

SAWYER COUNTY HEALTH & HUMAN SERVICES

10610 Main, Suite 224

HAYWARD WISCONSIN 54843

(715) 634-4806

Health & Human Services Board Meeting

November 4, 2014

6:30 P.M.

Assembly Room, Sawyer County Court House

Call to Order

- I. Roll Call
- II. Approve Agenda
- III. Closed Session (from 6:30 p.m. to 6:45 p.m.), Pursuant to Sections 19.85(1)(f) and (g), Wisconsin Statutes, to Update the Health and Human Services Board Concerning Confidential Financial and Medical Information That Pertains to Specific Persons or Interests as it Relates to the Interests of the Department of Health and Human Services, and to Review Legal Considerations and Strategies in Pursuing the Interests of the Department as it Relates to Those Interests.
 - A. Open session beginning at 6:45 p.m.
- IV. October 7, 2014, Regular Meeting Minutes
- V. Audience Recognition
- VI. Child Support
 - A. Child Support Report
 - B. 2015 Budget Update
 - C. Staff Resignation
 - D. Request to Fill Vacated Position
- VII. Veterans Service Department
 - A. Veterans Report
 - B. 2015 Budget Update
- VIII. Committee Reports
 - A. LCO Liaison
 - B. Executive Committee
- IX. Vouchers
- X. Old Business
 - A. Residential Services -"Transitions"
 - B. Motor Pool Usage
 - C. Economic Support Consortium
 - D. Oasis Juvenile Residential Facility
 - E. Budget Performance Report
 - F. Out of County Travel
 - G. Reclassification request
 - H. Health and Human Service Board By-Laws
 - I. Exit Interview Forms
- XI. New Business
 - A. Agency Staffing
 - B. Employee Performance Evaluations
 - C. Performance Management Plan
 - D. County website
 - E. Ebola Plan
 - F. Public Health Dashboard
 - G. Medical Leave Request
- XII. Any Items for Discussion Only
- XIII. Adjourn

****Draft Copy****

October 7, 2014

Original to be filed with Sawyer County Clerk, Kris Mayberry

Committee Meetings of Sawyer County
COMMITTEE: Health & Human Services
PLACE: Sawyer County Court House

DATE: October 7, 2014
CALLED TO ORDER: 6:30 P.M.

Committee Members in Attendance:

Warren Johnson, Shirley Suhsen, Carol Pearson, Ron Kinsley, Tweed Shuman, Dale Schleeter, Iras Humphreys.

Staff Members in Attendance:

Paul Grahovac, Dave Bauer, Joe Bodo, Renee Brown, Alicia Carlson, Amy Nigbor, Cindy Hanus.

The meeting was called to order by Tweed Shuman, noting for the record that Gladys Ruegger, Norma Ross and Michelle Lambert were not in attendance.

Approval of Agenda

A motion was made by Shirley Suhsen, seconded by Iras Humphreys to approve the agenda moving New Business: Domestic Abuse and VOCA Grants to 7:00 P.M. to join a phone conference with state staff; motion carried.

Approval of Minutes

A motion was made by Carol Pearson, seconded by Warren Johnson to approve the minutes of the September 9, 2014 meeting as presented; motion carried.

Audience Recognition

None

Child Support Report

The board reviewed a written report provided by the child support director. A motion was made by Carol Pearson, seconded by Warren Johnson to accept the report as provided; motion carried.

Child Support Budget

Ron Kinsley reported receiving an email from the child support director regarding the probable loss of some funding that had been projected for the 2015 budget.

Veteran Service Department Monthly Report

The County Veteran Service Officer (CVSO) provided a written report for review by the board. Congressman Sean Duffy will be at the Veteran's Center in Hayward tomorrow at 11:00 A.M. to meet with local veterans and area veteran service officers regarding services at the Hayward Veteran's Clinic. As per discussion at last month's committee meeting, Ken Maki has provided office space at the Hayward clinic for the CVSO to offer outreach services. The CVSO reported the old veteran service department van was recently in an accident with no injuries involved. The insurance company declared the van totaled, so the insurance money will go towards the planned purchase of a new van.

Veteran Service Department 2015 Budget

There is nothing new to report regarding the Veterans Service Department 2015 budget.

Committee Reports

LCO Liaison:

No report was received.

Executive Committee:

Board Chair Shuman reported interviews were held for two Child Protection Service worker positions. Two candidates were selected and both accepted the positions. One started employment on October 6, the other will start on October 27, 2014.

Vouchers

Copies of the October 2014 vouchers for HHS, Child Support and Veterans Service Departments were submitted for approval as well as all HHS bills paid since the last board meeting. A motion was made by Shirley Suhsen, seconded by Carol Pearson to approve the vouchers as submitted; motion carried.

Old Business:

Residential Services Update

The AODA/Mental Health Coordinator provided a written report of Transitions census and placement of clients from Bayfield and Price counties. The coordinator also updated the board on current and possible future admissions to Winnebago and efforts to divert those clients to alternate placements with appropriate care. A year to date report of expenses, revenues and census for Transitions was reviewed.

Motor Pool Usage

The board reviewed the motor pool usage report for September 2014. A motion was made by Carol Pearson, seconded by Ron Kinsley to accept the report as presented; motion carried.

Economic Support Consortium Update

The HHS director reported there is a meeting of the consortium directors scheduled for tomorrow. Consortium manager, Doreen Lang, is currently assessing consortium wide supervisor workloads.

Juvenile Residential Facility

Supervisor Report: The Juvenile Justice Supervisor presented a report on occupancy and costs for Oasis for January through September of 2014. The September census was four residents with a fifth admission scheduled for Thursday, October 9th. He anticipates this census for the rest of the year based on case plans. There is the possibility of a sixth admission later in October. Staffing requirements will remain the same with the census at six. There was a motion by Dale Schleeeter, seconded by Tweed Shuman to allow the flexibility to add a third out of county placement to reach and sustain a census of six residents; motion carried.

Oasis Rental: Northwest Journey plans to provide day treatment for eight to ten kids at the Oasis facility. To date, two kids have been accepted with six more referrals pending.

Budget Performance Report

Copies of the August 2014 Budget Performance Report for Health and Human Services were reviewed. A motion was made by Warren Johnson, seconded by Carol Pearson to accept the report as presented; motion carried.

Out of County Travel

Proposed out of county travel and training for the months of October/November 2014 were submitted for approval. A motion was made by Shirley Suhsen, seconded by Warren Johnson to approve the out of county travel and training; motion carried.

New Business:

Health and Human Service Board By-Laws

The board held a brief discussion regarding the Health and Human Service Board By-Laws. There was a motion by Warren Johnson, seconded by Ron Kinsley to table the matter to next month's meeting; motion carried. In the meantime, board members were asked to review the by-laws and prepare any recommended changes.

Exit Interview Forms

The Health and Human Services director reported he was under the impression that the county administration committee is reviewing all employee policies and procedures. Iras Humphreys asked the board members to review the employee evaluation and performance reports that are in the county personnel-administrative policy manual (which was approved by the Board of Supervisors on March 15, 2012.) She recommends both the employee self-evaluation and the employee evaluation performed by the supervisor be implemented without waiting for new county policies and procedures that may be forthcoming. Copies of the evaluation forms will be sent to all the board members for their review, and this item will be added to the November board meeting agenda.

Domestic Abuse and VOCA Grants

After last month's board meeting, the Health and Human Services director spoke with representatives from the Department of Justice and the Department of Children and Families regarding the Domestic Abuse and VOCA grants. Both representatives planned to attend tonight's meeting via teleconference but the connection could not be secured. The board discussed the apparent need for the provision of domestic abuse and sexual assault advocacy services within Sawyer County. Former advocates Carol Pearson and Alicia Carlson informed the board that Sawyer County does not have the resources to fully support the Domestic Abuse and VOCA grant mandates. Without an advocate in place at this time, current cases and all incoming calls are being referred to LCO Oakwood Haven along with other regional resources for advocate assistance. A motion was made by Ron Kinsley, seconded by Dale Schleeter to discontinue the advocacy services based on the recommendation of the director and the inability to meet the grant requirements; motion carried. Motion opposed by Iras Humphreys.

2015 HHS Budget Update

The director informed the board that the public health officer secured an additional \$35,500 asthma grant. This allows an additional \$30,000 of revenue to report on the 2015 budget. The remaining will offset expenses for increased travel, training and supplies.

Any Other Items for Discussion Only

There were no other items presented for discussion.

Closed Session

A motion to go into closed session Pursuant to Sections 19.85(1)(f) and (g), Wisconsin Statutes, to Update the Health and Human Services Board Concerning Confidential Financial and Medical Information That Pertains to Specific Persons or Interests as it Relates to the Interests of the Department of Health and Human Services, and to Review Legal Considerations and Strategies in Pursuing the Interests of the Department as it Relates to Those Interests was made by Warren Johnson, seconded by Shirley Suhsen; motion carried.

Closed session entered into at 7:55 P.M.

Adjourn

A motion to return to open session and adjourn was made by Carol Pearson, seconded by Warren Johnson; motion carried. Meeting adjourned at 8:13 p.m.

CHILD SUPPORT AGENCY REPORT

NOVEMBER 2014

Sandy Swanson's last day was 10/24. The paperwork has been filed with the State to remove her access from all child support and economic support programs. Sandy's reason for ending her employment with Sawyer County was to accept a position with less stress. Sandy did all of the paternities, financials during the 2 ½ days a week Andi is not here and she did the requests for review when a person wants their monthly obligation reviewed. She was a very conscientious employee and had a background which included accounting. She was our "go to" person to review the many many self-employed tax returns payers are court ordered to provide. Self-employed tax returns are very lengthy, complicated and sometimes very ambiguous.

I am seeking approval to fill the budgeted position as soon as possible and am including a proposed job description. I am not in agreement with using the amount of pay as identified in the Carlson Dettman study. The study indicates \$17.50 as the starting salary for this position; however, another employee has been here 11 years doing specialist work and earns \$17.97 per hour. I think \$15 an hour is a fair amount of compensation to start out and once the person can actually handle their case load independently, bump them up to a higher rate of pay. No one walking in to this position will be able to jump in and take off without considerable training, trial and error, lots of questions to the rest of us, etc.

While this position is vacant, I will be taking the paternity case load and Amanda and Janet will take the reviews for the cases they are already enforcing/establishing. The financials will be done on the days Andi works.

I never received the Carlson Dettman recommendations until this week. I am not in agreement with their results and have been advised that the "appeal" process has come and gone. I was under the impression the County did not want to be locked in to specific wages as when the positions were based on I, II and III per the Union contract. I was under the impression the County wanted to pay their employees based on their performance and responsibilities. The Carlson Dettman results are not per Union contract, but control and monitor in pretty much the same way. In 2012, the child support agency had total expenses of \$387,133.49

and total revenue of \$338,174.90; we cost the county \$48,958.59 for an office of 6, 4 working a 40 hour week and 2 working a 35 hour week. In 2013, the child support agency had total expenses of \$325,404.24 and total revenue of \$311,085.14; we cost the county \$14,319.10 for an office of 5, 3 working a 40 hour week, 1 working a 17 hour week and 1 working a 35 hour week. In addition to reimbursement of a percentage of our expenses, we receive incentive monies based on 5 performance areas as outlined by the Department of Children & Families. We maintain approximately 1,530 child support/spousal support files.

28 IVD cases transferred to LCO during October.

The Chief Judge and District Court Administrator have scheduled a phone conference with Judge Wright to discuss the process of sending child support cases over to LCO. I will be attending this phone conference as well as our enforcement counsel, Tom Duffy. I will discuss the outcome at the Board meeting.

I have **serious** reservations about the accuracy of the Proforma Budget Reports and have not included copies with this monthly report.

SAWYER COUNTY
Position Description

TITLE: Child Support Specialist
Paternity/Financials/Receptionist

DEPARTMENT: Child Support Agency

SUPERVISOR: Child Support Director

GENERAL DESCRIPTION:

This position is multi-faceted; responsibilities include, but are not limited to, paternities A-Z, financial entry and front desk responsibilities of answering main phone line, helping customers, attorneys, employers, etc. at window with general questions, dispositioning daily mail and documentation from Clerk of Court, opening and closing files, maintaining pro se documents and other media as provided by the Bureau of Child Support, The Child Support Specialist must adhere to the guidelines granted by the State of Wisconsin Bureau of Child Support and comply with County court procedures, State Statutes and Federal Regulations. Training may require in-state travel.

The Child Support Office currently employs more than one Child Support Specialist. The position descriptions for this office break down duties as they are currently assigned to specific positions. This should not be interpreted to imply that the Child Support Specialist positions have any rights to perform certain duties or cannot be assigned different duties. Each Child Support Specialist may be assigned duties at the Child Support Director's sole discretion.

ESSENTIAL DUTIES:

Paternity case load A-Z; prepares and drafts all correspondence and court documents related to assigned cases. Prepares cases for court by researching obligor's employment history and available assets; represent agency at court hearings in concert with enforcement counsel. Interviews clients, notarizes paternity documents, coordinates scheduling of and administers genetic tests, negotiates custody and placement issues and updates information on child's birth certificate with State Vital Records Department. Maintaining a working relationship with Sheriff's Department, District Attorney, Clerk of Court, Court Reporter, Probation and Parole, Department of Health and Human Services, enforcement counsel, process servers and private attorneys. Prepares and uses necessary legal documents with the consultation of the child support agency enforcement counsel to establish family court orders. Adjudicate paternity; set birth related medical expenses, past support, genetic test expenses and appointment of Guardian ad Litem when necessary. Identify and report potential and existing fraud cases by making appropriate fraud referrals.

Required to be knowledgeable of the child support automated system Kids Information Data System (KIDS), screen navigation and accurate interpretation of related systems, such as Client

Assistance for Re-Employment and Economic Support (CARES), so as to get complete and pertinent information related to order establishment. Researches intergovernmental cases, prepares proper forms and deals with case workers from other states as well as the Wisconsin Central Registry on intergovernmental cases.

Processing mail, receptionist for telephone calls and clients, setting up new case files, providing maintenance on case files and financial duties including receipting, posting and disbursing child support monies. Monitoring court calendar for any divorce hearings where either child support or spousal support may be ordered paid through the WI Trust Fund, via KIDS. Retrieve copies of court orders when necessary from the Clerk of Court's office. Enter new cases and court orders in KIDS.

Running EOSP reports and make necessary financial adjustments to cases; resolve discrepancies in reports from the CARES and KIDS interface and forward appropriate reports to other Child Support Specialists and Director.

QUALIFICATIONS, KNOWLEDGE, SKILLS AND ABILITIES:

- High school diploma or equivalent with supplemental education, training or experience in legal field. Degree from an accredited university or college which focuses on a related field would be desirable.
- Experience in the Child Support Program with knowledge of its regulations and policies.
- Knowledge of court practices and procedures and state and interstate statutes governing child support.
- Possess good oral and written communication skills, as well as good interviewing skills.
- Possess computer and keyboarding skills, including the ability to type a minimum of 40 words per minute.
- Ability to exercise independent judgment, plan and organize work within the scope of defined responsibilities under the general supervision of the Child Support Director.
- Performs duties listed in the job description in an efficient and productive manner.
- Abides by office procedures, accepts direction from supervisory staff and keeps all information confidential.
- Makes independent decisions within the scope of the position description and possess good initiative.
- Records and uses factual data accurately.
- Interpersonal skills to handle difficult and sometimes very stressful situations while trying to diffuse the stress level of customer.
- Must be bondable
- Must possess a valid driver's license or have the ability to independently travel to required training sessions

WORKING RELATIONSHIPS:

Cooperates with other employees to attain the goals of the Agency.

Relates well with law enforcement personnel, legal counselors, other County departments and the general public.

WORKING ENVIRONMENT AND PHYSICAL REQUIREMENTS:

Work is performed primarily in a standard office setting. Ability to frequently lift up to 20 pounds and a combination of sitting and standing postures may be required. Ability to regularly work 7 hour days and 35 hour weeks.

Must be able to operate standard office equipment including; telephone, computer, calculator, photocopier and digital camera.

Risk of blood borne pathogen exposure is considered low.

CLOSING STATEMENT:

This position description has been prepared to assist in evaluating responsibilities, duties and skills of the position. The duties listed above are intended as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position. The job description does not constitute an employment agreement between the County and the Employee and is subject to change by the Court as the needs of the County and the requirements of the position change.

FAIR LABOR STANDARDS ACT CATEGORY: Non-Exempt Position

Reviewed by Employee

Date

Approved by Supervisor

Date

Approved by Human Resources Manager

Date

**CHAMBERS OF CIRCUIT JUDGE
GERALD L. WRIGHT**

Candace K. Biskup
Court Reporter

Sawyer County Circuit Court
10610 Main Street, Suite 244
Hayward, Wisconsin 54843

Marjorie Kelsey
Judicial Assistant

October 27, 2014

Child Support Calendar 2015

January 12

February 09

March 09

April 13

May 11

June 08

July 13

August 10

September 14

October 12

November 09

December 14

Renee Brown
Veteran Service Officer
Gary Elliott, Asst. CVSO
OFFICE: (715) 634-2770
FAX: (715) 638-3213

Sawyer County
Veteran Service Office
15872 E. Fifth Street
Hayward, WI 54843



Health and Human Services Committee Meeting, November 4, 2014

A. **Out of county travel:** CVSO, December 12, 2014-travel to American Legion Post 73 in Neillsville (Clark County) for NWCVSO Regional meeting

B. **Vouchers:** Submitted for approval

C. **Budget Performance Report:** Submitted for review

D. **Other Items for Discussion**

VA Claims Update: 121 claims submitted to date this year. Sawyer County Veterans have received \$410,700 in retroactive payments from claims we have won for our veterans.

VA Health Care Update: Doctor Swenson is now back working at the Hayward VA Clinic. Additionally, area CVSOs now have a direct line into the clinic.

Van Program: One of our back up van drivers is no longer able to drive and our office is recruiting for a replacement driver. We are scheduled to receive the new van on Friday, November 7, 2014.

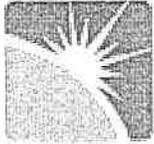
Training: Assistant CVSO Gary Elliott completed accreditation training and he may now prosecute claims before the Department of Veterans Affairs (VA) under laws relating to veterans' benefits. Gary's hard work and determination is a tremendous asset to our office. Gary's accomplishment is very significant to complete in such a short time and while on probation--he deserves a very Well Done!

2014 TRANSITION HOUSE DAILY RATE COMPUTATION

	EXPENSES	REVENUES	# DAYS/MO	DAYS AVAIL	AVG CENSUS
JAN	22085.19	60.00	134	248	0.54
FEB	23721.33	2932.00	157	224	0.70
MARCH	23557.71	4924.60	183	248	0.74
APRIL	21602.83	4544.00	172	240	0.72
MAY	23463.95	3874.00	134	248	0.54
JUNE	24517.82	1237.12	164	240	0.68
JULY	23298.53	275.00	155	248	0.63
AUG	23767.31	1175.00	138	248	0.56
SEPT	23154.79	1324.68	165	240	0.69
OCT					#DIV/0!
NOV					#DIV/0!
DEC					#DIV/0!
P-13					
totals	209169.46	20346.40	1402	2184	0.64

Net Exp 188823.06
 Total Days 1402
 Per Day/PP \$134.68

	TG 18 days	TG 31 days	total days	AODA TG 18	Mental Health TG 31
JAN	79	55	134	58.96%	41.04%
FEB	101	56	157	64.33%	35.67%
MARCH	92	91	183	50.27%	49.73%
QTRLY	272	202	474	57.38%	42.62%
APRIL	89	83	172	51.74%	48.26%
MAY	68	66	134	50.75%	49.25%
JUNE	134	30	164	81.71%	18.29%
QTRLY	291	179	470	61.91%	38.09%
JULY	126	29	155	81.29%	18.71%
AUG	111	27	138	80.43%	19.57%
SEPT	132	33	165	80.00%	20.00%
QTRLY	369	89	458	80.57%	19.43%
OCT			0	#DIV/0!	#DIV/0!
NOV			0	#DIV/0!	#DIV/0!
DEC			0	#DIV/0!	#DIV/0!
QTRLY			0	#DIV/0!	#DIV/0!



Budget Performance Report

Date Range 01/01/14 - 09/30/14

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd
Fund 225 - Human Services									
REVENUE									
43650	St. Aid	2,720,097.00	.00	2,720,097.00	1,932.09	.00	2,118,823.88	601,273.12	78
46600	Client Collections-Medicare								
46600-002	Client Collections-Medicare	2,813.00	.00	2,813.00	130.03	.00	1,975.01	837.99	70
46600-003	Client Collections-Medicaid	926,454.00	.00	926,454.00	158,333.86	.00	582,816.24	343,637.76	63
46600-060	Client Collections-Insurance	9,791.00	.00	9,791.00	.00	.00	912.61	8,878.39	9
46600-077	Client Collections	270,150.00	.00	270,150.00	25,862.10	.00	209,203.27	60,946.73	77
	46600 - Client Collections-Medicare Totals	\$1,209,208.00	\$0.00	\$1,209,208.00	\$184,325.99	\$0.00	\$794,907.13	\$414,300.87	66%
48600	Misc. General Revenue	.00	.00	.00	.00	.00	199.94	(199.94)	+++
	REVENUE TOTALS	\$3,929,305.00	\$0.00	\$3,929,305.00	\$186,258.08	\$0.00	\$2,913,930.95	\$1,015,374.05	74%
EXPENSE									
50111	Regular Salaries	1,814,127.00	.00	1,814,127.00	131,881.83	.00	1,258,893.54	555,233.46	69
50112	Salaries Overtime	.00	.00	.00	.00	.00	3,355.46	(3,355.46)	+++
50141	Committee Per Diems	9,600.00	.00	9,600.00	750.00	.00	5,905.40	3,694.60	62
50144	Term Life Ins./Employer's Share	.00	.00	.00	76.47	.00	606.56	(606.56)	+++
50147	Workers Comp	35,819.00	.00	35,819.00	.00	.00	.00	35,819.00	0
50151	FICA-Employer's Share	138,782.00	.00	138,782.00	9,453.98	.00	90,520.89	48,261.11	65
50152	Retirement-Employer's Share	126,935.00	.00	126,935.00	9,014.93	.00	85,532.76	41,402.24	67
50154	Hospital and Health Insurance	655,333.00	.00	655,333.00	43,687.69	.00	487,179.36	168,153.64	74
50155	Flex Administration Fees	.00	.00	.00	331.30	.00	1,678.73	(1,678.73)	+++
50216	Contracted Services								
50216-313	Contracted Services	2,937,378.00	.00	2,937,378.00	232,027.90	.00	2,156,002.57	781,375.43	73
	50216 - Contracted Services Totals	\$2,937,378.00	\$0.00	\$2,937,378.00	\$232,027.90	\$0.00	\$2,156,002.57	\$781,375.43	73%
50225	Telephone	21,000.00	.00	21,000.00	214.70	.00	7,659.76	13,340.24	36
50242	Repair & Maint.	1,000.00	.00	1,000.00	.00	.00	340.68	659.32	34
50311	Postage	7,999.00	.00	7,999.00	560.17	.00	5,457.95	2,541.05	68
50312	Office Supplies	10,000.00	.00	10,000.00	1,285.53	.00	5,072.02	4,927.98	51
50313	Printing	3,000.00	.00	3,000.00	2,486.23	.00	7,575.06	(4,575.06)	253
50319	Computer Supplies	.00	.00	.00	1,584.82	.00	4,736.66	(4,736.66)	+++
50321	Publications/Legal Notices	2,500.00	.00	2,500.00	1,235.06	.00	11,652.43	(9,152.43)	466
50325	Registration Fees	17,601.00	.00	17,601.00	1,732.85	.00	11,932.12	5,668.88	68
50329	Dues/Subscriptions	7,500.00	.00	7,500.00	24.00	.00	2,472.00	5,028.00	33
50331	Software, Licensing, Maint. Fees	37,052.00	.00	37,052.00	(76.24)	.00	24,114.42	12,937.58	65
50333	Rent	1,000.00	.00	1,000.00	.00	.00	235.00	765.00	24
50335	Meal Expenses	.00	.00	.00	.00	.00	62.08	(62.08)	+++
50339	Travel	27,400.00	.00	27,400.00	1,420.02	.00	12,755.85	14,644.15	47
50340	Operating Supplies	1,000.00	.00	1,000.00	82.71	.00	1,399.73	(399.73)	140
50344	Supplies	13,000.00	.00	13,000.00	674.73	.00	7,815.72	5,184.28	60
50353	Machinery & Equipment Parts	9,750.00	.00	9,750.00	.00	.00	219.99	9,530.01	2
50513	Public Liability Insurance	40,248.00	.00	40,248.00	.00	.00	47,143.38	(6,895.38)	117

SAWYER COUNTY HEALTH & HUMAN SERVICES
SAWYER COUNTY COURTHOUSE
10610 MAIN - SUITE 224
HAYWARD, WISCONSIN 54843
(715) 634-4806

OUT OF COUNTY TRAVEL FOR NOVEMBER AND DECEMBER, 2014

DATE	LOCATION	TYPE-SPONSORED BY	WORKER
10/28	WAUSAU	NEW DIRECTORS ORIENTATION	PAUL GRAHOVAC
10/29 - 10/30	EAU CLAIRE	TRAUMA INFORMED CARE	AUBREY MCALEAR
11/3	RICE LAKE	PRT TRAINING	AUBREY MCALEAR
11/3 - 11/4	WISCONSIN DELLS	SAFE TRAINING	KAREN HAYES
11/6	ASHLAND	ADRC SUPERVISOR MEETING	AMY NIGBOR
11/6	STEVENS POINT	WCHSA BOARD MEETING	PAUL GRAHOVAC
11/7	WISCONSIN DELLS	CANS	AUBREY MCALEAR KAREN HAYES
11/7	RICE LAKE	HEALTH CARE COALITION MTG.	EILEEN SIMAK
11/9 - 11/11	WISCONSIN DELLS	CHILDREN COME FIRST	TRINKE MCNURLIN
11/10	STEVENS POINT	DIRECTOR MENTORSHIP TRAINING	PAUL GRAHOVAC
11/11	WAUSAU	CPS APPEALS PROCESS TRAINING	PAUL GRAHOVAC LISA HUMPHREY
11/12 - 11/14	EAU CLAIRE	SEPARATION, PLACEMENT, PERMANENCE	KAREN HAYES AUBREY MCALEAR
11/14	WISCONSIN DELLS	HEALTH CARE COALITION	EILEEN SIMAK
11/14	WAUSAU	NORTHERN REGIONAL MEETING	LISA HUMPHREY
11/18	WISCONSIN DELLS	RABIES TRAINING	EILEEN SIMAK
11/18 - 11/19	MILWAUKEE	SUPPORTIVE SUPERVISION TRAINING	LISA HUMPHREY
11/18 - 11/19	STEVENS POINT	CHAPTER 56	KAREN HAYES
11/19	EAU CLAIRE	100% TIME REPORT TRAINING	LINDA SEEGER
11/20	RHINELANDER	CHILD OUTCOMES BIRTH	KATHY KEPHART DONNA TVETEN
12/5 - 12/6	WISCONSIN RAPIDS	WCHSA FALL CONFERENCE	PAUL GRAHOVAC
12/8 - 12/10	WISCONSIN DELLS	STEPWISE INTERVIEWING	KAREN HAYES

SAWYER COUNTY PUBLIC HEALTH PERFORMANCE MANAGEMENT PLAN SEPTEMBER 2014

"Working together for a better community"



PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



PERFORMANCE MANAGEMENT IN PUBLIC HEALTH

“Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In public health, performance management means actively using performance data to improve the public's health, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.”

Source: Public Health Foundation

Performance management formalizes planning efforts, measurement and evaluation of public health initiatives, quality improvement and reporting of progress. It includes community initiatives as well as administrative functions such as workforce development, resource allocation and infrastructure.

A performance management system was developed and implemented to help us be accountable to each other (fellow workforce), policymakers, the public, and other collaborating government departments and community partners. The public, our partners, and policymakers expect efficiency, effectiveness and accountability in the use of public funds to protect the public's health.

Performance management is also an essential part of our movement toward voluntary public health accreditation. Accreditation requires focused effort and documentation in the areas of quality improvement, performance management, and workforce development.

In 2010, Sawyer County Public Health adopted a *Quality Improvement Plan* to formalize efforts to improve quality, performance, and outcomes of public health programs and overall activities. This effort has assisted Sawyer County Public Health to work towards accreditation and an effective performance management plan. A performance management plan will assist Sawyer County Public Health to continue improvements to public health services delivery and the health of our community.

DEFINITIONS AND TERMS

Public Health Performance Management System: Performance Management is a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In public health, performance management means actively using performance data to improve the public's health, including the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results.

Performance Measurement: Performance Measurement is the development, application, and use of performance measures to assess achievement of performance standards.

Performance Standards: Performance Standards are organizational or system standards, targets, and goals to improve public health practices. Standards may be set based on national, state, or scientific guidelines, benchmarking against similar organizations, the public's or leaders' expectations, or other methods.

Quality Improvement (QI): The establishment of a program or process to manage change and achieve quality improvement in public health policies, programs, or infrastructure based on performance standards, measures, and reports. Quality improvement is in response to outcomes and outputs that are not achieved at a level that is acceptable.

Reporting Progress: Reporting Progress is the documentation and reporting of how standards and targets are met, and the sharing of such information through appropriate feedback channels.

Performance Management Tracking Tool: The Performance Management Tracking Tool organizes performance indicators, measures, targets, benchmarks, progress toward targets and quality improvement triggers. It also contains practical information about locating data, how to calculate the measures and who is responsible and how often they are monitoring and reporting progress. The components of the tracking tool are described below.

Program or Plan: This includes the program area or a specific plan such as the community health improvement plan.

Goals or Indicators: Performance indicators or goals summarize the focus (e.g., workforce capacity, customer service) of performance goals and measures, often used for communication purposes and preceding the development of specific measures.

Measures: Performance measures are quantitative measures of capacities, processes, or outcomes relevant to the assessment of a performance indicator (e.g., percentage of clients who rate health department services as "good" or "excellent").

Source: The source is the data source that will be used for the measure. The source might include a local database or a state or federal program database that can generate local data.

Hyperlinks or How to Calculate: Hyperlinks or report names/numbers are provided for data that can be found through state or national databases. Directions are provided for how to calculate measures that rely on local data.

Measurement Plan: The tracking tool documents which staff member or staff position is responsible for the measurement and how often the measure would be reviewed. Most measures are reviewed quarterly, bi-annually or annually.

Targets: Performance targets set specific and measurable goals related to agency or system performance. Where a relevant performance standard is available, the target may be the same as, exceed, or be an intermediate step toward that standard.

Historical Measures: Data from local and state sources were reviewed and documented in the tracking tool as available to inform local targets for the performance measures.

Benchmarks: Performance benchmarks are typically national or state measures toward improving public health or public health infrastructure. Examples of performance benchmarks can be found in *Healthy People 2020*, *Community Health Status Indicators*, and other national and state documents that define desirable outcomes.

Quality Improvement Triggers: The quality improvement triggers are levels defined by staff and management where performance falls below acceptable levels.

Scorecard: A performance management system scorecard is the concise organizing framework for what is being monitored and how it is measured. It is included in the Performance Management Tracking Tool. The scorecard looks at performance in relationship to achieving performance measures (Green), within an acceptable

range and making progress toward achieving the measure (Yellow) and when quality improvement is needed (Red).

Balanced Scorecard: A balanced scorecard incorporates process and results-oriented measures and includes community and program initiative measures and strategic initiatives around public health infrastructure, business processes, customer satisfaction, resource allocation and workforce development.

Dashboard: A dashboard is the performance management scorecard with a real-time interface, often web-based, that shows current status and historical trends. It is a live progress report that is linked to a database that allows constant updating.

Community Health Improvement Planning: A community health improvement planning process includes an assessment of priority public health issues and the development of and implementation of strategies to improve the public's health through a collaborative process with community partners and stakeholders.

Strategic Plan: A strategic planning process includes an assessment of the current environment that the public health department operates in and documents a vision for the future, mission, strengths, weaknesses and organization goals, strategies, objectives and new initiatives. A strategic plan is developed with health department staff and managers, key government employees, elected officials and community partners and stakeholders.

Program Planning/Evaluation: Annual planning and evaluation is conducted for program areas within the health department. This process provides valuable information for decision-making and quality improvement. Program outcomes, either defined locally or through state and federal grants, inform how performance is assessed in specific public health program areas.

PERFORMANCE MANAGEMENT PLANNING PROCESS

Performance management planning was conducted with public health management and staff over a 5-month period from April – September 2014 with the help of the Northwoods Collaborative and a CDC Infrastructure Grant. Examples of public health performance management tracking tools were reviewed. A template tool developed by the Northwoods Collaborative in the last year was adapted for use.

The Sawyer County Performance Management Tracking Tool was organized by key programmatic areas within our public health office. State and local data was utilized in the development of the public health performance management tracking tool.

Key documents were reviewed, including the community health improvement plan, strategic plan, past quality improvement projects and the annual report.

	Time Cycle	What It Addresses
Annual Report	Done annually	Program progress, budget reporting, staffing and other administrative reporting
Community Health Improvement Plan	A 3 year plan in collaboration with local hospital	A 5-year plan for addressing priority community health issues done in collaboration with community partners and stakeholders
Strategic Plan	Planned for 2014	The department's vision, mission, strengths, weaknesses, organization goals, objectives, strategies, and new initiatives

Quality Improvement Plan	Quality Improvement Plan: Monthly Committee meetings and annual review.	Establishes policies and procedures for quality improvement (QI) activities within the department including evaluating and improving the quality of programs, processes, and services to achieve a high level of efficiency and effectiveness and to ensure its long-term success
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Budgets were reviewed to assess where public health has greater financial and staff investments. Consideration was also given to where public health has control and the best possible ability to impact performance outcomes in program areas.

Key performance management indicators were developed using local, state and national data. We looked to past local data as well as state data sets and Healthy People 2020 to set local performance targets based on state and national benchmarks.

Staff provided input on the measures, how often to review them and trigger levels for quality improvement. Local data collection tools were developed as needed.

Quality improvement processes are triggered when program and other departmental outcomes and outputs are not achieved. Consideration was given to quality improvement triggers that are realistic for the size of the program and health department.

Staff and management provided input on a scorecard that would be shared internally and with the board of health, county board and public.

Some measures were important to the health officers and staff but were long-term measures that relate to priority areas for the department and community partners. Those measures, which are often hard to impact in just one year, were moved to the Annual Health Status Tracking section of the tracking tool.

Training was provided by Northwoods Collaborative staff on how to use the performance management tracking tool.

INSTITUTIONALIZING THE PERFORMANCE MANAGEMENT PROCESS

Oversight

Oversight for the performance management system will be by the Eileen Simak, Health Officer. Staff members are designated in the plan for review of specific measures in their area of program expertise.

Review Cycle

Performance management will be a standing agenda item for monthly all staff meetings. Measures will be reported and discussed at least annually and some measures will be reported monthly or quarterly per the performance management tracking tool.

Reporting to Elected Officials, Stakeholders and the Public

The performance management tracking tool scorecard will be reported in the Sawyer County Public Health Annual Report, on the agency website, to the Board of Health and Human Services, and to the Sawyer County Public Health Quality Improvement Steering Committee, once per year.

Training

New public health office staff will be oriented by the Health Officer to the performance management system, the performance management tracking tool and the measures and data collection specific to their program area.

Any new health officer or management/supervisory personnel will receive training in the development and management of a performance management system and mentoring in the performance management tracking tool. Possible training methods might include mentoring by another health officer, DOH regional staff and meetings/training.

QUALITY IMPROVEMENT PROCESS AND PLAN

Quality improvement is a key component of the performance management system. The purpose of the quality improvement process is to evaluate and improve the quality of programs, processes, and services to achieve and maintain a high level of efficiency and effectiveness and ensure the department's long-term success. A quality improvement project is conducted when achievement toward a measure is below acceptable levels of performance.

Sawyer County Public Health's goal is to integrate quality improvement into the way the agency does business, across all programs and services. At this time Sawyer County does not have a strategic plan. However, this has been discussed by the Sawyer County Board of Supervisors as a priority item.

The Sawyer County Public Health Quality Improvement committee includes all public health staff and meets monthly at 2 pm on the 4th Tuesday of each month. Meetings are held in the Health and Human Services Conference Room. If staffing interferes with scheduling of the meeting, the health officer will reschedule and notify staff by email. An agenda is emailed to all public health staff prior to the meeting. Minutes are recorded by staff members with a plan of action summary. This is an opportunity for all public health to actively participate in the Performance Management process. The implementation and oversight of the quality improvement process will be the responsibility of the Health Officer who will designate a QI Team that will guide QI training, project development, and accessing tools and resources.

ATTACHMENTS

Quality Improvement Templates

Performance Management Tracking Tool and Scorecard

Sawyer County Public Health Quality Improvement Plan

Sawyer County Public Health Quality Improvement Meeting Minutes

Sawyer County Public Health Quality Improvement Meeting Agenda

Sawyer County Health Department - Health Status Monitoring

Area	Goal	Measure	Source	Calculation	Benchmark		2014				2015	
					%	Year	Q1	Q2	Q3	Q4	Q1	Q2
MCH	↓ Low Birth Weight - Singleton Birth	% of birth weights <2,500 grams	Public Health Profiles	http://www.dhs.wisconsin.gov/localdata/counties/wisconsin.htm	7.1%	2011						
MCH	↓ Very Low Birth Weight - Singleton Birth	% of birth weights <1500 grams	Public Health Profiles	http://www.dhs.wisconsin.gov/localdata/counties/wisconsin.htm	0.6%	2011						
Reproductive Health - Health Status Tracking	↓ Teen Birth Rate	Birth rate per 1,000 females age 15-19	Public Health Profiles	http://www.dhs.wisconsin.gov/localdata/counties/wisconsin.htm	47	2011						
MCH	↓ Premature Birth	Premature birth percent	County Environmental Health Profile	http://www.dhs.wisconsin.gov/epht/Profile.htm	7.8%	2010						
Mortality												
Health Status Monitoring	↓ YPLL from Accidents (Unintentional Injuries)	Years of potential life lost before age 75 per 100,000 population	DHS WISH - Select Mortality, Years of Potential Life Lost (rate per 100,000), Select All Causes of Death, Select Geographic Area, Select latest 3 years, Select All Age Groups, Gender & Race; Select Causes of Death for Row Variable	http://www.dhs.wisconsin.gov/wish/	912.1	2010-2012						
Health Status Monitoring	↓ YPLL from Suicide	Years of potential life lost before age 75 per 100,000 population	WISH - see above	http://www.dhs.wisconsin.gov/wish/	198.6	2010-2012						
Health Status Monitoring	↓ YPLL from Liver Disease	Years of potential life lost before age 75 per 100,000 population	WISH - see above	http://www.dhs.wisconsin.gov/wish/	364.4	2010-2012						
Health Behaviors												
Annual tracking	↓ Adult Excessive drinking	% of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average	County Health Rankings/BRFSS	http://www.countyhealthrankings.org/app/wisconsin/2013/measure/factors/49/description	22%	2005-2011						
Annual tracking	↓ Youth Alcohol Use	% of students who had at least one drink of alcohol on one or more of the past 30 days	YRBS - Hayward	http://sspw.dpi.wi.gov/files/sspw/pdf/yrebs11execsumm.pdf	21%	2011						
MJC Tobacco Coalition	↓ Adult Smoking	% adults self-reporting smoking > 100 cigarettes in their lifetime and currently smoking (every day or most days)	County Health Rankings/BRFSS	http://www.countyhealthrankings.org/app/wisconsin/2013/measure/factors/9/map	27%	2005-2011						
MJC Tobacco Coalition	↓ Smoking During Pregnancy	% of mothers who report smoking during pregnancy	County Health Rankings	http://www.countyhealthrankings.org/app/wisconsin/2013/measure/additional/10/data	30%	2007-2010						
MJC Tobacco Coalition	↓ Youth Tobacco Use	% of students who smoked cigarettes on one or more of the past 30 days	YRBS - Winter	http://sspw.dpi.wi.gov/files/sspw/pdf/yrebs11execsumm.pdf	26%	2011						
MJC Tobacco Coalition	↓ Youth Smokeless Tobacco Use	% of students who used chewing tobacco, snuff, or dip on one or more of the past 30 days	YRBS - Winter	http://sspw.dpi.wi.gov/files/sspw/pdf/yrebs11execsumm.pdf	20%	2011						
Social Determinants of Health												

