

**Tuesday, November 8,  
2016  
8:30 a.m.**

**HUMAN SERVICES BOARD**

*Door County Government Center  
Chambers Room (C102), 1st floor  
421 Nebraska Street, Sturgeon Bay, WI*

*Oversight Board for the Department of Human Services*

**AGENDA**

**PUBLIC HEARING FOR PROPOSED 2017 - 8521 Elderly/Disabled Transportation Plan (SRC Bus & Van) & 5311**

**Public Transit Plan**

1. Call the Public Hearing to order at 8:30 a.m.
2. Introductions
3. Ground Rules for the Public Hearing
4. Proposed Changes to the System for 2017
5. Public Comments
6. Adjourn the Public Hearing

**HUMAN SERVICES BOARD MEETING**

1. Call Meeting or Order
2. Roll Call
3. **Adopt** Agenda
4. **Approve** Minutes – October 11, 2016 Human Services Board Meeting
5. Correspondence
6. Public Comment
7. Comment/Discussion of Public Participation Meeting
  - a. Review & Approve Proposed Changes in Transportation System
8. Program Reports
  - a. Collective Unit Report
  - b. Director's Report
9. Continuing /Pending Business
  - a. Resource Center Building Update
  - b. Staff Recruitment Updates
  - c. Vouchers
10. Topics To Be Referred to the Legislative Committee
11. New Business
  - a. Review of DCDHS Board Roles & Responsibilities
  - b. FYI - Committee Member Changes
  - c. Request to Refill Administrative Assistant III – Front Desk
  - d. Completion of Employment Introductory Period – Jay Livingston
12. Matters to be Placed on a Future Agenda or Referred to a Committee, Official or Employee
13. Set Next Meeting Date – Tuesday, January 10, 2016
14. **Adjourn** Meeting

Members of the Door County Board of Supervisors and/or its sub-units may be in attendance at this meeting to listen and gather information. Notice is hereby given that the above meeting may constitute a meeting of the Door County Board of Supervisors or one of its sub-units. However no official action will be taken except by the Administrative Services Committee.

*Deviation from the order shown may occur*

## DOOR COUNTY HUMAN SERVICES BOARD MINUTES

Tuesday, October 11, 2016

These minutes have not been reviewed by the oversight board and are subject to approval or revision at the next regular meeting.

1. **Call to Order-**

Chair Mark Moeller called the October 11, 2016 meeting of the Door County Human Services Board to order at 8:30am in the Government Center's Peninsula Room.

2. **Roll Call / Establishing a Quorum-**

Present: Chairman Mark Moeller, Helen Bacon, Wayne Kudick, Tom Leist, Megan Lundahl, Joe Miller, Robert Rau and Nancy Robillard

Excused: Roy Englebert

Staff Present: Joseph Krebsbach-Director, Cori MacFarlane-Deputy Director, JoAnn Bauman-Finance Department Accountant, Tanya Kavicky-Mels-Behavioral Health Therapist, Elizabeth Ziolkowski-Behavioral Health Therapist, Rachele Gramann-Aging & Disability Resource Center (ADRC) Aging Program Director, Barbara Snow-ADRC Support, Carol Lenius-Adult Protective Services (APS), Erin Szakala-APS, Mary Bink-Elderly Benefits Specialist, Jessica Holland-Disabilities Benefit Specialist, Robin Mark-Transportation/Accounts Specialist, Jennifer Bender-ADRC Information & Assistance (I&A) Specialist, Lisa VanAlstine-ADRC I&A Specialist, Anna Zahorik-ADRC I&A Specialist and Shawn Barlament-Office Manager/Recording Secretary.

Others Present: Susan Kohout-County Board Supervisor

Board members present established a quorum.

3. **Adopt Agenda-**

A motion was made by Tom Leist and seconded by Megan Lundahl to adopt the agenda. All were in favor.

4. **Approve Minutes-**

Nancy Robillard motioned to approve minutes from the September 13, 2016 Human Services Board meeting. This was seconded by Helen Bacon. All approved.

5. **Correspondence-**

None

6. **Public Comment-**

None

7. **Program Reports-**

a. **Aging & Disability Resource Center – Presentation**

Rachele Garmann, Director of the ADRC Aging Program, described the resourcefulness of the team as a single source of information and assistance for older individuals (60+) and those with disabilities (18+). Each of the ADRC staff members shared what they contribute on a daily basis towards providing information, advice and access to a variety of services for these

individuals. Pamphlets and brochures that were passed out during this presentation are attached to these minutes. Several board members had questions concerning the current waitlist for Family Care services that the ADRC manages. The state has already implemented a plan to eliminate waitlists for Family Care by August 2018

**b. Collective Unit Report**

No questions were asked.

**c. Director's Report**

- As the department trains and transitions to Trauma Based Care for our clients, we also are focused on keeping our employees emotionally healthy. In January 2017, we will have our 2<sup>nd</sup> training specifically for employees on this subject.
- Joe and Ken Pabich, County Administrator, have scheduled meetings with the Sheriff to discuss providing services at the jail.
- Joe shared that there will be a few unusual vouchers in next month's agenda packet as a law enforcement officer and a social worker left today to pick-up a runaway child in Mississippi.

**8. Continuing / Pending Business-**

**a. Resource Center Building Updates**

De-construction of the interior will be completed today or tomorrow. Minor damage was found on two structural elements. The next step is the soda cleaning of the interior. Meeting the Americans with Disabilities Act (ADA) codes for audio/visual components are being addressed.

**b. Staff Recruitment Updates**

- The 4 case managers have been hired. The three previously contracted providers, Margaret Buhk, Faith McCoy and Andy Roth started last week Monday, October 3<sup>rd</sup> and yesterday Kathy Schultz began.
- The Economic Support Energy Program Specialist, Kathy Fairchild, started today.
- The department has received 29 applications for the vacant Economic Support Specialist. 3 have been chosen for interviews on Friday, October 21<sup>st</sup>.

**c. Vouchers**

No inquiries.

**9. Topics To Be Referred to the Legislative Committee-**

Susan Kohout, County Board Supervisor, shared that the Wisconsin County Association is encouraging counties to solicit help from their legislative committees to address the lack of vendors across the state that are available to provide services to our clients.

**10. New Business-**

**a. Trauma Assessment**

Beth Ziolkowski and Tanya Kavicky-Mels shared several handouts on trauma focused care and how they use this information. These tools help track successes and assist with parenting skills as the therapist's role is as much with the child as it is with the parents/guardians.

**b. Position Additions to the Department**

The Director informed the board of the new compensation study and how it relates to this department and the revised federal mandate that increased salary levels in order to be exempt from overtime requirements. It has also been recommended that a position from the Information Systems (IS) Department be transitioned to Human Services as our Technical Support Specialist.

**c. Transportation Program Audit & Grant Application**

The Wisconsin Department of Transportation recently conducted a non-financial audit of our transportation program. Specific recommendations will be addressed at next month's Public Participation Meeting for the 2017 – 85.21 Elderly /Disabled Transportation Plan and 5311 Transit Plan. Nancy Robillard motioned and Megan Lundahl seconded that the department proceed with these federal grant applications. All were in favor.

**d. WCHSA Regional Meetings**

Wisconsin County Human Services Association (WCHSA) Regional meetings will be re-instated in January or February with both Directors and Board members invited to attend. Recently only Directors have met at state wide meetings.

**e. Resignation of Mary Bittorf**

FYI

**11. Matters to Be Placed on a Future Agenda or Referred to a Committee, Official or Employee-**

- The scope of the Human Services Board and its role, if any, on issues beyond the purview of services delivered by (or contracted through) DCDHS.

Other suggestions are welcome prior to the next meeting. Please notify the Chair of this Committee or the Director of the department.

**12. Next Meeting Date:**

The Public Participation Meeting for the 2017-85.21 Elderly/Disabled Transportation Plan and the 5311 Public Transit Plan will be held Tuesday, November 8, 2016 beginning at 8:30am in the Chambers Room of the Government Center, 421 Nebraska Street, Sturgeon Bay with the regular meeting to follow immediately after.

**13. Adjournment:**

Robert Rau motioned and Tom Leist seconded to adjourn the meeting. The motion carried. The meeting adjourned at 10:15am.

Respectfully submitted,

Shawn M. Barlament, Recording Secretary

# ADRC Services

## ONE-STOP FOR RELIABLE INFORMATION

## INFORMATION AND ASSISTANCE

Each older person, and every person with a disability, is unique. ADRCs need information and skills that are very broad. Individuals want to find - or to protect - a place to live, relationships, health, work, recreation, safety, and dignity.

Information and assistance services are about providing personalized help in finding and connecting a customer to services that match his or her needs. People call the ADRC about:

- In-home personal and nursing care
- Housekeeping and chore services
- Home modifications, safety and maintenance
- Health (healthy lifestyles, management of chronic conditions, dementia, etc.)
- Caregiver respite
- Transportation
- Nutrition, home delivered meals
- Housing, including senior and low income housing
- Adaptive equipment
- Assisted living, nursing homes and other long-term care facilities
- Financial assistance (e.g., Social Security, Medicare, Medicaid and other benefit programs)
- Legal issues (guardianship, power of attorney, client rights advocacy)
- Abuse, neglect, and financial exploitation
- Mental health, alcohol and drug abuse, crisis intervention
- Employment, vocational services, volunteer work

## OUTREACH TO PEOPLE IN NURSING HOMES

People living in nursing homes and other institutions do not always know about community services, supports, and housing options. ADRCs regularly outreach to individuals in long-term care facilities, providing individualized information and support for community relocation. ADRCs assist facility discharge planners in helping residents who indicate a desire to relocate to the community.

"They provided information about the help that was available and they were there to answer questions as they came up. I can't say there was anything that was not handled well."

-ADRC Customer

# ADRC Services

## EMPOWERING INDIVIDUALS TO MAKE INFORMED CHOICES

### LONG-TERM CARE OPTIONS COUNSELING

Through long-term care options counseling, ADRCs provide customers with information about the choices available when making decisions about where to live, what kind of help is needed, where to receive that care and help, and how to pay for it.

ADRCs provide one-on-one consultation to help people identify and think through the pros and cons of the various options in light of their situation, values, resources and preferences.

## STREAMLINED ENTRY INTO LONG-TERM CARE PROGRAMS

### ENROLLMENT INTO PUBLICLY FUNDED LONG-TERM CARE

ADRCs are single-entry points for publicly funded long-term care programs.

ADRC staff are certified to determine functional eligibility for Wisconsin's long-term care programs: Family Care, IRIS, Partnership and PACE. They help eligible individuals apply for Medicaid and explain and compare available long-term care programs.



## CUTTING RED TAPE AND ADVOCATING FOR BENEFITS

### BENEFITS COUNSELING

Benefit Specialists at ADRCs help people understand and obtain benefits that they are eligible for. Benefit Specialists are knowledgeable professionals who provide information about government and other benefits, such as Medicare, Medicaid, Social Security, FoodShare, low income housing, veterans' benefits, insurance, etc. Benefit Specialists help in solving problems with receiving benefits.

Elderly Benefit Specialists serve people age 60 and older. Disability Benefit Specialists serve adults age 18-59 who have a physical or developmental disability or a mental illness or substance use issue.

"The best thing that came out of it is that I was able to make up my own mind and choose."

—ADRC Customer

## HELPING PEOPLE MAINTAIN HEALTH AND INDEPENDENCE IN THEIR HOMES

### HEALTH AND WELLNESS / PREVENTION AND EARLY INTERVENTION

Providing information on how to reduce the risk of disability, connect to wellness programs and stay healthy and independent is a valuable service provided by resource centers.

ADRCs offer intervention activities such as programs to review medications or nutrition, teach people how to manage chronic conditions like diabetes or heart disease, or engage people in programs to eliminate home hazards and prevent falls.

### SHORT-TERM SERVICE COORDINATION

ADRCs provide short-term service coordination to help people and their families arrange for needed care services.

### TRANSITIONAL SERVICES FOR STUDENTS AND YOUTH

Families and young people with disabilities learn about their options after completing high school. ADRCs provide information to local school districts and vocational rehabilitation counselors to assist the transition to adult long-term care and benefits.

### ACCESS TO EMERGENCY RESPONSE

ADRC staff provide access to emergency response services. Staff are skilled at recognizing emergencies and situations that might put someone at risk, such as a sudden loss of a caregiver. They help people connect to adult protective services, mental health crisis intervention or other appropriate emergency service providers.

## ADRC In a Nutshell

The following briefly describes requirements contained in the ADRC contract. The full contract is available at <http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/contract/index.htm>.

### MISSION & ROLE OF THE ADRC

- Place where older people and people with disabilities can obtain information, advice and help in locating services and applying for benefits, including publicly funded long term care.
- Identity and services consistent with the Dept. of Health Services' franchise model for ADRCs

### POPULATIONS SERVED

- Full range of ADRC services provided to the elderly, adults with developmental disabilities, and adults with physical disabilities regardless of their financial means
- ADRC services are available youth with disabilities transitioning to the adult supports system
- Information and assistance, disability benefits counseling and referral for emergency services are available to adults with mental illness and/or substance use disorders

### LOCATION AND PHYSICAL PLANT

- Well signed, easy to find and readily accessible to the public
- Welcoming atmosphere
- Physical space reinforces the distinct identity of the ADRC
- Privacy for confidential conversations and information
- Dedicated phone number answered by a person
- Technology to support ADRC functions: e-mail, web site and resource/client tracking databases
- Open during normal county business hours; available for after hours appointments

### REQUIRED SERVICES

- Outreach to all client populations, so people know about the ADRC and what it can do
- Information and assistance on a wide variety of topics, including living arrangements, in-home care, respite, health, home safety, mental health services, vocational rehabilitation, transportation, home maintenance, financial and other basic needs; legal services, etc.
- Options counseling to help people understand and consider the available long term care choices
- Pre-admission consultation for persons considering entering a nursing home or assisted living
- Elderly and disability benefits counseling to help people understand, apply for and use the benefits of Medicare, Medicaid, Social Security Disability, FoodShare, housing assistance, veterans benefits and other programs for which they may be eligible
- Access to publicly funded long term care, including eligibility and enrollment for Family Care, Partnership, and IRIS
- Access to other public programs and benefits including economic support, elder adults/adults at risk and adult protective services
- Recognize emergencies and connect people with local emergency service providers, as needed
- Assist youth with disabilities to understand the transition to the adult long term supports system
- Information and education on health risks and safety issues to help people prevent, minimize and/or manage potentially disabling conditions
- Advocacy on behalf of individual clients and client populations

### ORGANIZATIONAL AND PROCEDURAL STANDARDS

- Governing board or committee represents the interests of all client groups and is responsible for providing policy direction and oversight for the ADRC
- Single director or person in charge
- Whose position is dedicated to the ADRC
- Organizational independence from managed care and avoidance of conflicts of interest
- Staffing sufficient to provide required ADRC services in a competent, professional, timely manner
- Respectful and capable in working with people who are deaf, blind, aged, disabled, culturally diverse
- Quality assurance/quality improvement plan and process
- Regional ADRCs have a single name, governing board and director and provide consistent services throughout the region
- ADRC funds are used for required ADRC functions only

2-19-13





### A Place for Information and Assistance.

The Aging and Disability Resource Center of Door County is the first place to go with your aging and disability questions. The ADRC is the "information station" where individuals can obtain accurate, unbiased information related to aging or living with disability.

### A Resource Center Can Help You Find:

- Adaptive Equipment
- Assisted Living/  
Nursing Home
- Employment Programs
- Financial Aid
- Health and Wellness
- Housing Options
- In-Home Personal Care
- Nutrition Programs
- Prescription  
Drug Coverage
- Respite Care
- Support Groups
- Transportation



Aging & Disability Resource Center

#### @ THE DOOR COUNTY SENIOR & COMMUNITY CENTER

832 N. 14th Ave. • Sturgeon Bay, WI 54235  
920-746-ADRC (2372) • Toll free: 855-828-2372  
Email: [ADRC@co.door.wi.us](mailto:ADRC@co.door.wi.us)  
Website: [www.ADRCDoorCounty.org](http://www.ADRCDoorCounty.org)  
Open Monday – Friday 8:00 a.m. to 4:30 p.m.  
or by appointment



**Let Us Show You the Way**



## What is an Aging & Disability Resource Center?

An Aging and Disability Resource Center, or ADRC, offers the general public a single source for information and assistance on issues affecting older people (age 60 and older) and people with disabilities (age 18 and older) regardless of their income. Our information and assistance is free and completely confidential. The Aging and Disability Resource Center of Door County is a welcoming place for you and your family to get information, advice and access to a wide variety of services.



## Information & Assistance

Our trained Information and Assistance Specialists are knowledgeable about all of the programs and services available to help meet the needs of older people and people with disabilities. They can assist you with finding solutions for long-term care issues such as living arrangements, health, employment and training for people with disabilities, home maintenance, nutrition, Social Security, and other publically funded programs.

## Long-Term Care Options Counseling

If you are not sure about your options for long-term care, contact us for objective, in-depth information about the services and resources available to meet your current and future needs for care. We want you to have all the information you need to make your own choices. We'll talk with you about the types and cost of care available – whether you're looking to receive services at home or in another community setting.

## Benefits Counseling

If you have questions about benefit programs, our Benefit Specialists can talk with you about the benefit programs available and help you apply for benefits such as Social Security, Medicare, Medicaid and others. We can also help you work through problems that arise with your benefits.

## Health & Wellness

Staying active and healthy is key to maintaining your independence. We can help you make connections with programs that can help support your best possible health and safety.

## Support for Caregivers

Caring for someone who is elderly or disabled can be a rewarding experience. But, it can also present challenges. We offer information and assistance to help family caregivers care for their loved one and for themselves.

## Transitioning from Child to Adult Services

Change can be challenging. We talk with and provide assistance to teens with disabilities and their families as they transition from children's programming to services for adults.



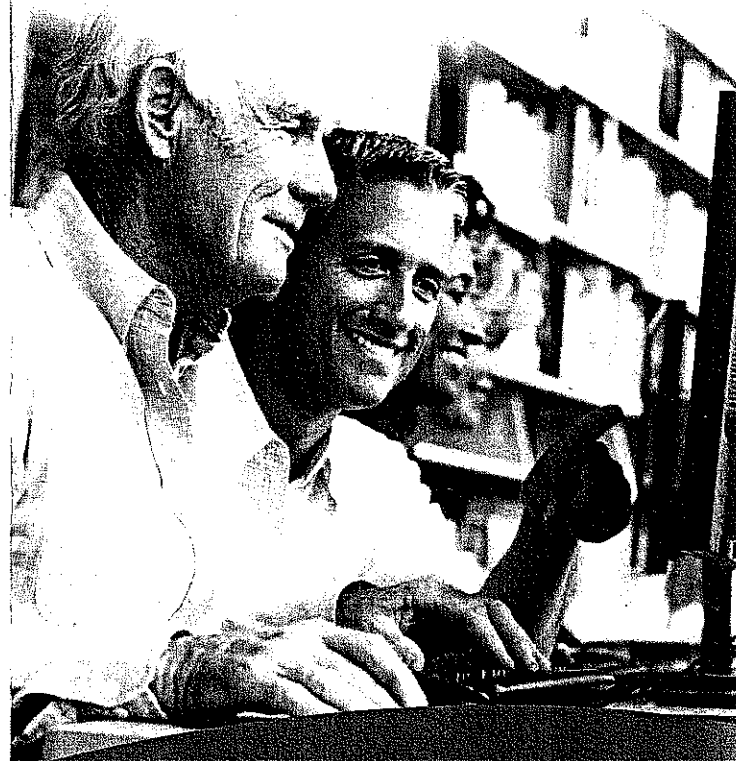
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[www.ADRCDoorCounty.org](http://www.ADRCDoorCounty.org)

# ELDERLY BENEFIT SPECIALIST PROGRAM



## @ THE DOOR COUNTY SENIOR & COMMUNITY CENTER

832 N. 14th Ave. • Sturgeon Bay, WI 54235  
920-746-ADRC (2372) • Toll free: 855-828-2372  
Email: [ADRC@co.door.wi.us](mailto:ADRC@co.door.wi.us)  
Website: [www.ADRCDoorCounty.org](http://www.ADRCDoorCounty.org)  
Open Monday – Friday 8:00 a.m. to 4:30 p.m.  
or by appointment



**Benefits counseling for adults  
age 60 or older who need assistance  
or education on current benefits or  
benefits they may be entitled to**

**A service of Wisconsin's Aging  
and Disability Resource Centers**



## What is the Elderly Benefit Specialist Program?

**The Elderly Benefit Specialist (EBS)** program is a service of **Wisconsin's Aging and Disability Resource Centers.**

Elderly benefit specialists provide services to people age 60 or older who need assistance or education on current benefits or benefits they may be entitled to.

Elderly benefit specialists provide information and assistance with public and private benefit programs including application and appeal procedures.

There is no charge for elderly benefit specialist services.

**Let Us Show You the Way**

## What Can an Elderly Benefit Specialist Help You?

- Provide accurate information on public and private benefits and programs.
- Help determine which benefits and programs you may be entitled to.
- Help you to fill out applications for benefits, programs and services.
- Talk with you about your choices and the programs or services that might best meet your needs.
- Provide assistance in obtaining or retaining benefits and services.
- Provide referrals, assistance and support on other matters including disability rights and the impact of earnings on financial eligibility for public benefits.
- In some cases, you may receive representation in formal appeals related to denials of eligibility, termination of benefits or overpayment of public and private benefits.

## What Programs Can an Elderly Benefit Specialist Help With?

- Medicaid (Medical Assistance)
- Social Security Disability Income (SSDI)
- Supplemental Security Income (SSI)
- Medicare, including Part D
- Prescription Drug Assistance
- FoodShare
- Low-Income Tax Credits
- Insurance Issues
- Housing and Utility Issues
- Veterans' Benefits
- Social Security Retirement (SSR)



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[www.ADRCDoorCounty.org](http://www.ADRCDoorCounty.org)

## **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Frequently Asked Questions**

Your child has been referred to TF-CBT because they are showing signs that trauma is having a negative impact on their behavior or emotions. This fact sheet answers some of the questions that caregivers often ask. We hope you will talk with your child's therapist about any further questions or concerns.

**What is trauma?** "Trauma" is an unexpected or sudden event that creates feelings of extreme fear or helplessness. Victims of trauma were often in situations where they feared for their lives or the lives of others. There are many different kinds of trauma including: physical assault, car accidents, exposure to violence, fires, natural disasters, or sexual abuse.

**What are possible effects of trauma?** Each person responds differently to trauma. Some possible effects include:

- Difficulty sleeping or nightmares
- Difficulty not thinking about the event
- Increased fear in both safe and risky situations
- Feelings of guilt or shame
- Thoughts about death or dying
- Irritability and problems with anger control
- Efforts to avoid talking about the event or doing things that remind the child about the event

**What is TF-CBT?** TF-CBT is a structured therapy designed to help children and families manage feelings, talk about the trauma, and develop plans for feeling safe in the future. TF-CBT is used across the country and has been shown to significantly decrease short-term and long-term negative effects of trauma. Program components are:

- Education about trauma and its effects
- Parenting strategies to address common behavior problems
- Work on identifying and managing feelings
- Work on changing the thoughts around the trauma that tend to postpone healing
- Helping the child and family talk about the events ("telling the story")
- Planning for future safety and success

**Isn't it better just to forget about what happened?** Research shows that not talking about traumatic events can prevent healing. Children often have inaccurate beliefs about the event that cannot be corrected if the topic is avoided.

**What is my job?** Caregivers are involved in every step of the treatment. You will be asked to help your child practice skills at home and will be the primary support person as your child gets ready to tell his or her story. In fact, research has proven that caregiver involvement in trauma therapy is the single most important factor in the child's recovery.

# **Common Parent Reactions to Child Trauma**

## **Self-blame and guilt**

Often parents will blame themselves for the child's trauma. Parents may also feel guilt about what the child has experienced.

## **Blaming the child**

Even well intentioned parents can sometimes blame the child for the trauma. This can include not believing the child's trauma occurred.

## **Being overly protective**

When your child experiences trauma it is natural to worry about them and want to protect them. Sometimes parents protect too much by not allowing the child to do things or by limiting their activities.

## **Being overly permissive**

Another natural instinct after trauma is to indulge your child, or give in to their wishes more than is healthy for them. Parents don't want their child to suffer more, so they don't set limits or enforce rules.

## **Becoming overwhelmed**

When your child experiences trauma you may feel anger, helplessness, sadness, or intense worry. You may think about seeking revenge. But sometimes parents have difficulty feeling anything. Strong emotions and a lack of emotions are both typical reactions.

## **Feeling worried that your child won't recover**

Parents often worry that their child is "scarred for life" or "permanently damaged."

## **Having your own PTSD symptoms**

Parents can have PTSD too. You may have experienced the same trauma as your child, or a different trauma – in your childhood or adulthood. These experiences might contribute to the reactions you're having.

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# COMMON REACTIONS TO STRESS OR TRAUMA

There are many different ways that young people react to stressful life events. Below we've listed several kinds of reactions, all of which are very common. We've asked your child to show this list to you and to talk with you about which ones he or she has had problems with recently. You might also notice the way that you've reacted to stressful events in your own life. Feel free to call us if you have any questions about these problems or the way in which the group will address them.

**Having nightmares or trouble sleeping.** When something really scary or upsetting happens, it takes awhile to figure out exactly what happened and what it means. After severe stress or trauma, people tend to keep thinking about what happened in order to "digest" it, just like your stomach has to work to digest a big meal. Nightmares are one way of digesting what happened.

**Thinking about it all the time.** This is another way to digest what happened. Just like nightmares, thinking about the trauma all the time is a problem because it makes you feel upset. It can be unpleasant.

**Wanting to NOT think or talk about it.** This is natural, since it is upsetting to think about a past stress or trauma, and it can make you feel all sorts of emotions. Avoiding it makes things easier, but only for a little while. It's important to digest what happened sooner or later. So, while avoiding it sometimes makes sense, you have to set aside some time to digest it also.

**Avoiding places, people, or things that make you think about it.** Just like not wanting to talk about or think about the trauma, avoiding situations that remind you of what happened can help you feel better right then. The problem with this, though, is that it keeps you from do-

ing normal things that are an important part of your life.

**Feeling scared for no reason.** Sometimes this happens because you remember what happened to you, or you are thinking about what happened. Other times it happens because your body is so tense all the time that you just start feeling scared.

**Feeling "crazy" or out of control.** If all of these things are problems for you, you can start to feel really out of control or even crazy. Don't worry, though; these problems don't mean that you are going crazy. They are all common reactions to stress or trauma.

**Not being able to remember parts of what happened.** This happens to a lot of people. The stressful event can be so awful that your memory doesn't work the way it usually does. Sometimes it gets easier to remember it later on, and sometimes it gets harder. This can be frustrating, but it's really normal.

**Having trouble concentrating at school or at home.** With all the nervousness you are feeling and all the time you are spending thinking about what happened, it can be hard to concentrate on school work or even what your friends or family say to you.

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Being on guard to protect yourself; feeling like something bad is about to happen. After something bad happens to you, it makes sense to be prepared for another bad thing to happen. The problem with this is that you can spend so much time waiting for the next bad thing to happen that you don't have time or energy for other things in your life. Also, it is scary to think something bad is going to happen all the time.

**Jumping when there is a loud noise.** This is another way to say that your body is prepared for action, in case something else happens.

**Feeling anger.** Sometimes people feel angry about the stress or trauma that happened, or the things that happened afterward. Other times, people just feel angry all the time, at everything and everybody.

**Feeling shame.** Sometimes people are ashamed about what happened to them, or how they acted. Even though it's hard to believe, this gets better the more that you talk about what happened. If you keep it a secret, it's hard for the shame to go away.

**Feeling guilt:** People can feel guilty about what happened or about something they did or did not do. Sometimes you blame yourself for things that you couldn't control. You may also feel guilty for upsetting other people. Guilty feelings can make it hard to talk about what happened.

**Feeling sadness/grief/loss.** Sometimes stress events include losing someone close to you or losing something that is important to you. This makes you feel sad and down.

**Feeling bad about yourself.** Sometimes, all this stress can make you feel really bad about yourself, like you're a bad person or that no one likes you. This makes it harder to be friendly and to have fun with others.

**Having physical health problems and complaints.** Stress has an effect on your body as well. People tend to get sick more often and to notice pain and discomfort more often when they have been under stress.



Child/Adolescent Name: \_\_\_\_\_ ID # \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Girl  Boy  
 Grade in School \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_ City/State \_\_\_\_\_  
 Interviewer Name/I.D. \_\_\_\_\_ Date (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Session # \_\_\_\_\_)

**TRAUMA/LOSS HISTORY SCREENING QUESTIONS:** Use the questions in the screening form provided below to ask about history of different types of trauma and loss. Place a check mark in the box on the left for each type of trauma /loss experience that has occurred. In interviewing the child/adolescent, you may ask: *Sometimes people have scary or violent things that happen to them where someone could have been or was badly hurt or killed. I'm going to ask you some questions about whether any of these kinds of things have happened to you so that you can tell me if they did.* [For those children/adolescents able to complete the form on their own, you may instruct them to place a check mark in the box on the left of the screening form to indicate that the trauma/loss has happened to them.] In either case, follow up on those items endorsed using the **TRAUMA/LOSS DETAILS** form provided in the next section.

TRAUMA/LOSS HISTORY SCREENING QUESTIONS	
<input type="checkbox"/>	<b>Serious/Accidental Injury:</b> Have you ever been in a bad accident (like a serious car, bus, train or bicycle accident or a bad fall) where you or someone else was or could have been badly hurt or killed? Have you ever seen a bad accident where someone was badly hurt or killed?
<input type="checkbox"/>	<b>Illness/Medical Trauma:</b> Have you ever been so sick that you and your parents (or people taking care of you) were scared that you might die? Did you have a medical treatment that was very scary or painful? Did you ever see someone you really care about get so sick that you were scared they might die?
<input type="checkbox"/>	<b>Community Violence:</b> Did you ever see a bad fight or shooting in your neighborhood, like between gangs? Were you afraid of getting badly hurt or killed? Have you seen someone mugged, robbed, stabbed or killed in your neighborhood?
<input type="checkbox"/>	<b>Domestic Violence:</b> Have you ever seen adults you live with get in a bad fight with each other, where someone got punched, kicked or hit with something? Have adults you live with threatened to hurt each other? Have you ever seen an adult you live with forced to do something sexual by another adult you live with?
<input type="checkbox"/>	<b>School Violence/Emergency:</b> Were you ever at school when something really scary happened, like a shooting, a stabbing, a fire, where you or someone else got badly beaten up or someone attempted or committed suicide?
<input type="checkbox"/>	<b>Physical Assault:</b> Have you ever been badly physically hurt (punched, kicked, stabbed) by someone outside of your family or who was not taking care of you? Have you ever been badly hurt by someone outside your family, like someone in your neighborhood, a boy or girl friend or a stranger?
<input type="checkbox"/>	<b>Disaster:</b> Have you ever been in a natural disaster, like a hurricane, tornado, earthquake, flood or wildfire where you were hurt or could have been hurt or killed? Have you been in a natural disaster where you saw someone badly hurt or killed? Have you been in a place where there was a chemical spill or explosion?
<input type="checkbox"/>	<b>Sexual Abuse:</b> Did someone who was taking care of you ever force you to do something sexual? Did someone taking care of you ever make you watch something sexual?
<input type="checkbox"/>	<b>Physical Abuse:</b> Have you ever been badly hurt (punched, kicked, stabbed, shaken) by someone who is in your family (like a parent, brother or sister) or someone who was taking care of you? Have you seen another child in your family being badly physically hurt by a parent, caregiver or legal guardian?
<input type="checkbox"/>	<b>Neglect:</b> Has there ever been a time when someone who should have been taking care of you didn't, like they didn't take you to a doctor when you were really sick, they left you alone for too long, didn't make sure you were going to school or didn't do their best to keep you healthy or safe?
<input type="checkbox"/>	<b>Psychological Maltreatment/Emotional Abuse:</b> Did anyone in your family ever keep telling you that you are no good, keep yelling at you or keep threatening to or send you away?

## UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©

- Impaired Caregiver:** Was there ever a time when someone who was supposed to take care of you couldn't, like they were too sick, they were so sad they stayed in bed or they had a drinking or drug problem?
- Sexual Assault/Rape:** Did someone outside your family ever force you to do something sexual? Did you ever see someone else being forced to do something sexual?
- Kidnapping/Abduction:** Have you ever been stolen or kidnapped (taken somewhere against your will) by someone without the permission of your parent or legal guardian?
- Terrorism:** Were you ever there when a terrorist attack happened, like a bombing, chemical attack or where people were taken hostage?
- Bereavement:** Has someone you really cared about ever died?
- Separation:** Were you ever separated for a long time from someone you depend on, like a parent went to jail or was hospitalized, or you were placed in foster care?
- War/Political Violence:** Have you lived in a country where a war or armed conflict was happening (like soldiers or groups were fighting with weapons)? Did you see people who had been badly hurt or killed in a war or where soldiers were fighting?
- Forced Displacement:** Have you ever been forced to move out of your house due to war, armed conflict or disaster, like having to move to a trailer or refugee camp?
- Trafficking/Sexual Exploitation:** Have you ever done sexual things for money, food, clothes, shelter, or protection? Were you ever sold to someone to work for them? Have you been forced into having sex (prostitution) or doing sexual things, like being in sexual pictures (pornography)?
- Bullying:** Has someone your age or a student at your school ever bullied you, like kept calling you dirty names, making sexual comments, threatening to beat you up or spreading mean rumors around school or online?
- Attempted Suicide:** Have you ever tried to kill yourself?
- Witnessed Suicide:** Have you ever seen someone after he/she committed suicide?

**TRAUMA/LOSS DETAILS:** For each experience endorsed on the Trauma/Loss History Screening Questions form, place a check mark to indicate whether the specified trauma details were present, whether the child/adolescent was a *victim*, *witness* or *learned about* the trauma, and the age(s) over which the trauma occurred. (Both of these forms may be updated over the course of treatment as additional information about trauma history is revealed or as additional traumas occur.) \* *Learned about only* refers to indirect exposure in learning aversive details of violent personal assault, homicide, suicide, serious accident, or serious injury to a close relative or friend. It does **not** include learning about death due to natural causes.

Trauma Type	Trauma Details	Role in Event	Age(s) Experienced															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Serious Accidental Injury</b>	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Fall <input type="checkbox"/> Dog Bite <input type="checkbox"/> Hospitalized <input type="checkbox"/> Other	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<b>Illness/Medical Trauma</b>	<input type="checkbox"/> Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Type _____ _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
<b>Community Violence</b>	<input type="checkbox"/> Robbery <input type="checkbox"/> Mugging <input type="checkbox"/> Killed <input type="checkbox"/> Gang-Related <input type="checkbox"/> High Crime Community <input type="checkbox"/> Drug Traffic <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Domestic Violence</b>	<input type="checkbox"/> Witnessed bad fight <input type="checkbox"/> Threatened harm <input type="checkbox"/> Witnessed sexual assault <input type="checkbox"/> Weapon Used <input type="checkbox"/> Serious Injury <input type="checkbox"/> Report Filed	<input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School Violence/Emergency</b>	<input type="checkbox"/> Shooting <input type="checkbox"/> Stabbing <input type="checkbox"/> Fire <input type="checkbox"/> Suicide <input type="checkbox"/> Bomb threat <input type="checkbox"/> Assault <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Assault</b>	<input type="checkbox"/> Punched <input type="checkbox"/> Kicked <input type="checkbox"/> Stabbed <input type="checkbox"/> Shaken <input type="checkbox"/> Weapon Used <input type="checkbox"/> Reported to CPS (if a minor) <input type="checkbox"/> Reported to police <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disaster</b>	<input type="checkbox"/> Earthquake <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Hurricane <input type="checkbox"/> Tornado <input type="checkbox"/> Chemical spill <input type="checkbox"/> Explosion <input type="checkbox"/> Other _____ <input type="checkbox"/> Lost Home <input type="checkbox"/> Injured	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																		
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
<b>Sexual Abuse</b>	<input type="checkbox"/> Forced sexual behavior <input type="checkbox"/> Watch something sexual <input type="checkbox"/> Penetration occurred <input type="checkbox"/> CPS report filed <input type="checkbox"/> Investigation conducted <input type="checkbox"/> Charges filed <input type="checkbox"/> Conviction <input type="checkbox"/> Perpetrator removed from home	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Physical Abuse</b>	<input type="checkbox"/> Badly physically hurt <input type="checkbox"/> Punched <input type="checkbox"/> Kicked <input type="checkbox"/> Stabbed <input type="checkbox"/> Shaken <input type="checkbox"/> Weapon Used <input type="checkbox"/> Reported to CPS <input type="checkbox"/> Reported to police	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Neglect</b>	<input type="checkbox"/> Medical (did not take to Dr.) <input type="checkbox"/> Left alone/unsupervised <input type="checkbox"/> School <input type="checkbox"/> Failure to promote health <input type="checkbox"/> Failure to promote safety <input type="checkbox"/> Other _____ <input type="checkbox"/> Reported to CPS <input type="checkbox"/> Child removed from home <input type="checkbox"/> Caregiver removed from home	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Psychological Maltreatment/ Emotional Abuse</b>	<input type="checkbox"/> Berating/humiliating <input type="checkbox"/> Threatened abandonment <input type="checkbox"/> Excessive punishment <input type="checkbox"/> Other	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<b>Impaired Caregiver</b>	<p><b><u>Impairment Due to:</u></b></p> <input type="checkbox"/> Medical illness <input type="checkbox"/> Mental health problem <input type="checkbox"/> Alcohol use/abuse/addiction <input type="checkbox"/> Drug use/abuse/addiction <p><b><u>Affected Caregiver:</u></b></p> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other relative <input type="checkbox"/> Other (non-related) adult <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<b>Sexual Assault/Rape</b>	<p><b><u>Perpetrator:</u></b></p> <input type="checkbox"/> Relative <input type="checkbox"/> Boy or girl friend <input type="checkbox"/> Position of trust (teacher, coach, minister) <input type="checkbox"/> Acquaintance (neighbor etc) <input type="checkbox"/> Stranger <p><b><u>Trauma Details:</u></b></p> <input type="checkbox"/> Weapon used <input type="checkbox"/> Drug used/suspected <input type="checkbox"/> Penetration occurred <input type="checkbox"/> Date/Acquaintance rape <input type="checkbox"/> Reported to police <input type="checkbox"/> Investigation conducted <input type="checkbox"/> Charges filed <input type="checkbox"/> Conviction <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															
<b>Kidnapping/ Abduction</b>	<p><b><u>Perpetrator:</u></b></p> <input type="checkbox"/> Relative <input type="checkbox"/> Position of trust (teacher, coach, clergy, etc.) <input type="checkbox"/> Acquaintance (neighbor etc) <input type="checkbox"/> Stranger <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>															

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<b>Terrorism</b>	<input type="checkbox"/> Shooting <input type="checkbox"/> Suicide bombing <input type="checkbox"/> Bombing (package, vehicle) <input type="checkbox"/> Chemical agent <input type="checkbox"/> Biological agent <input type="checkbox"/> Radiological agent <input type="checkbox"/> Hostages taken <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bereavement</b>	<p><b>Deceased:</b></p> <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other _____	<input type="checkbox"/> Witnessed <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Separation</b>	<p><b>Cause of Separation:</b></p> <input type="checkbox"/> Parents separated <input type="checkbox"/> Parents divorced <input type="checkbox"/> Parent hospitalized <input type="checkbox"/> Parent deported <input type="checkbox"/> Parent/sibling incarcerated <input type="checkbox"/> Child placed in foster care <input type="checkbox"/> As refugee, separated from relatives/close friends in country of origin <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<b>War/Political Violence</b>	<input type="checkbox"/> Lived in war-torn region <input type="checkbox"/> Saw wounded people <input type="checkbox"/> Saw dead bodies <input type="checkbox"/> Home damaged/destroyed <input type="checkbox"/> Internally displaced <input type="checkbox"/> War refugee <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Forced Displacement</b>	<u>Cause of Displacement:</u> <input type="checkbox"/> War/political violence <input type="checkbox"/> Disaster <input type="checkbox"/> Other _____ <u>Site of Displacement:</u> <input type="checkbox"/> Trailer <input type="checkbox"/> Refugee camp <input type="checkbox"/> Relocation center <input type="checkbox"/> Other _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Trafficking/Sexual Exploitation</b>	<input type="checkbox"/> Sex for money, food, clothes <input type="checkbox"/> Pornography <input type="checkbox"/> Sold into prostitution <input type="checkbox"/> Sold into slave labor (unpaid servant or worker) <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bullying</b>	<input type="checkbox"/> Verbal insults <input type="checkbox"/> Threats of physical harm <input type="checkbox"/> Sexual comments <input type="checkbox"/> Rumors at school/internet <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attempted Suicide</b>	<u>Method:</u> <input type="checkbox"/> Drug <input type="checkbox"/> Hanging <input type="checkbox"/> Drowning <input type="checkbox"/> Firearm <input type="checkbox"/> Other _____	<input type="checkbox"/> Victim <input type="checkbox"/> Witness <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Trauma Type	Trauma Details	Role in Event	Age(s) Experienced																	
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
<b>Witnessed Suicide</b>	<input type="checkbox"/> Mother	<input type="checkbox"/> Witnessed suicide <input type="checkbox"/> Witnessed body/scene <input type="checkbox"/> Learned about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/> Father																			
	<input type="checkbox"/> Brother																			
	<input type="checkbox"/> Sister																			
	<input type="checkbox"/> Other relative																			
	<input type="checkbox"/> Close friend																			
	<input type="checkbox"/> Acquaintance/schoolmate																			
	<input type="checkbox"/> Stranger																			
<input type="checkbox"/> Other _____																				

If only one trauma/loss type is endorsed above, write in the trauma/loss type in this blank: \_\_\_\_\_.

If more than one trauma/loss type is endorsed, have the child/adolescent choose the trauma/loss experience that **BOTHERS THEM THE MOST NOW** and identify that trauma/loss type in this blank: \_\_\_\_\_.

**Clinician:** Provide a brief description of the trauma/loss type that is most bothersome now:

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**POSTTRAUMATIC STRESS SYMPTOMS**

Here is a list of problems people can have after bad things happen. Please think about the bad thing that happened to you that bothers you the most now. For each problem **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how many days the problem happened to you **in the past month**, even if the bad thing happened a long time ago. Use the **Frequency Rating Sheet** to help you decide how many days the problem happened **in the past month**.



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<i>HOW MUCH OF THE TIME DURING THE PAST MONTH...</i>		None	Little	Some	Much	Most
1E3	I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there).	0	1	2	3	4
2D2	I have thoughts like "I am bad."	0	1	2	3	4
3C2	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
4E1	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
5B3	I feel like I am back at the time when the bad thing happened, like it's happening all over again.	0	1	2	3	4
6D4	I feel like what happened was sickening or gross.	0	1	2	3	4
7D5	I don't feel like doing things with my family or friends or other things that I liked to do.	0	1	2	3	4
8E5	I have trouble concentrating or paying attention.	0	1	2	3	4
9D2	I have thoughts like, "The world is really dangerous."	0	1	2	3	4
10B2	I have bad dreams about what happened, or other bad dreams.	0	1	2	3	4
11B4	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
12D7	I have trouble feeling happiness or love.	0	1	2	3	4
13C1	I try not to think about or have feelings about what happened.	0	1	2	3	4
14B5	When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches.	0	1	2	3	4
15D3	I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after.	0	1	2	3	4
16D2	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
17D6	I feel alone even when I am around other people.	0	1	2	3	4
18B1	I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
19D3	I think that part of what happened was my fault.	0	1	2	3	4
20E2	I hurt myself on purpose.	0	1	2	3	4
21E6	I have trouble going to sleep, wake up often, or have trouble getting back to sleep.	0	1	2	3	4
22D4	I feel ashamed or guilty about some part of what happened.	0	1	2	3	4
23D1	I have trouble remembering important parts of what happened.	0	1	2	3	4
24E4	I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me.	0	1	2	3	4
25D4	I feel afraid or scared.	0	1	2	3	4
26E2	I do risky or unsafe things that could really hurt me or someone else.	0	1	2	3	4

## UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©

Page 10 of 12

27 <sub>D4</sub>	I want to get back at someone for what happened.	0	1	2	3	4
<b>With Dissociative Symptoms (Dissociative Subtype)</b>						
28 <sub>A1</sub>	I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie).	0	1	2	3	4
29 <sub>A1</sub>	I feel not connected to my body, like I'm not really there inside.	0	1	2	3	4
30 <sub>A2</sub>	I feel like things around me look strange, different, or like I am in a fog.	0	1	2	3	4
31 <sub>A2</sub>	I feel like things around me are not real, like I am in a dream.	0	1	2	3	4

**Clinician:** Check whether the reactions (thoughts and feelings) above appear to cause clinically significant *distress or functional impairment*.

**Clinically Significant Distress:** (check if youth endorses #1 below)

Yes  No 1. Do these reactions (thoughts and feelings) bother or upset you a lot?

**Clinically Significant Functional Impairment:** (check if functional impairment at home, at school, in peer relationships, in developmental progression)

**Home:** (check if youth endorses #1, #2 or #3 below)

Yes  No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with people at home?

Yes  No 2. Do these reactions (thoughts and feelings) get you into trouble at home?

Yes  No 3. Do these reactions (thoughts and feelings) cause some other problem at home?

Describe: \_\_\_\_\_

**School:** (check if youth endorses #1 or #2 below)

Yes  No 1. Do these reactions (thoughts and feelings) make it harder for you to do well in school?

Yes  No 2. Do these reactions (thoughts and feelings) cause other problems at school?

Describe: \_\_\_\_\_

**Peer Relationships:** (check if youth endorses #1 below)

Yes  No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with your friends or make new friends?

Describe: \_\_\_\_\_

**Developmental Progression:** (check if youth endorses #1 below)

Yes  No 1. Do these reactions (thoughts and feelings) make it harder for you to do important things that other kids your age are doing?

Yes  No 2. Other (describe) \_\_\_\_\_

# FREQUENCY RATING SHEET

HOW MANY DAYS DURING THE PAST MONTH  
DID THE PROBLEM HAPPEN?

0

1

2

3

4

NONE

LITTLE

SOME

MUCH

MOST

S	M	T	W	H	F	S

S	M	T	W	H	F	S
	X					
						X

S	M	T	W	H	F	S
		X				X
		X				
			X			
				X		
		X		X		

S	M	T	W	H	F	S
	X		X			X
X		X				
	X		X		X	
X	X					

S	M	T	W	H	F	S
X	X	X	X	X	X	X
	X	X	X	X		
	X	X		X	X	
X	X	X	X	X	X	X

NEVER

TWO DAYS  
A MONTH

1-2 DAYS  
A WEEK

2-3 DAYS  
A WEEK

ALMOST  
EVERY DAY

**UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©**  
**SCORE SHEET**

Subject ID# \_\_\_\_\_ Age \_\_\_\_\_ Sex (circle): M F Date: \_\_\_\_\_ Subject Name: \_\_\_\_\_

*For Items 2, 9, and 16: indicate highest score only for DSM-5 Symptom D2; for Items 15 and 19: indicate highest score only for DSM-5 Symptom D3; for Items 6, 22, 25, and 27: indicate highest score only for DSM-5 Symptom D4; for Items 20 and 26: indicate highest score only for DSM-5 Symptom E2. Category B Total: Sum scores for symptoms B1-B5; Category C Total: Sum scores for symptoms C1 and C2; Category D Total: Sum scores for symptoms D1-D7; Category E Total: Sum scores for symptoms E1-E6; PTSD-RI Total Scale Score: Sum Category B, C, D, and E.*

Item #	DSM-5 Symptom	Score (0-4)
18	B1	
10	B2	
5	B3	
11	B4	
14	B5	
<b>SYMPTOM CATEGORY B SUMMATIVE SCORE:</b>		
_____		
13	C1	
3	C2	
<b>SYMPTOM CATEGORY C SUMMATIVE SCORE:</b>		
_____		

Item #	DSM-5 Symptom	Score (0-4)
23	D1	
2*	D2	
9*	D2	_____
16*	D2	
15*	D3	
19*	D3	_____
6*	D4	
22*	D4	
25*	D4	
27*	D4	_____
7	D5	
17	D6	
12	D7	
<b>SYMPTOM CATEGORY D SUMMATIVE SCORE:</b>		
_____		

Item #	DSM-5 Symptom	Score (0-4)
4	E1	
20*	E2	
26*	E2	_____
1	E3	
24	E4	
8	E5	
21	E6	
<b>SYMPTOM CATEGORY E SUMMATIVE SCORE</b>		
_____		

**Dissociative Symptoms**

28. A1 \_\_\_\_\_  
 29. A1 \_\_\_\_\_  
 (Indicate highest score for A1) \_\_\_\_\_

30. A2 \_\_\_\_\_  
 31. A2 \_\_\_\_\_  
 (Indicate highest score for A2) \_\_\_\_\_

**PTSD-RI TOTAL SCALE  
SCORE**

\_\_\_\_\_

**DSM-5 PTSD DIAGNOSIS**

B: One or more Category B symptoms present:

C: One or more Category C symptoms present:

D: Two or more Category D symptoms present:

E: Two or more Category E symptoms present:

F: Symptom duration greater than one month:

G: Symptoms cause clinically significant *distress* or *impairment*:

Specify Dissociative Subtype:

One or more dissociative symptoms present:

**Estimating Whether DSM-5 PTSD Category B, C, D, and E Symptom Criteria are Met**

*If symptom score is 3 or 4, then score symptom as "present." For question #4, #10, and #26; use a rating of 2 or more for symptom presence. Then determine whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present. If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.*



## DOOR COUNTY DEPARTMENT OF HUMAN SERVICES

421 Nebraska Street  
Sturgeon Bay WI 54235  
Main Line: 920-746-7155

Joseph Krebsbach, Director

1<sup>st</sup> Floor Fax: 920-746-2355

2<sup>nd</sup> Floor Fax: 920-746-2439

[dhs@co.door.wi.us](mailto:dhs@co.door.wi.us)

### Human Services Board Agency Updates – November 2016

#### I. Program Changes and Highlights

- A.** The **Birth to Three** Program recently submitted its annual point-in-time child count. Door County is currently serving 21 children. We are gearing up for our state program assessment scheduled for 2017 through a review of our forms, policies and procedures, parent satisfaction surveys, etc. (See comments from a satisfaction survey in "Success Stories" section of this report.)
- B.** Staff in Behavioral Health and the Children and Families Support Services team are preparing for the **Comprehensive Community Services (CCS) recertification**, with the State site review scheduled for 11/3/2016. Staff have undergone extensive training and support from our CCS Administrator, Cindy Zellner-Ehlers and Regional CCS Coordinator Jason Latva. All case files have been reviewed by staff and management, required administrative documents have been gathered, and we feel we are in good shape for this review.
- C.** Additional updates from the **Children and Families Support Services** team include the following:
- This past month, much focus was on reviewing our core principles of the wraparound approach. This process continues to be a guiding practice of our work with families, regardless of which "program" (CCS, CST, CLTS, CCOP, Birth to 3) families are involved with and supported by.
  - Welcome aboard new case manager, Kathy Schultz! Kathy's first month with us has been focused on training, obtaining program certifications in the various assessment tools we use to screen/assess children referred for services, and familiarizing herself with the TCM system.
  - We've conducted increased outreach to the schools for purposes of helping provide education on the various children's programs/services but also to introduce our single point of entry program design. This interface with the schools has increased our program referrals and family connections.
  - Technical assistance and agency partnering around best practices for children eligible for dual programs continues to be an active piece of our work. Each program has guidelines, state rules, etc. that we must adhere to in order to access state funding. How do we accurately reflect our work when following more than one set of rules? This requires thoughtful work and attention to detail. CCS in particular is a complicated program with rules that are comprehensive and easily misinterpreted.
  - Our CCOP plan is due in November and is just awaiting Committee approval and it will be submitted.
- D.** Our second round of **Trauma Informed Parenting** concluded at the end of October. There was a good balance of parents, foster parents, and professionals that attended. There was great discussion that occurred during the training with participants wanting the training to be extended as they saw how valuable it was. Our third series will be in January and February of 2017. We plan on offering the training at least once per year. The Children & Families Manager recently submitted our annual application for IV-E Pass-Through for Foster Parent Training Funding and included a

request in that application for funds to help support this training after the WI Trauma Project funding ends.

- E.** The Economic Support division began administering the **Wisconsin Home Energy Assistance Program** (WHEAP) as of October 1. The new Energy Specialist, Kathy Fairchild, began work on 10/11/16. As of October 31, 421 households had applied for Energy Assistance for this heating season, which began October 1st. Last year energy applications decreased by 9% in Door County; applications for assistance were down statewide. The moratorium, which prevents energy companies from disconnecting power during the winter months, begins November 1 and ends on April 15th.
- F.** The NE Region Behavioral Health Training Partnership was awarded a crisis grant, "**Recognizing and Providing Services to Individuals with Dementia.**" DCDHS wrote a letter of support for this grant. The grant will provide counties in the region with training crisis workers and others involved in responding to individuals with dementia that exhibit challenging behaviors. The Partnership will also be working with a variety of partners such as the Alzheimer's Association and other experts to provide training and support to communities interested in becoming Dementia Friendly Communities. The kickoff meeting for the grant is November 17, and we will be sending staff to learn more.
- G.** The **Community Support Program** would like to encourage individuals to make **holiday donations** to JAK's Place. JAK's Place is a mental health drop-in and social resource center for anyone whose life has been affected by mental illness. The facility is now owned and operated by Lakeshore CAP, Inc., located at 820 Egg Harbor Road and hours of operation are 9-5 Monday-Friday. Suggested donations: heavy paper plates, toilet paper, napkins, dish towels or dish cloths, copy paper or colored copy paper, pens, spiral notebooks, small bags of snacks without peanuts or peanut butter, soda or bottled water, 1 or 2 gallon freezer bags, Rubbermaid (or similar) food storage containers, a mini shop-vacuum. Individuals wanting to drop off items in the CSP office are welcomed to do so, and our staff will deliver items to JAK's Place for you!
- H.** The **ADRC/Senior Center** hosted a Caregiver Appreciation Luncheon on November 1. 70-80 caregivers attended. The guest speaker was a former UPS driver who after retirement decided to receive training as a Certified Nursing Assistant so he could become a caregiver. The event was very well received. Other highlights in October included a Packer-Bear party, magic/comedy show, and Halloween party. Open enrollment for Medicare is in full swing, keeping our Elderly Benefit Specialist, Mary Bink, extremely busy.
- I.** The **Behavioral Health Program** continues to provide outpatient mental health and AODA outpatient services to our community in prompt fashion. We currently do not have a waiting list, and consumers are typically able to meet with a provider within a two week time frame. This is unlike many county systems where a one to three month delay is common. Our AODA Intensive Outpatient Program is in full operation after a brief "summer lull" of referrals. Our staff also actively participates in the 24 hour on-call crisis rotation which has witnessed a recent increase in 911 referral calls, including some very complicated cases involving individuals with co-occurring (mental health and AODA) concerns. Our "relatively young" clinicians are gaining valuable experience in working with some of the most challenging situations mental health and AODA professionals will face throughout their careers. Behavioral Health staff met with our contracted counselor serving Washington Island to discuss the referral process and service needs on the Island.

## II. Noteworthy Events

- A. The **Trauma Informed Care (TIC)** Core Implementation Team attended a Fostering Futures Mid-Year Meeting in Wausau on October 17, hosted by the Department of Children and Families and First Lady Tonette Walker. This was an opportunity for all participating counties to share successes and challenges in implementing TIC and to highlight staff and client success stories. It was energizing to connect with our peers and the national coaches, and reassuring to hear we are exactly where we should be in this journey of transforming our system of care.
- B. The **Foster Parent Banquet** was held on October 27 at the Log Den. Nine foster families and the foster children they care for attended, along with staff of our Child Protection and Juvenile Justice team. This annual event is a great opportunity to show appreciation for the generous and self-less sacrifices our foster families make in order to improve the lives of children and families in our community.
- C. The **Community Support Program (CSP)** is designed to assist individuals with very chronic and persistent mental health conditions. For the majority of the individuals enrolled in CSP, the team is their primary network of support. The holidays can be stressful and a very lonely time for those without family, so CSP & JAK's Place sponsored a **Halloween Party** on 10/28. A **Thanksgiving Dinner** will be held on 11/22 and the **CSP Holiday Lunch** will be held at Hope Church on 12/20/16. During all of these large community based social events the CSP case managers continue to focus on helping clients cope with their symptoms, foster recovery and wellness for all the individuals we serve.

## III. High-Cost Placements & Other Fiscal Updates

- A. We currently have three youth placed in **Residential Care Centers**, the highest level of out of home care for children in the child welfare system. This is very high for our county. It is more typical that we have 0, or no more than 1, youth in an RCC at any given time. This points to the increasing level of need and complexity of youth coming into our Child Protection and Juvenile Justice system. Each RCC placement costs \$10,000-11,000 per month. We try to avoid these types of placements whenever possible/appropriate and use less restrictive placement options closer to home.
- B. Wisconsin will receive Federal **Food Share** Bonus dollars for meeting certain criteria and performance measures. Bay Lake Consortium will get a share proportionate to caseload, then distribute the funds by consortium caseload. Door County's share of Consortium dollars will be \$17,395 (with Federal Match), as we have 6.54 % of the consortium caseload (2,762 cases of the consortium's 42,247 total caseload).

## IV. Training & Staff Development

- A. 90 staff and community partners attended the Nov. 4 **Trauma Informed Care** training presented by Tim Grove at Stone Harbor. The training, entitled The Seven Essential Ingredients of Trauma Informed Care, provided a great foundation in what trauma and adverse childhood experiences are and what it means to implement a trauma informed approach to care. Following the morning training, Tim provided a more intensive training for some of our agency staff on how to apply some of the essential ingredients.
- B. One Economic Support staff attended **Fraud and Overpayment** training held in WI Dells on October 24th.

- C. We have put together an internal work group to develop a **Social Media and Use of Technology Policy** for the department. We intend to have a policy drafted by the end of the year and ready to train staff and implement in January.

## V. **Agency & Community Collaboration**

- A. On October 5, the Deputy Director and Children and Families Manager (Child Protection/Juvenile Justice), along with our two Judges and the Assistant District Attorney, attended a Trauma Informed Care Peer Learning Collaborative. This event was co-sponsored by the Children's Court Improvement Program (CCIP) and the Department of Children and Families (DCF). It was a great opportunity for human services staff and legal partners from across the region to come together to hear a presentation by an expert from the National Council of Juvenile and Family Court Judges (NCJFCJ) on the practical steps that can be taken to address trauma. In addition, much of the session was spent on facilitated peer learning activities to share ideas, innovative projects, and lessons learned between communities. At the end of the session, our county team had time to process what we learned and develop action steps. Human Services committed to keeping our legal partners apprised of our work in the area of Secondary Traumatic Stress and to invite their staff to participate if interested; the judges agreed to explore options for more flexible scheduling of hearings to give families more of a sense of control, voice and choice; and we all committed to more regular meetings to discuss programmatic updates as well as checking in on progress around TIC initiatives.
- B. One of our Juvenile Justice Social Workers, Mark Hill, participated in a panel discussion presented by Door County Medical Center on November 3. The discussion, "Raising Children in Peace: A Parent's Toolkit for Today's Turbulent World," featured Dr. DyAnn Buechler, an accomplished therapist, teacher and writer, along with other local experts. They addressed real-life challenges of raising children in the world today.
- C. Since 2003, our agency has partnered with the Masons (Henry S. Baird Masonic Lodge, #174) to offer their annual Steamboat Dinner to our clientele, free of charge. This meal is a fundraiser for the Masons, to raise money for their various community service projects. However, tickets for the dinner are purchased by individual Masons (at a cost of \$15.00 each) and then donated to our agency so that our clients, who otherwise would be unable to take part, can enjoy the meal. The Masons cook all the food, serve the meal to those who attend in person and also provide delivery to our homebound clients from Egg Harbor south to the county line. Volunteers from our agency provide delivery in Northern Door. In collaboration with the Washington Island Community Health Partnership (WICHP), we have now been able to arrange delivery of this amazing meal to residents of the Island for the past year as well. In 2016, 254 Steamboat Dinners were donated and provided to our clients.

In 2014, the Masons approached our agency with the idea of also offering a holiday meal in November as well. For the past three years, they have provided a delivery-only Thanksgiving Dinner to our clients who are homebound, socially isolated or otherwise could benefit from the gift of a holiday meal. On November 12th of this year, they will be providing our clients with 210 holiday dinners. Again, volunteer Masons will make the deliveries from Egg Harbor and south, while our agency covers Northern Door, and WICHP takes care of the Island. This long-standing partnership is a testament to the positive impact that our collaboration with other organizations can have on our community!

- D. The Director, Deputy Director, ADRC Director and Aging Program Manager met with the Director and Deputy Director of Emergency Services to learn more about the County's Emergency Management Plan and our Department's role, particularly as it relates to opening of the Senior



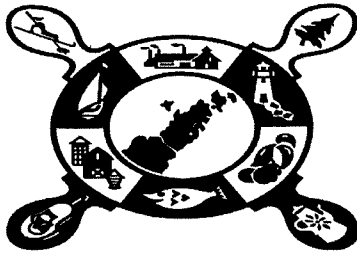
Center as a warming/cooling center. A follow-up meeting is being planned do discuss additional details.

- E.** Staff from the ADRC and Economic Support attended Healthy Family Day at the YMCA on October 25th to provide information about our programs to the community.
- F.** We continue our involvement in dialogue with Sturgeon Bay Schools (Elementary School principal) and community partners around the Mental Health in the Schools Framework. A second meeting was held in October which included United Way and Family Services of NE Wisconsin. Family Services shared information about the services they deliver in schools in the Fox Valley, including strengths of the model and lessons learned along the way.
- G.** The Children's Services Program Manager met with Department of Public Health staff on November 2 to provide an overview of supports and services available to children with special needs and their families through the Department of Human Services.
- H.** Human Services is collaborating with the Door County Partnership for Children & Families. In addition to serving on the Executive Committee and each of its subcommittees, we have had the good fortune of being able to partner with them in sharing a portion of a position. They hired a new Coordinator for the Partnership in October. (United Way is the fiscal agent.) While the intent is for the Coordinator position to grow to full-time by the second quarter of 2017, the plan was to start out at less than full time initially. At the same time, we had a need for someone to assist us with implementation of Trauma Informed Care in our agency and community. We were able to contract for 9 hours per week of the Coordinator's time for 6 months to give us a good start as we work with the Partnership to seek other avenues to pursue a more permanent focus on TIC for our community. Candis Dart started as the Coordinator and has joined our TIC Core Implementation Team. We hope to involve her in many of our agency's activities in the coming weeks and months.

## **VI. Sharing our Successes**

- A.** We have a foster family who is going through the process of adopting a baby that they've had in their home since he was 3 days old. We are always looking to find permanence, stability and nurturing environments for the children entrusted to our care and oversight, and this child now has the opportunity to grow up with a family who can give him that. It should also be recognized that his biological parents willingly and unselfishly gave him that gift. These situations can be tough for both parents and foster parents, but it worked out in the child's best interest, and that is something to celebrate!
- B.** A parent responding to a recent Birth to Three survey had this to say about the program: "The Birth to Three program was amazing from the first conversation all the way through. (Birth to Three Coordinator/Educator) Naomi was great and made me feel comfortable from the start. I am so happy to have started this program. My son's therapist was Miss Wendy, and I honestly cannot say enough about her and all she did for my son and our family! She was so amazing, and we feel lucky to have worked with her. Thank you so much to everyone involved in making this program so amazing!"

*Providing help for today and hope for tomorrow  
By fostering a safe community that values  
Your Voice, Your Choice, Your Future.*



**DOOR COUNTY DEPARTMENT OF HUMAN SERVICES**

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MEMO

**To:** Human Services Committee  
**From:** Mary Ann Salmon  
**Date:** 11.8.16  
**Re:** Request for Expenditure Approval

Expenditures since the last committee meeting held 10.11.2016:

\$	1,965.64	Elan Credit Card - Oct 2016
\$	450.26	2016 Invoices Paid Prior to November Meeting not included in Batches
<b>\$</b>	<b>2,415.90</b>	

Departmental journal entries not included on the attached voucher list:

\$	320.69	Maintenance Dept. - monthly gas usage - Fleet
\$	29.79	Shred-It - Shredding Oct
<b>\$</b>	<b>350.48</b>	

Total Expenditures and Vouchers for the Human Services since the last meeting are

\$	108,129.52	Monthly Vouchers - Batch 2 (Oct) 258859 2016 Expenses
\$	38,816.05	Monthly Vouchers - Batch 1 (Nov) 258892 2016 Expenses
\$	2,415.90	Expenditures since the last committee meeting held 10.11.16
\$	350.48	Amounts paid to other County Departments as per above
<b>\$</b>	<b>149,711.95</b>	

Total Expenditures and Vouchers for the Senior Resource Center/ADRC since the last meeting

\$	17,926.34	Monthly Vouchers - Batch 2 (Oct) 258870 2016 Expenses
\$	63,975.34	Monthly Vouchers - Batch 1 (Nov) 258894 2016 Expenses
\$	143.79	Walmart Card Oct 2016
\$	1,193.33	Elan Credit Card Oct 2016
<b>\$</b>	<b>83,238.80</b>	
<b>\$</b>	<b>232,950.75</b>	<b>Total Expenditures and Vouchers for approval for 11/2016</b>

**VOUCHER**

STATE OF WISCONSIN

2016

Door County

New Vendor (Please Assign New #)  
 One Time Vendor (Please Assign New #)

VENDOR # \_\_\_\_\_

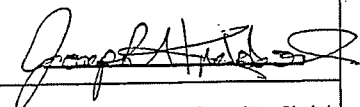
VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Submitted By:  
 \_\_\_\_\_  
 bsixel

Approved by: Department Head:  


Approved by: Committee Chair / County Administrator  
 \_\_\_\_\_

Added to Voucher Listing

Voucher Listing Signed / Approved  
 Meeting Date \_\_\_\_\_

Hold For Approval / Documentation  
 After Processing

↓ This Area to be Completed by Finance Department

PAID BY \_\_\_\_\_  
 CHECK # \_\_\_\_\_

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
240	47				SUBMITTED FOR PAYMENT, BATCH #258859 October 2016 - 2nd Batch Processing		\$108,129.52		various - as attached	
VOUCHER TOTAL							\$ 108,129.52	VOUCHER TOTAL		

10/24/16

COUNTY OF DOOR  
STATE OF WISCONSIN  
STURGEON BAY, WI

\* SUMMARY \*  
SCHEDULE OF VOUCHERS

Page 1  
DC404RSUM

*Oct. 19, 2016 - 2nd Batch*  
MEETING DATE

Dept Human Services  
DEPARTMENT

\*\*\* SUMMARY FOR COMMITTEE REVIEW ONLY \*\*\*

G/L DATE: 10/2016 Batch Nbr: 258859

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
AMY LEFEVRE	21173	AUG/SEPT 16	AUG/SEPT MEALS & MILEAGE	133.67
ADVOCATES-INDEPENDENT LIVINGII	13325	SEPT 16	SEPT CCS ADMIN/CM	5,323.98
ADVOCATES FOR HEALTHY	17929	SEPT 16	SEPT CCS SKILLS DEV	8,582.20
BAY COUNSELING CLINIC, LLP	21177	SEPT 16	SEPT CCS PSYCHOTH	2,034.80
BROTOLOC HEALTH CARE SYSTEM IN	3640	1057110 SEPT	SEPT CBRF 30 DAYS	5,295.00
BROWN COUNTY HUMAN SERVICES	3680	SEPT 2016	CHILD CARE CERT	1,692.47
CASSANDRA SCHRAFT	21952	SEPT 16	SEPT EMPLY REIMB MEALS	50.69
CORPORATE GUARDIANS OF NEW	17122	JULY-SEPT	JULY-OCT GUARDIANSHIP	1,400.00
IMELDA DELCHAMBRE	8553	SEPT 16	SEPT BH TRANSLATING SRVCS	120.00
DEPARTMENT OF CORRECTIONS	3213	SEPT 16	YA SEPT JUV DET 30 DAYS	8,760.00
DOOR COUNTY MEMORIAL HOSPITAL	8770	AUG/SEPT 16	AUG B-3 OT/PT THERAPY	13,516.41
DYNAMIC FAMILY SOLUTIONS	21410	AUG 16	AUG CCS PSYCHOTH 4.8 UNITS	724.20
ELIZABETH ZIOLKOWSKI	21809	SEPT 16	SEPT EMPLY MEAL REIMB	35.85
EMPOWERMENT OPTIONS	15615	SEPT 16	SEPT AFH 30 DAYS	10,200.00
FAMILY SERVICES	3841	SEPT 16	SEPT CCS SKILL DEV 6 UNITS	11,757.59
GLACIER CANYON LODGE, LLC	15665	SEPT 16	WFT CONFERENCE LODGING	549.98
GOODWILL INDUSTRIES	14158	OCT 16	OCT CSP WINTER COATS (15)	300.00
HELP OF DOOR COUNTY INC	13420	SEPT 16	SEPT FAMILY ACC 41 HRS	1,025.00
HIRN MENTAL HEALTH COUNSELING	17401	SEPT-OCT	SEPT-OCT OUTPT&AODA	2,340.00
INNOVATIVE SERVICES, INC.	5078	SEPT 16	SEPT CCS SKILL DEV	1,741.50
<del>XXXXXXXXXX</del>	20162	OCT 16	OCT CCOF	310.00
JUSTICEPOINT, INC	21360	OCT 16	SEPT ELEC MONITOR 30 DAYS	297.00

10/24/16  
G/L DATE: 10/2016

Batch Nbr: 258859

Page 2

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
██████████	21953	SEPT 16	SEPT CCOP SPEC EQUIP G	2,342.00
LAKESHORE CAP OFFICE	17200	SEPT 16	SEPT CSP SUPPORT	3,098.84
LANGUAGE LINE SERVICES	14606	3919539	SEPT INTERPR 431 MIN	313.10
LIFESKILLS DEVELOPMENT CENTER	16380	2033 SEPT 16	AUG&SEPT SVC COORD HRS	5,420.50
MCKENZIE ERICKSON	21771	SEPT 16	59 SEPT EMPLY MIL REIMB	31.86
OPTIONS LAB, INC	17788	4082	SEPT DRUG SCREENS	80.00
PHOENIX BEHAVIORAL HEALTH SVC	17442	SEPT 16	SEPT CCS PSYCHOTH 19.7 UNITS	4,074.90
PROFESSIONAL GUARDIANSHIPS INC	5008	SEEEPT 16	SEPT GUARDIANSHIP SRVCS	198.00
RMR SERVICES, TRANSLATING &	8409	514 SEPT	SEPT INTERPR 1.75 HRS	81.36
SHERRY PESCH	3394	SEPT 16	SEPT DD FC & CSP BKKP HRS	945.00
MICHAEL P SAYERS PHD	8169	SEPT 16	SEPT PSYCH SRVCS	1,923.75
SCOTT DAVIS	19806	SEPT	SEPT EMPLY REIMB MATERIALS	12.58
SHEBOYGAN COUNTY TREASURER	29071	87706 SEPT	SEPT SHELTER CARE 8 DAYS	720.00
SPECIALIZED SERVICES LLC	7694	1787 SEPT 16	SEPT PCW BILL	3,421.02
STAPLES ADVANTAGE	15069	SEPT 2016	SEPT HS OFFICE SUPPLIES	420.17
STREUS PHARMACY INC	9617	SEPT 16	SEPT CSP MEDICAL SUPPLIES	104.00
TANYA KAVICKY-MELS	21550	SEPT/OCT 16	OCT EMPL MILE & GAS REIMB	21.74
██████████	21046	OCT 16	OCT CCOP THERAP RES C	2,144.00
WE ARE HOPE, INC	19620	SEPT 16	SEPT LIHEAP/OUTREACH	5,366.36
WI ASSOC ON PUBLIC ASSISTNC FR	11787	OCT 2016	OCT FRAUD CONF REG	100.00
WISCONSIN FAMILY TIES	16706	SEPT 16	WFT CONF REG 6	1,120.00

Batch Total: \$108,129.52 \*\*\*\*  
=====

**VOUCHER**

STATE OF WISCONSIN

2016

Door County

VENDOR # \_\_\_\_\_

New Vendor (Please Assign New #)  
 One Time Vendor (Please Assign New #)

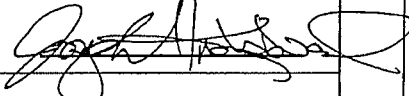
VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Submitted By:  
bsixel

Approved by: Department Head:  


Approved by: Committee Chair /  
 County Administrator

Added to Voucher Listing

PAID BY \_\_\_\_\_  
 CHECK # \_\_\_\_\_

This Area to be Completed by Finance Department

Voucher Listing Signed / Approved  
 Meeting Date \_\_\_\_\_  
 Hold For Approval / Documentation  
 After Processing

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number	
240	47				SUBMITTED FOR PAYMENT, BATCH #258892 November 2016 - 1st Batch Processing		\$38,816.05		various - as attached	
VOUCHER TOTAL							\$ 38,816.05	VOUCHER TOTAL		

11/02/16

COUNTY OF DOOR  
STATE OF WISCONSIN  
STURGEON BAY, WI

\* SUMMARY \*  
SCHEDULE OF VOUCHERS

*November 2, 2016*  
MEETING DATE

*1st Batch*

Dept Human Services  
DEPARTMENT

\*\*\* SUMMARY FOR COMMITTEE REVIEW ONLY \*\*\*

G/L DATE: 11/2016 Batch Nbr: 258892

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
ADVOCATES FOR HEALTHY	17929	2058 & 2059	JULY & AUG SRVCS	3,280.00
BOYS & GIRLS CLUB OF DOOR CNTY	2571	SEPT 16	SEPT CCS SKILL DEV	1,791.80
BROWN COUNTY JAIL	15090	SEPT & OCT	4TH QTR INTERGOV AGR & JUV DET	4,285.00
CELLCOM WISCONSIN RSA 10	4818	OCT 16	CCS/HS CELL PHONE 10/6/16-11/5/16	599.53
DOREEN GODDARD	8060	OCT 16	480 OCT EMPLY MILEAGE REIMB	259.20
DEBRA FEHRMAN	6876	OCT 16	240 OCT EMPLY MIL REIMB	129.60
DOOR COUNTY YMCA	39472	0145097	MEMBERSHIP DUE	618.00
EMILY SCHWARK	20081	OCT 16	57 OCT EMPLY MIL REIMB	30.78
FAMILY SERVICES	3841	APR-AUG 16	CCS SKILL DEV	743.90
MAGDA I GUTIERREZ	2987	OCT 16	YA RSP 1 NITE	25.00
MARK HILL	2006	OCT 16	OCT EMPLY MILEAGE & MEAL	154.88
INNOVATIVE SERVICES, INC.	5078	SEPT 2016	AUG/SEPT CCS SKILL DEV	5,959.80
[REDACTED]	18129	OCT 16	OCT CCOP REC ACT-K	138.25
SALLY LAURENT	8394	NOV 16	NOV AFH 30 DAYS	900.00
[REDACTED]	21507	OCT 16	OCT CCOP CHILDCARE-B	232.50
NAOMI SPRITKA	18398	OCT 16	692 OCT EMP MILEAGE REIMB	373.68
PERRY ACKERT	1831	AUG-OCT 16	AUG-OCT LODG/MEAL/OWI ASSESSMENT	1,860.00
WENDY RAY	13022	OCT 16	OCT B-3 THERAPY	4,690.33
SHERYL FLORES	11392	SEPT & OCT	SEPT & OCT EMPLY MILEAGE	99.90
SPECIALIZED SERVICES LLC	7694	SEPT 16	SEPT CCS SKILL DEV	5,515.70
STAPLES ADVANTAGE	15069	OCT 16	OCT HS OFFICE SUPPLIES	928.60
JULIE TOYNE	5555	OCT 16	OCT B-3 THERAPY 8 MILEAGE	3,983.00

11/02/16  
G/L DATE: 11/2016

Batch Nbr: 258892

Page 2

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
HEIDIANN ULLMAN	242	OCT 16	OCT RSP 1 DAY	25.00
YMCA NORTHERN DOOR PROG CENTER	20082	0357933	YMCA MEMB BAL/CLASSES	1,792.00
CYNTHIA M ZELLNER EHLERS	39571	SEPT-OCT	740 SEPT&OCT EMPLY MIL REIME	399.60

Batch Total: \$38,816.05 \*\*\*\*  
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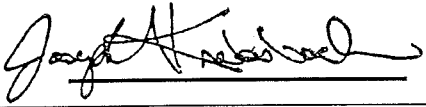


# VOUCHER

STATE OF WISCONSIN

2016

Door County

Submitted By: <u>mark</u>
Approved by: Department Head: 
Approved by: Committee Chair / County Administrator _____

New Vendor (Please Assign New #)  
 One Time Vendor (Please Assign New #)

VENDOR # \_\_\_\_\_

VENDOR NAME: Door County Dept of Human Services

VENDOR ADDRESS: c/o Dept Human Services

VENDOR ADDRESS: MONTHLY MEETING VOUCHERS

VENDOR ADDRESS: 421 Nebraska Street

Added to Voucher Listing  
 Voucher Listing Signed / Approved  
 Meeting Date \_\_\_\_\_  
 Hold For Approval / Documentation  
 After Processing

↓ This Area to be Completed by Finance Department ↓ →

PAID BY \_\_\_\_\_

CHECK # \_\_\_\_\_

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number
204	23				SUBMITTED FOR PAYMENT, BATCH #258870 - 2016 SRC/ADRC vouchers to date. October processing		\$ 17,926.34		various - as attached
VOUCHER TOTAL							41 →	\$ 17,926.34	← VOUCHER TOTAL

COUNTY OF DOOR  
STATE OF WISCONSIN  
STURGEON BAY, WI

\* S U M M A R Y \*  
SCHEDULE OF VOUCHERS

*ADRC/SRC, 2<sup>nd</sup> batch, OCT. 2016*

MEETING DATE \_\_\_\_\_

HS Resource Center  
DEPARTMENT

\*\*\* S U M M A R Y F O R C O M M I T T E E R E V I E W O N L Y \*\*\*

G/L DATE: 10/2016 Batch Nbr: 258870

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
AMY L KONOP	18248	18248 OCT2016	17.5 OCT MOW MILEAGE REIMB	9.45
ANNA ZAHORIK	20950	20950 092016	MEAL REIMBURSEMENT-AZ	38.65
ADVANCED DISPOSAL SERVICES	18928	18928 SEP2016	SEP DISPOSAL CHARGES-SRC	189.22
ADVOCATES-INDEPENDENT LIVINGII	13325	13325 2115	SEP SHC-PS	19.79
BROTHERS DAIRY	257	257 SEP2016	SEP RAW FOOD	679.00
CARMEN SCHROEDER	18153	18153 SEP2016	SEP NUTRITIONIST	315.00
NELVIE CAULDWELL	4168	4168 SEP2016	17.6 SEP EMPLY MILEAGE REIMB	9.52
CELLCOM WISCONSIN RSA 10	4818	4818 SEP2016	ADRC/SRC CELL CHGS (10/06-11/05)	264.50
CORPORATE GUARDIANS OF NEW	17122	17122 7347	GUARDIANSHIP-DB	200.00
DD NETWORK	8575	8575 SEP2016	ETHICS & BOUNDARIES TRG-APS-CL	60.00
IMELDA DELCHAMBRE	8553	8553 SEP2016	TRANS SVCS JUN-SEP 2016-ADRC	135.00
DOOR COUNTY YMCA	39472	39472 SEP2016	HEALTHY LIVING FAIR-ADRC	25.00
DOOR-TRAN	16496	16496 1Q16	1Q16 5311 REIMBURSEMENT	2,243.00
JENNIFER BENDER	20934	20934 SEP2016	189 SEP EMPLY MILEAGE REIMB	102.06
JESSICA HOLLAND	19650	19650 092016	MEAL REIMBURSEMENT-JH	8.38
JAMES D NEWMAN	17792	17792 SEP2016	24.60 SEP MOW MILEAGE REIMB	13.29
JAMIE STEPHAN	17906	17906 SEP2016	240 SEP MEALSITE MILEAGE REIMB-FVLE	348.30
KURT KANE MAGIC	21951	21951 200	SRC ENTERTAINMENT	150.00
TOWN OF LIBERTY GROVE	33170	33170 SEP2016	SEP MEALSITE 12 DAYS@\$9/DAY	108.00
MANNS STORE	18770	18770 SEP2016	RAW FOOD	653.50
ROBERT A RAHMLow AND	21501	21501 SEP2016	SEP MEALSITE 8 DAYS@\$8/DAY	64.00
REINHART FOOD SERVICE	26500	26500 SEP2016	RAW FOOD	4,648.30

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
STACEY VOLKMANN	14091	14091 SEP2016	502 SEP MEALSITE MILEAGE REIMB-LG	271.08
GOOD SAMARITAN, SCANDIA VILLAGE	27395	27395 SEP2016	SEP MEALS	496.00
STURGEON BAY UTILITIES	30820	30820 092016	SEP UTILITIES-SRC	899.12
SYSCO	9328	9328 SEP2016	RAW FOOD	3,653.73
T R COCHART TIRE CENTER	5725	165484 SRC	NEW TIRES FOR SRC BUS	948.00
TIP TOP CLEANERS	10942	335654 SRC	SEP LAUNDRY/KITCHEN	130.20
WARNER-WEXEL WHOLESALE & POOL	36120	36120 SEP2016	NUTRITIONAL SUPPLIES	594.60
TOWN OF WASHINGTON	33570	33570 SEP2016	SEP MEALSITE 9 DAYS@\$8/DAY	72.00
WASHINGTON ISLAND FERRY LINE I	36270	36270 092016	SEP ADRC/SRC FERRY CHARGES	300.50
WDOR AM & FM	129	129 SRC 0916	LAST PAY AMT-SRC ADVERTISING	168.00
WISCONSIN PUBLIC SERVICE	11363	11363 SEP2016	SEP UTILITIES-SRC	72.40
WIL KIL PEST CONTROL	6359	6359 OCT2016	OCT PEST CONTROL-SRC	36.75

Batch Total: \$17,926.34 \*\*\*\*  
=====

# VOUCHER

**STATE OF WISCONSIN**                      **2016**  
**Door County**

**Submitted By:**

\_\_\_\_\_mark\_\_\_\_\_

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**Approved by: Department Head:**

*[Signature]*

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**Approved by: Committee Chair /  
County Administrator**

\_\_\_\_\_

**VENDOR #** \_\_\_\_\_

**New Vendor** (Please Assign New #)

**One Time Vendor** (Please Assign New #)

**VENDOR NAME:** Door County Dept of Human Services

**VENDOR ADDRESS:** c/o Dept Human Services

**VENDOR ADDRESS:** MONTHLY MEETING VOUCHERS

**VENDOR ADDRESS:** 421 Nebraska Street

↓ This Area to be Completed by Finance Department                      ↓                      →

**PAID BY** \_\_\_\_\_

**CHECK #** \_\_\_\_\_

- Added to Voucher Listing
- Voucher Listing Signed / Approved Meeting Date \_\_\_\_\_
- Hold For Approval / Documentation After Processing

Fund	Dept	Sub Dept	Account Number	Detail	Description	@ Cost/Ea	Total Amount	Invoice Date	Vendor Invoice Number
204	23				SUBMITTED FOR PAYMENT, BATCH #258894 - 2016 SRC/ADRC vouchers to date. November processing		\$ 63,975.34		various - as attached
<div style="display: flex; justify-content: space-between;"> <span><b>VOUCHER TOTAL</b></span> <span>44 →</span> <span>\$ 63,975.34</span> <span>← <b>VOUCHER TOTAL</b></span> </div>									

COUNTY OF DOOR  
STATE OF WISCONSIN  
STURGEON BAY, WI

\* S U M M A R Y \*  
SCHEDULE OF VOUCHERS

*ADRC/SRC, 1st batch, NOV. 2016*

MEETING DATE

HS Resource Center  
DEPARTMENT

\*\*\* S U M M A R Y F O R C O M M I T T E E R E V I E W O N L Y \*\*\*

G/L DATE: 11/2016 Batch Nbr: 258894

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
ABBY VANS INC	16735	18606 SEP2016	D2D TAXI-SEPT 2016 HOURS	51,196.45
BARBARA J SNOW	15999	15999 SEPOCT	57.40 SEP/OCT EMPLY MILEAGE REIMB	31.00
CHRISTINE WISNIEWSKI	19268	19268 OCT2016	40 OCT MOW MILEAGE REIMB	21.60
COURTIE DEMAREST	1325	1325 OCT2016	12.50 OCT MOW MILEAGE REIMB	6.75
DOOR-TRAN	16496	16496 2Q15	2Q15 5311 OPERATING PAYMENT	5,226.00
ECONO FOODS	9674	9674 OCT2016	RAW FOOD	1,043.76
GEORGE J KLEIST	17474	17474 OCT2016	28 OCT MOW MILEAGE REIMB	15.12
GREGORY W VIRLEE	19080	19080 OCT2016	25 OCT MOW MILEAGE REIMB	13.50
HENRY F DITTMER	17282	17282 OCT2016	56 OCT MOW MILEAGE REIMB	30.24
JOSEPH E HEILMAN	5354	5354 OCT2016	22 OCT MOW MILEAGE REIMB	11.88
JOHN M O'GARA	18116	18116 OCT2016	16.70 OCT MOW MILEAGE REIMB	9.01
JAMES R STIEFVATER	19378	19378 OCT2016	34.50 OCT MOW MILEAGE REIMB	18.63
KIM KRAMER	12614	12614 SEP2016	155 SEP EMPLY MILEAGE REIMB	83.70
NANCY KURSCHNER	7092	7092 JULAUGOC	89 MOW MILEAGE REIMB JUL AUG OCT	48.06
LISA VANALSTINE	20119	20119 OCT2016	OCT EMPLY EXP REIMB	132.25
LAU'S AUTO CARE CENTER	7754	24635 24712	R&M SRC VAN	448.03
N E W CURATIVE\SENIOR AIDES PR	11446	11446 3Q16	3Q16 SR AIDE PAYMENT	250.00
SANDY PURVES	25789	25789 OCT2016	54.60 OCT MOW MILEAGE REIMB	29.48
RACHELLE GRAMANN	21977	21977 OCT2016	290 OCT EMPLY MILEAGE REIMB-TRG	156.60
ROBIN MARK	20044	20044 OCT2016	57.10 OCT EMPLY MILEAGE REIMB	30.83
CONSTANCE ROCKWELL	26890	26890 OCT2016	73 OCT EMPLY MILEAGE REIMB	39.42
STAPLES ADVANTAGE	15069	3317592484	ADRC/SRC OCT OFFICE SUPPLIES	83.64

Vendor Name	Vendor No.	Invoice #	Invoice Description	Amount
SUNSHINE HOUSE INC	31820	31820 3Q16	3Q16 5311 OPERATING EXP PYMT	2,884.55
ERIN SZAKALA	15638	15638 OCT2016	224 OCT EMPLY MILEAGE REIMB	120.96
TIM BURR	21689	21689 NOV2016	SRC ENTERTAINMENT	150.00
TRANSPORTATION VEHICLE INC	9163	9163 4669	MONITOR FOR BUS	494.80
WISCONSIN DOCUMENT IMAGING	5999	92823A SRC	OCT B&W COPIES	1,399.08
Batch Total:				\$63,975.34 **** =====



**Door County**  
**DEPARTMENT OF HUMAN SERVICES**  
421 Nebraska Street  
Sturgeon Bay, WI 54235

---

**Joseph Krebsbach**  
Program Director  
(920) 746-7155  
Fax: (920) 746-2439

## Memo

To: Human Services Board and Administrative Committee

From: Joe Krebsbach

CC:

Date: 11-3-16

Re: Change of members for three Human Service Committees

---

These committees will have the following member changes:

Door County Human Services Board

Wayne Kudick will remain on the board for another term.

CCS/CST Coordinating Committee

Jessica Heck will replace Julie Davis

Leslie Boden will replace Amy Caibaiosai

Jay Livingston, Behavioral Health Manager will replace Sheryl Flores, CSP Manager

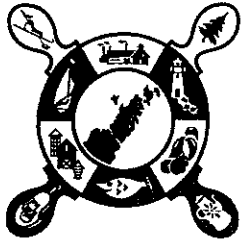
CCOP Advisory Committee

Leslie Boden will replace Amy Caibaiosai

Jessica Heck's bio summary is attached and Leslie Boden's was shared in the 09.13.16 Human Services Board Agenda Packet.

Jessica Heck is the Director of Operations at the Boys and Girls Club of Door County. Jessica has worked for the Club for the last four and a half years and previously worked in nonprofits in Florida for 6 years prior. Jessica received her Bachelor of Arts in Criminal Justice with a minor in Legal Studies in 2008 and went on to receive her Master of Nonprofit Management in 2011. Through her work with the Club, Jessica has received additional training and certification in Trauma Informed Care, Human Resources, and Leadership Management. Jessica was recently recognized in the Impact guide as an individual 30 or younger making a difference in Door County. Jessica continues to look for opportunities to be further engaged in the Door County Community.





**Door County**  
**DEPARTMENT OF HUMAN SERVICES**  
421 Nebraska Street  
Sturgeon Bay, WI 54235

---

**Joseph Krebsbach**  
Program Director  
(920) 746-7155  
Fax: (920) 746-2439

## **Memo**

**To:** Door County Human Services Board  
**From:** Joe Krebsbach  
**CC:** Administrative Committee  
**Date:** November 3, 2016  
**Re:** **Support Staff Position**

---

In October 2015 the Department of Human Services moved the Energy Assistance Program in house. With this move we eliminated one position which was part of the Administrative Support team. The eliminated position had been the primary backup to our front desk. Because of our workloads three individuals are now providing the backup to the front desk.

The newly created position was placed in the Economic Support division of the department to absorb the new workload of the Energy Program. In essence we gave up a position in our Administrative Support team with this move and as a result we do not have capacity to cover the front desk without refilling the position.

Respectfully,

A handwritten signature in cursive script that reads "Joe".

Joe Krebsbach  
Director

# Request to Refill Position

Must follow the process in the Administrative Manual, Section 2.04 – Creation and Classification of Positions.

### DEPT. HEAD TO COMPLETE:

Department Human Services Position Title: Admin. I (Front Desk) Admin III

Position Status:  Currently vacant  Will be vacant Date Vacant: 11/14/16

Full Time  Part Time  Limited Term  Project Hours per week: 40

Reason for Vacancy:  Separation  Transfer  Retirement  Resignation  Death

Discuss turnover with the department in the previous 18-24 months: Improved decreased turnover in 2016

Transfer: why is the new position more attractive to employee than current one? Increase in Salary

Name of Current / Most Recent Incumbent: MaryAnn Salmon

Is office space, furniture, and office equipment available?  Yes  No

If not, explain plan to obtain: \_\_\_\_\_

Reviewed, updated, and submitted to Human Resources:

- Job Analysis Questionnaire
- Job Description

Completed by: Joe Krebsbach Date 11-2-16

### Financial Information:

Salary Range: D 15.70-20.63 Is the Position Budgeted:  Yes  No

Funding Source:  Levy % \_\_\_\_\_  Grant Funded % \_\_\_\_\_  Other \_\_\_\_\_ % \_\_\_\_\_

Fiscal Impact, from Finance Department, completed and attached

### HR TO COMPLETE:

EEO 06-Clerical FLSA Status non-exempt

Human Resources has performed a position review? [Signature] (HR initial)

The Job Analysis and Job Description have both been updated and signed? [Signature] (HR initial)

### Approvals:

County Administrator [Signature] Date 11-2-2016

Oversight Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate  I do not wish to participate

Administrative Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

I am aware and approve of the refill and the process moving forward (posting/advertisement/selection for interviews/offer and may participate per Admin. Manual section 2.04.

I want to participate  I do not wish to participate

**COUNTY OF DOOR**  
**Administrative Assistant III-Human Services-Support**

<b>Job Title</b>	Administrative Assistant III – Human Services – Support	<b>Last Revision</b>	02/11/2016
<b>Department</b>	Human Services	<b>HR Reviewed</b>	
<b>Division</b>	Administrative	<b>Employee Group</b>	General Municipal Employee
<b>Report To</b>	Office Manager	<b>FLSA Status</b>	Non-Exempt
<b>Pay Range</b>	17	<b>EEO Code</b>	06 – Office/Clerical

**General Summary**

This position is responsible for fiscal and clerical support to the divisions of the Department of Human Services to improve and enhance the mission and function of the department. Functions may include Accounts Payable, Accounts Receivable, reception, client intake and chart preparation, records management, data entry and word processing. Regular attendance and punctuality along with being prepared to commence work at designated work locations, on the assigned or scheduled days and hours is expected.

**Duties and Responsibilities**

***Essential Job Functions***

1. Provides direct customer service through face to face and telephone contact.
2. Collects monies and receipts these transactions.
3. Provides direct support to staff which includes, but is not limited to, document generation, chart preparation, scheduling appointments and client enrollment.
4. Assists or completes procedures for Accounts Payable.
5. Assists or completes procedures for billing various insurances, Medicare, Medicaid or individuals served.
6. Enters data or scans documents into various software systems as assigned.
7. Tracks various fiscal or client information for quality assurance purposes.

***General Job Functions***

1. Provides back-up coverage to front desk as assigned.
2. Handles agency mail
3. Cross trains in duties to assist any administrative assistant with their responsibilities.

**Requirements**

***Training and Experience***

1. High School diploma or equivalent.
2. Two years of recent progressive work experience working in a professional office setting.
3. One or more years working with Microsoft Office software.
4. Associate degree in office procedures, accounting or related field highly desirable.
5. One or more years recent clerical work experience in a medical setting preferred.

***Knowledge, Skills, and Abilities Required***

1. Knowledge of general office procedures and operation of office equipment.
2. Capable of maintaining a high level of confidentiality in all program areas.
3. Ability to establish and maintain tactful, courteous and helpful customer service relationships with clients, co-workers, general public and outside agencies.

**COUNTY OF DOOR**  
**Administrative Assistant III-Human Services-Support**

4. Ability to work independently and prioritize multiple duties and assignments.
5. Ability to work cooperatively with a team and follow directions.
6. Ability to read, comprehend and communicate, both verbally and in writing.

**Physical & Working Conditions**

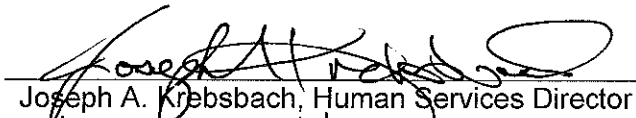
Nearly 100% of time work is performed in a normal office setting with little or no discomfort from temperature, dust or noise. Interacting with other employees, general public, whether walking in or on the telephone may be encountered.

Over 75% of work is performed seated at a desk, working on a computer keyboard and/or telephone with about 10% of work performed standing and walking. Over 75% of the work is performed by talking, hearing, and using both far and near vision. Occasional lifting is required up to 10 lbs. (i.e. paper and equipment).

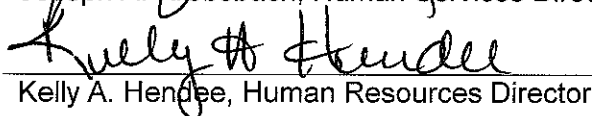
In an effort to provide for continuity of County government and to cope with the problems of the emergency, you may be required to work during a proclaimed state of emergency, consistent with Sec 323.14 Wis. Stats. and County emergency management plans and programs.

The above is intended to describe the general content of the requirements for the performance of this job. It is not to be construed as an exhaustive statement of duties, responsibilities or requirements. They may be subject to change at any time due to reasonable accommodation or other reasons.

*Approvals:*

  
\_\_\_\_\_  
Joseph A. Krebsbach, Human Services Director

11/3/16  
\_\_\_\_\_  
Date

  
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Kelly A. Hendee, Human Resources Director

11/2/2016  
\_\_\_\_\_  
Date

Door County Human Resources Form #: 2015-05		Title: <b>Job Analysis Questionnaire</b>
Date Created 04/2015	Date Revised 03/30/2015	Please reference the most current copy of the Door County Employee Handbook and Administrative Manual.

Current Position Title: Administrative Assistant III

Department Human Services Division Support

Report to: (position title): Office Manager

**A. Job Summary (Purpose):** Use two or three brief, **specific** statements to summarize the overall purpose of the job.  
Provides friendly, courteous and confidential customer service at the front desk reception area to clients and staff either face to face or on the phone. Assists with numerous and various clerical and administrative processes as required.

**B. Fundamental duties of the position**

1. Write one duty per numbered space.
2. Rank the duties in order of importance. The most important duty should be number one.
3. After listing the specific duties, enter the percentage of time spent on each.
4. Indicate which of the items are essential, which is determined considering the following:
  - a. Does the position exist to perform this function? OR
  - b. Are there a limited number of employees who can do this duty? Particularly, to the extent that if this position did not perform this duty, it would not get done? OR
  - c. Does the function require highly specialized skills or expertise that most other employees do not possess? Would the person be hired specifically because of their skill or expertise in performing the function? (i.e. A draftsman is hired because of their skill in precision drawing).
- If "yes" can be answered to any of the above, mark "yes" in the "essential function" column.
5. Indicate whether other employees in the department perform this function.

Item No.	Duty	% of Total Time	Essential		Do Others Perform the Same Duty?	
			Yes	No	Yes	No
1.	Answers department telephone and directs calls to appropriate staff maintaining high level of confidentiality/discretion with a non-judgmental attitude for all program areas. Does involve addressing dispatch/crisis calls according to protocol to determine which staff will address.	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Greet and screen walk-in visitors/clients addressing financial, mental health, emotional needs providing/sharing accurate information about county programs, community agencies/services.	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Check in clients and schedule appointments with staff, case managers, psychiatrist, therapists, OWIA/ODA assessors. Maintaining staff calendars and tracking cancellations & re-schedules	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Routes incoming mail and faxes	5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Data entry for monthly department budget to actual costs for various programs and department expenses.	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Timely log/date stamp/code Economic Support documents for scanning	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Daily appointment reminder calls to clients	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Routes incoming mail and faxes. Back-up for 1 <sup>st</sup> & 2 <sup>nd</sup> floor mail delivery & pick-up	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9.	Assists with mailings and various clerical and administrative tasks.	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Receipts payments on client account. May need to determine amount due through The Clinical Manager (TCM) software.	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11.	Maintains tidiness of lobby. Manages current literature and magazines	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12.	Responsible for daily security and balancing of petty cash funds	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.	Reserve conference rooms	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14.	Verifies/distributes weekly office supply shipments. Also weekly monitoring office supply stock and back-up for ordering.	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15.	Responsible for operations/maintenance of office equipment	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16.	Provides backup for Economic Support document scanning	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Supervisory Responsibility:** Write the position titles of all employees who report directly to you. Also, indicate the number of employees who in turn report to them. Write "none" if this is not applicable.

Position Title	# of Employees who in turn report to them	Position Title	# of Employees who in turn report to them
Not Applicable			

Check below those supervisory responsibilities that are a part of your job:

- |   |  |  |                                     |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Instruct / train         | <input type="checkbox"/> Assign Work                 | <input type="checkbox"/> Coordinate Activities   |                                     |
| <input type="checkbox"/> Review Work              | <input type="checkbox"/> Maintain Standards          | <input type="checkbox"/> Plan Work of Others     |                                     |
| <input type="checkbox"/> Act on Employee problems | <input type="checkbox"/> Schedule/allocate personnel | <input type="checkbox"/> Schedule work of others |                                     |
| <input type="checkbox"/> Select new employees     |  |  |                                     |
| <input type="checkbox"/> Transfer / promote?      | <input type="checkbox"/> (Recommend?)                | <input type="checkbox"/> (Approve?)              |                                     |
| <input type="checkbox"/> Performance Evaluations  | <input type="checkbox"/> (Recommend?)                | <input type="checkbox"/> (Conduct?)              | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Discipline               | <input type="checkbox"/> (Recommend?)                | <input type="checkbox"/> (Conduct?)              | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Discharge                | <input type="checkbox"/> (Recommend?)                | <input type="checkbox"/> (Conduct?)              | <input type="checkbox"/> (Approve?) |
| <input type="checkbox"/> Salary Increases         | <input type="checkbox"/> (Recommend?)                | <input type="checkbox"/> (Conduct?)              | <input type="checkbox"/> (Approve?) |

**C. Work Relationships:** For any of the contacts listed below that you have regarding company business, indicate the frequency (e.g. daily, weekly, monthly, etc.) and nature or purpose (e.g. obtain /provide information, negotiate contracts, etc.) of the contact.

CONTACT	PURPOSE OF CONTACT	FREQUENCY
Employees in same or other department(s) All employees of the department	Scheduling	Daily
Other Departments (list other departments) Various	Greet as frontline of department	Weekly
Customers – General Public (list all) All clients	Scheduling appointments, directing to specific program area, reminder calls for appointments	Daily
Suppliers/Vendors Providers of Services	Verifying invoice information for payment	Weekly
Community / Trade / Professional		
Federal / State Gov't =. / Regulatory		
Other (specify):		

**D. Minimum Education , Experience and Certification Requirements**

**Education:** Check the statement below which indicates the educational requirements for the job (not necessarily your educational background). If a higher degree of education is preferred, please check the appropriate column.

Required	Preferred:		
<input type="checkbox"/>	<input type="checkbox"/>	No formal education	
<input type="checkbox"/>	<input type="checkbox"/>	Less than high school education	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associate's degree or equivalent	Major: Office related
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree or equivalent	Major:
<input type="checkbox"/>	<input type="checkbox"/>	Graduate work or advance degree	Specify:
<input type="checkbox"/>	<input type="checkbox"/>	Professional license required (list below under certification)	

**Experience:** Check the amount of experience needed to perform this job (not the experience you brought to the job)

<input type="checkbox"/>	No previous experience required.
<input type="checkbox"/>	Up to one year of experience required.
<input checked="" type="checkbox"/>	One to at least three years' experience required.
<input type="checkbox"/>	Over three years and up to and including six years' experience required.
<input type="checkbox"/>	Over six years and up to and including nine years' experience required.
<input type="checkbox"/>	Over ten (10) years of experience required.
<input type="checkbox"/>	Experience in related field
<input type="checkbox"/>	Experience in (specify):

**Certification:** List any licenses, certifications, statutory requirements or registrations required for this position. Use the exact name of license, certification, etc.

1.	
2.	
3.	
4.	
5.	
6.	Valid State of Wisconsin Driver's License Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Type: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> CDL Endorsement Required:

**E. Equipment and Machinery:** Indicate equipment and/or machinery that is necessary to accomplish the job, and the amount of time per week which involves using each piece of equipment.

No.	Equipment Used	Freq.	Daily	Weekly	Monthly	As Needed
1.	No equipment used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Basic office equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Typewriter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Computer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Copy machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Calculator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Fax machine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other: Scanner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Hand Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Hammers, wrenches, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Electrical power tools: saws, drills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Gas power tools: weed-eater, chain-saw, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Yard/Garden tools: shovel, rake, broom, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Handguns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Rifle/Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Baton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Communication Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Telephone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Mobile data terminal (MDT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Pager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Vehicles:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. Automobiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Light truck (pick-up)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Heavy truck (dump truck, fire truck, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Construction/heavy equipment (loader, tractor, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Medical Apparatus/Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a. First aid equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Electronic monitoring equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Patient transport apparatus (spine board, stretcher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**F. Physical Demands:** For each of the activities, please answer the questions asked regarding the intensity, precision and frequency of the listed items.

	Not Required	Required only in unusual situations	Required for 1 hour or less per shift	Required for approx. 2 hours per shift	Required for approx. 4 hours per shift	Required for 6 or more hours per shift
Activity: Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light lifting: 10# max and occasional lifting of small articles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light lifting: 20# max	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium lifting: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy lifting: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy lifting: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very light carrying: 10# max	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light carrying: 20# max	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 50# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium carrying: 60# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy carrying: 100# max	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very heavy carrying: in excess of 100#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Activity: Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Physically controlling another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Climbing stairs or ladders up or down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs/routine non-emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs emergency – i.e. pursuit of suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – routine – i.e. changing light bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing ladders – emergency – i.e. Fire truck aerial ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing while carrying – i.e. carrying parts, stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activity: Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching up (to high shelf)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching across (work bench)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching down (to floor)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G. Working Conditions – Environmental Conditions:** Check any conditions encountered on an annual basis

Condition	Rarely	Occasionally	Constantly	Seasonally
Dirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness/humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sudden temp. changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Darkness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health and Safety: Check any of the following encountered on the job and note the frequency each is encountered</b>				
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights above 10 ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bodily Injury – physical attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving vehicles/traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (allergies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**H. Additional Physical Requirements:** List any additional physical activities, not previously listed, which are required in the position. Also list the frequency with which the activity is performed.

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**I. Location:** Check the location where the majority of the work is performed.

- Office / indoors
- Shop / warehouse
- Vehicle
- Outdoors
- Other:

**Supervisor Review:**

I. Your signature below indicates that you have reviewed this questionnaire. If you want to make revisions, please enter them in the margins in the appropriate spaces. Use extra paper if you need to, numbering your comments to match the items in question. These items will be reviewed with you before a final position description is prepared.

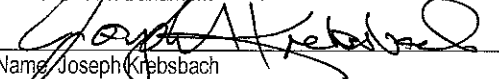
II. How many employees under your supervisor perform the same job described above by this employee? 0

III. Supervisor Comments \_\_\_\_\_

**Signature Approvals**

Supervisor   
 Name Shawn Barlament

Title Office Manager 11.3.16  
 Date

Dept. Head   
 Name Joseph Krebsbach

Title Director 11/3/16  
 Date

# REQUEST FOR FISCAL IMPACT INFORMATION

\_\_\_\_\_ RECLASSIFICATION  
 \_\_\_\_\_ FTE/Hours  
 \_\_\_\_\_ Job Class  
 \_\_\_\_\_ Step  
 \_\_\_\_\_ Rate

CHANGE FTE/Hours

From \_\_\_\_\_ TO \_\_\_\_\_

CHANGE JOB CLASS/STEP

From \_\_\_\_\_ TO \_\_\_\_\_

Position Title  
 Effective Date  
 Department

Administrative Assistant 1

6 Mo

Human Services

Sub Dept

FTE/Hrs	@ Rate	2017 TOTAL SALARY					2017 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>Administrative Assistant 1 Pay Range D Step 1</b>										
1.00	\$15.70	32,656					27,795			60,451
<b>Current Admin Assist 1 2017 Budget</b>										
1.00	\$16.95	35,256					6,478			41,734
<b>Total Salary and Benefit Increase</b>										<b>18,717</b>
FTE/Hrs	@ Rate	2017 TOTAL SALARY					2017 TOTAL BENEFITS			TOTAL SALARY and Benefits
<b>Administrative Assistant 1 Pay Range D Control Point (Step 6)</b>										
1.00	\$17.94	37,315					28,479			65,794
<b>Current Admin Assist 1 2017 Budget</b>										
1.00	\$16.95	35,256					6,478			41,734
<b>Total Salary and Benefit Increase</b>										<b>24,060</b>

Dept Head Signature

*Mark E. Janich*

Finance Director

Date

*11/2/2016*

**Disclaimer: This Fiscal Impact does not include Step 2 \$16.15, Step 3 \$16.59, Step 4 \$17.04, or Step 5 \$17.49.**

This Fiscal Impact is an example illustration of what the costs would be for this position/position change. It is based on estimates and assumptions provided by the Human Resources Department and/or the department in which this position works. Because these estimates and assumptions may change, or may be different than the actual circumstances at the time that this position is filled or this position change takes place, there may be a difference between the costs projected in this Fiscal Impact and the actual costs.



**DOOR COUNTY DEPARTMENT OF HUMAN SERVICES**

421 Nebraska Street  
Sturgeon Bay WI 54235  
Main Line: 920-746-7155

Joseph Krebsbach, Director  
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Oct. 28, 2016

Human Services Board  
Chairman: Mark Moeller  
421 Nebraska St.  
Sturgeon Bay, WI 54235

RE: Completion on Introductory Period

Employee Name: Jay Livingston

Position: Behavioral Health Program Manager

Start Date: May 2, 2016

As of November 1, Jay will have successfully completed his six month introductory period. He has transitioned very well from Therapist to his new role as Behavioral Health Program Manager. Jay has brought a sense of calm and order to the Behavioral Health Division, which has undergone a significant amount of turnover and change in the past couple of years. He offers his team solid clinical guidance and steadfast support on a daily basis.

Jay ensured that our clinic successfully completed a state DQA review and received two-year re-certifications for our Mental Health, AODA and Crisis programs with no findings. He also helped us move our CCS program to a level of stability by serving as the Service Director and Mental Health Professional on the team. He has proven to be a tremendous asset to the Behavioral Health team and the management team in his new role. It is without reservation that I recommend that Jay move to regular status.

Sincerely,

Cori McFarlane  
Deputy Director  
Department of Human Services

CC: Administrative Committee  
Human Resources Department

DOOR COUNTY DEPARTMENT OF HUMAN SERVICES – **STAFFING**

11-14-2016

