



HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, November 13, 2017 at 4:00 p.m.**

Meeting Location: **Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI 54403**

Health & Human Services Committee Members: Matt Bootz, Chair, John Robinson, Vice-chair, Bill Miller; Orval Quamme; Katie Rosenberg, Maynard Tremelling, Todd Van Ryn

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

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

1. **Call Meeting to Order**
2. **Public Comment (15 minute limit)**
3. **Approval of the October 9, 2017 Meeting Minutes**
4. **Educational Presentations/Outcome Monitoring Reports**
 - A. The Hope Life Center Services Including Testing and Treatment for Sexually Transmitted Diseases and infectious and Pregnancy Testing (Hoogendyk)
 - B. Limits on the use of the Third Floor of the Library
 - C. Confirmation of the North Central Health Care Board’s Appointment of Michael Loy to the CEO Position.
5. **Policy Issues Discussion and Committee Determination to the County Board for its Consideration**
 - A. DSS Request to Expand .5 FTE Accounting Technician to 1.0 FTE with State/Federal Funds for the Children’s Long Term Support Program
 - B. The Connections Place – For Seniors
 - C. Approval of the 2018, 85.21 Application (Dave Mack)
 - D. Expansion of the Areas Where the County will Accept In-Kind Donations of Time and Materials for the Aquatic Therapy Pool
 - E. Development of a Community Drug Crisis Response Plan Including Measurable Goals and Timetables
6. **Next Meeting Logistics and Topics:**
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: Monday, December 11, 2017 at 4:00 p.m.
7. **Announcements**
8. **Adjournment**

“Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk’s Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

SIGNED /s/ Matt Bootz
Presiding Officer or Designee

FAXED TO: Wausau Daily Herald, City Pages, and
FAXED TO: Other Media Groups
FAXED BY: M. Palmer
FAXED DATE: _____
FAXED TIME: _____

NOTICE POSTED AT COURTHOUSE
BY: M. Palmer
DATE: _____
TIME: _____



MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES

Monday, October 9, 2017 – 4:00 p.m.

Courthouse Assembly Room (B-105), 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent
Matt Bootz, Chair	X	
John Robinson, Vice Chair	X	
Bill Miller	X	
Orval Quamme	X	
Katie Rosenberg	X	
Maynard Tremelling	X	
Todd Van Ryn	X	

Also Present: Brad Karger, Lance Leonhard, Kurt Gibbs, Ralph Illick, Mai Ger, Scott Corbett, Jeff Sargent, Brian Kowalski, Laura Scudiere, Joan Theurer, Michael Loy, Erin Dickinson, Kristin Baisch, Mary Palmer

1. Call Meeting to Order

The Health & Human Services meeting was called to order at 4:00 p.m. by Chair Matt Bootz

2. Public Comment - None

3. Approval of the September 11, 2017 Meeting Minutes

MOTION BY ROBERG; SECOND BY ROBINSON TO APPROVE THE SEPTEMBER 11, 2017 MEETING MINUTES AS MODIFIED. MOTION CARRIED.

4. Educational Presentations/Outcome Monitoring Reports

A. Report on Progress of Mount View Care Center in Developing MVCC’s Strategic Plan

Discussion:

The Mount View Care Center Committee continues to meet regularly. Options that have risen are to sell off buildings and land, invest in improvements, continue trying to keep capital costs in line. Some decisions need to be stalled until the master facility plan is done by NCHC and then develop a plan that addresses all capital needs rather than just the plan with the Committee. The master plan will be presented at another meeting. A recommendation should be made by the end of January. The committee charter will need to be amended to extend the time after they know when the master plan and facilities plan is ready.

Follow through:

None needed at this time.

B. United Way 2-1-1 Referral Services

Discussion:

Standing committees have been asked to review Quadrant 4 programs. This is a Quadrant 4 program because it is not mandated and it’s a partnership. Marathon County United Way (MCUW) 2-1-1 is in that quadrant and that is why Mai Ger and Jeff Sargent are here to talk about this program. It is available to every resident in the county. When someone needs help and/or assistance this is a place for them to turn to. 2-1-1 provides information on almost everything - weather catastrophes, shootings, employers looking for resources. It also provides information on everyday basic needs of services – rental assistance, food resources, utility assistance, and who they need to contact. Recently many calls have been referred to the Health Department to assist with certain clients that are calling to receive assistance on early childhood development through Start Right. 2-1-1 and the Health Department are working on a memorandum of understanding to do warm transfers.

2016 Annual report – Over 8,000 calls were handled last year on housing assistance (rent, security deposit, community shelter), food pantry, clothing needs, gas assistance, etc. 82% were met with a referral. Mental Health needs are identified and if assistance is needed right away they notify law enforcement or Health Care Center. 2-1-1 potentially covers anything anyone can run into. Great resource! Without 2-1-1 those calls/individuals would be contacting various departments in the County.

Calls are answered at the United Way office. There is a contract with LaCrosse who covers after hours. MCUW hours are 8:00 a.m. to 5:00 p.m. Monday through Friday, but are part of an eight county call center. Having a skilled person on the line helps drill down to get the appropriate services needed. They are a reporter for CPS (child protective services)

Follow through:

None needed.

5. Policy Issues Discussion and Committee Determination to the County Board for its Consideration

A. New Social Worker Positions

Discussion:

There is a wait list for children with disabilities and an additional two social workers will help with that case load. The positions are contingent upon 100% non-levy funding.

Action:

MOTION BY ROBINSON, SECOND BY ROSENBERG TO APPROVE THE REQUEST FOR TWO ADDITIONAL SOCIAL WORKER POSITIONS CONTINGENT UPON 100% FUNDING CONTINUED FROM OUTSIDE MARATHON COUNTY. MOTION CARRIED.

Follow through:

No follow through needed at this time.

B. Senior Center – Move to Library and Preliminary Estimates, Weight Restrictions

Discussion:

There are weight restrictions on the third floor of the Library which may remove it from consideration. When the Library was built the third floor was built with the least cost possible. A design would have to be approved. Parking and elevator are two issues that also need to be considered.

All restrictions need to be identified and understood going in to see if we could be used. Michael Lotter, Marathon County's Facilities and Capital Management Director, is taking the lead on this. Original code was designed for assembly or administration, 100 lbs. per square foot, not activities.

The Rib Mountain Senior Center is OK with this moving forward.

One supervisor asked why Wausau isn't involved in this. Most activity centers are sponsored in whole or in part by a city. The Marathon County Board should not be taking a lead on this. We can either drop it and walk away or move it forward.

Action:

No action taken.

Follow through:

No follow through required.

C. "We Are Losing the War on Drugs" – Possibility of Establishing a Task Force to Evaluate What We Are Doing Now, Plans In Place to Enhance Impact, Identify Future Opportunities and Create a Coordinated Plan for Moving Forward

Discussion:

Chair Bootz would like a task force created relating to the Opioid epidemic to include members from the Sheriff's Department, Social Services, Health Department, North Central Health Care, County Board members and other essential people/agencies, to coordinate what is already being done and what needs to be done. Questions arose on who would lead the task force and who

would staff it. A look at what other counties are doing will need to be done. This is a big project and will take a lot of time.

After we get an understanding of Marathon County's services and the meaning of response, we may consider working with other counties and create a multi-county task force. Every county has unique situations and the coordination needs to happen in Marathon County first. Identifying best practices and where the gaps are would be a good place to start. Incarceration of offenders doesn't work and treatment is very expensive.

Identify the problem, what resources do we have in the community and what are the best management practices adopted by others.

Are there opportunities for an intern to do a lot of the leg work? Prioritization of a work plan for time and investment. We can't afford to not do it

Judge Morgan invited any Board member to sit on the bench with him on intake next week.

Action:

MOTION BY ROBINSON; SECOND BY ROSENBERG FOR COUNTY ADMINISTRATION TO DEVELOP A CHARTER RELATIVE TO THE TASK FORCE ON COMMUNITY RESPONSE TO DRUG USE AND APPROPRIATE ORGANIZATION STRUCTURE AND LEVELS. MOTION CARRIED.

Follow through:

The County Administrator will start the charter and identify who will take the lead and staff it.

D. Possible Lawsuit by Wisconsin Counties Against Pharmaceutical Companies to Recover Costs to Counties from the Opioid Epidemic (Referral from Executive Committee)

Discussion:

Whitefish Bay attorneys Erin Dickinson and Kristin Baisch from Crueger Dickinson are working with von Briesen & Roper and the Wisconsin Counties Association (WCA) on litigation relating to a possible lawsuit by Wisconsin Counties against pharmaceutical companies to recover costs to counties from the opioid epidemic.

There will be no initial investment from the county, but there will be an investment of people's time to gather information as the lawsuit moves forward. Various departments will be involved such as Sheriff's, Social Services, Clerk of Courts, Health Department, etc. The attorneys will have a team working with our departments when gathering the information.

The basic reason pharmaceutical companies are responsible is that about 10 years ago pharmaceutical companies were making misstatements. This resulted in a settlement in a wrongful death.

General statements about opioids are not covered by the FDA. The cases are state law cases and done state by state.

The FDA doesn't do their own testing. False information from the manufacturers on opioids was given to FDA.

Currently counties are acting independently. Counties claims are independent of the Attorney General. And as right now the Wisconsin Attorney General has not filed any claims.

The counties are filing separate from the state because when the state went after the tobacco companies the counties didn't receive any money.

The attorneys are prepared to go all the way as long as it takes. This is what they do.

There has been a lot of discussion among Corporation Counsels. The vast majority are supporting the lawsuit. The concerns among the minority of Corporation Counsels are cost of man hours to quantify the damages. The overload caused by this is real and it is something to be able to quantify. There is a link between the time, causation and action these companies took plus the

marketing for long term use. They believe they will be able to prove it.

There will be a uniform set of questions. The attorneys have engaged a service to come in and do data collection. They will have a very organized set of information and statistics that they will need. There will be man hours to identify where the data lies. There will be document asks, depositions and appropriate witnesses and a point person.

Committee members were encouraged to read through the timeline in the Complaint. Exhibit A to the Complaint really tells the story of the conspiracy and how deep it went. They can differentiate between opioids, meth and heroine.

Timeframes:

Filing depositions, what's best case and worst case scenario?

Next couple of months – anyone that wants to get in on this will get in.

There will be consolidation of cases in the federal courts in the next couple months. If you are not in suit by then you can be added, but will be less of a leader.

Step 2 – It will be a multiyear litigation. It could be longer than 4 years. No way to predict.

There are four counties on board already and another waive starting October 17th. About 33 counties are verbally committed.

Since NCHC is a 3 county entity that provides our treatment – we provide some level of tax support and they draw down additional resources, will they have to be part of the lawsuit? Scott Corbett thinks Marathon County will be able to quantify. Lincoln County is already involved and not sure of Langlade.

Under the Procurement Policy there is no policy on funds coming in.

Action:

MOTION BY ROBINSON; SECOND BY QUAMME TO RECOMMEND TO THE COUNTY BOARD TO PARTICIPATE IN THE LAWSUIT AND COORDINATION TO DO DISCOVERY WITH THE TASK FORCE AND DESIGNATE THE COUNTY ADMINISTRATOR TO SIGN THE ENGAGEMENT AGREEMENT AND AUTHORIZE EXECUTION OF THE ENGAGEMENT LETTER. UPON SETTLEMENT OF THE CLAIM THE MONEY BE ESCROWED INTO A FUND WITH THE USE TO BE DETERMINED BY THE COUNTY BOARD IN PLACE AT THAT TIME. MOTION CARRIED.

Chair Gibbs expressed concern that we are trying to tie the hands of a future board by this motion.

Follow through:

Send to County Board.

6. **Next Meeting Logistics and Topics:**

- A. Committee members are asked to bring ideas for future discussion
- B. Next Scheduled Meetings: Monday, November 13, 2017 at 4:00 p.m.

6. **Announcements:**

- Mount View Care Center Committee is meeting next Monday at 7:30 p.m.
- Kurt Gibbs reminded everyone to see his e-mail and follow up with our legislators

8. **Adjournment**

There being no further business to discuss, **MOTION BY ROBINSON; SECOND BY ROSENBERG; TO ADJOURN THE HEALTH & HUMAN SERVICES COMMITTEE MEETING. MOTION CARRIED.** Meeting adjourned at 5:40 p.m.

Respectfully Submitted
by Mary Palmer



HISTORY OF HOPE

501-C-3 non-profit organization

Founded in 2003 in Wausau

Opened a satellite office in Antigo in 2011

Open four days per week from 9:00am-5:00pm

Currently have a staff of seven

Board of directors has nine members

Quality Assurance Committee (QAC) and Medical Director

All funding comes from private sources (no government funding)

FINANCIAL SUPPORT

Individuals

Local Businesses

Faith Community

Private Grants

- Aspirus Health Foundation
- Marshfield Clinic
- Ministry Health
- BA and Esther Greenheck Foundation
- Private family foundations through the Community Foundation of North Central Wisconsin

CENTER SERVICES

All services are free and confidential.

Services are available by appointment or walk-in (STI testing available on Mondays)

We provide physical, emotional and spiritual support in a judgment free environment.

All services are provided by registered nurses and specially trained client care advocates.

Services provided are client directed. We provide what they request.

We serve anyone who comes to see us regardless of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation or disability.

Our center provides barrier free access.

In 2016 we provided 1,294 services to 113 unique clients.

Pregnancy Testing

Limited OB Ultrasound

STI Testing and Treatment

Sexual Health Information

Sexual Risk Avoidance Education and Support

Education on Healthy Pregnancy Decisions

CENTER SERVICES (CONTINUED)

Prenatal, Postpartum, Newborn Care and Early Parenting Education

- Mentoring support (for both men and women)
- Journey with Hope (incentives program to earn baby supplies)

Life Skills Development for Teens and Young Adults

Abortion Recovery Support

Community Resource Referrals

MEDICAL SERVICES

Urine Pregnancy Testing

Limited OB Ultrasounds (must meet medical criteria)

Urine STI Testing: Gonorrhea and Chlamydia

Treatment for Gonorrhea and Chlamydia

- Both treated on site free of charge
- Treatment based on CDC recommendations

Blood STI Tests: HIV, Syphilis, Hepatitis B & C, HSV (Herpes) Type 1 & 2

- Two-step process

1) Initial test. Test is then sent to a lab for 24-48 hour turnaround depending on test.

2) Client returns to receive results of test and any information needed about ongoing treatment.

- Positive clients reported to County Health department as mandated by state law
- All testing and treatment is under the direction of medical director, David Mathias, MD

Statistics from the CDC

- Chlamydia -1.59 million cases, up 4.7% from 2015
- Gonorrhea - 468,514 cases, up 18.5% since 2015
- Syphilis 27,814 cases, 17.6% increase since 2015
- Marathon county had 375 cases of chlamydia and 16 cases of gonorrhea reported in 2016

Education:

- Sexual Risk Avoidance (SRA)
- Disease symptoms, treatment, prevention and long term consequences
- Sexual exposure chart and healthy relationships

LOOKING FORWARD

We are expanding our reach to schools, youth groups, etc. to do more education on sexual risk avoidance and healthy lifestyle choices.

We will be reaching a growing number of clients in Marathon County through the use of a new mobile medical unit which will provide most of the services offered at our center.

We anticipate an increase in clientele based on the results of 50 other centers that use a mobile unit.

QUESTIONS?

Jack Hoogendyk, *Executive Director*, Phone: 715-470-1003, Email: jack@hopewi.org

Jackie Sazama, *Director of Center Operations*, Phone: 715-843-4673, Email: jackie@hopewi.org

Sarah Adams, *Registered Nurse*, Phone: 715-470-1006, Email: sarah@hopewi.org



HOPE
L I F E C E N T E R

605 South 24th Avenue
Wausau, WI 54401

622 Fifth Avenue
Antigo, WI 54409

HopeWI.org

715-843-4673

HOPE LIFE CENTER



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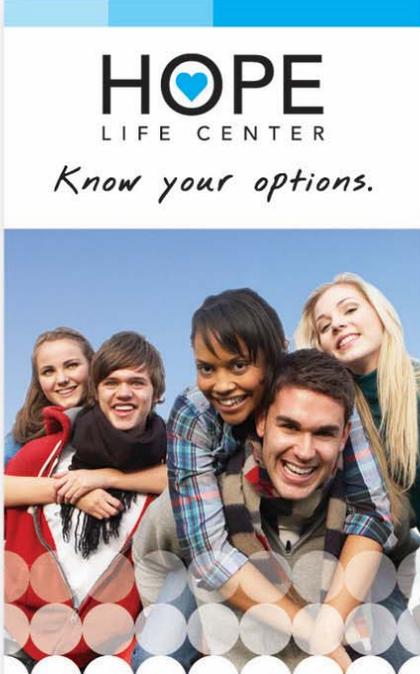
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QUESTIONS?

Jack Hoogendyk
Executive Director
715-470-1003
jack@hopewi.org

Jackie Sazama
Director of Center Operations
715-843-4673
jackie@hopewi.org

Sarah Adams
Registered Nurse
715-470-1006
sarah@hopewi.org



HOPE
LIFE CENTER
Know your options.

We understand...
the choices you make
will affect the rest of your life.

We provide...
physical, emotional and
spiritual support in a confidential,
judgment-free environment.

We are here for you.



*Compassionate.
Confidential.
Free.*

SERVICES:
Pregnancy Testing
Limited OB Ultrasound
STI Testing & Treatment
Options Counseling
Abortion Recovery Support
Pregnancy & Early Parenting Education
Sexual Health Information

*Hope does not offer abortion services
or abortion referrals.*

715-843-4673
HopeWI.org

HOPE
LIFE CENTER
605 South 24th Avenue, Suite 20 Wausau WI 54401
622 Fifth Avenue Antigo WI 54409



HOPE
L I F E C E N T E R

605 South 24th Avenue
Wausau, WI 54401

622 Fifth Avenue
Antigo, WI 54409

HopeWI.org

715-843-4673

APPENDIX A
NEW OR EXPANDED POSITION REQUEST

I. GENERAL INFORMATION

Department: Department of Social Services

Date: 10/29/17

Position Requested: Accounting Technician

FT PT FTE- Expand
.5 FTE position
to 1.0 FTE

Number of Positions: .5

Division Position Will Be assigned To: Administrative Unit
(Indicate NA if not applicable)

Projected Start Date of Position: November 2017

Priority Number of This Position: _____
If you are requesting more than one position, prioritize
all your requests and indicate the priority number of
position.

II. FULL EXPLANATION OF NEED FOR POSITION

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

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

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

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

The Children’s Long Term Support (CLTS) program helps kids, who have disabilities, remain in their homes with their families and ensures for their safety and well-being. The CLTS program provides services to families including case management, respite care, adaptive aids, medical supplies and therapeutic resources that are not covered by other funding sources. In Marathon County, the CLTS program is vital to the support of families, many of which without the assistance would be unable to provide for the care of their children safely.

Administrative support is required to address the complexities involved in the operations of the CLTS program, both from a financial perspective, and to support the requirements of case management.

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

The Department of Health Services has been awarded funds to distribute to Counties through the current state budget to eliminate the waiting list for children with disabilities. A combination of state and federal funding is to be allocated to Marathon County DSS to provide services to the 43 children on the waiting list. To support the expansion of case management, there will need to be a corresponding increase in Administrative Support FTE availability.

The staffing request proposed solution is to expand the currently vacant .5 FTE accounting technician to a 1.0 FTE accounting technician to address the additional work resulting from increasing CLTS caseloads

to address the waiting list elimination project. The additional 20 hours per week will be processing individual service plans and authorizations for the Children's Long Term Support program to meet and ensure program compliance.

While the position is essential to be in place for January 2018, DSS is requesting the expansion of the position effective November 2017. There is an internal candidate who can be promoted to the position and would contribute to essential work in the CLTS unit that needs to be completed for year-end tasks. There are funds available in the CLTS budget for 2017 to accommodate the November expansion of this position.

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

The increased position hours will benefit children with disabilities, and their families, by providing support to case management, which in turn provides services to support their children remaining in the community. Services include such things as respite care, adaptive aids, and therapeutic services.

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

A very thorough and comprehensive analysis was conducted to prepare for this request. DSS evaluated current capacity and realignment of duties to determine if this additional work could be absorbed within current positions. Due to the expansion of the number of children to be served, we have determined we have no option but to expand administrative support for the CLTS program, with corresponding state and federal revenue.

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

Elimination of the waiting list is included in the current State budget. Case management by social workers has to be increased through additional positions. Likewise, administrative support of those positions is essential, otherwise social workers would be required to complete additional administrative tasks and not be able to carry as high of a caseload as they currently do. This would require additional case management positions at a higher pay grade for work that can be completed at a lower pay grade.

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

The accounting technician position will have specific assignments and tracking mechanisms in place to ensure proper efficiency and high performance with required duties. We continually track the service costs to ensure we are within our allocated state and federal budgets.

III. SPECIFIC DUTIES OF NEW POSITION

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

The specific duties will be support to the CLTS program and social workers, though process of Individualized Services Plans and corresponding service authorizations. This ensures compliance with state regulations, and also ensures proper oversight that services authorized to children and families are coordinated accurately and timely.

Yes, the CLTS program assists in maintaining children within our community and in family homes versus having high-cost out-of-home placements outside of our community.

- D. Can the position costs be offset by eliminating or reducing a lower priority function? If yes, explain.
No.

V. COMMITTEE OF JURISDICTION

What is the recommendation of the committee of jurisdiction?

The Social Service Board will review the request at the November 14th meeting, and is already aware of the plan for the waiting list project.

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

Signature of Supervisor/Manager Completing Request

Date

Department Head Signature

Date

DSS Accounting Technician Expansion
 CLTS Financial
 For Calendar Year 2018

Expansion from .50 FTE to 1.0 FTE

CLTS Waitlist Elimination Revenue Summary

Revenues - Case Management	214,995	
Revenues - Administrative Allocation	36,648	251,643
Total Costs - 2 SW Positions and Financial		197,911
Revenues in Excess of Expenditures*		53,732
Item	2018 Proposed Rates	*Less Than MidPoint
Salary		\$35,610
Health - Family	\$1,616.83	\$19,402
Dental - Family	\$58.58	\$703
FICA Retirement Rate	6.20%	\$2,208
FICA Medicare Rate	1.45%	\$516
Unemployment Insurance	0.15%	\$53
Retirement - Employer	6.70%	\$2,386
Worker's Comp - SW	3.60%	\$1,282
PEHP	\$22	\$572
Total Estimated Cost		\$62,732
2018 Proposed Budgeted Cost - .50 FTE		\$23,435
Expansion Cost - Additional .50 FTE		\$39,297
Revenues - CLTS Waitlist Elimination*	\$ 39,297	\$39,297
Tax Levy		\$0
Remaining Excess Revenues		\$14,435

THE CONNECTIONS PLACE

FOR SENIORS

P.O. BOX 164, WAUSAU, WI 54402



October 20, 2017

Dear Supervisor Matt Bootz:

I believe many members of the Marathon County Board of Supervisors would like to see a Seniors Center established in the Greater Wausau Area. I am a member of the board of directors of The Connections Place, Inc., a 501(c)(3) here in Wausau whose sole purpose is to establish and operate an active aging center in the Greater Wausau market.

Wausau is the only city of its size in the State of Wisconsin without a dedicated Seniors Center. The senior population of a Marathon County will grow by 75% plus over the next 20 years. Social isolation is growing problem in America and is a significant contributor to seniors (40%) who suffer from some aspect of depression.

Mental illness many times leads to greater physical health issues, resulting in greater health care costs for individuals, families and ultimately government, when these individuals do not have the financial resources to care for themselves.

We are wondering if there is a way to foster a collaborating effort with Marathon County Government to help make this vision a reality. One of our objectives is to identify and train more volunteers for community activities. A vigorous and actively engaged senior population can do this and it will be a solid benefit to the entire area.

We look forward to your thoughts on this vitally needed resource in the Greater Wausau Area.

Very Truly Yours,


Steve Anderson

CC: Kurt Gibbs, John Robinson, Brad Karger



December 19, 2017

85.21 Program Manager
Bureau of Transit, Local Roads, Railroads & Harbors
Wisconsin Department of Transportation
PO Box 7913
Madison, WI 53707-7913

MARATHON COUNTY 2018 SPECIALIZED TRANSPORTATION ASSISTANCE PROGRAM APPLICATION

Marathon County hereby makes an application for \$319,641.00 in state assistance under Section s.85.21 of the Wisconsin Statutes to provide specialized transportation services for the seniors and individuals with disabilities in 2018. The County assures that \$63,928.00 in local funds have been budgeted and will be available as the share required to match the 85.21 grant.

The applicant affirms that the information submitted in this application is true and correct.

Sincerely,

Kurt Gibbs, Chairperson
Marathon County Board of Supervisors

Enclosure: 2018 Specialized Transportation Application

2018 APPLICANT INFORMATION FORM

For additional information on this Application Workbook,
please refer to the §85.21 Application Guidelines for CY2017

County of Marathon

Primary Contact for this grant program

Name David Mack

Telephone Number 715-261-6043 **Extension**

Email Address dave.mack@co.marathon.wi.us

Application Preparer *(if different than primary contact)*

Name

Organization

Telephone Number **Extension**

Email Address

Applicant Status Place your initials in box to the right to certify your eligibility - You are certifying that the applicant is a county government, or an agency of the county department. Private non-profits or Aging Units organized as a non-profit under Wis. Stat. 46.82(1)(a)3, are not eligible to apply for this grant. DM

Organization Info Place your initials in box certifying all organization information, including, contacts and titles, have been updated in the BlackCat Online Grant Management System (GMS) and are true and correct to the best of your ability. DM

Federal Grant Match Please place an "X" next to any federal grant that will be using §85.21 funds as local match.

5310	5307	5311	
Other (Please explain)			

Coordination Please identify the county's coordinated plan name, goal(s) and page number(s) in which your §85.21 project(s) is/are derived from

Title of Coordinated Plan:	Marathon County 2014-2018 Locally Developed, Coordinated Public Transit-Human Services Transportation Plan
The goal(s) and/or strategies from which your project is included:	1.) The purpose of the coordinated planning process is to have stakeholder involvement in the assessment of elderly and disabled transportation and to provide strategies to improve those transportation alternatives. 2.) Apply for 85.21 grant funds to maintain the current levels of services and vehicle fleet and to also expand services to meet the needs of transportation service in <u>Marathon County.</u>
Page number(s) of the Coordinated plan in which the goals may be referenced:	1.) Page 3, 2.) Page 9

Assessibility Please indicate whether or not §85.21 state aid be used for the transportation of persons you cannot walk or who walk with assistance during the calendar year.

YES	X	
NO		(If no, please explain how the Americans with Disabilities Act (ADA) requirements for equivalency of service between ambulatory and non-ambulatory passengers will be met.)

APPLICANT CHECKLIST

County of **Marathon**

Required Components	Complete
Update Contact Information in BlackCat Online GMS	X
Upload completed application workbook:	
Application Information Form	X
Complete Vehicle Inventory <i>(regardless of funding source)</i>	X
Trust Fund Plan <i>(for counties with a signed board resolution)</i>	X
Third Party Contracts	X
Project Descriptions & Budgets	X
Review Summary tab	X
Upload Transmittal Letter	X
Upload Public Hearing and Notice	X
Upload Local Review Form	X
<i>If applicable:</i> Upload Third Party Contracts &/or Leases to the "Resources" tab	

DRAFT

TRUST FUND SPENDING PLAN

County of **Marathon**

Instructions: Please record your plan on how your county will spend down their trust fund over the next three years.
Be as specific as possible.

Item* <small>(If item is a non-vehicle capital purchase, please scroll to second page to complete the narrative)</small>	Planned year of purchase (YYYY)	Project Cost
Wheelchair Equipped Van	2019	\$45,620.00
Total projected cost of 3-year plan		\$ 45,620.00

Estimated amount state aid to be held in trust on 12/31/2017	\$45,620.00
---	--------------------

<small>Will auto calculate based on year entered above</small>	<small>Enter amount of funds planning to add for the next 3 years. If none, enter "0".</small>	
Spending plan for 2018 = \$ -	Funds added for 2018 = \$ -	Est. balance on 12/31/18 = \$45,620.00
Spending plan for 2019 = \$45,620.00	Funds added for 2019 = \$ -	Est. balance on 12/31/19 = \$ -
Spending plan for 2020 = \$ -	Funds added for 2020 = \$ -	Est. balance on 12/31/20 = \$ -

Date complete November 2, 2017

Prepared by David Mack

Narrative for non-vehicle equipment purchases. *Please explain why you are requesting WisDOT approval for an exception. If already received WisDOT approval, please list date approval received. (Hint: Use "ALT" and "Enter" to start a new

TRUST FUND SPENDING PLAN

Continued

County of

Marathon

Narrative for non-vehicle equipment purchases continued.

(Hint: Use "ALT" and "Enter" to start a new paragraph.)



PROJECT DESCRIPTION

County of **Marathon**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- Be sure to complete all 3 pages for each project.

Project Name	North Central Health Care (NCHC)
Third Party Provider	North Central Health Care
Date contract last updated	N/A

Type of Service

(Place an "x" next to the type of service you will be providing for this project)

Volunteer Driver	X	Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		<i>Brief description of Study</i> some of NCHC drivers are also paid staff.	
Other (provide explanation)			

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

NCHC paratransit services is public transportation for persons over 60 or persons with disabilities. Access to this service is limited to persons whose physical or mental disability prevents them from riding the Metro Ride buses or the Metro Ride Paratransit Program. NCHC services were also designed to meet the needs of clients that live outside the Metro Ride paratransit service area or those that are in need of door-through-door services who does not have other resources for transportation. The NCHC services area is all parts of Marathon County including the service area of Metro Ride Paratransit service. The overlap in services is based on NCHC providing door-through-door service county wide and Metro Ride providing curb-to-curb service in their area only.

DRAFT

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

All Cities, Villages, and Towns in Marathon County

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	based on volunteer availability	8:00 am	based on volunteer availability				
End Time	based on volunteer availability						

Additional description *(if applicable)* **If no volunteer drivers are available, NCHC may contract with a taxi service for the desired trips.**

Service Requests *(Briefly describe how your service is requested for this project)*

Clients, healthcare provides, advocates, and families can call in advance of the appointments for service Monday through Friday, 7:00 am to 5:00 pm

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Marathon County residents 60 years old and older or developmentally disabled go through an application process.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

Marathon County Transportation Program through NCHC has a range of copay costs based on mileage from the pickup location (costs are one way).

DRAFT

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$462,643

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. §85.21 funds from annual allocation	Total from A.	\$225,263
B. §85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$43,845
D. Passenger Revenue	Total from D.	
E. Older American Act (OAA) funding	Total from E.	
F. §5310 Operating or Mobility Management funds	Total from F.	
G. Other funds	Total from G.	\$193,535
<i>(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)</i>		
1. Self Pay Client Revenue (copays)	Total	\$24,300
2. Contracted Services Revenue	Total	\$168,000
3. Other Miscellaneous	Total	\$1,235

4.	
5.	
6.	

Total

Total

Total

Revenue Total

\$462,643

Expenditures should equal revenue **\$0**

DRAFT

PROJECT DESCRIPTION

County of **Marathon**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Metro Ride (Metro)**

Third Party Provider Wausau Area Transit System, dba, Metro Ride

Date contract last updated N/A

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver	<input type="checkbox"/>	Voucher Program	<input type="checkbox"/>
Vehicle Purchase	<input type="checkbox"/>	Management Study	<input type="checkbox"/>
Planning Study	<input type="checkbox"/>	<i>Brief description of Study</i>	
Other <i>(provide explanation)</i>	ADA Paratransit Service		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Metro Ride paratransit service is an origin-destination service provided pursuant to the Americans with Disabilities Act (ADA). It is available to persons who are unable, because of a physical or mental disability, to access the Metro Ride fixed route bus service. The service area includes all areas within 3/4 of a mile from a Metro Ride regular fixed bus route within the City of Wausau. Paratransit service hours are the same as the fixed route bus service hours, from 6:30 am to 6:30 pm.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced though this project. Use "ALT" and "Enter" to start a new line.)

Only in the City of Wausau

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	N/A	6:30 am	6:30 am	6:30 am	6:30 am	6:30 am	N/A
End Time	N/A	6:30 pm	6:30 pm	6:30 pm	6:30 pm	6:30 pm	N/A

Additional description
(if applicable)

none

Service Requests *(Briefly describe how your service is requested for this project)*

Ride requests must be made no later than 4:30 pm on the day prior to the desired trip. Requests are taken via telephone by Metro Ride staff. Requests on Holidays and weekends may be made via voicemail.

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

The program is available to persons who are unable, because of a physical or mental disability, to navigate to and from Metro Ride bus stops or to board, alight or ride a Metro Ride tranist bus. Applying for the program involves the completion of a paper application, which includes a verification from a medical professional. Eligibility determinations are made by Metro Ride staff.

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

ADA paratransit fares cannot exceed twice the regular adult bus fare. The Metro Ride adult bus fare is \$1.75 and the paratransit fare is \$2.25.

PROJECT BUDGET

Section Description	Amount
---------------------	--------

Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$207,274

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$70,244
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$14,049
D. Passenger Revenue	Total from D.	\$10,327
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)</i>	Total from G.	\$112,654
1. State Operating Assistance s.85.20	Total	\$49,746
2. Federal Operating Assistance s.5307	Total	\$62,908
3.	Total	
4.	Total	
5.	Total	
6.	Total	
Revenue Total		\$207,274

Expenditures should equal revenue	\$0
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PROJECT DESCRIPTION

County of **Marathon**

Instructions

- Use this section to describe a specific project that will use s.85.21 funds.
- Hint: "Alt" + "Enter" will all out to break to the next line.
- **Be sure to complete all 3 pages for each project.**

Project Name **Marathon County CPZ Department (CPZ)**

Third Party Provider N/A

Date contract last updated N/A

Type of Service *(Place an "x" next to the type of service you will be providing for this project)*

Volunteer Driver		Voucher Program	
Vehicle Purchase		Management Study	
Planning Study		Brief description of Study	
Other <i>(provide explanation)</i>	Grant administration by recipient		

General Project Summary *(Provide a brief description of this project. Use "ALT" and "Enter" to start a new paragraph.)*

Marathon County CPZ Department provides Grant administration work for the county and the two project components of this entire program, Metro Ride and NCHC. CPZ staff is also the staff to the Transportation Coordinating Committee that oversees the County program. Funds will be used for salaries of participating staff.

PROJECT DESCRIPTION, Continued

Geography of Service

(List the counties, as well as cities/areas that are serviced through this project. Use "ALT" and "Enter" to start a new line.)

All Cities, Villages and Towns within Marathon County

Service Hours *(Indicate your general hours of service for this project.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start time	N/A	8:00 am	8:00 am	8:00 am	8:00 am	8:00 am	N/A
End Time	N/A	4:30 pm	4:30 pm	4:30 pm	4:30 pm	4:30 pm	N/A

Additional description
(if applicable)

N/A

Service Requests *(Briefly describe how your service is requested for this project)*

Not Applicable

Passenger Eligibility *(Briefly indicate passenger eligibility requirements for this project)*

Not Applicable

Passenger Revenue *(Briefly describe passenger revenue requirements for this project)*

Not Applicable

PROJECT BUDGET

Section Description	Amount
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Annual Expenditures

Enter the amount of **total** expenditures for this projects

Total Expenses \$30,168

Please note: Breakdown of expenses is not required at this time. You will provide the breakdown of actual expenses in the **Annual Financial Report that you will submit at the end of the calendar year.*

Annual Revenue

Enter the amount for **each** funding source that will be used to for this projects.

**When complete, please scroll to bottom of this page to ensure the Expenditures minus Revenue equals \$0.*

A. \$85.21 funds from annual allocation	Total from A.	\$24,134
B. \$85.21 funds from trust fund	Total from B.	
C. County Match Funds	Total from C.	\$6,034
D. Passenger Revenue	Total from D.	
E. Older American Act (OAA) funding	Total from E.	
F. \$5310 Operating or Mobility Management funds	Total from F.	
G. Other funds <i>(provide name and/or description and record total amount in the box to the right of the description. Include sources such as other grants and/or programs.)</i>	Total from G.	\$0
1. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	\$0
2. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	
3. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	
4. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	
5. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	
6. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Total	

Revenue Total \$30,168

Expenditures should equal revenue	\$0
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**COUNTY ELDERLY TRANSPORTATION
2018 PROJECT BUDGET SUMMARY**

County of

Marathon

Project Name

North Central Health Care (NCHC)	Metro Ride (Metro)	Marathon County CPZ Department (CPZ)	Totals
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Project Expenses

Total Project Expenses	\$462,643.00	\$207,274.00	\$30,168.00	\$700,085.00
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Project Revenue by Funding Source

\$85.21 Annual Allocation	\$225,263.00	\$70,244.00	\$24,134.00	\$319,641.00
\$85.21 Trust Fund	\$0.00	\$0.00	\$0.00	\$0.00
County funds	\$43,845.00	\$14,049.00	\$6,034.00	\$63,928.00
Passenger Revenue	\$0.00	\$10,327.00	\$0.00	\$10,327.00
Older American Act (OAA)	\$0.00	\$0.00	\$0.00	\$0.00
\$5310 grant funds	\$0.00	\$0.00	\$0.00	\$0.00
Total from other funds	\$193,535.00	\$112,654.00	\$0.00	\$306,189.00
1.	\$24,300.00	\$49,746.00	\$0.00	\$74,046.00
2.	\$168,000.00	\$62,908.00	\$0.00	\$230,908.00
4.	\$0.00	\$0.00	\$0.00	\$0.00
5.	\$0.00	\$0.00	\$0.00	\$0.00
6.	\$0.00	\$0.00	\$0.00	\$0.00

Expenses - revenue =	\$0.00	\$0.00	\$0.00	\$0.00
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PUBLIC HEARING NOTICE

Notice is hereby given that a public hearing will be held by Marathon County on **November 9, 2017 at 4:00 p.m.** in the **Conservation, Planning & Zoning Department large conference room, 210 River Drive, Wausau, WI** for the purpose of considering an application for financial assistance from the State of Wisconsin pursuant to Section 85.21 of the Wisconsin Statutes, "2018 Specialized Transportation Program for the Elderly and Disabled." Project elements under consideration include the following:

- A) Transportation services for the elderly provided by City/County Transportation.
- B) Transportation services for the developmentally disabled provided by City/County Transportation.
- C) Transportation services for persons who reside within the Wausau Area Transit System regular bus route but are unable to ride a regular transit bus provided by Metro Ride Paratransit System.
- D) Marathon County is eligible to receive \$319,641 from the State with a local match of \$63,928.

At the hearing interested persons will have an opportunity to be heard with respect to the proposed project. Interested persons may submit oral or written comments regarding the project at the hearing, or may submit written comments to David Mack, Conservation, Planning and Zoning Director, 210 River Drive, Wausau, Wisconsin, 54403.

A draft copy of the application is available for public inspection at the offices of the Conservation, Planning & Zoning Department at 210 River Drive Wausau WI 54403, the Marathon County Clerk's Office, Courthouse, 500 Forest Street, Wausau, WI, 54403 or on the Marathon County Website www.co.marathon.wi.us. Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

David Mack, Program Manager
Marathon County Conservation, Planning, and Zoning
To be published 10/30/17 and 11/2/17

LOCAL REVIEW FORM

Is the committees or commissions on aging, county aging unit and boards (created under ss. 51.42 and 51.437, Stats.) part of the county's Transportation Coordination Committee or equivalent?

Yes

No

If you selected "No", you **MUST** include evidence of their review of this application and upload to the Online Grant Management section for "Local Review" with this form.

Such evidence may include:

- Written endorsements
- Recommendations or criticism
- Minutes of meetings attended by the above organizations at which the application was discussed.

Mary Palmer

From: Brad Karger
Sent: Tuesday, November 7, 2017 12:57 PM
To: Mary Palmer
Subject: FW: RE:

-----Original Message-----

From: Steve Anderson [mailto:spindr48@gmail.com]
Sent: Tuesday, October 31, 2017 3:00 PM
To: Brad Karger <Brad.Karger@co.marathon.wi.us>
Subject: Re: RE:

Sure. I don't know insulation cost estimates, but I think electrical was about \$250,000.

I think they are more of a long shot, but you never know.

Thanks

Steve

Sent from my iPhone

> On Oct 31, 2017, at 2:47 PM, Brad Karger <Brad.Karger@co.marathon.wi.us> wrote:

>

> I can ask the committee if they want to change their policy and include in-kind donations in these areas. I don't know why they would not. Do you want me to ask?

>

> -----Original Message-----

> From: Steven Anderson [mailto:spindr48@gmail.com]

> Sent: Tuesday, October 31, 2017 8:32 AM

> To: Brad Karger <Brad.Karger@co.marathon.wi.us>

> Subject:

>

> Brad:

>

> A couple more potential In-Kind donors for your consideration.

>

> K&L Electric which recently I've seen performing service at NCHC

>

> Home Insulation.

>

> Also, we should shortly be sending to you, Kurt and Matt our fund raising status.

>

> Thanks

>

> Steve

>

> Sent from my iPad

> =====

>

> Statement of Confidentiality

>

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Combatting Drug Addiction and Opioid Crisis in Marathon County

- A. Reporting Relationship: Reports to the Health and Human Services Committee
- B. Mission / Purpose: Provide oversight and accountability to programs/services of Marathon County to combat drug addiction and the opioid crisis
- Actively seek out community based solutions to the public health crisis of drug addiction and opioid abuse.
- C. Statutory Requirements: None
- D. Membership: Seven (7) members:
1. County Health Officer – Chair
 2. Representative of the Health & Human Services Committee – Vice-Chair
 3. Representative of the Public Safety Committee
 4. Representative of the North Central Community Services Program Board
 5. Representative of the Evidence Based Decision Making Group
 6. Member of the Medical Community
 7. Community Member with Personal or Family Experience with Drug Addiction
- E. Member Terms: Each member shall serve a one (1) year term. Current County Board members who are no longer on the County Board shall be replaced by active County Board members.
- F. Duties and Responsibilities:
1. Monitor the new initiatives of County Government to respond to the drug crisis and evaluate results:
 - Drug Court
 - Expanded In-Patient Drug Treatment (MMT)
 - Deputy position specializing in mental health, addiction, homelessness
 - Equipping law enforcement officers with overdose-reversing medicationsMake recommendations about how the County's service mix can be aligned to maximize impact.
 2. Work with medical providers to determine the effectiveness of their screening for illicit drug use and opioid abuse and the use of anti-craving medications that can help people overcome addiction.
 3. Monitor the responses of State and Federal Government and research institutions in developing innovative approaches to combatting drug addiction and opioid abuse and grant opportunities for funding new initiatives.
- G. Duration of Task Force: Task Force shall begin meeting in January of 2018 and shall conclude its work with a final report to the County Board in December of 2018.

