

## **Minutes of the Health and Human Services Board**

**Thursday, March 21, 2019**

Chair Nelson called the meeting to order at 12:31 p.m.

**Board Members Present:** Supervisors Larry Nelson, Christine Howard, Duane Paulson, Citizen Members Chris Beck, Jeffrey Genner (left at 3:18 p.m.), Dr. Adel Korkor, Bob Menefee, Laurie Schwartz, and Timothy Whitmore **Absent:** Citizen Members Mike O'Brien, Vickie Dallmann-Papke

**Also Present:** Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Departmental Secretary Julie Bartelt, ADRC Manager Mary Smith, ADRC Coordinator Lisa Bittman, Public Health Manager Ben Jones, HHS Communications Coordinator Linda Wickstrom, Clinical Services Manager Joan Sternweis, Adolescent and Family Division Manager Ron Pupp, Mental Health Center Administrator Jeff Lewis, Intake and Shared Services Manager Kathy Mullooly, Administrative Services Manager Randy Setzer, HHS Supervisor Kelly Simms, HHS Supervisor Danielle Birdeau, HHS Supervisor John Kettler, HHS Supervisor Jennifer Wrucke, Phyllis Wesolowski, MaryAdele Revoy, Lindsay Just, Mary Reich, Betty Koepsel, Mary Baer, Terry Findley, Patrick Reilly, Linda Cole, Mary Madden

### **Approve Minutes of 2-14-19**

MOTION: Christine Howard moved, second by Duane Paulson to approve the board minutes of February 14, 2019. Motion carried 9-0.

### **Next Meeting Dates**

- 4-3-19, 7:00 p.m., HHS Public Hearing
- 4-25-19, 11:00 a.m. to 1:00 p.m., pre-lunch and lunch meeting with County Executive Farrow

### **Advisory Committee Reports**

Whitmore reported on recent Mental Health Advisory Committee (MHAC) meetings. There was a kickoff event for Coordinated Services. On June 10 there is a conference for suicide prevention at WCTC hosted by the Suicide Prevention Initiative of Waukesha County open to the public. Prevent Suicide Wisconsin has an upcoming conference on May 2 and 3 in the Wisconsin Dells. There was discussion on whether the MHAC HHS liaison should be voting; answers on that forthcoming from Corporation Counsel. Nelson added that review and updating of all Advisory Committees' bylaws, as well as the Health and Human Services Board by-laws are currently underway, which should address any such questions.

### **Announcements**

Nelson shared the Public Hearing flyer. It is on April 3, 7:00 p.m., in the Public Health Clinic. The role of the HHS Board at the Public Hearing is to listen to public concerns and input. The public is also welcome to submit written comments for consideration in the planning of the 2020 HHS budget.

On April 25, the HHS Board meets from 11:00 to 12:00 followed by a meeting with the County Executive from 12:00 to 1:30 to present the HHS Board's summary of issues from today's Advisory Committees' presentations and from the April 3 Public Hearing.

### **Public Health Advisory Committee and Aging and Disability Resource Center Advisory Committee Needs Presentation**

Mary Baer and Phyllis Wesolowski presented on behalf of the Public Health Advisory Committee (PHAC) and the Aging Disability Resource Center (ADRC) Advisory Committee. What previously was referred to as the Advisory Committees' annual Unmet Needs presentations is now more appropriately referred to as the Critical Community Needs presentations. For the first time, the PHAC and ADRC Advisory Committee are presenting jointly.

The growing population in Waukesha County continues to show exponential growth in the over 65 years of age population, placing significant financial and workload demands and impact on the Public Health and ADRC Divisions. Data was shared to support this growth, as well as data relative to the life expectancy and health status of residents over 65 in Waukesha County. How will HHS manage this population shift and healthcare concerns for residents? Poverty and ALICE (Asset Limited Income Constrained Employed) 2016 numbers are stunning - increasing 5% in Waukesha County. A breakdown in this data by community was given.

Five critical dimensions in the scope of public health practices were addressed; strong leadership and workforce, strategic partnerships, flexible and sustainable funding, timely and locally relevant data, metrics and analytics, and foundational infrastructure.

Baer reported Critical Need #1 is that the County tax levy and discretionary funding is not keeping up with increasing need. There is a need to maintain the prior year's budgeted staffing levels and address the increasing unfunded mandates regarding communicable diseases. Critical Need #2 is to create a full time permanent Data Analytics HHS staff. Centralized data collection and analysis is critical to all divisions of HHS for successful positive collective community impact. Local health agencies, ProHealth Care and Froederdt Medical, are willing to share their community health outcomes data with the County. School Districts report behavioral risk factors data to the federal government. Is there a way to integrate the data throughout the county to identify health trends, set priorities, eliminate duplication of data entry and make informed choices?

There was discussion regarding the continued request for the county to do more with less, budgeting, tax levy, mandates, contracts, and the entire difficult and complex processes.

Wesolowski reported twelve identified needs related to older adults and adults with disabilities in the community as 1) social isolation, 2) dementia awareness and care, 3) provider network adequacy, 4) transportation, 5) family caregiver support, 6) medication management and guidance, 7) affordable and accessible dental care, 8) gaps in response to adults-at-risk/crisis, 9) affordable and accessible housing, 10) nutrition services, 11) ongoing mental health case management, and 12) safety and security.

The two most critical needs facing older adults and adults with disabilities were identified by the ADRC. The first as reported by Wesolowski is in-home care provider network inadequacy. Factors are the shortage of workforce and contractor rates of reimbursement, which are lower than private pay rates. The county's referrals are lower priority due to lower rates of reimbursement. The county also experiences difficulty in recruiting new providers for the same reason. A third factor is the limited financial resources available to meet consumer needs. In 2019 fund availability reductions were seen for bathing services and in-home respite care. With older adult population increasing, the demand for these services will likely increase, and with fewer funds available along with a workforce shortage, makes this a critical community need. Wesolowski shared graphs proposing funding needs for bathing and in-home respite care.

Critical need #2 is to address an increase in social isolation and loneliness. Wesolowski listed contributing factors and associated risks, reporting the proposal to address the contributing factors by working collaboratively to enhance transportation options including a specific ask to restore tax levy support for provider operation assistance that was reduced in the 2019 budget, which resulted in a ride fare increase that was less affordable for many riders. They will continue to provide outreach about available community opportunities and develop new opportunities. They will also encourage participation in congregate dining and senior centers. Another specific ask is for financial assistance to develop a telephonic friendly visitor programs to provide social connections and support for isolated adults. Regarding the risk of vulnerability to financial exploitation, the interdisciplinary team financial abuse system improvement workgroup and other community efforts will continue to be supported. The specific ask is to create a fund available in seeking prosecution in these cases; funds to be used to hire forensic accountants and other experts.

Nelson asked about where the decrease in funding support for ride fare is related – to the CBDG or the ADRC budget. Mary Smith answered it was from the ADRC budget. There was discussion about foreseen difficulties in proposing amendments for large amounts of funding, and discussion about levy limits.

### **Children and Family Services Advisory Committee Needs Presentation**

Lindsay Just and Adele Revoy, co-chairs of the Children and Family Services Advisory Committee (CAFSAC) presented. They shared the CAFSAC mission statement and requested that the HHS Board consider in the 2020 budget, a 3% increase for all contracted agencies to meet the federal mandates in the Family First Prevention Services Act (FFPSA) that Health and Human Services (HHS) must implement, thus reducing the burden on HHS and the County. A summary explanation of what the FFPSA is and its impact on HHS was given. The foster care system is currently completely over-burdened with needs in the County, and prevention efforts help families stay together or help children stay with relatives rather than enter the foster care system. The contracted agencies are motivated to help the county focus on prevention, keeping families together and receiving needed services. Examples of prevention services and programs for parents were given, as well as with services addressing children in foster care who are pregnant or parenting, and support services for grandparents raising grandchildren because of parents' drug addiction and prevention services for those children. Services for parents and children can include mental health, substance use prevention and treatment services, in-home

parent education programs and family counseling. All services must be trauma informed care. The county is a leader in that. Revoy explained program criteria under the FFPSA.

Revoy talked about data collection as a priority, because in order to receive the federal reimbursement, the state plans will include a well-designed and rigorous evaluation strategy. Programs, thus the county, will have to track the specific services/programs provided and total expenditure for each (cost per service), the duration of the services/program provided, and the child's placement status at the beginning, the end and two years past the services.

Revoy reported that the official memo from the State DHHS regarding the Wisconsin plan and information can be found at <https://www.cwla.org/hhs-releases-first-guidance-on-family-first-services/> and <https://chronicleofsocialchange.org/youth-services-insider/family-first-act-regulations-what-we-learned>. Waukesha County has until 2021 to implement these mandates. There will be a collective planning process and structure, inviting county stakeholders to participate. The contracted agencies represented on CAFSAC are looking to the county for additional money to help the county meet these mandates. The partnerships already exist and the agencies believe that their current budgets will not be able to meet these prevention mandates.

Why the 3% increase?

- Prevention funding must be spent on “well-supported programs”, of which there are few to date, so states will need to train and support child welfare staff (and contracted providers) to ensure successful implementation and fidelity to existing “well-supported program” models.
- Federal funding is reimbursement money – agencies need to cover the cost of their prevention services up front in order for the County to claim those services and subsequently get reimbursed.
- More preventative services needed to help growing number of children in families affected by the opioid epidemic to stay out of foster care.

Lindsay Just related that the FFPSA requires specific evidence based programming be offered. A poll was completed within the CAFSAC committees and only two programs out of twelve are compliant. The 3% increase will help contracted agencies to maintain existing required programming or to start newly required programming to meet the demands of this act. Discussion on how that translates into dollars. The twenty two CAFSAC agencies have not seen an increase in their contracts for the past several years (up to ten years for most). Whitmore requested a baseline number. Discussion regarding recent funding from the State and Federal governments to address the opioid crisis. There is some money for treatment services, not necessarily for the care of the children. Setzer commented that a potential option could be a one-time distribution of funding for training through the general fund. Pupp added that this presentation has addressed the first part of the Act. Other parts include what will happen to the residential and group home programs. There will be extreme costs involved for them to become accredited, have on-site nursing where required, which might drive some out of business. If the providers in the CAFSAC network do not step up to provide these programming changes and children need to go to out of home care, we may be facing even more constricted resources for out of home care.

## **Substance Use Advisory Committee and Mental Health Advisory Committee Needs Presentation**

Those presenting were Co-chairs of the Mental Health Advisory Committee (MHAC) Mary Madden and Linda Cole and Chair of the Substance Use Advisory Committee (SUAC) Patrick Reilly. Terry Findley is the Vice Chair of the MHAC and a Certified Peer Support Specialist at Friendships in Waukesha. These committees' focus is on the input of consumers as well as national and community trends to advise the HHS Board on priority needs of the citizens of Waukesha County. Needs are addressed by community agencies in partnership with Waukesha County HHS. All must stay alert to the changing insurance climate; there would be a financial impact across many programs with any rise in the number of uninsured/underinsured, or changes in mental health care. Madden explained the strategy of the MHAC and SUAC presenting jointly. From the National Institute of Drug Abuse in a 2018 report, comorbidity (or co-occurring) describes two or more conditions appearing in a person at the same time or one after the other. The co-occurrence of substance use and mental illness is common with about half of the people dealing with both conditions, and both conditions have some of the same factors. The partner agencies all work together, sharing many of the same clients, and view as one population. Madden added that according to the DSM-5, the diagnostic and statistical manual, does categorize substance use disorders as a mental health condition.

The first joint need reported was for accessibility to treatment and services. Untreated mental illness and substance use disorders often result in homelessness, incarceration, emergency room visits, involuntary commitment, and sometimes loss of life, putting an emotional and financial burden on the individual, their loved ones, and the community. When an individual is ready to accept treatment, evidence based research supports that ready access to services is vital to moving to recovery. Medications are an essential part of treatment. The combination of treatment services, as well as access to and utilization of medications, allows individuals greater ability to engage in the recovery process. Culturally sensitive care strives to acknowledge, understand and respond to a diversity of cultures. Without early access to intervention, culturally sensitive treatment, and medications, the likely result is further decline of daily functioning, which can include brain deterioration, compounding the ramifications to the individual, loved ones, and the community. Ensuring ongoing access to necessary and appropriate medications for early intervention supports a proactive approach to the intervention and subsequent treatment for mental health and substance abuse services. When services are readily available for early intervention, mental health and recovery become part of wellness for individuals and the community, reducing financial burdens on the community that can result when people do not receive timely services. The HHS Board is asked to continue to provide support necessary to ensure continued access to these important elements of treatment for those that need them.

The second need reported was for crisis respite. The HHS Board is asked to provide funding to develop a crisis respite facility as an alternative and/or step down from hospitalization. Crisis stabilization will make treatment in the community possible for those experiencing a crisis and not a danger to themselves or others, and are seeking an alternative to hospitalization or post hospitalization additional assistance. It is anticipated that the savings that would be realized through decreased hospitalization, incarcerations, emergency rooms visits, and homelessness, will exceed any money that is earmarked for this project. Madden reported legislation in Wisconsin stating that the continuum of crisis services needs to include least restrictive

interventions, and without this facility Waukesha County does not have that element. Often without the appropriate place to stay, a person ends up homeless, incarcerated, or in a shelter that cannot meet their care needs. Law enforcement continues to relate during crisis trainings that they have no options to leave someone safely without this facility. Nelson asked how many counties have such a facility. There are three peer run respite facilities throughout the state and in Southeast Wisconsin; one in Washington County and two in Milwaukee. The proposed budget for the State of Wisconsin does have a line item for five crisis facilities, however, the money made available is not enough to fund the facilities, and therefore they would be looking for counties to contribute. Sternweis answered to how many people need this type of facility - an estimate on any day would be twelve. She further explained HHS staff's current work on a quality improvement project looking at where people are being served and determining a number of beds needed. Where are the twelve people today? Four or five are waiting in a hospital and cannot leave an inpatient unit because there is no facility available. Others may be in a safe haven/shelter or with family members who are struggling and calling for assistance, but the person does not meet inpatient level of care and there is not another available facility. There are crisis intervention/safety services provided. But, when someone needs respite for a few days, options are either more service or less service being provided than what is needed, because this level of care is missing.

Question and discussion about 2-1-1 as part of crisis services. Waukesha County maintains a contract with 2-1-1 who provides 24 hour resource and referral information for anyone in Waukesha County. Part of the contract is that there are dedicated staff answering phones 24 hours a day that can provide supportive listening to Waukesha County residents. Protocols are set that if a call rises to the level of needing crisis intervention, there is a warm transfer to the crisis intervention team.

Madden continued with the third need asking the HHS Board to support the ongoing growth of Certified Peer Support Specialists in Waukesha County by providing assistance to contract agencies to provide information sessions about becoming a Peer Support Specialist, provide assistance for access to Peer Support Specialist training and preparation for the certification exam, provide assistance for ongoing training and certification. It is anticipated that a class of up to fifteen individuals and the ongoing education needed for them will cost approximately \$10,000.

Terry Findley reported on the benefits of supporting the growth of certified Peer Support. The Peer Support program started in Waukesha in 2005. The state certification curriculum/testing starting in 2010. Some types of insurance reimburse for Certified Peer Specialists. Findley shared some personal stories of assisting people through recovery in his role as a Certified Peer Specialist. People trust Certified Peer Specialists as persons with lived experience.

Madden added that Certified Peer Specialists are clinically supervised by a mental health professional. It is a gift that Peer Specialists give to other people and the organizations they work for, providing the experience of their recovery for the benefit of others. Discussed the need for expansion of this program in Waukesha County. Cole added that training for Substance Use Certified Peer Specialists is just rolling out. Birdeau stated it has been a fortunate opportunity

working with both National Alliance on Mental Illness (NAMI) and Lutheran Social Services (LSS) to incorporate Peer Support into services in a wide and creative variety of ways.

Genner left at 3:18 p.m.

The fourth and last joint recommendation was to ask the HHS Board to provide a budgeted increase for contracted substance use and mental health services, sufficient to maintain contracts. This will enable contract providers to recruit, train, and maintain skilled, caring staff. These organizations are essential to meeting the ongoing needs of individuals diagnosed with mental illness and substance use disorders served by Waukesha County HHS. These organizations need to meet administrative and regulatory requirements to enable Waukesha County to submit claims to available revenue sources. Discussion regarding the substantial number and wide variety of contracted services. Discussion about clinical services budgeting, HHS Departmental budgeting, including the operational process in place of how providers can request an increase, and why contracts have remained flat for several years.

Substance Use Advisory Chair Patrick Reilly reported on one request for a mobile needle exchange. They are asking for increased available for people who use IV intravenous drugs to have access to clean syringes. Reilly responded to the known push back on needle exchange programs, and referenced sources (see attached) to back up the facts. Facts are that needle exchange does not enable or encourage people to use more drugs. In fact, people using these services are five times more likely to go into treatment. These programs do not increase crime; crime actually decreases in the areas where needle exchange programs exist. It is assumed that people on the program will not return the syringes and there will be syringes everywhere. This is factually untrue. A federal study reveals that 90% of the syringes given out were returned. Syringe exchange programs decrease the number of syringes that are lying out in the community. It is untrue that syringe programs do not have public support and Reilly listed numerous professional organizations that support exchange programs. Discussion that this is not only a humane issue, but it is a huge fiscal issue that will save a lot of money. Other facts reported were that needle stick injuries to law enforcement rarely actually happen, overdose deaths will be reduced, mobile exchange programs include HIV and Hepatitis C testing and provide Narcan to street level users which are the number one people performing Narcan reversals. Reilly reported public health statistics around Hepatitis C and HIV, and the cost savings that could occur providing someone with a clean needle versus treatment for someone contracting Hepatitis C or HIV. Discussed the budget and costs associated with a mobile needle exchange service van and staff in Waukesha County, and the possibility of a pilot program to start. Discussed the necessity to educate the community about this.

Madden shared a request from the MHAC to support the adoption of a comprehensive approach for suicide care using an evidence based practice. During 2018, according to the County Medical Examiner, 56 people lost their lives to suicide. This represents an increase of 64% for men since 2002 and a staggering 250% for women since 2002. Madden reported spending the majority of her week on the phone with the family and friends of two young people who have died by suicide in the last week. NAMI of Waukesha County provides a Survivors of Suicide Support Group. Unfortunately, these meetings continue to be filled every month.

In June of 2018, a team of ten from Waukesha County participated in a two day Zero Suicide training academy. The Zero Suicide framework is a system wide organizational commitment to safer suicide care in health and behavioral healthcare systems. Madden explained the basis of the framework, and that suicidal individuals often fall through the cracks in a fragmented and distracted healthcare system. A systematic approach to quality improvement in healthcare settings is available and necessary. The MHAC requests that ample resources be provided to support and implement Zero Suicide throughout the Waukesha County Department of HHS, to include time commitment and dollars to train and implement Zero Suicide framework and philosophy. It is the intention that after implementing at WCDHHS, this will be spread throughout the community. Birdeau explained the Zero Suicide organization, a branch of the federal initiative, and the goal of the initiative to reduce the rate of suicide in the U.S. by 20% by 2025. She explained going through an organizational self-study relative to suicide care and reviewing staff training, to discover what specific things can be done better. It is also a wider community initiative. Discussed meaningful ways to support the initiative and associated costs to be identified. Howard added that this is also a Community Health Improvement Plan and Process) CHIPP initiative over the next five years. Beck reported that the Youth Risk and Behavior Survey found that among high school youth, drug use, smoking and sex are down, but depression and anxiety is up 40% in two years. Nelson recommended a recently aired CBS Sunday morning show featuring a seemingly successful and happy girl who committed suicide, and the journals found by her unsuspecting parents. He also recommended that people attend the Tony Award winning play *Dear Evan Hanson* in September at the Milwaukee Marcus Center.

May is Mental Health Awareness Month. Madden shared a website supported by the Youth Crisis Grant and is an easy portal for parents of youth and for young adults to find resources – [www.mentalhealthconnection.life](http://www.mentalhealthconnection.life).

MOTION: Supervisor Christine Howard moved, second by Dr. Adel Korkor to adjourn the board meeting at 4:10 p.m. Motion carried 8-0.

Respectfully submitted,

*Christine Howard*

Christine Howard  
Secretary for the HHS Board



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