



**CALUMET COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Courthouse, 206 Court Street, Chilton, WI 53014

Human Services

Phone: (920) 849-1400
Fax: (920) 849-1468

From Appleton: (920) 989-2700

Public Health

Home Health and Hospice

Phone: (920) 849-1432
Fax: (920) 849-1476

Crisis Line: (920) 849-9317; (920) 832-4646

**Aging & Disability
Resource Center**

Phone: (920) 849-1451
Fax: (920) 849-1635

Website: www.co.calumet.wi.us

Child Support

Phone: (920) 849-1454
Fax: (920) 849-1484

Regular Meeting of the Health and Human Services Board

DATE: Monday, April 9, 2018
TIME: 8:30 a.m.
PLACE: Room – 017 Courthouse Basement

AGENDA

- 1) Was the meeting properly announced?
- 2) Roll Call and Introductions
- 3) Pledge of Allegiance
- 4) Approval of April 9, 2018, Health and Human Services Board Agenda
- 5) Approval of March 12, 2018, Health and Human Services Board Minutes
- 6) Public Participation/Public Comment
- 7) Report of Committee Members
 - a) Reports of Official Meetings Held in Past Month
 - b) Upcoming Events
 - i.) WCHSA Eastern Regional Board Member Meeting-April 20, 2018, at 10:00 a.m. located at Fox Valley Technical College of Appleton
 - ii.) Wisconsin Association of Local Health Departments and Boards (WALHDAB) Northeast Regional Meeting-May 10, 2018, 9:30 a.m. – 2:30 p.m. at Liberty Hall in Kimberly, WI.
 - iii.) 2018 WCHSA Spring Conference-May 15-17, 2018, at the Osthoff Resort in Elkhart Lake, WI
 - iv.) 2018 Annual WPHA/WALHDAB Public Health Conference-May 22-24, 2018, at the KI Convention Center and Hyatt in Green Bay, WI.
- 8) Report of the Health and Human Services Department
 - a) Staffing Update/Introductions
 - b) Communicable Disease update
 - c) 2017 Health and Human Services Financials Discussion-Attachment 1
 - d) 2017 Annual Report-Attachment 2
 - e) 2019-2021 Aging Plan
- 1) Items for Action or Discussion from Health and Human Services Department
 - a) Home Health Care/Hospice Infection Control, Prevention and Surveillance Policy-Attachment 3
 - b) Home Health Care/Hospice Employee Tuberculosis Screening and Respiratory Protection Policy-Attachment 4
 - c) Home Health Care/Hospice Bag Technique Policy-Attachment 5
- 2) The next regular meeting date for Health and Human Services Board will be May 14, 2018, at 8:30 a.m.
- 3) Adjournment

So as not to disturb the meeting, all cell phones must be placed on vibrate and all calls taken outside the meeting room.

Any person wishing to attend who, because of a disability, requires special accommodation, should contact the Health and Human Services Department at 920-849-1400 at least twenty-four (24) hours before the scheduled meeting time so appropriate arrangements can be made.

This is a public meeting. As such, all members or a majority of the members of the County Board may be in attendance. While a majority of the County Board members, or the majority of any given County Board Committee may be present, only the above committee will take official action based on the above agenda.

CALUMET COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
BOARD MEETING
March 12, 2018

Board/Committee Members Present: Dietrich, Gentz, Hartl, Schreiner, Schwalenberg, Stecker,
Board/Committee Members Excused: Koenig, Weinberger
Board/Committee Absent:
Staff: Behnke, Brenner, Kolbe, Mallmann, Romenesko
Guests: Yelton

1. CALL TO ORDER: Meeting was called to order at 8:30 a.m. by Chairperson Schwalenberg.
2. ROLL CALL AND QUORUM: It was determined the meeting was properly announced and a quorum was present.
3. PLEDGE OF ALLEGIANCE: Schwalenberg asked all present to join her in repeating the Pledge of Allegiance to the Flag.
4. APPROVAL OF AGENDA: Motion by Gentz, seconded by Stecker to approve the agenda. MOTION CARRIED UNANIMOUSLY.
5. APPROVAL OF HEALTH AND HUMAN SERVICES BOARD: Motion by Dietrich, seconded by Hartl to approve the February 12, 2018 Health and Human Services Board Minutes. MOTION CARRIED UNANIMOUSLY.
6. PUBLIC PARTICIPATION: None.
7. REPORT OF COMMITTEE MEMBERS:
 - A. Board Committee members reported on recent meetings attended.
 - B. Upcoming Events:
 - i. Wisconsin Counties Human Services Association WCHSA Eastern Regional Board Member Meeting – April 20, 2018 at 10:00 am at Fox Valley Technical College, Appleton.
 - ii. Wisconsin Association of Local Health Departments and Boards (WALHDAB) Northeast Regional Meeting – May 10, 2018, 9:30 am at Liberty Hall, Kimberly.
 - iii. Wisconsin Counties Human Services Association (WCHSA) Spring Conference – May 15-17, 2018 @ Osthoff Resort, Elkhart Lake.
 - iv. Wisconsin Public Health in Action -- Wisconsin Association of Local Health Departments and Boards (WPA--WALHDAB) Public Health Conference – May 22-24, 2018 at KI Convention Center, Green Bay.
8. REPORT OF THE HEALTH AND HUMAN SERVICES DEPARTMENT:
 - A. Brenner provided staffing updates.
 - B. Romenesko presented on Child Welfare recruitments and retention efforts. Yelton arrived.
 - C. Romenesko provided information on the history of mediation and custody studies as it relates to the department structure. With the addition of co-parenting classes the department has separated Family Court Services from Family Services Unit.
 - D. Brenner presented on upcoming Juvenile Corrections changes.

9. ITEMS FOR ACTION OR DISCUSSION: Kolbe presented the Home Health Care Complaint Policy and the Medical Supervision and Physician Orders for Home Health Care Policy. Motion by Gentz, seconded by Hartl to approve both policies. Discussion held. MOTION CARRIED UNANIMOUSLY.
10. The next Health and Human Services Board meeting will be held on March 12, 2018 at 8:30 a.m.
11. ADJOURNMENT: Motion to adjourn the meeting at 10:00 a.m. by Dietrich, seconded by Hartl. MOTION CARRIED UNANIMOUSLY.

Respectfully submitted,

Bonnie Mallmann
Recording Secretary

- This was declared a \$60 meeting.
- These are UNAPPROVED minutes.

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
<u>ECONOMIC SUPPORT</u>					
Economic Support programs include Wisconsin Shares (child care), Wisconsin Home Energy Assistance Program, Food Share and Medicaid. State and Federal revenue funds the services. Calumet County is a partner in a 9 county Income Maintenance Consortium responsible for the Call Center and determining eligibility for the programs listed. These counties include Winnebago, Green Lake, Waushara, Manitowoc, Marquette, Outagamie, and Kewaunee. The revenue includes funding through the affordable care act and State and Federal Income Maintenance funding. Economic Support Programs are mandated to be administered through a consortium model. We currently subcontract with Energy Services Incorporated to provide the services required under the Wisconsin Home Energy Assistance Program contract. Although mandated, the service can be contracted out.					
<u>Expenses:</u>					
Economic Support Purchased	\$77,416	\$72,077	\$63,200	\$63,220	\$59,302
Staff Costs	\$812,181	\$854,437	\$812,076	\$812,207	\$855,427
Subtotal	\$889,597	\$926,514	\$875,276	\$875,427	\$914,729
<u>Revenues:</u>					
State Grants	\$613,518	\$669,979	\$636,234	\$667,985	\$654,019
Economic Support Revenues	\$11,934	\$11,464	\$17,560	\$12,500	\$12,500
Subtotal	\$625,451	\$681,443	\$653,794	\$680,485	\$666,519
Net	\$264,146	\$245,071	\$221,482	\$194,942	\$248,210

<u>KINSHIP CARE</u>					
This program used to be a Federally funded benefit run through the AFDC program but is now a County responsibility with a sum certain allocation with adequate funding projected to be available through statewide deobligation process. The program involves assessing the suitability of non-legally responsible relatives caring for a child and granting a \$232 per month stipend to the relatives. Kinship Care is a mandated program, but is sum sufficient.					
<u>Expenses:</u>					
Kinship Benefits	\$49,334	\$55,225	\$47,560	\$57,134	\$61,248
<u>Revenues:</u>					
Kinship Care Revenues	\$47,377	\$55,226	\$47,560	\$57,134	\$61,248
Net	\$1,957	(\$1)	\$0	\$0	\$0

<u>MENTAL HEALTH PURCHASED SERVICES</u>					
State Statute 51 mandates crisis and emergency mental health services including residential and community services ordered by the Court. Calumet County has utilized the flexibility of this funding to provide valuable services at the cost level required by an individual consumer.					
<u>Expenses:</u>					
Mental Health Expenses	\$1,085,095	\$1,084,531	\$885,148	\$874,188	\$850,654
Subtotal	\$1,085,095	\$1,084,531	\$885,148	\$874,188	\$850,654
<u>Revenues:</u>					
Mental Health Revenue	\$217,331	\$154,619	\$226,343	\$181,107	\$210,551
State Grants	\$182,396	\$151,303	\$192,253	\$122,566	\$131,904
Subtotal	\$399,727	\$305,921	\$418,596	\$303,673	\$342,455
Net	\$685,367	\$778,609	\$466,552	\$570,515	\$508,199

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
<u>ALCOHOL & OTHER DRUG ABUSE PURCHASED SERVICES</u>					
State Statute 51 mandates crisis and emergency AODA Services, including hospitals, Community Based Residential Services and Intensive Outpatient programs. Calumet County has utilized the flexibility of this funding to provide valuable services at the cost level required by an individual consumer. Purchased services include both inpatient and outpatient costs.					
Expenses:					
AODA Expenses	\$90,797	\$50,733	\$113,372	\$92,176	\$74,414
Revenues:					
State Grants	\$46,328	\$37,062	\$46,328	\$46,328	\$46,328
AODA Revenue	\$5,070	\$1,773	\$8,924	\$6,953	\$7,587
Subtotal	\$51,398	\$38,836	\$55,252	\$53,281	\$53,915
Net	\$39,400	\$11,897	\$58,120	\$38,895	\$20,499

<u>CHILDREN'S PURCHASED SERVICES</u>					
Chapter 48 requires counties to protect children from abuse and neglect. Chapter 938 requires Counties to provide services to rehabilitate juvenile delinquents and provide protection for the community from juvenile crime. Purchased services are specialty services to help families such as parenting programs, crisis intervention and mentoring programs. This area also includes costs for a joint foster care licensing and recruitment program with Outagamie County and a joint Calumet-Outagamie-Waupaca County crisis service provided by Outagamie County Crisis Center. This category includes cost of placement of children out of home (foster care, group home care, residential care centers and State correctional institutions). Since the costs of out of home care vary significantly from year to year, with a very small number of children served in very high cost placements, budgeting continues to be difficult. Calumet County uses subsidized guardianships as an option for permanent homes for children. Guardians receive a stipend to offset the costs of caring for the child. Mediation and Custody Studies are a non-mandated service that is paid for by consumer fees.					
Expenses:					
Purchased Services	\$416,029	\$418,321	\$576,524	\$532,504	\$366,718
Subtotal	\$416,029	\$418,321	\$576,524	\$532,504	\$366,718
Revenues:					
Miscellaneous Revenue	\$47,382	\$56,702	\$57,557	\$62,240	\$58,518
State Grants	\$164,383	\$237,959	\$325,859	\$296,030	\$168,966
Subtotal	\$211,766	\$294,662	\$383,416	\$358,270	\$227,484
Net	\$204,264	\$123,659	\$193,108	\$174,234	\$139,234

<u>LONG TERM SUPPORT PURCHASED SERVICES</u>					
Long Term Support Purchased Services are purchased primarily for children with developmental disabilities or physical disabilities. It includes some services for adults with a disability and the elderly.					
It is funded through various funding sources--Community Options Program, Family Support, Alzheimer's, Birth to Three, and Children's Waiver funds. Each of these funding sources has its own eligibility requirements and limits on the services it will fund. Only certain clients are eligible for each program and each reimburses at different rates. The revenues from these funding sources attributable to purchased services are included here. Calumet County is required to provide services for persons with disabilities and the elderly. We maximize the flexibility of the funding sources to provide valuable services at the best cost level as required by an individual consumer's needs. Calumet County has traditionally has no wait lists for long term support programs.					
Expenses:					
Purchased Services	\$987,208	\$786,238	\$1,022,781	\$1,159,408	\$1,067,799
Subtotal	\$987,208	\$786,238	\$1,022,781	\$1,159,408	\$1,067,799
Revenues:					
State Grants	\$780,649	\$580,240	\$993,013	\$1,012,682	\$985,085
Miscellaneous Revenues	\$2,584	\$10,686	\$10,099	\$9,274	\$6,599
Subtotal	\$783,233	\$590,926	\$1,003,112	\$1,021,956	\$991,684
Net	\$203,975	\$195,312	\$19,669	\$137,452	\$76,115

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
<u>SOCIAL WORK AND THERAPY SERVICES PROVIDED BY HUMAN SERVICES STAFF</u>					
This category includes staff costs to provide the mandated services under Chapter 51, 48, and 938, to provide crisis and emergency mental health and AODA services, residential and community services ordered by the court, Juvenile Justice and Child Protection services. It includes the costs of social work and therapy staff and the allocated share of Human Services overhead and county indirect costs. These staff provide psychotherapy, AODA counseling, juvenile court intake and supervision, foster care services, child welfare services and short term case management. The Community Support Program, Outpatient Mental health clinic, Comprehensive Community Services, Coordinated Services Teams, Voluntary Services for Youth at Risk are services provided to control the high costs of hospital, residential and foster care placements. The cost per day at a Juvenile Corrections Facility is \$292.00 and at Winnebago Mental Health it is \$1,039.00. Prevention programs mitigate the risk of expensive institutional care. A Coordinated Service Team (CST) position is included in this category. CST provides the framework for collaboration of professionals, serving youth involved in multiple systems of care. CST is not mandated, but is funded with State GPR.					
<u>Expenses:</u>					
Staff Costs - Community Services Unit	\$3,743,092	\$3,970,239	\$3,985,714	\$4,020,714	\$4,428,706
Allocated Indirect, County, Indirect Overhead	\$1,976,005	\$2,071,705	\$2,059,127	\$2,022,375	\$2,082,487
Subtotal	\$5,719,097	\$6,041,944	\$6,044,841	\$6,043,089	\$6,511,193
<u>Revenues:</u>					
Program Revenue	\$693,942	\$900,569	\$943,372	\$961,078	\$1,041,134
Indirect Cost Allowance	\$1,059,104	\$1,165,538	\$1,000,374	\$1,059,104	\$1,059,104
Miscellaneous Revenues	\$9,250	\$5,345	\$9,207	\$9,585	\$8,530
State Grants	\$2,051,376	\$1,820,087	\$1,761,564	\$1,765,364	\$1,882,463
Subtotal	\$3,813,672	\$3,891,539	\$3,714,517	\$3,795,131	\$3,991,231
Net	\$1,905,426	\$2,150,405	\$2,330,324	\$2,247,958	\$2,519,962

STATE GRANT PRIOR YEAR

This account is for the payback to the State for revenues that are due to the State or revenues to the County that are due from the State for expenses from the previous year reimbursed after the books are closed.

<u>Revenues:</u>					
State Grant Prior Year	\$413,208	\$620,092	\$0	\$173,814	\$0
Net	(\$413,208)	(\$620,092)	\$0	(\$173,814)	\$0

FAMILY CARE

Beginning in 2014, Calumet County has an ongoing county contribution of \$272,184 under State Statute.

<u>Expenses:</u>					
County Contribution					
Subtotal	\$272,184	\$272,184	\$272,184	\$272,184	\$272,184
<u>Revenues:</u>					
Miscellaneous Revenue	\$0	\$0	\$0	\$0	\$0
Subtotal	\$0	\$0	\$0	\$0	\$0
Net	\$272,184	\$272,184	\$272,184	\$272,184	\$272,184

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
CONGREGATE MEALS					
This category includes the cost of meals and meal site managers at the meal sites plus allocated administration and indirect costs allowing a look at the total costs and revenues for this service. Meals are provided at sites in New Holstein (3 days a week), Brillion (4 days a week), Chilton (5 days a week), Sherwood (2 days a week), Hilbert (4 days a week), and Stockbridge (2 days a week). The Older American's Act Title III requires the County to administer the Nutrition programs.					
Expenses:					
Congregate Meals	\$54,849	\$56,746	\$60,803	\$59,230	\$62,461
Staff Costs	\$63,485	\$61,460	\$68,704	\$68,757	\$69,270
Allocated Staff , Indirect and County Overhead Expenses	\$6,483	\$5,047	\$7,745	\$6,530	\$6,780
Subtotal	\$124,817	\$123,254	\$137,252	\$134,517	\$138,511
Revenues:					
State Grants	\$57,944	\$58,283	\$62,283	\$57,163	\$56,023
Donations	\$19,723	\$20,527	\$25,386	\$25,794	\$26,052
Indirect Cost Revenue	\$2,330	\$1,046	\$4,388	\$2,190	\$2,241
Subtotal	\$79,997	\$79,856	\$92,057	\$85,147	\$84,316
Net	\$44,820	\$43,398	\$45,195	\$49,370	\$54,195

HOME DELIVERED MEALS					
This category includes the cost of home delivered meals, the portion of the meal site managers' costs attributable to home delivered meals and the allocated administration and indirect costs allowing a picture of the total costs and revenue for this service. Meals are made available five days a week throughout the County.					
Expenses:					
Home Delivered Meals	\$114,691	\$101,928	\$122,321	\$116,552	\$122,873
Staff Costs	\$52,339	\$52,253	\$55,696	\$55,696	\$55,666
Allocated Staff , Indirect and County Overhead Expenses	\$7,035	\$5,517	\$8,405	\$7,138	\$7,397
Subtotal	\$174,065	\$159,697	\$186,422	\$179,386	\$185,936
Revenues:					
State Grants	\$39,133	\$37,313	\$31,254	\$37,752	\$35,296
Donations	\$88,628	\$61,500	\$86,336	\$80,142	\$82,625
Indirect Cost Revenue	\$2,528	\$1,143	\$4,762	\$2,394	\$2,444
Subtotal	\$130,289	\$99,956	\$122,352	\$120,288	\$120,365
Net	\$43,776	\$59,742	\$64,070	\$59,098	\$65,571

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
<u>AGING SUPPORT SERVICES</u>					
This category includes purchased services and staff costs related to these services: Preventive Health for older adults, Supportive Service (purchase of in-home service to keep seniors in their homes such as supportive home care, bath and foot care), Family Caregiver Program (supports individuals caring for older adults by providing respite care, education on resources), and Senior Community Services. The Older American's Act Title III provides mandates for the Aging Program. The Caregiver support group is a non-mandated service that requires nominal levy.					
<u>Expenses:</u>					
Purchased Expenses	\$21,300	\$40,585	\$30,464	\$27,378	\$26,890
Staff Costs	\$34,392	\$34,615	\$33,104	\$39,997	\$36,823
Allocated Staff , Indirect and County Overhead Expenses	\$17,105	\$22,066	\$20,600	\$28,551	\$27,121
Subtotal	\$72,798	\$97,267	\$84,168	\$95,926	\$90,834
<u>Revenues:</u>					
State Grants	\$26,003	\$53,560	\$54,536	\$57,694	\$54,536
Indirect Cost Revenue	\$6,146	\$4,573	\$11,671	\$9,574	\$8,963
Subtotal	\$32,149	\$58,133	\$66,207	\$67,268	\$63,499
Net	\$40,649	\$39,134	\$17,961	\$28,658	\$27,335

<u>TRANSPORTATION PROGRAM</u>					
This category includes costs of van drivers, volunteer mileage, allocated administration and County indirect costs. The Valley Transit revenue is generated from a collaboration of Calumet, Outagamie and Winnebago counties and several municipalities in the Fox Cities responsible for ADA paratransit. 85.21 funding can only be allocated to Counties.					
<u>Expenses:</u>					
Transportation	\$78,330	\$93,963	\$124,307	\$123,515	\$100,729
Staff Costs	\$217,865	\$208,293	\$223,768	\$224,560	\$235,976
Allocated Staff , Indirect and County Overhead Expenses	\$53,660	\$42,372	\$179,338	\$54,825	\$56,398
Subtotal	\$349,855	\$344,628	\$527,413	\$402,900	\$393,103
<u>Revenues:</u>					
State Grants	\$93,282	\$96,648	\$93,282	\$96,648	\$96,648
Donations	\$160,639	\$150,615	\$181,321	\$187,509	\$189,384
Miscellaneous Revenues	\$11,022	\$10,844	\$12,011	\$12,011	\$12,011
Indirect Cost Revenue	\$19,281	\$8,781	\$151,623	\$18,385	\$18,639
Subtotal	\$284,223	\$266,888	\$438,237	\$314,553	\$316,682
Net	\$65,632	\$77,740	\$89,176	\$88,347	\$76,421

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
ELDERLY BENEFIT SPECIALIST					
This category includes the Elderly Benefit Specialist position and some support costs. The service assists the elderly in accessing benefits such as Medicare, Social Security, Energy, Senior Care and Medicaid and represents people in administrative proceedings related to benefits. The EBS is mandated through Title II and is funded with GWAAR funding, ADRC funding and tax levy.					
Expenses:					
Elderly Benefit Specialist	\$436	\$0	\$0	\$0	\$0
Staff Costs	\$82,309	\$86,783	\$83,446	\$83,446	\$91,320
Allocated Staff , Indirect and County Overhead Expenses	\$53,660	\$42,372	\$64,106	\$54,825	\$56,398
Subtotal	\$136,406	\$129,155	\$147,552	\$138,271	\$147,718
Revenues:					
State Grants	\$74,921	\$82,250	\$77,324	\$74,762	\$69,916
Donations	\$167	\$89	\$200	\$200	\$200
Indirect Cost Revenue	\$19,281	\$8,781	\$36,319	\$18,385	\$18,639
Subtotal	\$94,369	\$91,120	\$113,843	\$93,347	\$88,755
Net	\$42,036	\$38,035	\$33,709	\$44,924	\$58,963

AGING AND DISABILITY RESOURCE CENTER					
This category includes the overall administration of the Aging & Disability Resource Center (ADRC). The ADRC provides seniors and those with disabilities a "one-stop" customer service center for information, advice, seamless access to opportunities, resources and public programs. The ongoing grant presented here reflects revenue and expenses for the multi-county consortium of Calumet, Outagamie and Waupaca counties. The State does not mandate Counties administer ADRC's. Calumet County continues to operate the ADRC with a positive net affect in levy due to the allocation of revenue against fixed costs of the County.					
Expenses:					
Joint Expenses w/Outagamie & Waupaca Counties (070546)	\$756,459	\$669,643	\$668,206	\$668,206	\$726,959
Staff Costs	\$509,748	\$586,527	\$638,630	\$620,607	\$641,045
Allocated Staff , Indirect and County Overhead Expenses	\$191,663	\$156,371	\$231,665	\$201,315	\$204,263
Outagamie County	\$870,735	\$830,997	\$1,241,689	\$1,241,689	\$1,228,962
Waupaca County	\$494,032	\$504,351	\$467,703	\$467,703	\$464,517
Subtotal	\$2,822,637	\$2,747,890	\$3,247,893	\$3,199,520	\$3,265,746
Revenues:					
State Grants:					
Calumet and Joint	\$1,440,112	\$1,291,393	\$1,291,467	\$1,297,142	\$1,372,990
Outagamie	\$870,735	\$830,997	\$1,241,689	\$1,241,689	\$1,228,962
Waupaca	\$494,032	\$504,351	\$467,703	\$467,703	\$464,517
Miscellaneous Revenue	\$8,241	\$8,890	\$8,000	\$8,000	\$8,000
Indirect Cost Revenue	\$68,869	\$32,405	\$127,951	\$67,508	\$67,508
Subtotal	\$2,881,989	\$2,668,036	\$3,136,810	\$3,082,042	\$3,141,977
Net	(\$59,353)	\$79,854	\$111,083	\$117,478	\$123,769

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
CHILD SUPPORT AGENCY					
The Child Support program is funded in part by Federal and State funding. Federal IV-E allows 66% reimbursement for eligible costs. We recognize expenses from the Corporation Counsel, Clerk of Courts and Family Court Commissioner offices to maximize the federal funding. Those expenses are not shown in our budget, but the federal revenue is. The Child Support Program is mandated by the State to be administered by the County.					
Expenses:					
Child Support Agency	\$16,106	\$14,724	\$13,800	\$16,527	\$14,200
Staff Costs	\$326,846	\$355,472	\$346,820	\$346,820	\$375,907
Allocated Staff , Indirect and County Overhead Expenses	\$216,339	\$215,814	\$211,763	\$216,165	\$220,345
Subtotal	\$559,291	\$586,009	\$572,383	\$579,512	\$610,452
Revenues:					
State Grants	\$538,493	\$551,451	\$546,754	\$524,151	\$562,841
Collections	\$5,010	\$4,452	\$3,570	\$3,570	\$3,570
Indirect Cost Allowance	\$98,195	\$100,490	\$88,003	\$98,195	\$98,195
Subtotal	\$641,697	\$656,393	\$638,327	\$625,916	\$664,606
Net	(\$82,407)	(\$70,383)	(\$65,944)	(\$46,404)	(\$54,154)

PUBLIC HEALTH, CONSOLIDATED CONTRACT, and WIC GRANT					
The Public Health Department has a broad and diverse set of mandatory standards including Statutes 250(Health, Administration and Supervision), 251(Local Health Officials), 252(Communicable Diseases), 253 (Maternal and Child Health), 254 (Environmental Health), 255(Chronic Disease and Injuries) and Administrative Rule DHS 140 Required Services for Local Health Departments.					
The Women Infant and Children program includes staff and operating expenses to provide supplemental food and nutrition counseling for pregnant/nursing women and children to age 5. The WIC staff provide information on the following; how to use WIC foods to improve health, getting immunizations for children, taking care of infants and how to breastfeed, healthy eating during pregnancy, doctors, dentists, and programs like Food Share, Head Start and BadgerCare Plus.					
Expenses:					
Public Health and Consolidated Contract Expenses	\$23,844	\$22,417	\$23,685	\$23,685	\$22,967
WIC Operating Expenditures	\$8,969	\$2,076	\$1,000	\$959	\$850
Public Health Staff Costs	\$669,713	\$685,131	\$675,829	\$677,629	\$715,861
WIC Staff Costs	\$147,857	\$151,716	\$153,551	\$152,833	\$151,074
Allocated Staff , Indirect and County Overhead Expenses	\$65,535	\$62,901	\$69,395	\$66,865	\$68,665
Subtotal	\$915,918	\$924,241	\$923,460	\$921,971	\$959,417
Revenues:					
Public Health State Grants	\$100,760	\$116,766	\$105,840	\$102,510	\$111,788
WIC State Grants	\$156,826	\$153,792	\$154,551	\$153,792	\$151,924
Health Services Revenue	\$24,518	\$21,091	\$29,475	\$32,075	\$29,807
Subtotal	\$282,104	\$291,649	\$289,866	\$288,377	\$293,519
Net	\$633,814	\$632,592	\$633,594	\$633,594	\$665,898

SUMMARY COMPARISON OF 2017 PROJECTIONS AND 2017 BUDGET TO 2017 ACTUAL

Budget Item	2016 Actual	2017 Actual	2017 Budget	2017 Projection	2018 Budget
HOME HEALTH PROGRAM					
The Home Health program budget includes staff costs and operating expenses to provide skilled nursing services, home health aide services, home therapy, foot clinics, equipment and laboratory services for the home-bound. Home health services are provided in the patient's home and an essential part of coordinated health care in the community, allowing a person discharged from the hospital to recuperate in familiar surroundings, the comfort of their own home. Hospice and Home Health are budgeted with no tax levy dollars to operate the programs.					
Expenses:					
Staff Expenses	\$761,109	\$874,801	\$936,728	\$921,212	\$939,132
Therapy Services	\$262,095	\$302,855	\$245,000	\$245,000	\$245,000
Operating Expenses	\$42,525	\$68,204	\$56,655	\$61,113	\$64,053
Central Service Costs	\$41,354	\$46,902	\$94,900	\$41,354	\$41,354
Allocated Staff , Indirect and County Overhead Expenses	\$0	\$0	\$0	\$0	\$0
Subtotal	\$1,107,083	\$1,292,762	\$1,333,283	\$1,268,679	\$1,289,539
Revenues:					
Home Health Revenues	\$809,058	\$999,088	\$1,187,852	\$882,009	\$927,178
Donations	\$0	\$0	\$0	\$10,756	\$1,000
Subtotal	\$809,058	\$999,088	\$1,187,852	\$892,765	\$928,178
Net	\$298,025	\$293,674	\$145,431	\$375,914	\$361,361
HOSPICE PROGRAM					
The Hospice program budget includes staff costs and operating expenses to help terminally ill patients and their families with an emphasis on helping the patient make the most of each day of remaining life, providing comfort and relief of pain, and providing families with support through the illness, death and bereavement. Hospice and Home Health are budgeted with no tax levy dollars to operate the programs.					
Expenses:					
Staff Costs	\$299,444	\$435,672	\$238,282	\$396,584	\$452,979
Operating Expenses	\$9,110	\$8,470	\$5,638	\$5,794	\$6,830
Purchased Services	\$123,128	\$233,011	\$39,542	\$94,249	\$48,552
Central Service Cost	\$41,354	\$46,902	\$14,178	\$41,354	\$41,354
Allocated Staff , Indirect and County Overhead Expenses	\$0	\$0	\$0	\$0	\$0
Subtotal	\$473,036	\$724,055	\$297,640	\$537,981	\$549,715
Revenues:					
Hospice Revenue	\$857,737	\$1,076,874	\$443,071	\$907,995	\$910,076
Donations	\$0	\$0	\$0	\$5,900	\$1,000
Subtotal	\$857,737	\$1,076,874	\$443,071	\$913,895	\$911,076
Net	(\$384,701)	(\$352,819)	(\$145,431)	(\$375,914)	(\$361,361)
Total Home Health & Hospice	(\$86,676)	(\$59,145)	\$0	\$0	\$0



Title: Infection Control, Prevention, and Surveillance Program

Date effective:

Date updated:

PURPOSE:

To prevent the spread of infection and ensure appropriate measures are taken in the event of exposure.

POLICY:

Infection control involves identifying all employees at risk for exposure to blood borne pathogens, implementing engineering and work practice controls to reduce exposure risks, preventing the spread of disease to others, ensuring proper handling and disposal of all potentially infectious substances, providing education regarding exposure reduction, and maintaining education and post-exposure evaluation records.

PROCEDURE

Surveillance Program

Home Health and Hospice participates in ongoing and targeted surveillance. Home Health and Hospice Supervisory staff will monitor for new patient infections and take steps through education and training to prevent new infections from developing.

Patient Surveillance:

- A. Home Health Care Hospice Supervisor or designee will review an infection report based on the data gathered by support staff from infection reports at a minimum on an annual basis.
- B. Patient records on the report will be reviewed as needed to determine that the infection is a new infection and was acquired in the home.
- C. A supervisory visit will be conducted with any clinician where appropriateness of assessments and interventions are questioned, based on chart audit.
- D. Individual clinicians will be provided additional training as deemed necessary. Group education will be provided if any trends are detected.

Employee surveillance:

- A. All staff members are required to promptly report signs and symptoms of possible infection and exposures to communicable or infectious disease, such as respiratory, skin, or intestinal infections to the Home Health/Hospice Supervisor or Health Division Manager and seek medical attention as needed.
- B. The employee should refrain from exposing patients and staff while deemed infectious.
- C. Employee infections will be monitored as determined by the HHC/Hospice Supervisor.
- D. Follow-up investigation will be done for infectious outbreaks that involve patient/staff exposure. Actions will be taken to prevent further spread of infection.

- E. In the event of a blood borne pathogen exposure, the employee will follow the directions outlined in the Blood borne Pathogen Exposure Control Plan.
- F. Staff having contact with patients prior to recognition of pulmonary TB will follow the directives outlined in the policy: Employee Tuberculosis Screening and Respiratory Protection.

Standard Precautions:

All personnel must observe standard precautions. All patient's blood and body fluids, except sweat, are considered potentially infectious. All employees must use "barrier precautions" for all anticipated contact with blood or body fluids. Fluids linked to transmission of HIV and Hepatitis B and C (per CC and OSSA guidelines) include:

- Blood and Blood Products
- Semen
- Vaginal Secretions
- Cerebrospinal Fluid
- Synovial Fluid
- Pleural Fluid
- Peritoneal Fluid
- Pericardial Fluid
- Amniotic Fluid
- Concentrated HIV & H Virus
- Saliva in Dental Setting

- B. Personnel who have exudative lesions or weeping dermatitis of the hands forearms must refrain from all direct patient care.

See policy on Standard Precautions.

Hand Hygiene:

Hand washing/hand hygiene must be performed:

- A. Before eating
- B. Before and after having direct contact with a patient's intact skin (taking a pulse or blood pressure, performing physical examinations, lifting the patient in bed)
- C. After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
- D. After contact with inanimate object (including medical equipment) in the immediate vicinity of the patient
- E. If hand will be moving from a contaminated-body site to a clean-body site during patient care
- F. After glove removal
- G. After using a restroom

When hands are not visibly soiled an alcohol-based hand sanitizer can be used according to this procedure:

1. Put product on hands and rub hands together
2. Cover all surfaces until hands feel dry
3. This should take around 15-20 seconds

When hands are visibly soiled or at the employee's discretion soap and water hand washing should be used:



Title: Employee Tuberculosis Screening and Respiratory Protection

Date effective:

Date updated:

PURPOSE:

To ensure adequate screening for Tuberculosis is performed on all Calumet County Home Health Care and Hospice employees who interact with patients.

POLICY:

All Calumet County employees will be screened according to state and federal recommendations. Per the Wisconsin Department of Health Services, the patient population which Calumet County HHC & Hospice serves is considered low risk for tuberculosis based on current risk assessment data.

PROCEDURE

1. All Calumet County HHC staff and volunteers who interact with patients will be screened upon hire for tuberculosis with a two- step Mantoux testing (TST). The first step Mantoux will be completed prior to any patient contact, unless the employee had a negative Mantoux in the month prior to hire. In those cases, that test will be considered step one of the two step process if employee provides appropriate supporting documentation. (The ability of persons who have TB infection to react to TST may gradually wane. The TST could boost the hypersensitivity and the size of the reaction could be larger on a subsequent test. This boosted reaction may be misinterpreted as a TST test conversion from a newly acquired infection.)
2. After the first Mantoux has been given and read within 48-72 hours, and is negative, a second Mantoux will be administered 1-3 weeks following the first one. This will also be read within 48-72 hours. If both Mantoux tests are negative additional TB testing is not necessary unless an exposure to *M. tuberculosis* occurs. A positive reaction to a subsequent test is likely to represent a new infection with TB and the employee will be referred to their primary physician and Public Health.
3. Reading the test: The test will be read by a trained Calumet County public health employee. Results are recorded as "mm" induration.
4. Pregnancy does not exclude a person from being tested.
5. A positive TB skin test cannot be used solely to diagnose active TB, it merely indicates TB infection.
6. A TB risk assessment will be conducted by public health annually in consultation with the local and state TB program participants as necessary.
7. All Home Health and Hospice field staff employees and Hospice volunteers will complete the Risk-based Tuberculosis Screening Questionnaire annually in lieu of additional Mantoux tests. Responses will be evaluated by criteria established by the Wisconsin Department of Health in order to determine if further actions are necessary.

Respiratory Protection

1. All health care workers entering the room of a patient in airborne isolation must wear a NIOSH approved N-95 mask.
2. Employees with direct patient care will be fit tested per OSHA guidelines with a qualitative or quantitative tests annually. A fit check will be performed by the employee before each use of the mask.
3. Evaluation of the respiratory personal protection program will be done annually.

Reviewed		Reviewed		Revised		Revised	
Date	Initials	Date	Initials	Date	Initials	Date	Initials

Comm health/hhc/policy and procedure/1 policy format updated



Title: Bag Technique

Date effective:

Date updated:

PURPOSE:

To aid in infection control and prevention proper bag technique is recommended.

POLICY:

Clean bag technique should be used to assure that the principles of infection control are being carried out to prevent cross-contamination between patient and staff and to prevent contamination of the nursing bag.

PROCEDURE

Bag specifications:

1. Nursing bags may be carried or rolled into the patient's place of residence.
2. Bags must have a separate zippered, padded compartment if using the bag to carry a computer.
3. Bags must have a minimum of 1 external zippered pocket large enough to carry hand washing supplies and bag barriers.
4. Bags meeting the above specifications will be provided to HHC/Hospice direct staff. If staff members choose to purchase their own bag it must meet the above specifications.

Bag Technique:

1. Place bag on a clean, dry hard surface, such as a countertop, table, or wooden chair.
2. If no clean hard surface is available, place the bag on a barrier. Examples of barriers are plastic bags, disposable under pads, wax paper, or poly-backed towels. The bag may also be hung from a doorknob or the back of an un-upholstered heavy chair as long as it is not touching the floor.
3. If an employee uses a rolling bag with wheels, it may stay on the floor or be placed on hard surface with a barrier underneath.
4. A surface barrier may always be used at the employee's discretion.

If wearing a coat, place it on a clean hard surface or hang from a doorknob as long as it isn't touching the floor.

5. Perform hand hygiene.
 - a) Hand hygiene supplies are to be kept in an external pocket of the bag.
 - b) Employees may use soap and water or waterless hand sanitizer to perform hand hygiene.
6. Remove needed equipment from bag and place next to bag on a barrier or clean hard surface. Never re-enter the bag without first performing hand hygiene.
7. When visit is complete, clean and disinfect equipment used, perform hand hygiene, and then return the cleaned equipment into bag.

Bag Contents:

Home Health Care and Hospice field staff employees are to keep their bags stocked with necessary items to conduct a visit. Suggested items to carry include:

- a) Vital signs equipment.
- b) Hand hygiene supplies.
- c) Cleaning items which may include alcohol wipes, surface barriers, and disposable germicidal wipes.
- d) Personal Protective Equipment which may include gloves, masks, goggles, plastic aprons/gowns and shoe covers.

Procedure for Infectious/Contaminated Homes:

- 1) The employee's bag (either rolling or hand-carried) should not be taken into the patient's care area or should be left in the car when:
 - a) The patient is known to be colonized or infected with a multidrug-resistant organism.
 - b) The patient is on contact precautions.
 - c) The home environment is infested with bed bugs or other pests.
 - d) The home environment is contaminated with soil or excrement.
 - e) The associate deems patient care area is not suitable to bring in the bag.
- 2) When the bag is not brought into the patient's care area, the items needed for the visit should be either hand-carried or placed in a disposable bag. If brought in a disposable bag, the bag should be left in the home.
- 3) After patient care is completed, clean and disinfect the equipment, place in new disposable bag, and hand-carry out of the patient care area.

Procedure for Cleaning Bag:

- 1) All employee's bags are to be completely emptied and cleaned monthly and as needed if it becomes soiled.
- 2) Select a large surface area for cleaning and disinfecting the interior and exterior of the bag.
- 3) Clean and disinfect the selected surface with a disposable germicidal wipe and allow the surface to remain wet for the contact time recommended by the manufacturer for a low-level disinfection.
- 4) Hand-wipe the bag's exterior surface with a disposable germicidal wipe and allow the surface to remain wet for the contact time recommended by the manufacturer for low-level disinfection.
- 5) Place the work bag on the cleaned surface.
- 6) Perform hand hygiene.
- 7) Remove all contents from the interior of the bag and place the contents onto the cleaned surface.
- 8) Turn bag upside down and shake the bag to remove any loose contents into a trash container.
- 9) Visually inspect the interior and exterior of the bag for tears, cracks, and excess wear, and replace the bag as needed.
- 10) Hand wipe the work bag interior surfaces with a disposable germicidal wipe to remove any dirt adhering to the interior of the bag. Allow the bag's interior surface to remain wet for the contact time recommended by the manufacturer for low-level disinfection.
- 11) Clean and disinfect the vital sign equipment which may include stethoscope, thermometer, pulse oximeter, or sphygmomanometer. If any of the equipment has its own bag or container, be sure to clean and disinfect this as well. Allow the surface to remain wet for the contact time recommended by the manufacturer for a low-level disinfection.
- 12) Check the expiration dates on all medical supplies, blood tubes, and hand hygiene supplies and discard as needed. Check the supply stock to assure that all necessary equipment, supplies, and hand hygiene products are available.
- 13) Perform hand hygiene.
- 14) Place the cleaned equipment and supplies back into the cleaned work bag.
- 15) Restock the bag's contents as needed.

REFERENCES:

