

HEALTH AND HUMAN SERVICES COMMITTEE MEETING AGENDA

Date & Time of Meeting: Wednesday, August 4, 2021 at 4:00 p.m.

Meeting Location: WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI

Committee Members: Tim Buttke, Chair; Michelle Van Krey, Vice-chair; Kelley Gabor, Dennis Gonnering, William Harris, Donna Krause, Tom Seubert

Marathon County Mission Statement: Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)

Committee Mission Statement: Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.

The meeting site identified above will be open to the public. However, due to the COVID-19 pandemic and associated public health directives, Marathon County encourages Health & Human Services Committee members and the public to attend this meeting remotely. Instead of attendance in person, Committee members and the public may attend this meeting by **telephone conference**. If Committee members or members of the public cannot attend remotely, Marathon County requests that appropriate safety measures, including adequate social distancing, be utilized by all in-person attendees. Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

Phone#: 1-408-418-9388 Access Code: 146 159 7938

The meeting will also be broadcast on Public Access or at https://tinyurl.com/MarathonCountyBoard

When you enter the telephone conference, PLEASE PUT YOUR PHONE ON MUTE!

- 1. Call Meeting to Order
- **2. Public Comment (15 Minutes)** (Any person who wishes to address the County Board, or one of its committees, during the "Public Comment" portion of meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting.)
- 3. Approval of the June 2, 2021 Health & Human Services Committee Meeting Minutes
- 4. Policy Issues Discussion and Potential Committee Determination
- 5. Operational Functions required by Statute, Ordinance, or Resolution:
 - **A.** Request to County Board to Abolish Vacant 1.0 FTE Administrative Assistant Position and Expand .5 FTE Social Service Specialist to 1.0 FTE
 - **B.** 2022 Budget Position Requests:
 - 1) Two 1.0 FTE Social Workers (C42) for The Children's Long Term Support Program (Julia Wicke and Julie Gadke)
- 6. Educational Presentations and Committee Discussion
 - **A.** Update on the Start Right Program (Joan Theurer)
 - **B.** Health Officer Announcement
- 7. Next Meeting Time, Location, Announcements and Agenda Items:
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: September 1, 2021, 2021 at 4:00 p.m.
- 8. Adjournment

*Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting

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		SIGNED /S/ III	m Buttke
		Presiding Office	r or Designee
FAXED TO:	Wausau Daily Herald, City Pages, and	NOTICE	POSTED AT COURTHOUSE
FAXED TO:	Other Media Groups		
FAXED BY:	T. Ranallo	BY:	T. Ranallo
FAXED DATE:	7/30/2021	DATE:	7/30/2021
FAXED TIME:		TIME:	



HEALTH AND HUMAN SERVICES COMMITTEE MEETING MINUTES

Wednesday, June 2, 2021 at 4:00 p.m.
WebEx/ Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI

Members	Present/Web-Phone	Absent
Chair Tim Buttke	Phone	
Vice Chair Michelle Van Krey	W	
Kelley Gabor	Phone	
Dennis Gonnering	W	
William Harris	W	
Donna Krause	Phone	
Tom Seubert	W	

Also Present: Lance Leonhard, Michael Puerner, and Toshia Ranallo. **WebEx/Phone:** John Robinson, Joan Theurer, and Vicki Tylka.

1. Call Meeting to Order

Chair Buttke called the meeting to order at 4:00 pm.

2. Public Comment - None

- 3. MOTION BY HARRIS; SECOND BY VAN KREY TO APPROVE THE MAY 5, 2021, PUBLIC HEARING AND HEALTH & HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.
- 4. Policy Issues Discussion and Potential Committee Determination None
- 5. Operational Functions required by Statute, Ordinance, or Resolution:

A. Amending Section 2.05(1)(d) for Board of Health Membership to Track Statutory Language **Discussion:**

Health Officer Joan Theurer explained the amendments needed are to reduce limitations set by the county decades ago. This will increase flexibility in terms of who is best to serve on the Board of Health.

Action:

MOTION BY GONNERING; SECOND BY SEUBERT TO MOVE TO AMEND SECTION 2.05(1)(D) FOR BOARD OF HEALTH MEMBERSHIP TO TRACK STATUTORY LANGUAGE. MOTION CARRIED.

Follow Up:

Forward to County Board

- 6. Educational Presentations and Committee Discussion None
- 7. Next Meeting Time, Location, Announcements and Agenda Items:
 - A. A Start Right Program update will be discussed at the next month's meeting
 - B. Next Scheduled Meeting: June 30, 2021, 2021 at 4:00 p.m.
- 8. Adjournment

MOTION BY HARRIS; SECOND BY GABOR TO ADJOURN THE MEETING AT 4:07 PM. MOTION CARRIED.

Marathon County DSS Administrative Support Unit – Restructure Request July 2021

Current State:

We currently have two (2) vacancies on a two (2) person team. One (1) FTE Social Service Specialist position is vacant as of mid-July due to a retirement. The second .5 FTE Social Service Specialist position is vacant, effective June, due to an internal promotion. The positions are essential for the work of our department covering duties which include General Access to our services, Child Care Assistance, and key duties supporting the work of our Social Work Section.

In addition, we have one (1) vacant FTE Administrative Assistant position that has been held vacant, and have evaluated this position which performs front desk and reception duties.

Recommendation:

Evaluating our current and future business needs, and considering efficiencies we have gained in administrative processes, we request the following actions to support a restructure:

Abolish the 1.0 FTE Administrative Assistant position

Expand the .5 FTE Social Service Specialist to 1.0 FTE Social Service Specialist position

Financial Impact:

With the changes in wages of 1.5 FTE positions to 1.0 FTE at a different classification – and with the matching sources we have for each of the positions – we will save levy by doing this and increase our efficiencies. The levy savings is \$21,796 annually. The financial worksheet is attached.

\$6,987	Current Levy Usage for PT Social Service Specialist
¢22.040	Draigneted Lawy Hongs for ET Social Sorving Specialist
ΦΖΖ,040	Projected Levy Usage for FT Social Service Specialist
\$15,861	Net Levy Usage increase for FT SSS
\$37,657	Projected Levy Usage for FT Admin Assistant
(\$21.796)	Net Levy decrease to eliminate FT Admin Assistant and increase Soc Serv Spec from 50% to 100%

Administrative Assistant For Calendar Year 2021								
100% FTE - Administrative Assistant								
2021 Item Rates Mid-Point								
Salary		\$33,054						
Health - Family	\$1,963	\$20,588						
Dental - Family	\$62	\$744						
FICA Retirement Rate	6.20%	\$2,049						
FICA Medicare Rate	1.45%	\$479						
Unemployment Insurance	0.10%	\$32						
Retirement - Employer	6.75%	\$2,231						
Worker's Comp	0.15%	\$50						
PEHP	\$21	\$546						
Total Estimated Cost		\$59,773						
Revenues - AMSO	37%	\$22,116						
Tax Levy		\$37,657						

r 2021 e Special 1 Rates	list Mid-Point	For Calendar 50% FTE - Social Se		it	
		50% FTE - Social Se	ervice Specialis	st	
1 Rates	Mid-Point				
i		Item	2021 Rates	PayBud	
	\$39,840	Salary		\$19,920	
\$1,963	\$20,588	Health - Family	\$0	\$0	
\$62	\$744	Dental - Family	\$0	\$(
6.20%	\$2,470	FICA Retirement Rate	6.20%	\$1,235	
1.45%	\$578	FICA Medicare Rate	1.45%	\$289	
0.10%	\$39	Unemployment Insurance	0.10%	\$20	
6.75%	\$2,689	Retirement - Employer	0.00%	\$0	
0.05%	\$20	Worker's Comp	0.05%	\$10	
\$21	\$546	PEHP	\$21		
	\$67,514	Total Estimated Cost		\$22,020	
14,178		Revenues - CLTS Admin	\$ 4,624		
12,828		Revenues - Kinship Assessment \$ 4,184			
4,242		Revenues - Child Care \$ 2,121			
13,419	\$44,666	Revenues - AMSO \$ 4,104 \$15,03			
	¢22.040	Tau Lauri		\$6,987	
	\$62 6.20% 1.45% 0.10% 6.75% 0.05% \$21 14,178 12,828 4,242	\$1,963 \$20,588 \$62 \$744 6.20% \$2,470 1.45% \$578 0.10% \$39 6.75% \$2,689 0.05% \$20 \$21 \$546 \$67,514 14,178 12,828 4,242 13,419 \$44,666	\$1,963 \$20,588 Health - Family \$62 \$744 Dental - Family 6.20% \$2,470 FICA Retirement Rate 1.45% \$578 FICA Medicare Rate 0.10% \$39 Unemployment Insurance 6.75% \$2,689 Retirement - Employer 0.05% \$20 Worker's Comp \$21 \$546 PEHP \$67,514 Total Estimated Cost 14,178 Revenues - CLTS Admin Revenues - Kinship Assessment Revenues - Child Care Revenues - AMSO	\$1,963 \$20,588 Health - Family	

APPENDIX B NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: <u>Department of Social Services</u>	Date: <u>05/26/2021</u>
Position Requested: <u>Social Work</u> (If unsure of classification, indicate "To be determine	FT ☑ PT ☐ FTE% Number of Positions: 2
Division Position Will Be Assigned To: Children's Su (Indicate N.	apport Services A if not applicable)
Projected Start Date of Position: 01/01/2022 Pr	riority Number of This Position: If you are requesting more than one position, prioritize all your requests and indicate the priority number of position.

II. FULL EXPLANATION OF NEED FOR POSITION

A. Is this position request compatible with the County's mission statement?

Yes, it supports the health and safety of children and families.

B. What is your department's mission statement and how does position support this mission and/or department strategic plan?

Mission Statement: We strengthen individuals and families by coordinating and providing resources that promote safety and maximize independence to build a strong and healthy community.

The Children's Long Term Support (CLTS) program provides Medicaid funded services for children who have substantial limitations in their daily activities and need support and services to remain safely in their home and community. A child's eligibility is based on his or her functional limitations, which includes a physical, developmental or emotional limitation that restricts a child's ability to carry out daily living activities, such as dressing, eating, communicating or mobility. The CLTS program is a voluntary program, funded by the federal and state government. The CLTS program can help pay for supplies, services and supports above and beyond what private health insurance or Medicaid covers. CLTS services and supports are implemented based upon the goals and outcomes that the child and family identify with their social worker. Examples of services and supports that the CLTS program can fund include: home modifications such as a fence for safety or wheel chair ramp, caregiving services such as respite or supportive home care, and adaptive aids such as a service animal or an adaptive bicycle.

In Marathon County, the CLTS program is vital to the support of families, many of which without the assistance would be unable to provide for the care of their children safely.

C. Indicate reasons for asking for position including purpose of position, applicable workload data and trends, etc. **plus attach relevant supporting data**. If more than one position of the same classification is being requested, also justify the number requested.

In January 2021, the Wisconsin Department of Health Services (DHS) implemented state-level budget and enrollment administration for the CLTS program, which promotes statewide consistency in access, enrollment, and service planning by funding services at the state level for all enrollments. State-level budgeting ensures waiver program service funding for all enrollments. Through the state budget, DHS has been awarded funds to eliminate the waiting list for children eligible for the CLTS program. DHS will monitor Marathon County's compliance with achieving continuous enrollment for the CLTS program.

Additionally, in October 2021, our agency/the State of Wisconsin is required to comply with the Family First Prevention Services Act (FFPSA). Per the National Conference of State Legislatures, the purpose of

the FFPSA is to "provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs and kinship navigator services." Funding will be shifted to prevention and services to help keep children safe and supported at home, or in the least restrictive, most family-like, placement possible. The requested social work position/s will support children remaining in their parental home by providing case management services to assist families in accessing a variety of services including but not limited to respite, supportive home care, adaptive aids, daily living skills training and therapeutic services. Additionally, the position/s will support children who are in out of home care transition to lesser restrictive settings and return home more quickly which is a major goal of FFPSA.

Currently, at Marathon County Department of Social Services, there are 14 FTE social workers providing case management to 306 children enrolled in the CLTS program. For calendar years 2018-2020, DSS data indicates that there was an average of 112 new CLTS applications received per year. Of those applications, an average of 80 children (71%) per year were found eligible for CLTS and were added to the waitlist. Based on this data, in order to maintain a no-waitlist/continuous enrollment status, up to 2 FTE social workers will be needed for calendar year 2022. The request is to fill the FTE positions in 2022, based on the evaluated service need.

The caseload blend is a factor in the evaluation of the number of positions needed. Approximately, 33% of the children are projected to be eligible for both CLTS and Comprehensive Community Services (CCS) based on diagnostic and behavioral information, necessitating additional case management time and a corresponding smaller case ratio.

D. What benefit will the position provide to the County? How does the position improve/enhance customer service and/or address community needs?

The increased position hours will benefit children with disabilities, and their families, by providing case management services, which will assist the families in accessing supports and services to support their children remaining in their home and community. Services include, but are not limited to respite care, supportive home care, adaptive aids, daily living skills training and therapeutic services.

E. Indicate any alternatives to creating this position that were considered and why you still chose to request the position?

Elimination of the waiting list and maintaining a continuous enrollment status is required by DHS. Case management is a required and essential service, which needs to be provided by a specialized case manager/social worker. Contracting out the case management function is not in the county's best interest due to cost and the decreased opportunity for service collaboration for children and families who have higher needs that the county must provide for such as Child Protective Services (CPS) and Youth Justice (YJ).

F. What will be the effect if the proposed position is not created?

Marathon County will not be in compliance with the directive of the Department of Health Services.

Children with disabilities and their families may not have access to supports and services to assist the child with remaining safely in their home and community, or children may not be able to transition to a community setting from a high-cost/restrictive placement.

F. What criteria will you use to monitor the effectiveness and performance of the position? (Increasing revenues, improved customer service, decreasing costs, enhancing services, etc?)

In CLTS, we monitor the safety of children compared to abuse/neglect reports and strive to eliminate out of home care for this population. DHS implemented a state-level budget for all CLTS enrollments.

A. List the specific duties position will perform <u>plus</u> the approximate percentage of time to be spent on each duty.

The specific duties will be providing ongoing case management services to children with disabilities.

B. Could another County department use the expertise of this position? OR could you use the expertise of another department to meet your needs? Why or why not?

The CLTS program partners with agencies such as the ADRC of Central Wisconsin, the Health Department, and Birth to Three, and others for complimentary services. CLTS is a separate and discreet program for children. Therefore, there are no other county departments that can meet this need.

C. If the work is currently being done by the County, how is it being accomplished (contract basis, temporary help, current employee, etc.)? Why is this arrangement no longer acceptable?

The CLTS case management is provided by DSS and will continue. The current staff capacity is not sufficient to maintain a no-waitlist/continuous enrollment status.

IV. POSITION COSTS AND FUNDING SOURCES

A. What is the anticipated total cost of this position? (Include salary; benefits; office space, remodeling, furniture, and equipment; travel; and other applicable costs.)

The total estimated position cost (see attached worksheet) for two social workers at mid-point is \$206,990 annually-based on 2021 expenditures. The actual costs of the positions will need to reflect 2022 wages and benefits. Also note that the current estimate is higher than the actual cost is likely to be, as social workers are not generally hired at the control point wage, which was utilized for this estimate, and this also assumes family benefit coverage, when single coverage may apply. Included in the costs are anticipated mileage and training of \$8,000. Startup costs for the position can be funded through the CLTS administrative allocation, Children's CCOP risk reserve and Department of Health Services funded basic county allocation.

B. Explain specifically how position will be funded.

Amount of County tax levy:	\$0	% of total costs:	0%
Amount of any outside funding:	\$206,990	% of total costs: _	100%
Source of outside funding:	Billable Case Management an	d DHS Allocation	
Length of outside funding:	Continuing		
Likelihood of funding renewal:	High		
Would this outside funding be use	ed to offset the levy if not used for	or this position? <u>No</u>	

C. Will the proposed position allow your department to increase revenues or decrease expenditures beyond the cost of the position? If yes, how?

Yes, a portion of agency management, support and overhead will be allocated to this funding source as well to assist in drawing down additional revenues. Child Protective Services and Youth Justice expenditures are likely to decrease as CLTS supports children returning to the community from higher level placements.

D. Does the proposed position provide preventive services that will lead to cost avoidance or more extensive services in the future? OR Can the proposed position be justified as an investment with future benefits to the County greater than the cost of the position? If yes, how?

Yes, the CLTS program assists children in remaining in their homes and in our community instead of being placed in high-cost out-of-home placements outside of our community. The county is financially responsible for the cost of out-of-home placements ordered by the court.

E. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.

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What is the recommendation of the committee of jurisdiction?

The Social Services Board will review the position at their June meeting.

NOTE: An updated or new Position Description Questionnaire (PDQ) may be necessary to complete the job evaluation process.

Signature of Supervisor/Manager Completing Request	Date	
Vicki Tylka	5/26/2021	
Department Head Signature	Date	

Children's Long Term Support /Comprehensive Community Services Social Worker

CLTS = 50% / **CCS** = 50%

For Calendar Year 2021

100% FTE

	202	l Proposed	
Item		Rates	Mid-Point
Salary			\$65,116
Health - Family		\$1,963	\$23,556
Dental - Family		\$62	\$744
FICA Retirement Rate		6.20%	\$4,037
FICA Medicare Rate		1.45%	\$944
Unemployment Insurance		0.10%	\$65
Retirement - Employer		6.75%	\$4,395
Worker's Comp - SW Municipal		0.98%	\$638
PEHP		\$21	\$546
Total Estimated Cost		\$99,495	
One SW Position Requested			\$99,495
Staff Travel and Training Costs			\$4,000
Total Costs - One SW Position			\$103,495
Revenues - CLTS Case Management	\$	51,390	
Revenues - CCS Case Management*	\$	34,768	\$86,158
Expenses in Excess of Revenues		\$17,337	
Excess Expense to be Covered By CLTS			
Admin Allocation, BCA, or CCOP		\$17,337	
Tax Levy			\$0

^{*}If employee possesses a Master's Degree, the Case Management Revenue can be increased; 10% fee for billing assessed by NCHC for CCS billing

Annual Estimated Revenues after Year One = \$129,236



2017 Program Impacts*

Start Right provides family support and coaching for families in Marathon County from pregnancy to age five. Specific goals of the program include;

- Children will be healthy
- Children will be safe in their family homes
- Children will experience nurturing relationships with their parents
- Children will be "school ready" when they begin school

First Steps – Pregnancy to 60 Days Postpartum

124 women received services and delivered babies in 2017 with 96 of those women receiving 3 or							
more visits							
 36% of pregnant women reported smoking, with 81% stopped or decreased their smoking 35% of pregnant women reported drinking during their pregnancy, with 97% of women reporting that they stopped drinking 70% of pregnant women initiated breastfeeding, with 64% of women breastfeeding or providing breast milk at 4 weeks postpartum 88% of women had a reproductive life plan 94 % of infants had a medical home 90% of infants had a well-child exam as age appropriate 96% of eligible infants were enrolled in WIC 99% of parents were knowledgeable about immunizations 							
 91% of infants were reported to sleep on their backs, and 88% of women/caregivers reported they did not co-sleep with their infant 83% of infants slept in a safe sleep environment 100% of infants in a home with a private well had a well water test 90% of homes had a working smoke alarm 90% of homes were smoke-free 							
 28% of women experienced perinatal depression, with 27% of the women with depression referred for services (who had not previously been referred) 100% of parents responded appropriately to their newborn's hunger cues and 100% of parents responded appropriately to their newborn's crying cues 							



Families will be
knowledgeable about key
community resources,
including Start Right

- 70% of parents who were eligible for Step-by-Step parent educator services accepted services
- 97% of parents were aware of Family Resource Center services

First Steps – Families with Newborns

128 families received 1 or more nome visits

Children will be healthy

- 99% of infants had a medical home
- 96% of eligible infants enrolled/referred to WIC
- 99% of parents were knowledgeable about immunizations
- 88% of women initiated breastfeeding
- 91% of women had a reproductive life plan

Children will be safe in their family homes

- 98% of infants were reported to sleep on their backs; 95% of women/caregivers reported they did not co-sleep with their infant
- 93% of infants slept in a safe sleep environment
- 100% of infants who lived in a home with a private well had the well tested
- 93% of homes had a working smoke alarm
- 96% of homes were smoke-free

Children will experience nurturing relationships with their parents

 19% of women experienced perinatal depression, with 14% of women referred for services (who were not previously referred)

Families will be knowledgeable about key community resources, including Start Right

- 41% of parents eligible for Step by Step Parent Educator services accepted services
- 99% of parents were aware of Family Resource Center services



Step by Step – Intensive Parenting Education and Support

For families with children aged 2 months to 5 years

211 children received intensive home visiting services

211 Children received intensive nome visiting services		
Children will be healthy	 93% of children were fully immunized at 24 months 98% of parents identified a medical home 98% of parents reported their children were on schedule for their well child exams 75% of parents reported their children did not use emergency room services 84% of eligible children received WIC services 	
Children will be safe in their family homes	87% of homes with an identified safety hazard had a decrease in hazards	
Children will experience nurturing relationships with their parents	 33% of children screened with the ASQ-3 were identified as having a potential developmental delay with 98% receiving follow up intervention services. 6% of children screened with the ASQ-SE were identified as having a potential developmental delay with 100% receiving follow up intervention services. 80% of parents scored 80% or higher on a post parenting knowledge test 	
Parents with AODA, domestic violence or mental health concerns will receive supportive services	49% of parents have one or more identified concerns with AODA, domestic violence or mental health, with 60% receiving one or more supportive services (either having services already involved or as a direct referral from Start Right).	
	48% of children aged 3 to 5 participated in preschool, Headstart, or other early childhood program	



Children will be "school
ready" when they begin
school

Stepping Stones

Parenting Support Provided Through a Parenting Warm Line and One-to-One Parent Coaching Sessions

215 Family Coaching Sessions or Warmline Sessions

Families will have access to timely parenting information	 81% of parents reported increased feelings of support 100% of parents reported increased feelings of confidence 100% of parents reported increased knowledge
Families will be knowledgeable about key community resources and are linked to appropriate supports	100% of families reported being knowledgeable about community resources
Families will be knowledgeable about their child's development and access services for their children if they are developmentally delayed	 26 children received developmental screening 5 children were identified with potential developmental delay, with 100% receiving further assessment or intervention services
Families will use the Family Resource Center and Stepping Stones services	100% of parents reported they were comfortable with re- contacting the Family Resource Center should they need further service

Start Right

Stepping Out

Parenting Support Provided Through Play N Learn Sessions and Parent Education Classes
Offered Through the Family Resource Centers

Children will be "school ready"	 288 unduplicated adults and 441 unduplicated children participated in one or more of the 246 Play N Learn sessions offered throughout the county 98% of parents reported increased feelings of support 98% of parents reported increased feelings of confidence 100% of parents reported increased knowledge about child development 41 ASQ-3 and 12 ASQ-SE development assessments were done at Play N Learns; 4 children were identified as having a potential delay, with 100% referred or receiving services
Families will have access to parenting information and support	 433 unduplicated children and 467 unduplicated parents participated in one or more of the 364 educational sessions 97% of parents reported increased feelings of support 97% of parents reported increased feelings of confidence 96% of parents reported increased knowledge about child development
Families will be knowledgeable about key community resources and linked to appropriate supports	97% of parents reported being more knowledgeable about community resources

Impacts reported are from 2017. For more detailed outcomes along with benchmarks, please refer to Marathon County Health Department's Annual Report.

Start Right

BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five











Marathon County Health & Human Services Committee

June 30, 2021



BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five.

Nurturing Relationships
Healthy
Safe in their Homes
School Ready

Best Practices Services

First Steps: WI Medicaid Prenatal Care Coordination

 Health and nutrition education, information and referral to community resources to women during their pregnancy and newborns

Start Right Step by Step: Healthy Families America

 Parent education, information and referral to community resources to parents with children birth-5 years

Stepping Out: Family Resources

- Play N' Learn and parenting education
- Warm Line support

How do we know Marathon County investments are contributing to the outcomes we aspire for our children and their families?



BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five

Best Practices Services = Outcomes

- 2010, research study of WI Medicaid Prenatal Care Coordination program
 - fewer low-birth weight infants
 - fewer very-low-birth weight infants
 - fewer infants transferred to the neonatal intensive care units
- 2003, WI Department of Health and Family Services study of 10 county home visiting pilot looking at reducing child abuse and neglect
 - 25% reduction in substantiated child abuse and neglect cases among first time parents at risk for child abuse and neglect
 - 25% less out-of-home placements
 - Emergency room visits were less than half of other Medicaid children 0 to 5
 - 87% of children were up-to-date on immunizations, compared to 54% of Medicaid eligible 2-year olds

UniverCITY, UW System Program Evaluation Underway

- Applied December 28, 2020
- Met with Managing Director February 8, 2021
- Matched on April 21, 2021
- Findings mid-September, 2021
 - 2015-2019 program data compare to population outcome data that is readily available



BE THE BEST PARENT YOU CAN BE.

Start Right provides education and support services for families in Marathon County, from pregnancy to age five

"Investments prior to kindergarten – especially for children considered at-risk because of poverty, abuse, neglect, parent chemical dependency, among other factors – can have a substantial impact on the sorts of students, workers, and citizens the children eventually become."

Rolnick, Arthur & Grunewald, Rob. Early Education's Big Dividends: The Better Investment.

5/17/21

Boly Vang Human Resource Analyst Marathon County Employee Resources

Dear Boly Vang,

Please accept this letter and resume as my application for the Health Officer position at the Marathon County Health Department.

For the past 15 years, my professional endeavor has been ensuring the health and safety of those who live within Marathon County. In my time at the Marathon County Health Department, I've seen how leadership works to provide a comprehensive foundation of health in our county. I would love the opportunity to carry those plans forward. I believe my experience with management, leadership and public health, as well as my positive relationships with local stakeholders, make me a strong candidate for the role.

Since I joined the Health Department in 2020, I have been able to use my skills in collaborative partnership building, community organizing, and new service implementation during a very challenging year. Acting as the Testing and Vaccine Coordinator during the pandemic, I have been able to ensure access to these services for the community and gain an understanding of the inner workings of the Health Department. In creating and implementing these programs, I built on my eight-year experience as a Marathon County Board of Health member. In March 2021, I was promoted to Community Health Improvement Director, which handles vital health promotion activities for the county.

I have a strong background in management, leadership and coalition building in Marathon County. I previously was the Executive Director at Bridge Community Health Clinic and the Human Services Executive at North Central Health Care. I have over 16 years of public health-related experience and would love the opportunity to step into a leadership role once more in service of helping the county reach its goal of becoming the healthiest, safest, and most prosperous county in the state.

Marathon County is my home and I remain devoted to improving the quality of life for all who live here.

Thank you very much for your consideration. Please do not hesitate to contact me if you have any questions or would like to speak to me further.

Sincerely,

Laura E. Scudiere, MPH, CHES

1412 Woodland Ridge Road • Wausau, Wisconsin 54403

Cell: (715) 432-8412 • laurascud@gmail.com

Laura E. Scudiere, MPH

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OBJECTIVE: Utilize my public health and writing skills in a challenging and socially responsible environment, have the ability to work in a caring manner with a diverse population and use my strong communication and organizational ability.

WORK EXPERIENCE

Senior Executive of Human Service Operations, North Central Health Care, Wausau, Wisconsin January 2016-present

- Provide operational guidance for mental health and disability service lines including case management, psychiatric programs, crisis services, and outpatient counseling services
- Manage the strategic direction of programs to meet the needs of the 3-county service area
- Participate in the management of the operational budget of \$83 million
- Design and implement new programs in accordance with evidence-based standards
- Participate in community-wide public health efforts to address gaps in service for substance use and mental illness

Executive Director, Bridge Community Health Clinic, Wausau, Wisconsin June 2008-December 2015

- Wrote and submitted over 12 successful grant applications that focused on uninsured or underinsured populations for dental, medical, and mental health services
- Executed development and strategic planning of a Federally Qualified Health Center (FQHC)
- Integrated mental health services into the clinic's scope of practice
- Integrated Electronic Medical Records and Electronic Dental Records
- Acted as a community liaison between local organizations
- Secured over \$3.4 million in funding for dental clinic expansion and renovation
- Added 20 dental operatories to manage demand for dental services
- Doubled the clinic's patient population and staff size within five years
- Founded Wausau Urban Community Gardens, a program of Bridge Clinic's aimed at improving quality of life for patients and families

Interim Executive Director, Bridge Community Health Clinic, Wausau, Wisconsin March 2008-June 2008

- Recruited by the Board of Directors to provide leadership during Executive Director transition
- Executed development and strategic planning in accordance with the Board of Directors
- Managed the addition of two satellite rural dental health locations in Antigo and Merrill
- Successfully obtained a Federal Appropriation to renovate clinic space

Administrative Services Director, Bridge Community Health Clinic, Wausau, Wisconsin August 2007-March 2008

- Provided operational direction for the clinic for optimal efficiency and productivity
- Wrote and submitted grant applications to benefit underserved populations
- Assisted with HR resources and employee management

Associate Director of Programs/ Data Evaluation Coordinator, Test Positive Aware Network, Chicago, Illinois 2006-2007

- Promoted to duel-title and supervisory role with oversight of four staff members
- Conducted and provided reports for funding agencies in a timely and efficient manner
- Implemented evaluation efforts for all of TPAN's programs, including logic model design, evaluation plan design, data collection, data entry, and data analysis
- Provided client management services and referrals to a diverse client base of primarily HIV positive clients in the Chicago metropolitan area
- Assisted Programs Director with supervisory duties of all programs staff
- · Assisted with program design, implementation, and management of TPAN programming

Data Evaluation Coordinator, Test Positive Aware Network, Chicago, Illinois 2005-2006

- Conducted and provided reports for all programs for funding agencies
- Implemented evaluation efforts for all of TPAN's programs
- Provided client management, services, and referrals to a diverse client base of primarily HIV positive clients in the Chicago metropolitan area
- Conducted HIV testing and needle exchange

Patient Educator, CardioNet, Chicago, Illinois November 2004-June 2005

 Traveled to patient homes and area hospitals to educate patients about their mobile cardiac telemetry device

Editorial Graduate Assistant, Wexner Center for the Arts, Columbus, Ohio August 2001–March 2004

Wrote promotional material, news releases, and website updates

EDUCATION

Master of Public Health

The Ohio State University School of Medicine and Public Health, March 2004

Bachelor of Philosophy

Miami University, Western College Program, Oxford, Ohio, May 2001

Elected commencement speaker, School of Interdisciplinary Studies

MEDIA/AWARDS

"Person to Watch," Wausau City Pages January 2009

"Woman to Know," You Magazine, Fall Issue 2009

"Person to Know," Central Wisconsin Business Magazine, January 2010

Family Planning Health Leadership Award 2011

Wausau Daily Herald "20 under 40" 2014

2014 Non-Profit Business of the Year Chamber of Commerce-Bridge Community Health Clinic

Tony Evers Governor

Secretary

Karen E. Timberlake



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July 14, 2021

Mr. Lance Leonhard County Administrator Marathon County Courthouse 500 Forest St. Wausau WI 54403

Dear Mr. Leonhard,

The Wisconsin Division of Public Health has reviewed the qualifications of Ms. Laura Scudiere as health officer for Marathon County. After review of the provided application, letter and resume of Ms. Scudiere, it has been determined that she meets the requirements set forth in Wis. Stat. § 251.06 as a Level III health officer. Please forward formal notice of this appointment, as well as related board minutes, as they are available, to your regional office director.

The Wisconsin Division of Public Health looks forward to working closely with Ms. Scudiere and the Marathon County Health Department on public health issues that impact the citizens of Marathon County.

If you have any questions, please do not hesitate to contact Angela Nimsgern, Northern Regional Office Director of the Wisconsin Division of Public Health, at (715) 365-2721 or Angela.Nimsgern@dhs.wisconsin.gov.

Sincerely, Julie Willems Van Ook

Julie Willems Van Dijk, RN, PhD, FAAN

Deputy Secretary State Health Officer

C. Molly Adzic, Employee Resources Director John Robinson, Chair, Board of Health Joan Theurer, Health Officer Chuck Warzecha, Acting Division Administrator, Deputy Division Administrator Jennifer Rombalski, Office of Policy and Practice Alignment Director Angela Nimsgern, Northern Region Office of Policy and Practice Alignment