



Sawyer County

Agenda

Health and Human Services Board Meeting

Tuesday, February 8, 2022 @ 6:30 PM

Assembly Room

Revised: Wednesday, February 2, 2022 7:58 AM

Page

1. CALL TO ORDER

- a. To view or participate in the **virtual meeting** from a computer, iPad, Android device, click on this link to join the webinar: <https://zoom.us/j/92309461969>. You can also use the dial in number for listening only at: **1-312-626-6799** Webinar ID: 923 0946 1969. If additional assistance is needed please contact the County Clerk's Office at 715-634-4866 prior to the meeting. This meeting will be recorded and will be available on our website at: <https://sawyercountygov.org>. If you are on a computer, click the "Raise Hand" button and wait to be recognized. If you are on a telephone, dial *9 and wait to be recognized.

2. ROLL CALL

3. CERTIFICATION OF COMPLIANCE WITH THE OPEN MEETINGS LAW

4. MEETING AGENDA

5. PUBLIC COMMENTS

- a. At this time, members of the public will be given the opportunity to address the Board on items not on the agenda. Please adhere to the following when addressing the Board:
 - Comments will be limited to 3 minutes or less per individual.
 - Comments should be directed to the Board as a whole and not directed to individual Board members.
 - The Board cannot respond to your comments during this time.
 - Please sign in and fill out a public comment sheet if you wish to speak on an item.

6. CONSIDER APPROVAL OF MINUTES FROM PREVIOUS MEETING

- a. [1.11.22 HHS Minutes DRAFT](#)

7. COMMITTEE REPORTS

- a. LCO Liaison
- 6 b. Senior Resource Center
[FEB 2022 HHS Committee and SRC Board Report](#)
- 7 - 8 c. Memorandum of Understanding - Senior Resource Center, Inc., &
Sawyer County (discussion and possible action)
[MOU SRC and Sawyer County 1 FEB 2022](#)

8. PUBLIC HEALTH

- 9 - 37 a. Community Health Improvement Plan PowerPoint
[CHIP 2023.2025 BOD Presentation](#)
- 38 - 61 b. Community Health Improvement Plan Report
[CHIP 2023-2025 Written Report Draft](#)
- 62 - 69 c. Covid Update
[Sawyer COVID Data 2022.01.28](#)

9. ADMINISTRATION

10. ADULT LONG TERM CARE

- 70 a. [Adult Long Term Care unit Feb 22 report](#)

11. BEHAVIORAL HEALTH

- 71 a. Behavioral Health Report
[01.26.22 Report on Behavioral Health Department Programs](#)

12. CHILD PROTECTIVE SERVICES

- 72 a. CPS Report
[CPS Report January 2022](#)
- 73 - 75 b. Substitute Care Report
[Substitute Care Report February 2022pdf](#)

13. YOUTH JUSTICE

- 76 a. [YJ report January 2022](#)

14. ECONOMIC SUPPORT

- 77 a. [ES Monthly Update 1-24-2022](#)

15. FISCAL

- a. County Car Report
[Year End 2021 County Car Report 01.04.22](#)

16. FUTURE AGENDA ITEMS**17. CORRESPONDENCE, REPORTS FROM CONFERENCES AND MEETINGS, OTHER MATTERS FOR DISCUSSION ONLY****DISCLAIMER:**

A quorum of the County Board of Supervisors or of any of its committees may be present at this meeting to listen and observe. Neither the Board nor any of the committees have established attendance at this meeting as an official function of the Board or committee(s) or otherwise made a determination that attendance at the meeting is necessary to carry out the Board or committee's function. The only purpose for other supervisors attending the meeting is to listen to the information presented. Neither the Board nor any committee (other than the committee providing this notice and agenda) will take any official action with respect to this noticed meeting.

Copy sent via email to: County Clerk and News Media. Note: Any person wishing to attend whom, because of a disability, requires accommodation should call the Sawyer County Clerk's office (715.634.4866) at least 24 hours before the scheduled meeting so appropriate arrangements can be made.

Mission Statement: The Sawyer County Board of Supervisors will strive to provide excellent services and responsible leadership to protect and enhance Sawyer County citizens, businesses, and resources, while preserving our unique heritage.

**Minutes of the January 11th meeting of the Sawyer County
Health and Human Services Committee
Of the Sawyer County Board of Supervisors
Assembly Room; Sawyer County**



Voting Committee Members Present:

- ☒ Chair: Dale Schleeter
- ☒ Tweed Shuman
- ☒ Chuck Van Etten - Virtual
- ☒ Dale Olson
- ☒ Dawn Petit - Virtual
- ☒ Lorraine Gouge
- ☐ Jennifer Vobornik
- ☒ Carol Pearson
- ☐ Dr. Sabrina Dunlap

Others Present:

Tom Hoff
Mike Coleson
Lynn Fitch
Paul Grahovac
Patty Dujardin - Virtual
Julia Lyons
Joey Johnson
Laurie Perlick - Virtual
Joe Bodo - Virtual
Alicia Carlson – Virtual
Joey Johnson - Virtual

Call to Order – Chair Dale Schleeter called the meeting to order at 6:30 pm.

Certification of Compliance with the open meeting law was met. Roll Call was taken; a quorum was met.

Meeting Agenda

Public Comments –

Minutes from previous meeting – A motion was made by Ms. Pearson to approve the minutes of the December 7, 2021, meeting; second by Mr. Olson. Motion carried without negative vote.

Municode Update – Mr. Hoff reported that all departments are to review the ordinances pertinent to their departments prior to the January 20th County Board meeting for our submission for final upload to our website.

Committee Reports – Ms. Gouge provided an oral report for LCO. They have 99 active Covid cases at present and are still running vaccine clinics. Their men's and women's shelters are active and they are trying to establish a transition home.

Ms. Johnson presented a written report. She advised that the Center is in desperate need of employees for several positions, especially meals on wheels drivers. Their new website will be up and running soon.

Mr. Grahovac presented a Memorandum of Understanding between Sawyer County and the Senior Resource Center – a requirement of GWAAR for funding. As changes were recommended, this document will come back to the February meeting.

Adult Long Term Care – Mr. Grahovac mentioned the open building area at Oasis has been considered as a potential location for ADRC of the North and Adult Protective Services because of its layout. They have hired a Dementia Care/Information Assistance Specialist.

Ms. Perlick reviewed the proposed Guardianship Policy draft which includes a fee structure to recoup some costs where available. Mr. Olson left the meeting from 7:36 pm to 7:38 pm. A motion was made by Ms. Pearson to approve the policy and fee schedule with the addition of fee schedule j. Comprehensive Court Assessment at \$125.00/hour and forward to County Board; second by Mr. Shuman. Motion carried without negative vote.

Behavioral Health – Written reports were provided. The County will be receiving a payment from our WIMCR report in the amount of \$78,716.03 which will be included in the 2021 budget.

Child Protective Services -- A written report was provided. Mr. Grahovac advised that they have hired a full-time staff member for the CPS/Youth Justice position.

Youth Justice – A written report was provided.

Economic Support – A written report was provided. Mr. Grahovac advised that we continue to receive recognition on timeliness of information.

Public Health – A written report from HHS on the Birth-to-Three early special education program was provided. Ms. Lyons presented her Covid update. Vaccine clinics remain in the area, though the County will move its clinic back to the courthouse.

Fiscal – Written reports were provided.

Future Agenda Items

Meeting Date/Time – The next meeting of the Health and Human Services Committee will be Tuesday, April 13, at 6:30 pm in the Assembly Room.

Meeting adjourned at 8:15 pm
Minutes recorded by Lynn Fitch, County Clerk

**February 2022 – HHS and SRC Board Report
Executive Director Report**

- Job Openings/Ads
 - MEALS ON WHEELS Drivers – greatest need is Hayward (4 routes)
 - Hayward – Bus Assistant, Part Time Bus driver,
 - Stone Lake – Assistant Cook
 - Exeland - Assistant Cook
 - Winter – Site Manager
- MOU
- Senior Resource Center Bus
- Nutrition
 - Meal Site Counts

As always if there are any questions, please call, email, or stop by, if you would like to come to the Senior Center please call ahead. We will be happy to answer your questions.

Mission Statement: To serve, support, assist, and advocate for the older adults of Sawyer County and their caregivers to achieve active fulfilled independent and healthy lives.

Memorandum of Understanding
Senior Resource Center, Inc
and
Sawyer County

The Senior Resource Center is committed to providing quality customer-focused services that are easy to access and navigate for the senior population of Sawyer County. Specific site locations of the Senior Resource Centers include: Hayward, Stone Lake, Winter, Exeland and Spider Lake, and are collectively referred to as SRC.

We agree to do the following:

1. Develop and maintain a strong working relationship between the Senior Resource Centers and Sawyer County Board of supervisors, specifically the Health and Human Services Committee. Additionally, we will share information and programs with Sawyer County: Aging and Disability Resource Center of the North (ADRC-North). A representative of the Senior Resource Center will provide a monthly written report to the Health and Human Services Committee meeting by the deadline deemed appropriate. The Senior Resource Center representative will be present at Health and Human Services Committee meeting at least 2 times a year including annual 85.21 report or as deemed necessary by the Health and Human Services Committee chair.
2. All staff members will be supervised by the Executive Director of the SRC who will oversee hours of operation, services provided and daily management of the facilities.
3. The Senior Resource Center Board will have 2 members that are appointed from the Sawyer County Board of Supervisors.
4. The Senior Resource Center, Inc. will provide the following services and programs for the seniors of Sawyer County **as schedule, staffing and funding allow:**
 - a. Congregate and Home Delivered Meals at Hayward, Stone Lake, Winter and Exeland
 - b. Healthy Promotions Programs, including partner with the ARDC-N to present Power Tools for Caregivers.
 - c. Administer the National Family Caregiver Support Program and Alzheimer's Family Caregiver Support Program and Family and Caregiver Support grants.
 - d. Share information and trainings
 - e. Any other programs and services by or through OAA and GWAAR for seniors of Sawyer County
5. SRC sites will follow state, federal and GWAAR agency guidelines.
6. SRC will establish their annual budget and submit to Health and Human Services Committee for approval, for final approval to be included in the Sawyer County annual budget.

7. Provide bus transportation within a 10-mile radius of Hayward to seniors, disabled and developmentally disabled for the purpose of shopping, medical appointments, recreation, education, employment and to Hayward Meal site for meals, classes, programs, or recreation.
 - a. Comply with all 85.21 grant requirements and work with Health and Human Services to complete all 85.21 reports.
 - b. Annually in April of each year provide Health and Human Services with a year-end report.

By signature, the Senior Resource Center, Inc., and Sawyer County agree to follow this memorandum of understanding. This memorandum of understanding shall be ongoing unless any of the parties provide information for the purpose of modification.

Wenonah (Joey) Johnson
Senior Resource Center, Inc
Executive Director

Date

Tweed Shuman, Chairman of the Board
Sawyer County

Date

Community Health Improvement Plan 2023-2025



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Memorial Hospital
& Water's Edge**

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Agenda

- Organization Missions
- The Process
- Community Health Improvement (CHIP) Vision
- CHIP Priorities
- 2023-2025 Plan



2023-2025
Community Health Improvement Plan



Hayward Area Memorial Hospital Mission

Improve the health and wellbeing of the people of the greater Hayward Lakes Region.

Sawyer County Public Health Mission

Respond to the health and safety of Sawyer County residents and promote the self-sufficiency and general welfare of the individual and community.



2023-2025
Community Health Improvement Plan



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The Process

Community Health Improvement Plan

Wisconsin hospitals and health departments are required to actively engage their communities in developing and implementing Community Health Improvement Plans (CHIP).

A CHIP is intended to identify, prioritize and address health needs within a community.

It is a tool to move our community forward and offers opportunities for people to become involved.



2023-2025
Community Health Improvement Plan



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2021 County Health Rankings for the 72 Ranked Counties in Wisconsin

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	69	71	Douglas	37	53	Kewaunee	15	22	Ozaukee	1	1	Taylor	9	52
Ashland	63	41	Dunn	18	25	La Crosse	25	4	Pepin	22	44	Trempealeau	38	35
Barron	36	34	Eau Claire	21	8	Lafayette	24	46	Pierce	4	11	Vernon	26	55
Bayfield	32	33	Florence	66	47	Langlade	54	57	Polk	45	29	Vilas	65	43
Brown	31	21	Fond du Lac	34	18	Lincoln	49	26	Portage	12	13	Walworth	27	38
Buffalo	28	32	Forest	71	69	Manitowoc	53	36	Price	42	40	Washburn	30	50
Burnett	55	67	Grant	23	39	Marathon	17	14	Racine	61	58	Washington	5	6
Calumet	8	7	Green	11	15	Marinette	59	51	Richland	29	54	Waukesha	3	3
Chippewa	16	24	Green Lake	57	42	Marquette	56	65	Rock	62	61	Waupaca	44	28
Clark	51	68	Iowa	10	17	Menominee	72	72	Rusk	40	64	Waushara	39	62
Columbia	20	37	Iron	46	59	Milwaukee	70	70	Sauk	33	27	Winnebago	41	16
Crawford	52	49	Jackson	64	60	Monroe	50	31	Sawyer	68	66	Wood	47	20
Dane	6	2	Jefferson	19	19	Oconto	48	45	Shawano	60	48			
Dodge	43	30	Juneau	67	63	Oneida	35	23	Sheboygan	14	12			
Door	7	10	Kenosha	58	56	Outagamie	13	9	St. Croix	2	5			

For more information on how these ranks are calculated visit www.countyhealthrankings.org

The Process

1. Community Input

- Digital Surveys = 770+ Responses
- Focus groups populations not reached with survey: seniors, young adults, vulnerable adults, Native Americans
- Digital Survey – Working Adults

2. Synthesis of Priorities from Community Input

3. Plan actionable steps & timeline to implement



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Vision 2023-2025

Questions we asked ...

- What could be done to improve the health of residents of your county?
- What is preventing the residents of Sawyer County from achieving optimal health?
- Where should we focus our efforts?



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Community Survey Results

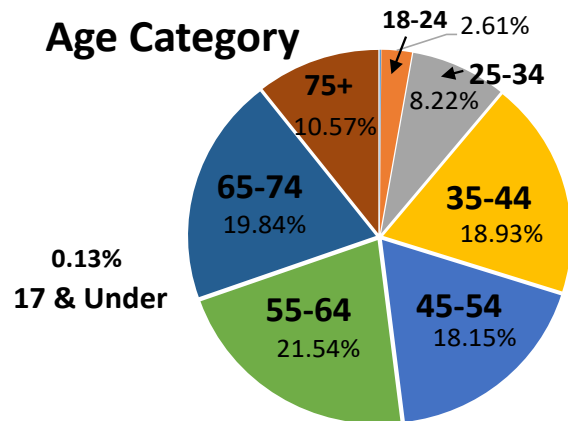


2021
Community Health Needs Assessment

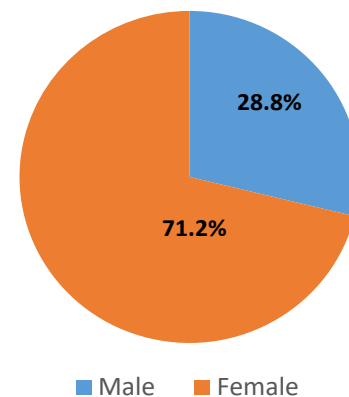


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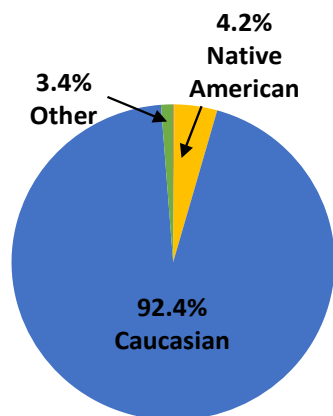
2021 Survey Responses



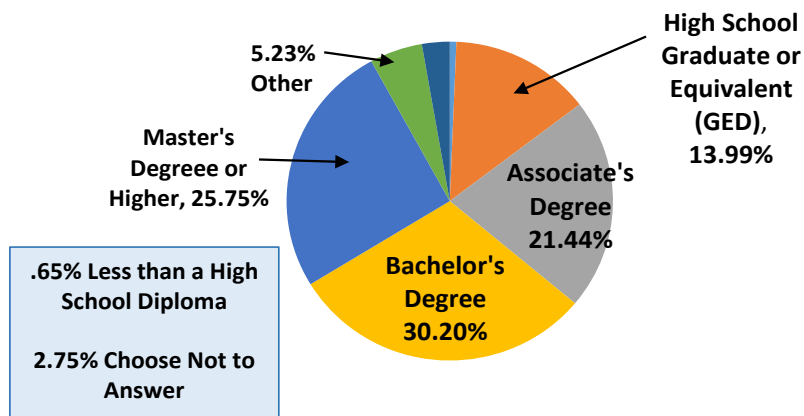
Gender



Ethnicity



Education



Top 3 Community Health Issues Identified Respondents Allowed to Select Three

Responses: 770, Skipped: 0

1. Alcohol/Drug Use: 665

(alcoholism, impaired driving, alcohol/drug related injuries or death, access to alcohol and drug treatment programs)

2. Mental Health: 547

(access to mental health professionals, suicide, depression, other mental disorders)

3. Chronic Disease: 289

(diabetes, cancer, heart disease, lung disease, etc.)



2021
Community Health Needs Assessment



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Identified Community Health Issues Comparison

2021 Survey

1. Alcohol/Drug Use
2. Mental Health
3. Chronic Disease
4. Communicable Disease
5. Injury & Violence
6. Nutrition
7. Growth & Development
8. Physical Health
9. Tobacco Use
10. Environmental & Occupational
11. Oral Health
12. Reproductive & Sexual Health

2018 Survey

1. Alcohol/Drug Use
2. Mental Health
3. Chronic Disease
4. Injury & Violence
5. Growth & Development
6. Tobacco Use
7. Nutrition
8. Communicable Disease
9. Physical Health
10. Reproductive & Sexual Health
11. Environmental & Occupational
12. Oral Health



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Community Health Needs Assessment



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SWOT Analysis

**Strengths
Weaknesses
Opportunities
Threats/Challenges**



2021
Community Health Needs Assessment



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Strengths

- Walking Trails
- Resources (support groups, advocacy groups, etc.) however not everyone knows about them
- Exceptional medical resources in such a low populated area
- “Thank you for doing the survey.”
- “Thank you for all you are doing to improve our community.”



Strengths - Continued

- “Our community is fortunate to have the medical and law enforcement facilities that we have.”
- “Impressed with the health care available in Sawyer County including the VA.”
- “Sawyer County did a very good job with the vaccine distribution.”



2021
Community Health Needs Assessment



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Weaknesses

- Lack of mental health services
- “Our jails are being used for those suffering with mental health issues and way too often for AODA.”
- “Healthcare is crisis driven.”
- “Primary provider shortage and specialty care accessed locally.”
- At times culturally insensitive healthcare.

Weaknesses - Continued

- Lack of after school/after hours appointments
- Lack of transportation to medical appointments
- Limited home health care in region
- Limited ancillary healthcare workers such as CNAs
- Uneven distribution of services throughout the county



Opportunities

- More collaboration between agencies
- More health education on prevention and mental health
- More affordable housing
- Safe gathering place for youth - youth center
- Community recreation center



2021
Community Health Needs Assessment



Threats/Challenges

- Time
- Cost of healthcare (high deductible insurance)
- Low household income
- Rising cost of housing due to recreational draw
- Effort to impact
- Geography of county
- Cohesion on priorities/direction
- Great need in many areas (county ranks 68 out of 72 health rankings)



2021
Community Health Needs Assessment



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Identified Priorities

Digital Survey	Senior Focus Group	Native American Focus Group	Young Adult Focus Group	Vulnerable Adult Focus Group
Alcohol & Drug Abuse	Dementia Care	Mental Health	Age Appropriate Recovery Groups	Dementia Long Term Care Placement
Mental Health	Transportation	Trauma Resources	Mental Health	Home & Respite Care Services
Chronic Disease	Affordable Housing	Culturally Sensitive Healthcare	Safe Place in Community to Socialize	Worker Shortage
				Affordable Assisted Living

Our Approach

Priorities by Age



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The Approach - Priorities by Age

**Beyond Influence or Resources of HAMH & SCPH. Serve as Advocates for Need.*

Children Through Young Adult	Adults	Seniors
• Health Education & Prevention • ACES (Adverse Childhood Experiences Study)	• Chronic Disease Management	• Chronic Disease Self Management • Dementia Care & Resources
• Mental Health Resources /Recovery Groups	• Alcohol and Drug Recovery Groups	• Mental Health
• Youth Center/Safe Gathering Place*	• Mental Health Trauma Informed Care (Current or Historical)	• Transportation*
• Healthcare Career Exploration for Future Workforce	• Culturally Sensitive Healthcare	• Affordable Housing*



2023-2025
Community Health Improvement Plan



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Action Plan to Address Identified Priorities

Plan Year 1 (March-April 2022)

Inform the public of survey findings & CHIP Plan

- Make available on website
- Realization that some of the identified priorities are beyond the influence of our organizations. However, we will attempt to influence/advocate for request.



2023-2025
Community Health Improvement Plan



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Action Plan to Address Identified Priorities

Plan Year 1 (Early May 2022)

1. **Start gathering information to develop a health and wellness resource database/guide.**
 - List of agencies, support groups, advocacy groups, etc. that exist in Sawyer County.
 - Include description of services, contact info, hours or meeting times, etc.
 - Determine distribution channels for resource guide.

Community Benefit

- In addition to supporting individual community members, it also provides an opportunity for small employers to promote community health assistance programs, similar to large employer Employee Assistance Programs.



2023-2025
Community Health Improvement Plan



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Action Plan to Address Identified Priorities

Plan Year 1 (Fall 2022)

2. **Create community groups that explore and focus on a realistic action item.**
 - Recruit Community Health Champions for Each Focus Area
 - Encourage community members to become involved: Identify and recruit community advocates
 - Schedule Health Advocate Meetings

Example action items include:

- Develop informational campaigns focused on raising awareness for mental health, chronic disease, dementia and prevention.
- Create events and Community Health Challenges with outcomes focused on improving identified needs



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Action Plan to Address Identified Priorities

Plan Year 2 (April 2023 – March 2024)

- 1. Explore offering chronic disease management support groups using Stanford curriculum for ages young adult through senior.**
 - May be disease specific or chronic in nature.
- 2. Publish & Share Community Resource Data Base/Guide**
- 3. Launch first event (i.e. Community Health Challenge, Health Behaviors, etc.)**



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Action Plan to Address Identified Priorities

Plan Year 3 (April 2024 – March 2025)

1. Re-evaluate Action Plan

- Determine year three priorities

2. Begin working on 2026-2028 Community Health Needs Assessment

- Work with Community Health Champions and Advocates to evaluate which initiatives that should continue in next CHIP Plan



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Community Health Improvement Plan



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Questions/Comments/ Concerns

Cherie Morgan

Hayward Area Memorial Hospital

715-934-4325

camorgan@hamhwe.com

Julia Lyons, RN

Sawyer County Public Health

715-634-4806

jlyons@sawyerhs.hayward.wi.us

Clare Janty, PA

Facilitator

cjgv@chibardun.net



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Community Health Improvement Plan



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References

2021 Community Health Needs Assessment Survey
(Distributed by Hayward Area Memorial Hospital)

County Health Rankings

<https://www.countyhealthrankings.org/app/wisconsin/2021/overview>

Wisconsin Healthiest 2020

<https://www.dhs.wisconsin.gov/hw2020/index.htm>

Sawyer County Population Data

<https://data.census.gov/cedsci/profile?g=0500000US55113>

Resource that shows areas of vulnerability within the county

https://svi.cdc.gov/Documents/CountyMaps/2018/Wisconsin/Wisconsin2018_Sawyer.pdf

Places Data

<https://cdc.gov/places/>

Dementia projections for Wisconsin:

<https://www.dhs.wisconsin.gov/dementia/demographics.htm>

Adverse childhood experiences, or ACEs

<https://www.dhs.wisconsin.gov/resilient/aces.htm>

Trauma-informed care: 6 guiding principles

<https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>



2021
Community Health Needs Assessment



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2023-2025 Community Health Improvement Plan (CHIP) Reporting



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Date	Event
Feb-March	Final Report Developed for Public Distribution by 3/31/22
March-April 2022	Begin Sharing the 2023-2025 CHIP with the Public
April 2022	Final Report to Board of Directors 2020-2022 Plan
July 2022 October 2022	2023-2025 Plan Quarterly Report to MSI Board of Directors & HHS Board
September 2022	Provide Required CHIP Report to Accounting (2022 Fiscal Year)
January 2023	Assess Action Plan Progress and Establish Steps for Year Two
January 2023 April 2023 June 2023 October 2023	2023-2025 Plan Quarterly Report to MSI Board of Directors & HHS Board
September 2023	Provide Required CHIP Report to Accounting (2023 Fiscal Year)
January 2024	Assess Action Plan Progress and Establish Steps for Year Three
January 2024 April 2024 June 2024 October 2024	2023-2025 Plan Quarterly Report to MSI Board of Directors & HHS Board
April 2024	Assess and Prep for Community Health Needs Assessment to Develop 2026-2029 Plan
September 2024	Provide Required CHIP Report to Accounting (2024 Fiscal Year)
January 2025	Present 2026-2029 CHIP Plan to Board of Directors & HHS Board

Cover Photos to Incorporate

Regional Scenic Photos

Vaccine Clinics

Native American Culture

HAMHWE & Public Health Staff

Community Events

Healthier Together



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Public Health
Prevent. Promote. Protect.



Sawyer County Public Health

**Community Health Improvement Plan
2023-2025**

**Hayward Area Memorial Hospital
& Sawyer County Public Health Department**

Acknowledgements

Information contained within this report and the associated work to develop and implement our 2023-2025 Community Health Improvement Plan would not have been possible without the dedication of many individuals and organizations. To everyone, who provided data, feedback and attended focus groups, we are extremely grateful.

Special thanks to Clare Janty, Physician Assistant and Master Certified Life Coach who guided our work throughout the process. Her master facilitation skills and perspective as an independent and unbiased consultant helped us interpret the survey findings, challenged us to gather information from groups and individuals who were missing from survey data and lead our focus groups in a SWOT Analysis to gather feedback on our communities **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats related to Community Health. She expertly led the process and developed this comprehensive report.

We would also like to thank our community for participating in our survey and community focus groups and offering a great deal of additional information providing perspective of what truly matters to you. We were overwhelmed by the participation and attribute that to your heartfelt desire to improve the health and wellness of the residents of our region. We look forward to working with you to implement the 2023-2025 Community Health Improvement Plan (CHIP).

Thank you,

Paul Grahovac, Director
Sawyer County Health & Human Services

Julia Lyons, Public Health Officer
Sawyer County Health & Human Services

Luke Beirl, Chief Executive Officer
Hayward Area Memorial Hospital & Water's Edge

Cherie Morgan, Marketing & Communications Director
Hayward Area Memorial Hospital & Water's Edge

Introduction

Wisconsin hospitals and health departments are required to actively engage their communities in developing and implementing Community Health Improvement Plans (CHIP). A CHIP is intended to identify, prioritize and address health needs within a community.

Health departments must regularly and systematically, collect, analyze and make available information about the health of the community (Wisconsin State Statute 251.05). This includes statistics on health status, community health needs and epidemiological and other studies of health problems. Health departments are also required to develop public health policies and procedures which involve engaging policymakers and the general public to determine and develop a Community Health Improvement Plan every five years. The required process directly aligns with Sawyer County Public Health's mission to respond to the health and safety of Sawyer County residents and promote the self-sufficiency and general welfare of the individual and community.

Under the Affordable Care Act, not-for-profit hospitals are required to conduct a community health needs assessment a minimum of every three years to ensure they are addressing the health needs of their communities as well as fulfilling their requirements for tax-exempt status. Further, the assessment must consider input from persons representing the broad interests of the community, including a public health department and members of the underserved, low-income and minority populations.

With the mission to improve the health status of the people of the Hayward area, Hayward Area Memorial Hospital and Water's Edge (HAMHWE) is a not-for-profit organization serving the residents of Sawyer, Washburn, Bayfield and Douglas counties. HAMHWE is a 25-bed critical access hospital, 50-bed skilled nursing care center and 40 unit senior apartment complex, serving a population of roughly 16,399 people.

The majority (approximately 68%) of all patients at HAMH originate from the communities of Couderay, Exeland, Hayward, Ojibwa, Radisson, Stone Lake and Winter within Sawyer County, which is considered the hospital's primary service area. With such a large percentage of those served by HAMHWE living in Sawyer County the hospital has partnered with Sawyer County Public Health to conduct their Community Health Needs Assessment. Working together we can collaborate and leverage our resources to their best use and engage more community members to fulfill our missions and become health champions for health improvement in the region.

Assess the Health of the Community

The process to assess the Health of the Community was completed in four phases:

1. Review of 2020-2022 Community Health Improvement Plan
2. Complete a Community Health Needs Assessment using a Community Survey & Focus Groups
3. Identify the Priorities
4. Create a Priority Action Plan

Summary of Community Health Improvement Progress 2020-2022

Each quarter a CHIP progress report was developed and shared with the Hayward Area Memorial Hospital Board of Directors; annual reports were also submitted to the Internal Revenue Service as required. The 2020-2022 fiscal year reports were reviewed and evaluated prior to developing the new CHIP. [A summary is provided in Appendix A.](#)

Assessment: Community Health Needs Assessment Survey

The process began in March 2021, when the Hayward Area Memorial Hospital created a 14 question digital survey. Survey questions were drafted based on the goals of Wisconsin's Healthiest Wisconsin 2020 plan and mirrored several of the survey questions from the organizations' 2018 Community Health Needs Assessment survey.

Online surveys were distributed via email, using targeted social media channels and linked to the hospital's website.

Internal recipients of survey included:

- HAMHWE Staff, Providers, Volunteers and Partners
- Water's Edge Tenants, Residents and Families
- HAMHWE Family Advisory Council
- HAMHWE Board of Directors
- Sawyer County Employees

External survey distribution included:

- Area Schools for distribution to Staff and Families (Hayward, LCO, Winter, Northwoods, Birchwood)
- Essentia Health-Hayward and NorthLakes Clinic-Hayward Staff
- Northwest Connection Family Resource Center
- Greater Hayward Area Ministerial Association
- Regional Chambers of Commerce for distribution to business members (Hayward, Cable, Winter)
- Sawyer County/LCO Economic Development
- American Birkebeiner Ski Foundation Volunteers

Survey awareness was also promoted via a press release, social media announcements and the local radio program Lifestyles North. Due to the COVID pandemic there were a few populations where paper surveys were warranted including 200 distributed to Sawyer County Senior Resource Center Meals on Wheels participants. Their survey results were manually entered into the Survey Monkey database tool.

There were over 770 survey responses, which significantly surpassed previous surveys (2018 Survey-547 Respondents). Survey data collected included demographics of age, race, gender, income level and zip code.

Demographics

Age

77% of the respondents were between 25-74 years of age with the largest response grouping in the age range of 55-64.

Gender

70% female and 30% male

Race

92% identified as Caucasian and 4% as Native American

Household Income

- The income range was from \$15,000 to greater than \$150,000 with largest segment indicating the fell within the \$50,000 to \$74,000 range.
- 16% chose not to answer the household income question on income.
- 10% responded to an income under \$30,000

Zip Code

68% of the responses were from the Hayward zip code, with the remainder being from the following communities in the greater Hayward Lakes area: Clam Lake, Cable, Couderay, Drummond, Exeland, Gordon, Grand View, Hayward, Lake Nebagamon, Minong, Ojibwa, Radisson, Springbrook, Stone Lake, Trego and Winter.

Sawyer County Population Data

Population: 18,074

- 25.3% of population are 65 years and older
- 16.26% of population is Native American plus 3% are Native American & White
- 26.2% of 0-17 year olds live in poverty
- 15% of residents have a disability

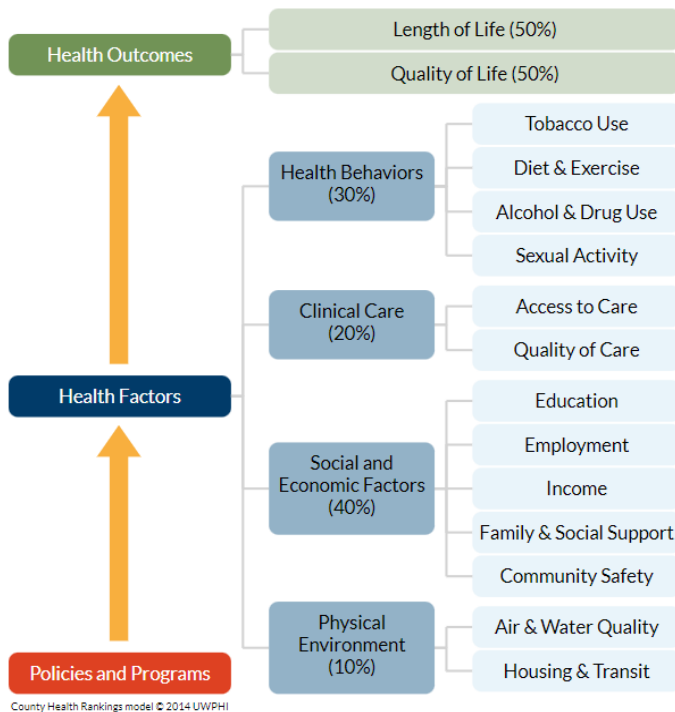
<https://data.census.gov/cedsci/profile?q=0500000US55113>

*See Appendix B for additional Survey Demographic Detail
See Appendix C for Survey findings related to Access to Care
See Appendix D for Selected Comments from Survey*

2021 County Health Rankings for the 72 Ranked Counties in Wisconsin

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	69	71	Douglas	37	53	Kewaunee	15	22	Ozaukee	1	1	Taylor	9	52
Ashland	63	41	Dunn	18	25	La Crosse	25	4	Pepin	22	44	Trempealeau	38	35
Barron	36	34	Eau Claire	21	8	Lafayette	24	46	Pierce	4	11	Vernon	26	55
Bayfield	32	33	Florence	66	47	Langlade	54	57	Polk	45	29	Vilas	65	43
Brown	31	21	Fond du Lac	34	18	Lincoln	49	26	Portage	12	13	Walworth	27	38
Buffalo	28	32	Forest	71	69	Manitowoc	53	36	Price	42	40	Washburn	30	50
Burnett	55	67	Grant	23	39	Marathon	17	14	Racine	61	58	Washington	5	6
Calumet	8	7	Green	11	15	Marinette	59	51	Richland	29	54	Waukesha	3	3
Chippewa	16	24	Green Lake	57	42	Marquette	56	65	Rock	62	61	Waupaca	44	28
Clark	51	68	Iowa	10	17	Menominee	72	72	Rusk	40	64	Waushara	39	62
Columbia	20	37	Iron	46	59	Milwaukee	70	70	Sauk	33	27	Winnebago	41	16
Crawford	52	49	Jackson	64	60	Monroe	50	31	Sawyer	68	66	Wood	47	20
Dane	6	2	Jefferson	19	19	Oconto	48	45	Shawano	60	48			
Dodge	43	30	Juneau	67	63	Oneida	35	23	Sheboygan	14	12			
Door	7	10	Kenosha	58	56	Outagamie	13	9	St. Croix	2	5			

For more information on how these ranks are calculated visit www.countyhealthrankings.org



"The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors)."

The chart to the left shows how the measures come together to provide a profile of community health.

According to the 2021 County Health Rankings and Roadmaps by the Robert Wood Johnson Foundation, Sawyer County is ranked 68th for health outcomes and 66 for health factors out of 72 counties.

For more information visit <https://www.countyhealthrankings.org/>

Assessment: Community Focus Groups

After reviewing the survey responses, Community Health Improvement Plan coordinators, Julia Lyons, Sawyer County Public Health Officer and Cherie Morgan, Marketing and Communications Director, Hayward Area Memorial Hospital reached out to a non-affiliated facilitator, Clare Janty, a retired Physician Assistant and Master Certified Life Coach. Clare has supported numerous non-profits with strategic planning.

The three reviewed survey demographics and discussed what demographics were missing, such as those who do not have electronic access or choose not to respond to surveys in this manner. Additional consideration was focused on those experiencing health inequities, those at the ends of the age spectrum, both teen and older adults, and the low participation rate of the Native American population. Based on 2020 United States Census data, 17.7% of the population is Native American, but only 4.2% of the survey respondents identified as Native American. Time constraints for working adults who may not have taken the time to complete the survey were also considered.

Focus groups targeted to these populations were invited to scheduled Zoom meetings. Over the course of five weeks, four Zoom focus group meetings were completed. Zoom participants were very honest and open in sharing their perspectives and their desires for improving the health of the Sawyer county community. The Zoom conversations included a SWOT analysis (strengths, weaknesses, opportunities, threats or challenges).

SWOT Analysis

Focus Group Participants where asked the following questions:

- What could be done to improve the health of residents of your county?
- What is preventing the residents of Sawyer County from achieving optimal health?
- Where should we focus our efforts?

Strengths	Weaknesses
Availability of Community Walking Trails	Lack of Mental Health Services
Community Resources (although awareness of services was identified as a weakness)	"Healthcare is crisis driven."
Exceptional Medical Resources in a low populated area	"Primary provider shortage and lack of access to specialty care locally."
Appreciation for Conducting the Survey "Thank you for doing the survey."	Lack of Transportation for Medical Appointments
Appreciation for Public Health and Hospital "Thank you for all you are doing to improve our community."	Lack of Home Health Care in Region
	Lack of After School and After Hours Appointments
	Limited Ancillary Care Workers such as C.N.A.s
	Uneven Distribution of Services Throughout the County

Opportunities	Threats (Challenges)
Improved Collaboration Between Agencies	Limited Time
Provide More Health Education on Prevention and Mental Health	Cost of Healthcare
More Affordable Housing	Rising Housing Costs (Recreational enthusiasts' interest in second homes contributing to demand on rising costs.)
Safe Gathering Place for Youth	Size of County – Physical Distance to Travel
Community Wellness Center	Great Number of Needs in Many Areas
	Limited Energy & Resources to Impact Desired Changes

Based on the SWOT Analysis participants were asked to identify their top three focus areas for the 2023-2025 health improvement plan. A survey was also sent to a large area employer that invited employees to complete a focused survey in five minutes online. The response rate was low.

Priorities Identified

Community Survey Findings

The community at large was included by distributing a survey to the service area of Hayward Area Memorial Hospital including Sawyer County and portions of Bayfield, Douglas and Washburn counties. Survey participants were asked to pick the top three community health issues as identified in Healthiest Wisconsin 2020.

The top priorities as identified from the 770 survey responses were:

1. Drug/Alcohol Abuse
2. Mental Health
3. Chronic Disease

The findings correspond to the priorities in the 2018 survey.

[See Appendix A for Complete Health Concern Ranked List](#)

Community Survey and Focus Group Identified Needs

Digital Survey	Senior Focus Group	Native American Focus Group	Young Adult Focus Group	Vulnerable Adult Focus Group
Alcohol & Drug Abuse	Dementia Care	Mental Health	Age Appropriate Recovery Groups	Dementia Long Term Care Placement
Mental Health	Transportation	Trauma Resources	Mental Health	Home & Respite Care Services
Chronic Disease	Affordable Housing	Culturally Sensitive Healthcare	Safe Place in Community to Socialize	Worker Shortage
				Affordable Assisted Living

Mental health, including care for caregivers showed up in all groups. Alcohol and drug abuse, recovery resources and trauma informed care were also identified as a common thread. Another area of common agreement was the need to increase community awareness of available resources.

Priority Action Planning

The working group of Cherie Morgan, Julia Lyons and Clare Janty then split the priorities into age groups to develop the action steps for the three-year plan.

The rationale was to include all ages into the plan, knowing that some areas such as mental health affect all ages and that the COVID pandemic has presented many challenges including increased demand for mental health and substance abuse services.

Children Through Young Adult	Adults	Seniors
• Health Education & Prevention • ACES (Adverse Childhood Experiences Study)	• Chronic Disease Management	• Chronic Disease Self-Management • Dementia Care & Resources
• Mental Health Resources /Recovery Groups	• Alcohol and Drug Recovery Groups	• Mental Health
• Youth Center/Safe Gathering Place	• Mental Health Trauma Informed Care (Current or Historical)	• Transportation
• Healthcare Career Exploration for Future Workforce	• Culturally Sensitive Healthcare	• Affordable Housing

The areas highlighted in grey above, are identified needs that extend beyond the scope of services Sawyer County Public Health and Hayward Area Memorial Hospital are able to directly provide, including affordable housing, transportation, need for youth center and mental health trauma care. However, both organizations can leverage their influence with community and regional partners to begin exploring opportunities, to support efforts to address the identified needs. Consideration could be made for influencer training to impact these areas.

Plan Implementation

1. Create a health and wellness **county wide resource database** to share services, educational opportunities, programs, support groups, etc. that are available in Sawyer County. This project will be partially funded by Sawyer County Public Health Department through a recent grant application and supported by Hayward Area Memorial Hospital with resources and funding. In addition, this resource may also support small employers within the county who do not have the means to provide an employee assistance program.
2. Create **community action group(s) for each age and focus area**. Groups will prioritize identified focus areas, developing goals and creating actionable steps to improve the identified needs. These community groups will be by invitation and/or volunteering to serve. The hope is that as a community we will cultivate a committee that has a broad base of county representation, promotes diversity in race and gender and constitutes a variety of backgrounds and life experience.
3. Explore offering **chronic disease management skill building** using the Stanford curriculum of Living Better with Chronic Disease for young adults through seniors. Implementation would involve training community leaders to serve as group facilitators. Groups may be divided based on age, diagnosis, or skill.

Plan Communication

1. The Community Health Improvement Plan will be made available to the public following approval by the Hayward Area Memorial Hospital Board of Directors and Sawyer County Health and Human Services Board.
2. Plan implementation and progress will be reviewed quarterly and summarized in quarterly progress reports through continued partnership with Sawyer County Public Health and Hayward Area Memorial Hospital.
3. Annual plan progress will be filed as required by Hayward Area Memorial Hospital. The annual progress report will also be available to the community.

Appendix

Appendix A - Summary of Community Health Improvement Progress 2020-2022

The COVID-19 Pandemic

The pandemic has been our Community Improvement priority for two out of the three years of the 2020-2022 CHIP. COVID has made progress on the identified goals difficult because time and resources have been dedicated to managing the pandemic. However, we are proud of how our community has worked together throughout the pandemic and believe collaboration has strengthened our partnerships and relationships between

- Sawyer County Public Health
- LCO Community Health Center
- NorthLakes Community Clinic
- Essentia Health – Hayward
- Sawyer County Emergency Management

Together we implemented

- Curbside Testing
- COVID Phone Hotline
- Respiratory Clinic

Our collaborative efforts allowed us to improve information distribution to the community by:

- Sharing our vision and plan to manage the pandemic
- Developing and releasing joint and consistent messages
- Sharing communication tools and resources

Despite the pandemic we did still make progress on our identified goals as outlined below.

Mental Health

Goal 1: Improve the community crisis response. Develop a comprehensive community behavioral health crisis response plan which includes decision making points for those responding to the crisis.

- Focus on bringing county law enforcement groups together to clarify roles and increase understanding of community resources. Significant improvements in communication channels between all agencies have been reported with greater collaboration and improved response to the serve the needs of the community. In December 2019, core group of Hayward health crisis professionals was identified to respond and assist those in need.
- In January 2021, HAMH implemented Telemedicine Behavioral Health Provider Services (BHP) for Emergency Department Patients ensuring 24/7 access to services. The goal of the service is to improve quality of care, patient, provider and staff experience. Collaboration and program development continues with quarterly meetings with representatives from HAMH ER and Social Services, Sawyer County Health & Human Services and representatives from BHP. On November 1, 2021, BHP services were extended to hospital inpatients and obstetrics patients.

Goal 2: Educate, inform and share behavior health resources with community and agencies. Create a mental health resource guide similar to Mental Health Task Force of Polk County <http://mentalhealthpolk.org>

- HAMH Social Services and Sawyer County Health & Human Services worked together to

develop an inpatient and outpatient Behavioral Health Resources Guide to help guide patient care.

Over Age 60 Years

Goal 1: Promote healthy aging. Develop and market master community education calendar. Measure attendance at listed events.

- HAMHWE launched new website in Fall 2019, which included a calendar feature intended to support a community calendar. Further implementation was deferred due to lack of community educational events during COVID-19 pandemic. The need for a community wide resource database was identified in the 2023-2025 Community Health Needs Assessment and the next plan will work to address this need.

Goal 2: Improve care transitions. Work with the Care Transitions Task Force, which includes community organizations and agencies, to reduce hospital readmission rates.

- Group meetings facilitated by HAMHWE occur quarterly. The group is working to develop and implement the Blue Transfer Folder Project which is designed to improve quality and safety of client transfer and improve communication between facilities. The program is patterned after Dane County's program. Water's Edge RCAC and the HAMH Emergency Room along with additional community Assisted Living Facilities will pilot this program.

Goal 3: Develop safety and crisis response plan for those with dementia. Implement the "Purple Tube Project" and work with the Mental Health priority group to incorporate over 60 age group into the community crisis response plan. Measure the number of tubes in homes.

- The goal of the Purple Tube Project is to assist families and first responders by providing information which may be helpful in the event of a medical or behavioral emergency for those suffering from dementia.
- In November 2019, the Purple Tube Project was initiated, developed and funded by HAMHWE. The first purple tube was placed in a home in December 2019. **To date a total of _____ Purple Tubes have been placed in homes in Sawyer County. (ADRC to provide number.)** Partners of the program include: LCO Elder Services, Aging and Disability Resource Center of the North, LCO Health Care Center, Sawyer County Sheriff's Department, City of Hayward Police, Inclusa, LCO Tribal Police and Senior Resource Center. The ADRC and Inclusa continue to provide tubes to their eligible members.

Goal 4: Assess opportunities related to chronic disease management. Work with area physicians and healthcare professionals to determine how we can help patients manage chronic diseases.

- Within the initial plan the goal was deferred until 2021 and continues to be deferred due to lack of physician and healthcare professional resources because of their focus on managing the COVID-19 pandemic.

Substance Abuse

Goal 1: Prevention – Establish representation for each of the twelve community sectors on the Sawyer County LCO Joint Prevention Programming Coalition.

- Community Education
 - Anti-Vaping presentations held April 1, 2019 and October 24, 2019 working with American Lung Association, HAMHWE, Sawyer County Public Health, Hayward

Community School District, LCO, Marshfield Clinic and Northwest WI Tobacco-Free Coalition

- 'Fatal Vision' presentations held in the Hayward & Winter schools middle school students in December 2019. 'Fatal Vision' uses googles to simulate alcohol impairment and are used as a preventative method to changes attitudes and behaviors by educating participants about the consequences of impaired driving.
- Addiction Education offered to area businesses, May 2019.
- HAMH Service Offerings
 - Nitrous oxide as an alternative to pain management during childbirth in April 2019.
 - Advanced Pain Management Services of HAMH launched in November 2020, offering treatment alternatives to pain medication and working to improve access to pain management services for those dealing with chronic pain. Patient access has seen significant improvements with the time from referral to appointment being reduced from three months to 14-21 days.
- HAMH Supported Safe & Sober Advertising Campaign Radio Campaign during the 2019 holiday season.
- Sawyer County Public Health is conducting a gap analysis of substance abuse services to determine what was lost during the COVID Pandemic and what is currently available. Information will be used to realign efforts of the Prevention group. Sawyer County is also anticipating receipt of opioid settlement funds that must be used to build public health systems to respond to the opioid crisis and prevent future addiction.

Goal 2: Treatment – Reduce the stigma of addiction by implementing a minimum of three community education initiatives.

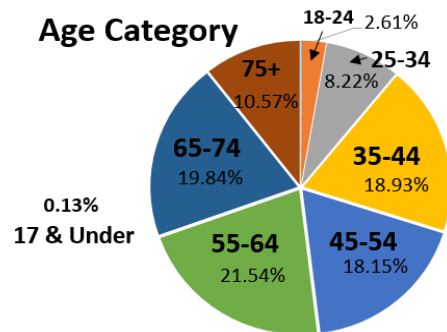
- In December 2019, HAMH Emergency Department began partnering with Lac Courte Oreilles Tribal officials to improve plans to help people once they are identified as needing treatment support. This program was paused due to the pandemic.

Goal 3: Recovery – Work with the community to create a minimum of one recovery friendly practice.

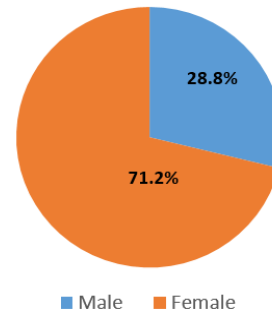
- Alternative to Opioids (ALTO) program implemented by HAMH in February 2019, and continued throughout the calendar year. From February 2019 to July 2019 a 15% reduction in opioid distribution was recorded at HAMH.
- In November 2019, HAMH began offering Suboxone and Subutex, drugs used to treat those addicted to opioids to Obstetric patients.
- HAMHWE sponsored the following Recovery support groups and programs. Unfortunately, many were discontinued to the COVID Pandemic:
 - Weekly AA Meetings that had been held at HAMH each Thursday evening have been relocated to First Lutheran Church.
 - Celebrate Recovery Dinners held the third Tuesday of every month at the Wesleyan Church were discontinued.
 - Sobriety Friday Events held at Lac Courte Oreilles Tribal Center were discontinued.

Appendix B - Survey Details

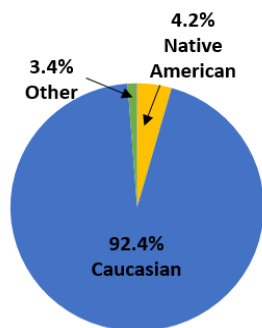
Demographics



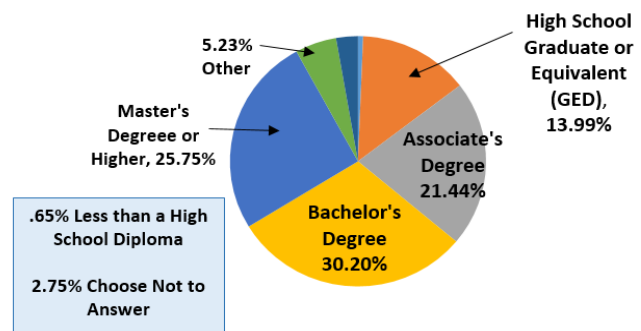
Gender



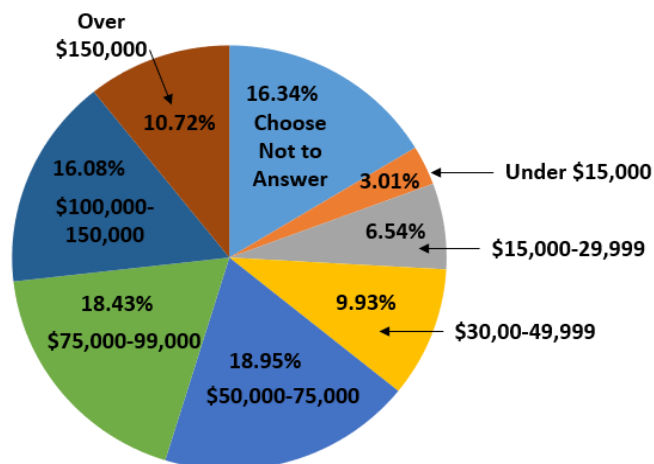
Ethnicity



Education



Household Income



Community Health Issues Identified

Rank	Health Concern	Responses
1	Alcohol/Drug Use (alcoholism, impaired driving, alcohol/Substance Abuse related injuries/deaths, access to alcohol/substance abuse treatment programs)	665
2	Mental Health (access to mental health professionals, suicide, depression, other mental disorders)	547
3	Chronic Disease (diabetes, cancer, heart disease, lung diseases, etc.)	289
4	Communicable Disease (COVID, Tuberculosis, tick-borne illnesses, whooping cough, food-borne illnesses, sexually transmitted diseases, chickenpox, measles)	148
5	Injury & Violence (recreational activity injuries, car accidents, battery, assault, gang-related violence, homicide)	133
6	Nutrition (access to healthy foods at reasonable prices, education regarding nutrition)	131
7	Growth & Development (optimal opportunities for physical, behavioral, cognitive and emotional growth and change across the lifespan)	107
8	Physical Health (access to workout facilities, public recreation, walking/biking trails, weather conditions)	79
9	Tobacco Use (access to tobacco, education about health implications, access to quit programs)	63
10	Environmental & Occupational (safe supply of food and drinking water, disposal of toxic wastes, air/water/noise pollution, safe work environments)	50
11	Oral Health (access to dental services)	33
12	Reproductive & Sexual Issues (access to family planning services, birth control availability, sexually transmitted disease education)	27

Appendix C – Survey Questions Related to Access to Care

A series of questions related to access to Primary Care have been part of the 2015, 2018 and 2021 Community Health Needs Assessment Surveys.

In the past year, was there a time when you or a member of your household needed health care services, but did not get or delayed medical services?

May, 2021 (n=767)

Yes: 35.98%

No: 64.02%

August, 2018 (n=543)

Yes: 40%

No: 60%

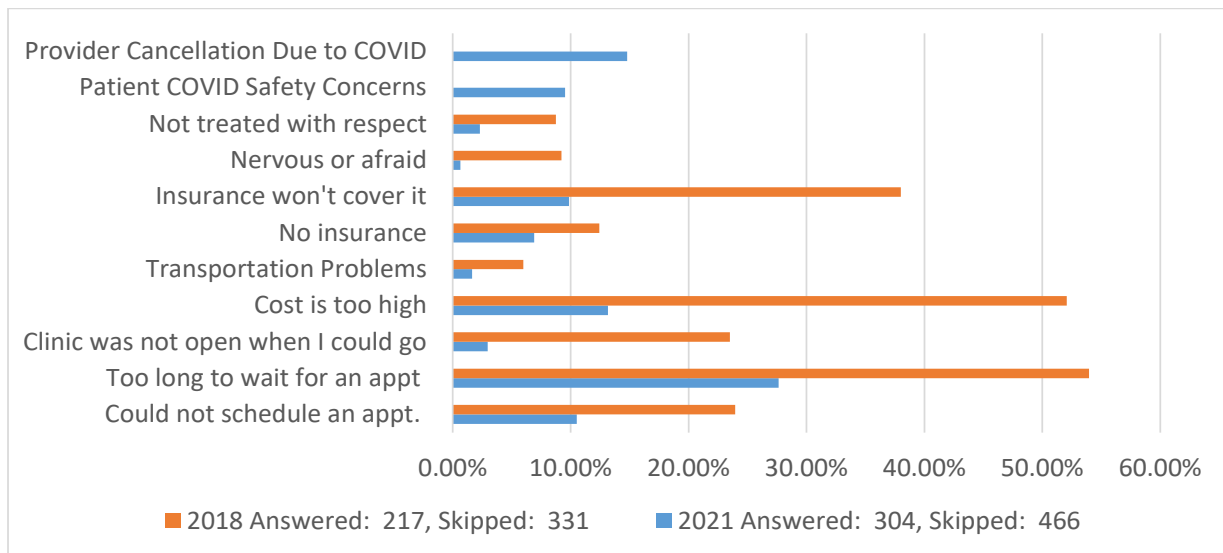
November, 2015 (n=241)

Yes: 28%

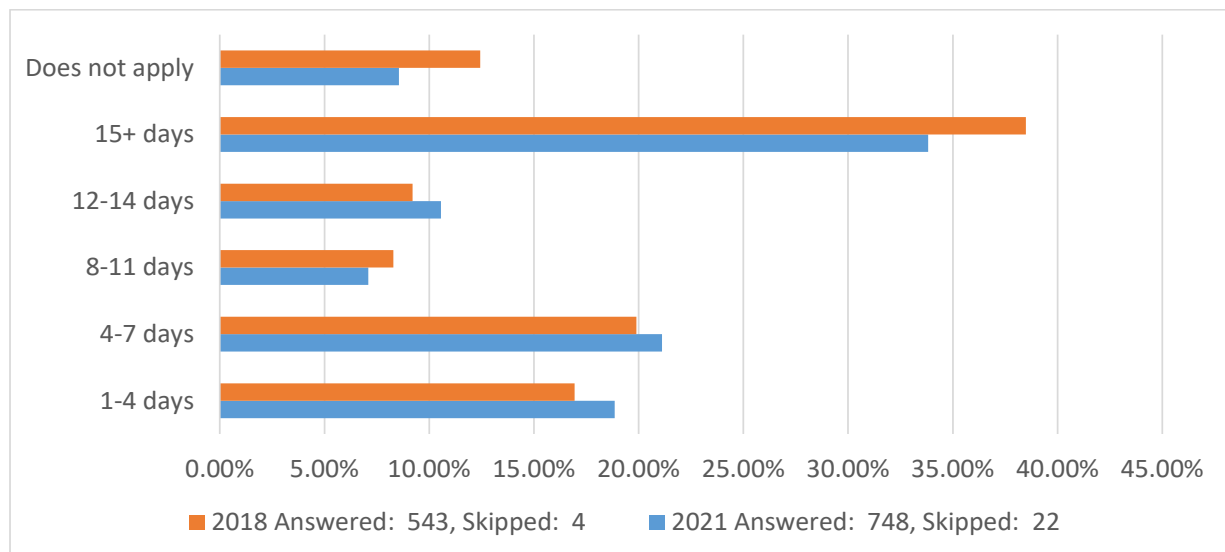
No: 65%

Did not respond: 7%

If yes, what were the three most important reasons why you did not receive health care services?



In your experience what is the average length of time to schedule an appointment with your primary care provider?



Appendix D - Selected Comments from Digital Community Health Needs Assessment Survey 2021

What is preventing the residents of Sawyer County from achieving optimal health?

"Don't want to work on helping themselves."

"Cost of health care and distance to facilities."

"Lifestyle issues of poor nutrition and exercise."

"A culture of smoking and drinking."

"Overwork, bad habits and negative relationships."

"Addictions and poverty."

"Some residents know they need to make better health choices but don't have the confidence or resources to help them do it. They may benefit from some sort of life coach, mentor or counselor."

"More outreach, in-home services, follow-through and case management post crisis."

"Many come from homes that do not offer positive role models. Big Brother/ Big Sister programs would be helpful. "

"Poor family structure."

"Long cold winters with nothing for families to do."

"The "not it" approach for helping those with mental health issues. (Different departments or agencies don't want to take on that person and then the person goes without ANYONE helping them.)"

"Accessibility to services due to transportation, childcare and money. When they try to quit because their trauma is not being recognized nor treated."

"Learning to work together as a family."

"Lack of societal desire/pressure for change."

"Trust"

"Apathy"

"Not the help for the people who are trying and not holding people accountable for what they do. Too many excuses."

What could be done to improve the health of residents of your county?

"Coaching"

"Increase collaboration between all agencies, including law enforcement, mental health facilities, hospitals, doctors, schools, local government and LCO tribal organization."

"Cooking classes"

"Promotion of healthy lifestyles, maybe with case studies of local residents successfully overcoming lifestyle related disease."

"Provide more support groups and better facilities to promote healthy lifestyles."

"More free things to do in the community that promote health."

"The better we can support a 'family' the better the community may be."

"Change culture of alcohol being involved in every major event."

"Deploy teams into the field to see firsthand how people are truly affected from mental health."

"A community paramedic operation."

"Communitywide workout center."

"Local monthly newspaper articles and/or radio programming providing education and available community resources."

"We need a holistic approach, to get to a place where we can focus on wellness not sick care."

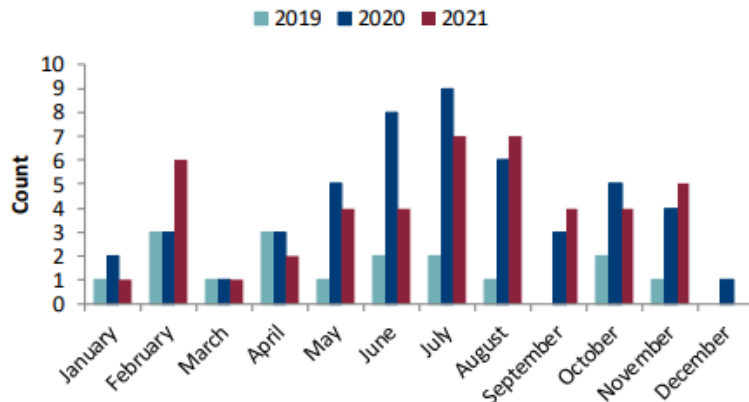
"My point is to change habits or culture of our area, it needs the full support from all aspects of life in Sawyer County. But most important is Early Childhood education. Better health education and the promotion of better self-worth. That takes money and commitment."

"I think our community should have a health fair once or twice a year in the warmer months, maybe one spring and one fall. A tent hosting free health screenings, educational posters with Staff willing to talk about them, flyers on different topics including resources available. Maybe some simple games and prizes for kids. Also when our community meets us they will feel more connected to us and thus more comfortable coming in to get the help they needs when they need it."

"Parenting classes to help uneducated parents know how to raise healthy and happy children. Teens need more sleep, less screen time and more educational practice than they get."

Additional Data that supports the report. This information will be incorporated into the report during final layout and design.

Figure 2. Sawyer County Suspected Opioid Overdoses by Month, YTD



Source: Office of Health Informatics, Wisconsin Department of Health Services
Data: Wisconsin Ambulance Run Data System (WARDS)

Resource that shows areas of vulnerability within the county

https://svi.cdc.gov/Documents/CountyMaps/2018/Wisconsin/Wisconsin2018_Sawyer.pdf

Places Data (cdc.gov/places/):

- Estimated prevalence of fair or poor health among adults 18 years and older was 19.9% in 2019.
- Estimated prevalence of mental health not good for ≥ 14 days among adults aged 18 and older was 13.5% in 2019 (age-adjusted was 15.6%)
- Estimated prevalence of physical health not good for ≥ 14 days among adults aged 18 and older was 15.2% in 2019 (age-adjusted was 13.0%)
- Estimated prevalence of binge drinking among adults aged 18 years and older was 18.6% in 2019 (age-adjusted 23.6%)

Adults 18 and older age-adjusted prevalence data for 2019:

- 29.8% have high blood pressure
- 29% have high cholesterol
- 2.9% kidney disease
- 6.4% COPD
- 6.1% heart disease
- 9.1% diabetes
- 20.6% depression
- 34% obesity
- 3.3% stroke
- 25.6% arthritis

Dementia projections for Wisconsin:

<https://www.dhs.wisconsin.gov/dementia/demographics.htm>

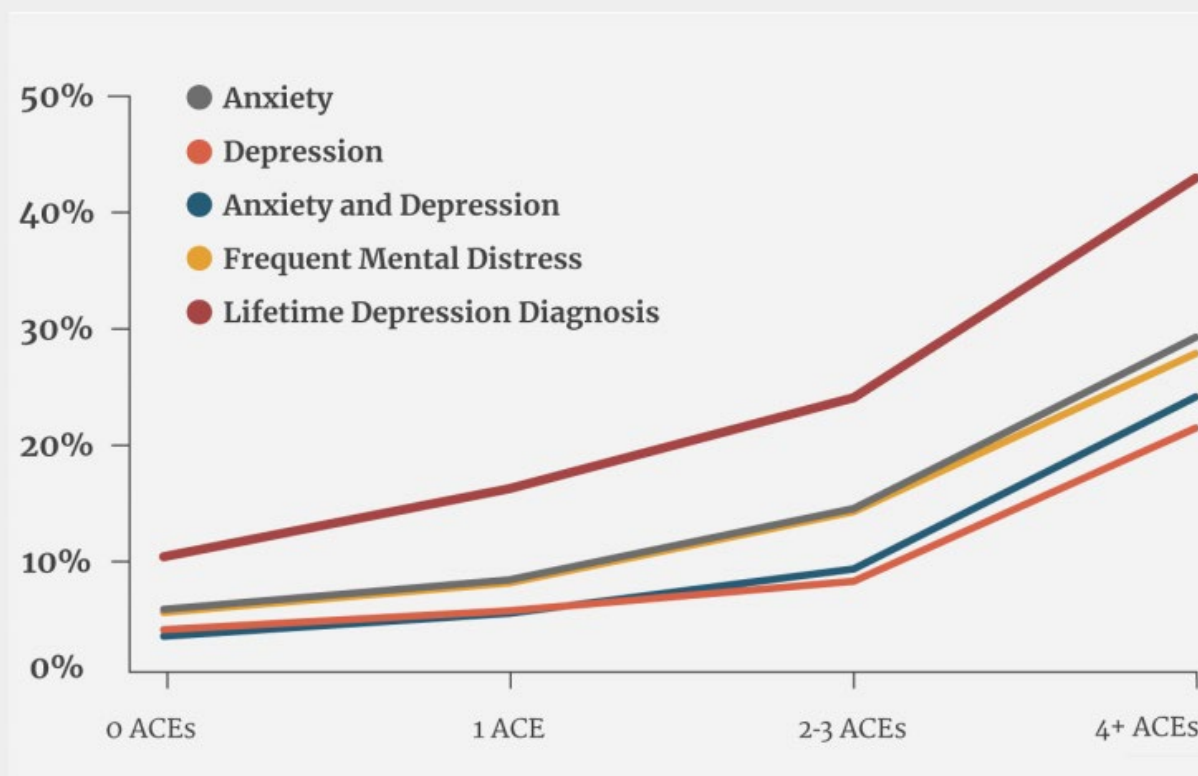
In 2015, it was estimated that 115,000 persons had dementia. By 2040, that number is expected to increase to 242,000 persons with dementia. *(Use with our %65 and older for the county.)*

Adverse childhood experiences, or ACEs, are traumatic experiences and events—like physical abuse, neglect, or witnessing violence in the home—that happen before age 18, but can have a lasting, negative effect on our lives throughout adulthood.

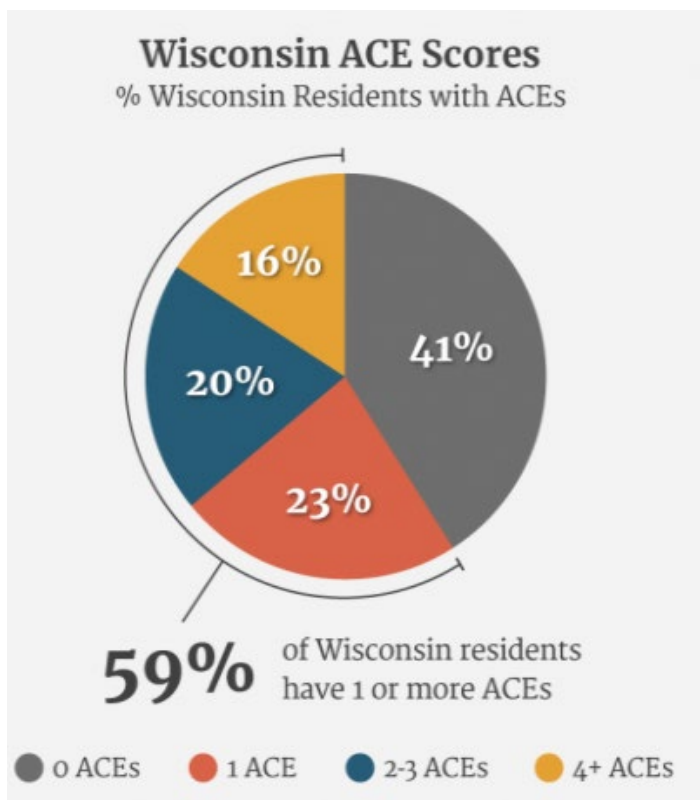
<https://www.dhs.wisconsin.gov/resilient/aces.htm>

ACEs and mental health

Early adversity is linked to poor health later in life. When we examine the ACEs scores of Wisconsin residents living with mental or physical health conditions, we see that, in nearly every case, rates of negative health outcomes rise as individuals' ACEs scores increase.



Source: 2017-2018 Wisconsin Behavioral Risk Factor Surveillance Survey



Trauma-informed care: 6 guiding principles

<https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>

Six guiding principles ▼	The four "R's"
 Safety Strive to create environments where people feel physically and emotionally safe.	 Collaboration and mutuality Striving for dignity and equality in our relationships by sharing power and decision-making so that everyone has a role to play.
 Trustworthiness and transparency Striving to build and maintain trust by being transparent in our actions and choices.	 Empowerment and choice Striving to recognize, validate, and build on the strengths that people have to offer, and work to facilitate recovery rather than control it.
 Peer support Striving to encourage trust and collaboration by sharing stories and lived experiences that promote recovery and healing.	 Cultural, historical, and gender Issues Striving to move past biases, recognize historical trauma and the healing power of cultural connections, and incorporate practices that are responsive to racial, ethnic, and cultural needs.

References:

2021 Community Health Needs Assessment Survey
(Distributed by Hayward Area Memorial Hospital)

County Health Rankings

<https://www.countyhealthrankings.org/app/wisconsin/2021/overview>

Wisconsin Healthiest 2020

<https://www.dhs.wisconsin.gov/hw2020/index.htm>

Sawyer County Population Data

<https://data.census.gov/cedsci/profile?q=0500000US55113>

Resource that shows areas of vulnerability within the county

https://svi.cdc.gov/Documents/CountyMaps/2018/Wisconsin/Wisconsin2018_Sawyer.pdf

Places Data

<https://cdc.gov/places/>

Dementia projections for Wisconsin:

<https://www.dhs.wisconsin.gov/dementia/demographics.htm>

Adverse childhood experiences, or ACEs

<https://www.dhs.wisconsin.gov/resilient/aces.htm>

Trauma-informed care: 6 guiding principles

<https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>

Back Cover

2023-2025 Community Health Improvement Plan
Hayward Area Memorial Hospital & Sawyer County Public Health Department

More information is available at

www.haywardmemorialhospital.com

<https://www.sawyercountygov.org/150/Health-Human-Services>



Sawyer County COVID-19 Update

January 28, 2022

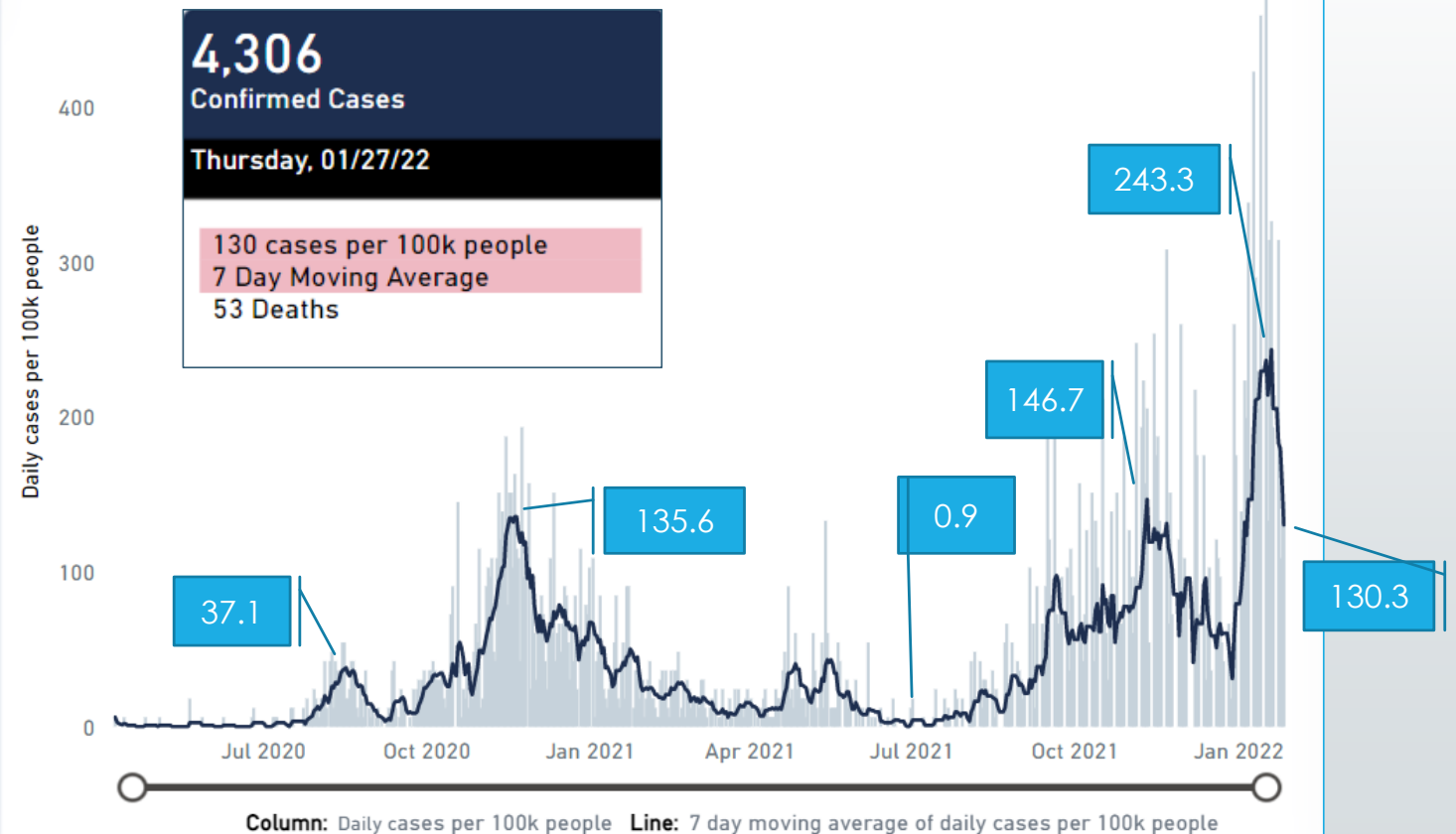
Sawyer County Public Health

Sawyer County Risk Level = Red

Data Source: Harvard Global Health
01/27/2022

GREEN
≤ 1 case
On Track for Containment
YELLOW
1 - 9 cases
Community Spread
ORANGE
10 - 24 cases
Accelerated Spread
RED
25+ cases
Tipping Point

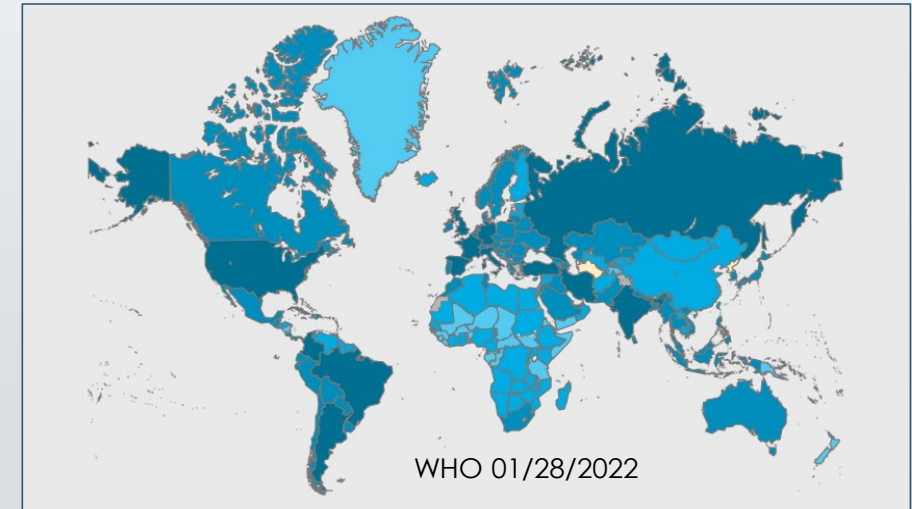
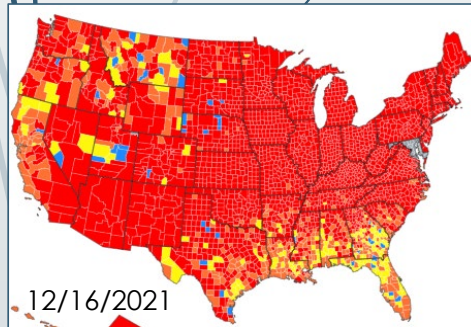
Risk Levels by County



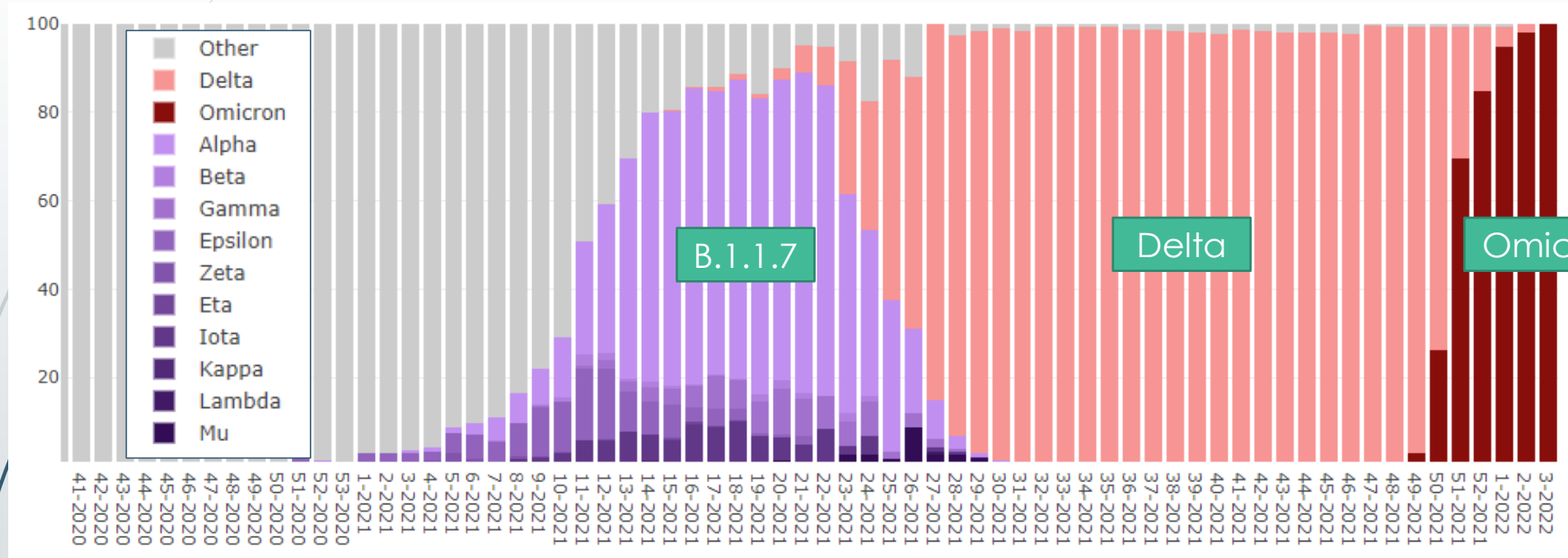
Community Transmission

Data Source: CDC 01/11/2022

	LOW	MODERATE	SUBSTANTIAL	HIGH	SAWYER COUNTY
Total New Cases (7 day total per 100k)	0 - 9.99	10 - 49.99	50 - 99.99	≥100	1,093.13
Positivity Rate (% of positive tests over 7 days)	0 - 4.99%	5 - 7.99%	8 - 9.99%	≥10.%	38.47%



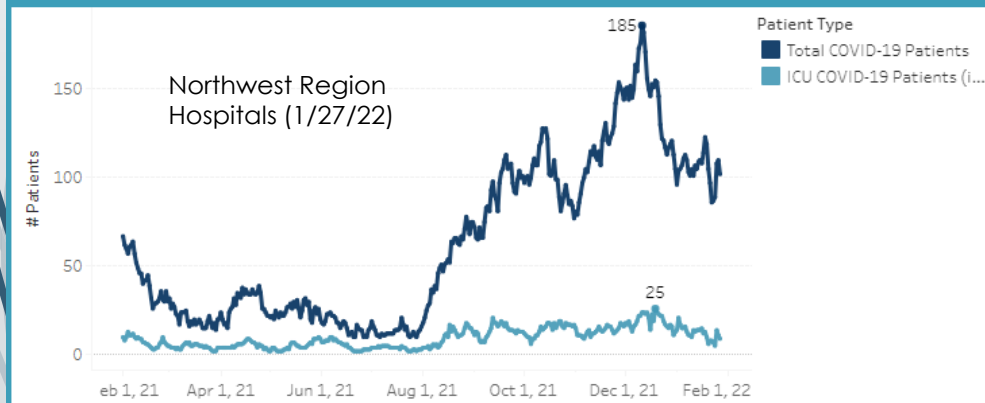
Proportion of Variants in Wisconsin



Healthcare Update

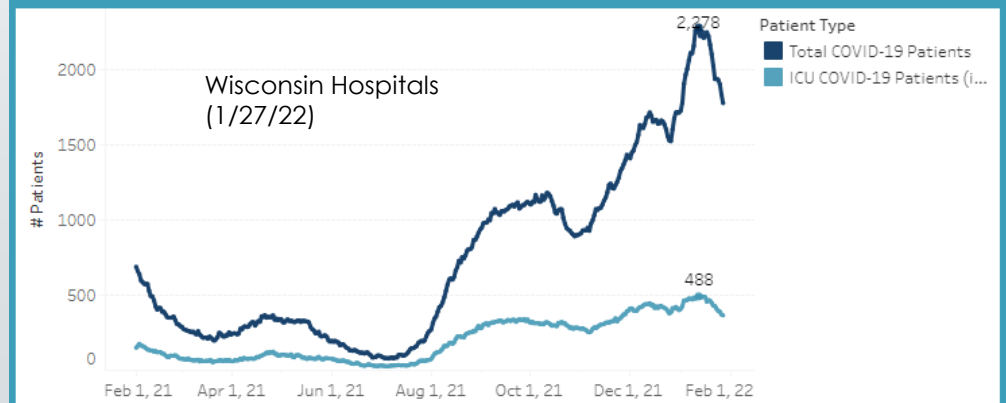
- Seeing a drop in number of patients hospitalized who are positive for COVID-19
- Still keeping patients in hospitals who should be transferred to a long-term care or rehabilitation facility
- Despite the lower rate of COVID-19, hospitals are still at very high capacity rates which can make transferring patients to high levels of care very difficult

Total COVID-19 Patients Hospitalized Per Day



Data last updated: 1/27/2022 3:30:40 PM. Implementation of federally-mandated changes to data reporting caused a temporary gap in some data displays for late July 2020.

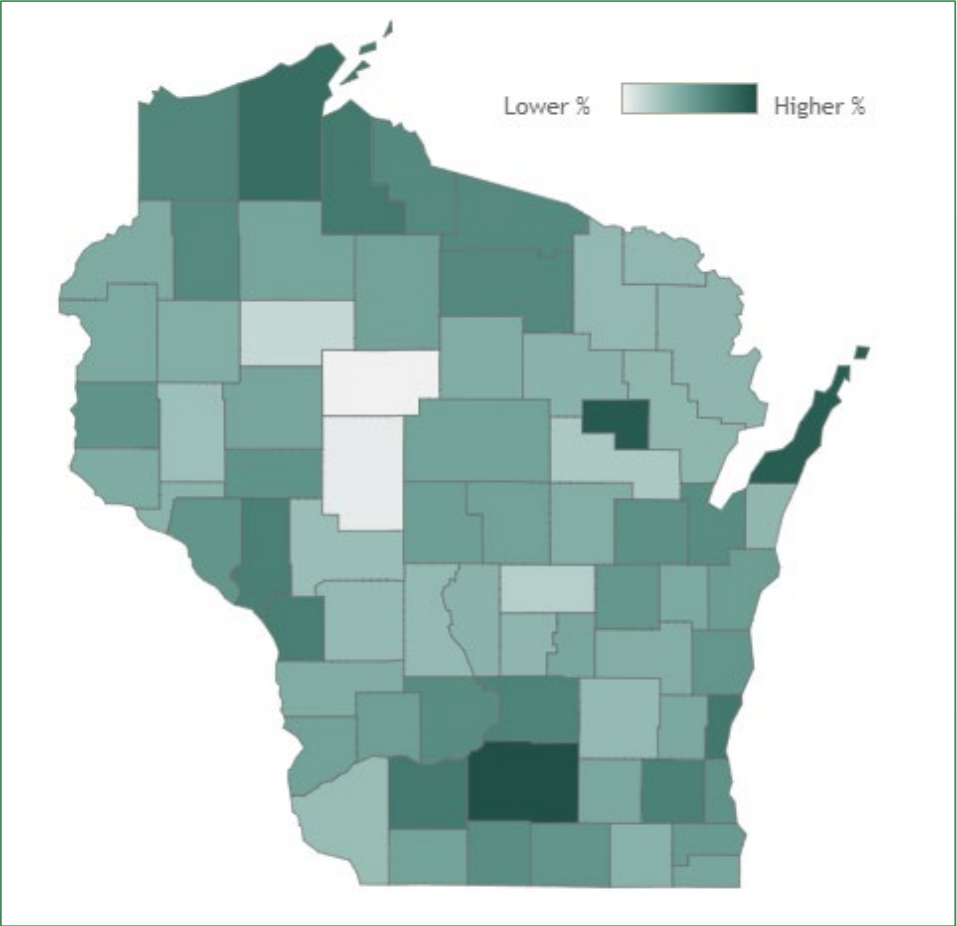
Total COVID-19 Patients Hospitalized Per Day



Data last updated: 1/27/2022 3:30:40 PM. Implementation of federally-mandated changes to data reporting caused a temporary gap in some data displays for late July 2020.

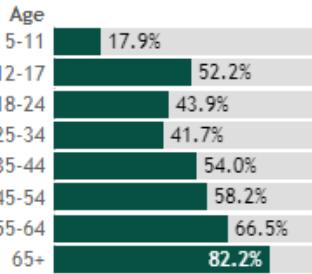
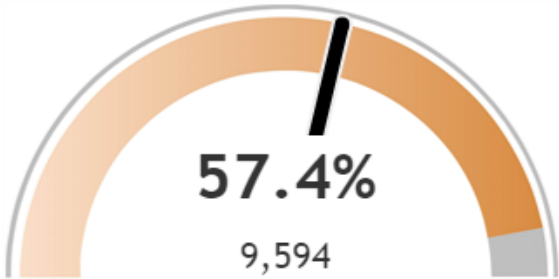
COVID-19 Vaccine Tracker

01/27/2022

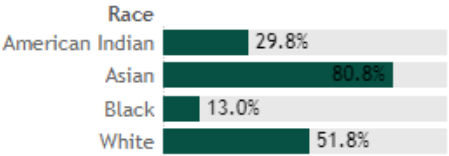


Percent of Sawyer County residents who have received at least one dose

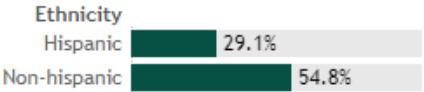
The **orange** represents the population for whom the vaccine is authorized.
The **gray** indicates the population under 5 years of age for whom the vaccines are not authorized.



*0.4% of records were reported without sex.



*4.3% of records reported a race of "Other"
*13.2% of records reported an unknown race



*5.8% of records were reported without ethnicity.

COVID-19 VACCINE CLINICS

WHO

Anyone age 5 and older

WHEN & WHERE

Wednesday

Call for an appointment 715-638-5100

LCO Community Health Center
13380 W Trepania Rd, Hayward

Thursday

Sign up on-line <https://vaccinate.wi.gov/en-US>

Or call 844-684-1064 (toll free)

Sawyer County Health Department
10610 Main Street, Suite 224, Hayward

- Click on "Register Now to Schedule a COVID-19 vaccination appointment"
- Enter your information—NO Insurance information is needed
- Search for zip code 54843



Vaccinations are
available at no charge!

Primary doses and
booster doses are
available for Pfizer,
Moderna and J&J

Bring your previous
vaccine information to
your appointment!



Boosters
recommended
for ages 12 and
older

Sawyer County Community Testing

Monday – Friday 715-634-4806

Month	# of Patients Tested	Average per Day
October (Opened 10/14)	126	10
November	561	30
December	394	20
January (through 1/27)	543	30

The last week of January we saw a decline in testing appointments.





HEALTH & HUMAN SERVICES

Sawyer County Courthouse
10610 Main, Suite 224
Hayward, WI 54843

715.634.4806 or 800.569.4162

Health Services Fax

715.634.3580

Human Services Fax

715.634.5387

Adult Long Term Care Unit February 2022

Aging and Disability Resource Center (ADRC) of the North- Sawyer County Branch

- referrals for information, options counseling, and functional screens remain steady.
- Joanie Zecherle the new Dementia Care Specialist (DCS) /Information and Assistance (I&A) Specialist is working with the ADRC Director on DCS trainings and with me on the I&A trainings.
- Exploration of converting space in the vacant portion of the former Oasis building continues.
- The Sawyer County Dementia and Caregiver Network has chosen to focus on revitalizing the Purple Tube Project. This is an effort to provide law enforcement and first responders with information regarding people living in the community who have dementia.

Adult Protective Services –

- The director and I met with corporation counsel and subsequently with probate and the judge to discuss the expectation that the APS unit would complete the comprehensive evaluations for all guardianships that include a protective placement order. Discussions are ongoing. The judge appeared receptive to the additional information provided and endorsed further discussion.
- In light of recent changes in court procedures and an increase in the number of protective placements that will require annual reviews, the vacant half-time APS Specialist position has been posted.

Lauri Perlick, Adult Long Term Care Supervisor

715-634-4806 ext. 2343

lperlick@sawyerhs.hayward.wi.us

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Report on Behavioral Health Programs 01/26/22

Behavioral Health Outpatient Clinic

Services are still being offered on a limited basis as the two clinicians that are employed by this agency are supervising many different programs and employees as well as trying to provide outpatient clinical services. The position for a mental health clinician has been posted on the Sawyer County website; we have not received any applications to date.

CCS Program (Comprehensive Community Services)

Currently we have six consumers on our program, two new referrals and discharged one consumer as he is moving out of county. As reported before, not having a full time mental health clinician employed at Sawyer County has greatly hindered our ability to expand this program. Unfortunately, regardless of our best efforts, we have not been able to hire a mental health clinician. Supervisor Carlson has an upcoming Service Director's meeting on February 4, 2022 with the other three Service Directors from Iron, Price and Taylor Counties. Our next NCR CCS Coordinating Committee will be held on February 15, 2022 via zoom.

CST Program (Coordinated Services Teams)

Currently we have four children enrolled in our CST Program and five new referrals. The CST year end grant report is due 01/28/22, therefore Supervisor Carlson and CST Coordinator Alison Carlson have been working to complete the report as well as the grant application for 2022.

Weekly meetings have been put on hold with the representative from AdvancedMD; the electronic health records management system. Supervisor Carlson is waiting to hear back from the sales representative regarding some of the issues we are already experiencing with the creation of all the forms, different ways the forms can be electronically signed with a laptop/desktop or printed off, signed with pen then scanned back into the system which we have been doing for years therefore this is not creating an efficiency as we were previously led to believe. Once Supervisor Carlson receives a response from AdvancedMD, Carlson will discuss with our agency director prior to moving forward with the implementation of this electronic health records system.

CLTS (Children's Long Term Support Waiver) Program/CCOP (Children's Community Options Program)

At this time, we have forty-four consumers on the CLTS Program, three new referrals have been received this past month and no consumers have been discharged this month.

Respectfully,
Alicia D. Carlson MS, LPC, NCC, CSAC, ICS, CCTP, IDP-AT
Behavioral Health Clinic Supervisor/CCS Service Director
715-638-3303
acarlson@sawyerhs.hayward.wi.us

Selected Dashboard

- ☒ Caseload
- ☐ Initial Assessment
- ☐ Out-of-Home Care

Kay, Karla M



My Caseload

My Team

My County

Caseload Overview



County

Sawyer

Case Worker Name

(Multiple values)



65
Open Cases



160
Child Count



477
Adult Count



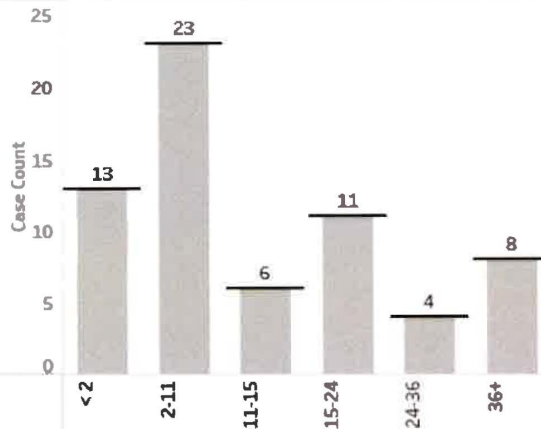
128
In-Home



33
Out-of-Home

Potentially Inactive Cases
13

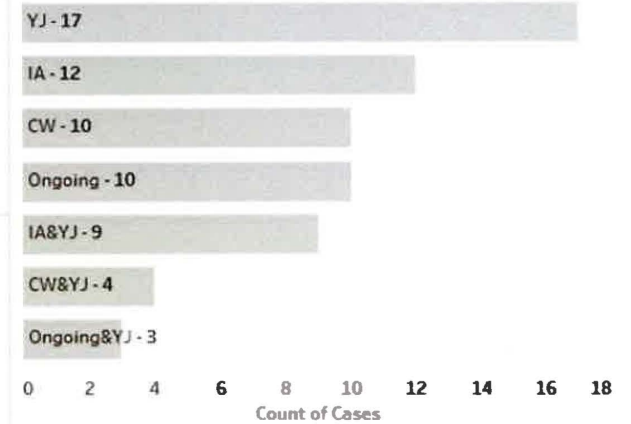
Months Open



Case Traits



Case Types



2021 Children in Substitute Care

FOSTER CARE																		
Sex/ Race	Age/Date Initial Plcmt	Placement Length	Placing Agency	January	February	March	April	May	June	July	August	September	October	November	December	Total	Refunds	Total
F/NA	11 11/27/18	918 days	LCO	\$ 987.94	\$ 1,046.00	\$ 1,046.00	\$ 1,046.00	\$ 776.06	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 4,902.00	\$	\$ 4,902.00
M/NA	14 12/08/20	150 days	LCO	\$ 374.90	\$ 946.47	\$ 894.00	\$ 894.00	\$ 173.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 3,282.40	\$	\$ 3,282.40
M/NA	6 12/07/20	390 days	SCHHS	\$ 576.00	\$ 576.00	\$ 576.00	\$ 576.00	\$ 839.00	\$ 573.87	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 560.00	\$ 7,076.87	\$	\$ 7,076.87
F/NA	7 12/05/19	758 days	LCO	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 904.00	\$ 10,848.00	\$ 1,132.00	\$ 9,716.00
M/NA	6 12/05/19	697 days	LCO	\$ 1,176.00	\$ 1,176.00	\$ 1,176.00	\$ 1,169.07	\$ 1,072.00	\$ 1,072.00	\$ 1,072.00	\$ 1,072.00	\$ 1,072.00	\$ 617.80	\$ 0.00	\$ 0.00	\$ 10,674.87	\$	\$ 10,674.87
M/NA	10 12/05/19	574 days	LCO	\$ 976.00	\$ 980.43	\$ 1,038.00	\$ 1,038.00	\$ 1,038.00	\$ 242.20	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,312.63	\$	\$ 5,312.63
F/NA	1 12/07/20	390 days	SCHHS	\$ 552.00	\$ 552.00	\$ 552.00	\$ 552.00	\$ 777.00	\$ 547.73	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 6,652.73	\$	\$ 6,652.73
F/NA	14 10/28/20	216 days	LCO	\$ 609.04	\$ 586.00	\$ 586.00	\$ 586.00	\$ 586.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,953.04	\$	\$ 2,953.04
F/NA	-1 01/25/19	1,072 days	LCO	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 812.00	\$ 9,744.00	\$	\$ 9,744.00
M/NA	-1 01/28/20	704 days	LCO	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 612.00	\$ 7,344.00	\$	\$ 7,344.00
F/NA	5 12/12/13	2,781 days	LCO	\$ 1,018.00	\$ 1,018.00	\$ 1,018.00	\$ 1,016.93	\$ 1,002.00	\$ 1,002.00	\$ 420.19	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 6,495.12	\$	\$ 6,495.12
M/NA	11 02/21/21	7 days	SCHHS	\$ 0.00	\$ 131.43	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 131.43	\$	\$ 131.43
M/NA	-1 09/28/20	354 days	LCO	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 700.00	\$ 373.33	\$ 0.00	\$ 0.00	\$ 5,973.33	\$	\$ 5,973.33
M/NA	-1 05/13/21	19 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 239.09	\$ 29.07	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 268.16	\$	\$ 268.16
M/W	-1 05/17/21	224 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 203.23	\$ 420.00	\$ 457.83	\$ 420.00	\$ 0.00	\$ 297.58	\$ 512.50	\$ 512.50	\$ 2,823.64	\$	\$ 2,823.64
F/NA	-1 06/07/21	15 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 234.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 234.00	\$	\$ 234.00
F/NA	2 05/26/21	220 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 117.67	\$ 608.00	\$ 608.00	\$ 608.00	\$ 608.00	\$ 608.00	\$ 608.00	\$ 608.00	\$ 4,373.67	\$	\$ 4,373.67
M/NA	3 05/26/21	220 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 164.12	\$ 848.00	\$ 848.00	\$ 848.00	\$ 848.00	\$ 848.00	\$ 848.00	\$ 848.00	\$ 6,100.12	\$	\$ 6,100.12
M/NA	4 05/26/21	220 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 148.64	\$ 768.00	\$ 768.00	\$ 768.00	\$ 768.00	\$ 768.00	\$ 772.00	\$ 808.00	\$ 5,568.64	\$	\$ 5,568.64
F/NA	10 07/26/21	159 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 154.83	\$ 892.77	\$ 800.00	\$ 800.00	\$ 905.49	\$ 800.00	\$ 4,353.09	\$	\$ 4,353.09
F/NA	13 07/26/21	159 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 123.48	\$ 886.98	\$ 638.00	\$ 638.00	\$ 638.00	\$ 638.00	\$ 3,562.46	\$	\$ 3,562.46
F/W	13 08/09/21	144 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 385.80	\$ 520.00	\$ 520.00	\$ 520.00	\$ 520.00	\$ 2,465.80	\$	\$ 2,465.80
F/W	8 08/09/21	144 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 439.22	\$ 592.00	\$ 592.00	\$ 592.00	\$ 592.00	\$ 2,807.22	\$	\$ 2,807.22
F/W	4 08/23/21	39 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 210.20	\$ 434.40	\$ 0.00	\$ 0.00	\$ 0.00	\$ 644.60	\$	\$ 644.60
F/NA	12 08/19/21	135 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 395.03	\$ 942.00	\$ 942.00	\$ 942.00	\$ 1,114.78	\$ 4,335.81	\$	\$ 4,335.81

F/NA	5 08/19/21	135 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 473.03	\$ 1,128.00	\$ 1,128.00	\$ 1,128.00	\$ 1,391.00	\$ 5,248.03	\$	\$ 5,248.03
F/NA	11 11/30/21	32 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 34.00	\$ 1,044.20	\$ 1,078.20	\$	\$ 1,078.20
M/NA	9 11/30/21	32 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 40.13	\$ 1,235.61	\$ 1,275.74	\$	\$ 1,275.74
TOTAL				\$ 9,297.88	\$10,040.33	\$ 9,914.00	\$ 9,906.00	\$10,163.84	\$ 9,372.87	\$ 8,560.33	\$11,507.03	\$12,131.73	\$11,167.38	\$10,948.12	\$13,520.09	\$126,529.60	\$ 1,132.00	\$125,397.60

SCHHS TOTAL \$ 31,020.00
LCO TOTAL \$ 94,377.60

TREATMENT FOSTER CARE																		
Sex/ Race	Age/Date Initial Plcmt	Placement Length	Placing Agency	January	February	March	April	May	June	July	August	September	October	November	December	Total	Refunds	Total
F/NA	7 05/17/19	1,335 days	LCO	\$ 3,855.56	\$ 3,613.28	\$ 3,855.56	\$ 3,774.80	\$ 3,855.56	\$ 3,774.80	\$ 3,855.56	\$ 3,855.56	\$ 3,271.50	\$ 0.00	\$ 0.00	\$ 0.00	\$ 33,712.18	\$	\$ 33,712.18
M/NA	-1 05/17/19	1,335 days	LCO	\$ 3,311.56	\$ 3,069.28	\$ 3,311.56	\$ 3,230.80	\$ 3,311.56	\$ 3,230.80	\$ 3,311.56	\$ 3,311.56	\$ 2,800.03	\$ 0.00	\$ 0.00	\$ 0.00	\$ 28,888.71	\$	\$ 28,888.71
M/NA	11 03/22/21	285 days	SCHHS	\$ 0.00	\$ 0.00	\$ 1,187.08	\$ 3,600.20	\$ 3,679.94	\$ 3,600.20	\$ 3,679.94	\$ 3,679.94	\$ 3,602.87	\$ 3,695.94	\$ 3,616.20	\$ 3,703.94	\$ 34,046.25	\$	\$ 34,046.25
F/NA	2 09/04/18	1,215 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,589.16	\$ 3,779.56	\$ 3,698.80	\$ 3,779.56	\$ 13,847.08	\$	\$ 13,847.08
M/NA	9 07/30/18	1,103 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,738.90	\$ 3,805.94	\$ 3,726.20	\$ 3,805.94	\$ 13,076.98	\$	\$ 13,076.98
M/NA	5 07/30/18	1,103 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,687.57	\$ 3,695.94	\$ 3,616.20	\$ 3,695.94	\$ 12,695.65	\$	\$ 12,695.65
F/W	13 11/08/21	54 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,702.35	\$ 3,605.56	\$ 6,307.91	\$	\$ 6,307.91
TOTAL				\$ 7,167.12	\$ 6,682.56	\$ 8,354.20	\$10,605.80	\$10,847.06	\$10,605.80	\$10,847.06	\$10,847.06	\$15,690.03	\$14,977.38	\$17,359.75	\$ 18,590.94	\$142,574.76	\$	\$142,574.76

SCHHS TOTAL \$ 40,354.16
LCO TOTAL \$102,220.60

GROUP HOME CARE																		
Sex/ Race	Age/Date Initial Plcmt	Placement Length	Placing Agency	January	February	March	April	May	June	July	August	September	October	November	December	Total	Refunds	Total
M/NA	14 12/08/20	83 days	LCO	\$ 4,378.14	\$ 1,170.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 5,548.14	\$	\$ 5,548.14
M/NA	15 05/15/19	645 days	LCO	\$ 7,540.13	\$ 6,149.91	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 13,690.04	\$	\$ 13,690.04
M/W	15 11/23/20	213 days	SCHHS	\$ 2,918.76	\$ 7,590.44	\$ 7,540.13	\$ 7,296.90	\$ 7,540.13	\$ 7,296.90	\$ 7,540.13	\$ 5,837.52	\$ 0.00	\$ 0.00	\$ 0.00		\$ 53,560.91	\$	\$ 53,560.91
M/NA	17 03/22/21	18 days	SCHHS	\$ 0.00	\$ 0.00	\$ 2,432.30	\$ 1,945.84	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 4,378.14	\$	\$ 4,378.14
TOTAL				\$14,837.03	\$14,910.35	\$ 9,972.43	\$ 9,242.74	\$ 7,540.13	\$ 7,296.90	\$ 7,540.13	\$ 5,837.52	\$ 0.00	\$ 0.00	\$ 0.00		\$ 77,177.23	\$	\$ 77,177.23

SCHHS TOTAL \$ 57,939.05
LCO TOTAL \$ 19,238.18

RESIDENTIAL CARE																		
Sex/ Race	Age/Date Initial Plcmt	Placement Length	Placing Agency	January	February	March	April	May	June	July	August	September	October	November	December	Total	Refunds	Total
F/NA	13 12/10/20	180 days	LCO	\$ 13,514.76	\$ 14,221.88	\$ 13,514.76	\$ 13,078.80	\$ 13,514.76	\$ 3,051.72	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 70,896.68	\$	\$ 70,896.68
M/NA	9 07/30/18	1,011 days	LCO	\$ 10,695.00	\$ 11,675.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,695.00	\$ 5,520.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 91,370.00	\$	\$ 91,370.00
M/NA	5 07/30/18	1,011 days	LCO	\$ 10,695.00	\$ 11,675.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,695.00	\$ 5,520.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 91,370.00	\$	\$ 91,370.00
F/NA	2 09/04/18	1,123 days	LCO	\$ 10,695.00	\$ 11,675.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,695.00	\$ 3,105.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 88,955.00	\$	\$ 88,955.00
M/NA	10 09/13/17	1,571 days	LCO	\$ 10,695.00	\$ 11,675.00	\$ 10,695.00	\$ 10,531.92	\$ 13,514.76	\$ 13,078.80	\$ 13,514.76	\$ 13,514.76	\$ 13,078.80	\$ 13,514.76	\$ 13,078.80	\$ 13,514.76	\$ 150,407.12	\$ 543.66	\$ 149,863.46
M/NA	5 12/12/13	2,942 days	LCO	\$ 10,695.00	\$ 11,675.00	\$ 10,695.00	\$ 10,350.00	\$ 10,695.00	\$ 10,350.00	\$ 13,896.68	\$ 13,896.68	\$ 13,448.40	\$ 13,896.68	\$ 13,448.40	\$ 13,896.68	\$ 146,943.52	\$	\$ 146,943.52
M/W	15 12/05/19	574 days	SCHHS	\$ 9,801.89	\$ 8,853.32	\$ 9,801.89	\$ 9,485.70	\$ 9,801.89	\$ 9,485.70	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 57,230.39	\$ 5,476.00	\$ 51,754.39
M/W	13 04/29/21	247 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,196.00	\$ 18,538.00	\$ 13,747.84	\$ 13,896.68	\$ 13,896.68	\$ 13,448.40	\$ 13,896.68	\$ 13,448.40	\$ 13,896.68	\$ 115,965.36	\$ 10,624.00	\$ 105,341.36
M/NA	14 08/23/21	39 days	SCHHS	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,382.00	\$ 16,146.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 21,528.00	\$	\$ 21,528.00
M/NA	6 12/07/20	758 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 10,005.00	\$ 10,695.00	\$ 20,700.00	\$	\$ 20,700.00
TOTAL				\$ 76,791.65	\$ 81,450.20	\$ 76,791.65	\$ 75,692.42	\$ 98,149.41	\$ 80,764.06	\$ 73,393.12	\$ 78,775.12	\$ 70,266.60	\$ 41,308.12	\$ 49,980.60	\$ 52,003.12	\$ 855,366.07	\$ 16,643.66	\$ 838,722.41

SCHHS TOTAL\$ 178,623.75

LCO TOTAL\$ 660,098.66

SUBSIDIZED GUARDIANSHIP																		
Sex/ Race	Age/Date Initial Plcmt	Placement Length	Placing Agency	January	February	March	April	May	June	July	August	September	October	November	December	Total	Refunds	Total
M/NA	1½ 06/12/17	1,614 days	SCHHS	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 420.00	\$ 5,040.00	\$ 1.16	\$ 5,038.84
M/NA	7 06/16/17	1,660 days	LCO	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 1,327.00	\$ 15,924.00	\$ 520.34	\$ 15,403.66
M/W	3 07/12/13	2,423 days	SCHHS	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 670.00	\$ 8,040.00	\$ 781.00	\$ 7,259.00
F/NA	11 11/27/18	1,132 days	LCO	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 180.13	\$ 698.00	\$ 698.00	\$ 698.00	\$ 698.00	\$ 698.00	\$ 698.00	\$ 698.00	\$ 5,066.13	\$ 269.94	\$ 4,796.19
TOTAL				\$ 2,417.00	\$ 2,417.00	\$ 2,417.00	\$ 2,417.00	\$ 2,597.13	\$ 3,115.00	\$ 3,115.00	\$ 3,115.00	\$ 3,115.00	\$ 3,115.00	\$ 3,115.00	\$ 3,115.00	\$ 34,070.13	\$ 1,572.44	\$ 32,497.69

SCHHS TOTAL\$ 12,297.84

LCO TOTAL\$ 20,199.85



HEALTH & HUMAN SERVICES

Sawyer County Courthouse
10610 Main, Suite 224
Hayward, WI 54843

715.634.4806 or 800.569.4162

Health Services Fax

715.634.3580

Human Services Fax

715.634.5387

January 2022 Youth Justice Report

I. Current Youth in the Youth Justice System:

- Out of home placements: 0
- Detention Holds: 0
- Active Capias: 1
- Informal Supervision: 10
- Formal Orders: 3

II. Pending Youth for the Youth Justice System:

- New Referrals with scheduled intake conference: 2
- New Referrals to District Attorney: 2
- Request to waive into adult court: 1

Respectfully Submitted,

Karla May Kay
10610 Main St, Suite 224
Hayward, WI 54843
715-638-3427



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January 24, 2022

Economic Support Unit Update

December 2021 Sawyer County

FoodShare Cases – 1,224

FoodShare Recipients – 2,136

FoodShare Benefits Issued - \$521,237.20

BadgerCare Plus Cases – 1,723

Elderly, Blind, Disabled Cases – 577

Long Term Care – 224

December 2021 Northern Income Maintenance Consortium Timeliness Performance

Call Center Answer Rate – 6,994 Calls Received and 6,600 Calls Answered 94.37%

Applications Processed – 2,006 Applications Processed, Timely 1,983, % Processed Timely 98.85%

Renewals Processed – 1,603 Renewals Processed, 99.00% Renewals Processed Timely

Six Month Report Forms Processed - 377 SMRFs Processed, Timely 99.73%

DHS received approval to provide emergency supplemental FoodShare benefits due to COVID 19 for February 2022. All eligible households will receive an emergency allotment of at least \$95 even those currently receiving the maximum benefit.

January and February 2022 renewals for Health Care and Caretaker Supplement are being postponed.

Respectfully,

Shawna K. White

Resolution Coordinator

Northern Income Maintenance Consortium

Economic Support Supervisor

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2021 Year End Totals

COUNTY CAR REPORT

EXPENSES		VAN Gray	RED IMPALA	Focus 1	Focus 2	Focus 3	Focus 4	Focus 5	Focus 6	Focus 7	Focus 8	TOTAL
Mileage		130047		43958	44129	37856	47529	40601	39360	32550	39591	
Credit Card	Fuel	189.04	0	408.26	335.9	508.2	312.46	408.162	520.39	329.53	801.32	0
Detailing		0	0	0	0	0	0	0	0	0	0	0
Agent of the State charge		0	0	0	0	0	0	0	0	0	0	7282
TOTAL		189.04	0	408.26	335.9	508.2	312.46	408.162	520.39	329.53	801.32	7282.00
												11095.26

MILES		VAN Gray	RED IMPALA	Focus 1	Focus 2	Focus 3	Focus 4	Focus 5	Focus 6	Focus 7	Focus 8	TOTAL
		724	0	4844	3903	6565	5591	6598	6354	3994	9869	48442

DEPARTMENTS:

Clerk of court 161
 County Board 1597
 County Clerk 542
 County Treasurer 0
 IT 0
 HHS 25585
 Probate 269
 Sanitarian 17073
 Sheriff 3078
 UW EXT 137

Cost at .525 per mile 25432.05
 Savings 14336.79