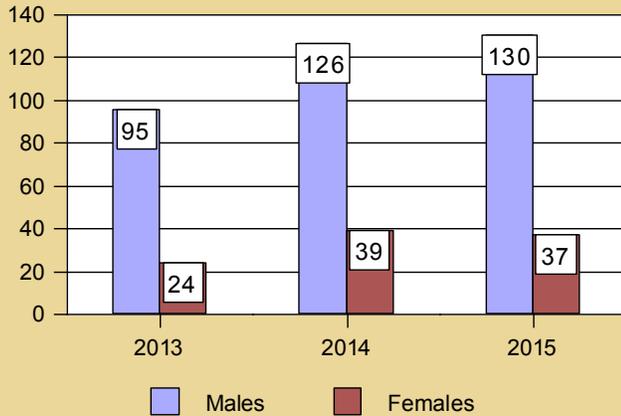
The intent of Chapter 938 of the Wisconsin State Statutes and the goal of the PCHHS juvenile justice (JJ) section is to promote a juvenile delinquency system which protects citizens in the community, holds youth accountable for their behavior and assists offenders and their families to develop skills and competencies that prevent crime. In cases of delinquency, JJ workers use the Positive Achievement Change Tool (PACT) to gather youth and family information in order to identify risk and protective factors and assess our youths' risk of reoffending. This information is then used by JJ workers to make treatment recommendations and to monitor the behavior of youth in their home, school and community environments.

There are 10 staff employed in the Juvenile Justice section. The majority of cases are delinquency cases which involve youth ages 10-16 who have violated state or federal criminal law. The JJ section also works with Juvenile In Need of Protection or Services (JIPS) cases which involve parent-child conflict issues, truancy issues, juvenile alcohol and drug issues, runaway and other behavioral difficulties, as well as children under 10 years old that are referred for delinquency. There are 6 JJ workers who have a combined caseload of delinquency and JIPS families. In addition, there is one full-time JJ worker who specializes in working with JJ youth in foster care and two part-time JJ workers who specialize in intensive juvenile sanctions programming and independent living services. Other services provided in the JJ section include electronic monitoring services, drug screening, relative home assessments, step-parent adoption studies, kinship care services, and community service projects.

Juvenile Court Intake Services

In 2015, Youth and Family Juvenile Justice Workers processed 204 new delinquency and JIPS referrals.

Total Delinquency Referrals



Delinquency by Offense			
	2013	2014	2015
Disorderly Conduct	31%	36%	31%
Property Crimes	30%	30%	32%
Drug Offenses	13%	11%	11%
Against Person	11%	10%	12%
Sex Crimes	8%	8%	7%
Car Theft	4%	N/A	N?A
Weapon Related	3%	3%	5%
Bomb Scares	N/A	2%	2%

In 2015, there were a total of 37 (40 in 2014 and 30 in 2013) JIPS (Juveniles in Need of Protection or Services) referrals.

Age at Time of Offense

	2013	2014	2015
Age 16	34%	23%	23%
Age 15	25%	16%	20%
Age 14	0%	21%	16%
Age 13	21%	15%	13%
Age 12	6%	8%	7%
Age 11	4%	7%	7%
Age 10	4%	5%	5%
Age 9	6%	0%	3%
Age 7-9	0%	5%	6%

Total JIPS Referrals

	2013	2014	2015
Males	14	13	19
Females	12	20	18



JIPS BY REFERRAL TYPE

	Number			Percentage		
	2013	2014	2015	2013	2014	2015
Parent-Child Conflict	17	11	11	55%	27.5%	27.5%
Truancy (from Truancy Court)	9	22	26	29%	55%	65%
Custody Studies*	2	0	0	6.5%	0%	0%
Stepparent Adoptions	0	2	3	0	12.5%	7.5%
Relative Home Studies*	2	5	0	6.5%	5%	0%

*referrals not included in male/female count

2015 Staff

1 FTE Youth and Family Services Supervisor 7 FTE HSS1 Social Worker
 0.75 FTE HSS1 Social Worker 0.2 FTE Independent Living Skills Worker

In 2015, there were 20 youth who received specialized foster home case management services, of which 14 were male and 6 were female (in 2014, 16 youth served, 10 male and 6 female; in 2013, 15 youth served, 8 male and 7 female). Of those 20 youth in specialized care, there were 5 CHIPS (Children in Need of Protection and Services), 10 Delinquency, 1 JIPS (Juvenile in Need of Protection and Services) and 4 combined CHIPS and Delinquency cases. (2014: 1 CHIPS, 13 Delinquency, and 2 combined; 2013: 5 CHIPS, 6 Delinquency, 1 JIPS and 3 combined).

In 2015, there were 9 youth (8 male, 1 female) involved in the Juvenile Sanctions Program (JSP) (17 youth in 2014 and 16 youth in 2013). Juveniles involved in this program typically demonstrate significant negative behaviors and are at high risk of recidivism and being placed outside of their home. Of these 9 youth, 4 youth successfully completed the program and 3 youth remained in the program into 2016. One youth was placed into a short-term residential program and one youth was placed into corrections. In addition, 5 out of these 9 youth did not reoffend while in the JSP program.

The Juvenile Justice unit utilized 1,608 days of electronic monitoring in 2015. This is more than twice the amount in previous years. 706 days were provided to JSP youth and 902 days were provided to other court-ordered youth. There were 719 days of electronic monitoring in 2014, 306 to JSP youth and 413 to other court-ordered youth. There were 627 days of electronic monitoring in 2013, 500 to JSP youth and 127 days to other court-ordered youth.

There were 296 urinalysis screens administered on JJ youth in 2015; 172 positive screens (58%), 117 negative screens (40%) and 7 dilute screens (2%). In 2014, 193 (69%) screened negative and 86 (31%) screened positive. In 2013, 426 screenings were administered with 258 (68%) negative, 125 (20%) positive, and 13 (3%) were diluted.

Ten subsidized guardianship reviews were completed* in 2015 (10 in 2014 and only 1 in 2013). There were a total of 13 subsidized guardianship children (11 in 2014 and 5 in 2013) served among 10 total providers. Kinship was provided to a total of 61 children (4 voluntary, 28 guardianships, and 29 court ordered). There were 45 providers total. In 2014, there were 63 kinship children (8 voluntary, 28 guardianship and 27 court-ordered). In 2013, there were 46 providers with 54 court ordered children and 6 voluntary children.

Three stepparent adoptions were completed in 2015, but there were no custody studies or relative home assessments. In 2014, there were 4 home studies and four step parent adoptions completed. One home study and two stepparent adoptions were completed in 2013.

Community service projects completed in 2015 included: folding brochures for agency programs (birth to three/foster care/post natal), stamping envelopes, making packets for other sections, assembling binders, making files for CPS staff, putting stickers on post cards for Public Health; putting items together for the Healthy Smiles program, drawing on band aids for Public Health; working in the community garden, cleaning up highways, and helping serve meals at Place of Peace Community Dinners.



Economic Support

The Economic Support Section is responsible for administering various state and federal public assistance programs serving low-income Wisconsin residents.

Economic Support is responsible for both initial and ongoing eligibility determination for these programs. This occurs through a variety of processes, including the processing of online and paper applications, interactive customer interviews and collection of required verification. Table 1 provides CY2015 monthly average recipient data for Health Care and FoodShare and CY2015 monthly average household data for Wisconsin Shares Child Care Subsidy cases with active authorizations. Table 2 provides data related to the number of applications processed for all public assistance programs administered through Economic Support in 2015.

Table 1.

	Statewide			IM Central Consortium			Portage County		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Family Medicaid: Badgercare+ Family Planning Services	753,591 Unavailable	774,593 58,453	807,540 41,107	33,443 4,191	32,981 3,495	33,477 2,696	7,323 1,223	7,441 967	7,853 746
Medicaid for the Elderly, Blind and Disabled: Family Care/Waiver Medicaid Purchase Plan (MAPP)	Unavailable 21,545	50,085 23,851	46,623 25,915	2,384 1,026	2,392 1,133	2,149 1,219	831 281	784 298	688 300
Medicare Premium Assistance	Unavailable	19,192	19,347	913	968	999	168	179	177
SSI-Related Medicaid	Unavailable	17,963	17,184	709	709	724	143	139	131
Institutional Medicaid	18,417	18,101	16,787	790	734	683	77	83	73
FoodShare	856,177	836,118	788,296	33,297	31,547	28,952	7,221	6,834	6,355
Wisconsin Shares Child Care Subsidy (by household)	28,784	27,428	27,009	937	850	781	226	226	219

Sources: DHS Medicaid Enrollment by Subprogram and County, DHS FoodShare Wisconsin Data and DCF Wisconsin Shares Families Served by Local Agency

Table 2.

	2013	2014	2015
Statewide	640,325	731,208	622,365
IM Central Consortium	26,849	30,482	25,096
Portage County	6,476	7,734	6,229

Source: DHS IM Management Reports

2015 Staff

- 1 FTE Family & Support Services Supervisor
- 1 FTE Economic Support Lead Worker
- 0.15 FTE Children First Worker
- 14 FTE Economic Support Workers:

Economic Support also serves as an informational resource for customers with needs beyond the administered programs. ES staff regularly provide information to customers and the general public about various other programs and services offered throughout the community.

Economic Support is also responsible for program integrity functions, assuring that the right customers get the right benefits at the right time. Various methods are used for this, including use of several data exchange sources that serve as cross-matches between the information provided to ES and information provided to other agencies, use of an investigative contractor and use of the DHS Office of Inspector General. ES staff are involved in the creation of benefit recovery claims and enforcement of program sanctions related to program integrity violation.



Service Delivery and the IM Central Consortium

Beginning in January 2012, service delivery for Economic Support transitioned to a consortium model. Portage County is part of the IM Central Consortium, along with Langlade, Marathon and Oneida Counties. The operational lead agency for the consortium is Marathon County, while Portage County serves as the lead agency for the Fraud Prevention and Investigation program. ES management from each county meet monthly to coordinate services.

The consortium service delivery model continues to evolve each year in response to continual program policy changes as well as mandates and recommendations made by state agencies, including the Department of Health Services and the Department of Children and Families.

Some noteworthy changes from 2015 are as follows:

- The consortium call center has continued to enhance and increase the number of services offered. More staff time has been allocated to this assignment to support these functions. Continual enhancement is planned, with a planned implementation of a “One Touch” approach through the consortium call center to begin May 2016.
- Consortium staff meet twice per year for consortium-wide training and development activities. Areas of focus have been on strengthening understanding of new policies and processes, refresher training in performance growth areas, and continued development of the team approach and mindset.

There are two specialized positions devoted to consortium operations as follows:

- Portage County has designated 1 FTE as being responsible for benefit recovery functions for the entire consortium. This responsibility was shifted between several positions in ES between 2012-2014, but has been handled by one specific position since May 2014. Claims have continued to increase from 2013 forward.
- Marathon County has designated 1 FTE as being responsible for monitoring the consortium ACCESS inbox. This position receives, assigns, and schedules all applications received through the ACCESS website for customers within the consortium.

Performance Monitoring

There are many metrics used by both DHS and DCF to monitor consortium and county performance. A summary of these metrics as well as relevant statistical data is provided below:

Application Timeliness

Applications for new programs must be processed within 30 days of receipt, allowing at least 10 days for customer notification of any required verification. The DHS benchmark standard for timeliness is 95%. Table 3 represents the percentage of applications processed timely for CY 2015.

	2013	2014	2015
Statewide	96.99%	97.49%	97.42%
IM Central Consortium	95.8%	96.33%	95.74%
Portage County	97.92%	98.47%	97.93%

Source: *IM Management Reports*

Call Center Performance

Significant data related to call center performance is available. DHS has focused on two main metrics, both measured against a 15-minute benchmark:

- Average Speed of Answer
- Average Talk Time

Table 4 provides data related to these metrics for CY 2015. As the call center is a consortium function, data is not generally provided related to county-level performance. Individual agent statistics are available to management staff and used for employee development purposes.

	Average Speed of Answer			Average Talk Time		
	2013	2014	2015	2013	2014	2015
Statewide	4.88 minutes	3.99 minutes	Unavailable	6.18 minutes	6.93 minutes	Unavailable
IM Central Consortium	3.84 minutes	3.32 minutes	6.43 minutes	4.71 minutes	5.04 minutes	6.83 minutes

Source: *CCA IM Project Call Statistics*

FNS Error Rates

State and federal FoodShare quality control reviews and subsequent findings are provided at the national, state, consortium and county level as a measure of accurate case processing. While there is no benchmark performance standard, this is continually monitored to identify areas where improvement and additional training may be needed.

The quality control reviews are designated as “active” reviews targeting open cases to determine if the correct benefits were determined and “negative” reviews targeting cases that have been closed or denied to determine if the correct determination was made. Table 5 identifies data related to both types of reviews for FFY 2015 (October 2014-September 2015).

Table 5.

	Active Error Rate			Negative Error Rate		
	2013	2014	2015	2013	2014	2015
National	2.87%	3.66%	3.03%	23.52%	25.48%	22.21%
Statewide	2.33%	2.34%	4.08%	18.27%	23.56%	27.68%
IM Central Consortium	3.26%	2.63%	11.1%	12.12%	25.93%	32.14%
Portage County	0.00%	0.0%	2.37%	16.67%	75%	16.67%

Source: Federal SNAP-QCS Database

Benefit Recovery

Table 6.

	Claims Established			Potential Dollars			% Claimed		
	2013	2014	2015	2013	2014	2015	2013	2014	2015
Statewide	\$7,615,266	\$8,302,146	\$10,832,546	\$27,495,209	\$19,724,549	\$35,021,294	27.7%	42.09%	30.83%
IM Central Consortium	\$211,706	\$257,688	\$372,980	\$993,907	\$690,188	\$1,184,614	21.3%	37.34%	31.49%
Portage County		\$116,237	\$163,396		\$148,721	\$240,277		78.16%	68%

Source: Federal SNAP – QCS Database and CARES

Child Support

The Portage County Child Support Program merged with Health and Human Services in 2013. PCHHS Child Support program increases family self-sufficiency, reduces child poverty and strongly encourages both parents to financially provide for their children. Child Support staff work with families needing help establishing paternity, and obtaining or enforcing court orders to collect child, family or medical support.

STAFF

Portage County Child Support section employs 10 staff. There is one lead and three child support specialists. The specialists primarily locate absent parents, establish new child support orders, and enforce existing child support orders. They handle license suspension, liens on vehicles, account seizures, contempt and revoke processes, and prepare affidavits and motions to appear in court with legal counsel. The section has one paternity specialist who interviews mothers and assists them in establishing paternity through consent or DNA testing and prepares all pleadings and orders. The section has a child support clerk that enters court orders, sends income withholding notices, establishes arrears amount to send amended income withholdings, works with employers, and works daily reports to balance accounts. A financial specialist does the same function of a child support clerk but also handles all reviews and modifications of child support orders by obtaining wages/earnings and calculating child support, prepare court pleadings, motions, and orders; and appears in court with legal counsel. There are also two specialist assistants who prepare court pleadings, orders, motions and other documents for filing and serving.

PORTAGE COUNTY CHILD SUPPORT PERFORMANCE
 Child Support fiscal year October 1st through September 30th

Performance Measure 1- Percent of Cases with an established Court Order
 The benchmark is 80%

Portage County Child Support:
 92.46% as of 9/30/13
 92.74% as of 9/30/14
 94.43% as of 9/30/15
 (Increase of 1.69 from 2014)
 Statewide Rate:
 87.35% as of 9/30/13
 87.00% as of 9/30/14
 87.14% as of 9/30/15
 11th in the Nation in 2014 25th in the Nation in 2015

Performance Measure 2- Nonmarital Case with Paternity Established
 Benchmark is 90%

Portage County Child Support :
 110.95% as of 9/30/13
 113.92% as of 9/30/14 (increase of 2.96%)
 112.52% as of 9/30/15 (decrease of 1.40%)
 Statewide Rate:
 104.64% as of 9/30/13
 105.40% as of 9/30/14 (increase of 0.76%)
 104.90% as of 9/30/15 (decrease of 0.50%)
 Ratios can be greater than 100% as the standard is calculated by dividing the number of paternities established in the current year by the number of non-marital births in the prior year.
 11th in the Nation in 2014 9th in the Nation 2015

Performance Measure 3-Current Support Collection Rate*
 Benchmark is 80%

Portage County Child Support Agency
 78.62% as of 9/30/13
 77.93% as of 9/30/14 (Decrease of 0.69%)
 78.59% as of 9/30/15 (Increase of 0.66%)
 Statewide Rate:
 72.50% as of 9/30/13
 73.00% as of 9/30/14 (Increase of 0.50%)
 74.20% as of 9/30/15 (Increase of 1.20%)

*Percent of Court-Ordered Current Support that was collected.
 4th in the Nation in 2014 - 3rd in the Nation in 2015

Performance Measure 4 –Arrears Collection Rate*
 Benchmark is 80%

Portage County Child Support:
 72.97% as of 9/30/13
 72.77% as of 9/30/14 (decrease of 0.20%)
 75.38% as of 9/30/15 (Increase of 2.61%)
 Statewide Rate:
 65.15% as of 9/30/13
 66.00% as of 9/20/14
 67.63% as of 9/20/15 (Increase of 1.63%)

*Percent of Cases with Arrears that Received a Collection on Arrears
 18th in the Nation in 2013
 13th in the Nation in 2014
 11th in the Nation in 2015

ANNUAL COLLECTIONS			
	2013	2014	2015
Portage County	\$6,062,763 million	\$6,118,442 million	\$6,391,668 million
Statewide	\$843 million	\$641 million	\$652 million

CASELOADS			
	2013	2014	2015
Portage County	3,089	3,128	3,052
Statewide	361,180	365,631	363,152

2015 Staff

- | | | | |
|-------|---------------------------|-------|-------------------------------|
| 1 FTE | Child Support Supervisor | 1 FTE | Lead Child Support Specialist |
| 3 FTE | Child Support Specialists | 1 FTE | Paternity Specialist |
| 1 FTE | Financial Specialists | 1 FTE | Child Support Clerk |
| 2 FTE | Specialist Assistants | | |