

2018 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: Chris Holman

Portage County Health and Human Services Board

Chris Doubek, Chair
Jeanne Dodge
Nxtchais Chai Moua
Gene Numsen, Citizen
James Clark, Citizen

Gerry Zastrow, Vice Chair
Bob Gifford
David Medin
Donna Warzynski, Citizen



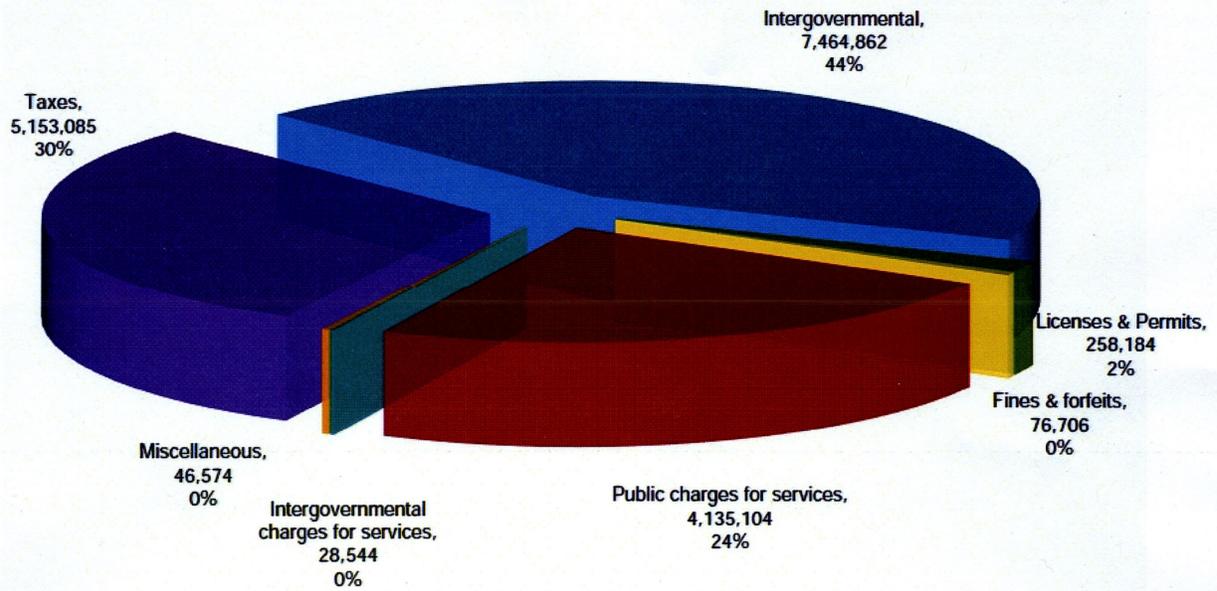
Financial P.2
Administration/Business P.3
Community Programs P.4-8
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Children & Family Services P.20-28

Financial Information

COMBINED ACCOUNTS

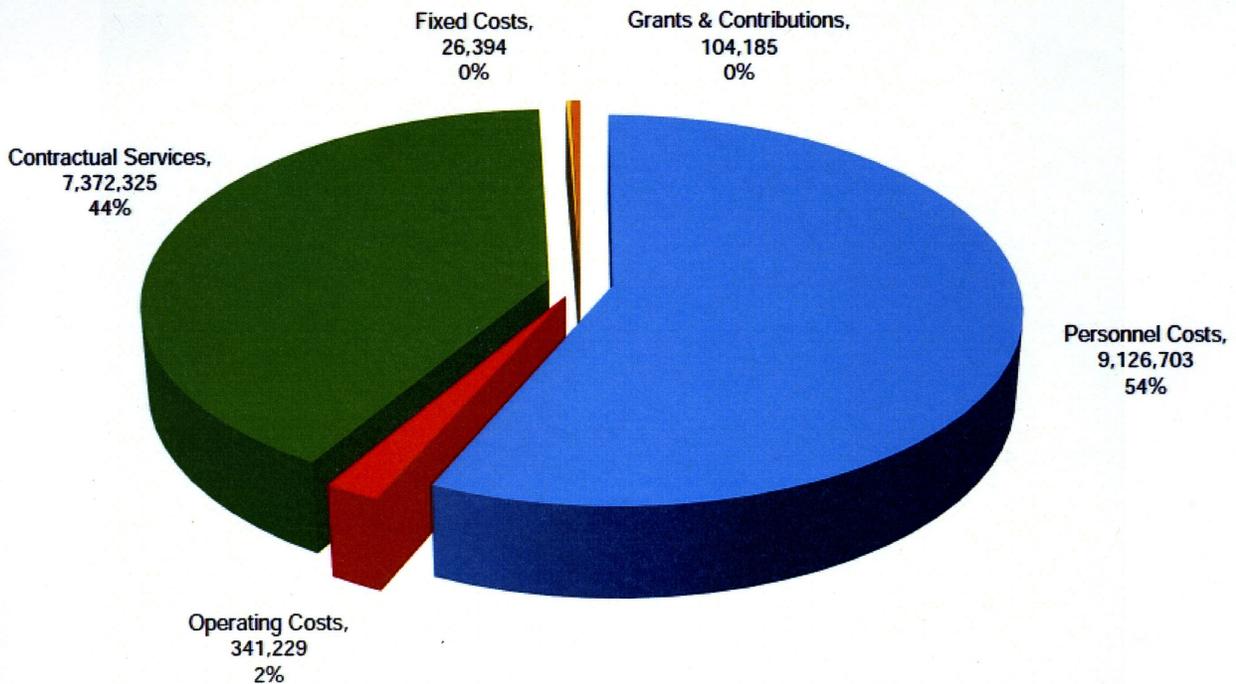
Revenues

Total=\$17,163,059



Expenses

Total=\$16,970,836



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.



New in 2018, Telemedicine started for Psychiatry services. An Administrative Associate I employee helps with the rooming of the client. The employee completes the biometrics on the client and walks the client into the Dr.'s office. They also assist the Dr. with questions she may have during the visit with the clients.

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.

	2016	2017	2018
Patient Assistance	8	6	6
Phone calls received	46,898	11,244	29,549
Purchasing Requisitions	88	129	107
Transcription*	4,200	3,709	2,436
Medical Records released	275	318	344
Scanned Documents**	76,322	73,937	80,163
Intakes Completed	823	852	901
Outgoing Mail***	47,332	43,988	47,029
Incoming Mail***	23,920	21,720	22,560

*2018 saw a decrease in Transcription. This number is decreasing due to staff typing up their own case notes, forms & documents. Technology is rapidly changing and staff can type right into the software instead of dictating and having an individual type the note.

**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).

***2018 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.

- 2018 Staff
 1 FTE Office Manager
 2 FTE Administrative Associate I
 2 FTE Administrative Associate II



**Division
of
Community
Programs**

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
2016	241	11,102.75
2017	238	10,348.3
2018	150	5,795.0

Comprehensive Community Services

The Comprehensive Community Services program provides person-centered, recovery-focused wraparound services to children and adults with significant mental health concerns. Services aim to keep the individual as independent as possible within their homes and in the community. A variety of services such as supported employment, peer specialists, mentoring (for children), individual skill development, wellness management, medication management, psychotherapy and psychoeducation are paid for through this program. In 2018 Program Aide time was increased to help support consumers with individual skill development and enhancement. A full time CCS Supervisor was also added in 2018 to support the expanding and provide clinical supervision for the program.

Year	Number Served	Hours Spent
2016	75	5,852.65
2017	78	8,316.9
2018	158	22,695.32



Community Recovery Services

The Community Recovery Services Program is 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
2016	6	41.65
2017	6	135.8
2018	4	40.25

2018 Staff—Community Support Program

- 1 FTE CCS Supervisor
- 1 FTE CCS Quality Assurance Supervisor
- 9.47 FTE Social Workers
- 1 FTE Community Health Nurse
- 5 FTE Community Services Program Aides

Adult Protective Services

Adult Protective Services investigates all reports of elder adults-at-risk and adults-at-risk that may be in danger of experiencing 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
2016	226	4,051.1
2017	228	4,073.8
2018	263	4,105.75

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 evaluate 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	# Diversions	Contact Hours
2016	189	157	1,119.30
2017	208	174	1,205.25
2018	283	153	1,336.75

2018 Staff

3 FTE Social Workers



OWI Services

OWI Services provides court ordered AODA screening and development of Driver Safety Plans after an individual has been convicted of Operating While Intoxicated. Driver Safety Plans include recommendations to AODA education and/or AODA treatment. 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
2016	334	1,718.50
2017	354	1,662.50
2018	323	1,372.75

2018 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
2016	447	352	95	4,025.5
2017	407	382	68	3,484.25
2018	434	371	63	2,841.50

All numbers are unduplicated clients.

2018 Staff

0.75 FTE Psychiatrist

1 FTE Mental Health Clinician

1 FTE Intensive In-Home Aide

4 Contracted Psychiatrist (1 provider at 6 hours per week, 1 provider at 5 hours per week and 2 providers at 9 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
2016	65	80%	90%
2017	72	76%	83%
2018	75	64%	89%

2018 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
2016	250	1,920.25
2017	235	1,875
2018	225	1,905

2018 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 whose children have a delay in one or more areas of development. These delays could be in how a child plays, learns, speaks, and acts. Services are provided to the child and his/her family in their natural environment. The program values the family's relationship with their child and works in partnership with them. The goal of the program is to enhance the child's development and support the family's knowledge, skills, and abilities. Program staff include two Service Coordinators, one Program Assistant, one Early Childhood Teacher, one Occupational Therapist, one Physical Therapist, and one Speech and Language Pathologist.

Year	# Served	Contact Hours
2016	224	6,540.25
2017	240	6,583.75
2018	246	6,852.5



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

The Children's Community Options Program (CCOP) is for families who have a child who has a disability or diagnosed condition. The program provides a coordinated approach to supporting families with the intention of achieving individualized outcomes. 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
2016	77	20.75
2017	61	190
2018	55	82

Children's Long Term Support Program

The Children's Long Term Support Program (CLTS) is a federally and stated funded program that provides support to families who have a child with substantial limitations in their daily activities and needs support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and 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
2016	78	9,673.5
2017	86	8,491.75
2018	105	7,927.25



2018 Staff

- 1 FTE Special Needs Supervisor
- 5.53 FTE Social Workers
- 0.55 FTE Program Assistant
- 0.80 FTE Early Childhood Teacher
- 0.50 FTE (Contracted) Physical Therapist
- 0.38 FTE (Contracted) Occupational Therapist
- 1 FTE (Contracted) Speech and Language Pathologist

Coordinated Services Teams

The Coordinated Services Teams (CST), often referred to as wraparound, is designed to develop a comprehensive, individualized system of care for children with complex behavioral health needs. The program is targeted to children and families with complex needs who are involved in two or more systems of care, such as mental health, long term care, juvenile justice, child welfare, substance abuse or special education. The result is a plan of care that addresses the needs of the child and family with community-based supports. Each child and family-centered team develops an individualized plan, that incorporates the strengths of the child and family. Teams work in partnership with the family on agreed upon goals. Time is being charged to Children's CCS in most circumstances.

Year	# Served	Contact Hours
2016	84	3.5
2017	43	115
2018	44	125,75





**Division
of
Public
Health**

Community Health Programs

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 doses 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
2016	78.45%	87.42%	86.35%	88.35%	85.54%	82.33%	84.87%	72.29%
2017	77%	88%	86%	88%	88%	84%	84%	73%
2018	76%	86%	80%	83%	85%	81%	82.7%	69.69%

Adolescent Ages 11-18					
YEAR	HPV (1)	HPV (3)	Mening 1	Mening 2	Tdap
2016	49.89%	29.68%	77.52%	52.53%	82.01%
2017	49%	29.7%	73%	53%	84%
2018	57%	43.38%	77.7%	50%	83.07%

Adult Ages 19 and over					
YEAR	Tdap	HPV (3)	Zoster	PCV13	PCV 23
2016	70.63%	26.46%	46.74%	61.56%	58.77%
2017	71%	26.5%	85%	62%	59%
2018	73%	32%	1.47%	69%	62%

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 schools.



School Health Services Screenings						
Screening Type	# of children served			# of referrals		
	2016	2017	2018	2016	2017	2018
Vision	3,723	3,669	3,644	166	123	242
Hearing	14,341	1,424	1,441	31	22	16
Dental	1,651	1,665	1,667	135	156	174

In the Stevens Point Area School District alone:

Health Conditions	1,671 students
Health Room Visits	37,633 students
Students with seizure disorder and Prescription intranasal seizure medication	46 students/12 with medication
Students with asthma	468 students
Students with prescriptions for inhalers	223 students
Medication Administration: Prescribed (Rx) - 2,142; Over-the-Counter (OTC) - 5,691	17,833 oral tablets
Students with severe allergies and EpiPens	114 students
Students with diabetes and prescription for Glucagon	31 students
Students with mental health conditions on file	217 students

Fluoride Supplements



Fluoride supplements are provided to those families without water fluoridation. In 2018, 129 clients (146 in 2017 and 218 in 2016) were provided with fluoride.

Prenatal Care Coordination

Prenatal Care Coordination (PNCC) provides services for 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			
	2016	2017	2018
Prenatal assessments	90	76	139
Postpartum assessments	63	57	124
Prenatal depression screening	90	68	84



- 69 clients or 82% began prenatal care in the first trimester
- 32 or 38.1% clients smoked prior to pregnancy
- 23 of the 32 decreased or had quit smoking at time of delivery
- 88.7% 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 and interventions.

- **Cribs for Kids** - 29 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 provided 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 Family Outreach and Support Services program. Approximately 700 clients take part in this educational program each year.



- **Babe Be Safe and C.A.R.S (Children All Ride Safely)** – 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. The C.A.R.S program aims to decrease childhood injury by ensuring proper care seat installation and fitting. Thee two programs combined assisted 66 families in 2018.

- **Infant Nutrition** - 63 families of infants were able to benefit from this program. Ensures families experiencing a gap or exceptional need can feed their infant.

- **B.R.A. (Breastfeeding Resource Assistance)** - was initiated in 2017. This program helps provide low income breastfeeding women supplies that may be a financial hardship. In 2018, this program helped 40 women continue to supply breast milk, first food to their infants.



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 2018:

- In Wisconsin and Portage County Chlamydia rates continue to increase and the incidence of pertussis is declining compared to previous years.

Leading Reportable, Communicable, and Sexually Transmitted Diseases for Portage County*			
	2016	2017	2018
Lyme disease	70	71	59
Chlamydia	222	252	238
Pertussis	58	62	23
Tick-borne disease	28	32	14
Campylobacteriosis	21	27	32
Hepatitis C (Chronic)	1	22	12
Salmonellosis	10	11	18
Cryptosporidium	15	24	26
Giardiasis	14	14	15

*Includes confirmed, probable, and suspect cases

PROGRAM	2016	2017	2018
Immunizations		782.00	485.50
Maternal Child Health		2,293.00	2,307.75
CDC		2,864.75	2,723.25
Child Passenger Safety		23.25	31.25
Other Community Health		735.60	703.00
Program Management		6,769.75	6,789.00
Oral Health		2,180.00	2,161.00
School Health	7,544.50	7,544.50	7,999.25
TOTAL HOURS	22,832.00	22,962.00	23,198.75

The project strings for payroll changed in 2017 to be more reflective of how the nurses are spending their time. Each code reflects the actual number of hours spent in the specific program area. In 2018, many of the program management hours were spent on PHAB accreditation preparation. This would include domain meetings, policy creation, document preparation work, in addition to grant writing, coalition work and public outreach.

In general, the total amount of hours spent in community health programming has seen an increase or decrease by approximately 1% in the last 3 years. The school health contract nursing hours has increased by approximately 1% in 2018. This may be attributed to new nursing staff to schools an increase in the amount of time nurses are spending on children with complicated medical histories.

2018 Staff

1 FTE	Public Health (Nurse) Supervisor	11.05 FTE	Community Health Nurses
1.25 FTE	Community Health Assistant		

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 2016-2018*				
Type of Establishment	Number of Licensed Establishments			State Program
	2016	2017	2018	
Restaurants	271	284	263	DATCP
Retail Food	130	139	128	DATCP
Lodging	24	27	33	DATCP
Swimming Pools	40	41	43	DATCP
Mobile Home Parks	20	21	20	DSPS
Campgrounds	13	12	13	DATCP
Rec/Ed Camps	8	8	8	DATCP
Body Art	5	7	8	DSPS
School Kitchens**	25	25	23	MOU w/DATCP
Vending Machines***	N/A	N/A	N/A	DATCP
Micro Markets	N/A	N/A	6	DATCP
Temporary Food Stands	85	107	27	DATCP

*Licensing period is from April 1 (for 15 month licenses) through June 30 of the following year.

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

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

In 2018, 28 (28 in 2017 inspections of manufactured home communities and body art establishments were completed for DSPS. There was a total of 577 (501 in 2016-17) inspections for the 2017-18 licensing period for DATCP. This included 46 school kitchen inspections and 120 temporary food stand inspections. In addition to annual inspections, 25 pre-inspections (new establishment or change of operator), 27 re-inspections, and numerous on-site consultations were completed by sanitarian staff. There were 6 tavern inspections and inspection of the Portage County Jail kitchen as a non-contracted inspections. The public have been able to view restaurant inspection reports online in since 2015. In addition to inspection and regulation work, community outreach was provided through education sessions, complaint investigations, and sampling of recreational waters at public beaches during the summer months.

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			
	2016	2017	2018
Total number of TNC facilities	128	129	129
Total number of non-TNC facilities*	23	24	28
Number of TNCs with a nitrate level of 10 mg/L – 20mg/L	16	15	16
Number of TNCs with a nitrate level of >20mg/L	5	7	14
Number of DSPS approved nitrate removal systems operating	4	5	6
Total number of bacteria unsafe samples	11	14	30
Total number of nitrite samples	6	4	2



* 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 2018, 37 (48 in 2017 and 27 in 2016) complaints were formally investigated, of these 28 (33 in 2017 and 19 in 2016) of which were at licensed facilities. Many of the complaints were consumer driven regarding unhealthy conditions at licensed facilities.

Radon

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, to provide radon test kits free of charge to residents of Portage County as well consultation to the public regarding radon gas. In 2018, 89 (62 in 2017 and 42 in 2016) radon test kits were provided to the public. From the 89 completed tests completed, 52 tests had results that were ≥ 4 pCi/L (pico curries present per volume of air space sampled). The highest radon result recorded for these tests was 51.7 pCi/L. 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			
	2016	2017*	2018**
Total # of testing results	42	39	89
# Test results ≤ 4 pCi/L	22	20	37
# of Test Results of > 4 pCi/L	20	19	52

*2017 had a test completion rate of 62.9% - test completed from test kits given out. **2018 had a test completion rate of 69.5% - test completed from test kits given out.

Examples of the complaints received in 2018 included:

- Missing refrigerator in an apartment;
- Presence of mold (several);
- Fecal matter in a retail facility;
- Non-service animal present in a retail store;
- Partially cooked chicken served to public;
- Cracked service ware used for food service;
- Expired and moldy food available for sale;
- Presence of bedbugs (several);
- Lack of cleanliness (several);
- Unlicensed tattooing/piercing;
- Garbage and dog feces present;
- Road dust drift;
- Improperly discarded prescription drugs;
- Foreign material in food (hair and staple);
- Bare hand contact with food;
- Body piercing of a minor;
- Gasoline leaking on the ground;
- Notice not to flush used toilet paper in a public restroom;
- Odor from a dumpster;
- Blocked vent pipe on a roof;
- Rotting fish and deer heads;
- Vaping at a restaurant;
- No running water in a restroom;
- Not wearing hair restraint when preparing food

There were two formal human health hazard investigations in 2018.

2018 Staff

Supervised directly by the Health Division Coordinator
2.5 FTE Human Services Specialists (Sanitarians)

Environmental Health Programs Areas	Allocated Hours by Program Area		
	2016	2017	2018
DHS Agent Hours			
DATCP Agent Hours	1,915.25*	1,408.50*	2,196.50*
DSPS Agent Hours			
TNC Activity Hours	241	249.50	331.75
WI WINS Hours	64.5	81.0	—
General EH Program Hours	1,978.75	2,191.00	1,700.5
Total Program Hours	5,677	4,517.50	4,228.75

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

***WI Wins completed by Health Planner beginning in 2018.

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 2018, Portage County had 46 compliance checks completed (47 checks attempted) from which 4 sales to youth occurred, resulting in an overall sales to youth rate of 8.7%. This was an improvement from 2017, in which the sales rate to youth was 18.2%.

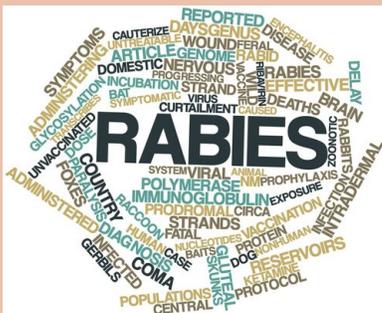
Portage County Tobacco Sales Compliance Checks									
Municipality	Number of Tobacco Retailers			Number of Tobacco Retailers in Compliance			Compliance Rate		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Stevens Point	25	27	26	22	25	24	88%	93%	92%
Plover	11	8	11	11	4	9	100%	50%	81%
Other villages and townships	10	9	9	8	7	9	80%	78%	100%



Rabies

Rabies surveillance in Portage County is carried out by PCHHS – Division of Public Health. The purpose of the rabies program is to prevent human cases of rabies in Portage County. Work in the rabies programs includes reimbursement of animal specimens sent to the Wisconsin State Lab of Hygiene (WSLH), provide consultation regarding rabies response, recommendations and procedures, and communicate lab results to partners (Humane Society, medical and veterinarians), exposed persons and animal owners.

Animal Rabies Submittals for Portage County			
	2016	2017	2018
Canine (dog)	12	12	6
Feline (cat)	13	7	7
Bat	6	7	4
Other (horse, coyote, squirrel, bovine)	4	2	2



One positive result was reported in 2018 for a rabies specimen submitted from a bat. There was one instance of a rabies specimen with indeterminate results—a result of tissue damage to the sample. There were two instances of domestic animals being quarantined as a result of an exposure and not being current with rabies vaccinations. Other animal specimens tested included two from raccoons.

2014-2018 Community Health Assessment and Improvement Plan: Progress Report

Portage County Local Indicator For Excellence (LIFE) Report

The LIFE Report of Portage County has been conducted every 5 years in Portage County since 2007. The LIFE Report project is guided by a 15 member steering committee made up of Portage County community leaders from local business, government, education, public safety, health, and social service organizations. Additionally, 70 volunteer leaders serve on subcommittees, to identify and develop community indicators that reflect Portage County data, statistics, and community perspectives. The LIFE Report serves as the community health assessment for the Division of Public Health with Portage County Health and Human Services as a part of the community health improvement plan and process (CHIPPP). Community input for the assessment is obtained through household surveys and listening sessions with key stakeholders in the community.

In 2012, in addition to the randomized community survey, a targeted sample of low-income populations were intentionally surveyed in order to elicit community input. Data was collected on 66 indicators. Based on the data five Calls to Action, or critical issue areas defined for future community action, were identified and included:

- Employment Opportunities that Generate Living Wages and Benefits
- Alcohol/Drug Abuse and Misuse
- Academic Achievement Gap
- Aging Population
- Obesity

Two of these calls to action, alcohol/drug abuse and misuse and obesity, were developed further as health priorities for the 2014-18 Community Health Improvement Plan.

In 2017, the LIFE Community Survey was again sent out to a random sample of residents as well as a sample targeted to low-income and minority residents. Open-ended questions were added to the survey to allow respondents to share what they felt were the strengths of Portage County and what changes they would like to see occur. In addition, listening sessions were held with key stakeholders, and committee members gathered data on 70 indicators. As a result of all of this information, four Calls to Action were identified:

- Mental Health
- Alcohol and Other Drugs
- Financial Stability
- Affordable Housing

Portage County Health and Human Services is one of five full partner Life Report Sponsors. The Health Officer serves on the Executive Committee, the LIFE Steering Committee, and serves as chair for the Health and Wellness Subcommittee. For more information on the 2017 Portage County LIFE Report visit www.co.portage.wi.gov or www.unitedwaypoco.org/2017LifeReport.

Healthy People Portage County

Healthy People Portage County began in 1999 as a community wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs in Portage County. The intent of Healthy People Portage County is to foster successful partnerships in order to improve the health of our community, through the review of county and state health data in relationship to State of Wisconsin health priorities and national health objectives for 2020 and beyond. The Healthy People Portage County initiative was revived in 2018 and charged with the development of the 2019-2023 Portage County CHIPPP. During 2018, HPPC members approved three health focus areas: mental health, alcohol and other drugs, and health weight as the basis for the 2019 CHIPPP. Data and indicators from the 2017 Portage County LIFE Report, along with community engagements through the community change process facilitated by Sort Sol Group and ToP facilitator Amy Murphy, support the development of community action plans. Goals, objectives, and strategies from these action plans will be incorporated into the 2019 CHIPPP to support the initiatives identified above. The health planner of community health position contributes to this work.

Coalitions and work groups working to support the health priorities of alcohol and other drug abuse, mental health, and obesity include:

- Portage County AODA Coalition
- Central Wisconsin Tobacco Free Coalition
- Portage County Alliance for Youth
- Suicide Prevention & Mental Health Awareness Coalition of Portage County
- Portage County CAN
- Portage County Breastfeeding Coalition
- Hunger & Poverty Prevention Partnership of Portage County
- Central Wisconsin Worksite Wellness Network
- Wisconsin Active Communities Alliance.

In March of 2018, the health planner of community health position was hired. In 2017, the Portage County Board of Supervisors approved the addition of a health planner position to support community health within the Division of Public Health at PCHHS. The health division manager provides supervision of the health planner position. The health planner position works in collaboration with community partners to provide support for health initiatives in Portage County as identified in the CHIPP; and facilitates meetings of the Healthy People Portage County Initiative. The health planner also evaluates progress of the Portage CHIPP on an annual basis and supports the Wisconsin Wins program in Portage County.

2014-18 Portage County Community Health Improvement Process and Plans

Local health departments across Wisconsin with their community partners are responsible for carrying out local health improvement plans to address health conditions impacting their residents. The resulting health changes that occur in a community are a reflection of the Community Health Improvement Plans and Processes (CHIPP). Three health priorities: AODA, obesity, and mental health were identified as health priorities in 2014-18 Portage County CHIPP. These health priorities have been ongoing for Portage County and are commonly identified as health priorities in many local health departments throughout Wisconsin and also supported by the State Health Improvement Plan and Process (SHIPP) or the Healthiest Wisconsin 2020 State Health Plan.

Progress made in support of the health priorities for the 2014-2018 Portage County Community Health Improvement Plan (CHIP) include:

Evidence-based strategies and practices are used to support community health priorities identified in the 2014-18 CHIP. The following are accomplishments in meeting identified strategies and practices for the health priorities of AODA, mental health, and obesity.

AODA

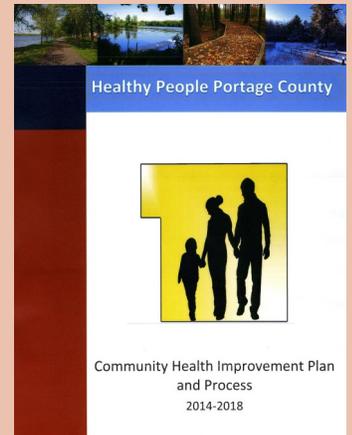
- County-wide Social Host Ordinance
- Community Health In Action (CHIA) Project: Strategy Map and Dashboard for AODA
- Completion of a strategic plan for AODA Coalition
- Portage County Wake Up Call Community Event
- Support of Portage County Prescription Drug Take Back Program

Mental Health

- Support of Man Therapy for Mental Health
- Mental Health In-service for staff of all Portage County School Districts
- Additional Question, Persuade, and Refer (QPR) Gatekeepers available in the community
- Administration and release of the 2016-17 Youth Risk Behavioral Survey (YRBS) for Portage County – included all five school districts.
- Support of dementia friendly communities (Purple Angel Dementia Awareness Campaign)

Obesity

- Development of the Portage County Wide Bicycle & Pedestrian Plan
- Support of Portage County CAN's Fruit & Vegetable Prescription Program
- Support in the development of the Holiday Inn Biking Map
- Increase in the initiation and duration of breastfeeding
- Support in accessing local farmer's markets through WIC and eWIC.



To read more about the health priorities selected, goals, and strategies visit: <http://www.co.portage.wi.us/departement.health-and-human-services/healthy-people-portage-county>.

Community Health Planner	2018 Hours by Program Area
WI Wins	33.50
Coalition/Community Work	124.75
CHA/CHIPP	13.00
Community Health Education	46.50
Programming/Plan Development	1,277.75

2018 Staff

Supervised directly by the Division of Public Health Manager
1 FTE HHS Health Planner (Community Health)

Prevention and Preparedness Programs

Public Health Emergency Preparedness

Public health emergency preparedness is funded in part with grant funding from the Wisconsin Division of Public Health (DPH). DPH receives funding from the Centers of Disease Control and Prevention (CDC) to advance six main areas of preparedness so state and local public health systems are better prepared for emergencies that impact the public's health. Funding supports specified public health emergency preparedness and response capabilities during a fiscal year through a cooperative agreement. During 2018, contract deliverables supported community resilience (Domain 1) through the capabilities of community preparedness and community recovery measures.

Local public health agencies (LPHA) are required to be members of the Wisconsin healthcare emergency readiness coalition (HERC). The HERC supports hospital, healthcare, public health, emergency management and other partners in emergency preparedness planning and response. In 2018, the following preparedness activities occurred: update of the Public Health Emergency Response Plan; community flood response safety messaging; hazard vulnerability assessment; influenza mass clinics; incident command system training; and participation in a HERC regional exercise on mass care, infectious disease, and mass fatality.

The health planner of public health preparedness also supports work related to public health accreditation. Accreditation assess a LPHA's capacity to support the ten essential public health services; have an effective health department; and maintain strong and effective communications with the community and governing entity. In 2018, documentation supporting the 12 domains of public health accreditation was submitted to the Public Health Accreditation Board (PHAB) to support the division's application for PHAB accreditation.

Additional work was completed in documenting the 12 domains of PHAB accreditation in preparing for PHAB accreditation.



2018 Staff

Supervised directly by the Health Division Coordinator
1 FTE HHS Health Planner (Public Health Preparedness)

Preparedness/ Prevention Program Areas	Allocated Hours by Program Area		
	2016	2017	2018
Preparedness Hours	1,299.75	939.25	780.75
Prevention Hours	484.75*	726.25*	906.50*
Total Program Hours**	1,714.50	1,665.5	1,687.25

*PHAB Accreditation hours specific

**Not including employee benefit time.

Nutrition Services Programs

WIC (Women, Infants and Children) Program

The Special Supplemental Nutrition Program is to promote and maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants and children. 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.

WIC provides nutrition education, breastfeeding education and support, supplemental nutritious foods, and referrals to other healthy and nutrition services.

In 2018, \$524,712 WIC benefits were redeemed for food at local Portage County area grocery stores (\$544,600 in 2017 and \$549,897 in 2016). This number is reflective of current caseload trends and declining birth rates.



Participation in Portage County WIC				
	Women	Infants	Children	Total
2016	439	294	824	1,557
2017	406	290	740	1,436
2018	391	264	736	1,391

Breastfeeding Peer Counseling Program (BFPCP)

The BFPC Program provides breastfeeding promotion and support through the WIC program. The program is coordinated by a Certified Lactation Specialist and is fulfilled by a contracted para-professional to provide breastfeeding support to WIC pregnant and post-partum women by educating, supporting, and giving basic guidance on breastfeeding. The peer counselor is available during and outside of WIC business hours; contacts are made via phone, email and one-on-one visits (hospital, office or home). The peer counselor also offers a breastfeeding education class to all WIC pregnant women; other breastfeeding education opportunities are available through the local clinical networks. 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 2018 was 81.9% (85.6% in 2017 and 83.9% in 2016) which was greater than state incidence of 72% (72.8% in 2017 and 2016). In 2018, our trends were similar to the state averages; the exclusivity of Breastfeeding at 6 months has decreased which may be influenced when infants start solid foods and the need to improve workplace lactation support.

Incidence and Duration of Breastfeeding in Portage County						
Incidence of Breastfeeding and duration	Portage County WIC			Wisconsin WIC		
	2016	2017	2018	2016	2017	2018
1 month of age	76.0%	79.9%	73%	73.6%	73.5%	72.8%
3 months of age	69.5%	75.3%	57%	57.8%	57.9%	56.7%
6 months of age	40.7%	41.5%	41.3%	35.3%	35.7%	35.1%
12 months of age	21.0%	21.0%	24.1%	16.1%	16.2%	16.3%
Exclusive Breastfeeding						
1 month of age	60.1%	47.4%	45.5%	39.2%	38.7%	37.1%
3 months of age	43.5%	35.5%	37.8%	28.2%	27.6%	26.8%
6 months of age	26.4%	12.5%	7.4%	11.6%	12.0%	11.4%

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 2018, Portage County enrolled 272 (250 in 2017 and 190 in 2016) women into WWWP; 137 (119 in 2017 and 88 in 2016) women received screenings, Portage County began administering the WWWP program for 6 additional counties in 2015 which is contributing to the increase in numbers in all 6 counties due to improved partnerships and referral processes.

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 a 13 month, 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 2018, 128 parents (130 in 2017 and 103 in 2016) and their 161 children ages 2-4 (139 in 2017 and 135 in 2016) participated in Fit Families SNAP-Ed Portage County project. 73 of these

children were 2017 Fit Families who were active in 2018 due to the October through March enrollment period explaining the overlapping numbers. The increased over-enrollment each year ensures we meet or exceed the 65 enrollment caseload (70 total children graduated Fit Families in 2018).

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 \$30 in vouchers to redeem for locally-grown fresh fruits, vegetables, and herbs at local authorized farmers' markets and stands. A total of \$6,924 (\$6,066 in 2017 and \$5,570 in 2016) in FMNP vouchers were redeemed by local authorized farmers which equates to a usage rate of 82% by WIC participants. The amount of dollars returned back to local farmers continues to increase annually through this program.



WIC and Nutrition Services Program Areas	Allocated Hours by Program Area*		
	2016	2017	2018
WIC Hours (WIC, FMNP, BFPC)	6,875.15*	4,841.18	5,544.75
WWWP Hours	1,538.50*	2,250.50	2,139
SNAP-ED Hours	697.75*	619.75	703.50
Total Program Hours	9,093.40	7,711.18	8,387.25

*Benefit time is not included in reported program time.

2018 Staff

0.90 FTE	Public Health Nutrition Supervisor
1.30 FTE	Community Nutrition Educator
0.80 FTE	WWWP Coordinator/Dietician Support
0.80 FTE	WIC/Fit Families Counselor
0.70 FTE	WIC Aide
0.20 (Contracted)	Breastfeeding Peer Specialist

**Division
of
Children
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Families**

Division of Children and Families

Child Welfare

Child Protective Services staff are responsible for assessing allegations of child abuse and neglect reported to the Department. This involves documenting reports of abuse and neglect received at Access and making an initial determination as to whether the information in the report is sufficient to initiate CPS intervention with the family. Initial Assessment Social Workers assess families to determine if abuse or neglect occurred, if children are safe in their homes and if Juvenile 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 also needs to be recorded in the state system (eWisacwis) and screened by a supervisor within 24 hours. Portage County's screen in rate of 33.4% is consistent with the Statewide screen in rate of 34.1%.

Year	# Reports Received	# Screened in for abuse or neglect	# of Hours Spent
2016	872	291 or 33.4%	1,972
2017	935	293 or 31.3%	2,196
2018	969	324 or 33.4%	2,272

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 2018, four Initial Assessment Workers completed 324 assessments of 6.75 per month.

Year	# of Workers	Investigations Completed	# of Children Involved	Girls	Boys	# of hours of field work
2016	4	291	514	148 (55.6%)	118 (44.3%)	7,141
2017	4	293	580	147 (51.5%)	138 (48.4%)	7,050
2018	4	324	664	154 (47.5%)	162 (50%)	7,755

Families Investigated for Abuse/Neglect

Year	Identified Maltreaters	Birth Parent Maltreaters
2016	281	221 or 78.6%
2017	293	258 or 88%
2018	390	291 or 74.6%

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

Alleged Victims of Maltreatment Identified by Age

AGE	2016		2017		2018	
	Number	Percentage	Number	Percentage	Number	Percentage
0-4	96	36.5%	124	43.5%	135	41.6%
5-9	84	31.9%	73	25.6%	78	24.1%
10-14	57	21.7%	59	20.7%	73	22.5%
15-17	26	9.9%	29	10.2%	38	11.7%

The number of children identified by age may not match the number of children involved as ages were unknown at time of access or the report concerns an unborn child.

2018 Staff

2 FTE	Child Protective Services Supervisors	2 FTE	Child Welfare Assistants
4 FTE	Initial Assessment Social Workers	1 FTE	Foster Care Coordinator
2 HTE	In-Home Safety Services Staff	6 FTE	Dispositional Social Workers

Ongoing Services

Six ongoing case managers carried an average caseload of 17 to 18 families each in 2018. This is at least 5 families over the maximum limit per caseload allowed by the Bureau of Milwaukee Child Welfare. In total, Portage County ongoing workers delivered 11,627 hours of service to their families compared to 11,518 in 2017, 10,869 in 2016 and 10,026 hours in 2015.

Portage County ongoing workers served a total of 177 children in 2018 in out of home placement, an increase from 161 children in 2017 and 169 in 2016. There was an average of 93 children living in out of home care at any given time in 2018. In 2017 this average was 98. In 2016, this average was 92 kids. In 2018, 82 kids were discharged from placement. In 2017, 84 kids were discharged from placement. In 2016, 60 children left placement. The majority of the children leaving care were reunified with their parent. In 2018, 47 of 57.3% of the kids were returned home. In 2017, 55 kids or 64.7% returned home. In 2016, 51 kids or 85% returned home. In 2018, 5 kids or 2.8% achieved permanence through guardianship. In 2017, 13 kids or 15.3% achieved permanence through guardianship. In 2016, 8 kids or 13.3%. In 2018, three children aged out of placement. In 2017, two children aged out of placement and in 2016, one child aged out of care.

In 2018, 26 children achieved permanency through adoption, approximately 32% who had been in out of home care. In 2017, 14 children, or 16.5%, achieved permanency through adoption. In 2016, 5 children or 8.3% achieved permanency through adoption. Federal policies require that adoption be pursued for children who have been out of the home for 15 of the most recent 22 months if permanency cannot be achieved in another timely manner. Portage County made significant progress in 2018 in helping children reach permanency through adoption compared to previous years.

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 in 2018 showed that in 96.97% of kids in care were seen face to face each month. PCHHS case managers met the requirement for 95.1% 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 83.65% of the children in their out of home placements. PCHHS workers saw 79.73% 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

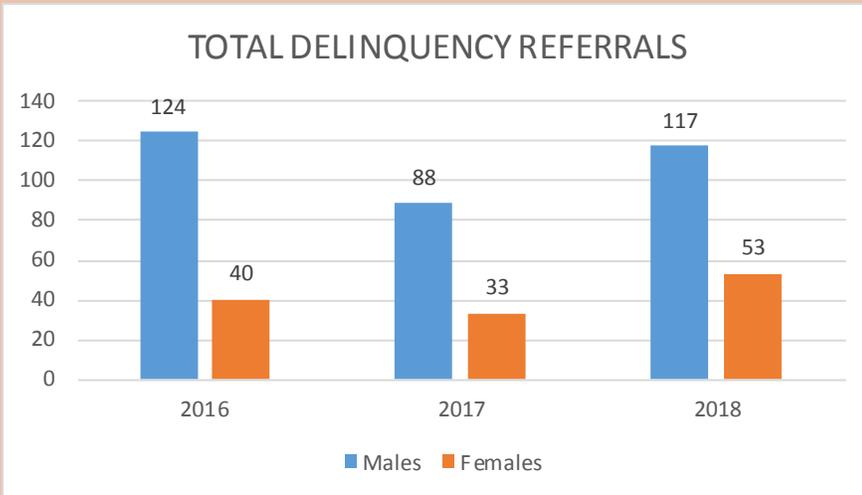
There were 48 licensed foster homes available for placement on average in 2018. In 2017, there were 44 licensed foster homes. There were 53 foster homes in Portage County in 2016.

Of the kids placed in 2018, 102 or 57.6% of the kids were placed in a non-relative licensed foster home. In 2016, 72 kids or 42.6% were in non-relative foster homes. While every effort was made to place children close to parents, relatives, and in their home schools, 30 kids or 16.95% 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 2017, 28 kids or 30.7% were placed outside of Portage County. In 2016, 22 kids or 20.9% were placed in foster care outside of Portage County. Recruiting new homes is and will remain a priority.

In 2018, 52 kids or 29.38% of the 177 children placed were in the home of a licensed or unlicensed relative. In 2017, 44 kids or 27.33% of the 161 children placed in out of home were placed in the home of a licensed or unlicensed relative. In 2016, 60 children or 35.5% of the 169 children in out of home care were placed with a relative.

Finally, in 2018, 22 kids, or 12.43% were living in other placements such as residential facilities, shelters, group homes, juvenile corrections, or were placed at home under trial reunification. In 2017, 9 kids or 5.6% of the children in out of home care were placed in foster homes other than foster care. In December 2016, this number was 34 or 20.12% of Portage County kids placed out of home were living in placements other than foster care.

Juvenile Court Intake Services



In 2018, Juvenile Justice Workers processed 193 new delinquency and JIPS referrals.

Total JIPS Referrals			
	2016	2017	2018
Males	19	13	16
Females	13	20	7

In 2018, there were a total of 23 JIPS (Juveniles in Need of Protection or Services) referrals. These include habitual truancy and parent-child conflict cases.

Age at Time of Offense			
	2016	2017	2018
Age 16	17%	20%	20%
Age 15	9%	31%	15%
Age 14	25%	21%	22%
Age 13	23%	26%	16%
Age 12	4%	11%	6%
Age 11	3%	5%	6%
Age 10	12%	3%	7%
Age 9	3.5%	1%	2%
Age 7-9	3.5%	3%	6%

Delinquency by Offense			
	2016	2017	2018
Disorderly Conduct	37%	39%	47%
Property Crimes	32%	25%	27%
Drug Offenses	5%	12%	12%
Against Person Offenses	11%	14%	9%
Sex Offenses	13%	7%	4%
Weapon-Related Offenses	2%	2%	2%
Bomb Scares	0%	1%	0%



JIPS BY REFERRAL TYPE			
	Number		
	2016	2017	2018
Parent-Child Conflict	15	9	7
Truancy (from Truancy Court)	17	24	16
Stepparent Adoptions	9	5	5
Relative Home Studies	1	0	0

TOTAL YOUTH SERVED IN THE JJ SECTION		
2016	2017	2018
197	191	199

2018 Staff

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

In 2018, there were 9 youth (6 male and 3 female) who received specialized foster home case management services (in 2016, 12 youth served, 10 male 2 female; and in 2015, 16 youth served, 14 male and 2 female. Of the 9 youth in specialized care in 2017, there were 3 youth with CHIPS status (Children in Need of Protection and Services), 5 Delinquent youth, and 1 combined CHIPS and Delinquency case. (2016: 1 CHIPS case, 10 Delinquent youth, and 1 combined case; 2015: 5 CHIPS cases, 10 Delinquent youth, 1 JIPS and 4 combined cases.

Twelve youth (8 male, 4 female) were involved in the Juvenile Sanctions Program (JSP) in 2018 (6 youth in 2017 and 5 youth in 2016). Juveniles involved in this program demonstrate significant negative behaviors and are at high risk of recidivism and being placed outside of their home. Of the 12 program youth, 1 female successfully completed the program. Four of the 12 program youth were referred for additional offenses while in the program. Only 2 program youth were placed outside their home while in the JSP program.

The Juvenile Justice unit utilized 1,726 days of electronic monitoring (ELM) in 2018. Youth participating in JSP utilized electronic monitoring for a total of 417 days, while kids on standard court-ordered supervision spent 1,309 days on the ELM. In 2017, 869 days of ELM were utilized by JSP youth and 513 days were utilized by other court-ordered youth; 2016, 109 days of ELM were provided to JSP youth and 865 days were provided to other court-ordered youth.

There were 407 urinalysis screens administered for Juvenile Justice youth in 2018: 282 negative screens (69.3%) and 125 positive screens (30.7%). In 2017, 220 (78.5%) screened negative and 60 (21.5%) screened positive. In 2016, 359 (58%) screened negative, while 151 (42%) screened positive.

Seventeen subsidized guardianship reviews were completed in 2018 (16 in 2017 and 13 in 2016). There were a total of 22 subsidized guardianship children (21 in 2017 and 20 in 2016) served among 17 total providers. Five total children (3 providers) were granted subsidized guardianship in 2018.

In 2018, kinship was provided to a total of 57 children (3 voluntary, 23 guardianships, and 31 court ordered) with 41 providers total. In 2017, there were 60 children with 43 providers total, and in 2016 there were 65 children with 49 providers total. In addition, there were 2 children on the Kinship Care waitlist (with one provider), from January 2018 until March 2017.

In 2018, 5 step parent adoption referrals were received, but no relative home assessments or custody studies were requested. In 2017, 5 referrals were received and no relative home assessments or custody studies were requested. In 2016, there were 9 step parent adoptions and 1 home study completed.

Community service projects completed in 2018 included: Organizing foster care storage, highway clean up, assisting with miscellaneous WIC needs, assembling Kinship packets, and folding/labeling brochures/addressing envelopes (Post Natal/WIC/Birth to Three/FSET) and making art projects for area nursing homes.



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 a comparison of the last three years' monthly average recipient data for Health Care and FoodShare, including CY 2018, and a comparison of the last three years' monthly average household data for Wisconsin Shares Child Care Subsidy cases with active authorizations. Table 1 continues to only show data for IM Central Consortium as a whole given the consortium model and the workload being shared among all counties in the consortium. 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 2018.

Table 1.

	Statewide			IM Central Consortium		
	2016	2017	2018	2016	2017	2018
Family Medicaid:						
Badgercare+	799,193	788,240	778,833	32,962	32,496	31,996
Family Planning Services	38,777	38,183	40,097	2,472	2,485	2,599
Medicaid for the Elderly, Blind and Disabled:						
Family Care/Waiver	42,193	41,804	43,654	1,831	1,805	1,804
Medicaid Purchase Plan (MAPP)	27,704	29,723	31,413	1,320	1,397	1,471
Medicare Premium Assistance	19,407	20,178	21,420	1,038	1,060	1,125
SSI-Related Medicaid	19,209	19,357	19,730	697	709	714
Institutional Medicaid	16,168	15,354	14,518	669	635	615
FoodShare	718,272	618,995	643,726	25,965	24,476	22,668
Wisconsin Shares Child Care Subsidy (by household)	25,835	27,245	28,922	665	645	559

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.

	2016	2017	2018
Statewide	605,082	609,162	568,413
IM Central Consortium	24,848	24,143	23,895
Portage County	5,831	6,027	6,349



Source: DHS IM Management Reports

2018 Staff

- 1 FTE Family & Support Services Supervisor
- 2 FTE Lead Economic Support Specialists
- 12 FTE Economic Support Specialists
- 1 FTE Economic Support Specialist—Benefit Recovery

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.

In 2017, the consortium continued to streamline processing by distributing work items to consortia-wide work groups instead of each agency managing the work in their own county. For example, work items managed consortia-wide are document processing, cases when verification is due, and the Elderly, Blind, and Disabled workgroup tasks.

In October 2018, the consortium launched the Child Care team to handle all cases on which a customer has applied for Wisconsin SHARES Child Care Assistance, as well as combined all counties' Elderly, Blind, and Disabled workers into a formal team instead of the individualized workgroup task format that had been used since the prior year.

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 2018.

Table 3.

	2016	2017	2018
Statewide	97.87%	97.77%	97.84%
IM Central Consortium	97.88%	98.74%	99.28%
Portage County	98.58%	98.70%	99.26%

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 the last three years, including 2018. 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.

Table 4.

	Average Speed of Answer			Average Talk Time		
	2016	2017	2018	2016	2017	2018
Statewide	5.77 minutes	6.81 minutes	5.09 minutes	8.91 minutes	9.84 minutes	10.09 minutes
IM Central Consortium	11.07 minutes	6.67 minutes	9.87 minutes	9.87 minutes	9.90 minutes	9.67 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 2018 (October 2017-September 2018).

Table 5.

	Active Error Rate			Case + Procedural		
	2016	2017	2018	2016	2017	2018
National	3.74%	5.74%	6.50%	21.92%	26.20%	31.41%
Statewide	4.61%	7.23%	7.65%	19.52%	20.60%	25.39%
IM Central Consortium	9.24%	2.66%	6.54%	32.26%	20.59%	24.14%
Portage County	41.54%	0.00%	0.00%	22.22%	37.50%	16.67%

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 2018 (October 2017-September 2018).

Table 6.

	Claims Established			Potential Dollars			% Claimed		
	2016	2017	2018	2016	2017	2018	2016	2017	2018
Statewide	\$9,262,110	\$10,115,205	\$9,578,354	\$37,937,198	\$58,909,650	\$45,580,350	24.41%	17.7%	21.01%
IM Central Consortium	\$211,670	\$206,018	\$573,573	\$1,288,539	\$1,976,808	\$1,500,663	16.43%	10.42%	38.22%
Portage County	\$105,927	\$55,621	\$42,323	\$280,652	\$427,190	\$379,607	37.74%	13.02%	11.1%

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 full-time and 1 part-time staff. There is one supervisor, 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, revoke and criminal 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, implements arrears repayment 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 health insurance availability information, then calculating child support, prepare court affidavits and appears in court with legal counsel. There are also two full-time child support assistants, and one part-time, who prepare court pleadings, orders, motions and other documents for filing and serving, and send all legal documents for e-filing. All case initiation (intake) is also handled by the child support assistants.

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:

92.77% as of 9/30/16 (decrease of 1.66%)
 92.69% as of 9/30/17 (decrease of 0.08%)
 90.23% as of 9/30/18 (decrease of 2.46%)

Statewide Rate:

87.18% as of 9/30/16 (increase of 0.04%)
 87.03% as of 9/30/17 (decrease of 0.15%)
 86.84% as of 9/30/18 (decrease of 0.19%)

Performance Measure 3-Current Support Collection Rate*

Benchmark is 80%

Portage County Child Support Agency

79.08% as of 9/30/16 (increase of 0.49%)
 79.37% as of 9/30/17 (increased of 0.29%)
 78.95% as of 9/30/18 (decrease of 0.42%)

Statewide Rate:

74.48% as of 9/30/16 (increase of 0.28%)
 74.63% as of 9/30/17 (increase of 0.15%)
 74.71% as of 9/30/18 (increase of 0.08%)

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

Performance Measure 2- Nonmarital Case with Paternity Established

Benchmark is 90%

Portage County Child Support :

112.66% as of 9/30/16 (increase of 0.14%)
 108.59% as of 9/30/17 (decrease of 4.07%)
 112.46% as of 9/30/18 (increase of 3.87%)

Statewide Rate:

104.90% as of 9/30/15 (decrease of 0.50%)
 104.84% as of 9/30/16 (decrease of 0.06%)
 100.52% as of 9/30/18 (decrease of 2.09%)

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.

Performance Measure 4 –Arrears Collection Rate*

Benchmark is 80%

Portage County Child Support:

77.95% as of 9/30/16 (increase of 2.57%)
 78.18% as of 9/30/17 (increase of 0.23%)
 76.38% as of 9/30/18 (decrease of 1.80%)

Statewide Rate:

69.05% as of 9/20/16 (increase of 1.42%)
 69.40% as of 9/30/17 (increase of 0.35%)
 69.61% as of 9/30/18 (increase of 0.21%)

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

ANNUAL COLLECTIONS			
	2016	2017	2018
Portage County	\$6,527,580 million	\$6,565,051 million	\$6,393,532 million
Statewide	\$518 million	\$520 million	\$522 million

CASELOADS			
	2016	2017	2018
Portage County	3,084	3,039	3,060
Statewide	361,169	361,406	361,623

2018 Staff

- 1 FTE Child Support Supervisor
- 1 FTE Lead Child Support Specialist
- 3 FTE Child Support Specialists
- 1 FTE Paternity Specialist
- 1 FTE Financial Specialist
- 3.5 FTE Specialist Assistants

Collecting child support payments and getting those payments to the family is a core function of the Child Support Agency. In July 2018 we were able to implement receiving of cash payments for child support debts. In the first 6 months, from July 1, 2018 to December 31, 2018 we were able to collect \$18,296.32 in cash payments on child support debts.

Children First

Children First is an employment and training program designed and funded by the Bureau of Child Support to encourage and enable non-custodial parents to contribute to the financial support of their child(ren). In January 2018, Portage County Child Support partnered with CW Solutions to operate Children First in Portage County. Through that partnership 154 participants were referred with 50 participants enrolling in the program, filling all available slots awarded to Portage County in 2018.