

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held virtually on Wednesday, June 24, 2020.

Present: Supervisor Brusky, Supervisor Borchardt, Supervisor Evans, Supervisor Jacobson, Supervisor Sieber
Also Present: Circuit Court Judge Donald Zuidmulder, Human Services Manager Mark VandenHoogen, Health and Human Services Director Erik Pritzl, ADRC Director Devon Christianson, Syble Hopp Administrator Kim Pahlow and Business Manager Carolyn Maricque, Public Health Officer Anna Destree, Finance Manager Eric Johnson, Nursing Home & Hospital Administrator Samantha Behling, Community Services Administrator Jenny Hoffman, Children Youth & Families Manager Kevin Brennan; other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chair Brusky at 5:30 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

III. Approve/Modify Minutes of May 27, 2020.

Motion made by Supervisor Evans, seconded by Supervisor Jacobson to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

Comments from the Public – None.

1. Review Minutes of:

a. Children with Disabilities Education Board (May 1, 2020).

Motion made by Supervisor Sieber, seconded by Supervisor Borchardt to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

b. Human Services Board (March 12, 2020).

Motion made by Supervisor Jacobson, seconded by Supervisor Borchardt to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

Treatment Courts

2. Treatment Court Update from Judge Zuidmulder.

Circuit Court Judge Donald Zuidmulder and Human Services Manager Mark VandenHoogen were present to provide an update regarding the Treatment Court Programs.

Zuidmulder informed he started the first Treatment Court back in 2009. They were one of the first Drug Courts in the state and now Treatment Courts were all over the state. Brown County had been particularly progressive because they had 5-Treatment Courts and they probably lead in the state in terms of the dimension and the breath of their Treatment Courts. He tried to appear at least twice and sometimes four times a year before those County Board committees had direct obligation to supervise and approve funding for the treatment courts. His position had always been that they were the leaders of the community and they had to prioritize how public dollars were spent and they had a right to know how programs were performing and evaluate them every year to make the decision they need to make.

Historical data was provided through a handout, which was provided and spoken to (attached).

Zuidmulder noted both the city and Brown County had changed their data collection systems so his prior reports would carry data that would show prior police contacts and prior calls to the residents of any participants and those numbers were kind of impressive however they don't get them now. His understanding was that these new software programs were being vetted and the agencies at this point were not sharing them because they were not completely sure as to their reliability.

Also, the active participants were partly reflective of the pandemic. As result of the pandemic they had been holding Zoom Treatment Courts. They had maintained their Case Managers and the programming as best as they could, virtual. He believed the courts could now optimally be operating at 90-125. His expectation was that the next time he met with the committee, these numbers will be close to 125.

The 81 terminations in the Drug Court was due to the length of the court and this was probably the hardest bunch of people they had in the community to be successful. Even though they had 163 terminations, at least 30% of those people contact the Treatment Courts afterwards, whether they had been to the prison or jail, and have said, while they were terminated, their time in the Treatment Courts was in fact beneficial and they valued the time they were in the Treatment Courts. Most were apologetic about how they failed. He felt that even though these were terminations, to some extent they benefitted from the programming they had.

Lastly, Zuidmulder shared a very impressive form filled out by a young woman. She set forth a journey that was exactly what they tried to do for all their mental health people. She talked about how it has transformed her and made her a stable member of our community (attached).

Responding to Evans, Zuidmulder will be back to the office July 10th, the courthouse was opening the 6th. They had 8,000 masks and a single entry point so he's expecting the direct contact. He believed Zoom basically allowed them to stay alive. It was not as effective as face to face. He believed it was the personal contact with the Judge and participants that was the real glue that made it work.

Human Services Manager Mark VandenHoogen informed there should be no additional budget requests from his division for this budget year.

Health and Human Service Director Erik Pritzl wanted to give credit to Judge Zuidmulder as well as to all the Judges. This workload went on top of other workloads. He basically carved out time to make it work and his commitment as well as the other Treatment Court Judges made it a success. Without Zuidmulder they couldn't do this. Pritzl thanked him for his time and commitment to people with mental health issues, substance use issues and veterans, etc. He was taking on a big workload with all that he did. Brusky felt they should shout from the rooftops how wonderful this was and the people involved.

Communications

3. **Communication from former Supervisor Tran re: Resolution to Provide Emergency Funding to Combat COVID-19 in Brown County. *Motion at May meeting: To provide \$50,000 to Howe Community Resource Center to be used for COVID-19; of that \$50,000, use up to 4% for administrative fee; and have Howe Resource Center provide where those funds have been utilized.***

Evans informed this was approved last month and was approved at the board under their minutes. Corporation Counsel was disputing that and Evans was in a debate with him on certain statutes, so he asked to hold for a month.

Note, this item was placed back on the agenda as the resolution had not yet been completed for approval.

Motion made by Supervisor Evans, seconded by Supervisor Borchardt to hold for one month. Vote taken. MOTION CARRIED UNANIMOUSLY.

Wind Turbine Update

4. Receive new information – Standing Item.

Aging & Disability Resource Center

5. Director's Report.
 - a. COVID-19 Update.

ADRC Director Devon Christianson informed that since their May meeting, their volume of contacts had continued to escalate. It was a good thing because they want to make sure people know they are open and available to them. They had done a lot of public communication. A lot of their staff was still remoteing, she thanked the Brown County IT Department, they had been amazing helping with the IT Communicator on their computers so they can take live calls and video conferencing with customers if that's their preference. The one thing they hadn't done was open their doors. They were in the process of looking at working with their board about what criteria they want to use in terms of when they would start to see people face to face. DHS put out some new available data that will guide them through some of that decision making. She also had a meeting with Public Health next week to make sure they were doing this in a really safe way. Last week on their state call, announced by the demographers, that 87% of the deaths from COVID were 60 or older and had chronic conditions. That statistic keeps rising and they had an incredible responsibility to make sure they were doing this in a safe way and they were rounding the corner to that place.

Christianson informed they put together a video for their website so people can experience what it's going to look like when they walk into their building:

<https://www.youtube.com/watch?v=qCsaXXjA6zY&feature=youtu.be>

Syble Hopp

6. Resolution Approving Tentative Levy for Syble Hopp School (Children with Disabilities Education Board – CDEB) Budget for Fiscal Year July 1, 2020 to June 30, 2021.

Syble Hopp Administrator Kim Pahlow and Business Manager Carolyn Maricque were present to speak to the annual budget. Pahlow thanked the committee for their support in last year's budget and reminded them of some of the initiatives they worked on diligently and noted they made good progress. Their strategic planning was taking a little longer than they had hoped but they did complete their parent and staff surveys that they were using to develop that plan. They also completed a facility efficiency assessment of their building, how their spaces do or do not meet their programs as well as some of the safety things they had concerns about regarding pickup, drop off and transportation. They continue to look at their curriculum adoption this year and figure out technology resources and other resources they need to go with that. They also had an initiative to continue to work on more focused behavior intervention and mental health. For their final initiative last year, their safety and security, they completely replaced their PA system so they can communicate with their classrooms if there was an emergency.

Pahlow stated for this year they were working really hard to be fiscally responsible and knew this would be a difficult time due to the COVID pandemic. Their budget looked the same as far as dollars, a little increase here and there. Maricque briefly explained some of their main differences. Overall their goal was to continue to look at their curriculum and programming and keep their students safe.

**Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY.**

7. Director's Report.
 - a. COVID-19 Update.

Pahlow informed they were in a better place than last month. It was their full intent to open in the fall with an in-person option for their families, with social distancing, the use of PPE for their staff, details they were still working on. In addition, their families will have the option to attend virtually. They were spending a lot of time trying to determine what that will look like and how to do it. They will be making calls to parents in early July to give them their plan. They had a bus company meeting today. Their PPE

was coming in at a nice pace. They need to keep talking about things like visitors to their building, etc.

Responding to Brusky, the DPI put out the 90-page guidance, it was good but told them the same things they heard all along. The samples provided didn't pertain to them, she's not sure it would work for their students and families. The best guidance was from the Brown County and De Pere Health Departments.

Veterans

8. Director's Report.
 - a. COVID-19 Update. No report.

Health & Human Services Department

9. Executive Director's Report.

Director Pritzl provided some updates from his Director's Report. He noted the Crisis Assessment Center work was being pushed back an additional week and they won't see completion of construction with move-in dates until March 2021.

Family Recovery Court - They had two families and now they had three.

The reopening plan for their department, the timeline was also pushed out. They won't be open to the public until July 6th. They did that to make sure they had all the necessary environmental controls as well as sanitizing and cleaning supplies. They were also looking at some staff changes to support it. They were still going to stress by appointment only services and schedule and screen as much as possible.

They had so much virtual work occurring and it had been very successful so they don't want to lose some of those things that had worked for their consumers and have helped keep people safe and healthy.

Another thing he wanted to highlight, the CTC had made a number of changes with infection control, environmental controls, and administrative controls. They have had some staff that had tested positive, they had no residents test positive. They had testing campaigns supported by the Department of Health Services and were on their second round of testing for staff, completed today. The staff that they initially saw that came back positive, they were asymptomatic staff who were tested outside of their work testing campaign so they were able to work with Public Health and provide isolation and quarantine guidance to them and cover the staff issues. They were also dealing with some staff shortages because newer situations coming forward, making sure they were using exclusion from work to keep people safe.

- a. COVID-19 Update.

Pritzl informed there was a comprehensive list of all the things they have done (attached). Community Services Administrator Jenny Hoffman briefly spoke to, and highlighted, items from the report.

Hoffman noted that they attended weekly State meetings and webinars to gather updates and new information in the areas of Child Welfare, Economic Support, Comprehensive Community Services, Adult Protective Services, Children's Long Term Services, Birth to Three Services, and Outpatient Services. She wanted to acknowledge and thank managers and supervisors for all their work with the changes the state was coming out with. Destree echoed Hoffman and stated Public Health could not have done it without those assisting. It was an understatement of what they've done and it was truly appreciated.

Public Health Officer Anna Destree provided an update and some data on the Public Health side. She informed COVID wasn't over, and they wanted to get that message across. If you go out at any time, there was risk of contracting COVID. They restructured again; Brown, De Pere and Oneida were all running their own incidents and jurisdictions at this point but they still talk and will be doing a press release together in the near future. Their goals continue to be to stop or reduce the spread of COVID-19 in Brown County and to safely reopen through the use of proactive prevention efforts. They were putting together a FAQ section on their website to cover any questions that come their way for media, constituents, etc. for full transparency. It took that away from their intake and staff, so they can do other things.

Responding to Jacobson, Destree informed that once they learn of possible events their facility outreach group will reach out to the organizer and talk through it with them and provide recommendations. Whether there were mitigation strategies they could put in place, 6' distancing measures they could do, masking, etc. The ultimate recommendation was that they don't do those things but they knew life had to go on so they will communicate how to do it safely in their opinion.

Brusky questioned Destree's recommendation with regard to virtual meetings. Destree stated the ultimate recommendation was to do virtual meetings if they can. If there were times they can't, make sure to do social distancing measures, masking, hand sanitizer in place, etc. If it can be achieved virtually, that was the most optimal thing to do at this time. Brusky thanked her for that affirmation.

Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to receive and place on file.

Vote taken. MOTION CARRIED UNANIMOUSLY.

10. Resolution Regarding Table of Organization Change for the Health and Human Services Department – Community Services Division – Social Worker/Case Manager.

The department is requesting changes to the Table of Organization to support the addition of a Children's Long-Term Support (CLTS) Case Manager within Health and Human Services. The addition of this position is necessary to provide services to clients mandated to be served that are coming off a waitlist established by Department of Health services requirements. This position was not sought earlier as we needed to wait to ascertain what funds are being made available through DHS. There are sufficient monies allocated to Brown County DHHS to offset the costs of the position, the funding being part of administrative costs associated with the program.

Pritzl added they had a local waitlist for children's long-term support, children that need a functional eligibility criteria through a disability. The state had an initiative that had been going on for a few years now to reduce the waitlist to zero. They do get there sometimes but then a waitlist develops because of capacity issues.

Motion made by Supervisor Evans, seconded by Supervisor Sieber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

11. Resolution Regarding Table of Organization Change for the Health and Human Services Department – Community Services Division – Behavioral Health Supervisor.

The Comprehensive Community Services Program provides psychosocial rehabilitation services to children, youth and adults. Program demands and growth in the number of clients requiring services necessitates the addition of a Children's CCS Supervisor to coordinate care for children via the Sophie Beaumont location. Aside from coordinating the care of children and youth, there is also a need for oversight of children's services provided by contracted agencies engaged to provide CCS services.

Motion made by Supervisor Sieber, seconded by Supervisor Borchardt to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

12. Financial Report for Community Treatment Center and Community Services.

Finance Manager Eric Johnson was present to speak to this item.

Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY.

13. Statistical Reports.

a) Monthly CTC Data.

- i. Bay Haven Crisis Diversion.**
- ii. Nicolet Psychiatric Center.**
- iii. Bayshore Village (Nursing Home).**
- iv. CTC Double Shifts.**

Motion made by Supervisor Evans, seconded by Supervisor Sieber to suspend the rules to take Items 13a-c. Vote taken. MOTION CARRIED UNANIMOUSLY.

- b) **Child Protective Services – Child Abuse/Neglect Report**
- c) **Monthly Contract Update.**

Motion made by Supervisor Evans, seconded by Supervisor Sieber to receive and place on file Items 13a-c. Vote taken. MOTION CARRIED UNANIMOUSLY.

- d) **Request for New Non-Contracted and Contracted Providers.**

Responding to Borchardt, Pritzl didn't believe these services would be attached specifically to COVID-19. Typically in summer they would see service needs come forward. These would be providers that at the beginning of the year they didn't have a contract in place and as they had new children/families being served they would have to adapt to specific service providers for them and then they do the not to exceed amounts.

Motion made by Supervisor Sieber, seconded by Supervisor Evans to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

Other

- 14. **Audit of bills.**

Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to acknowledge receipt of the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

- 15. **Such other Matters as Authorized by Law.**

Brusky informed the Wisconsin Counties Association Board of Director's Chair had sent her a letter that she had been appointed to the 2020-2022 WCA Health and Human Services Steering Commission that she applied for. She's on the Judicial and Public Safety Steering Committee and she found them to be very informative and helpful. She hopes to represent Brown County well.

- 16. **Adjourn.**

Motion made by Supervisor Borchardt, seconded by Supervisor Sieber to adjourn at 7:08 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Alicia A. Loehlein
Administrative Coordinator



Phone (920) 391-4866

**** Due to changes in software and current events some of the data previously reported is unable to be updated at this time****

HISTORICAL DATA AMONG TREATMENT COURT PROGRAMS

	Total Participants	Active Participants	Pending Sentencing	Referral List	Graduations/Max Benefits	Terminations
Heroin Court	94	19	2	2	36 (2 in aftercare)	39
Mental Health Court	75	15	2	6	38	22
OWI Court	25	23	3	3	0 (6 in aftercare)	2
Veterans Court	99	11	2	2	69	19
Drug Court	153	19	1	5	53 (2 in aftercare)	81
Family Recovery Court	3	3	NA	0	0	0
Totals	449	90	10	16	196	163

HISTORICAL DATA FOR PRE-CHARGE DIVERSION PROGRAM

	Total Participants	Active Participants	Referral List	Graduations/Completions
Pre-Charge Diversion	365	55	From DA's Office	258

RECIDIVISM AMONG THE TREATMENT COURTS

	Recidivism Year 1	Recidivism Year 2	Recidivism Year 5
Heroin Court	11	7	4
Mental Health Court	2	2	4
OWI Court	0	0	0
Veterans Court	3	9	3
Drug Court	23	21	26

Recidivist Events	39	39	37
Recidivism Rate	10.86%	21.72%	32.12%

* Studies show an average of 35%-68% recidivist events within first 3 years of traditional methods*

** Recidivist Event is any new Criminal Conviction**

*** Each recidivist event carries on through duration of tracking (Ex. Recidivist event in Year 1 will show for each reporting period going forward**



Each Treatment Court has phases that require participants to complete a “Phase Up Packet”. Attached below is a recent submission by a participant in MHC.

Mental Health Court
Request for Phase Advancement
**** Current MHC Participant****

1. What was your situation when you started the Mental Health Court?

I was unstable on my medications, and barely handling my mental health issues appropriately. I went thru a lot of depression, and had issues opening up to my help (support; therapist; etc.) I was new to recovery, and new to learning how to live sober. I spent the first month or so “white knuckling it”. Even though I was going to meetings, i was not applying myself to it fully. My medications were not helping with sleep and anxiety when I first got out of jail. I had only been on 3/6 I was supposed to take while I was incarcerated. My impulsive behaviors (therapy interfering behaviors) were still really difficult for me to control (deal with). In a social setting, I was not doing healthy communicating and was struggling to control impulses with men. I was sober, but I was not stable.

2. What has changed for you since you started Mental Health Court (include goals with examples)?

-Since mental health court, I have been given the opportunity to refresh my memory with DBT group. Relearning skills and techniques and applying them instead of giving into my emotions. The more ive used DBT in my life, the more those difficult impulsive behaviors have been easier to fight. I still struggle, at times, but now that those skills are in the front of my mind, I use them FIRST before I give into unhealthy behavior. Now, I am also learning to try several different skills when I feel those urges come on. I do not stop at trying just one. I am able to fight my impulsivity MUCH more now. As a result of this I am doing healthier decision making, I do not take part in decisions that will cause regret later, and I have also developed a new perspective on my disorder that is helping me to not give in, until I have put up a good fight with DBT skills and meditations.

- When it comes to sobriety, in the beginning of court, I promised myself one thing. No matter what happened, if I “fell down” (relapse) I would get RIGHT back up and keep fighting. I had a relapse last fall and was sent to treatment. At treatment I learned all the skills I was lacking when it comes to my addiction. I was taught how to be vulnerable and open up to people who want to help me. I got used to keeping myself accountable at treatment as well. All these skills I have brought back from treatment I am still using to the fullest. Treatment was one of the BEST decisions Ive ever made. Being there taught me so much strength that I seriously needed.

On returning home, I promised myself to throw myself into these HA meetings, redo the steps thoroughly, take aftercare seriously and be active with a sponsor. I have done all of these things and I have had little to NO desire to use. I have been able to be triggered and not react impulsively. Instead I have used music meditation and imagery to calm my senses, and when that’s done I am typically able to make the decision to not react (violently or using). Aftercare was also helpful with me doing a timeline that helped me write my story, and most recently sharing that with my community. Being able to see the prospective of other addicts, I learned to use my voice. I no longer feel shame in telling my story, I feel I am helping someone out there to not feel alone or relate. That, too, I feel aftercare was helpful with.

As for medications, I feel stable on the ones I am taking. I struggle with sleep but I am learning to do relaxation before bed to help my anxiety and help me sleep.

Another goal I have accomplished is being honest and not hiding things from my support system. Learning that my mental health court team is only there to HELP me and to reach out to them more has been huge in my life since I returned from treatment. I was not doing that in the beginning, and that caused me so many problems. I am capable of reaching out for help, telling bobbie jo when somethings happened or is wrong right away. I know ive accomplished this goal because I do this everytime im struggling now no matter what it is. By doing this, it has helped me get through some tough times and not feel alone.

3. Tell us what is helping you to succeed (i.e. medication, treatment, support)?

Treatment- helped me open up, hold myself accountable, allow myself to be vulnerable and honest with everyone in my life. It helped me see the bright side of recovery. Which I had not seen at all until I learned all the tools I learned at Casa Clare.

Medication- being stable on my meds has helped the chaos to go down (in my mind) so that I am more successful at using skills in my life and being successful.

HA Meetings- help me to maintain sobriety, has given me a circle of friends that I can relate with, and shown me that I am not alone.

DBT Groups- have helped me remember the skills ive learned so I can approach my mental health issues head on, and be successful. It also helps in a group setting to not feel alone

Help From my case worker and PO- by being there for me it has helped me to reach out to them when things are out of my control and help me solve issues I cannot face on my own.

4. Where do you want to be, or what do you want to achieve when you complete the next program phase?

I feel like phase 2 was a big learning experience, and during that phase I saw the outcome of applying what I have learned. In the next phase I want to be in a place just like I am in right now, where I am still sober, still using all the tools & skills in daily life, and staying stable on meds. but In addition to maintaining where I am at right now, I would like to learn more about self care, and sharing what I have learned with other people in the process. That is what makes me happy and live healthy. I want to see myself keep going and grow even more in the next phase.



Community Services Division - COVID-19 Summary

The Community Services Division is comprised of the following program areas:

- Behavioral Health Services
- Children, Youth, and Families
- Criminal Justice Services
- Economic Support Services
- Contracts and Provider Relations

The Community Services Division developed many processes and procedural changes, and shifted service delivery in the past several months to adapt to the onset of COVID 19. A summary of the actions taken are listed below, although not all inclusive.

General Administrative Controls

These include operational changes related to policies and procedures under the guidance of Department of Health Services, Department of Children and Families, the Centers for Disease Control and Prevention or local direction.

- Completed appropriate paperwork and transitioned all eligible staff out of the office to telework.
- Developed protocols for expectations of telework in each program area.
- Coordinated with Human Resources each time an exposure of COVID 19 is suspected, or travel restrictions affecting employees became known and needed an administrative response as to whether an employee works at home and self isolates/quarantines or not.
- Obtained cell phones, computer equipment, head sets, scanners, etc. for numerous staff to ensure they had the equipment needed to work in a virtual environment.
- Transitioned to virtual staff meetings, established daily and/or weekly check-ins with staff, and supported staff through virtual supervision via videoconferencing and/or phone check ins.
- Held collaborative meetings with community partners to discuss COVID changes/updates.
- Attended weekly State meetings & webinars to gather updates and new information in the areas of Child Welfare, Economic Support, Comprehensive Community Services, Adult Protective Services, Children's Long Term Services, Birth to Three Services, and Outpatient Services.
- Attended county regional meetings and statewide Wisconsin County Human Services Association meetings to better understand what other counties were doing in terms of service provision, staffing, handling in-person contacts, accessing and using PPE, billing for virtual services, and numerous other topics.
- Maintained communications with stakeholders and contracted providers.

- Surveyed and virtually met with top providers of youth group services to strategize safety precautions for this specific service.
- Implemented a specialized foster care support agreement with a local home health agency.
- Worked with Technology Services and developed protocols to re-route phone calls in the event of an increased number of incoming calls giving building closure.
- Developed internal processes for mail handling.
- Developed return to work plan that identified procedures for bringing staff back to the office setting and safely reopening HHS buildings to the public.

Environmental Controls

These include changes made to the physical environment for increased infection control or prevention.

- The Sophie Beaumont Building was closed to general public access and services went to virtual or by appointment only.
- Developed internal protocols for disinfecting high-touch areas.
- Created and posted signage regarding changes in building accessibility and COVID 19 protocols.
- Acquired and disbursed PPE, hand sanitizer and alcohol wipes to staff and in common areas.
- Worked with Public Works to have modifications made to the county vehicles to ensure worker safety.
- Revised transportation procedures with case management staff to limit COVID 19 exposure. Provided instructions on cleaning vehicles after each client transport.
- Created on-site screening protocols and secured supplies for daily screenings.
- Created employee sign-in logs for employee screenings.
- Displayed COVID 19 prevention measure notices throughout the Outpatient Clinic.
- Coordinated screening and pre-screening of clients being seen in person at the Outpatient Clinic as an infection control measure.

Additional highlights

Child Protection and Youth Justice

- Formulated family interaction plans to ensure children continued contact with family members while in out of home placements.
- Facilitated virtual treatment and services.
- Coordinated virtual family interactions.
- Adjusted and streamlined approval processes and e-filing of court documentation.
- Incorporated various virtual platforms for communication for a variety of different individuals, assisted in downloading and set up of these various platforms to allow for face to face communication between families, between workers, and out of home care providers.
- Accommodated the educational needs of children through creative means, through connecting with Out of Home Care providers and families.
- Adapted to changes in court proceedings and appearances.
- Met with school social workers via videoconference on two occasions and discussed the importance of making CPS referrals when abuse or neglect is suspected.

- Created and posted a video on social media to make the public aware that during the safer at home order Child Protective Services staff are still working, taking reports, and assessing safety.
- Completed an interview with WBAY that was aired on 4/14 which discussed child abuse prevention during the pandemic.

Shelter Care

- Developed policies to ensure the safety of staff and youth:
 - reduced the number of youth served at one time from 18 to 9
 - stopped accepting out of county youth
 - increased sanitizing/cleaning schedule
 - take youth and staff temperatures every day
 - suspended offsite visits and passes for youth
 - suspended on site visits with family
- Increased the use of technology (iPads) for face time and zoom meetings with case workers and family.
- Set up an isolation/containment area in the event a youth is positive for COVID-19.

Foster Care

- Developed protocols for providing additional support to foster homes and placements.
- Developed guidance for foster parents around virtual visitation followed by guidance for reinstating in-person visitation.
- Developed an agreement with a home health care agency to provide ongoing emergency and ongoing support for placements with symptoms/exposure to COVID-19.
- Provided regular communication to foster homes via the foster parent list serve regarding COVID-19 updates/communication.
- Developed and executed ways to recruit for additional options for placement providers during COVID-19 crisis.
- Made adjustments to foster care rates to reimburse foster parents for additional care, supplies, and supervision during COVID-19 crisis.
- Coordinated and facilitated foster care information sessions for prospective foster parents via Teams.
- Coordinated a drive by graduation to support foster youth graduating from high school.

Child and Adolescent Behavioral Health Unit

- Adapted mental health services to be provided through telehealth. This included therapy, medication management, psychological testing, case management, and Coordinated Services Teams.
- Developed procedures for getting opening paperwork or other forms signed through mail or electronic signatures.
- Collaborated with hospitals, crisis services, and corporation counsel on changes needed to the Chapter 51 court process in order to hold hearings virtually.
- Worked with contracted providers to adapt interventions and goals for telehealth when feasible, and to assess when in-person services were necessary to meet needs.

Volunteer Services/Family Support Services

- All visitation at the Family Center stopped when the Safer at Home order was put into place and visitation went to a virtual model. As of June 1st the family center reopened and face to face visits resumed in a limited capacity.

- Worked with community resources such as Paul's Pantry and Foster the Village to assist families with necessary supplies such as food or clothing.
- Developed a plan to allow for safe face to face interactions between children and their parents.
- Consulted with Public Health as to safe methods to allow families to spend time together in a reasonably safe manner.
- Successfully applied for a grant through the Packer Foundation to support families with COVID related needs.

Criminal Justice Services

- Adjusted work requirements of program area to free up the equivalent of 2 ½ staff to assist with Public Health needs.
- Obtained cell phones for Report Center staff to maintain contact with individuals involved in the pretrial phase of the Court process.
- Worked with the Circuit Courts to maintain and implement procedures that would allow ongoing Court sessions.
- Communicated with stakeholders of the Criminal Justice system of the changes that CJS implemented to ensure clear communication.

Economic Support

- Communicated and trained staff on temporary policies for administration of public assistance programs.
- Adjusted all processes for all programs to maintain accessibility to programs in absence on in-person interactions.
- Developed no-contact process for site visits surrounding in-home child care certified providers.
- Developed no-contact process for consumer pickup of mail and quest cards.
- Held ongoing discussions with DHS regarding workload.

Systems Analyst

- Attended 2x daily TS staff meetings to connect with rapid work-at-home deployments and all county TS issues.
- Reviewed TS work orders daily in search of any Health, Human Services or EOC requests as due to ability to assist with and other efforts to divert some typical help-desk tasks to me.
- Provided individual training and support for SharePoint team users (as this tech had been rapidly deployed without prior opportunity for training) as well as MS Teams training, support and documentation.
- Built and deployed modeled form and supporting widgets in Avatar for COVID19 symptom screener (used at CTC).
- Provided other support/options research for CIQS ad-hoc locations (wi-fi, scanning, etc).
- Researched contact tracing software options for Public Health.

Behavioral Health/Adult Protective Services and Birth to 3/Children's Long Term Services

- Reviewed and kept up with the numerous procedural changes effecting billing practices and coding with Telehealth for CCS (DHS 36), CSP (DHS 63), Outpatient clinic (DHS 35) and AODA (DHS 75).

- Updated informed consent procedures for telehealth and consent for treatment/consent for medication use.
- Revised injection clinic process, with injection provided in a more remote within clinic location to minimize staff and other client potential exposure to COVID 19.
- Revised medication consents and client consent for treatment forms and procedures.
- Reviewed processes with provider agencies the HSD contracts with to coordinate client care and sustain service access for existing and new clients.
- Revised emergency detention practices to align with telecourt and communication of these changes via supervisors to staff.
- Coordinated clinic communication with reception staff to manage clinic appointments, in-person to virtual and virtual to in-person where needed.
- Successfully secured grant funds to meet the needs of unserved community residents affected by COVID 19.
- Collaborated with other community agencies, including areas hospital systems and homeless shelters /others regarding emergency shelter needs of those who were homeless but where local homeless shelters were inaccessible due to COVID 19 circumstances.
- Participated in weekly teleconferences with local emergency departments, psychiatric hospitals, and crisis services providers to discuss COVID-19 admission, assessment, and on-unit infection control protocols.
- Created telehealth note templates in the electronic record, for improved clinical documentation and efficiency.
- Created a survey to assess telehealth accessibility and barriers for consumers across outpatient behavioral health programs.
- Managed Chapter 51 court hearings via Zoom, which produced multiple new challenges that were addressed and remedied.
- Attended telehealth training to ensure competent and safe delivery of services.

Additionally, over fifty staff in the Community Services Division supported the Public Health Division in Brown County's response to the pandemic in the following ways:

- Developed plans, policies and procedures for the implementation of community isolation and quarantine shelter sites (CIQS).
- Provided staff at the CIQS sites who provided case management services & wellness checks to individuals at these sites.
- Assisted with setup and maintenance of SharePoint sites for CIQS, Contact Investigations, and Unified Command.
- Worked with Wisconsin Humane Society on a temporary housing plan for pets of individuals quarantined away from home.
- Worked with Unified Command to contract for various CIQS and testing site services, and obtaining other needed services and supplies.

- Provided staff that purchased and delivered supplies to testing sites, EOC, and CIQS sites; and paid invoices for these purchases.
- Provided staff that served as the Emergency Support Function (ESF) 6 representative in the Emergency Operations Center and carrying out assigned tasks.
- Assisted in contact tracing and investigation efforts.
- Provided bilingual staff to assist in contact tracing and answering phone calls from the public.

While these staff assisted in the response, staff in their respective units stepped up and assumed the workload of their coworkers so that services to the public could continue at appropriate levels. I am proud of the teamwork and collaboration that occurred within the Community Services Division and with our partners in the Public Health Division.

Respectfully submitted on 6/15/2020 by: *Jenny Hoffman, Community Services Administrator*