

2016 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

Dan Dobratz, Chair
Jeanne Dodge
Gerry Zastrow
Gene Numsen, Citizen
James Clark, Citizen

Chris Doubek, Vice Chair
Bob Gifford
Jerry Walters
Carleen King, Citizen



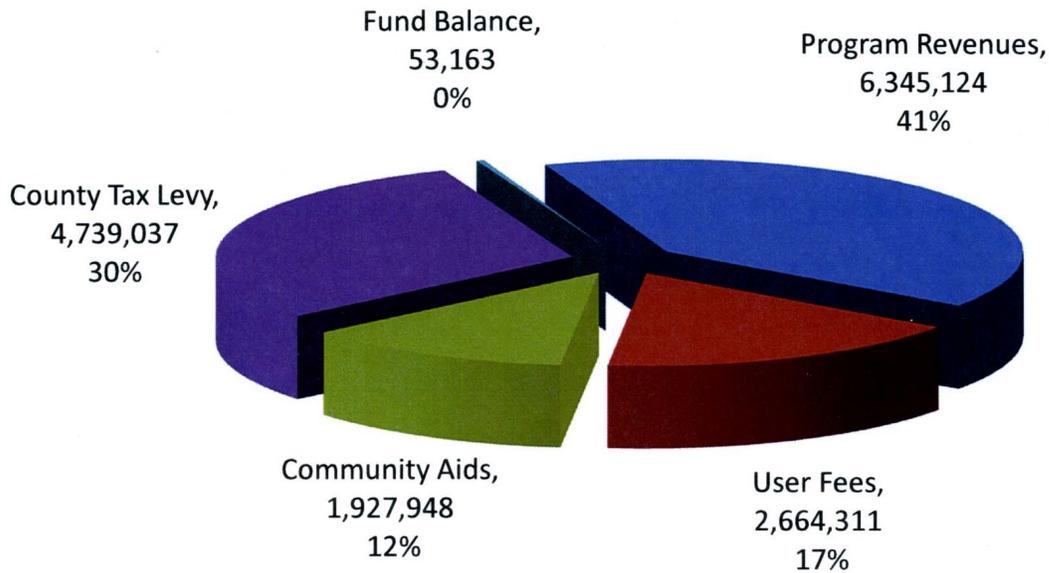
Financial P.2
Administration/Business P.3
Community Programs P.4-7
Public Health P.8-16
Children & Family Services P.17-24

Financial Information

COMBINED ACCOUNTS

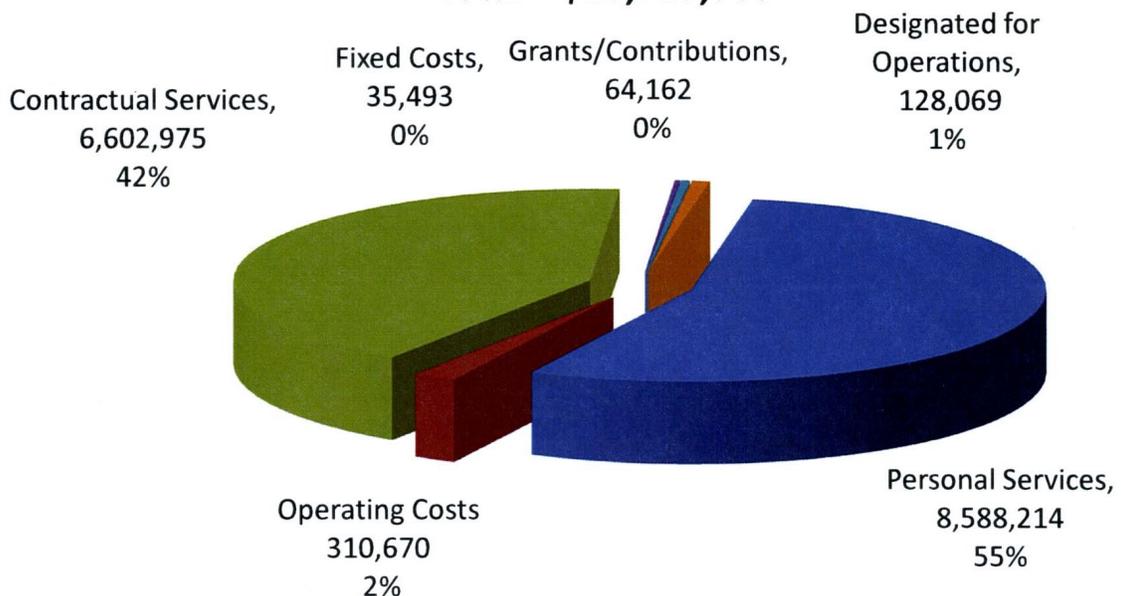
Revenues

Total = \$15,729,583



Expenses

Total = \$15,729,583



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.

	2014	2015	2016
Patient Assistance*	40	16	8
Phone calls received	54,741	52,567	46,898
Purchasing Requisitions	215	95	138
Transcription	5,084	5,062	4,200
Medical Records released	500	368	275
Scanned Documents**	52,500	75,902	76,322
Intakes Completed	1,247	760	823
Outgoing Mail***	50,093	50,865	47,332
Incoming Mail***	23,157	28,964	23,920

* 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 & Economic 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).

***2016 saw a decrease in incoming & outgoing mail. Technology has changed over the years. Documents that used to be mailed can now be e-mailed or faxed depending on what is being sent to the individual.

2016 Staff

- 1 FTE Office Manager
- 3 FTE Administrative Associate I
- 2 FTE Administrative Associate II
- 1 FTE Optical Imager

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
2014	230	10,800
2015	278	10,657.15
2016	241	11,102.75

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
2014	54	3,297.70
2015	60	3,718.6
2016	75	5,852.65



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
2014	16	714.50
2015	7	573.15
2016	6	41.65

2016 Staff—Community Support Program

6 FTE HSS1 Social Workers

1 FTE HSS2 Community Support Nurse

1 FTE Community Services Program Aide

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
2014	222	3,770.72
2015	242	4,107.1
2016	226	4,051.1

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
2014	325	68	1,143.80
2015	210	163	1,130.55
2016	189	157	1,119.30

20165 Staff

3 FTE 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
2014	345	1,815.50
2015	353	1,418.75
2016	334	1,718.50

2016 Staff

0.88 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
2014	664	573	91	4,717
2015	495	406	89	4,354.5
2016	447	352	95	4,025.5

All numbers are unduplicated clients.

2016 Staff

0.75 FTE Psychiatrist
 1 FTE Mental Health Clinician
 1 FTE Intensive In-Home Aide
 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
2014	63	67%	55%
2015	71	70%	85%
2016	65	80%	90%

2016 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
2014	250	1,968.25
2015	255	1,945.25
2016	250	1,920.25

2016 Staff

1 FTE HSS1 Social Worker

Special Needs Program Services

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
2014	188	6,400
2015	193	6,958
2016	224	6,540.25



Children's Community Options Program (CCOP) (formerly Family Support Program)

The Children's Community Options Program (formerly 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
2014	71	71
2015	61	273.75
2016	77	20.75

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
2014	77	7,039.40
2015	86	7,906.25
2016	78	9,673.5



2016 Staff

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

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

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. Time is being charged to CCS in most circumstances.

Year	# Served	Contact Hours
2014	60	95.5
2015	66	290.25
2016	84	3.5



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.

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.

Wisconsin Department of Health and Human Services tracks immunization rates for the following age groups: 0-2, Adolescents, and Adults. For adolescents and adults the benchmarks are noted in the table. For children, benchmarks are measured at age 2. The following vaccines and does are tracked: DTaP (4), Polio (3), Hib (3), Hep B (3), MMR (1), Varicella (1), and Pneumovax (4).



Children Ages 0-2								
	DTaP(4)	Polio (3)	MMR (1)	Hib (3)	Hep B (3)	Varicella (1)	PCV (4)	4:3:1:3:3:1:4 series
2014	80.35%	90.24%	87.17%	90.78%	89.04%	85.29%	86.90%	75.80%
2015	77.75%	87.07%	87.07%	89.57%	83.73%	83.17%	85.40%	72.46%
2016	78.45%	87.42%	86.35%	88.35%	85.54%	82.33%	84.87%	72.29%

Adolescent Ages 11-18					
YEAR	HPV (1)	HPV (3)	Mening 1	Mening 2	Tdap
2014	41.25%	24.22%	75.92%	48.23%	82.38%
2015	44.87%	26.43%	76.91%	47.94%	82.50%
2016	49.89%	29.68%	77.52%	52.53%	82.01%

Adult Ages 19 and over					
YEAR	Tdap	HPV (3)	Zoster	PCV13	PCV 23
2014	67.62%	21.39%	42.79%	2.71%	62.34%
2015	68.19%	23.55%	45.32%	51.21%	59.57%
2016	70.63%	26.46%	46.74%	61.56%	58.77%

School Health Services

Portage County Division of Public Health contracts with four school districts (Stevens Point Area Public and Private Schools and Almond Bancroft Schools) to provide school nursing services. Over the years, the school nursing contract has evolved from screening service (vision, hearing, and scoliosis) to the provision of the following robust and comprehensive services: 1) direct care to students and staff; 2) leadership for the provision of health services; 3) screening and referral for health conditions; 4) promoting a healthy school environment; 5) promoting health; 6) serving in a leadership role for health policies and programs; 7) serving as a liaison between school personnel, family, community, and health care providers; and 8) collaborating with school.



School Health Services Screenings						
Screening Type	# of children served			# of referrals		
	2014	2015	2016	2014	2015	2016
Vision	3956	3550	3723	187	163	166
Hearing	1575	1447	14341	14	18	31
Dental	1315	1678	1651	161	151	135

In the Stevens Point Area School District alone:

Health Conditions	1,891 students
Health Room Visits	24,775 students
Students with seizure disorder and Prescription intranasal seizure medication	48 students
Students with asthma	537 students
Students with prescriptions for inhalers	217 students
Medication administration	11,212 oral tablets
Students with severe allergies and EpiPens	129 students
Students with diabetes and prescription for Glucagon	32 students

Fluoride Supplements



Fluoride supplements are provided to those families without water fluoridation. In 2016, 218 (204 in 2015 and 278 in 2014) 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			
	2014	2015	2016
Prenatal assessments	122	141	90
Postpartum assessments	72	76	63
Prenatal depression screening	113	115	90



- 90 clients or 88.5% began prenatal care in the first trimester
- 38.5% or 30 clients smoked prior to pregnancy
- 66% of 30 clients decreased or had quit smoking at time of delivery
- 76.7% 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** - this program has expanded to Ascension, Aspirus, and St. Joseph's Hospital. It is a program which provides education to prevent abusive head trauma and shaken baby syndrome. The program is given to every family who delivers a baby in the hospital and those clients who are seen in Prenatal Care Coordination. Additionally, Child Protective Services has been trained as well as the FOSS program. Approximately 700 clients take part in this educational program each year.
- **Babe Be Safe** – this program began in 2016. This is a program that provides vouchers to be used at the Children's Safety Center. Prenatal care nurses complete a home safety assessment, and assess which safety items are needed. They are then educated by the Children's Safety Center on installation.
- **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 2016:

- In Wisconsin and Portage County Chlamydia rates continue to increase and the incidence of pertussis continues to occur.

Leading Reportable Communicable and Sexually Transmitted Diseases for Portage County*			
	2014	2015	2016
Lyme disease	33	71	70
Chlamydia	201	216	222
Pertussis	49	27	58
Tick-borne disease	33	33	28
Campylobacteriosis	29	41	21
Hepatitis C	14	27	1
Salmonellosis	7	7	10
Cryptosporidium	12	26	15
Giardiasis	5	9	14

*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
	2014	2015	2016	
Restaurants	267	274	271	DHS
Retail Food	122	124	130	DATCP
Lodging	26	27	24	DHS
Swimming Pools	44	42	40	DHS
Mobile Home Parks	20	20	20	DSPS
Campgrounds	11	12	13	DHS
Rec/Ed Camps	8	8	8	DHS
Body Art	5	4	5	DHS
School Kitchens**	24	24	25	MOU w/DHS
Vending Machines***	N/A	N/A	N/A	DHS
Temporary Food Stands	38	33	85	DHS

*For 2015-16 licensing period (July 1, 2015 – June 30, 2016) 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 2016, 18 (20 in 2015) inspections were completed for DSPS; 399 (447 in 2014-5) inspections for the 2015-2016 licensing period or DHS [including 2 vending machine commissaries inspections, 50 (48 last licensing period) school kitchen inspections, and 94 (98 last licensing period) temporary food stand inspections]; and 128 (122 last licensing period) inspections for DATCP during the 2015-16 licensing period. In addition to annual inspections, 17 (20 last licensing period) pre-inspections (new establishment or change of operator), 25 (57 last licensing period) re-inspections, and 56 (38 last licensing period) on-site consultations were provided for DHS establishments; and 8 (11 last licensing period) pre-inspections, 1 (12 last licensing period) re-inspections, and 11 (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 1,605 viewing hits for 2016, which is 133 views 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			
	2014	2015	2016
Total number of TNC facilities	129	127	128
Total number of non-TNC facilities*	20	24	23
Number of TNCs with a nitrate level of 10 mg/L – 20mg/L	15	18	16
Number of TNCs with a nitrate level of >20mg/L	6	5	5
Number of DSPS approved nitrate removal systems operating	2	3	4
Total number of bacteria unsafe samples	2	3	11
Total number of nitrite samples	5	1	6



* 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 2016, 27 (27 in 2015 and 37 in 2014) complaints were formally investigated, of these 19 (17 in 2015 and 25 in 2014) 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 2016 include:

- Presence of bed bugs/cockroaches
- Ill food workers
- Food quality
- Bare hand contact with ready-to-eat foods
- Food storage
- Preparing and selling food without a license
- Presence of mold
- Unsanitary conditions at a residence
- Bed bugs
- Bad odors
- Leaking fixtures
- Frozen food storage
- Unkempt food facility
- Adulterated food
- Non-service animal in food facility
- Discharge of waste water/raw sewage onto the ground
- Presence of mold/leak at ceiling at a home
- Holding temperature of cold food on display for service
- Outside accumulation of garbage at a facility

Radon

There was one formal human health hazards investigated in 2016.

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 2016, 89 (45 in 2015 and 50 in 2014) radon test kits were provided to the public. From 42 completed tests in 2016, 20 tests showed results that were ≥ 4 pCi/L (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. High levels of indoor radon can be reduced by installing mitigation systems.

Radon Testing Results Summary			
	2014	2015	2016
Total # of testing results	30	22	42
# Test results ≤ 4 pCi/L	17	8	22
# of Test Results of > 4 pCi/L	21	14	20

*Average rate of 9.8 pCi/L for radon tests in 2015, with 1 error in testing—not reported in 2016.

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

2016 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		
	2014	2015	2016
DHS Agent Hours	1,703.75	1,908.50	1,915.25*
DATCP Agent Hours	288.5	369.75	
DSPS Agent Hours	24.5	9.50	
TNC Activity Hours	222.25	239.75	241
WINS Hours	5	154.00	64.5
BRACE	13.5	40.50	—
General EH Program Hours	1,651.25	1,665	1,978.75
Total Program Hours	3,964.5	4,387	5,677

*2016 Benefit time not included. Inspection time is reported collectively.

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 2016, Portage County had 38 compliance checks completed (46 checks attempted) from which 5 sales to youth occurred, resulting in a sales to youth rate of 13.2%.

Portage County Tobacco Sales Compliance Checks									
Municipality	Number of Tobacco Retailers			Number of Tobacco Retailers in Compliance			Compliance Rate		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Stevens Point	34	25	25	34	23	22	100%	92%	88%
Plover	10	11	11	10	11	11	100%	100%	100%
Other villages and townships	26	11	10	24	10	8	92%	91%	80%



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. 69 clients sought service during 2016, which resulted in 36 enrollees into Affordable Care, in Portage County.



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 ended on the grant in the fall of 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 2016 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 operation of family assistance centers. PCHHS-DPH participated in table top exercises locally with healthcare partners related to pandemic planning, a regional tabletop exercise in response to a bioterrorism event, and mass clinics provided in the community for seasonal influenza. The community mass clinics utilized the incident command system as a functional exercise in public health preparedness for public health staff.



2016 Staff

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

Preparedness/Prevention Program Areas	Allocated Hours by Program Area		
	2014	2015	2016
Preparedness Hours	1,011	1,196	1,299.75
Prevention Hours	458.75	215	484.75*
Total Program Hours	1,471.75	1,411	1,714.50

*PHAB Accreditation hours specific

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 2016, \$549,897 WIC benefits were redeemed for food at Portage County area grocery stores (\$628,163.37 in 2015 and \$693,459.10 in 2014).



Participation in Portage County WIC				
	Women	Infants	Children	Total
2014	484	332	915	1,731
2015	448	301	907	1,656
2016	439	294	824	1,557

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 Ascension - Ministry Medical Group. The Portage County BFPCP is coordinated by a certified lactation specialist. The team includes one breastfeeding peer counselors. 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 2016 was 83.9% (77.4% in 2015 and 77.9% in 2014) which was greater than state incidence of 72.8% (72.5% in 2015 and 72.6% in 2014). 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		
	2014	2015	2016	2014	2015	2016
1 month of age	83.7%	81.5%	76.0%	71.4%	73%	73.6%
3 months of age	54.1%	75%	69.5%	54.4%	57.5%	57.8%
6 months of age	35.4%	49.1%	40.7%	31.2%	33.7%	35.3%
12 months of age	15.9%	22.7%	21.0%	14.7%	15.8%	16.1%
Exclusive Breastfeeding						
1 month of age	59.78%	53.2%	60.1%	59.8%	38.7%	39.2%
3 months of age	41.9%	52.6%	43.5%	41.9%	27.2%	28.2%
6 months of age	29.4%	27.2%	26.4%	29.4%	1.4%	11.6%

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 \$20 in vouchers to redeem for fresh fruits, vegetables, and herbs at local authorized farmers' markets and stands. A total of \$5,570 (\$5,610 in 2015 and \$6,281 in 2014) in FMNP vouchers were redeemed by Portage County farmers' market vendors, which equates to a usage rate of 85% 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 2016, 103 (95 in 2015 and 101 in 2014) parents and their 135 (124 in 2015 and 112 in 2014) 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 2016, Portage County enrolled 190 (56 in 2015 and 60 in 2015) women into WWWP; 88 (47 in 2015 and 37 in 2014) women received screenings. The reason for an increase in overall participation was due to a program expansion. On July 1, 2015, Portage County began administering the WWWP program for 6 additional counties. The numbers above are for all 6 counties starting in 2016.

WIC and Nutrition Services Program Areas	Allocated Hours by Program Area		
	2014	2015	2016
WIC Hours	7,613.25	7,744.75	6,875.15*
WWWP Hours	604.5	1,007	1,538.50*
SNAP-ED Hours	997.25	985.25	697.75*
Total Program Hours	9,215	9,737	9,093.40*

*2016 benefit time of 1,740.10 not included in reported program time.

2016 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 for an Initial Assessment if the report meets statutory criteria or screening the report 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 and services. 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 33.4% is consistent with the screen in rate of 35.7%.

Year	# Reports Received	# Screened in for abuse or neglect	# of Hours Spent
2014	795	301 or 37.8%	1,804
2015	864	327 or 37.8%	1,805
2016	872	291 or 33.4%	1,972

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 2016, four Initial Assessment Workers completed 291 assessments of 6.06 per month.

Year	# of Workers	Investigations Completed	# of Children Involved	Girls	Boys	# of hours of field work
2014	4	301	533	152 (51.2%)	145 (48.8%)	5,652
2015	4	327	608	172 (52.6%)	155 (47.4%)	5,995
2016	4	291	514	148 (55.6%)	118 (44.3%)	7,141

Families Investigated for Abuse/Neglect

Year	Identified Maltreaters	Birth Parent Maltreaters
2014	290	235 or 78.1%
2015	308	303 or 92.6%
2016	281	221 or 78.6%

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	2014		2015		2016	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4	128	43.2%	133	40.7%	96	36.5%
5-9	77	26%	97	29.6%	84	31.9%
10-14	5	22%	65	19.9%	57	21.7%
15-17	26	8.8%	32	9.8%	26	9.9%

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

2016 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

Six ongoing dispositional or child welfare workers carried an average caseload of 16 to 17 families each in 2016. This is at least 4 families over the maximum limit per caseload allowed by the Bureau of Milwaukee Child Welfare. In total, Portage County child welfare social workers delivered 10,869 hours of service to their families compared to 10,026 in 2015, 6,595 hours in 2014 and 4,859 hours in 2013.

Portage County child welfare social workers served a total of 166 kids in 2016 in out of home placement as opposed to 154 kids in 2015 and 164 kids in 2014. There was an average of 92 children living in out of home care at any given time in 2016. In 2015 this average was 95 kids and in 2014 Portage County averaged 110 kids in care at any given time. In 2016, 60 kids were discharged from placement. In 2015 and 2014, 65 and 82 children respectively left placement. The majority of the children leaving care were reunified with their parent. In 2016, 51 kids or 85% returned home. In 2015, 46 kids or 70.8% returned home. Finally, in 2014, 67 kids or 81.7% were reunified. In 2016, 8 kids or 13.3% achieved permanence through guardianship. In 2015, 9 kids or 13.8% and in 2014, 8 kids or 9.8% achieved permanence with a guardian. In 2016, one child aged out of placement. In 2015, no kids aged out of care and in 2014, 3 kids or 3.6% aged out of placement. Lastly, in 2016, 5 children, or 8.3%, achieved permanency through adoption. In 2015, 9 children or 13.8% achieved permanency through adoption. In 2014, 4 children or 4.9% were adopted.

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 97.12% of kids in care were seen face to face each month. PCHHS social workers met the requirement for 94.8% 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 87.62% of the children in their out of home placements. PCHHS workers saw 86.48% of kids in the home in which they were placed.

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 is one supervisor and 8 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 Juveniles In Need of Protection or Services (JIPS) cases which involve parent-child conflict issues, truancy issues, juvenile alcohol and drug issues, runaway behaviors 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 youth and families. In addition, there is one JJ worker who specializes in working with JJ youth in foster care and one JJ worker who specializes in intensive juvenile sanctions programming. 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.

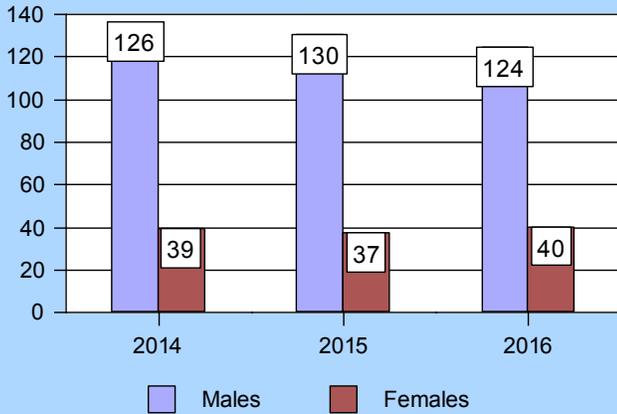
Out of Home Care

Portage County averaged 53 licensed foster homes available for placement in 2016. There were 48 foster homes in Portage County in 2015 and 40 foster homes in 2014. In December 2016, there were 105 kids placed in out of home care. At that same time in 2015, there were 102 kids in care. In December of 2014, there were 113 children placed in Portage County out of home care. Of those kids placed in December 2016, 59 or 56% of the kids were placed in a non-relative licensed foster home. In 2015, 49 kids or 48% were in non-relative foster homes and in 2014, 68 kids or 60.2% were in non-relative licensed foster homes. While every effort was made to place children close to parents, relatives and in their home schools, 22 kids or 20.9% 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 2015, 18 kids or 17.6% were placed in foster care outside of Portage County. In 2014, 12 or 18% 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, 33 kids or 31.5% of the 105 children placed out of home were placed in the home of a licensed or unlicensed relative. This number was 14 kids or 13.7% in 2015 and 30 kids or 26.5% in 2014. Finally, in December of 2016, 13 kids or 12.4% 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 2015, 18 or 17% of our kids placed out of home were living in placements other than foster care. In 2014, 15 or 15.5% of our kids were living in other placements.

Juvenile Court Intake Services

In 2016, Youth and Family Juvenile Justice Workers processed 196 new delinquency and JIPS referrals.

Total Delinquency Referrals



Delinquency by Offense			
	2014	2015	2016
Disorderly Conduct	36%	31%	37%
Property Crimes	30%	32%	32%
Drug Offenses	11%	11%	5%
Against Person Offenses	10%	12%	11%
Sex Offenses	8%	7%	13%
Weapon-Related Offenses	3%	5%	2%
Bomb Scares	2%	2%	0%

In 2016, there were a total of 32 JIPS (Juveniles in Need of Protection or Services) referrals.

Age at Time of Offense

	2014	2015	2016
Age 16	23%	23%	17%
Age 15	16%	20%	9%
Age 14	21%	16%	25%
Age 13	15%	13%	23%
Age 12	8%	7%	4%
Age 11	7%	7%	3%
Age 10	5%	5%	12%
Age 9	0%	3%	3.5%
Age 7-9	5%	6%	3.5%

Total JIPS Referrals

	2014	2015	2016
Males	13	19	19
Females	20	18	13



JIPS BY REFERRAL TYPE

	Number			Percentage		
	2014	2015	2016	2014	2015	2016
	Parent-Child Conflict	11	11	15	27.5%	27.5%
Truancy (from Truancy Court)	22	26	17	55%	65%	40.5%
Custody Studies*	0	0	0	0%	0%	0%
Stepparent Adoptions	2	3	9	12.5%	7.5%	21.4%
Relative Home Studies*	5	0	1	5%	0%	2.4%

*referrals not included in male/female count

2016 Staff

1 FTE Youth and Family Services Supervisor 7 FTE HSS1 Social Worker
0.95 FTE HSS1 Social Worker

In 2016, there were 12 youth (10 male and 2 female) who received specialized foster home case management services (in 2015, 20 youth served, 14 male and 2 female; in 2014, 16 youth served, 10 male and 6 female). Of the 12 youth in specialized care in 2016, there was 1 youth with CHIPS status (Children in Need of Protection and Services), 10 Delinquent youth, and 1 combined CHIPS and Delinquency case. (2015: 5 CHIPS, 10 Delinquent, 1 JIPS and 4 combined cases; 2014: 1 CHIPS, 13 Delinquency, and 2 combined). In addition, our specialized foster homes provided placement for 4 children with CHIPS status (2 male, 2 female) requiring transitional care until a more permanent placement could be located.

In 2016, there were 5 youth (3 male, 2 female) involved in the Juvenile Sanctions Program (JSP) (9 youth in 2015, and 17 youth in 2014). Juveniles involved in this program demonstrate significant negative behaviors and are at high risk of recidivism and being placed outside of their home. The JSP Worker position was vacated in June 2016, and remained vacant for the remainder of 2016 due to a lack of qualified applicants; this accounted for the decreased number of youth being able to participate in 2016. Of the 5 program youth, 2 (1 male, 1 female) successfully completed the program. Two of the 5 program youth were referred for additional offenses while in the program. No program youth were placed outside their home while in the JSP program.

The Juvenile Justice unit utilized 974 days of electronic monitoring (ELM) in 2016. Youth participating in JSP were on electronic monitoring for a total of 109 days, while kids on standard court-ordered supervision spent 865 days on the ELM. This decrease in the number of JSP youth as well as the amount of electronic monitoring used in 2016 was the direct result of the JSP worker position remaining vacant for the last 6 months of 2016. In 2015, 706 days of ELM 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 359 urinalysis screens administered on Juvenile Justice youth in 2016: 208 negative screens (58%) and 151 positive screens (42%). In 2015, 296 screenings were administered with 117 (58%) negative, 172 (40%) positive, and 7 (2%) were diluted. In 2014, 193 (69%) screened negative and 86 (31%) screened positive.

Thirteen subsidized guardianship reviews were completed in 2016 (10 in 2015, and 10 in 2014). There were a total of 20 subsidized guardianship children (13 in 2015, and 11 in 2014) served among 15 total providers. Seven total children (5 providers) were granted subsidized guardianship in 2016.

Kinship was provided to a total of 65 children (6 voluntary, 27 guardianships, and 32 Court ordered). There were 49 providers total. In 2015, there were 61 children total (4 voluntary, 28 guardianships, and 29 Court ordered) with 45 providers total. In 2014, there were 63 kinship children (8 voluntary, 28 guardianship and 27 court-ordered).

In 2016, 9 stepparent adoptions, 1 relative home assessment and no custody studies were completed. In 2015, there were 3 step parent adoptions, and no home studies, relative home assessments or custody studies completed. In 2014, there were 4 step parent adoptions and 4 home studies completed.

Community service projects completed in 2016 included: Organizing foster care storage, maintaining the PCHHS community garden, highway clean up, assisting with miscellaneous WIC needs, helping serve meals and organizing the kids closet at Place of Peace, assembling Kinship packets, and folding/labeling brochures/addressing envelopes (Post Natal/WIC/Birth to Three/CCCW).



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 CY2016 monthly average recipient data for Health Care and FoodShare and CY2016 monthly average household data for Wisconsin Shares Child Care Subsidy cases with active authorizations. A change to Table 1 for this year is the removal of Portage County data. Additional information from the data source was received clarifying that the data previously provided and currently available does not reflect actual counties of residence and rather reflects counties of administration. Given the consortium

model and how workload is shared among counties, it would be misleading to represent this as “Portage County” data in terms of the number of residents receiving services here. Consortium level data remains accurate. Historically, Portage County has accounted for 25% of the consortium caseload and recipients. Table 2 provides data related to the number of applications processed for all public assistance programs administered through Economic Support in 2016.

Table 1.

	Statewide			IM Central Consortium		
	2014	2015	2016	2014	2015	2016
Family Medicaid:	774,593	807,540	799,193	32,981	33,477	32,962
Badgercare+	58,453	41,107	38,777	3,495	2,696	2,472
Family Planning Services						
Medicaid for the Elderly, Blind and Disabled:						
Family Care/Waiver	50,085	46,623	42,193	2,392	2,149	1,831
Medicaid Purchase Plan (MAPP)	23,851	25,915	27,704	1,133	1,219	1,320
Medicare Premium Assistance	19,192	19,347	19,407	968	999	1,038
SSI-Related Medicaid	17,963	17,184	19,209	709	724	697
Institutional Medicaid	18,101	16,787	16,168	734	683	669
FoodShare	836,118	788,296	718,272	31,547	28,952	25,965
Wisconsin Shares Child Care Subsidy (by household)	27,428	27,009	25,835	850	781	665

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

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.

Table 2.

	2014	2015	2016
Statewide	731,208	622,365	605,082
IM Central Consortium	30,482	25,096	24,848
Portage County	7,734	6,229	5,831

Source: DHS IM Management Reports

2016 Staff

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

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 2016 are as follows:

- The consortium has adopted a One Touch approach with call center service delivery, meaning that nearly all services Economic Support provides are provided “on demand” through the consortium call center. Customers are able to call and make initial application, renew their benefits, report changes, request case processing and make general inquiries during all operating hours.
- Caseload management has shifted from caseloads assigned to individual workers to county-level banked caseloads. Daily task assignments are given to collectively manage these large caseloads. There is an eventual goal of consortium-wide case banking; county-level banked caseloads have served as a step in this transition.

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 2016.

Table 3.

	2014	2015	2016
Statewide	97.49%	97.42%	97.87%
IM Central Consortium	96.33%	95.74%	97.88%
Portage County	98.47%	97.93%	98.58%

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 2016. 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		
	2014	2015	2016	2014	2015	2016
Statewide	3.99 minutes	5.61 minutes	5.77 minutes	6.93 minutes	7.97 minutes	8.91 minutes
IM Central Consortium	3.32 minutes	6.43 minutes	11.07 minutes	5.04 minutes	6.83 minutes	9.87 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			Case + Procedural		
	2014	2015	2016	2014	2015	2016
National	3.66%	3.09%	3.74%	25.48%	22.23%	21.92%
Statewide	2.34%	3.98%	4.61%	23.56%	26.97%	19.52%
IM Central Consortium	2.63%	11.1%	9.24%	25.93%	32.14%	32.26%
Portage County	0.0%	2.37%	41.54%	75%	16.67%	22.22%

Source: Federal SNAP-QCS Database

Benefit Recovery

DHS assumes a statewide overpayment error rate of 3.32% and uses this measure to determine potential collection dollars. Table 6 represents this data for FFY 2015 (October 2014-September 2015); local data for this metric is not available.

Table 6.

	Claims Established			Potential Dollars			% Claimed		
	2014	2015	2016	2014	2015	2016	2014	2015	2016
Statewide	\$8,302,146	\$10,832,546	\$9,262,110	\$19,724,549	\$35,021,294	\$37,937,198	42.09%	30.83%	24.41%
IM Central Consortium	\$257,688	\$372,980	\$211,670	\$690,188	\$1,184,614	\$1,288,539	37.34%	31.49%	16.43%
Portage County	\$116,237	\$163,396	\$105,927	\$148,721	\$240,277	\$280,652	78.16%	68%	37.74%

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 assistant 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 assistant 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 child support 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:
 92.74% as of 9/30/14
 94.43% as of 9/30/15
 92.77% as of 9/30/16
 (Decrease of 1.66 from 2015)
 Statewide Rate:
 87.00% as of 9/30/14
 87.14% as of 9/30/15
 87.18% as of 9/30/16

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

Portage County Child Support Agency
 77.93% as of 9/30/14
 78.59% as of 9/30/15 (Increase of 0.66%)
 79.08% as of 9/30/16 (Increase of 0.49%)
 Statewide Rate:
 73.00% as of 9/30/14
 74.20% as of 9/30/15 (Increase of 1.20%)
 74.48% as of 9/30/16 (Increase of 0.28%)

*Percent of Court-Ordered Current Support that was collected.

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

Portage County Child Support :
 113.92% as of 9/30/14
 112.52% as of 9/30/15 (decrease of 1.40%)
 112.66% as of 9/30/16 (increase of 0.14%)
 Statewide Rate:
 105.40% as of 9/30/14
 104.90% as of 9/30/15 (decrease of 0.50%)
 104.84% as of 9/30/16 (decrease of 0.06%)
 Ratios can be greater than 100% as the standard is calculated by dividing the number of paternitys established in the current year by the number of non-marital births in the prior year.

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

Portage County Child Support:
 72.77% as of 9/30/14
 75.38% as of 9/30/15 (increase of 2.61%)
 77.95% as of 9/30/16 (Increase of 2.57%)
 Statewide Rate:
 66.00% as of 9/30/14
 67.63% as of 9/20/15 (increase of 1.63%)
 69.05% as of 9/20/16 (Increase of 1.42%)

*Percent of Cases with Arrears that Received a Collection on Arrears

ANNUAL COLLECTIONS			
	2014	2015	2016
Portage County	\$6,118,442 million	\$6,391,668 million	\$6,527,580 million
Statewide	\$641 million	\$652 million	\$518 million

CASELOADS			
	2014	2015	2016
Portage County	3,128	3,052	3,084
Statewide	365,631	363,152	361,169

2016 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	3 FTE	Specialist Assistants