

**LINCOLN COUNTY  
SOCIAL SERVICES COMMITTEE**  
WEDNESDAY March 11th, 2020 10:30 a.m.

SERVICE CENTER  
801 N. SALES STREET  
ROOM 247/248  
MERRILL, WI 54452

**AGENDA**

1. Meeting Called to Order
2. Approve Minutes of February 12<sup>th</sup> , 2020 meeting
3. Financial Report
  - a. 2019 to date
  - b. 2020 to date
4. Director's Report
5. Director Time Sheets for period 01/27/2020 – 03/08/2020 & February reimbursement
6. Update regarding the USDA Rule
7. Update regarding the Department of Safety and Professional Licensing, Social Worker Requirements
8. Update regarding the proposed transfer of Adult Protective Services to the ADRC
9. Future Agenda – CAN Partnership presentation scheduled for 4/8/20 meeting; WIOA; YJCC report
10. Next Meeting Date(s) – April 8th , 10:30a.m Service Center Room 247/248
11. Adjourn

**DISTRIBUTION:**

**Social Services Committee Members:**

Paul Gilk  
Jeremy Ratliff  
Greta Rusch  
Dora Gorski  
Corey Nowak

Administrative Coordinator – Jason Hake

Other County Board Supervisors

Department Heads

Tonja Fischer, Dept. Children and Families

Gail Chapman, Dept. Health Services

Sarah Brandner

News Media – Notified on \_\_\_\_\_ at \_\_\_\_\_ .m. by \_\_\_\_\_

Bulletin Boards:

Service Center – Posted on \_\_\_\_\_ at \_\_\_\_\_ .m. by \_\_\_\_\_

**While there may be a quorum of the Personnel Committee present, no Personnel Committee business will be conducted at this meeting.**

**Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of this meeting. You may contact the County Clerk at 715.539.1019. Please do so as early as possible so that proper arrangements can be made. Requests are kept confidential.**

#### GENERAL REQUIREMENTS:

1. Must be held in a location which is reasonably accessible to the public.
2. Must be open to all members of the public unless the law specifically provides otherwise.

#### NOTICE REQUIREMENTS:

1. In addition to any requirements set forth below, notice must also be in compliance with any other specific statute.
2. Chief presiding officer or his/her designee must give notice to the official newspaper and to any members of the news media likely to give notice to the public.

#### MANNER OF NOTICE:

Date, time, place, and subject matter, including subject matter to be considered in a closed session, must be provided in a manner and form reasonably likely to give notice to the public.

#### TIME FOR NOTICE:

1. Normally, a minimum of 24 hours prior to the commencement of the meeting.
2. No less than 2 hours prior to the meeting if the presiding officer establishes there is a good cause that such notice is impossible or impractical.

#### EXEMPTIONS FOR COMMITTEES AND SUB-UNITS:

Legally constituted sub-units of a parent governmental body may conduct a meeting during the recess or immediately after the lawful meeting to act or deliberate upon a subject which was the subject of the meeting, provided the presiding officer publicly announces the time, place, and subject matter of the sub-unit meeting in advance of the meeting of the parent governmental body.

#### PROCEDURE FOR GOING INTO CLOSED SESSION:

1. Motion must be made, seconded, and carried by roll call majority vote and recorded in the minutes.
2. If motion is carried, chief presiding officer must advise those attending the meeting of the nature of the business to be conducted in the closed session, and the specific statutory exemption under which the closed session is authorized.

#### STATUTORY EXEMPTIONS UNDER WHICH CLOSED SESSIONS ARE PERMITTED:

1. Deliberation of judicial or quasi-judicial matters. Sec. 19.85(1)(a)
2. Considering dismissal, demotion, or discipline of any public employee or the investigation of charges against such person and the taking of formal action on any such matter; provided that the person is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action is taken. The person under consideration must be advised of his/her right that the evidentiary hearing be held in open session and the notice of the meeting must state the same. Sec. 19.85(1)(b).
3. Considering employment, promotion, compensation, or performance evaluation data of any public employee. Sec. 19.85(1)(c).
4. Considering strategy for crime detection or prevention. Sec. 19.85(1)(d).
5. Deliberating or negotiating the purchase of public properties, the investing of public funds, or conducting other specified public business whenever competitive or bargaining reasons require a closed session. Sec. 19.85(1)(e).
6. Considering financial, medical, social, or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of specific charges, which, if discussed in public would likely have an adverse effect on the reputation of the person referred to in such data. Sec. 19.85(1)(f).
7. Conferring with legal counsel concerning strategy to be adopted by the governmental body with respect to litigation in which it is or is likely to become involved. Sec. 19.85(1)(g).
8. Considering a request for advice from any applicable ethics board. Sec. 19.85(1)(h).

#### CLOSED SESSION RESTRICTIONS:

1. Must convene in open session before going into closed session.
2. May not convene in open session, then convene in closed session and thereafter reconvene in open session with twelve (12) hours unless proper notice of this sequence was given at the same time and in the same manner as the original open meeting.
3. Final approval or ratification of a collective bargaining agreement may not be given in closed session.

#### BALLOTS, VOTES, AND RECORDS:

1. Secret ballot is not permitted except for the election of officers of the body or unless otherwise permitted by specific statutes.
2. Except as permitted above, any member may require that the vote of each member be ascertained and recorded.
3. Motions and roll call votes must be preserved in the record and be available for public inspection.

#### USE OF RECORDING EQUIPMENT:

The meeting may be recorded, filmed, or photographed, provided that it does not interfere with the conduct of the meeting or the rights of the participants.

#### LEGAL INTERPRETATION:

1. The Wisconsin Attorney General will give advice concerning the applicability or clarification of the Open Meeting Law upon request.
2. The municipal attorney will give advice concerning the applicability or clarification of the Open Meeting Law upon request.

#### PENALTY:

Upon conviction, any member of a governmental body who knowingly attends a meeting held in violation of Subchapter IV, Chapter 19, Wisconsin Statutes, or who otherwise violates the said law shall be subject to forfeiture of not less than \$25.00 nor more than \$300.00 for each violation.

Meeting Minutes of  
LINCOLN COUNTY SOCIAL SERVICES COMMITTEE  
Wednesday February 12<sup>th</sup>, 2020 10:30a.m.

SERVICE CENTER

PRESENT: Paul Gilk, Dora Gorski Greta Rusch, Corey Nowak, Jeremy Ratliff,

ABSENT:

OTHERS PRESENT: Renee Krueger

1. Meeting Called to Order by Gilk at 10:32a.m.
2. Approve Minutes of January 15<sup>th</sup>, 2020 meeting – Motion by Rusch to approve the minutes; second by Ratliff. All ayes. Motion Carried.
3. Financial Report
  - a. 2019 to date – Krueger explained that we will be well under budget. It was asked as to what happened to that money. Krueger explained the Child Support being part of Lincoln County General Fund where Social Services budget is independent. Social Services budget has a fund balance that is currently negative (about \$80) and that money will go in to the fund balance. A healthy fund balance for social services would be \$250,000. Hopefully with our vacant positions currently, with 2019 and 2020 the fund balance could be at that amount barring any additional high cost out of home placements.
  - b. 2020 to date – Krueger explained that due to staff vacancies we are under budget. Krueger was asked if due to staff vacancies we are seeing lower referrals to court for Child In Need of Protection and Services and/or Delinquency. Krueger informed that our staffing would not be impacting the number of referrals. Krueger explained the intake and assessment process in correlation to standards and if safety issues were present and court orders were necessary to maintain safety, it would be a priority for the Department. Currently all social workers, including the child welfare manager and the Director are responding to investigations to ensure those responsibilities are covered. Where the negative impact occurs is the ability to provide more direct services in meeting dispositional services or supervising in home safety places through rigorous supervision and ultimately permanency timelines are being extended. This ultimately drives up our budget expenses because of the continued out of home placements.
4. Director Time Sheets for period 12/30/2020 - 01/26/2020 & January reimbursement – Motion by Nowak to approve both timesheets and reimbursements; second by Ratliff. All ayes. Motion carried.
5. Update on open/filled positions – Krueger informed that three of the four positions have now been filled. Krueger provided an overview in the hiring process. There were three times as many applicants on indeed as what turned in Lincoln County applications. Additionally, of those that had turned in applications, very few had social worker

certifications or training certifications. Many appeared to be able to get their training certificates and did begin the process by applying with the Department of Safety and Professional Services but still do not have clear responses regarding confirmation of eligibility. Discussion was had about the difficulty across the state hiring certified social workers and statutory requirements to be certified to do some parts of child welfare. Krueger informed that there is an upcoming northern region directors meeting in which this is an agenda item for discussion and possible future lobby action.

6. Motion to go into closed session: a. Pursuant to sec. 1985.(1)(c) , Wis. Stat. for the purpose of considering employment, promotion, compensation or performance evaluation of any employee over which the governmental body has jurisdiction or exercise responsibility. Motion by Ratliff to go into closed session; second by Nowak. Roll Call Vote. All ayes
  - a. Employee request for leave without pay-no other leave time available (40 hours)
7. Reconvene to open session – Motion by Gorski to move into open session; second by Ratliff. Roll call vote. All ayes
8. Take any necessary action on the closed session items(s). – Motion by Gorski to approve the request for time off; second by Rusch. All ayes. Motion carried.
9. Future Agenda – Impact on Lincoln County due to the USDA rule regarding food stamps; CAN partnership; Update regarding DSPS requirements; Update on the Adult Protective Services transfer of duties to ADRC
10. Next Meeting Date(s) – March 11 , 10:30a.mService Center Room 247/248
11. Adjourn – Motion by Ratliff to adjourn; second by Nowak. All ayes. Meeting adjourned

Minutes prepared by Renee Krueger



FOR 2019 13

ACCOUNTS FOR: SOCIAL SERVICES FUND  
0024

00 NON-DEPARTMENTAL

ACCOUNTS FOR:	ORIGINAL APPROP	TRANSFRS/ADJUSTM	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
24000054	435600	0	-435,484	-446,608.63	.00	11,124.63	102.6%
24000054	532000	0	100,781	100,781.00	.00	.00	100.0%
24000054	535070	0	30,000	30,000.00	.00	.00	100.0%
24000060	411100	0	-843,794	-843,794.00	.00	.00	100.0%
24019854	474000	0	-1,700	-1,129.71	.00	-570.29	66.5%
24019854	474000	0	1,700	1,947.48	.00	-247.48	114.0%
24019954	495000	0	-2,000	-2,000.00	.00	.00	100.0%
24019954	495000	0	2,000	2,000.00	.00	.00	100.0%
24021754	435600	0	-79,800	-80,152.00	.00	2,000.00	100.4%
24021754	481100	0	300	-1,080.82	.00	332.00	100.4%
24021754	553000	0	300	492.75	.00	1,080.55	100.0%
24021754	524001	0	100	136.76	.00	192.75	100.0%
24021754	561100	0	100	300.00	.00	200.00	300.0%
24021754	571001	0	59,000	42,109.50	.00	-16,890.50	71.1%
24021754	595000	0	6,300	6,394.45	.00	-94.45	101.5%
24021754	595001	0	10,000	10,000.00	.00	.00	100.0%
24021954	571001	0	15,642	16,025.58	.00	-384.58	102.6%
24340754	511000	0	0	-15,964.32	.00	150,964.32	100.0%
24340754	520000	0	0	6,424.76	.00	-6,424.76	100.0%
24340754	571000	0	0	2,578.63	.00	-2,578.63	100.0%
24440254	511000	0	199,235	141,960.93	.00	-141,960.93	100.0%
24440254	511001	0	3,000	181,034.21	.00	-181,034.21	90.0%
24440254	520000	0	3,000	2,230.06	.00	769.94	74.3%
24440254	554001	0	99,735	78,129.34	.00	21,605.66	80.0%
24440254	570000	0	2,000	2,693.27	.00	-493.27	134.3%
24440354	435600	0	-600,000	-517,202.60	.00	-82,797.40	86.2%
24440354	511000	0	328,794	277,865.01	.00	50,927.99	84.1%
24440354	520000	0	173,326	138,455.04	.00	34,869.96	79.3%
24440354	554001	0	2,000	255,326.73	.00	-253,326.73	25.0%
24440354	570000	0	180,000	-102,731.45	.00	282,731.45	141.3%
24442254	511000	0	0	2,447.48	.00	-2,447.48	100.0%
24442254	511000	0	0	9,919.13	.00	-9,919.13	100.0%
24442254	520000	0	0	36,980.49	.00	-36,980.49	100.0%
24442254	520000	0	0	1,347.16	.00	-1,347.16	100.0%
24442254	520000	0	0	5,319.01	.00	-5,319.01	100.0%
24442254	570000	0	40,100	36,438.35	.00	3,661.65	91.1%

03/05/2020 11:35  
Sarah.Brander

LINCOLN COUNTY  
YEAR-TO-DATE BUDGET REPORT  
SOCIAL SERVICES

1P  
glyrbud  
3



FOR 2019 13

ACCOUNTS FOR:	SOCIAL SERVICES FUND	ORIGINAL APPROP	TRANSFRS/ADJUSTMTS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
2466654	UNALLOCATED EMP	0	0	0	.00	.00	.00	.0%
	TOTAL NON-DEPARTMENTAL	0	0	0	-259,902.14	.00	259,902.14	100.0%
	TOTAL SOCIAL SERVICES FUND	0	0	0	-259,902.14	.00	259,902.14	100.0%
	TOTAL REVENUES	-2,593,960	0	-2,593,960	-2,780,196.02	.00	186,236.02	
	TOTAL EXPENSES	2,593,960	0	2,593,960	2,520,293.88	.00	73,666.12	



FOR 2019 13

ACCOUNTS FOR: GENERAL FUND  
0010

ORIGINAL APPROP  
TRANFRS/ADJSTMS  
REVISED BUDGET  
YTD ACTUAL  
ENCUMBRANCES  
AVAILABLE BUDGET  
PCT USED

60 CHILD SUPPORT

10600054	435600	10003	HOVAN SERV	-270,662	0	-270,662	-372,306.65	.00	101,644.65	137.6%
10600054	435602	10003	BACKGROUN	0	0	0	144.00	.00	144.00	100.0%
10600054	466001	10003	HOVAN SERV	-2,000	0	-2,000	-2,688.98	.00	688.98	134.4%
10600054	466003	10003	CHILD SUPP	-3,000	0	-3,000	-3,294.63	.00	294.63	109.8%
10600054	511000	10003	CHILD SUPP	165,926	0	165,926	159,213.43	.00	6,712.57	95.5%
10600054	520000	10003	CHILD SUPP	74,940	0	74,940	72,317.98	.00	2,622.02	95.5%
10600054	531010	10003	LEGAL SERV	500	0	500	424.25	.00	4,87.72	84.9%
10600054	531020	10003	CHILD SUPP	28,000	0	28,000	23,512.50	.00	4,487.50	84.0%
10600054	532270	10003	BLOOD TEST	2,000	0	2,000	1,410.00	.00	560.00	72.0%
10600054	532280	10003	INVESTGAT	8,500	0	8,500	3,353.09	.00	1,146.91	82.4%
10600054	544000	10003	RENTALS	8,600	0	8,600	8,988.00	.00	-388.00	104.5%
10600054	550000	10003	INSURANCE	1,800	0	1,800	1,644.80	.00	155.20	91.7%
10600054	552001	10003	TELEPHONE	700	0	700	1,103.96	.00	-403.96	157.4%
10600054	554001	10003	PRINTING A	3,700	0	3,700	1,947.71	.00	1,752.29	52.6%
10600054	555000	10003	TRAVEL, TRA	2,000	0	2,000	1,197.74	.00	1,802.26	90.1%
10600054	560000	10003	SUPPLIES	2,500	0	2,500	3,596.53	.00	-1,096.53	143.9%
10600054	561100	10003	NYTD - POS	5,400	0	5,400	4,459.18	.00	940.82	47.2%
10600054	570000	10003	POSTAGE	5,400	0	5,400	4,953.48	.00	446.52	92.3%
10600054	571000	10003	CHILD SUPP	2,400	0	2,400	2,953.88	.00	-553.48	123.1%
10600054	571004	10003	NYTD - MISC	0	0	0	49.88	.00	-49.88	100.0%
10600054	571004	10003	BACKGROUN	0	0	0	180.00	.00	-180.00	100.0%
10600054	411100	GENERAL	PROPERT	-29,404	0	-29,404	-29,404.00	.00	.00	100.0%
TOTAL CHILD SUPPORT				0	0	0	-119,408.51	.00	119,408.51	100.0%
TOTAL GENERAL FUND				0	0	0	-119,408.51	.00	119,408.51	100.0%
TOTAL REVENUES				-305,066	0	-305,066	-407,838.26	.00	102,772.25	
TOTAL EXPENSES				305,066	0	305,066	288,429.75	.00	16,636.25	





FOR 2020 03

ACCOUNTS FOR:	SOCIAL SERVICES FUND	ORIGINAL APPROP	TRANSRS/ADJUSTMS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
24440054	435600	10831	LIHEAP PB	-8,000	0	0	-8,000.00	0%
24445054	511000	10831	LIHEAP WAG	4,000	0	0	4,000.00	0%
24445154	435600	10830	ENERGY CRT	-27,000	0	0	-27,000.00	0%
24445154	511000	10830	LIHEAP WAG	18,357	0	0	18,357.00	0%
24445154	520000	10830	LIHEAP WAG	11,604	0	0	11,604.00	0%
24445154	435600	10834	SSI OUTRCH	-10,000	0	0	-10,000.00	0%
24445354	511000	10834	LIHEAP WAG	10,000	0	0	10,000.00	0%
24445354	520000	10834	LIHEAP WAG	5,011	0	0	5,011.00	0%
24446554	570000	10835	LIHEAP WEA	-13,000	0	0	-13,000.00	0%
24450854	511000	10561	JUV SOC MO	460,405	26,118.39	0	486,523.39	5.7%
24450854	520000	10561	JUV SOC MO	241,017	11,412.45	0	252,429.45	4.7%
24450854	554001	10561	JUV SOC MO	2,000	404.75	0	2,404.75	1.5%
24450854	570000	10366	FOSTER PAR	360,000	6,118.84	0	366,118.84	1.7%
244531734	570000	10366	FOSTER PAR	7,000	-226.56	0	6,773.44	0.1%
24453254	570000	10325	YA CC INST	150,000	36.80	0	150,036.80	0.2%
24453554	570000	10561	PURCHASED	60,000	16,050.36	0	76,050.36	1.3%
24453754	570000	10561	NON YA TNS	100,000	10,446.09	0	110,446.09	0.2%
24452834	570000	10366	AODA OUT P	7,700	0	0	7,700.00	0%
24456134	570000	10306	SSF - REV	-42,827	-2,190.00	0	-44,017.00	0%
24456254	435600	10341	CHILD & FA	-450,000	-2,235.34	0	-452,235.34	0%
24456254	570000	10341	CHILD & FA	90,000	-99,196.91	0	-9,196.91	0%
24456454	570000	10326	SOCIAL SER	20,000	4,523.02	0	24,523.02	0%
24457054	435600	10377	KINSHIP BE	-100,000	-8,890.00	0	-108,890.00	0%
24457154	435600	10380	KINSHIP CA	100,000	18,034.00	0	118,034.00	0%
24457154	570000	10380	KINSHIP AS	5,200	213.52	0	5,413.52	0%
24456654	520000	UNALLOCATED	EMP	0	35,470.39	0	35,470.39	0%
TOTAL NON-DEPARTMENTAL	0	0	0	0	-788,939.14	0	-788,939.14	100.0%
TOTAL SOCIAL SERVICES FUND	0	0	0	0	-788,939.14	0	-788,939.14	100.0%
TOTAL REVENUES	-2,595,896	0	0	-2,595,896	-1,148,230.66	0	-1,148,230.66	44.6%
TOTAL EXPENSES	2,595,896	0	0	2,595,896	359,291.54	0	2,955,187.54	113.9%

Whelp  
PFI E (14)  
Child Welfare  
Out of home  
Safe + Stable

Contracts  
Kinship

Office Supp  
Training  
Supplies

HW/MS  
Childs  
6 of purchases

Elctronic  
monitors

30,000  
Support  
& services  
(transm 1)

1,144,622.00  
Salary + Benefits  
YTD actual  
83,974.00  
7%

03/05/2020 08:01  
 Sarah.Brander

LINCOLN COUNTY  
 YEAR-TO-DATE BUDGET REPORT  
 CHILD SUPPORT

12  
 glytbbud 1



FOR 2020 03

ACCOUNTS FOR:	GENERAL FUND	ORIGINAL APPROP	TRANSRS/ADJSTMTS	REVISED BUDGET	YTD ACTUAL	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
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0000 DIVISION

10600054	435600	10003 HUMAN SERV	0	-269,227	0.00	0.00	-269,227.00	0.0%
10600054	466001	HUMAN SERVICE {	0	-2,000	-138.55	0.00	-1,861.45	6.9%
10600054	466003	HUMAN SERVICE {	0	-3,000	-205.45	0.00	-2,794.55	6.8%
10600054	511000	10003 CHILD SDPP	0	165,109	23,014.53	0.00	142,094.47	13.9%
10600054	520000	10003 CHILD SDPP	0	74,611	9,500.59	0.00	65,110.41	12.7%
10600054	531010	10003 CHILD SDPP	0	450	.00	0.00	450.00	0.0%
10600054	531020	10003 CHILD SDPP	0	28,000	2,125.00	0.00	25,875.00	7.6%
10600054	532370	10003 BLOOD TEST	0	2,000	2,138.00	0.00	1,862.00	6.9%
10600054	532800	10003 INVESTIGAT	0	8,500	794.14	0.00	5,705.86	12.2%
10600054	544000	10003 RENALS	0	9,000	.00	0.00	9,000.00	0.0%
10600054	551000	10003 INSURANCE	0	1,700	197.49	0.00	802.51	19.7%
10600054	552001	10003 TELEPHONE	0	1,000	321.76	0.00	1,078.24	10.7%
10600054	554001	10003 PRINTING A	0	3,000	200.00	0.00	1,800.00	10.0%
10600054	555000	10003 TRAVEL TRA	0	2,500	277.00	0.00	2,223.00	11.1%
10600054	560000	10003 SUPPLIES	0	2,575	1.04	0.00	73.96	1.4%
10600054	561100	10003 NIVD - FOS	0	5,200	399.62	0.00	4,800.38	7.4%
10600054	561101	10003 POSIAGB	0	2,600	1,927.22	0.00	672.78	74.1%
10600054	570000	10003 CHLD SDPP	0	0	3,129.07	0.00	-3,129.07	100.0%
10600054	571000	10003 CHLD -MISC	0	0	0	0.00	0.00	0.0%
10600060	411100	GENERAL PROPERT	0	-29,518	-29,518.00	0.00	-12,163.46	100.0%
TOTAL DIVISION			0	0	12,163.46	0.00	-12,163.46	100.0%
TOTAL GENERAL FUND			0	0	12,163.46	0.00	-12,163.46	100.0%
TOTAL REVENUES			0	-303,745	-29,862.00	0.00	-273,883.00	
TOTAL EXPENSES			0	303,745	42,025.46	0.00	261,719.54	

*From the desk of . . . .*

**Renee Krueger, Director  
Lincoln County Department of Social Services**

Directors report to the Social Services Committee for March 11<sup>th</sup>, 2020

Department

Three new Child Welfare Workers have started:

Abbie Lange	2/03/20
Brittney Woebbeking	2/12/20
Raymond Partlo	3/2/20

Community

The Director provider a letter of support to the Northwoods Tobacco Free Coalition (NWTFC) in support for a tobacco prevention and control grant focused on decreasing tobacco-related disparities. Based on data, it is understood that large differences in smoking and tobacco use prevalence persist for populations in the Northwoods based on their disability, substance use, behavioral health disorder, and socioeconomic status.

Part 2 of the Trauma Informed Care (TIC) Planning Process is scheduled for 3/10/20 from 9am until 12pm. There are currently 38 community members registered from 20+agencies/business. The 5 areas of action planning includes *Developing programing to educate the community on ACE's and ways to build resilience, Increase the number of individuals who are aware of their own ACE score, Develop a HUB Model, Crisis Support for Law Enforcement, and Community drop in sessions to get assistance with paperwork.* Registration still be accepted.

Strengthening Families with Mindfulness (MSFP 10-14) began its first session on 3/4/20 and is off to a great start. This is a free, seven week program for all early teens and their parents or caregivers. This program meets for 3 hours each week. It begins with a family meal and then part I is a group session with parent/caregivers and youth separate and part II is bringing the parents/caregivers together with their young person to engage in activities and skill development. This program is facilitated by dedicated and committed UW Extension, Social Services, and HAVEN staff who were trained in the curriculum. This is funded through the Youth Justice Collaborative Committee and there are 5 families registered, including 7 youth.

State

The admissions unit at Winnebago Mental Health Institute (WMHI) officially opened in January 2020. This unit is designed to provide short-term intensive treatment. If more care is needed and the patient is stable, they would move to another unit for the remainder of their stay. It is anticipated that this change will reduce staffing challenges. There should be no impact to counties in regards to how the emergency detention



process works and the process will look for law enforcement and other stakeholders involved in the emergency detention process.

GOP Lawmakers approved the funding for 4 out of 6 of the new youth justice facilities, eliminating the building of the two State run facilities in Milwaukee and Outagamie. These facilities were intended to house the more serious offenders (which is projected to be about 60 youth statewide; 100 other youth being moved to the county-run facilities). This is expected to delay the closure of Copper Lake/Lincoln Hills School, however, it continues to be addressed in the 2021-2023 biennial budget.

DCF is working on a draft memo in response to a recently negotiated MOU with the Mexican Consulate in regards to when children of Mexican nationals are taken into custody by county CPS agencies. While the MOU (see attached is final) DCF is working with WCHSA to work through questions and concerns for the implementation of this memo.

#### ACCRONYMS

ACE'S – Adverse Childhood Experiences  
ADRC – Aging and Disability Resource Center  
CAN – Child Abuse and Neglect reporting partnership  
CPS – Child Protective Services  
C/S – Child Support  
DCF – Department of Children and Families  
IM – Income Maintenance  
NIMC – Northern Income Maintenance Consortium  
TIC – Trauma Informed Care  
WCHSA – Wisconsin County Human Services Association  
WIOA – Workforce Innovation and Opportunity Act  
YJCC – Youth Justice Collaborative Committee

# BUILDING A COMMUNITY OF HOPE AND RESILIENCY

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Trauma Informed Care Agency  
Strategic Planning Meeting Summary

*August 1, 2019 & August 9, 2019*

## Acknowledgements

### Planning Committee Members:

Kristin Bath, Public Health Educator with Lincoln County Health Department  
Lexi Grzanna, Public Health Educator with Lincoln County Health Department  
Shelley Hersil, Health Officer/Director of Lincoln County Health Department  
Renee Krueger, Director of Lincoln County Department of Social Services  
Debbie Moellendorf, Positive Youth Development/Health and Well Being Educator with  
UW-Madison Division of Extension Lincoln County

Donna Burns, Master Trainer Wisconsin Trauma Project, Fostering Futures Coach, Level IV Treatment Foster/Adoptive Parent and Tera O'Connor, LMFT for providing trauma informed care training during the morning of the first day.

WI Northern Highland Area Health Education Center (NH AHEC) for providing "Resilience: The Biology of Stress and the Science of Hope" video viewed during lunch the first day.

Melinda Osterberg, Community Development Educator with UW-Madison Division of Extension Lincoln County for facilitation of this planning process.

Funding for this initiative provided by the Wisconsin Department of Children and Families through Lincoln County Social Services Youth Justice Collaborative Committee Grant.

Agencies/organizations represented during this process included: Aging and Disability Resource Center of Central Wisconsin, Ascension Merrill Group, Ascension Sacred Heart Hospital, Big Brothers, Big Sisters of North Central Wisconsin, Children's Hospital of Wisconsin Community Services, HAVEN, Inclusa, Interested Community Members, Lincoln County Clerk of Court/Circuit Court, Lincoln County Department of Social Services, Lincoln County Health Department, Lincoln County Probation and Parole, Medical College of Wisconsin, Merrill Area Public Schools, North Central Health Care, Ott's Garage Youth Center, Our Sister's House, Peaceful Solutions Counseling, Pine Crest Nursing Home, T. B. Scott Free Library, Therapy Dog Program, Trinity Lutheran School, UW-Madison Division of Extension Lincoln County, Wisconsin Department of Health Services

### Meeting Summary prepared by:

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## Executive Summary

In August 2019, through the course of two meetings, participants representing a variety of public and non-profit agencies in Lincoln County developed a better understanding of trauma informed care, identified resources available in Lincoln County to provide care in a more trauma aware manner, prioritized specific opportunities to provide trauma informed care, and developed a plan to implement the prioritized trauma informed care opportunities.

With assistance from Donna Burns and Tera O'Connor, participants developed an understanding of what trauma informed care looks like and how to view practices through a trauma informed lens, transitioning the perspective and care from "What is wrong with you?" to "What has happened to you?" and finally to "What is right with you?"

After developing a common understanding of trauma informed care, meeting participants were asked to assess the current environment as it relates to trauma informed care and identify opportunities for improved care within the community.

Meeting participants listed and prioritized areas where trauma informed care could be provided. Through the course of the planning process, the following initiatives were identified as priority action items:

- Develop programming to educate the community (schools/medical organizations/faith-based organizations/agencies/general public) on ACEs and ways to build resilience
- Increase the number of individuals who are aware of their ACE score through the well child exam, drug court, WIC, beginning of school
- Develop a HUB model for the County and help agencies assist individuals to navigate to right services – make appointments and follow through as a community resource "liaison"
- Crisis support with law enforcement (use other counties as examples, particularly Dane)
- Community drop in sessions to get assistance with organizing and completing paperwork

Each action item will have an associated team which will work on achieving the goal within Lincoln County, the work of the Action Item Team will be reported back to the Trauma Informed Work Group, who will share outcomes of the process with the Youth Justice Collaborative Committee.

### Trauma Informed Care Action Item Implementation Process



## Introduction

On August 1, 2019, 53 participants representing a variety of public and non-profit agencies in Lincoln County participated in a day long program focused on developing a better understanding of trauma informed care, identifying resources available in Lincoln County to provide care in a more trauma aware manner, and specific opportunities to provide trauma informed care.

At the second meeting on August 9<sup>th</sup>, 27 participants prioritized opportunities to provide trauma informed care identified at the August 1<sup>st</sup> meeting and identified action steps to implement the projects in Lincoln County.

The following is a summary of the two meetings and is intended to capture the main concepts brought forth from work at the small group level. This document is not a comprehensive summary of all that occurred at the two programs; rather its intent is to ensure that the larger concepts are captured for future action.

## Meeting 1: August 1, 2019 Morning Session

Donna Burns and co-facilitator Tera O'Connor provided an introduction on why adverse childhood experiences (ACEs) matter in providing care and principals of trauma informed care (TIC). Goals of the morning session were to:

- Begin to understand the sciences of ACEs and how that impacts you and who you are in the community;
- Begin to understand trauma informed care and its principles;
- Begin to understand the importance of fostering resilience within others and yourself; and
- Begin to practice using a trauma lens when interacting with members of the community.

To achieve these goals the facilitators provided the basis of trauma informed care and approaching situations with a trauma informed lens, transitioning the perspective and care from “What is wrong with you?” to “What has happened to you?” and finally to “What is right with you?”

Burns and O'Connor also explained that there is hope, resilience isn't unusual, but rather an everyday occurrence and explained the 7 C's: The Essential Building Blocks of Resilience.

### The 7 C's: The Essential Building Blocks of Resilience

<b>Competence</b>	When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.
<b>Confidence</b>	Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.
<b>Connection</b>	Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.
<b>Character</b>	Young people need a clear sense of right and wrong and a commitment to integrity.
<b>Contribution</b>	Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contribution feels good, and may therefore more easily turn to others, and do so without shame.
<b>Coping</b>	Young people who possess a variety of healthy coping strategies will be less likely to succumb to dangerous quick-fixes when stressed.
<b>Control</b>	Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Independently participants completed an "invisible suitcase" exercise to recognize beliefs and biases they may have when working with the community. Meeting attendees then transitioned into small groups for a case study exercise on identifying reactions to behavior with and without a trauma informed perspective.

During lunch participants had the opportunity to view the video "Resilience: The Biology of Stress and the Science of Hope".

## Meeting 1: August 1, 2019 Afternoon Session

Melinda Osterberg facilitated the afternoon session to begin the process of identifying existing community resources to provide trauma informed care, practices that should be re-evaluated given the County's current understanding of trauma informed care, and opportunities to increase trauma informed care within Lincoln County.

Participants were divided into small groups and asked to discuss and answer a series of questions to help ascertain the current environment as it relates to trauma informed care and identify opportunities for improved care within the community. The questions and their respective answers are listed below.

### How do we demonstrate our understanding of our community's ACE score? How do we provide care and services which reflect that understanding?

- Events like today's training, poverty simulation, trainings in school district (Paper Tigers), trainings for parents and community members Raising Resilient Children, Stewards of Children, etc.
- Commitment of agencies/organizations to increase awareness of what ACEs and trauma mean (evidenced by attendance at this training)

- Services that are available through collaboration (i.e. Agencies housed together in the Menard Center, the Healthy Minds Coalition, Aging and Disability Resource Center (ADRC), Probation and Parole, Food Share Employment Training (FSET) and Child Support)
- Positive Rocks through the Merrill Rocks group
- Trauma-informed community/workplaces/schools
- Mental health evaluation
- At school, testing all children when only certain children are required to be tested
- Having systems where you cannot tell whether or not a child has free lunch
- Coordination between school and church food pantry where educator places food in students backpack for weekend, so no one is aware of which students receive assistance
- Barrier assessment sent to clients to help determine why they can't comply and assist with overcoming identified barriers
- Build awareness of ACEs through public meetings and articles in the newspaper
- Recovery coach training
- North Central Health Care (NCHC) coordination of a recovery coach program
- Mock Teen Bedroom Project
- HAVEN's Giving Hope educational program and support group in the jail
- Programs like Our Sisters House (Tomahawk Homelessness Shelter and the MAC Home (Merrill Homelessness Shelter) providing one on one personalized support and connecting individuals to resources
- More training happening on ACEs and trauma informed approach for law enforcement
- Department of Corrections focus on trauma informed and restorative vs. punishment (give individuals tools to avoid re-offending)
- Lincoln Hills/Copper Lake reaching out for resources
- Expansion of mentoring programs in the county (Big Brothers, Big Sisters and Kinship)
- Self-care programs (i.e. Taking Care of You, HAVEN self-care/advocacy)
- The priority our county is placing on providing mental health resources and support
- Efforts to inform community of resources available (i.e. new Lincoln County Resource Guide for Substance Use and Mental Health, Lincoln County Food Resource Guide, Lincoln County Oral Health Guide, PSN Family Resource Guide for Families with Young Children)
- Personalized 1 to 1 care
- Treat everyone as if they have an elevated ACE score
- Flexible scheduling
- Free lunch programs at the library and parks
- Other Library services
- Team approach to care (make referrals to agencies for wrap around, warm connections with agencies and follow through with clients)

**What existing assets does Lincoln County have to provide care and services in a trauma informed manner?**

- Everyone in this room
- Awareness and desire to become more trauma informed in our practices
- Opportunities to provide more trauma informed care training in schools and other work sites
- Organizations that have ACE Interface trainers
- HAVEN
- MAC Home and Our Sister's House
- Blue Jays Nest at Merrill High School
- Children Hospital of Wisconsin Community Services
- Lincoln County Department of Social Services
- Lincoln County Health Department
- Police and Sheriff's Departments

- Recovery Coach Program coordinated by NCHC
- Youth Mentoring Programs – Kinship of Tomahawk and Big Brothers, Big Sisters
- UW-Madison Division of Extension Lincoln County
- Center for Well Being
- School Districts and Social Workers with ACEs training
- St. Vincent's De Paul Outreach
- Private Non-Profits
- Healthy Minds Coalition
- Interagency group shares how implementing TIC and strategies
- Collaborative nature of Lincoln County government – Department Heads enthusiasm
- Parent class resources
- Natural resources for gardening, parks, nutrition, nature
- Strong sense of community partnerships
- School system open to partnerships
- Awareness of need to shift the conversation for kids – engaging in real conversations, outdoor play, develop a sense of volunteerism, grounding, team/family dinner
- Therapy dogs visit agencies, Pine Crest, Lincoln Hills School/Copper Lake, hospitals, and schools
- Local hospitals support community events and provide funding
- Coordination between agencies for wrap around care and a team approach
- After school programs available
- Counseling services in the school
- Churches
- Libraries

**Understanding our current environment where are there opportunities to provide care, both as individual agencies and collectively?**

- Community buildings such as the libraries, Merrill Enrichment Center, Northwoods Veteran's Center and Comunidad Hispana
- Counseling services available but access is a potential barrier (wait time, insurance)
- Increase options and transportation for parent classes
- Telehealth is available as an option for mental health services
- Increase referrals before children age out of the system
- Recognizing that children made it to school without parental involvement vs. punishment
- Multiple barriers to accessing proper care; including stigma, literacy of parents, lengthy process and paperwork (for assistance/IEPs, etc.) – create a central location for referrals to assist with paperwork and access to services
- The way we encourage our diverse community to access services
- Education on LGBTQ, use of pronouns and use evidence based information to change
- How can we connect the dots so people can get engaged beyond just working with the agencies?
- Provide funding for tangible items such as gas cards and diapers
- Funding for more one on one and in-home services
- New community members and professionals may be unaware of services so need education about what is available
- Agencies continue or expand collaboration
- Standard messaging around ACEs so everyone understands it
- Connecting Merrill and Tomahawk more
- Get business leaders on board to help with funding
- Increase involvement of medical professionals
- Health services more available in a timely manner
- Increase discreet services including drug testing

- Increase number of trauma informed professionals
- Increase internal agency practices to prevent burn out and promote self-care
- Increase conversation about Hope and Resiliency
- Foster inclusion within children's athletics, building confidence and sense of belonging
- Opportunities for medical care at churches

Are there practices that may increase trauma that we need to re-evaluate?

- Fines for library books
- Reduction in funding of free and reduced priced lunch
- Backpack program distribution process
- Ability to share relevant information to help children after removal
- Discussing ACEs without educating on resiliency
- Separate lunches for students with negative balance or no money in their lunch account
- Incarceration for child support non-payment
- Hoops
- Having to go between multiple agencies and never getting resources needed
- Open court business aired with many cases scheduled
- Publication of mug shots in the press and social media
- Criminalize drug addiction rather than treatment for addiction, this can be difficult when crime impacts others and individual needs to be accountable
- Shortage of home health workers and crises resources (e.g. parent called crisis line and told if you are not suicidal, they couldn't assist)
- Law enforcement being asked to handle crisis situations that are not appropriate for them
- Expecting people to come to agency location instead of going to their home or a more comfortable location to meet with them. How to provide this service this safely? Perhaps office hours at different neutral community locations.
- Overwhelming people with too many things at one time
- An officer always being in uniform for everything
- Truancy
- Over-diagnosing children instead of listening/understanding
- Lack of "No Friend Bench"

What trauma informed practices can we implement? Let's begin with large wide range ambitious goals and what are some achievable project we can being working on in the next year, month, or even in the next week?

- Training to educate agencies on ALL available community resources and develop a standard language regarding ACEs
- Develop a community training program on ACEs (schools, medical providers, businesses, agencies, general public, and faith-based organizations)
- Education and information on trauma informed care vocabulary
- Provide public transportation on weekends
- Develop a mentoring program for adult mentor/mentees
- Develop a "Handle with Care" Program
- Stewards of Children Initiative Training
- Motivational Interview training for direct service workers
- Develop a Drug Treatment Court
- Increase the number of care/case managers and service navigators
- Train Recovery Coaches and Peer Support Specialists
- Connect with faith based organizations (provide ACEs training and explore how they can provide support)

- Obtain resources to begin treatment earlier
- Review policies and procedures at an individual agency and community level
- Crisis support with law enforcement (use other counties as examples, particularly Dane)
- Provide shelter vouchers after domestic disturbance with police involvement
- Develop a one stop shop for all resources (CAP, food pantry, etc.)
- Develop a flow chart “go here 1<sup>st</sup>, then this, etc.” using 211
- Software doesn’t interface within and across counties
- Develop a HUB model for the county with case managers to assist individuals to navigate to right services – make appointments and follow through
- Develop a community resource “liaison” that assists individuals with service access, making appointments, securing infrastructure, and follow through
- Use evidence-based information to train on coping with emotional situations (emotional regulation)
- Trauma informed verbiage on name tags, within grants, law enforcement, state and county forms
- Develop a Crisis Assessment Response Team (CART), similar to Marathon County’s
- Develop a Lincoln County Feedback Team that tests scenarios, monitors agency to agency communication, and provides feedback for positive agency change on a continual basis
- Work with businesses to understand millennials and substance use disorders to increase workforce
- Obtain feedback from participants on the level of service they received
- Develop a “Friend Bench”
- Provide parent information on ACEs at Well Child medical exams and partner with Women Infant and Children’s (WIC) program to disseminate information
- Examine alternatives to recess time for students who may find it traumatic
- Universal screening of ACEs, perhaps as part of a Well Child exam, and during student onboarding at beginning of school
- Community drop in sessions to get assistance with organizing and completing paperwork

## Meeting #2: August 9, 2019

The purpose of the second meeting on August 9, 2019 was to develop an action plan to begin implementing the trauma informed projects identified at the August 1, 2019 meeting. To make the most efficient use of time, the practices identified at the preliminary meeting were refined and consolidated into 16 potential action items. Meeting participants were given five votes and asked to vote for the action items they believed to be most important, resulting in the following prioritization:

1. Develop programing to educate the community (schools/medical organizations/faith-based organizations/agencies/general public) on ACEs and ways to build resilience (26 votes)
2. Increase the number of individuals who are aware of their ACE score through the well child exam, drug court, WIC, and beginning of school (19 votes)
3. Develop a HUB model for the County and help agencies assist individuals to navigate to right services, make appointments and follow through as a community resource “liaison” (17 votes)
4. Crisis support with law enforcement (use other counties as examples, particularly Dane) (15 votes)
5. Community drop in sessions to get assistance with organizing and completing paperwork (11 votes)
6. Support enhanced transportation options (gas cards, weekend bus service) (8 votes)

7. Hold an agency informational session to increase communication between agencies, so that everyone is aware of available services and coordinate care (8 votes)
8. Develop a Lincoln County Feedback Team that reviews agency policy and procedures, tests scenarios, monitors agency to agency communication, provides feedback for positive agency change and obtains feedback from participants/clients (5 votes)
9. Increase staff training (i.e. Stewards of Children Initiative Training, Motivational Interview Training and Emotional Regulation Training) (4 votes)
10. Trauma informed verbiage on name tags, within grants, law enforcement and county forms (2 votes)
11. Develop an adult mentoring program (1 vote)
12. Obtain resources to begin treatment earlier (1 vote)
13. Develop a buddy/friend bench
14. Examine alternatives to recess time for students who may find it traumatic
15. Work with businesses to understand millennials/substance use disorders to increase workforce
16. Provide shelter vouchers after domestic disturbance with police involvement

In small groups, meeting participants discussed how to implement the top five prioritized action items. This discussion included identifying barriers to implementation, as well as, existing community resources that should be leveraged for project success.

1. **Develop programing to educate the community (schools/medical organizations/faith-based organizations/agencies/general public) on ACEs and ways to build resilience**

What resources do we, as a community, have to accomplish this task?

- ACE Master Trainers in community (HAVEN, Big Brothers, Big Sisters)
- Children's Hospital of Wisconsin Community Services (In Home and ACT Raising Safe Kids programs)
- HAVEN
- Lincoln County Department of Social Services
- University of Wisconsin-Madison Division of Extension Lincoln County
- Merrill Area Public Schools Strengthening Families
- Community groups available to provide information
- Gabriella Hangiandreou' and connections to medical community
- Healthy Minds Coalition
- Headstart
- Agency interest in learning and looking to deliver/implement
- Mindfulness Enhanced Strengthening Families Program 10-14 year olds (Extension, Children's Hospital, and Social Services staff being trained to bring to Lincoln County families)
- Wisconsin Trauma Project – "Strengthening Families and Systems: Building Relationships with Children who have experienced trauma" (Children's Hospital, HAVEN, Social Services and Extension staff being trained to bring to Lincoln County)

What resources does the community need to accomplish this item?

- Someone who can pull together a resilience training and follow through on “what can we do” to implement and build curriculum
- Expand mentoring program by increasing the number of mentors and respite providers
- Recognize barriers of mentoring programs and creating assurance of comfort and liability
- Carve out time and space

Who needs to be involved to carry this out?

- ACEs trainers
- Big Brothers, Big Sisters/Kinship
- Expand trainers
- Community coordinators
- Schools, medical clinics, churches, civic groups, businesses, law enforcement
- Health Department, Extension, Social Services, mental health providers, NAMI
- Grant writers
- State ACEs contact person
- Existing community training program contact person

What barriers may there be to accomplishing this?

- Community doesn't participate (especially the ones that need the information the most)
- Communicating relevancy, if people don't see the value, they don't attend
- What agency is taking the lead may skew participation levels and who attends
- Sustainability, if a grant is obtained and initial funding goes away, who will make sure work continues?
- Reluctance to address this issue in general (don't want to talk about/denial, misinformation, we don't “see” outside of our own experiences, difficulty having honest conversations while being sensitive and politically correct, protective of community reputation)
- Breakdown any silos among agencies that exist (we all have different specialties, may need to craft messages differently)
- Time for training and implementation

How would we get started?

- Committee of interested individuals
- Developing list of audiences we want to bring this to
- Phase 1: Consistency of message
  - Develop 30 minute packaged product and disperse widely
- Phase 2: What is it and what do we do about it?
- Phase 3: Develop resiliency
- Any printed materials include hotlines
- Disclaimer in beginning of canned messages

**2. Increase the number of individuals who are aware of their ACE score through the well child exam, drug court, WIC, beginning of School (19 votes)**

What resources do we, as a community, have to accomplish this task?

- Interest
- Everyone attending this training session
- ACE trainers
- Data (County has high ACE scores)
- Funding and resources

What resources does the community need to accomplish this item?

- ACE score – better understanding of trauma and how it shapes your world view, behaviors, thoughts and triggers
- Education - opportunities to get information and develop understanding (not just getting a score), utilize social and traditional media
- How does ACE conversation happen during assessments – clinics, mental health providers?
- Resources for help if information triggers need for care
- Customer service – how to communicate with others
- Advocate/navigating – family navigator to help process: provide information and referrals to resources
- Recovery coaches/mentors – to walk through maze of resources (central place, referral place, don't need to keep repeating story)
- Money
- Man power (volunteers, agencies, staff)

Who needs to be involved to carry this out?

- In schools (guidance counselors and psychologists) - make it a conversation rather than in written format
- Employers and supervisors in the workplace
- Committee members who OWN the program
- Community coordinator
- Practitioners – test administrators
- People who are comfortable talking about their ACE score
- Network of resources - trained individuals
- Designated individuals in each agency (develop a “champion”) - having the right person involved, not just the one who has the time
- Business individuals
- Pediatricians

What barriers may there be to accomplishing this?

- Need to be prepared for the huge emotions that come from ACE score
- Having supports available to communicate resilience along with ACE score
- Some key agencies aren't aware of ACE inventory
- Need ongoing training and refreshers to capture new staff that missed initial training
- Hesitation from parents to expose their children to ACE questions.
- Lack of trust from people on what is going to be done with that information

How would we get started?

- Two tracks: big systems and the general public
- Best practice approach (focus on relationship)
  - Acknowledge triggers and trauma
  - Understanding prevalence
  - Always discuss resilience
  - Protective factors buffer
- Universal precautions
  - Systems protocol
- Provide protective factors training to agencies educating on ACEs
- Forming/assigning a group
- Increase capacity to address

3. Develop a HUB model for the County and help agencies assist individuals to navigate to right services – make appointments and follow through as a community resource “liaison”

What resources do we, as a community, have to accomplish this task?

- School guidance counselors
- ADRC
- Community agencies
- Menard Center agencies
- North Central Health Care programs - CCS/CST/CLTS
- Emergency room
- Shelters
- Volunteers
- Community connections – Marshfield
- Recovery coaches
- Discharge planners
- Family Care/Iris programs
- Public health agencies
- Healthy Minds for Lincoln County Coalition
- Local support groups
- NAMI – emerging presence
- School mental health therapists

What resources does the community need to accomplish this item?

- A HUB - Individual from different agencies
- True understanding of all resources available (mental health, financial, educational)
- Neutral site with liaison, resources, and staff
- HUB in each small community, if possible with case managers
- Transportation (volunteer groups)
- Funding for staff, transportation, and training
- Information sharing via an electronic database for appointments, applications and a collaborative database/program for more comprehensive care

Who needs to be involved to carry this out?

- A person with the capacity at each organization
- A funder and system for billing
- Grant writer
- Leader/coordinator/management team/person for data, reports, coordination, and development of standards, procedures, and policies
- Technical assistance (La Crosse and Milwaukee)
- Volunteers
- Graduates can become assistants

What barriers may there be to accomplishing this?

- Funding
- Staff
- Bias/prejudice
- Stigma of a small community - why can't they do that themselves?
- Personal trauma of going to each organization and telling your story
- Long term advantages versus short term
- Logistics (write another grant, buy-in, staff)
- Sustainability

- Buy-in from businesses
- Volunteers may not be an option

How would we get started?

- Identify single point access. Where are referrals coming from?
- Create talking points to go to agencies and explain what is needed
- Looking at current resources (funding) and determine what additional funds are necessary
- Make sure the program is sustainable
- Have a conversation with Josh Klug, Merrill Fire Chief
- Database

#### 4. Crisis support with law enforcement (use other counties as examples, particularly Dane)

What resources do we, as a community, have to accomplish this?

- Tomahawk Police Chief trained and training offered across Lincoln County
- NCHC Mobile Crisis Team, social workers
- HAVEN
- Social Services
- Willingness of the police departments
- "Softening" the perception of law enforcement: fishing, coffee with a cop, community night out, and school resources officer
- CART Team model

What resources does the community need to accomplish this item?

- Don't recreate the wheel
- Baseline survey
  - Community view of the problem/need
  - Law enforcement view of the problem/need
- Research into similar programs, which could be adapted to Lincoln County
- The knowledge that there is a problem
- Awareness/education: how we could address the problem?
- "Buy-in" from Merrill Police Department & Lincoln County Sherriff's leadership (if can't get local buy-in, need statewide leadership buy-in)
- Buy in from Lincoln County Board and funding
- Tight definition of tenets and boundaries of the program
- Marketing about the ROLE of law enforcement and stigma "serve and protect"
- Need law enforcement represented on planning committee and ongoing involvement
- Time and money
- Transportation to Winnebago is time consuming. Who pays for transport? Lincoln County always has to drive far.

Who needs to be involved to carry this out?

- Law enforcement
- County administration
- County Board
- Cities
- City Council
- Mental health providers (NCHC)
- Training (Crisis Intervention – 4-day training)
- Commitment by leaders
- Jails

What barriers may there be to accomplishing this?

- Shifting the view of law enforcement's role
- Stigma of participation with law enforcement
- Accessing training regularly
- Funding for appropriate amount of staff, training and time for additional education, and mobile crisis for Lincoln County
- Officer's personal safety
- Are department policies & procedures in line with a TIC approach?
- Beds for inpatients

How would we get started?

- Follow up plan for after October Crisis Intervention Team (CIT) training
- Train the trainer - get local trainers for continuous training, refresher courses, and new employee orientation
- Have a local crisis team
- Continue to get buy-in and educate
- Look into how health care system currently works with law enforcement so all are on the same page and can access
- Connect with other counties to see what they are doing—what works and what doesn't
- Back to a HUB type of database - Do we have a system already?
- Identify which agencies and personnel will be involved
- Have online access
- Get rid of stigma (or have central HUB)

**5. Community drop in sessions to get assistance with organizing and completing paperwork**

What resources do we, as a community, have to accomplish this?

- Library – so much more than books
- Health and Human Services Building
- Menard Center – St. Vincent's De Paul Outreach Center–211
- Schools
- Interagency Council
- Children's Hospital, 12-4 drop in hours

What resources does the community need to accomplish this item?

- Buy in to provide assistance
- Staffing to help people
- Marketing
- Develop a schedule
- Non-threatening location (Library, Enrichment Center, Children's Hospital, Service Center, MAC Home, Our Sister's House)

Who needs to be involved to carry this out?

- A team/coalition
- Multiple venues (Town Halls, Menard Center, Enrichment Center)
- Trained personnel
- Knowledge of online systems
- Legal advice
  - Disclaimer development

- Portable unit of individuals
  - Lawyer
  - Professionals from agencies
- Initial contact
- PR Venues
- Champion from agencies to streamline
- On-call

What barriers may there be to accomplishing this?

- Differences between agencies as it relates to paperwork and systems (including applications deadlines)
- Location (where to house?)
- How do you staff?
- How to access those in need in rural areas/transportation
- Privacy – response might not allow for this
- Response might be great
  - Not enough resources
  - Staff
  - Space
- Unsustainability – finances
- Trust of (or in) agency and stigma of getting help
- Individuals may not know what they need, how to access or be overwhelmed by the process
- Competing interests between agencies
- Agency buy in to model
- Missing resources to make the model work

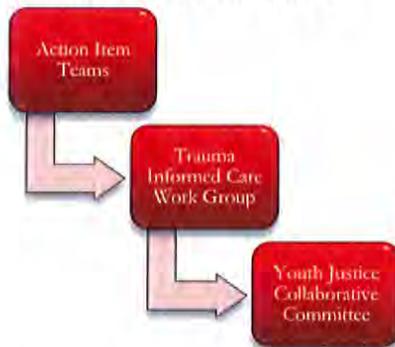
How would we get started?

- Community committee
- Agencies take on this role
- Coordinator to organize information, engage partners, and coordinate volunteers
- Work with community to identify their needs
  - Forms
  - Information/unsure of services
  - Stressful
  - Language barriers
  - Electronic forms
  - Childcare
  - Transportation
- Action Plan
- Implementing: work with agencies on strategies to address communication barriers
- Service fairs but also going where the people are and attending existing events

## Next Steps

The Trauma Informed Care (TIC) Planning Team met in Fall 2019 to review the preliminary report and discussed the best way to proceed with the findings of the planning process. The Team determined that the most appropriate preliminary action would be to share this report with the Youth Justice Collaborative Committee, Healthy Minds for Lincoln County and other agencies/organizations involved in the planning process.

### Trauma Informed Care Action Item Implementation Process



As the report is distributed, individuals will be recruited to form a Trauma Informed Care Initiative Work Group that can begin implementation of the prioritized action items. The Planning Team will contact participants from the 2019 planning process to serve as leads for the individual action items. If no one steps forward to work on a specific action item, the item will be put on hold until people are willing to serve as a lead or until additional resources are acquired that make work on the action item feasible.

The action items, in order by priority, are:

- Develop programing to educate the community (schools/medical organizations/faith-based organizations/agencies/general public) on ACEs and ways to build resilience
- Increase the number of individuals who are aware of their ACE score through the well child exam, drug court, WIC, and beginning of school
- Develop a HUB model for the County and help agencies assist individuals to navigate to right services – make appointments and follow through as a community resource “liaison”
- Crisis support with law enforcement (use other counties as examples, particularly Dane)
- Community drop in sessions to get assistance with organizing and completing paperwork

The action item leads are responsible for facilitating small group discussions, working with interested community members to craft a work plan for achieving the identified priority, and reporting back to the TIC Initiative Work Group on their progress. By dividing into small groups based on action items, it is hoped that participants can directly work on the items they prioritize making the most effective use of their time.

The Trauma Informed Care Work Group will report their progress to the Youth Justice Collaborative Committee.

# LINCOLN COUNTY DEPARTMENT of SOCIAL SERVICES

Lincoln County Health and Human Services Center, 607 N. Sales Street, Suite 202, Merrill, WI 54452

Renee Krueger, Director  
Telephone: (715)536-6200  
Fax: (715)536-2753

E-mail: [Socialservices@co.lincoln.wi.us](mailto:Socialservices@co.lincoln.wi.us)

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February 18, 2020

To Whom It May Concern:

The Lincoln County Department of Social Services serving Lincoln County Residents through Economic Support, Child Protective Services, Youth Justice, and Child Support services commits to developing a deeper relationship with the Northwoods Tobacco Free Coalition (NWTFC) to decrease tobacco-related disparities. As an agency that provides services to a population most impacted by tobacco-related health burdens, we pledge to join NWTFC in pursuing health equity by actively participating in tobacco prevention and control strategies that aim to prevent initiation, eliminate exposure to secondhand smoke and aerosol, and improve accesses to treatment for nicotine dependence.

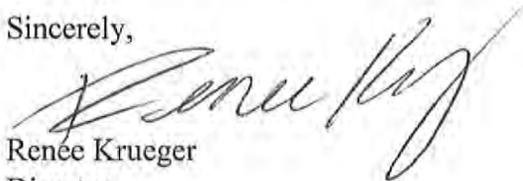
Since 2010, NWTFC has proven itself as a trusted community organization that drives environmental change. These activities have contributed to the lowest tobacco use rate Wisconsin has ever seen. Despite this success, large differences in smoking and tobacco use prevalence persist for populations in the Northwoods based on their socioeconomic status, disability, substance use, and behavioral health disorder. Through our Youth Justice Collaborative Committee, we have devoted training to our community partners as well as partnered with our school systems to develop intervention strategies for youth as there has been a significant increase in vaping among our youth. Additionally, we have experienced at least one youth who was on supervision that was hospitalized in critical care and treated for lung damage due to vaping. We strongly believe partnering with NWTFC will advance health equity and improve health outcomes in this population.

As general evidence of our commitment, we agree to participate in the following:

- Attend pertinent coalition meetings, sponsored trainings, and community events
- Ensure clear and timely communication between the sector representative and the coalition
- Disseminate relevant information to organizational members
- Provide connections to key grassroot leaders and community stakeholders

By signing this letter, LCDSS acknowledges that a collaborative impact is necessary to reduce tobacco-related disparities and achieve health equity. Together, we can provide tools for individuals to enact positive change in their own lives and our community as a whole.

Sincerely,



Renee Krueger  
Director

Lincoln County Employee Timesheet

Name: Renee Krueger Employee Number: 561 Department: Social Services Pay Period: 1/27/2020 To: 2/9/2020

FLSA Status: 1/27 1/28 1/29 1/30 1/31 2/1 2/2 2/3 2/4 2/5 2/6 2/7 2/8 2/9 From: 1/27/2020 Nonrepresented Exempt

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hours	Pay Category	FMILA Hrs
9	9	8	8	8.5			11.5	10	6	8	6.5			84.5	Regular Social Services	
														0	Vacation:	
														0	Holiday:	
														0	Paid Sick Allowance:	
														0	Paid Funeral Leave:	
														0	Worker's Compensation:	
														80	<b>TOTAL HOURS PAID</b>	-
														0		
														84.5	<b>TOTAL HOURS REPORTED</b>	

I certify that the foregoing is true and correct

Employee signature *Renee Krueger*

Supervisor signature \_\_\_\_\_

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES  
 GRANT NAME/PROJECT: \_\_\_\_\_  
 GRANT NAME/PROJECT: \_\_\_\_\_  
 GRANT NAME/PROJECT: \_\_\_\_\_  
 GRANT NAME/PROJECT: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_

Lincoln County Employee Timesheet

Name: Renee Krueger

Employee Number: 561

Representative Status: Nontrepresented

FLSA Status: Exempt

Department: Social Services

Pay Period:

From: 2/10/2020 To: 2/23/2020

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hours	Pay Category	FMILA Hrs
1	7	7.5	12.5	8.5			7.5	6	8	9.5	8.5			79	Regular: Social Services	
														1	Vacation:	
														0	Holiday:	
														0	Paid Sick Allowance:	
														0	Paid Funeral Leave:	
														0	Worker's Compensation:	
														80	TOTAL HOURS PAID	
														0		
														0		
														80	TOTAL HOURS REPORTED	

I certify that the foregoing is true and correct.

Employee signature: *Renee Krueger*

Supervisor signature

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:

COMPLETED BY:

APPROVED BY:

Lincoln County Employee Timesheet

Name: Renee Krueger

Department: Social Services

Pay Period:

Employee Number: 561

Representative Status: Nonrepresented

FLSA Status: 2/24 2/25 2/26 2/27 2/28 2/29 3/1 3/2 3/3 3/4 3/5 3/6 3/7 3/8 From: 2/24/2020 To: 3/8/2020

Mon	Tue	Wed	Thur	Fri	Sat	Sun	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Hours	Pay Category	FMFLA Hrs
	10	9	9.5	8			10.5	9	11	7	7			81	Regular: Social Services	
														0	Vacation:	
														0	Holiday:	
														0	Paid Sick Allowance:	
														0	Paid Funeral Leave:	
														0	Worker's Compensation:	
8	8	8	8	8	0	0	8	8	8	8	8	0	0	80	TOTAL HOURS PAID	-
														0		
0	10	9	9.5	8	0	0	10.5	9	11	7	7	0	0	81	TOTAL HOURS REPORTED	

I certify that the foregoing is true and correct.

Employee signature *Renee Krueger*

Supervisor signature \_\_\_\_\_

Mandatory for all employees

GRANT ALLOWABLE EXPENDITURES  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:  
 GRANT NAME/PROJECT:

COMPLETED BY: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_



# Implementation Update Overview

The below statistics show the cumulative count (by number of Childless Adults) as of  
 End of Day Monday, 3/2

General Statistics on BadgerCare Plus CLAs (as of end of day Monday, 3/2; by # of CLAs)	
BC+ Childless Adult cases approved for benefits after applying BCR policies	11,664
BC+ Childless Adult cases approved for benefits with premiums for February 2020	177
BC+ Childless Adult cases approved for benefits with premiums for March 2020	931
BC+ Childless Adult cases approved for benefits with premiums for April 2020	1,434
<b>Health Survey Submissions</b> (all potentially qualify for Reductions)	784
Total Number of Premium Payments made for CLA Premiums • 43 by ACCESS Desktop; 16 by MYACCESS; 43 by Paper Lockbox	102
Total Number of CLAs requesting Premium Assistance	2

**Please Note:**

- Counts are based on point-in-time snapshot when data was queried; changes in member circumstances will impact results



