AGENDA
HEALTH AND HUMAN SERVICES COMMITTEE
HUMAN SERVICES BOARD
REGULAR MEETING

TUESDAY, JUNE 25, 2024 – 8:00 AM

ADMINISTRATION CENTER - ROOM A-200

121 W. MAIN STREET, PORT WASHINGTON, WI 53074

The public can access the meeting by viewing the live stream at the link which will be opened five minutes before the call to order:

Health & Human Services Committee / Human Services Board Live Stream

The public can submit comments here: Public Comment Form
Public Comment Policy & Instructions For Submitting Public Comments Online

1. CALL TO ORDER

2. PROPER NOTICE

3. PUBLIC COMMENTS/CORRESPONDENCE/COMMUNICATIONS

4. APPROVAL OF MINUTES

a. May 28, 2024

5. LASATA SENIOR LIVING CAMPUS

a. Management/Financial/Informational Reports

1. Lasata Campus Monthly Reports

6. VETERANS SERVICES OFFICE

a. Management/Financial/Informational Reports

1. Veterans Services Report

7. PUBLIC HEALTH

a. Action Items:

1. Increase of Revenue Budget Amendment 2024 Lead in Water Testing and Remediation Initiative

b. Management/Financial/ Informational Reports

1. Public Health

8. HUMAN SERVICES

a. Action Items:

1. Youth Justice Innovation Grant

b. Discussion Items:

1. Presentation on Community Support Program by Emily Plahna

c. Management/Financial/Informational Reports

1. HS/Aging/ADRC Financial Report - May 2024

9. NEXT MEETING DATE

July 23, 2024

10. ADJOURNMENT

A quorum of members of committees or the full County Board of Ozaukee County may be in attendance at this meeting for purposes related to committee or board duties, however, no formal action will be taken by these committees or the board at this meeting.

Persons with disabilities requiring accommodations for attendance at this meeting should contact the County Clerk's Office at 262-284-8110, twenty-four (24) hours in advance of the meeting.

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **County Clerk**
DIRECTOR: **Karen Niemuth**
PREPARER: **Amy Rhines**

Agenda Summary May 28, 2024

<https://www.ozaukeecounty.gov/AgendaCenter/ViewFile/Minutes/_05282024-3410>

HEALTH AND HUMAN SERVICES COMMITTEE

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **Lasata Campus**
DIRECTOR: **Barton Smith**
PREPARER: **Christine Kuemmerlein**

Agenda Summary Lasata Campus Monthly Reports

ATTACHMENTS:

- May Lasata Campus reports (PDF)

HEALTH AND HUMAN SERVICES COMMITTEE

Lasata Care Center

May 2024 Monthly Report

Barton Smith

Payor Mix Days	Current Month Actual AVG	YTD actual AVG	Budget
Medicare/MC	18	17	20
Private	31	30	23
Medicaid	35	33	42
Total	84	80	85

Payor Mix	Current Month Actual	YTD actual	Budget
Medicare/MC	21%	21%	24%
Private	37%	38%	27%
Medicaid	42%	41%	49%

Organization and Operations Focus

Website

Staffing/employee

Agency use.

Open positions

Regulatory Updates

Facility assessment for new staffing rules.

Survey prep

Campus Projects and initiatives:

Grounds work

Summer concerts

Campus Financials:

LASATA HEIGHTS MONTHLY REPORT
May 2024
Kristen Sonnenberg, Director of Senior Apartments

Census:

- May census – 57 rented apartments
  - Move ins:
    - Two move ins in May (210 and 218)
    - Three scheduled move ins for 6/1 (114, 206, 320)
    - One scheduled move in for mid- June (215)
    - One scheduled move in for 7/1 (110)
    - Two scheduled move ins for 8/1 (212, 205)
  - Move outs:
    - 1 Tenant gave notice for 5/31 (110)
    - 2 Tenants gave notice for 6/30 (205 and 312)
    - 1 Tenant gave notice for 6/6 (215)

Available apartments: #312
Tours:
- There were 9 tours in the month of May.
  - 1 tour went on the waiting list for a C/D unit
  - 1 tour signed a rental agreement for 8/1
  - 1 tour was a return tour and still undecided
  - 1 tour chose another Independent Living for a larger apartment
  - 4 tours are just beginning to look at options
  - 1 tour would like a pet friendly community

- Waiting List- 20 applicants on the waiting list:
  - 20 applicants are waiting for a B, C or D unit (not currently available)

Misc:

- Issues with the carpet installed in the 2022 remodel- noticeable wear and tear/matting, issues with seams, and some areas with a possible manufacturer defect. Currently working with United Flooring to determine a resolution.
- Tenants enjoyed all kinds of festivities in May- Cinco de Mayo celebration, Mother's Day Brunch, Senior Prom with the Cedarburg High School Team, Theme days for Services for the Aging Week
- Lots of positive feedback over the recent addition of a Taco Bar, Potato Bar, etc. to the menu. Tenants are enjoying the added variety.

Lasata Crossings Monthly Report

May 2024

Submitted by: Laurel Bath

- **Census:** As of today, the total census is 59. The group consists of 54 Tenants paying privately, 5 are utilizing Family Care.
  - There are 7 open apartments.
    - 5-1 Bedroom apartments
    - 1-2 Bedroom apartment
    - 1 Family Care Studio Apartment

- **Admission/Discharges:**
  - 11 Tours were done in May
  - Admissions:
    - 6-Admissions-For April (2 couples)
      - 2 tenants moved to different apartments; 1 was respite that decided to stay lon term; 2nd moved to a 1 bedroom after her husband passed.
    - 8 scheduled admission for June (1 couple)

** The Crossings will be fully occupied be the end of June 2024.
There will be NO empty apartments.

  - Discharges:
    - There were 6 discharges in May; 1 Respite who returned home, 1 tenant passed, 4 were admitted to Lasata Care Center, 2 on hospice, 2 long term stays.

Open Staff Positions:

- There is one open positions at the Crossings. The position is for a Personal Care worker on the Night Shift, very part-time; every other weekend, every other holiday.

- **Waiting List:**
- There are 7 individuals on the waiting list for Family Care Studio apartments. There is a planned admission to the FC Studio; she is coming to us from Lasata Heights.
- There are 6 individuals on our waiting list for one- and two-bedroom apartments.
- There are 8 individuals on the inactive list. This includes 1 couple.

  - *Wait List: Application and $500 fee (refundable) on file*
  - *Inactive List: Name on list; application complete and refundable fee on file but they prefer we not contact them.*
  - ***Current residents and tenants on campus do not submit a waitlist fee.***

Ozaukee County Committee Report

Enterprise Fund Lasata Care Center

For the Five Months Ending Friday, May 31, 2024

Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Public Charges for Services	$1,455,490	$5,946,253	$13,291,606	$7,345,353	44.74%
Interest Revenue	-	$5	-	($5)	0.00%
Other Revenue	$177,470	$198,760	$859,650	$660,890	23.12%
Total Revenues	**$1,632,960**	**$6,145,018**	**$14,151,256**	**$8,006,238**	**43.42%**
Expenditures					
Salaries	$550,974	$2,716,298	$7,733,143	$5,016,845	35.13%
Fringe Benefits	$161,848	$869,963	$2,549,451	$1,679,488	34.12%
Travel/Training	$306	$581	$12,000	$11,419	4.84%
Supplies	$33,046	$204,304	$508,148	$303,844	40.21%
Purchased Services	$240,589	$1,059,522	$1,891,265	$831,743	56.02%
Interdepartment Charges	$21,320	$107,210	$515,076	$407,866	20.81%
Depreciation	$65,250	$326,250	$828,000	$501,750	39.40%
Debt Service	-	$65,631	$50,800	($14,831)	129.19%
Other Expenses	$45,923	$242,166	$678,767	$436,601	35.68%
Total Operating Expenditures	**$1,119,256**	**$5,591,925**	**$14,766,650**	**$9,174,725**	**37.87%**
Capital Outlay					
Equipment & Furniture	-	$58,820	$90,000	$31,180	65.36%
Buildings & Land	$80,834	$83,160	$45,000	($38,160)	184.80%
Contra	-	-	($135,000)	($135,000)	0.00%
Total Capital Outlay	**$80,834**	**$141,980**	**-**	**($141,980)**	**0.00%**
Total Expenditures	**$1,200,090**	**$5,733,905**	**$14,766,650**	**$9,032,745**	**38.83%**
Other Finance (Sources)	-	-	($615,394)	($615,394)	0.00%
Net Other Financing Sources/Uses	**-**	**-**	**($615,394)**	**($615,394)**	**0.00%**
Net Increase (Decrease)	**$432,870**	**$411,113**	**-**	**($411,113)**	**0.00%**

Equity:

Attachment: May Lasata Campus reports (Lasata Campus Monthly Reports)

Ozaukee County Committee Report

Enterprise Fund Lasata Heights

For the Five Months Ending Friday, May 31, 2024

Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Public Charges for Services	$96,458	$469,573	$1,153,542	$683,969	40.71%
Other Revenue	$27	$210	$1,091	$881	19.25%
Total Revenues	**$96,485**	**$469,783**	**$1,154,633**	**$684,850**	**40.69%**
Expenditures					
Salaries	$20,195	$102,033	$249,010	$146,977	40.98%
Fringe Benefits	$8,583	$49,727	$114,825	$65,098	43.31%
Travel/Training	-	-	$1,000	$1,000	0.00%
Supplies	$1,512	$21,021	$74,980	$53,959	28.04%
Purchased Services	$6,049	$70,735	$268,016	$197,281	26.39%
Interdepartment Charges	$1,015	$5,617	$15,583	$9,966	36.05%
Depreciation	$18,377	$91,885	$223,000	$131,115	41.20%
Other Expenses	$2,993	$21,509	$51,786	$30,277	41.53%
Total Operating Expenditures	**$58,724**	**$362,527**	**$998,200**	**$635,673**	**36.32%**
Capital Outlay					
Buildings & Land	-	$8,256	$45,000	$36,744	18.35%
Contra	-	-	($45,000)	($45,000)	0.00%
Total Capital Outlay	**-**	**$8,256**	**-**	**($8,256)**	**0.00%**
Total Expenditures	**$58,724**	**$370,783**	**$998,200**	**$627,417**	**37.15%**
Other Finance Uses	-	-	$156,433	$156,433	0.00%
Net Other Financing Sources/Uses	**-**	**-**	**$156,433**	**$156,433**	**0.00%**
Net Increase (Decrease)	**$37,761**	**$99,000**	**-**	**($99,000)**	**0.00%**

Equity:

Attachment: May Lasata Campus reports (Lasata Campus Monthly Reports)

Ozaukee County Committee Report

Enterprise Fund Lasata RCAC

For the Five Months Ending Friday, May 31, 2024

Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Public Charges for Services	$280,809	$1,311,357	$3,182,784	$1,871,427	41.20%
Other Revenue	$368	$1,048	$8,000	$6,952	13.10%
Total Revenues	**$281,177**	**$1,312,405**	**$3,190,784**	**$1,878,379**	**41.13%**
Expenditures					
Salaries	$91,238	$456,080	$1,047,364	$591,284	43.55%
Fringe Benefits	$29,314	$182,199	$405,503	$223,304	44.93%
Travel/Training	-	-	$1,000	$1,000	0.00%
Supplies	$15,207	$68,097	$176,650	$108,553	38.55%
Purchased Services	$15,227	$121,569	$379,375	$257,806	32.04%
Interdepartment Charges	$4,211	$21,595	$56,477	$34,882	38.24%
Depreciation	$30,287	$151,435	$365,900	$214,465	41.39%
Debt Service	-	$62,338	$173,425	$111,087	35.95%
Other Expenses	$4,942	$33,845	$126,129	$92,284	26.83%
Total Operating Expenditures	**$190,426**	**$1,097,158**	**$2,731,823**	**$1,634,665**	**40.16%**
Capital Outlay					
Equipment & Furniture	-	-	$15,000	$15,000	0.00%
Buildings & Land	-	-	$30,000	$30,000	0.00%
Contra	-	-	($45,000)	($45,000)	0.00%
Total Expenditures	**$190,426**	**$1,097,158**	**$2,731,823**	**$1,634,665**	**40.16%**
Other Finance Uses	-	-	$458,961	$458,961	0.00%
Net Other Financing Sources/Uses	**-**	**-**	**$458,961**	**$458,961**	**0.00%**
Net Increase (Decrease)	**$90,751**	**$215,247**	**-**	**($215,247)**	**0.00%**

Equity:

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **Veterans Service**
DIRECTOR: **Kevin Johnson**
PREPARER: **Kevin Johnson**

Agenda Summary Veterans Services Report

ATTACHMENTS:

- 2024 Ozaukee County Committee Report. PnL Actual to Amended Budget.MAY (PDF)

HEALTH AND HUMAN SERVICES COMMITTEE

Ozaukee County Committee Report

General Fund Veterans Services

For the Five Months Ending Friday, May 31, 2024

Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Intergovernmental Revenues	$17,875	$17,875	$20,000	$2,125	89.38%
Public Charges for Services	$230	$640	$1,500	$860	42.67%
Interest Revenue	$101	$499	$50	($449)	998.00%
Total Revenues	**$18,206**	**$19,014**	**$21,550**	**$2,536**	**88.23%**
Expenditures					
Salaries	$12,716	$64,374	$167,194	$102,820	38.50%
Fringe Benefits	$4,976	$26,366	$53,929	$27,563	48.89%
Travel/Training	$1,464	$3,513	$10,800	$7,287	32.53%
Supplies	-	$6,330	$1,100	($5,230)	575.45%
Purchased Services	$264	$1,191	$3,690	$2,499	32.28%
Interdepartment Charges	$648	$3,182	$8,716	$5,534	36.51%
Grants	-	-	$5,000	$5,000	0.00%
Other Expenses	-	$4,956	$7,500	$2,544	66.08%
Total Operating Expenditures	**$20,068**	**$109,912**	**$257,929**	**$148,017**	**42.61%**
Capital Outlay					
Total Expenditures	**$20,068**	**$109,912**	**$257,929**	**$148,017**	**42.61%**
Net Increase (Decrease)	**($1,862)**	**($90,898)**	**($236,379)**	**($145,481)**	**38.45%**

Equity:

Attachment: 2024 Ozaukee County Committee Report. PnL Actual to Amended Budget.MAY (Veterans Services Report)

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE:	**June 25, 2024**
DEPARTMENT:	**County Clerk**
DIRECTOR:	**Karen Niemuth**
PREPARER:	**Tyler Quaas**

Agenda Summary Increase of Revenue Budget Amendment 2024 Lead in Water Testing and Remediation Initiative

BACKGROUND INFORMATION: The Health Department was granted a starting amount of $49,200 by DHS to initiate a lead-in-water testing and remediation partnership for licensed childcare and Early Head Start facilities in both counties. The Health Department will work to enroll childcare facilities in the Wisconsin Lead-in WTR Initiative in conjunction with our existing childhood lead poisoning campaign, providing informational materials for childcare staff and families about the dangers of childhood lead poisoning and offering free water testing (supplies provided by the State) for each facility as outlined in the attached scope of work. DHS agrees to reimburse the health department $1200 per facility to cover staff time for completion of water testing.

ANALYSIS: The health department set a goal in conjunction with DHS to register and complete testing for at least 50% of licensed facilities in Washington and Ozaukee Counties (41 facilities, equivalent to $49,200). If additional facilities agree to participate, additional funds can be requested at a later date. The health department is currently requesting approval to add the anticipated revenue for 50% of licensed facilities, to be completed in 2024.

FISCAL IMPACT: $49,200

Balance Current Year: $49,200

Next Year's Estimated Cost: $0

FUNDING SOURCE:

County Levy: $0

Non-County Levy: $49,200

Indicate source: WI DHS

RECOMMENDED MOTION: Approve

ATTACHMENTS:

- Lead in Water Grant Budget Amendment (PDF)
- DHS Lead In Water Agreement (PDF)

HISTORY:

05/28/24 Health and Human Services Committee

CLERK'S NOTE: After the meeting, the motions and votes were found to be procedurally incorrect. This item will be brought back to the Health & Human Services Committee meeting on June 25, 2024.

HEALTH AND HUMAN SERVICES COMMITTEE

Budget Amendment Request Committee Approval Form

OZAUKEE COUNTY

Resolution No: ____________

Period Transfer Recorded: ____________

TO: **Finance Committee**

FROM: **Public Health Department**

Department Name

Date of Request: **5/28/2024**

Type of Budget Amendment (check one)

Increase of Revenue:	X
Fund Transfer:	
Supplemental Appropriations:	

Debit / Expense			Credit / Revenue		
Acct #	**204-1-01-51101-000**	$ **49,200**	A/C #	**204-1-01-49302-000**	$ **49,200**
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc	Salaries		Cost Ctr & A/C Desc	Other Revenue	
Acct #		$	A/C #		$ -
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc			Cost Ctr & A/C Desc		
Acct #		$	A/C #		$ -
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc			Cost Ctr & A/C Desc		
Acct #		$	A/C #		$ -
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc			Cost Ctr & A/C Desc		
Acct #		$	A/C #		$ -
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc			Cost Ctr & A/C Desc		
Acct #		$ -	A/C #		$ -
	Pre-request Account's Budget -	*Changed To* -		*Pre-request Account's Budget* -	*Changed To* -
Cost Ctr & A/C Desc			Cost Ctr & A/C Desc		
	Total Debits:	49,200		Total Credits:	49,200

Reason for Request (Be Specific). Also fill out Support Document for County Board.

The Health Department was granted a starting amount of $49,200 by DHS to initiate a lead-in-water testing and remediation partnership for licensed childcare and Early Head Start facilities in both counties. The Washington Ozaukee Public Health Department will work to enroll childcare facilities in the Wisconsin Lead-in WTR Initiative, providing informational materials for staff and families about the dangers of childhood lead poisoning and offering free water testing (supplies provided by the State) for each facility as outlined in the attached scope of work. DHS agrees to reimburse the department $1200 per facility to cover staff time for testing. The health department set a goal in conjunction with DHS to register and complete testing for at least 50% of licensed facilities in Washington and Ozaukee Counties (41 facilities, equivalent to $49,200). If additional facilities agree to participate, additional funds can be requested at a later date.

Department Head Signature ____________ TYPE IN Oversight Committee Chairperson's Name ____________

Oversight Committee Members **Finance Committee Members**

Date of Meeting ____________ Date of Meeting ____________

Date Amended: ____________ *Budget Amended By:* ____________

Attachment: Lead in Water Grant Budget Amendment (INC REV Lead Testing)

Wisconsin Department of Health Services
Contract Centralization Legal Review

Agreement Number: **435100-G24-LeadTestRem-28**

Bureau of Procurement and Contracting (BPC) Review:

☒ This agreement uses a BPC template with Office of Legal Counsel (OLC) approved language.

☐ This agreement uses intergovernmental cooperative purchasing.

OLC Review Required:

☐ This agreement does not use a BPC template with Office of Legal Counsel (OLC) approved language or uses a BPC template with requested language changes.

Description:
Please indicate any information that will help the OLC reviewer recall the result of the review of this document.

Office of Legal Counsel (OLC) Review and Approval:

☒ This agreement has been reviewed for form and approved by the Wisconsin Department of Health Services Office of Legal Counsel.

DocuSigned by:
Cody Wagner
31F480248CFC464...

5/13/2024

Name: Cody Wagner
Title: Office of Legal Counsel

Date Signed

Revision: 8/2/2022 (previous versions obsolete)

Bureau of Procurement and Contracting
Procurement Authority Review
(Not required for CARS/GEARS agreements)

Submitting division: DPH

Division submitter: Madelyn Reinagel

Procurement authority:

☐ Request for Bid (provide solicitation#):
☐ Request for Proposal (provide solicitation#):
☐ Request for Services
☐ Waiver (provide waiver#):
☐ Simplified Bid
☐ Interagency
☒ Grant exemption (provide GE#): 31
☐ Other (describe):

Appropriation (if applicable): 15000

Revision: 8/2/2022 (previous versions obsolete)

GRANT AGREEMENT
between the
State of Wisconsin Department of Health Services
and
Washington Ozaukee Public Health Department
for
Lead-in-Water Testing and Remediation Initiative

DHS Grant Agreement No.: 435100-G24-LeadTestRem-28
DPH Contract No.: 64090
Agreement Amount: $49,200
Agreement Term Period: 04/01/2024 to 09/30/2024

DHS Division: Division of Public Health
DHS Grant Administrator: Madelyn Reinagel
DHS Telephone: 608-266-0381
DHS Email: madelyn.reinagel@dhs.wisconsin.gov

Grantee Grant Administrator: Hannah Kuehn
Grantee Telephone: 262-284-8170
Grantee Email: Hannah.kuehn@washozwi.gov
Grantee Unique Entity Identifier (UEI) Name:
Grantee Unique Entity Identifier (UEI) Number:
Grantee Supplier ID: 0000071937

DHS and the Grantee acknowledge that they have read the Agreement and the attached documents, understand them and agree to be bound by their terms and conditions. Further, DHS and the Grantee agree that the Agreement and the exhibits and documents incorporated herein by reference are the complete and exclusive statement of agreement between the parties relating to the subject matter of the Agreement and supersede all proposals, letters of intent or prior agreements, oral or written and all other communications and representations between the parties relating to the subject matter of the Agreement. DHS reserves the rights to reject or cancel Agreements based on documents that have been altered. This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature exceeds sixty (60) days, unless waived by DHS.

State of Wisconsin
Department of Health Services

Authorized Representative

Name: ______________________

Title: ______________________

Signature: ______________________

Date: ______________________

Grantee
Entity Name: ______________________

Authorized Representative

Name: Kim Buechler

Title: Director/Health Officer

Signature: ______________________

Date: ______________________

TABLE OF CONTENTS

1. DEFINITIONS

Words and terms will be defined by their ordinary and usual meanings. Unless negotiated otherwise by the parties, where capitalized, the following words and terms will be defined by the meanings indicated. The meanings are applicable to the singular, plural, masculine, feminine and neuter of the words and terms.

Agency: an office, department, agency, institution of higher education, association, society or other body in State of Wisconsin government created or authorized to be created by the Wisconsin State Constitution or any law, which is entitled to expend monies appropriated by law, including the Legislature and the courts.

Assistance Listing: refers to the publicly available listing of Federal assistance programs managed and administered by the General Services Administration, formerly known as the Catalog of Federal Domestic Assistance (CFDA), pursuant to 2 C.F.R. § 200.1.

Business Associate: pursuant to 45 C.F.R. § 160.103, a business associate includes:

(i) A health information organization, e-prescribing gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires access on a routine basis to such protected health information.

(ii) A person that offers a personal health record to one or more individuals on behalf of a covered entity.

(iii) A subcontractor that creates, receives, maintains, or transmits protected health information on behalf of the business associate.

Business Day: any day on which the State of Wisconsin is open for business, generally Monday through Friday unless otherwise specified in this Agreement.

Confidential Information: all tangible and intangible information and materials being disclosed in connection with this Agreement, in any form or medium without regard to whether the information is owned by the State of Wisconsin or by a third party, which satisfies at least one (1) of the following criteria: (i) Personally Identifiable Information; (ii) Protected Health Information under HIPAA, 45 C.F.R. § 160.103; (iii) non-public information related to DHS' employees, customers, technology (including databases, data processing and communications networking systems), schematics, specifications, and all information or materials derived therefrom or based thereon; or (iv) information expressly designated as confidential in writing by DHS. Confidential Information includes all information that is restricted or prohibited from disclosure by state or federal law.

Day: calendar day unless otherwise specified in this Agreement.

DHS: Department of Health Services.

Grant Administrator: individual(s) responsible for ensuring all steps in the grant administration process are completed, including drafting grant language, negotiating grant terms, and monitoring the granted entity's performance.

Personally Identifiable Information: an individual's last name and the individual's first name or first initial, in combination with and linked to any of the following elements, if that element is not publicly available information and is not encrypted, redacted, or altered in any manner that renders the element unreadable: (a) the individual's Social Security number; (b) the individual's driver's license number or state identification number; (c) the number of the individual's financial account, including a credit or debit card account number, or any security code, access code, or password that would permit access to the individual's financial account; (d) the individual's DNA profile; or (e) the individual's unique biometric data, including fingerprint, voice print, retina or iris image, or any other unique physical representation, and any other information protected by state or federal law.

Protected Health Information (PHI): health information, including demographic information, created, received, maintained, or transmitted in any form or media by the Business Associate, on behalf of the Covered Entity, where such information relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the payment for the provision of health care to an individual, that identifies the individual or provides a reasonable basis to believe that it can be used to identify an individual.

Publicly Available Information: any information that an entity reasonably believes is one of the following: a) lawfully made widely available through any media; b) lawfully made available to the general public from federal, state, or local government records or disclosures to the general public that are required to be made by federal, state, or local law.

2. ORDER OF PRECEDENCE

This Agreement and the following documents incorporated by reference into the Agreement constitute the entire agreement of the parties and supersedes all prior communications, representations or agreements between the parties, whether oral or written. Any conflict or inconsistency will be resolved by giving precedence in the following descending order:

1. The Business Associate Agreement (BAA) if applicable.
2. The terms of this Agreement.
3. Any and all exhibits or appendices to this Agreement.

3. PARTIES

This is a grant agreement between the state agency responsible for overseeing the coordination and integration of social service programs and the Grantee listed below.

A. The Wisconsin State Agency is: The State of Wisconsin Department of Health Services (DHS).
DHS' principal business address is: 1 West Wilson Street, Room 139, Madison, Wisconsin 53703.

B. The Grantee is: Washington Ozaukee Public Health Department
The Grantee's principal business address is: 121 W Main Street., PO Box 994

4. PURPOSE AND SCOPE

This Grant Agreement (Agreement) and Exhibit(s) describe the terms and conditions under which the Grantee receives an award from DHS to carry out part of a state and/or federal program.

The Grantee agrees to provide goods and/or care and services consistent with the purposes and conditions of the objectives that it has agreed to attain within the Agreement period as referred to in the attached exhibit(s).

4.1 **List of Exhibits**
Exhibit 1: Scope of Work

5. CONTACT INFORMATION

DHS Grant Administrator
Grant Administrator Name: **Madelyn Reinagel**
Telephone**: 608-266-0381**
Email: **madelyn.reinagel@dhs.wisconsin.gov**

Grantee Grant Administrator
Grant Administrator Name: **Hannah Kuehn**
Telephone**: 262-284-8170**
Email: **hannah.kuehn@washozwi.gov**

DHS will mail legal notices to the Grantee's Grant Administrator at the address identified in Section 3, unless otherwise notified by the Grantee.

6. PAYMENT FOR GRANT AWARD

Invoices presented for payment must be submitted in accordance with instructions contained on the purchase order including reference to purchase order number and submittal to the correct address for processing.

A. *Prompt Payment Law*: DHS shall pay properly submitted Supplier invoices within thirty (30) days of receipt, providing that the services to be provided to DHS have been delivered, rendered, or installed (as the case may be), and accepted as specified in this Agreement and all documents incorporated herein by reference. A good faith dispute in regard to an invoice creates an exception to prompt payment pursuant to Wis. Stat. § 16.528
B. *State Tax Exemption*: DHS is exempt from payment of Wisconsin sales or use tax on all purchases.
C. *Payment Offsets for Grantee's Delinquency*: The State of Wisconsin may offset payments made to the Grantee under this Agreement in an amount necessary to satisfy a certified or verifiable delinquent payment owed to the State or any state or local unit of government. DHS reserves the right to cancel this Agreement as provided in Agreement Cancellation, if the delinquency is not satisfied by the offset or other means during the Agreement term.
D. *Refund of Credits*: DHS may request a refund of credits owed at any time. Grantee agrees to refund credits owed within sixty (60) days of DHS's request.

7. REPORTING

A. The Grantee shall comply with DHS' program reporting requirements as specified in the Scope of Work.
B. The required reports shall be forwarded to DHS Grant Administrator according to the schedule established by DHS.

8. FEDERAL AND STATE RULES AND REGULATIONS

A. The Grantee agrees to meet state and federal laws, rules, regulations, and program policies applicable to this Agreement.
B. The Grantee will act solely in its independent capacity and not as an employee of DHS. The Grantee shall not be deemed or construed to be an employee of DHS for any purpose.
C. The Grantee agrees to comply with Public Law 103-227, also known as the Pro-Children Act of 2001, which prohibits tobacco smoke in any portion of a facility owned, leased, or granted for or by an entity that receives federal funds, either directly or through the state, for the purpose of providing services to children under the age of 18.
D. Pursuant to 2021 Wisconsin Executive Order 122, use of state funds for conversion therapy is expressly disallowed. 'Conversion therapy' does not include: any practice or treatment that provides acceptance, support, or understanding to an individual, or any practice or treatment that facilitates an individual's coping, social support, or identity exploration and development, so long as such practices or treatments do not seek to change sexual orientation or gender identity; any practice or treatment that is neutral with regard to sexual orientation or gender identity and that seeks to prevent or address unlawful conduct or unsafe practices, or any practice or treatment that assists an individual seeking to undergo a gender transition or who is in the process of undergoing a gender transition.
E. Pursuant to 2023 Executive Order 184, grantee agrees it does not sell any products prohibited in the Order. In addition, grantee agrees that in fulfillment of its responsibilities under the Contract that no subcontractor relationship exists that would violate the prohibitions outlined in the Order.
F. If federally funded, pursuant to 2 C.F.R. §200.322, the requirements of 2 C.F.R. §200.322 must be included in this award. The following clauses are hereby incorporated into this Contract and are enforceable as if restated herein in their entirety by reference to the following link: https://www.govregs.com/regulations/title2_chapterII_part200_subpartD_subjgrp29_section200.322

9. AFFIRMATIVE ACTION

Pursuant to 2019 Wisconsin Executive Order 1, contractor agrees it will hire only on the basis of merit and will not discriminate against any persons performing a contract, subcontract or grant because of military or veteran status, gender identity or expression, marital or familial status, genetic information or political affiliation.

As required by Wisconsin's Contract Compliance Law, Wis. Stat. § 16.765 and Wis. Admin. Code § Adm 50.04, the Grantee must agree to equal employment and affirmative action policies and practices in its employment programs:

The Grantee agrees to make every reasonable effort to develop a balance in either its total workforce or in the project-related workforce that is based on a ratio of work hours performed by handicapped persons, minorities, and women except that, if the department finds that the Grantee is allocating its workforce in a manner which circumvents the intent of this chapter, the Department may require the Grantee to attempt to create a balance in its total workforce. The balance shall be at least proportional to the percentage of minorities and women present in the relevant labor markets based on data prepared by the Wisconsin Department of Workforce Development (DWD), the Office of Federal Contract Compliance Programs or by another appropriate governmental entity. In the absence of any reliable data, the percentage for qualified handicapped persons shall be at least 2% for whom a Grantee must make a reasonable accommodation.

The Grantee must submit an Affirmative Action Plan within fifteen (15) working days of the signed Agreement. Exemptions exist, and are noted in the Instructions for Grantees posted on the following website under DOA-3021P: https://doa.wi.gov/Pages/SBOPForms.aspx.

The Grantee must submit its Affirmative Action Plan or request for exemption from filing an Affirmative Action Plan to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

10. CIVIL RIGHTS COMPLIANCE

As required by Wis. Stat. § 16.765, in connection with the performance of work under this Agreement, the Grantee agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in Wis. Stat. § 51.01(5), sexual orientation or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the Grantee further agrees to take affirmative action to ensure equal employment opportunities. The Grantee agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.

The Grantee must file a Civil Rights Compliance Letter of Assurance (CRC LOA) for the current compliance period, within fifteen (15) working days of the effective date of the Agreement. If the Grantee employs fifty (50) or more employees and receives at least $50,000 in funding, the Grantee must complete a Civil Rights Compliance Plan (CRC Plan) unless the grantee meets one of the limited exceptions. The current Civil Rights Compliance Requirements and all appendices are hereby incorporated by reference into this Agreement and are enforceable as if restated herein in their entirety. The Civil Rights Compliance Requirements, including the CRC LOA form and the template and instructions for the CRC Plan can be found at https://www.dhs.wisconsin.gov/civil-rights/requirements.htm or by contacting:

Department of Health Services
Civil Rights Compliance
Attn: Civil Rights Compliance Officer
1 West Wilson Street, Room 651
P.O. Box 7850
Madison, WI 53707-7850
Telephone: (608) 267-4955 (Voice)
711 or 1-800-947-3529 (TTY)
Fax: (608) 267-1434
Email: DHSCRC@dhs.wisconsin.gov

The CRC Plan must be kept on file by the Grantee and made available upon request to any representative of DHS. Civil Rights Compliance Letters of Assurances should be sent to:

Department of Health Services
Division of Enterprise Services
Bureau of Procurement and Contracting
Affirmative Action Plan/CRC Coordinator
1 West Wilson Street, Room 672
P.O. Box 7850
Madison, WI 53707
dhscontractcompliance@dhs.wisconsin.gov

The Grantee agrees to cooperate with DHS in any complaint investigations, monitoring or enforcement related to civil rights compliance of the Grantee or its Subgrantee(s) under this Agreement. DHS agrees to coordinate with the Grantee in its efforts to comply with the Grantee's responsibilities under these nondiscrimination provisions.

11. CONFIDENTIAL, PROPRIETARY, AND PERSONALLY IDENTIFIABLE INFORMATION

In connection with the performance of the work prescribed in this Agreement, it may be necessary for DHS to disclose to the Grantee certain information that is considered to be confidential, proprietary, or containing Personally Identifiable Information (Confidential Information). The Grantee shall not use such Confidential Information for any purpose other than the limited purposes set forth in this Agreement, and all related and necessary actions taken in fulfillment of the obligations herein. The Grantee shall hold all Confidential Information in confidence, and shall not disclose such Confidential Information to any persons other than those directors, officers, employees, and agents who have a business-related need to have access to such Confidential Information in furtherance of the limited purposes of this Agreement and who have been apprised of, and agree to maintain, the confidential nature of such information in accordance with the terms of this Agreement.

The Grantee shall institute and maintain such security procedures as are commercially reasonable to maintain the confidentiality of the Confidential Information while in its possession or control including transportation, whether physically or electronically. DHS may conduct a compliance review of the Grantee's security procedures to protect Confidential Information under Section 18 (Audits) of this Agreement.

The Grantee shall ensure that all indications of confidentiality contained on or included in any item of Confidential Information shall be reproduced by the Grantee on any reproduction, modification, or translation of such Confidential Information. If requested by DHS, the Grantee shall make a reasonable effort to add a proprietary notice or indication of confidentiality to any tangible materials within its possession that contain Confidential Information of DHS, as directed.

The Grantee or its employees and Subgrantees will not reuse, sell, make available, or make use in any format the data researched or compiled for this Agreement for any venture, profitable or not, outside this Agreement.

The restrictions herein shall survive the termination of this Agreement for any reason and shall continue in full force and effect and shall be binding upon the Grantee or its agents, employees, successors, assigns, Subgrantee, or any party claiming an interest in this Agreement on behalf of or under the rights of Grantee following any termination. Grantee shall advise all of their agents, employees, successors, assigns and Subgrantee which are engaged by the State of the restrictions, present and continuing, set forth herein. Grantee shall defend and incur all costs, if any, for actions that arise as a result of noncompliance by Grantee, its agents, employees, successors, assigns and Subgrantee regarding the restrictions herein.

A. *Reporting to DHS*: Grantee shall immediately report within five (5) business days or less to DHS any use or disclosure of Confidential Information not provided for by this Agreement, of which it becomes aware, per state and federal requirements, as stated in any and all exhibits or appendices to this Agreement. Grantee shall cooperate with DHS' investigation, analysis, notification and mitigation activities, and shall be responsible for all costs incurred by DHS for those activities.
B. *Indemnification:* In the event of a breach of this section by Grantee, Grantee shall indemnify and hold harmless DHS and any of its officers, employees, or agents from any claims arising from the acts or omissions of the

Grantee, and its Subgrantee, employees and agents, in violation of this section, including but not limited to, costs of credit monitoring and identity theft restoration coverage for one (1) year of coverage from the date the individual enrolls, of all persons whose Confidential Information was disclosed, disallowances or penalties from federal oversight agencies, and any court costs, expenses, and reasonable attorney fees, incurred by DHS in the enforcement of this section.

C. *Equitable Relief:* The Grantee acknowledges and agrees that the unauthorized use, disclosure, or loss of Confidential Information may cause immediate and irreparable injury to the individuals whose information is disclosed and to DHS, which injury will not be compensable by money damages and for which there is not an adequate remedy available by law. Accordingly, the parties specifically agree that DHS, in its own behalf or on behalf of the affected individuals, may seek injunctive or other equitable relief to prevent or curtail any such breach, threatened or actual, without posting security and without prejudice to such other rights as may be available under this Agreement or applicable law.

D. *Liquidated Damages:* The Grantee agrees that an unauthorized use or disclosure of Confidential Information may result in damage to the State's reputation and ability to serve the public interest in its administration of programs affected by this Agreement. Such amounts of damages which will be sustained are not calculable with any degree of certainty and thus shall be set forth herein. Assessment under this provision is in addition to other remedies under this Agreement and as provided in law or equity. DHS shall assess reasonable damages as appropriate and notify the Grantee in writing of the assessment. The Grantee shall automatically deduct any assessed damages from the next appropriate monthly invoice, itemizing the assessment deductions on the invoice. Liquidated Damages shall not exceed the following:
   1. $1,000 for each individual whose Confidential Information was used or disclosed;
   2. $2,500 per day for each day that the Grantee fails to substantially comply with the Corrective Action Plan under this Section

E. *HIPAA:* The Grantee **NOT** a "Business Associate" pursuant to the definition under the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated thereunder specifically 45 C.F.R. § 160.103. If the parties are Business Associates, then the parties shall comply with DHS' Business Associate Agreement.

   If the Grantee is a Business Associate, the Grantee agrees to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191 and with the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Parts 160 and 164 applicable to Business Associates. As defined herein, "Business Associate" shall mean the Grantee and Subgrantee and agents of the Grantee that receive, use or have access to protected health information under this Agreement and "Covered Entity" shall mean the State of Wisconsin, Department of Health Services**.**

   In agreements for the provision of services, activities, or functions covered by the Health Insurance Portability and Accountability act of 1996 (HIPAA), the Grantee as a Business Associate must complete a Business Associate Agreement (BAA) F-00759. This document must be fully executed before Agreement performance begins.

This Section shall survive the termination of the Agreement.

12. HIGH-RISK IT REVIEW

Pursuant to Wis. Stat. 16.973(13), Contractor is required to submit, via the contracting agency, to the Department of Administration for approval any order or amendment that would change the scope of the contract and have the effect of increasing the contract price. The Department of Administration shall be authorized to review the original contract and the order or amendment to determine whether the work proposed in the order or amendment is within the scope of the original contract and whether the work proposed in the order or amendment is necessary. The Department of Administration may assist the contracting agency in negotiations regarding any change to the original contract price.

13. SUBGRANT or SUBCONTRACT

A. DHS reserves the right of approval of any Grantee's further contracts, grants, contractors, or grantees under this Agreement, and the Grantee shall report information relating to any further contract, grants, contractors, or grantees to DHS. A change in any further contractor or grantee or a change from a direct service provision to a further contractor or grantee may only be executed with the prior written approval of DHS. In addition, DHS approval may be required regarding the terms and conditions of any further contracts or grants and the further contractor or grantee selected. Approval of any further contracts, grants, contractors, or grantees will be withheld if DHS reasonably believes that the intended further contractor or grantee will not be a responsible contractor or grantee in terms of services provided and costs billed.

B. The Grantee retains responsibility for fulfillment of all terms and conditions of this Agreement when it enters into any further contract or grant and will be subject to enforcement of all the terms and conditions of this Agreement.

14. GENERAL PROVISIONS

A. Any payments of monies to the Grantee by DHS for goods and/or services provided under this Agreement shall be deposited in a Federal Deposit Insurance Corporation (the "FDIC") insured bank. Any balance exceeding FDIC coverage must be collaterally secured.

B. The Grantee shall conduct all procurement transactions in a manner that provides maximum open and free competition.

C. If a state public official (*see* Wis. Stat. § 19.42), a member of a state public official's immediate family, or any organization in which a state public official or a member of the official's immediate family owns or controls at least a 10 percent (10%) interest is a party to this Agreement and if this Agreement involves payment of more than $3,000 within a 12-month period, this Agreement is void unless appropriate written disclosure is made, according to Wis. Stat. § 19.45(6), before signing the Agreement. Written disclosure, if required, must be made to the State of Wisconsin Ethics Commission at:

Wisconsin Ethics Commission
PO Box 7125
Madison, WI 53707-7125
Fax: (608) 264-9319

D. If the Grantee or Subgrantee is a corporation other than a Wisconsin corporation, it must demonstrate, prior to providing services under this Agreement, that it possesses a *Certificate of Authority* from the State of Wisconsin Department of Financial Institutions, and must have and continuously maintain a registered agent, and otherwise conform to all requirements of Wis. Stat. chs. 180 and 181 relating to foreign corporations.

E. The Grantee agrees that funds provided under this Agreement shall be used to supplement or expand the Grantee's efforts, not to replace or allow for the release of available Grantee funds for alternative uses.

15. ACCOUNTING REQUIREMENTS

A. The Grantee's accounting system shall allow for accounting for individual grants, permit timely preparation of expenditure reports required by DHS as contained in Section 6 of this Agreement, and support expenditure reports submitted to DHS.

B. The Grantee shall reconcile costs reported to DHS for reimbursement or as match to expenses recorded in the Grantee's accounting or simplified bookkeeping system on an ongoing and periodic basis. The Grantee agrees to complete and document reconciliation at least quarterly and to provide a copy to DHS upon request. The Grantee shall retain the reconciliation documentation according to approved records retention requirements.

C. Expenditures of funds from this Agreement must meet the Department's allowable cost definitions as defined in the Department's Allowable Cost Policy Manual (https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm).

16. CHANGES IN ACCOUNTING PERIOD

A. The Grantee shall notify DHS of any change in its accounting period and provide proof of Internal Revenue Service (IRS) approval for the change.

B. Proof of IRS approval shall be considered verification that the Grantee has a substantial business reason for changing its accounting period.

C. A change in accounting period shall not relieve the Grantee of the reporting or audit requirements of this Agreement. An audit meeting the requirements of this Agreement shall be submitted within ninety (90) days after the first day of the start of the new accounting period for the short accounting period and within one hundred and eighty (180) days of the close of the new accounting period for the new period. For purposes of determining audit requirements, expenses and revenues incurred during the short accounting period shall be annualized.

17. PROPERTY MANAGEMENT REQUIREMENTS

A. Property insurance coverage will be provided by the Grantee for fire and extended coverage of any equipment funded under this Agreement which DHS retains ownership of and which is in the care, custody, and control of the Grantee.

B. DHS shall have all ownership rights in any computer hardware supplied by DHS as a result of this Agreement. DHS shall have all ownership rights in any software or modifications thereof and associated documentation that is designed and installed or developed and installed under this Agreement. The Grantee shall have all ownership rights in any computer hardware funded under this Agreement and will have a nonexclusive, nontransferable license to use for its purposes of the software or modifications and associated documentation that is designed and/or installed under this Agreement.

C. The Grantee agrees that if any materials are developed under this Agreement, DHS shall have a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use and to authorize others to use such materials. Any discovery or invention arising out of, or developed in the course of, work aided by this Agreement shall be promptly and fully reported to DHS.

18. AUDITS

A. *Requirement to Have an Audit*: Unless waived by DHS, the Grantee shall submit an annual audit to DHS if the total amount of annual funding provided by DHS (from any and all of its Divisions or subunits taken collectively) through this and other Grants is $100,000 or more. In determining the amount of annual funding provided by DHS, the Grantee shall consider both: (a) funds provided through direct Grants with DHS; and (b) funds from DHS passed through another agency which has one or more Grants with the Grantee.

B. *Audit Requirements*: The audit shall be performed in accordance with generally accepted auditing standards, Wis. Stat. § 46.036, Government Auditing Standards as issued by the U.S. Government Accountability Office, and other provisions specified in this agreement. In addition, the Grantee is responsible for ensuring that the audit complies with other standards and guidelines that may be applicable depending on the type of services provided and the amount of pass-through dollars received. Please reference the following audit documents for complete audit requirements:
   - 2 Code of Federal Regulations (C.F.R.), Part 200 - Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F - Audits. The guidance also includes an Annual Compliance Supplement that details specific federal agency rules for accepting federal subawards.
   - The State Single Audit Guidelines (SSAG) expand on the requirements of 2 C.F.R. Part 200 Subpart F by identifying additional conditions that require a state single audit. Section 1.3 of the SSAG lists the required conditions.
   - DHS Audit Guide is an appendix to the SSAG and contains additional DHS-specific audit guidance for those entities who meet the SSAG requirements. It also provides guidance for those entities that are not required to have a Single Audit but need to comply with DHS subrecipient/contractor audit requirements. An audit report is due to DHS if a subrecipient/contractor receives more than $100,000 in pass-through money from DHS as determined by Wis. Stat. § 46.036.

C. *Source of Funding:* DHS shall provide funding information to all subrecipient/contractors for audit purposes, including the name of the program, the federal agency where the program originated, the Assistance Listing number and the percentages of federal, state and local funds constituting the agreement.

D. *Reporting Package*: The subrecipient/contractor that is required to have a Single Audit based on 2 C.F.R. Part 200 Subpart F and the State Single Audit Guide is required to submit to DHS a reporting package which includes all of the following:
   1. General-purpose financial statements of the overall agency and a schedule of expenditures of federal and state awards, including the independent auditor’s opinion on the statements and schedule.
   2. Schedule of findings and questioned costs, schedule of prior audit findings, corrective action plan and the management letter (if issued).
   3. Report on compliance and on internal control over financial reporting based on an audit performed in accordance with government auditing standards.
   4. Report on compliance for each major program and a report on internal control over compliance.
   5. Report on compliance with requirements applicable to the federal and state program and on internal control over compliance in accordance with the program-specific audit option.
   6. * DHS Cost Reimbursement Award Schedule. This schedule is required by DHS if the subrecipient/contractor is a non-profit, for-profit, a governmental unit other than a tribe, county, Chapter 51 board or school district;

if the subrecipient/contractor receives funding directly from DHS; if payment is based on or limited to an actual allowable cost basis; and if the auditee reported expenses or other activity resulting in payments totaling $100,000 or more for all of its grant(s) or contract(s) with DHS.

7. *Reserve Schedule is only required if the subrecipient/contractor is a non-profit and paid on a prospectively set rate.
8. *Allowable Profit Schedule is only required if the subrecipient/contractor is a for-profit entity.
9. *Additional Supplemental Schedule(s) required by funding agency may be required. Check with the funding agency.

*NOTE: These schedules are only required for certain types of entities or specific financial conditions.
For subrecipient/contractors that do not meet the federal audit requirements of 2 C.F.R. Part 200 and SSAG, the audit reporting package to DHS shall include all of the above items except items 4 and 5.

E. *Audit Due Date*: Audits that must comply with 2 C.F.R. Part 200 and the State Single Audit Guidelines are due to the granting agencies nine months from the end of the fiscal period or thirty (30) days from completion of the audit, whichever is sooner. For all other audits, the due date is six months from the end of the fiscal period unless a different date is specified within the contract or grant agreement.

F. *Sending the Reporting Package*: Audit reports shall be sent by the auditor via email to DHSAuditors@Wisconsin.gov with "cc" to the subrecipient/auditee. The audit reports shall be electronically created pdf files that are text searchable, unlocked, and unencrypted. (Note: To ensure that pdf files are unlocked and text-searchable, do not scan a physical copy of the audit report and do not change the default security settings in your pdf creator.)

G. *Access to Subrecipient Records*: The auditee must provide the auditor with access to personnel, accounts, books, records, supporting documentation, and other information as needed for the auditor to perform the required audit. The auditee shall permit appropriate representatives of DHS to have access to the auditee's records and financial statements as necessary to review the auditee's compliance with federal and state requirements for the use of the funding. Having an independent audit does not limit the authority of DHS to conduct or arrange for other audits or review of federal or state programs. DHS shall use information from the audit to conduct their own reviews without duplication of the independent auditor's work.

H. *Access to Auditor's Work Papers*: The auditor shall make audit work papers available upon request to the auditee, DHS or their designee as part of performing a quality review, resolving audit findings, or carrying out oversight responsibilities. Access to working papers includes the right to obtain copies of working papers.

I. *Failure to Comply with the Audit Requirements*: DHS may impose sanctions when needed to ensure that auditees have complied with the requirements to provide DHS with an audit that meets the applicable standards and to administer state and federal programs in accordance with the applicable requirements. Examples of situations when sanctions may be warranted include:
1. The auditee did not have an audit.
2. The auditee did not send the audit to DHS or another granting agency within the original or extended audit deadline.
3. The auditor did not perform the audit in accordance with applicable standards, including the standards described in the SSAG.
4. The audit reporting package is not complete; for example, the reporting package is missing the corrective action plan or other required elements.
5. The auditee does not cooperate with DHS or another granting agency's audit resolution efforts; for example, the auditee does not take corrective action or does not repay disallowed costs to the granting agency.

J. *Sanctions:* DHS will choose sanctions that suit the particular circumstances and also promote compliance and/or corrective action. Possible sanctions may include:
1. Requiring modified monitoring and/or reporting provisions;
2. Delaying payments, withholding a percentage of payments, withholding or disallowing overhead costs, or suspending the award until the auditee is in compliance;
3. Disallowing the cost of audits that do not meet these standards;
4. Conducting an audit or arranging for an independent audit of the auditee and charging the cost of completing the audit to the auditee;
5. Charging the auditee for all loss of federal or state aid or for penalties assessed to DHS because the auditee did not comply with audit requirements;
6. Assessing financial sanctions or penalties;
7. Discontinuing contracting with the auditee; and/or
8. Taking other action that DHS determines is necessary to protect federal or state pass-through funding.

K. *Closeout Audits*: An agreement specific audit of an accounting period of less than 12 months is required when an agreement is terminated for cause, when the auditee ceases operations or changes its accounting period (fiscal year). The purpose of the audit is to close-out the short accounting period. The required close-out agreement specific audit may be waived by DHS upon written request from the subrecipient/contractor, except when the agreement is terminated for cause. The required close-out audit may not be waived when an agreement is terminated for cause.
The auditee shall ensure that its auditor contacts DHS prior to beginning the audit. DHS, or its representative, shall have the opportunity to review the planned audit program, request additional compliance or internal control testing and attend any conference between the auditee and the auditor. Payment of increased audit costs, as a result of the additional testing requested by DHS, is the responsibility of the auditee.
DHS may require a close-out audit that meets the audit requirements specified in 2 C.F.R. Part 200 Subpart F. In addition, DHS may require that the auditor annualize revenues and expenditures for the purposes of applying 2 C.F.R. Part 200 Subpart F and determining major federal financial assistance programs. This information shall be disclosed in a note within the schedule of federal awards. All other provisions in 2 C.F.R. Part 200 Subpart F-Audit Requirements apply to close-out audits unless in conflict with the specific close-out audit requirements.

19. OTHER ASSURANCES

A. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due liabilities to the federal government, state government, or their agents for income tax withholding, Federal Insurance Contributions Act (FICA) tax, worker's compensation, unemployment compensation, garnishments or other employee related liabilities, sales tax, income tax of the Grantee, or other monies owed. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the unit of government to which the monies are owed, the expected payment date, and other related information.
B. The Grantee shall notify DHS in writing, within thirty (30) days of the date payment was due, of any past due payment in excess of $500 or when total past due liabilities to any one or more vendors exceed $1,000 related to the operation of this Agreement for which DHS has reimbursed or will reimburse the Grantee. The written notice shall include the amount owed, the reason the monies are owed, the due date, the amount of any penalties or interest (known or estimated), the vendor to which the monies are owed, the expected payment date, and other related information. If the liability is in dispute, the written notice shall contain a discussion of facts related to the dispute and the information on steps being taken by the Grantee to resolve the dispute.
C. DHS may require written assurance at the time of entering into this Agreement that the Grantee has in force, and will maintain for the course of this Agreement, employee dishonesty bonding in a reasonable amount to be determined by DHS up to $500,000.

20. RECORDS

A. The Grantee shall maintain written and electronic records as required by state and federal law and required by program policies.
B. The Grantee and its Subgrantee(s) or Subcontractor(s) shall comply with all state and federal confidentiality laws concerning the information in both the records it maintains and in any of DHS' records that the Grantee accesses to provide services under this Agreement.
C. The Grantee and its Subgrantee(s) or Subcontractor(s) will allow inspection of records and programs, insofar as is permitted by state and federal law, by representatives of DHS, its authorized agents, and federal agencies, in order to confirm the Grantee's compliance with the specifications of this Agreement.
D. The Grantee agrees to retain and make available to DHS all program and fiscal records for six (6) years after the end of the Agreement period.
E. The use or disclosure by any party of any information concerning eligible individuals who receive services from the Grantee for any purpose not connected with the administration of the Grantee's or DHS' responsibilities under this Agreement is prohibited except with the informed, written consent of the eligible individual or the individual's legal guardian.

21. CONTRACT REVISIONS AND/OR TERMINATION

A. The Grantee agrees to renegotiate with DHS the terms and conditions of this Agreement or any part thereof in such circumstances as:

1. Increased or decreased volume of services.
2. Changes required by state and federal law or regulations or court action.
3. Increase or reduction in the monies available affecting the substance of this Agreement.

B. Failure to agree to a renegotiated Agreement under these circumstances is cause for DHS to terminate this Agreement.

C. *Non-Appropriation*: DHS reserves the right to cancel this Agreement in whole or in part without penalty if the Wisconsin Legislature, United States Congress, or any other direct funding entity contributing to the financial support of this contract fails to appropriate funds necessary to complete the contract.

D. *Termination for Cause*: DHS may terminate this Agreement after providing the Grantee with thirty (30) calendar days written notice of the Grantee's right to cure a failure of the Grantee to perform under the terms of this Agreement, if the Grantee fails to so cure or commence to cure.
The Grantee may terminate the Agreement after providing DHS a written notice, within one hundred and twenty (120) calendar days, of DHS' right to cure a failure to perform under the terms of this Agreement.
Upon the termination of this Agreement for any reason, or upon Agreement expiration, each party shall be released from all obligations to the other party arising after the date of termination or expiration, except for those that by their terms survive such termination or expiration.
Upon termination for cause, the Grantee shall be entitled to receive compensation for any deliverables' payments owed under the Agreement only for deliverables that have been approved and accepted by DHS.

E. *Termination for Convenience*: Either party may terminate this Agreement at any time, without cause, by providing a written notice. DHS must notify the Grantee at least forty-five (45) calendar days prior to the desired date of termination for convenience. The Grantee must notify DHS at least one hundred and twenty (120) calendar days prior to the desired date of termination for convenience- during this notification period, the Grantee will continue providing services in accordance with the Agreement requirements.
In the event of termination for convenience, the Grantee shall be entitled to receive compensation for any fees owed under the Agreement and shall also be compensated for partially completed services. In this event, compensation for such partially completed services shall be no more than the percentage of completion of the services requested, at the sole discretion of DHS, multiplied by the corresponding payment for completion of such services as set forth in the Agreement. Alternatively, at the sole discretion of DHS, the Grantee may be compensated for the actual service hours provided. DHS shall be entitled to a refund for goods or services paid for but not received or implemented, such refund to be paid within thirty (30) days of written notice to the Grantee requesting the refund.

F. *Cancellation*: DHS reserves the right to immediately cancel this Agreement, in whole or in part, without penalty and without an opportunity for Grantee to cure if the Grantee:
   1. Files a petition in bankruptcy, becomes insolvent, or otherwise takes action to dissolve as a legal entity;
   2. Allows any final judgment not to be satisfied or a lien not to be disputed after a legally-imposed, thirty (30)-day notice;
   3. Makes an assignment for the benefit of creditors;
   4. Fails to follow the sales and use tax certification requirements of Wis. Stat. § 77.66;
   5. Incurs a delinquent Wisconsin tax liability;
   6. Fails to submit a non-discrimination or affirmative action plan as required herein;
   7. Fails to follow the non-discrimination or affirmative action requirements of subch. II, Chapter 111 of the Wisconsin Statutes (Wisconsin's Fair Employment Law);
   8. Becomes a federally debarred Grantee;
   9. Is excluded from federal procurement and non-procurement Agreements;
   10. Fails to maintain and keep in force all required insurance, permits and licenses as provided in this Agreement;
   11. Fails to maintain the confidentiality of DHS' information that is considered to be Confidential Information, proprietary, or containing Personally Identifiable Information; or
   12. Grantee performance threatens the health or safety of a state employee or state customer.

22. NONCOMPLIANCE AND REMEDIAL MEASURES

A. Failure to comply with any part of this Agreement may be considered cause for revision, suspension, or termination of this Agreement. Suspension includes withholding part or all of the payments that otherwise would be paid to the Grantee under this Agreement, temporarily having others perform and receive reimbursement for the services to be provided under this Agreement, and any other measure DHS determines is necessary to protect the interests of the State.

B. The Grantee shall provide written notice to DHS of all instances of noncompliance with the terms of this Agreement by the Grantee or any of its Subgrantees or Subcontractors, including noncompliance with allowable cost provisions. Notice shall be given as soon as practicable but in no case later than thirty (30) days after the Grantee became aware of the noncompliance. The written notice shall include information on the reason for and effect of the noncompliance. The Grantee shall provide DHS with a plan to correct the noncompliance.

C. If DHS determines that noncompliance with this Agreement has occurred or continues to occur, it shall demand immediate correction of continuing noncompliance and seek remedial measures it deems necessary to protect the interests of the State up to and including termination of the Agreement, the imposing of additional reporting requirements and monitoring of Subgrantee or Subcontractors, and any other measures it deems appropriate and necessary.

D. If required statistical data, reports, and other required information are not submitted when due, DHS may withhold all payments that otherwise would be paid the Grantee under this Agreement until such time as the reports and information are submitted.

23. DISPUTE RESOLUTION

If any dispute arises between DHS and Grantee under this Agreement, including DHS' finding of noncompliance and imposition of remedial measures, the following process will be the exclusive administrative review:

A. *Informal Review*: DHS' and Grantee's Grant Administrators will attempt to resolve the dispute. If a dispute is not resolved at this step, then a written statement to this effect must be signed and dated by both Grant Administrators. The written statement must include all of the following:
   1. A brief statement of the issue.
   2. The steps that have been taken to resolve the dispute.
   3. Any suggested resolution by either party.

B. *Division Administrator's Review*: If the dispute cannot be resolved by the Grant Administrators, the Grantee may request a review by the Administrator of the division in which DHS Grant Administrator is employed, or if the Grant Administrator is the Administrator of the division, by the Deputy Secretary of DHS. The Division Administrator (or Deputy Secretary) must receive a request under this step within fourteen (14) days after the date of the signed unresolved dispute letter in Step A. The Division Administrator or Deputy Secretary will review the matter and issue a written determination within thirty (30) days after receiving the review request.

C. *Secretary's Review*: If the dispute is unresolved at Step B, the Grantee may request a final review by the Secretary of DHS. The Office of the Secretary must receive a request under this step within fourteen (14) days after the date of the written determination under Step B. The Secretary will issue a final determination on the matter within thirty (30) days after receiving the Step B review request.

24. FINAL REPORT DATE

A. Expenses incurred during the Agreement period but reported later than **60 days** after the period ending date will not be recognized, allowed, or reimbursed under the terms of this Agreement unless determined as allowable by DHS. In the event this occurs, an alternate payment process as determined by DHS would occur.

B. Expenses incurred outside of the Agreement period would be considered not allowable.

25. INDEMNITY

To the extent authorized under state and federal laws, DHS and the Grantee agree they shall be responsible for any losses or expenses (including costs, damages, and attorney's fees) attributable to the acts or omissions of their employees, officers, or agents.

26. CONDITIONS OF THE PARTIES' OBLIGATIONS

A. This Agreement is contingent upon authority granted under the laws of the State of Wisconsin and the United States of America, and any material amendment or repeal of the same affecting relevant funding or authority of DHS shall serve to revise or terminate this Agreement, except as further agreed to by the parties.

B. DHS and the Grantee understand and agree that no clause, term, or condition of this Agreement shall be construed to supersede the lawful powers or duties of either party.

C. It is understood and agreed that the entire Agreement between the parties is contained herein, except for those matters incorporated herein by reference, and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter thereof.

27. GOVERNING LAW

This Agreement shall be governed by the laws of the State of Wisconsin. The venue for any actions brought under this Agreement shall be the Circuit Court of Dane County, Wisconsin or the U.S. District Court for the Western District of Wisconsin, as applicable.

28. SEVERABILITY

The invalidity, illegality, or unenforceability of any provision of this Agreement or the occurrence of any event rendering any portion or provision of this Agreement void shall in no way affect the validity or enforceability of any other portion or provision of this Agreement. Any void provision shall be deemed severed from this Agreement, and the balance of this Agreement shall be construed and enforced as if it did not contain the particular portion or provision held to be void. The parties further agree to amend this Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this Article shall not prevent this entire Agreement from being void should a provision, which is of the essence of this Agreement, be determined void.

29. ASSIGNMENT

Neither party shall assign any rights or duties under this Agreement without the prior written consent of the other party.

30. ANTI-LOBBYING ACT

The Grantee shall certify to DHS that it will not and has not used federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any federal contract, grant or any other award covered by 31 U.S.C. 1352. The Grantee shall also disclose any lobbying with non-federal funds that takes place in connection with obtaining any federal award.

The Grantee shall use Standard Form LLL (SFLLL) for Disclosure of Lobbying Activities available at: https://www.gsa.gov/reference/forms/disclosure-of-lobbying-activities. A completed disclosure must be provided upon Department request.

31. DEBARMENT OR SUSPENSION

The Grantee certifies that neither the Grantee organization nor any of its principals are debarred, suspended, or proposed for debarment for federal financial assistance (including, but not limited to, General Services Administration's list of parties excluded from federal procurement and non-procurement programs). The Grantee further certifies that potential Subgrantees or Subcontractors and any of their principals are not debarred, suspended, or proposed for debarment.

32. DRUG FREE WORKPLACE

The Grantee, agents, employees, Subgrantees or Subcontractors under this Agreement shall follow the guidelines established by the Drug Free Workplace Act of 1988.

33. MULTIPLE ORIGINALS

This Agreement may be executed in multiple originals, each of which together shall constitute a single Agreement.

34. CAPTIONS

The parties agree that in this Agreement, captions are used for convenience only and shall not be used in interpreting or construing this Agreement.

35. SPECIAL PROVISIONS, IF APPLICABLE

The following special provisions are required:

None

Match Requirements:
Funding percentages:
a. Federal:
b. State:
c. Local/Other:

36. NULL AND VOID

This Agreement becomes null and void if the time between the earlier dated signature and the later dated signature of DHS' and Grantee's Authorized Representatives on this Agreement exceeds sixty (60) days inclusive of the two signature dates.

37. FEDERAL AWARD INFORMATION

FAIN (Federal Award Identification Number)	00E02760
Federal Award Date	12/12/2019; Amended 08/17/2020
Subaward period of Performance Start Date	04/01/2024
Subaward period of Performance End Date	09/30/2024
Amount of Federal Funds obligated (committed) by this action	$18,000
Total Amount of Federal Funds obligated (committed)	$18,000
Federal Award Project Description	Testing Water at Childcare Centers and Head Start Facilities
Federal Awarding Agency Name (Department)	U.S. Environmental Protection Agency
DHS Awarding Official Name	DHS Deputy Secretary, Debra K. Standridge
DHS Awarding Official Contact Information	DHSContractCentral@dhs.wisconsin.gov
Assistance Listing Number	66.444
Assistance Listing Name	Lead Testing in School and Child Care Programs Drinking Water Grant Program
Total made available under each Federal award at the time of disbursement	$1,372,000
R&D?	No
Indirect Cost Rate	7%

Exhibit 1: Scope of Work
Wisconsin Lead-in-Water Testing and Remediation Initiative
04/01/2024 – 09/30/2024
For Grant Agreement between
Washington Ozaukee Health Department (Grantee)
and
Wisconsin Childcare Lead-in-Water Testing and Remediation Initiative, Division of Public Health
Wisconsin Department of Health Services (DHS) (Grantor)
1 West Wilson Street, Rm. 145, Madison WI 53703

Workflow, Grantor and Grantee responsibilities:

Grantor (DHS) will reimburse the Grantee for expenses incurred related to implementing a water sampling program and coordinating remediation measures for the Wisconsin Lead-in-Water Testing and Remediation (Lead-in-WTR) Initiative. The Grantee will serve as the primary point of contact for the licensed group childcare and Head Start facilities (hereafter referred to collectively as "childcare facilities") enrolled in the initiative, and will:

- ✓ Ensure that all water outlets at each enrolled childcare facility are tested;
- ✓ Ensure childcare facilities receive sample results and understand what those results mean;
- ✓ Work with childcare facilities on any follow-up testing or immediate actions to reduce lead-in-water hazard exposure at the childcare facility;
- ✓ Maintain timely and effective communication with the childcare facilities throughout the grant period; and
- ✓ Report to DHS on grant activity progress throughout.

Specifically, the Grantee will:

1. Work to enroll priority childcare facilities identified by DHS, as well as other previously determined licensed group childcare facilities interested in participating in the Wisconsin Lead-in-WTR Initiative. All participating childcare facilities must be from a list provided by DHS. The grantee will prioritize the enrollment and testing at priority facilities. All enrolled childcare facilities must be licensed group childcare facilities and early Head Starts within the grantee's jurisdiction.
   1.1. Provide childcare facilities with DHS informational materials to inform staff and families of the facility's participation in the program.
   1.2. Get all necessary information from the childcare facility prior to water testing, including:
      1.2.1. An approximate number of water outlets serving the location.
      1.2.2. A floorplan of the childcare facility, including locations of the water outlets (interior and exterior), as well as where the water line comes in from the street.
2. Contact Kathleen Dax-Klister, Data Management Supervisor, at the Wisconsin State Laboratory of Hygiene (WSLH) (608-263-6575 or kathleen.daxklister@slh.wisc.edu) and relay to her the approximate number of samples needed to complete water testing at the enrolled facilities.
   2.1. Place an order for the necessary supplies.
3. Complete training from DHS on water sampling protocols.
4. Work with childcare facility personnel to complete initial water sampling of childcare facilities following DHS's guidance and water sampling checklist, making sure to keep thorough documentation of the sampling process.

4.1. Complete documentation of the assessment and sampling efforts using the coding and recordkeeping guidance provided by DHS.
4.2. Ship all water samples to the WSLH for analysis. DHS will receive and compile testing results from WSLH.
4.3. Receive all water sampling results from DHS, including which outlets require follow-up testing and immediate remediation actions within the childcare facilities.

5. Notify childcare facilities of all preliminary sampling results within one week of receipt, using the results documentation provided by DHS. Inform the facilities of the water outlets that require a second round of testing and/or short-term action steps.
   5.1. Notify childcare facility personnel of all outlets tested that produced results of ≥15 ppb lead-in-water as shown by the initial sampling.
6. Conduct follow-up water sampling, as needed, in accordance with DHS's guidance for this program.
   6.1. Request, as needed, additional sample kits from SLH.
   6.2. Coordinate with the facility to complete the follow-up sampling.
   6.3. Complete documentation on the assessment and sampling efforts using the coding and recordkeeping guidance provided by DHS.
   6.4. Ship all water samples to the WSLH for analysis. DHS will receive and compile testing results from WSLH.
7. Receive second round sample results from DHS and, within one week, notify childcare facilities of the results and the options of long-term remediation and/or replacement actions using the provided results documentation from DHS within a week of receiving the sample results.
8. Maintain communication with facilities and/or plumbers to ensure required remediation and/or replacement actions within childcare facilities is completed.
9. Coordinate final testing of all replaced water outlets to confirm that the replaced outlet is not elevated for lead in water, and the replacement was effective, following the 3Ts water testing protocol. Coordinate all sample bottles and shipping to lab as in previous sampling rounds. Receive final test results from DHS.
10. For each childcare facility, send out final report of all testing results, remediation, and replacements using DHS's report template within 2 weeks of receipt of final sampling results from DHS.

Budget: $49,200
Facility Delivery Cost
41 facilities @ $1,200 per facility. This amount includes any costs incurred for programmatic outreach and coordination with childcare facilities and plumbers, site assessment, sampling plan development and implementation, shipping costs, travel, sharing results with facilities, generation of a final facility report, and quarterly reporting to DHS.

Payment procedure:

Grantee will submit invoices to Madelyn Reinagel by email to madelyn.reinagel@dhs.wisconsin.gov. DHS will process requests for payment monthly.

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Disclosure of Lobbying Activities (Standard Form-LLL)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including Subcontracts, subgrants, and Contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

(Signature of Official Authorized to Sign Application)	(Date)
Kim Buechler	Director/Health Officer
(Print Name)	(Title)
(Agency / Contractor Name)	(Title of Program)

DEPARTMENT OF HEALTH SERVICES
Division of Enterprise Services
F-01788 (03/2022)

STATE OF WISCONSIN

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

Federal Executive Order (E.O.) 12549 "Debarment" requires that all contractors receiving individual awards, using Federal funds, and all subrecipients certify that the organization and its principals are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government. By signing this document you certify that your organization and its principals are not debarred. Failure to comply or attempts to edit this language may disqualify your bid. Information on debarment is available at www.sam.gov.

Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

SIGNATURE – Official Authorized to Sign Application	Date Signed
For *(Name of Vendor)*	Unique Entity Identifier (UEI), *if applicable*

INTERNAL USE ONLY	
Contract #:	
Contract Description:	
The Office/Division of has searched the above named Vendor against the System for Award Management system (SAM) and has confirmed as of Date the Vendor is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from doing business with the Federal Government.	
SIGNATURE – Contract Administrator	Date Signed

DocuSign

Certificate Of Completion

Envelope Id: D93CB91259064B0C8DFEBDD96D359BE4
Status: Sent
Subject: DHS - Washington Ozaukee Public HD - Lead-in-Water Testing & Remediation - 435100-G24-LeadTestRem-28
Source Envelope:

Document Pages: 24	Signatures: 1	Envelope Originator:
Certificate Pages: 5	Initials: 0	Irene Au-Young
AutoNav: Enabled		1 West Wilson St.
EnvelopeId Stamping: Enabled		Madison, WI 53703
Time Zone: (UTC-06:00) Central Time (US & Canada)		irene.auyoung@dhs.wisconsin.gov
		IP Address: 165.189.255.45

Record Tracking

Status: Original 5/13/2024 10:19:15 AM	Holder: Irene Au-Young irene.auyoung@dhs.wisconsin.gov	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: DHS	Location: DocuSign

Signer Events	Signature	Timestamp
Cody Wagner CodyW.Wagner@dhs.wisconsin.gov Office of Legal Counsel Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	DocuSigned by: Cody Wagner 31F480248CEC464... Signature Adoption: Uploaded Signature Image Using IP Address: 107.208.176.202	Sent: 5/13/2024 10:25:06 AM Viewed: 5/13/2024 11:21:55 AM Signed: 5/13/2024 12:10:35 PM
Kim Buechler kim.buechler@washozwi.gov Director/Health Officer Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/13/2024 12:44:29 PM ID: 47cf334e-5205-486b-9507-38ef2f1a0a5a		Sent: 5/13/2024 12:10:37 PM Viewed: 5/13/2024 12:44:29 PM
Jonette Arms jonette.arms@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Accepted: 5/13/2024 10:56:28 AM ID: 79059e9d-ca22-4460-971c-3033af6cde3a		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Madelyn Reinagel madelyn.reinagel@dhs.wisconsin.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 5/13/2024 10:25:07 AM
DPH Contracts DHSDPHContracts@dhs.wisconsin.gov DPH Contracts Shared Account Wisconsin Department of Health Services Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: 5/13/2024 10:25:07 AM

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/13/2024 10:25:07 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Wisconsin Department of Health Services (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Wisconsin Department of Health Services:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: DHSContractCentral@dhs.wisconsin.gov

To advise Wisconsin Department of Health Services of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Wisconsin Department of Health Services

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Wisconsin Department of Health Services

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to DHSContractCentral@dhs.wisconsin.gov and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Wisconsin Department of Health Services as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Wisconsin Department of Health Services during the course of your relationship with Wisconsin Department of Health Services.

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **Public Health**
DIRECTOR: **Kim Buechler**
PREPARER: **Tyler Quaas**

Agenda Summary Public Health

ATTACHMENTS:

- Public Health Financials (PDF)

HEALTH AND HUMAN SERVICES COMMITTEE

Ozaukee County Committee Report
Special Revenue Fund Public Health
For the Five Months Ending Friday, May 31, 2024
Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Taxes	$43,392	$216,959	$520,702	$303,743	41.67%
Intergovernmental Revenues	-	-	$772,921	$772,921	0.00%
Public Charges for Services	$206	$5,317	$33,500	$28,183	15.87%
Intergovernmental Charges	-	$248,208	$866,060	$617,852	28.66%
Interdepartmental Charges	$1,667	$8,333	$20,000	$11,667	41.67%
Licenses & Permits	$36,057	$61,498	$473,653	$412,155	12.98%
Other Revenue	$35	$472	$500	$28	94.40%
Total Revenues	**$81,357**	**$540,787**	**$2,687,336**	**$2,146,549**	**20.12%**
Expenditures					
Salaries	$138,513	$697,913	$1,858,084	$1,160,171	37.56%
Fringe Benefits	$53,021	$291,701	$651,395	$359,694	44.78%
Travel/Training	$1,472	$6,037	$76,302	$70,265	7.91%
Supplies	$2,239	$29,979	$123,748	$93,769	24.23%
Purchased Services	$8,327	$60,393	$144,960	$84,567	41.66%
Interdepartment Charges	$51	$2,549	$9,000	$6,451	28.32%
Other Expenses	$127,505	$267,021	$718,265	$451,244	37.18%
Total Operating Expenditures	**$331,128**	**$1,355,593**	**$3,581,754**	**$2,226,161**	**37.85%**
Capital Outlay					
Equipment & Furniture	-	$147,605	-	($147,605)	0.00%
Total Capital Outlay	**-**	**$147,605**	**-**	**($147,605)**	**0.00%**
Total Expenditures	**$331,128**	**$1,503,198**	**$3,581,754**	**$2,078,556**	**41.97%**
Other Finance (Sources)	-	-	($296,811)	($296,811)	0.00%
Net Other Financing Sources/Uses	**-**	**-**	**($296,811)**	**($296,811)**	**0.00%**
Net Increase (Decrease)	**($249,771)**	**($962,411)**	**($597,607)**	**$364,804**	**161.04%**

Equity:

Attachment: Public Health Financials (Public Health)

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **Human Services**
DIRECTOR: **Liza Drake**
PREPARER: **Liza Drake**

Agenda Summary Youth Justice Innovation Grant

BACKGROUND INFORMATION: The Department of Children and Families is seeking applications to implement new evidence-informed practices or programs with short-term start-up funding. Projects must serve the overall purpose of improving community-based youth justice (delinquency-related) services. The Department of Human Services' project area is Post-Dispositional Services.

ANALYSIS: Ozaukee County is seeing more families presenting to the youth justice program at a point where the family is already exhausted and asking for their child to be placed. We are seeing them enter the Child Protection and Youth Justice systems because law enforcement and community providers are unsure how further to assist the family.

Human Services would like to train staff to implement Functional Family Therapy - Child Welfare, an evidence based intensive therapeutic model for families that have numerous risk factors.

Functional Family Therapy - Child Welfare (FFT-CW) - works with families of children ages birth to 18 years involved or at risk of involvement in a child welfare system. FFT-CW includes two service options: an intensive family-based therapy service and a comprehensive case management intervention. Human Services will focus our 2025 training dollars on intensive in-home therapy. FFT-CW training consists of the following phases:

The initial goal of FFT-CW implementation is to ensure that the site builds a lasting infrastructure that supports therapists and/or case managers to take maximum advantage of FFT CW training/consultation. During this phase, therapists or case managers are trained in the core constructs and interventions of their respective models, and how to use the FFT-Clinical Services System (CSS) to gather data. It is expected that Phase 1 be completed in one year, but not any longer than 18 months. By the end of Phase 1, FFT's objective is for therapists and/or case managers to demonstrate strong adherence and high competence in the FFT-CW model.

The goal of the second phase of FFT-CW implementation is to assist the site in creating greater self-sufficiency in FFT-CW, while also maintaining and enhancing site adherence/competence in the model. During this phase, FFT trains a member of the team to become the onsite supervisor. This intensive, hands-on, training experience focuses on leadership skills for supporting the FFT-CW team. After initial training, the onsite supervisor is supported by FFT via monthly phone consultations and a one-day follow-up training. In addition, FFT provides any ongoing consultation as necessary and reviews the site's FFT Clinical Services System (CSS) database to measure adherence, service delivery trends, and outcomes. Phase II is a year-long process.

The goal of the third phase of FFT-CW implementation is to move into a partnering relationship to ensure ongoing model fidelity and staff development, interagency linking, and program expansion. FFT provides annual training activities and consultation services to support the site's continuous education and competence in FFT-CW. The annual oversight and consultation practices are considered necessary for an FFT-CW site to remain certified.

FISCAL IMPACT:

Balance Current Year: $0

2025 Estimated Cost: $0

2026 Estimated Cost: Site certification fee & consultation services*

*If funds are available, the grant may be renewed for up to two additional 1-year periods

FUNDING SOURCE:

County Levy: $0

Non-County Levy: $100,000

Indicate source: Department of Children and Families

RECOMMENDED MOTION: Permission to apply for the Youth Justice Innovation Grant.

ATTACHMENTS:

- FFT-CW+HR+desc+2019[3] (PDF)
- FFT-CW+Licensing+and+Fees (PDF)

HEALTH AND HUMAN SERVICES COMMITTEE

FFT-CW® is a home-based intensive therapeutic model for families with multiple risk factors, where there has been physical abuse and/or neglect of a child aged 0-17. The model:

- offers a home and community-based treatment to families with substantiated physical abuse and/or neglect of a child or young person aged 0-17
- provides a comprehensive family therapy for high risk families
- addresses child abuse and neglect, substance abuse, mental illness, school difficulties, and history of out-of-home care or involvement with the child protection system
- is focused on engaging with the family's broader social environment
- develops each family's social and community networks that are considered a central component of the service response

FFT-CW®:

FFT-CW is an empirically documented, well-grounded and highly successful family intervention for youth and families who are risk of placement or where there are issues of child safety/neglect/family violence. The model is an adaptation of the highly successful FFT program developed by Alexander and Parsons (1982). It is shorter term (3-6 months) intensive home-based program focused on motivating for change; changing problem behavior and embedding change. The model often works with families who are reluctant to engage with services, experience mental health concerns, abuse or neglect issues, and a history of family violence, substance abuse or engagement with the criminal justice system.

Therapists meet with families from the beginning and assess family members relationally and with a range of individual and family assessments and so they can better match families to necessary behavior changes to address risk, needs, safety, neglect and referral issues. The FFT-HR model clinical approach includes five distinct phases of therapist:

(1) Engagement: therapists begin to build trust and working relationships with families, address emergent needs as necessary, and start to understand the culture of the family and challenges they are facing.

(2) Motivation: therapists continue assessment and giving the family a voice to tell their story in order to instill hope for change, enhance family connections and decrease intra-family negativity and blame that is often a necessary first step for families to return to sessions.

(3) Relational Assessment: therapists work to understand the family relational patterns and what drives problem behavior so that the beginnings of a behavior change plan can start to be developed.

(4) Behavior Change: therapists address referral behaviors, safety and risk/needs by matching them to appropriate behavior change approaches that fit the family and their particular needs. There is typically a strong cognitive/attributional component integrated into systemic skill-training in family communication, parenting skills, conflict management skills and numerous other skills linked to a variety of referral problems.

(5) Generalization: therapists focus on helping youth/families to generalize change into other systems, create methods to continue changes that have occurred in the family through treatment, as regards risk/needs/safety, to connect to ongoing services in the community to continue to impact risk/needs/referral issues, and to anticipate and plan for potential barriers or challenges that youth and families may face in the future.

Each phase includes specific techniques of intervention, as well as therapist goals and qualities. The intervention involves a strong cognitive/attributional component integrated into systemic skill-training in family communication, parenting skills, conflict management skills and numerous other skills linked to a variety of syndromes and referral problems.

FUNCTIONAL FAMILY THERAPY CHILD WELFARE

FFT Child Welfare (CW) for High Risk Teams of 3-8 therapists

Functional Family Therapy CW Site Certification is a 3-phase process.

FFT sites are responsible for training/consultation fees as reflected in schedules below. The site is also responsible for costs to provide appropriate computer access to run the CSS and for costs related to administering the OQ™45.2, YOQ™2.01 and YOQSR™ (see ordering info below).

Phase 1 FFT Site Certification Training Activities and Services

PHASE 1 of FFT CW Site Certification includes the following training activities and services:

ONE DAY On-Site IMPLEMENTATION/ASSESSMENT TRAINING

This initial visit covers implementation issues for both administration and staff. It includes: a 2-hour overview of best practices and the FFT clinical model for referral agents, stakeholders, funders, and agency staff. Additional time is spent in addressing site-specific implementation challenges (i.e.—referral criteria, referral process, integration of services, working w/ referral agents, supervision, computers etc.). The FFT CW team of clinicians is trained in the FFT Clinical Service System, including use of FFT software and assessment protocols.

TWO DAY On-Site CLINICAL TRAINING:

This on-site introduction covers the core constructs, phases, assessment, and intervention techniques of FFT. Didactic materials include handouts and videotape examples.

ONGOING TELEPHONE CONSULTATION

Each team receives group telephone consultation 1 hour per week. Supervision focuses particularly on individual cases and model adherence.

TWO-DAY On-Site FOLLOW-UPS: (Three Total per site)

The three on-site follow-up training sessions, each of two days in duration, represent more specific focus on phases and implementation issues and processes.

EXTERNSHIP

This intensive, hands on, training experience with actual clients includes supervision from behind the mirrored window. The externship consists of three separate training experiences for three consecutive months. The therapist expected to be trained in Phase Two as the on-site FFT supervisor typically attends this training.

CLINICAL SERVICES SYSTEMS (CSS)

The clinical services system represents a web-based application developed and provided by FFT Inc. to support and guide therapists in organizing and adhering to the model. The system includes progress notes, assessment instruments, support and monitoring forms and a reports section that identifies family changes and outcomes.

THREE 1.5 HOUR DATA COSULTATION CONFERENCE CALLS:

FFT-CW sites will receive three 1.5 hour phone consultation meetings to review data. This consultation will utilize CSS reports at the therapist, case, and team level. Focus will be on meeting Implementation and Model Fidelity standards. Larger system expectations around data will be considered. Participants in this meeting will include the FFT National Consultant, FFT National Supervisor, the Site Administrator, and the Site Lead/Supervisor. Meeting will occur tri-yearly, preferably before scheduled FFT Follow up Trainings.

TOTAL $40,000.00**

**These costs do not include airfare, lodging, meals, rental cars, cabs; any expenses related to the trainers, supervisors or externs travel. Fees do not include assessment or local computer requirements for CSS. Costs are subject to periodic change.

FFT Phase 1 ESTIMATED TRAVEL EXPENSE COSTS

(note: these costs are in addition to FFT training fees identified on page 2)

Phase One / Year One

STAKEHOLDER EVENT	
R/T Airfare	$600.00
Lodging (1 nights @ 200.00 per night)	$200.00
Local Transportation (1 day)	$50.00
Meals (per-diem) 1 training days	$59.00
Parking (Trainer parking at home airport-2 days)	$40.00
Sub Total	$949.00
TWO DAY CLINICAL TRAINING:	
R/T Airfare	$600.00
Lodging (2 nights @ 200.00 per night)	$400.00
Local Transportation (2 days)	$100.00
Meals (per-diem) 2 training days	$118.00
Parking (Trainer parking at home airport-3 days)	$60.00
Sub Total	$1278.00
2-DAY FOLLOW-UP TRAININGS (3 in year one)	
R/T Airfare (fr. Nat'l Consultant home x 3)	$1800.00
Lodging (6 nights 200.00 per night)	$1200.00
Local Transportation (6 days)	$354.00
Meals (per-diem)2 training days x 3 = 6 days total	$252.00
Parking (Trainer parking at home airport)	$180.00
Sub Total	$3,786.00
	($1,252/training)

Externship (three 3- day events for site Supervisor)

Airfare	$1800.00
Lodging (9 nights 200.00 per night)	$1800.00
Local Transportation	$300.00
Meals (some meals provided at training)	$400.00
Sub Total	$4,300.00

Estimated Total for Phase 1 **$10,313.00**

Phase 2 FFT Site Certification Training Activities and Services

PHASE 2 of FFT CW Site Certification includes the following training activities and services:

FFT SITE LEAD/SUPERVISOR TRAINING

This intensive, hands on, training experience focuses on clinical supervision techniques for FFT on-site clinical supervisors who have met criteria of caseload, completion of phase one FFT training, and education as part of an FFT certified site. Training consists of 2 separate visits for two days each to an off site location.

ON-SITE FFT SUPERVISOR PHONE CONSULTATION

Two times per month for one hour each, on-site FFT supervisors receive phone consultation to assist in providing the certified site clinical consultation on cases and on-going focus on the FFT model.

ONE-DAY ON-SITE FOLLOW-UP TRAINING:

FFT consultant will come on site once during the year to consult with the site supervisor and team.

SUPERVISOR and THERAPIST ACCESS TO THE FFT CLINICAL SERVICES SYSTEM

Supervisors are given access to adherence – competency measures in the FFT CSS web-based system. Therapists are provided ongoing access to the CSS system.

TWO 1.5 HOUR DATA COSULTATION CONFERENCE CALLS:

FFT-CW sites will receive two 1.5 hour phone consultation meetings to review data in Phase 2. This consultation will utilize CSS reports at the therapist, case, and team level. Focus will be on meeting Implementation and Model Fidelity standards. Larger system expectations around data will be considered. Participants in this meeting will include the FFT National Consultant, FFT National Supervisor, the Site Administrator, and the Site Lead/Supervisor. Meeting will occur bi-yearly, with the date set by FFT Consultant and Site Supervisor.

TOTAL $22,000.00**

Phase 3 and On-Going FFT Site Certification Training Activities and Services

On-going FFT Site Certification includes the following annual training activities and services:

ON-SITE ONE-DAY FOLLOW-UP TRAINING:

FFT will provide a one day on site follow up training for the site supervisor and team to discuss and work on adherence and fidelity using the CSS reports as well as any issues the site may have.

MONTHLY HOUR LONG PHONE CONSULTATION WITH THE LOCAL FFT SUPERVISOR

SUPERVISOR and THERAPIST ACCESS TO THE FFT CLINICAL SERVICES SYSTEM

Supervisors are given access to adherence – competency measures in the FFT CSS web-based system. Therapists are provided ongoing access to the CSS system.

ONE 1.5 HOUR DATA COSULTATION CONFERENCE CALLS:

FFT-CW sites will receive one 1.5 hour phone consultation meeting to review data in Phase 3. This consultation will utilize CSS reports at the therapist, case, and team level. Focus will be on meeting Implementation and Model Fidelity standards. Larger system expectations around data will be considered. Participants in this meeting will include the FFT National Consultant, FFT National Supervisor, the Site Administrator, and the Site Lead/Supervisor. Meeting will be scheduled by FFT Consultant and Site Supervisor.

TOTAL $9,750.00**

**These costs do not include airfare, lodging, meals, rental cars, cabs; any expenses related to the trainers, supervisors or externs travel. Fees do not include assessment or local computer requirements for CSS. Costs are subject to periodic change.

FFT Phase 2 ESTIMATED TRAVEL EXPENSE COSTS

Phase Two / Year Two

SITE SUPERVISOR TRAINING / TWO 2-DAY TRAININGS AT OFF SITE LOCATION

Airfare ($600 x 2)	$1200.00
Lodging (4 nights at $200.00 night)	$800.00
Meals	$236.00
Parking	$80.00
Local transportation	$100.00
	$2,416.00

ONE DAY ON SITE TRAINING

R/T Airfare	$600.00
Lodging (1 nights @ 200.00 per night)	$200.00
Local Transportation (1 day)	$50.00
Meals (per-diem) 1 training days	$59.00
Parking (Trainer parking at home airport-2 days)	$40.00
Sub Total	$949.00

Estimated Total for Phase 2 **$3,365.00**

FFT Phase 3 Estimated Travel Costs

ONE DAY ON SITE TRAINING

R/T Airfare	$600.00
Lodging (1 nights @ 200.00 per night)	$200.00
Local Transportation (1 day)	$50.00
Meals (per-diem) 1 training days	$59.00
Parking (Trainer parking at home airport-2 days)	$40.00
Sub Total	$949.00

Estimated Total for Phase 3 **$949.00**

Other Possible FFT Implementation Needs/Fees

If a site has a need to either replace a therapist or add a new therapist to their team the new hire will need to attend a Replacement Training Series. These series begin each month and are held virtually. They include a 2 day Clinical Training followed in a month by a 2 day Follow Up training and then a month after that there will be a 2+ hour conference call with the training group. A new hire is expected to attend all three of these events to be considered fully trained. The cost for this series is $1,750/participant regardless of if they complete the series or not.

If a site chooses to send more than one person through the Externship Process (see description in Phase One) or needs to train a 2nd Supervisor at some point, the cost for anyone above and beyond the first attendee is $4,000 (not including travel costs).

If a site would not meet the requirements to move to Phase 2 at the end of their Phase 1 training contract, they will be responsible for "extended Phase 1" fees of $800/month. This fee covers weekly phone consultation with the team and CSS access until a team is ready to move to Phase 2.

If a site would require additional training beyond the training described above for each phase, training will be billed at $1,500/day (plus travel if it would be an on site training).

If a site would require additional phone calls during the course of a contract (above what is described above) calls will be billed at $200/call.

If a site is in Phase 2, 3 or beyond and needs to replace a Site Supervisor, the site will return to the beginning of Phase 2 and a new Phase 2 contract will be issued ($22,000).

Sites may want to consider a provision for therapist transportation and cellular phone if home-based FFT services are being conducted.

Ample meeting space for team consultation and for conducting family therapy if conducting FFT in an office/clinical setting is needed.

CLINICAL ASSESSMENTS USED WITH FFT

During the course of Functional Family Therapy, therapists administer a number of different assessments both pre- and post-therapy to various family members who are participating in FFT. While many of the assessments have been developed by FFT, we also utilize three specific instruments that sites ***must*** purchase and have on-site ***prior*** to the beginning of site certification training. Assessments are: the OQ-45.2, the Y-OQ2.01 and YOQ SR. FFT therapists will administer these assessments to all families as described during on-site CSS training and in the FFT/CSS Manual.

<u>Assessment Ordering Information</u>

OQ-45.2 and two **YOQ** instruments– FFT sites should <u>only</u> order the paper version of these assessments, see info below.

Their phone is 1-888-MHSCORE = 1-888-647-2673 (they will answer as OQ Measures), or you can e-mail them at: office@oqmeasures.com, or find order forms for the paper & pencil products at www.oqfamily.com. You can also write to them at:

OQ Measures
P.O. Box 521047
Salt Lake City, Utah
84152

Health and Human Services Committee

AGENDA INFORMATION SHEET

AGENDA DATE: **June 25, 2024**
DEPARTMENT: **Human Services**
DIRECTOR: **Liza Drake**
PREPARER: **Brad Mueller**

Agenda Summary HS/Aging/ADRC Financial Report - May 2024

ATTACHMENTS:

- HSAgingADRCCommRptMay24 (PDF)

HEALTH AND HUMAN SERVICES COMMITTEE

Ozaukee County Committee Report
Human Services with ADRC and Aging Service
For the Five Months Ending Friday, May 31, 2024
Profit and Loss Statement ACTUAL TO AMENDED BUDGET

	Current Month Actual	2024 YTD Actual	2024 Amended Budget	Budget Balance	% Budget YTD
Revenues					
Taxes	$375,951	$1,879,753	$5,235,699	$3,355,946	35.90%
Intergovernmental Revenues	$456,555	$2,224,248	$9,532,644	$7,308,396	23.33%
Public Charges for Services	$211,190	$739,160	$3,102,062	$2,362,902	23.83%
Interdepartmental Charges	-	-	$9,546	$9,546	0.00%
Other Revenue	$3,500	$12,733	$31,500	$18,767	40.42%
Total Revenues	**$1,047,196**	**$4,855,894**	**$17,911,451**	**$13,055,557**	**27.11%**
Expenditures					
Salaries	$555,575	$2,776,666	$7,228,829	$4,452,163	38.41%
Fringe Benefits	$207,961	$1,176,932	$2,723,662	$1,546,730	43.21%
Travel/Training	$11,804	$32,780	$143,650	$110,870	22.82%
Supplies	$6,160	$65,005	$153,975	$88,970	42.22%
Purchased Services	$542,195	$2,073,961	$5,736,030	$3,662,069	36.16%
Interdepartment Charges	$38,615	$201,344	$551,056	$349,712	36.54%
Grants	$13,125	$65,625	$174,600	$108,975	37.59%
Other Expenses	$9,995	$608,716	$767,784	$159,068	79.28%
Total Operating Expenditures	**$1,385,430**	**$7,001,029**	**$17,479,586**	**$10,478,557**	**40.05%**
Capital Outlay					
Total Expenditures	**$1,385,430**	**$7,001,029**	**$17,479,586**	**$10,478,557**	**40.05%**
Other Finance (Sources)	-	-	($292,427)	($292,427)	0.00%
Net Other Financing Sources/Uses	**-**	**-**	**($292,427)**	**($292,427)**	**0.00%**
Net Increase (Decrease)	**($338,234)**	**($2,145,135)**	**$724,292**	**$2,869,427**	**-296.17%**

Equity:

Attachment: HSAgingADRCCommRptMay24 (HS/Aging/ADRC Financial Report - May 2024)