

Minutes of the Health and Human Services Board
Thursday, May 19, 2022
1:00 p.m.

Chair Nelson called the meeting to order at 1:02 p.m.

Board Members Present: Supervisor Larry Nelson (in person), Supervisor Christine Howard (via Teams), Mary Berg (in person), Mary Baer (in person), Robert Menefee Jr. (in person), Vicki Dallmann-Papke (via Teams) (left at 3:04pm), Dr. Mike Goldstone (in person), Christine Beck (in person)

Board Members Absent:

Also Present: Health & Human Services (HHS) Director Elizabeth Aldred (in person), Health & Human Services (HHS) Deputy Director Lisa Roberts (in person), Supervisor Joel Gaughan, Julie Valadez (Public attendee), Departmental Executive Assistant Shannon Gustavson, County Executive Paul Farrow

Public Comment

There was no public comment.

Approve Minutes of April 21, 2022

MOTION: Baer moved, second by Goldstone, to approve the HHS Board minutes of April 21, 2022. Motion carried 8-0.

Advisory and Standing Committee Reports

Baer stated at the May 5 ADRC meeting, the transportation consultants presented on their findings. Those findings will be presented at the HHS Board Meeting on June 23. ADRC is encouraging everyone to fill out the Quality of Life in Waukesha County survey which is due by May 31.

Menefee and Berg provided an update on Child and Family Services Advisory Committee. Menefee spoke about the formula shortage and stated that the Women's Center said they have limited access of formula, but if there is someone who has a need, please call Jessica Trauth directly. Berg informed the group about HEAR Wisconsin, which is a non-profit, state-wide organization that provides comprehensive services and resources for children, adults, and seniors who are deaf or hard of hearing. They currently service Milwaukee County but are looking to expand their services into Waukesha County.

There was no updated for the Mental Health Advisory Committee.

Goldstone reported the main concern that the Substance Use Advisory Committee (SUAC) has is the lack of housing available during early stages of recovery. Howard commented that the Home Consortium is hoping to give out money to help with homelessness and suggested contacting Home Consortium. The opioid settlement will result in Waukesha County being awarded \$600,000-\$800,000 annually over 15-18 years to be used toward prevention and/or recovery.

Community Needs Assessment Presentation

Nelson distributed and reviewed a PowerPoint presentation titled, "Health and Human Services Community Needs Assessment 2022," reinforcing the community needs to the County Executive.

Next Meeting Date

The next meeting is June 23 at 1:00 p.m. which will include the vote for Vice-Chair and the Transportation Report that was presented to the ADRC Advisory Board.

Announcements

Nelson was elected to serve on the Waukesha County Executive Committee. At the first meeting, the group discussed the American Rescue Plan Act Projects 2021-2026. There are approximately 4-6 HHS proposed projects related to the community needs projects. Nelson will provide future updates regarding this topic.

Menefee acknowledged Nelson and the Board for their support during his personal medical issues.

Review of Correspondence

There was no correspondence to review.

Future Agenda Items

There are no future agenda items.

MOTION: Menefee moved, second by Baer, to adjourn the meeting at 3:01 p.m. Motion carried 8-0.

Respectfully submitted,

Larry Nelson
HHS Board Chair



Waukesha County

Department of Health and Human Services

Background Information for Privileging Approval of *James Billings, MD*

Introduction: James Billings, MD is a practicing psychiatrist with a background in adult psychiatry.

Privileges Requested: To practice psychiatry at the Waukesha County Mental Health Center Inpatient unit. This position includes psychiatric assessments, follow-ups, and discharges.

Wisconsin License Issue Date	10/16/2019
Wisconsin License Expiration Date	10/31/2023
Board Certification Status	Anticipated 11/2022
Medical School	The Medical College of Wisconsin
Graduation Date	05/28/2018
Residency	<ul style="list-style-type: none">• N.E.W. Psychiatry Residency at The Medical College of Wisconsin Affiliated Hospitals- Anticipated graduation 6/30/2022
Prior and Current Professional Experience	<ul style="list-style-type: none">• Wisconsin Resource Center• Evercare Hospice• Inland Empire Association• Various Teaching Activities 2018-2021
Continuing Medical Education Status	Current
Background and Reference Checks	Complete



Waukesha County

Department of Health and Human Services

Background Information for Privileging Approval of ***Darryl Kabins, MD***

Introduction: Darryl Kabins, MD is a practicing psychiatrist with a background in child & adolescent and adult psychiatry.

Privileges Requested: To practice psychiatry at the Waukesha County Mental Health Center Inpatient unit. This position includes psychiatric assessments, follow-ups, and discharges.

Wisconsin License Issue Date	3/30/2022
Wisconsin License Expiration Date	10/31/2023
Board Certification Status	American Board of Psychiatry and Neurology Certified-General and Child/Adolescent
Medical School	University of Illinois School of Medicine at Chicago
Graduation Date	1988
Residency	<ul style="list-style-type: none">• General Psychiatry and Child/Adolescent at University of Pittsburgh Medical Center- Graduated 1993
Prior and Current Professional Experience	<ul style="list-style-type: none">• Stormont Vail Hospital• Florence-Crittenton Psychiatric Residential Treatment Facility• Pathways Residential Treatment Facility• Southwestern Behavioral Health Center• Hall and Associates Counseling Center• Lawton Correctional Center• Bloomington Meadows Hospital• McConn & Associates Child & Family Focused Services• Center for Behavioral Health at South Central Community Mental Health Center
Continuing Medical Education Status	Current
Background and Reference Checks	Complete



Waukesha County

Department of Health and Human Services

Background Information for Privileging Approval of ***Marley Kercher, MD***

Introduction: Marley Kercher, MD is a practicing physician completing residency in adult psychiatry with additional background in obstetrics and gynecology.

Privileges Requested: To practice psychiatry at the Waukesha County Mental Health Center Inpatient unit. This position includes psychiatric assessments, follow-ups, and discharges.

Wisconsin License Issue Date	6/23/2000
Wisconsin License Expiration Date	10/31/2023
Board Certification Status	<ul style="list-style-type: none">• Anticipated certification by American Board of Psychiatry and Neurology Board after completion of residency• Certified by American Board of Obstetrics and Gynecology
Medical School	Rush University
Graduation Date	1993
Residency	<ul style="list-style-type: none">• Medical College of Wisconsin, Northeast Wisconsin Psychiatry Residency Program, 2019-present• University of Michigan Hospital, Obstetrics and Gynecology Residency, 1993-1997
Prior and Current Professional Experience	<ul style="list-style-type: none">• Women's Care of Wisconsin• University of Michigan Medical Center• Planned Parenthood
Continuing Medical Education Status	<ul style="list-style-type: none">• Exempt for Psychiatry due to Resident status• Current for OB/GYN specialty
Background and Reference Checks	Complete

Waukesha County Specialized Transportation Program Review

Health and Human Services
Board Meeting
June 23, 2022



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Agenda

Project Overview

Current Program

Peer Counties

Program Alternatives

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Project Overview

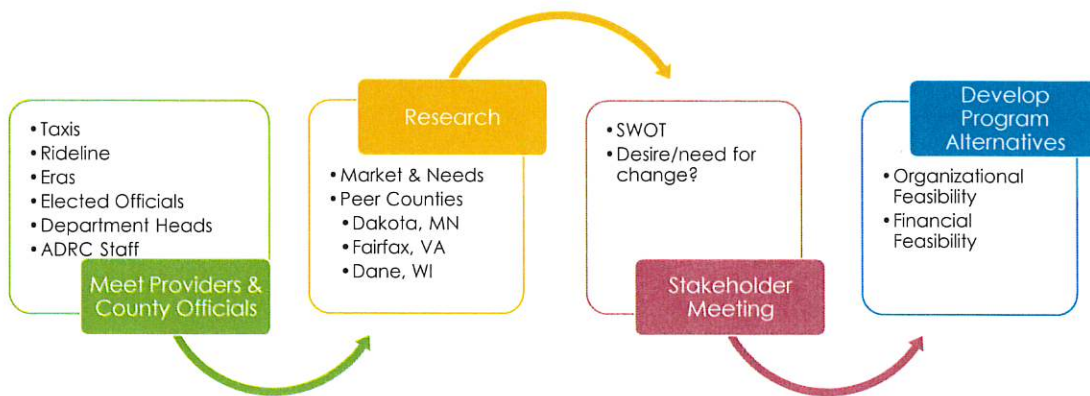
3

Project Purpose

- Evaluate the Specialized Transportation Program's ability to meet evolving demand and identify strategies for adapting to changes in the market
 - What impact has the COVID-19 pandemic had on the program and the community?
 - How has the County changed and grown in 25 years? (since the Specialized Transportation Program started)
 - Building off previous planning efforts

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Planning Process



Health and Human Services Board Meeting | June 2022

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Current Program

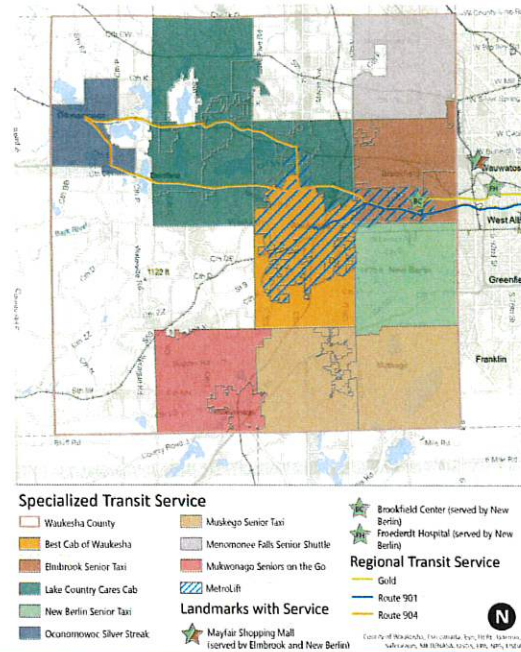
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Program Overview

- ADRC is WisDOT grant manager
 - WisDOT 85.21 Program
 - Approximately \$1 Million Annually, plus \$209,00 local match (2022)
- Operating Environment
 - Intended as supplement to public transit
 - Five service products



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Shared-Fare Taxi Program

- Subsidy program for ambulatory riders:
 - People over 60
 - People experiencing disabilities
- Requires ADRC application
 - non/limited-drivers
- \$5.25 per ride discount
 - Rides often cost \$8 to \$10 one-way, after discount is applied

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Waukesha County Specialized Transportation Program Study | 8

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Shared-Fare Taxi Program Providers

- Six non-profit taxi providers, one for-profit
 - Two to 18 vehicles, Non-wheelchair accessible
 - Primarily volunteer drivers, some FT and PT drivers
 - One to three dispatch/admin staff
- Primarily serve residents in limited number of municipalities
 - All will serve a distance beyond their home communities
 - Most end service by 4:30pm, no weekend service
- Majority of taxi customers receive ADRC subsidy
- In areas without taxi provider, eligible riders may use the RideLine program

RideLine Accessible Van

- Wheelchair Accessible Provider
- Countywide program for residents using mobility devices (non-ambulatory)
 - People over 65
 - People experiencing disabilities
- Requires ADRC application
 - Fares range from \$3.85 to \$7.50, one-way
 - Requires at least 24-hour reservation, no weekend service

Other Service Products

- Residents aged 60 and above
 - Menomonee Falls Senior Shuttle (school bus)
 - Monday-Friday, call at least 24 hours in advance
 - \$2.00 per one-way trip (ADRC Subsidy Fridays only)
 - Eras Senior Network Volunteer Driver Program
 - County wide, seven days a week
 - Limited trip purposes
 - Required 7-day advance reservation
 - Group Trips
- No application required

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Challenges to the Program

- Supplemental service operating as primary provider
- Many providers and products
 - Differing fare structures, eligibility
- Geographic service gaps
- Limited hours/days of service
- Limited marketing, web presence
 - Both ADRC and providers
- Long advanced reservation requirements
- Limited/basic use of dispatch technology
- High operating costs (RideLine)
- Cost prohibitive for daily use
- Limited operational funding beyond ADRC subsidy
- No dedicated funding for capital purchases (vans)
- Reliance on volunteers and donations
- Lack of coordinated succession planning
- Cost of insurance
- Inefficient use of staff resources

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Peer Counties

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Peer Counties

- Reviewed programs in Dane, Dakota (MN), Fairfax (VA)
 - All have more robust public transit operations
 - Fixed Route, Curb-to-Curb, ADA paratransit, Ride-Hail pilots
 - Counties serve as central resource hub, connect riders to providers across programs (phone, websites)
- Washington County
 - Uses its public transit funds & 85.21 funds for county-wide curb-to-curb service
 - Mon-Sat 5am-10pm, Sunday 8am-4pm
 - Wheelchair accessible service upon request
 - Except for West Bend and Hartford – have their own transit
 - Non-profit runs mobility management webpage with central resources

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Program Alternatives

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Considerations

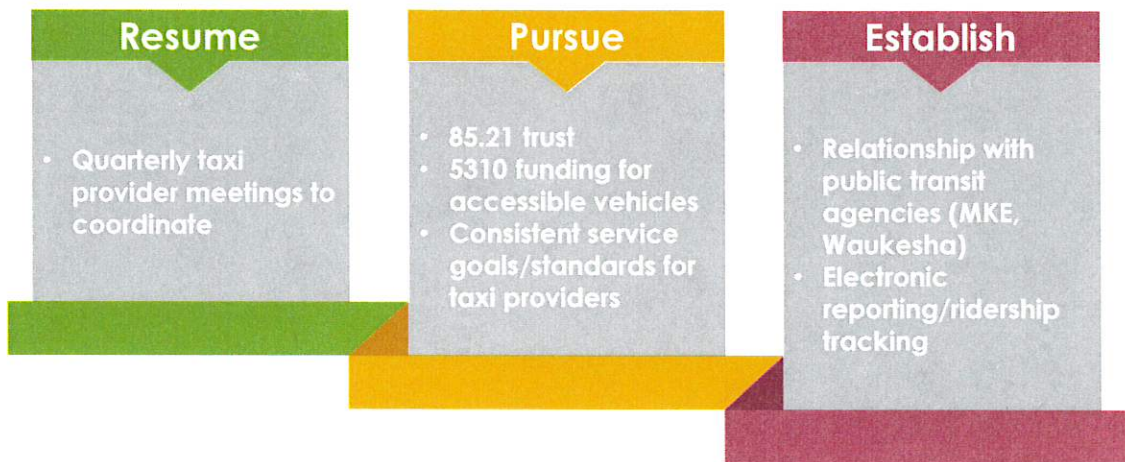
- Willingness and need to change status quo
- What do you see as the county role?
 - Processes within and outside county control
- What resources or processes could the county provide or improve?
- Plan for federal infrastructure bill
 - Priority list for federal/state grants

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Short Term – County Internal Processes

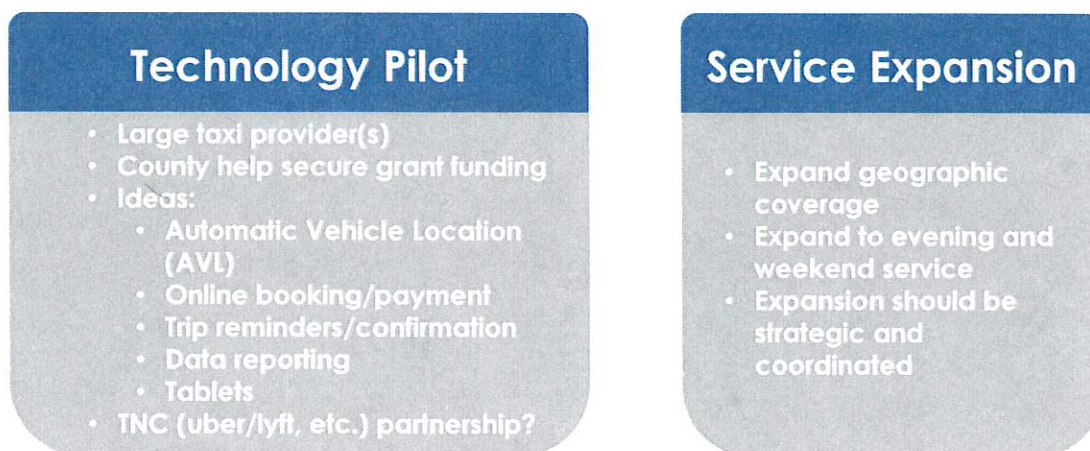


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Medium Term



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Long Term

Ensure long term sustainability of service

- Increase county capacity and provide administrative assistance/grant support/training

Consolidation of providers and service areas

- Allow for a more streamlined program that requires less administrative time and paperwork.

Develop a centralized resource center

- Step 1: Resource for provider contact information, service areas, and hours
- Step 2: Centralized scheduling system
- Step 3: County-wide dispatch operations
- Identify roles and responsibilities

Volunteer driver reliability – alternative?

- Paid employee driver model

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Long Term

• Out of study scope:

- Public transit expansion
 - Local/non-commuter curb-to-curb/corner-to-corner
 - Pewaukee, Menomonee Falls, Brookfield/Elm Grove, New Berlin
- Consider pooling 85.21 funds with urban transit funds?
- Waukesha Metro – unified paratransit contract RFP?
 - Cooperative purchasing

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Contact

Thank you!

Mary Smith
ADRC Project Manager
mcsmith@waukeshacounty.gov

Mike Glasgow
ADRC Project Manager
MGlasgow@waukeshacounty.gov

Joe Kapper, AICP
Consultant Project Manager
jkapper@srfconsulting.com

Menno Schukking, AICP
Consultant Transit Planner
mschukking@srfconsulting.com

Maddie Garces
Consultant Transit Planner
mgarces@srfconsulting.com

ADOLESCENT
&
FAMILY SERVICES

(A&F)

Waukesha County
Health & Human Services



It is the mission of the Adolescent and Family Service Division to:

- Promote the protection and safety of the community from delinquent acts of juveniles.
- Promote the protection and safety of children from the abusive and neglectful acts of adults and other children.
- Promote the development of responsible and pro-social behaviors in children and their families.
- Promote the development of skills and competencies toward self-sufficiency in children and their families.
- Promote the strengths of the family unit as the foundation of a strong community.



Services offered in A&F

- Juvenile Court Intake (JCI)
- Afterhours (Youth Justice and Child Protective Services (CPS))
- Ongoing Youth Justice / Family First Social Work
- Comprehensive Community Services
- Contracted Youth Justice Providers
- CCS Vendors
- Positive Youth Initiatives



Juvenile Court Intake

- Receives referrals for law enforcement, schools and parents
- Types of Cases
 - Delinquency
 - Juvenile in Need of Protection and Service (JIPS) [including JIPS-truancy on a very limited basis]
 - Voluntary [on a very limited basis]
- Makes recommendations to District Attorney or Corp Counsel
 - Counsel and Close
 - Deferred Prosecution Agreement (DPA)
 - Petition
- Authorizes custody decision (i.e., homebound, relative placement, Secure Detention or Shelter Care)
- Authorizes use of 72 hour holds (per Ordinance)
- Attend Waiver hearings



Afterhours

- Makes custody decisions
- May make recommendations for 72-hour hold (but only with Manager, Intake Supervisor or AH supervisor approval)
- Provides Child Protective Services (CPS) functions during non-business hours
 - Physical Abuse
 - Sexual Abuse
 - Neglect



Ongoing Youth Justice / Family First

- Evidence Based Programming
 - Youth Assessment & Screening Instrument (YASI) ®
 - Family Find ®
- Provides direct supervision of youth on a formal court order or Consent Decree.
 - Assessment
 - Service matching
 - Monitoring of court ordered conditions
 - Home visits
- Monitors youth on a Deferred Prosecutions Agreement (or Voluntary)
 - Check school attendance
 - Verify treatment compliance
- Oversight of Out of home and Correctional placements
 - Courtesy supervision
 - Independent Living
 - Attend Waiver hearings

Comprehensive Community Service (CCS)

- Intensive mental health programming for youth who need more support than outpatient mental health services can provide
- Medicaid reimbursed
- Offers a wide variety of supports
 - Screening and Assessment
 - Diagnostic Evaluations
 - Service Planning
 - Psychotherapy
 - Psychoeducation (youth and family)
 - Individual Skill Development
 - Wellness Management and Recovery
 - Service Facilitation



Youth Justice Providers

(County contracts covered via BCA/ CIP / Tax Levy)

- Shelter Care (Lad Lake)
- Mentoring (Lad Lake)
- Crisis Stabilization, Parent Aide, Mentoring (Alternatives in Psychological Consultation)
- Secure Detention (Washington County, Dane County, Racine County, Rock County)
- Wisconsin Community Services (WCS)
 - Intensive Supervision
 - Tracking
 - Homebound Detention, Electronic Monitoring, GPS Monitoring
 - Drug Screens
- Power for Change (intensive in-home mental health therapy)
- Out of Home placements
 - Qualified Residential Treatment Placements (QRTP)
 - Residential Care Centers (RCC)
 - Group Homes
 - Foster homes



CCS Vendors

(Medicaid Reimbursed)

- Anu Family Services
- Dr. Gary Kendzioriski
- Family Options
- Family Services of Waukesha
- Genesee Community Services
- Holistik Connections
- Lad Lake
- Wellpoint (formerly SaintA)
- Wisconsin Community Services (WCS)





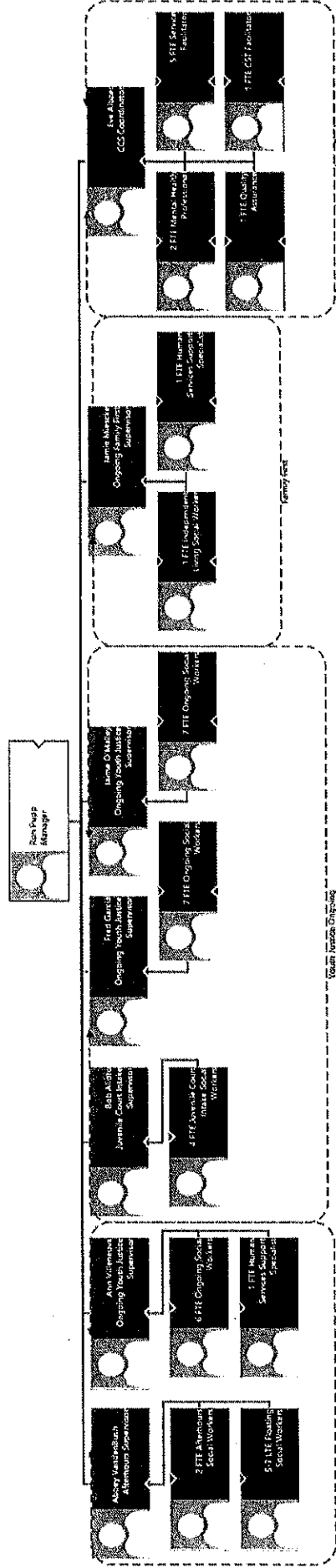
- Community Service
- Healthy Boundaries
- Hiking
- Money Sense
- New You

- Recognizing Outstanding Kids (ROKS)
- Teen Court
- Teen Cuisine
- Teen Life Skills

- Youth Empowerment and Accountability (YEA)
- Youth Garden
- Zumba

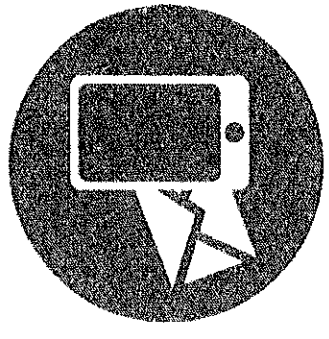


A&F Organizational Chart



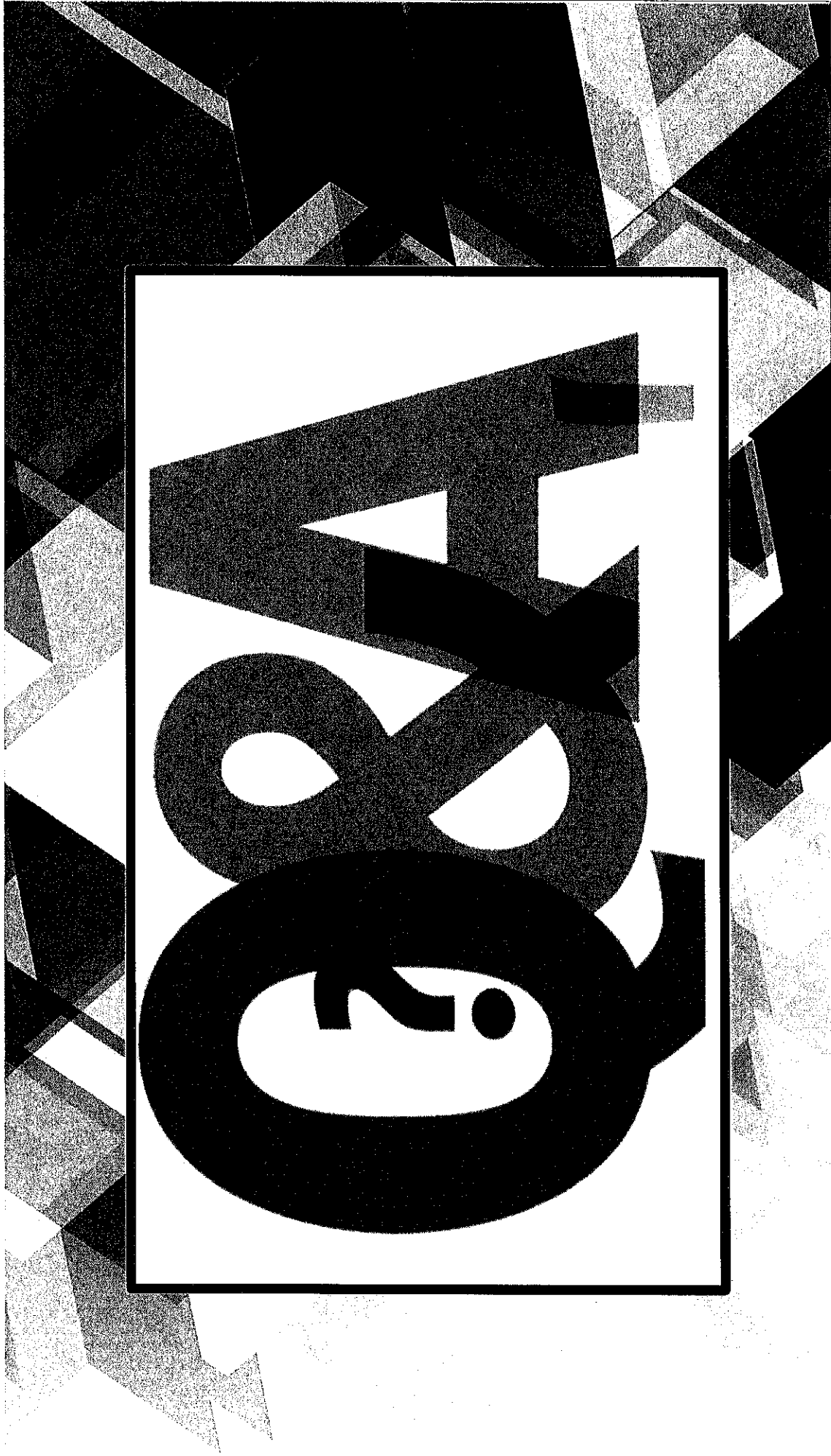
Contact Information

Dr. Ron Pupp
rpupp@waukeshacounty.gov
262-548-7226



[https://www.waukeshacounty.gov/
HealthAndHumanServices/adolescent-and-family-
services/](https://www.waukeshacounty.gov/HealthAndHumanServices/adolescent-and-family-services/)







**WAUKESHA COUNTY
HEALTH AND HUMAN SERVICES BOARD MEMBERSHIP LIST**

Member Contact Information	Committee Role	Committee Term Information
Larry Nelson 201 N. Prairie Waukesha, WI 53186-4520 262-542-4767 (home) 262-424-5926 (cell) lsnelson@waukeshacounty.gov	County Board Supervisor Chair of HHS and JCC Chair of Human Resources Committee Member: Executive Committee	Term expires 04/01/2024
Mary Baer 123 Harrogate Dr. Waukesha, WI 53188 414-745-3647 (cell) maryrbaer@yahoo.com	Citizen Member Primary Liaison: Public Health Advisory Primary Liaison: ADRC Advisory	Term expires 04/01/2024
Christine Beck 2665 El Rancho Drive Brookfield, WI 53003 262-527-1433 cbeck.hhwc@gmail.com	Citizen Member Alternate Liaison: Public Health Advisory Alternate Liaison: Substance Use Advisory Member: JCC	Term expires 04/01/2024
Mary Berg City of Waukesha Parks Recreation and Forestry Department 1900 Aviation Dr. Waukesha, WI 53188 262-993-2084 mberg@waukesha-wi.gov	Citizen Member Alternate Liaison: CAFSAC Alternate Liaison: IPID	Term expires 04/01/2023
Vicki Dallmann-Papke ProHealth Care N17W24100 Riverwood Drive, Suite 150 Waukesha, WI 53188 262-696-0425 (W) vicki.dallmann-papke@phci.org	Citizen Member Primary Liaison: Mental Health Advisory Member: JCC	Term expires 04/01/2025
Joel Gaughan 13795 W. Pleasant View Drive New Berlin, WI 53151 262-789-9736 jgaughan@waukeshacounty.gov	County Board Supervisor ADRC Advisory Board Supervisor Rep Member: Finance Committee Member: Public Works Committee	Term expires 04/01/2025
Mike Goldstone W280N3507 Taylors Wood Rd. NE Pewaukee, WI 53072 262-599-0010 msgoldstone@gmail.com	Citizen Member Primary Liaison: Substance Use Advisory Alternate Liaison: Mental Health Advisory Member: JCC	Term expires 04/01/2024
Christine Howard N16W26487 Meadowgrass Circle, Unit E Pewaukee, WI 53072-6678 414-745-6421 choward@waukeshacounty.gov christine.howard@phmlans.com	County Board Supervisor Member: JCC Member: Public Works Committee Member: Land Use, Parks, and Environment Committee	Term expires 04/01/2023
Robert Menefee Jr. N60 W29759 S. Woodfield Road Hartland, WI 53029 414-460-5403 bobmenefee2@gmail.com	Citizen Member Primary Liaison: CAFSAC Primary Liaison: IPID Alternate Liaison: ADRC Advisory	Term expires 04/01/2024



County Board Supervisors Orientation Booklet

for the Department of Health & Human Services

April 2022



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2022 Meeting Schedule for HHS Committee & HHS Board

COUNTY CODES:

Chapter 4 | HHS Committee

Chapter 12 | HHS

Chapter 8 | Aging & Disability Resource Center (ADRC)

Chapter 16 | Veterans

HHS Board Bylaws

Vision/Mission/Values for Department of HHS & Purpose Statements for HHS Divisions

Organizational Chart for HHS

DIVISIONAL BUDGET, DIVISIONAL SUMMARY:

Administrative Services Division

Child & Family Division

Adolescent & Family Division

Clinical Services Division

Aging & Disability Resource Center (ADRC)

Public Health Division

Veterans Services Office

IT Business Application Support (BAS)

Advisory & Standing Committees' Mission Statements for HHS

Budget Process Flowchart for HHS

APPENDIX:

Acronyms Glossary for HHS

Federal, State, Local Regulations Governing HHS Programming

2022 Meeting Schedule
HHS Committee & HHS Board
 Call to Order at 1:00 p.m. unless otherwise indicated

HHS Committee Meetings <i>AC Rm 130</i>	Joint HHS Committee & HHS Board Meetings <i>AC Rm 130</i>	HHS Board Meetings <i>HHS Room 271 or via MS Teams</i>	Presentations
January 13, 2022		January 20, 2022	Clinical Services Division (Kirk Yauchler)
February 10, 2022		February 24, 2022	Child and Family Division (Penny Nevicosi)
March 31, 2022	March 17, 2022		Joint Committee & Board Meeting HHS Annual Report
		April 21, 2022	Unmet Needs Presentations
May 12, 2022		May 19, 2022	Boards Needs Assessment Review Presentation to County Executive
June 16, 2022		June 23, 2022	Adolescent and Family Division (Ron Pupp)
July 14, 2022		July 28, 2022	Public Health Division (Ben Jones)
August 11, 2022		August 18, 2022	HHS Public Hearing HHS Budget Review
September 15, 2022 Capital Project Review		September 22, 2022	Aging and Disability Resource Center (Mary Smith)
October 20, 2022		October 13, 2022	Privileging Admin Services Division (Randy Setzer)
	November 10, 2022		Veterans Annual Report Veterans Services Office (Dan Driscoll)
December 8, 2022		No December Meeting	

CHAPTER 4
WAUKESHA COUNTY CODE SECTION 4-110
HEALTH AND HUMAN SERVICES COMMITTEE

- a. There is established a health and human services committee.
- b. The health and human services committee shall consist of seven (7) members of the county board of supervisors.
- c. The duties of the health and human services committee shall be as follows:
 1. To act as the committee of budget and policy oversight for the aging and disability resource center, the department of health and human services, the department of veterans' services, the health and human services board, the veterans' service commission and the Waukesha County Housing Authority.
 2. To coordinate and recommend to the county board all matters requiring legislation relating to aging, community human services, housing, public health, and veterans' policies and programs which are referred to it by the committees, boards, commissions, and agencies for which it has budget and policy oversight. This committee may request studies, recommendations, and investigations, and will perform such other duties as the county board may from time to time direct. The committee shall meet as necessary with the appropriate boards, commissions, and departments.
 3. To make recommendations to the county board, upon the recommendation of the human services board, based on the following activities: To review and recommend the quantity and quality of care and treatment services; to review the need for the county to establish, finance, or undertake new purchased programs or to review substantial revisions in existing purchased programs; and, to seek evaluation of the adequacy and effectiveness of the purchased programs.
- d. The provisions of section 7-94 shall apply to members of this committee.

(Ord. No. 146-92, § 1, 4-9-91; Ord. No. 146-109, § 4, 01/21/92; Ord. No. 163-77, 02-04-09; Ord. No 164-7, 4/28/18.)

Editor's note – Section 1 of Ord. No. 145-192, adopted April 9, 1991, amended Ch. 2 by adding a section thereto, but did not specify a section number. Inclusion of the provisions as §2-90 was at the discretion of the editor.

Reference to veterans' services department removed from 4-110(c)(1) pursuant to Enrolled Resolution 164-4.

Cross references – Compensation for committee, board or commission meetings, § 7-94, health and human services, Ch. 12.

Do you have a question relative to HHS?

County Board Supervisors are encouraged to call the County Board Office at (262) 548-7003. A staff member will direct your question to the appropriate HHS staff member.

CHAPTER 12
HEALTH AND HUMAN SERVICES

Sec. 12-1 Department of health and human services.

The county department of public welfare is renamed the department of health and human services.

(Res. No. 200, 3-14-68; Res. No. 175-10/85, 10-15-85)

State law reference - County department of public welfare, Wis. Stat. ' 46.22.

Sec. 12-2 Health and human services board.

(a) The Department of Health and Human services shall serve as the section 51.42 and 51.437, Wis. Stats. departments, and the Director of Health and Human Services or the Director's designee shall have the powers and duties of a health officer appointed under section 251.06, Wis. Stats.

(b) The health and human services board shall consist of not less than 7 nor more than 15 persons of recognized ability and demonstrated interest in human services. Not less than one-third nor more than two-thirds of the county human services board members may be members of the county board of supervisors. At least one member appointed to a county human services board shall be an individual who receives or has received human services or shall be a family member of such an individual. The remainder of the county human services board members shall be consumers of services or citizens-at-large. No public or private provider of services may be appointed to the human services board.

(c) The duties and powers of the health and human services board shall be as follows:

1. As defined in section 46.22 of the Wisconsin Statutes;
2. To be responsible for all matters pertaining to the support, hospitalization and institutional care of the indigent;
3. To serve as standing committee for the children's center;
4. To serve as standing committee for the veterans' service director.

(d) The health and human services board shall perform the duties enumerated in Wisconsin Statutes section 51.42 and shall act as the liaison for county human services. In addition, the health and human services board is designated as the community development disabilities board with all the powers and duties specified in Wisconsin Statutes section 51.437.

(e) The health and human services board shall make an annual report to the county board of supervisors, and shall make or cause to be made such other reports as are required by law.

(Res. No. 200, 3-14-68; Res. No. 77, 11-28-72; Res. No. 104, 9-18-77; Mo. of 4-17-84, as amended, Rules 30, 31; Res. No. 175-10/85, 10-15-85; Ord. No. 141-6, 4-15-86; Ord. No. 152-128, 2-24-98)

Editor's Note: Reference to responsibility for IV-D program removed from 12-2(c), pursuant to EO 151-41.

State law reference - County board of public welfare, Wis. Stat. ' 46.22.

Sec. 12-3 Intake services for Children's Code.

The county department of health and human services is authorized to continue to provide intake service required by Wisconsin Statutes section 48.067 and to carry out the objectives and provisions under Wisconsin Statutes section 48.069.

(Res. No. 165-11/78, 11-16-74)

Cross reference - Function of corporation counsel, Ch. 10.

State law reference - Authority of county to so provide, Wis. Stat. ' 48.06(2).

Sec. 12-4 County wide relief program.

A county-wide system of general relief is adopted. It shall be administered by the health and human services department.

(Res. No. 93, 11-17-66)

Sec. 12-5 Work relief program.

There is a county work relief program. The program shall include all general relief recipients except those for whom reimbursement from other counties or units can be expected.

(Res. No. 148-1/83, 12-20-83)

CHAPTER 8
AGING AND DISABILITY RESOURCE CENTER

ARTICLE I. GENERALLY

Sec. 8-1 Agency designated to receive reports of abuse of elderly.

The Aging and Disability Resource Center is the agency for purposes of receiving reports of suspected cases of elder abuse.

(Res. No. 205-1/84, 11-13-84; Ord. No. 163-18, 06-24-08)

State law reference - County required to designate agency, Wis. Stat, ' 46.90(2).

Sec. 8-2 Director of Aging and Disability Resource Center.

The director of the Aging and Disability Resource Center shall perform such duties as prescribed in the job specification on file in the office of the county clerk.

(Ord. No. 143-169, 3-30-89; Ord. No. 146-23, ' 2, 6-18-91; Ord. No. 163-18, 06-24-08)

Secs. 8-3 - 8-10 Reserved.

ARTICLE II. AGING AND DISABILITY RESOURCE CENTER RESOURCE ADVISORY BOARD

Sec. 8-11 Aging and Disability Resource Center Resource Advisory Board.

(a) A governing board for the Aging and Disability Resource Center shall be formed in accordance with the requirements of sec. 46.283(6)(A), Wis. Stats. and shall be called the Aging and Disability Resource Center Advisory Board.

(b) The functions of the county commission on aging shall be performed by the Aging and Disability Resource Center Advisory Board.

(Ord. No. 146-42, ' 1, 8-20-91; Ord. No. 163-18, 06-24-08)

Sec. 8-12 Members.

(a) The Aging and Disability Resource Center shall consist of thirteen (13) members with one (1) member being a county board supervisor. The twelve other members shall be made up of individuals who are representative of those in the community with disabilities or needs served by the Aging and Disability Resource Center. The Aging and Disability Resource Center Advisory Board shall be appointed by the county executive, subject to confirmation by the county board.

(b) The Aging and Disability Resource Center Board members initially appointed shall serve staggered terms of one, two and three years as directed by the County Executive. Any appointments thereafter shall be for three (3) year terms.

(c) Members of the committee shall serve without compensation, except that they shall be reimbursed for all mileage expense related to attending meetings of the Board and for expenses incurred as a result of attendance at conferences and other special functions related to official Board business.

(Ord. No. 152-64, '1, 8/26/97; Ord. No. 146-42, '2, 8-20-91; Ord. No. 146-95, '1, 12-17-91; Ord. No. 152-64, '1, 12-16-97; Ord. No. 161-77, 2-13-07; Ord. No. 163-18, 06-24-08)

Sec. 8-13 Officers and bylaws.

The Aging and Disability Resource Center Advisory Board shall at its first meeting proceed to elect a chairperson, a vice-chair-person and a secretary. Officers so elected shall serve for a term of one (1) year. The Board shall be authorized to adopt its own bylaws and procedures providing they are not inconsistent with the bylaws of the area agency on aging. The bylaws must be approved by the county executive.

(Ord. No. 146-42, '3, 8-20-91; Ord. No. 163-18, 06-24-08)

Sec. 8-14 Expenses.

All expenses of the Aging and Disability Resource Center Advisory Board shall be approved by the director of the Aging and Disability Resource Center.

(Ord. No. 146-42, '4, 8-20-91; Ord. No. 163-18, 06-24-08.)

Sec. 8-15 Reserved.

(Editor's note: Sec. 8-15 was repealed by Ord. No. 163-18, 06-24-08.)

CHAPTER 16
VETERANS SERVICES

ARTICLE I. IN GENERAL

Sec. 16-1 Investigations for county veterans service officer.

The health and human services department is the agency available to the county veterans= service director for making any or all investigations necessary to determine eligibility for aid under sections 45.40 to 45.55 of the Wisconsin Statutes.

(Ord. of 12-8-58)

State law references - County board to make facilities available to county veterans' service officer, Wis. Stat. ' 45.80(7); county veterans= service officer required, Wis. Stat. ' 45.80(1).

Secs. 16-2 -16-5 Reserved.

ARTICLE II. COUNTY VETERANS SERVICE COMMISSION

Sec. 16-6 Compensation.

(a) The members of the veterans' service commission shall be paid an annual salary plus the mileage and actual expenses incurred in the performance of their duties.

(b) The director of veterans' services, who is designated as county veterans' service officer, shall save the duties and responsibilities, qualifications, training and experience as prescribed in the job specification on file in the office of the county clerk.

(Res. No. 105, 12-8-58; Ord. No. 143-168, 3-30-89)

State law reference - Authority of county board to set compensation of members of county veterans' service commission, Wis. Stat. ' 45.15.

State law reference - County veterans' service commission, Wis. Stat. ' 45.12 et seq.

HHS BOARD BYLAWS

Article I – Name

The name of this organization shall be the “Waukesha County Health & Human Services Board,” hereinafter referred to as the “the HHS Board.”

Article II – Mission Statement

In partnership with our community, we provide, purchase, and coordinate a wide range of high-quality prevention, intervention and protective services. We are committed to making the best use of resources available to promote health, self-sufficiency and an improved quality of life. We honor the dignity of individuals and families in all of our work.

Article III – Membership

- A. The HHS Board shall consist of nine (9) persons with recognized ability and demonstrated interest in human services, the field of public health or community health, and the problems of the mentally ill, developmentally disabled, alcoholic, or drug dependent persons.
1. Not less than three (3), nor more than (5) of the HHS Board Members may be members of the County Board of Supervisors.
 2. At least one (1) member appointed to the HHS Board shall be an individual who receives or has received human services or shall be a family member of such an individual per Sec. 46.23(4)(a)1., Wis. Stats. At least one (1) member appointed to the HHS Board shall be an individual who receives or has received services for mental illness, developmental disability, alcoholism, or drug dependence or shall be a family member of such an individual per Sec. 51.42(4)(b)1., Wis. Stats. One individual may satisfy both of these requirements.
 3. The remainder of the HHS Board members shall be consumers of services or citizens at large.
 4. A good faith effort shall be made to appoint a registered nurse and physician per Sec. 251.03(1), Wis. Stats.
- B. No public or private provider of services may be appointed to the HHS Board. A public or private provider of services is an agency or individual who provides or seeks to provide services under contract with Waukesha County Department of Health and Human Services (HHS). A public or private provider does not include an HHS Board member appointed to the HHS Board as a consumer or citizen at large who may also be a public or private provider of services or an employee of a public or private provider of services.
- C. The members shall serve for terms of three (3) years so arranged that nearly as practicable, the terms of 1/3 of the members shall expire each year in April.

D. Vacancies shall be filled by appointment of the County Executive, such appointee to serve the balance of the term of the member whose place is being filled. New appointments or reappointments shall be for a term of three (3) years with no term limits.

Article IV – Duties of The Board

A. The HHS Board shall have responsibility and be accountable to the County Executive, community, and County, but can grant certain authority to officers and others according to its bylaws and applicable state and/or federal laws.

B. Per Wisconsin Administrative Code DHS 124, the HHS Board shall be the effective governing body for the Waukesha County Department of Health and Human Services Mental Health Center inpatient hospital.

1. The HHS Board shall appoint an executive committee and others as needed.
2. The HHS Board shall appoint a chief executive officer for the hospital.
3. The HHS Board shall establish and maintain the standing committee, Joint Mental Health Center Conference Committee, to provide a formal means of liaison with WCDHHS medical staff.
4. The HHS Board shall appoint members of the medical staff following the process prescribed in the Medical and Psychological Staff Bylaws and shall hear appeals to contested decisions on applications for medical staff appointment.
5. The HHS Board shall provide a physical plant equipped and staffed to maintain the needed facilities and services for patients through approval of an annual budget that includes financing for the physical plant and equipment and for staffing and operating the hospital.
6. The HHS Board shall receive periodic reports about the adequacy of the physical plant and equipment and the personnel operating the physical plant and equipment.

C. The HHS Board shall implement an Intoxicated Driver Program by:

1. Appointing a designated coordinator to be responsible for the Intoxicated Driver Program.
2. Designating a single intoxicated driver assessment facility that meets the requirements of Wisconsin Administrative Code, DHS 62.
3. Establishing and appointing an Interagency Program for the Intoxicated Driver Committee to implement requirements as specified under Wisconsin Administrative Code, DHS 62.

- D. The HHS Board shall serve as the governing body for the Waukesha County Veterans Services Office.
- E. The HHS Board shall recommend policy and be responsible for recommending decisions involving long range commitments of resources including facilities, finances, workforce, and programs.
- F. The HHS Board has the responsibility for seeing that its policies are not in conflict with the policies and procedures of the Waukesha County Board of Supervisors.
- G. The HHS Board shall comply with all applicable statutes and regulations.
- H. The HHS Director and staff shall prepare budgets as required, but it shall be the responsibility of this Board to carefully scrutinize and recommend such budgets to the County Executive.
- I. The HHS Director and managerial staff shall have the responsibility of carrying out Board policy in the administration, operating, maintaining, and improving of programs.

Article V – Officers

- A. The officers of this Board shall be a Chair and Vice Chair.
- B. The Chair is appointed by the County Executive for a three (3) year term.
- C. The Vice Chair will be elected by ballot at the May HHS Board meeting for a three (3) year term and will assume office immediately.
- D. The Vice Chair will be elected by a majority of the Board members present and if the first ballot does not produce a majority, the name of the member securing the least number of votes shall be dropped on subsequent ballots. In case of a tie in the lowest number of votes, all ties' members shall be dropped provided at least two (2) names remain.
- E. A vacancy in the office of Chair shall be filled by the County Executive. A vacancy in the office of Vice Chair shall be filled by election at the first Board meeting at which the vacancy exists. Procedure shall be as outlined in Section D above. HHS Board members filling a vacancy under this section shall serve the balance of the term of the member they are replacing in these vacancies.

Article VI – Duties of the Officers

- A. The Chair shall be a member of the Board and shall preside at all meetings when present.
 - 1. The Chair shall be an ex-officio member of all committees and shall exercise all other powers common to the office of Chair and shall sign all HHS Board meeting minutes.
 - 2. The Chair shall work closely with the HHS Director and Deputy Director.

3. The Chair will prepare agendas with the assistance of the HHS Director and Deputy Director.
 4. The Chair shall, with the assistance of the HHS Director and Deputy Director, review these bylaws once per term or as needed to comply with any applicable law or regulation.
- B. The Vice Chair shall act as Chair in the latter's absence and, when so acting, shall have the power, responsibility, and authority of the Chair.

Article VII – Committees

- A. The proceedings of Committees and Advisory Committees of the HHS Board shall be conducted according to Robert's Rules of Order unless otherwise specified by these bylaws or by bylaws of those Committees and Advisory Committees.
- B. A standing committee of this Board shall be a Joint Mental Health Conference Committee. The HHS Board Chair shall appoint a Chair of this committee for a three (3) year term with no term limits.
- C. A standing committee of this Board shall be an Interagency Program for the Intoxicated Driver Committee.
- D. A standing committee of this Board shall be an Aging & Disability Resource Center (ADRC) governing board. The ADRC Advisory Board will elect a Chair on an annual basis for up to a six (6) year term. The HHS Board Chair shall approve a Chair of this committee.
- E. The HHS Board shall appoint four (4) Advisory Committees, each representing, Mental Health, Substance Use, Children/Adolescent and Family Services, and Public Health. Such Advisory Committees shall have a formal staff of officers, shall hold regular meetings, and keep regular minutes of such meetings.
 1. The HHS Board Chair shall appoint one (1) Board member liaison and one alternate to the Mental Health, Substance Use, Children and Adolescent and Family Services Advisory, Public Health Advisory, Interagency Program for Intoxicated Drivers (IPID), and ADRC Advisory Committees. The liaison and alternate shall be ex-officio, non-voting members of these Advisory Committees.
 2. The HHS Director or designee shall appoint HHS staff to Advisory Committees to assure appropriate representation of HHS programs and services as ex-officio, non-voting members.
 3. HHS Board members are appointed to Advisory Committees for one (1) year terms with no term limits.

4. A Chair will be elected by each individual Advisory Committee. The Advisory Committees shall present long and short-term plans for each Committee and recommend priorities for the Advisory Committee they represent to the HHS Board.
- F. The establishment of ad hoc committees may be directed by the HHS Board, which may specify the duties and time for the fulfillment of such duties. Such committees are to be appointed by the Chair subject to approval of the County Executive.

Article VIII – Joint Mental Health Center Conference Committee

- A. The Joint Mental Health Center Conference Committee shall be the executive committee of the Mental Health Center inpatient hospital and shall provide a formal means of liaison with the medical staff.
- B. The Joint Mental Health Center Conference Committee shall consist of five (5) Board members who will be assigned to this committee for the duration of their HHS Board term. Temporary vacancies will be filled by appointment by the HHS Board Chair.
- C. The Joint Mental Health Center Conference Committee shall meet at least four (4) times per year.
- D. The Joint Mental Health Center Conference Committee shall:
 1. In consultation with the Mental Health Center Administrator, the Clinical Director, the Clinical Services Manager, the Health & Human Services Director or their designee(s), shall review medical staff privileging applications and make recommendations to the HHS Board for medical staff appointments through the process defined in the Medical and Psychological Staff Bylaws.
 2. Review any proposed changes to the Medical and Psychological Staff Bylaws, Rules and Regulations, and shall make recommendations to the governing board regarding any change.
 3. With HHS and hospital administration, establish policies for the activities and general policies of the hospital departments and special committees established by the Board, and receive periodic evaluation of hospital practices. These policies shall include, but are not limited to, a requirement that:
 - i) Every patient be under the care of a physician, dentist, podiatrist, or other profession permitted by Wisconsin law to distribute, dispense, and administer medications in the course of professional practice, admit patients to a hospital, or provide any other health care service that is within that profession's scope of practice and for which the governing body grants clinical privileges.
 - ii) The hospital maintains an effective, ongoing program coordinated with community resources to facilitate the provision of follow-up to patients who are discharged, and

that the hospital has current information on community resources available for continuing care of patients following their discharge.

Article IX – Interagency Program for the Intoxicated Driver Committee

- A. The Interagency Program for the Intoxicated Driver Committee (IPID Committee) shall be a collection of agency and organization representatives appointed by the HHS Board to develop and implement the Intoxicated Driver Program.
- B. The IPID Committee shall designate driver safety plan providers who provide treatment to clients.
- C. The IPID Committee shall implement written policies, procedures and guidelines that address client records, collaboration and consultation with courts, program fees, conflict of interest guidelines, client referrals, illegal discrimination, program training requirements, alternative education approval requirements, assessments and safety plans, procedures for assessments and requests from assessment facilities to extend the time to conduct assessments or driver safety plans.

Article X – The ADRC Advisory Board

- A. The ADRC Advisory Board shall have advisory oversight of the ADRC of Waukesha County whose statutory authority is provided under s.46.283(6)(A), Wis.Stats.
- B. The functions of the county commission on aging shall be performed by the Aging and Disability Resource Center Board under s46.82.
- C. ADRC Advisory Board members provide strategic direction to the ADRC to ensure fidelity to the ADRC mission, advise the ADRC leadership on the three-year Aging Unit Plan, engage in advocacy activities, and serve as ambassadors for the ADRC.

Article XI – Attendance

- A. Members will attend all Board meetings and assigned committee meetings. If they are unable to attend, they will report their absence in advance of the meeting to be considered an excused absence.
- B. If a member has three (3) unexcused absences in a row, the HHS Board Chair will advise them that, if they miss two (2) additional meetings, the Chair will presume they have resigned, and a replacement will be named by the County Executive.

Article XII – Conflict of Interest

- A. Any Board member who believes a conflict of interest exists for him or her regarding a specific item of Board business must so state and refrain from discussion and voting regarding that item. The minutes shall record his statement and indicate his abstaining vote. Any Board member who believes that a conflict of interest exists for any other Board

member regarding a specific item of Board business shall have the right and responsibility of challenging that Board member. If the majority of those present agree that a conflict of interest does in fact exist, the challenged Board member will abstain from discussion and voting. Such action shall be recorded in the minutes.

Article XIII – Meetings

- A. A fixed quorum of five (5) members shall be present to transact official business of the HHS Board.
 - 1. Members approved in advance by the HHS Board Chair to appear by remote means and who fully comply with the HHS Board’s remote appearance guidelines shall be considered present for quorum and attendance purposes and shall be entitled to vote.
- B. A fixed quorum of three (3) members shall be present to transact official business of the HHS Board Joint Mental Health Center Conference Committee.
- C. The HHS Board will meet monthly on a date, time, and place specified by the HHS Board.
- D. Special meetings may be called at the discretion of the two (2) officers, or of any three (3) members of the HHS Board and shall be in accordance with the County Board rules of order which provides for appropriate meeting notice.

Article XIV – Amendments

- A. These bylaws may be amended by a majority vote of the Board at any regular or special meeting provided notice of the intent to amend and a copy of the proposed amendment shall be given to each member of the HHS Board at least two (2) weeks prior to such meetings.
- B. These bylaws become effective when approved by a majority of the HHS Board.

Approved by:

Larry Nelson, HHS Board Chair

Christine Howard, HHS Board Vice Chair Health & Human Services Board

Adopted 11-29-07

Adopted 6-14-12

Adopted 11-13-14

Adopted 12-05-19

Adopted 02-24-2022

HHS VISION / MISSION / VALUES / PURPOSE

HHS VISION: A connected, resilient community where everyone thrives

HHS MISSION: We enhance quality of life while assuring critical needs are met

HHS DIVISION PURPOSE STATEMENTS:

Administrative Services Division

To provide operating, fiscal and management support to all Health and Human Services Divisions, including processing of client and provider billing & payments. Manages centralized records, oversees compliance, provides public information.

Adolescent & Family Division

- Promote the protection and safety of the community from delinquent acts of juveniles.
- Promote the protection and safety of children from the abusive and neglectful acts of adults and other children.
- Promote the development of responsible and pro-social behaviors in children and their families.
- Promote the development of skills and competencies toward self-sufficiency in children and their families.
- Promote the strengths of the family unit as the foundation of a strong community.

Aging and Disability Resource Center

To provide older adult and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security and to achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individual to make informed choices and to streamline access to the right and appropriate services and supports.

Child & Family Division

Dedicated to improving outcomes for children and families in Waukesha County by promoting the health, safety, and well-being of our community, striving to make a positive difference by strengthening individual, family, and community relationships and promoting a healthy work force

Clinical Services Division

To provide high quality, individualized, culturally responsive mental health and substance use services that help people improve their health, safety, well-being, and quality of life

Economic Support Services

In partnership with the five-county Moraine Lakes Consortium, determines eligibility for assistance programs such as medical, food, and day care for Waukesha residents including children, caretakers of children, elderly, blind, and the disabled

Public Health Division

To champion innovative programs and partnerships to foster optimal health and well-being for our community

Veterans Services

To provide Waukesha County Veterans and their dependents with a range of benefits and services for which they are eligible, adhering to the highest standards of compassion, commitment, and excellence

IT Business Application Support (BAS)

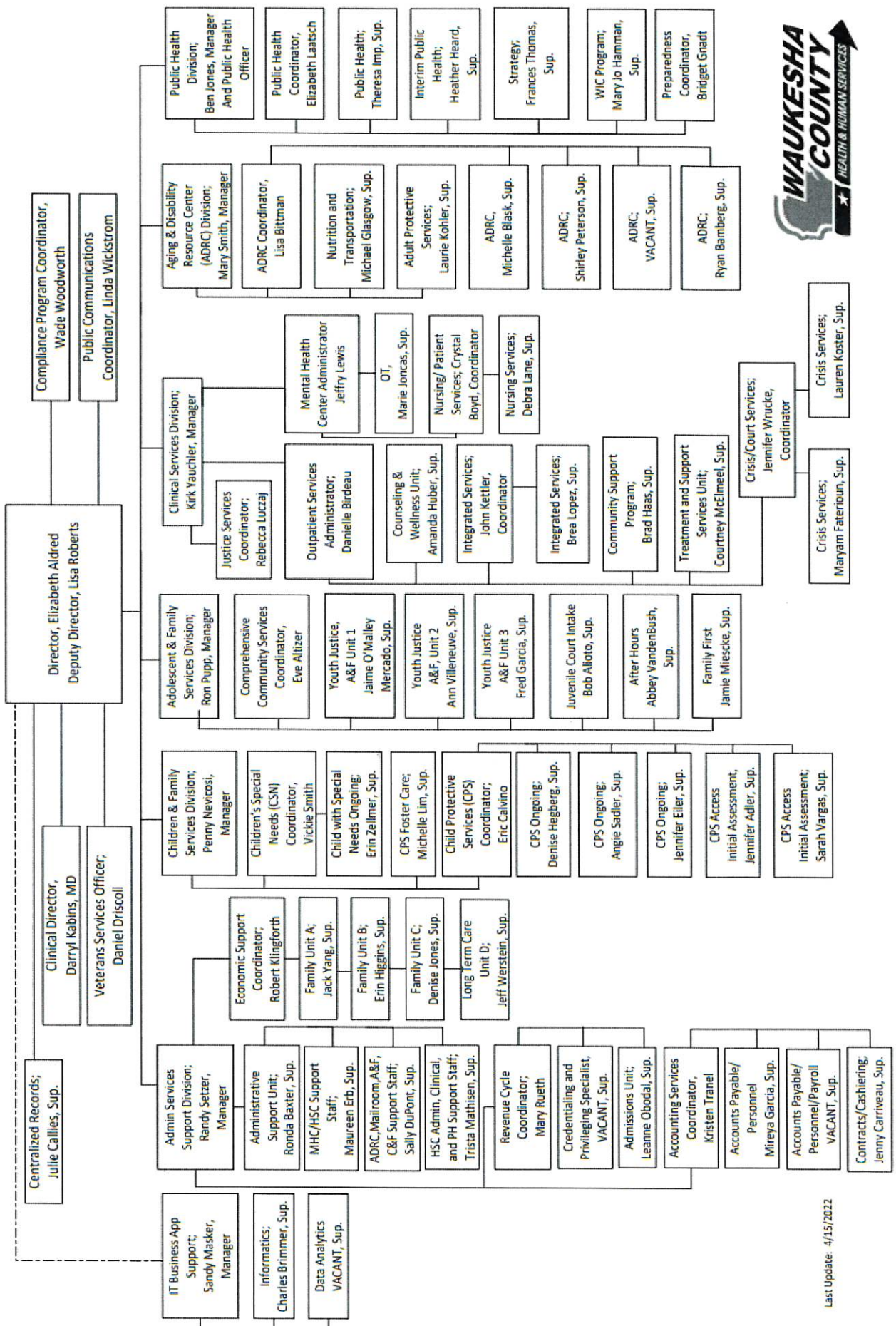
To support the Department of Health and Human Services in utilizing appropriate technology, effectively and securely, to meet needs and requirements in collaboration with other units within the DOA-IT Division.

HHS DEPARTMENT VALUES:

- **COLLABORATION:** We leverage individual and partner strengths to achieve a shared purpose and common goals.
- **ACCOUNTABILITY:** We make prudent fiscal decisions, act and respond with integrity, and provide high-quality programs.
- **RESPECT:** We honor the dignity, culture and diversity of the people with whom we work and serve.
- **ENGAGED WORKFORCE:** We actively create an environment of transparency, trust, shared responsibility and inclusivity while valuing professional development and work/life balance.
- **INNOVATION:** We intentionally implement creative solutions that foster meaningful change to best meet the needs of our community and position the department for the future.
- **SELF-DETERMINATION:** We engage individuals through a strength-based approach to make informed choices that positively impact quality of life.

CARE IS...HHS

Waukesha County Department of Health & Human Services



Administrative Services Division

2022 Adopted Budget Summary

2022 Total Revenue	\$15,497,484
2022 Levy Appropriation	(\$556,353)
2022 Total Expenditures	\$14,941,131
FTE	60.75

Key Personnel

Elizabeth Aldred	HHS Director	262-548-7676
Lisa Roberts	HHS Deputy Director	262-548-7225
Randy Setzer	Administrative Services Manager	262-548-7663
Linda Wickstrom	Public Communication Coordinator	262-896-8560
Kristen Tranel	Accounting Services Coordinator	262-548-7637
Mary Rueth	Revenue Cycle Coordinator	262-548-7954
Wade Woodworth	Corporate Compliance Coordinator	262-548-7663
Robert Klingforth	Economic Support Coordinator	262-548-7133
Ronda Baxter	Programs and Projects Analyst – Admin Support	
Julie Callies	Centralized Records Supervisor	

Primary Programs:

Administration provides the overall direction for strategic planning, operational oversight, and Health & Human Services programming integrity.

Revenue Cycle provides the financial process to manage the administrative and clinical functions associated with medical claims processing, payment of claims, and revenue generation. This program includes medical coders, utilization review, denial management, and the admission of clients for services.

Corporate Compliance provides oversight in the design, implementation, and monitoring of policies and procedures, training, and practices. This program assists in preventing violations of the law and the training of employees on regulations relevant to HHS programming.

Economic Support provides financial and medical health support to individuals and families through eligibility determinations for federal and State programs.

Public Information provides internal and external stakeholder engagement, social media and website content, brand standards, media relations, crisis communications, and strategic planning.

Administrative Support provides centralized supervised and embedded support staff to all HHS divisions. This program includes data management, front desk reception, document creation, systems maintenance and validation, mailroom functions, and overall business operation support.

Records Management provides the supervision and administration of digital and paper records for all Health & Human Services divisions. This includes the creation, receipt, maintenance, use and disposal of department records.

Child & Family Division

2022 Adopted Budget Summary

2022 Revenue	\$16,017,682
2022 Levy Appropriation	\$6,068,346
2022 Total Expenditures	\$22,086,028
FTE	58.0

Key Personnel

Penny Nevicosi	Division Manager	262-548-7363
Eric Calvino	Child Protective Services (CPS) Coordinator	262-548-7271
Vickie Smith	Children with Special Needs (CSN) Coordinator	262-548-7704
Jennifer Adler	CPS Access/Initial Assessment Supervisor	
Jennifer Eiler	CPS Ongoing Supervisor	
Denise Hegberg	CPS Ongoing Supervisor	
Michelle Lim	CPS Foster Care Supervisor	
Angela Sadler	CPS Ongoing Supervisor	
Sarah Vargas	CPS Access/Initial Assessment Supervisor	
Erin Zellmer	CSN Ongoing Supervisor	

Primary Programs

Access/Initial Assessment receive reports from the community with allegations of child abuse/neglect or a need for family services due to parenting challenges. For those reports of child abuse/neglect that meet the criteria for investigation, a social worker is assigned to assess for child safety. After review of service reports or at the conclusion of an investigation families may be referred for court ordered or voluntary services

Ongoing provides intervention and support to families when it has been determined that a child is unsafe or a need for ongoing case management has been identified. Many of the services provided are court ordered and are targeted to build parental protective capacity and improve family functioning. All effort is made to avoid placing children outside the family home while providing services.

Foster Care licenses homes that provide placement and respite services for children and youth in out of home care with relatives and non-relatives. Training, support, and monitoring are provided to support placements.

Kinship Care is a voluntary state-funded program that provides financial assistance to relatives providing care to a child in their home. The child may be living temporarily or long term with the relative.

Children's Long-Term Support (CLTS) Medicaid Waiver funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home or community. Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities. Funding can be used to support a range of different services based on an assessment of the needs of the child and his or her family.

Children's Community Options Program (CCOP) funds purchasing of goods and services that respond to assessed needs and desired outcomes, as identified in each participant's individualized plan. The intention is to better support, nurture, and facilitate self-determination, interdependence, and inclusion in all facets of community life for the child and family. CCOP is often used congruently with the CLTS Waiver Program.

Birth to Three is a federally mandated early intervention program that supports families of children with developmental delays or disabilities under the age of three. Birth to Three conducts an assessment to determine if children are eligible for the program. Once found eligible, supports and services are provided by a team of professionals with the goal to enhance the child's development by partnering with the family to increase their knowledge, skills, and abilities to support their child.

Adolescent and Family Division

2022 Adopted Budget Summary

2020 Revenue	\$ 5,905,311
2020 Levy Appropriation	\$ 2,815,821
2020 Total Expenditures	\$ 8,721,132
FTE	46.66

Key Personnel

Ron Pupp	Division Manager	262-548-7226
Eve Altizer	Comprehensive Community Services (CCS) Coordinator	262-548-7267
Bob Alioto	Juvenile Court Intake Supervisor	
Abbey VandenBush	Afterhours Supervisor	
Jaime O'Malley	Youth Justice Supervisor (A&F Unit 1)	
Ann Villeneuve	Youth Justice Supervisor (A&F Unit 2)	
Fred Garcia	Youth Justice Supervisor (A&F Unit 3)	
Jamie Miescke	Family First Supervisor	

Primary Programs

Comprehensive Community Services -Youth (CCS-Youth) is a voluntary, community-based program that provides an array of community-based psychosocial rehabilitation services for children who have mental health and/or substance use conditions. The CCS program focuses on a person-centered approach, building on individual strengths. CCS provides opportunities for clients to learn self-direction in the journey of recovery while managing their mental health or substance use condition.

Coordinated Service Team (CST) is a wraparound approach that empowers children, youth and families involved in multiple systems of care to gain full access to a variety of supports and services to meet their needs. The goal of the CST program is to ensure that the family's voice is central in decisions about the services their child/youth receives.

Juvenile Court Intake (JCI) receives referrals on juvenile delinquency, juveniles in need of protections and services (JIPS), voluntary and truancy cases and conducts inquiries to determine course of action. The JCI staff use tools such as the Youth Assessment & Screening Instrument (YASI) and the Detention Risk Assessment Inventory (DRAI) to inform their decision making. JCI recommends courses of action to Corporation Counsel (on JIPS cases) and to the District Attorney's Office (on delinquency cases). JCI workers may take emergency placement of youth who present a danger to the public. The goal is to ensure youth are receiving the right level of intervention based on their behavior.

Afterhours provides coverage during non-business hours for the Juvenile Court Intake as well as the child abuse and neglect investigations. The goal of this program is to ensure youth are safe from abusive acts of others, and that society is safe from delinquent behaviors of youth during non-business hours.

Youth Justice (YJ) Ongoing Services are offered to youth referred due to delinquent acts, juveniles in need of protections and services (JIPS), truancy, and to families experiencing parent-teen conflicts. Social Work services are offered under a formal court order, a deferred prosecution agreement (DPA) or on a voluntary basis. Services are delivered in a trauma informed manner with the intention of preventing placement in correctional, residential care facilities or group homes. The goal is to reduce recidivism and increase prosocial behaviors.

Family First Unit: The overall goal of the Family First unit is to ensure that youth are receiving family and community-based services when possible; if they are placed out of the home, they are in a program that utilizes an evidence-based treatment approach; and that youth have access to a robust array of skill building programming. Finally, this unit oversees the contracts with Secure Detention facilities in neighboring counties and the non-secure Shelter Care contract with Lad Lake.

Independent Living Program (for youth in out- of home care). This program provides supportive services meant to increase a youth's ability to transition into adulthood and be able to live independently. The program helps youth learn basic life skills as well as how to contribute to society in positive ways.

Positive Youth Initiatives (for any youth open to the department). This program provides alternatives to traditional court or social service interventions for youth to develop higher levels of achievement, self-confidence, social/emotional functioning and encourages interest in physical activity while giving back to the community. Program initiatives include: Community Service, Healthy Boundaries, Meditation/Youth Accountability Panel, Recognizing Outstanding Kids, Teen Court, Community Youth Garden, Zumba, running and walking/hiking.

Clinical Services Division
2022 Adopted Budget Summary

2022 Revenue	\$14,495,467
2022 Levy Appropriation	\$12,881,584
2022 Total Expenditures	\$27,377,051
FTE	127.76

Key Personnel:

Kirk Yauchler	HHS Manager of Clinical Services Division	262-548-7715
Dr. Darryl Kabins	Clinical Director	262-548-7950
Danielle Birdeau	Outpatient Services Administrator	262-548-7692
Jeff Lewis	Mental Health Center Administrator	262-548-7957
Crystal Boyd	Nursing/Patient Care Services Coordinator	262-548-7963
John Kettler	Integrated Services Coordinator	262-548-7700
Rebecca Luczaj	Justice Services Coordinator	262-548-7925
Jenny Wrucke	Crisis/Court Services Coordinator	262-548-7357
Mariam Faterioun	Crisis Services Supervisor	
Brad Haas	Community Support Program Supervisor	
Amanda Huber	Counseling & Wellness Unit Supervisor	
Lauren Koster	Crisis Services Supervisor	
Debra Lane	Nursing Services Supervisor	
Brea Lopez	Integrated Services Supervisor	
Courtney McElmeel	Treatment & Support Services Unit Supervisor	

Primary Programs:

Mental Health Outpatient Clinic provides confidential mental health services to individuals of all ages. Among these services are individual, group, and family therapy, assessments, consultation, medication management, emergency mental health assessment and case management. Services include collaboration across multiple systems of care to meet the needs of all clients. Appointments are available on a daily basis through open intake hours.

Substance Use Services are provided confidentially for people with substance use issues and their families. Services include education, primary treatment, individual and/or group counseling, intensive outpatient treatment, co-occurring treatment, and medication assisted treatment. Persons needing additional structure and support may be referred to hospitals, outpatient treatment programs, day treatment and/or halfway houses in the community. Education and community awareness sessions are an integral part of the programming. Intake hours vary but are available for walk in assessments for patients for both mental health and substance use services. Substance Use Services also collaborates with OWI Treatment Court and Drug Treatment Court to integrate treatment services.

Criminal Justice Collaborating Council is overseen by the Justice Services Coordinator and includes 19 committee members representing the courts, HHS, law enforcement and

the legal system. Their role is to oversee cost-effective allocation of criminal justice resources and implement best practice, evidence-based criminal justice programming. CJCC pretrial and post-conviction programs include: Pretrial Jail Screening, Pretrial Supervision, OWI Treatment Court, Drug Treatment Court, Jail Adult Basic Education/GED, Day Report Center, Re-entry Employment, and Community Service Options.

Inpatient Mental Health/Substance Use Services are provided to adults 18 and older through the Mental Health Center inpatient psychiatric hospital. Services are for individuals with acute conditions requiring hospitalization. The majority of admissions are involuntary under WI DHS 51.15 or WI DHS 51.20. The Mental Health Center serves as a regional hub for acute inpatient psychiatric services through contracts with neighboring counties to receive admissions.

Crisis Services provides 24/7 services to individuals of all ages experiencing a mental health crisis. Crisis Services offers the following: phone support line, in-person risk assessments for safety concerns related to mental health issues or inability to care for self due to age, illness or disability, safety planning, crisis de-escalation, information and referrals, community education, crisis planning, screening for involuntary court intervention, case management for Chapter 51 Settlement Agreements and Commitment orders, and community-based crisis stabilization

Community Support Program (CSP) is an assertive community-based treatment program that assists adults with serious and persistent mental illness to live as independently as possible in the community. CSP provides services 7 days per week, 24 hours per day, 365 days per year. Services are provided by a treatment team that includes a psychiatrist, registered nurse, clinical coordinator, and case managers.

Comprehensive Community Services (CCS - Adults) is a voluntary, community-based program that provides an array of community-based psychosocial rehabilitation services for adults who have mental health and/or substance use conditions. The CCS program focuses on a person-centered approach, building on individual strengths. CCS provides opportunities for clients to learn self-direction in the journey of recovery while managing their mental health or substance use condition.

Community Recovery Services (CRS) is a Medicaid benefit that allows counties to claim federal dollars for eligible services currently paid for with tax levy or other county funds. It is a voluntary psychosocial rehabilitation program for individuals with a qualifying mental health disorder. Services focus on consumer choice, person-centered planning and recovery.

Aging & Disability Resource Center
2022 Adopted Budget Summary

2022 Revenue	\$7,977,072
2022 Levy Appropriation	\$1,984,286
202 Total Expenditures	\$9,961,358
FTE	61.54

Key Personnel

Mary Check Smith	Division Manager	262-548-7834
Lisa Bittman	ADRC Coordinator	262-548-7831
Ryan Bamberg	ADRC Supervisor	
Mikie Blask	ADRC Supervisor	
Shirley Peterson	ADRC Supervisor	
Laurie Kohler	Adult Protective Services Supervisor	
Mike Glasgow	Nutrition and Transportation Supervisor	

Primary Programs

Aging & Disability Resource Center (ADRC) offers the general public a single-entry point for information and assistance on issues affecting older adults, adult with disabilities, or their families. Services include: information and assistance, options counseling, elder and disability benefits counseling, dementia care services and access to long term care benefits. Eligibility determination and enrollment in publicly funded long term care benefit programs is provided.

Aging Services assists adults age 60 and older to access programs and services. Older American Act grant funded programs are not means tested and eligibility is determined via a needs assessment. Donations are requested for these programs.

- Nutrition Program provides nutritious meals at senior dining centers and to individuals who are home bound and unable to leave their home or prepare food.
- Community Services and Caregiver Support provides resources and supports for an individual to remain safe in their home of choice. Staff provide resources and assess for services which may include in home supportive services, caregiver respite, or short term case management.
- Healthy Aging Programs provides evidence-based health promotion and disease prevention workshops and services.

Adult Protective Services responds to reports of abuse, neglect and financial exploitations and investigates allegations of adults (age 18-59 years old) and elders (60 years and older). Outreach services and resources are provided to individuals and/or families experiencing or at risk of experiencing abuse, neglect, self-neglect or financial exploitation. Adult Protective Services investigates a client's competence and ability to remain safely in the community. Staff determines need for protective services and/or placement in the least restrictive setting. Court services include guardianship, witness testimony and comprehensive evaluations. Court ordered annual reviews of all cases protectively placed by Waukesha County are conducted.

Specialized Transportation provides subsidized transportation to individuals 60 and above as well as individuals with disabilities age 18-59. Waukesha County contracts with not for profit and for-profit taxi providers to provide shared fare rides. Accessible Van service is provided to individuals who are non-ambulatory for a reduced rate. Individuals must be registered with the ADRC to access this subsidized fare.

Volunteer Services provides assistance in recruitment and retention of volunteers for various HHS and ADRC services. Over 400 volunteers assist with the nutrition program, delivering home delivered meals, transporting HHS clients and administrative tasks.

Public Health Division
2022 Adopted Budget Summary

2022 Revenue	\$ 1,529,568
2022 Levy Appropriation	\$ 1,890,328
2022 Total Expenditures	\$ 3,419,896
FTE	32.64

Key Personnel

Benjamin Jones, MPH	Health Officer/Manager	262-896-8487
Elizabeth Laatsch, BSN, RN	Public Health Coordinator	262-896-8447
Theresa Imp, BSN, RN	Public Health Supervisor	
Heather Heard, BSN, RN	Interim Public Health Supervisor	
Frances Thomas, MPH	Strategy Supervisor	
Mary Jo Hamman, MPH, RDN	WIC Supervisor	
Bridget Gnad, BS	Preparedness Coordinator	

Primary Programs

The Public Health Division is certified as a Level 2 health department and meets the requirements and standards of a health department.

Childhood Lead Poisoning Prevention is a targeted case management statutory program for families of children who have been lead poisoned (blood lead level of ≥ 3.5 mcg/dL). Nurses provide a health assessment, growth and development evaluation, education and referrals for resources as needed. Children with blood lead levels of 15 mcg/dL or higher will receive an environmental assessment of the home by Environmental Health to identify home health hazards.

Clinical Nursing Services provide adult and childhood immunizations, homebound immunizations, chlamydia and gonorrhea screening and treatment, HIV screening, tuberculosis skin tests, pregnancy screening, blood pressure checks, and cholesterol and glucose screenings. Clinical services provided by nursing staff is conducted under standing orders of contracted physicians.

Communicable Disease Control is a statutory program to control the spread of communicable disease in the community. This includes surveillance, investigation, and public health recommendations or actions to prevent further spread. Health care providers are required to notify public health of communicable diseases and outbreaks as identified in statute. There are over 90 reportable diseases in Wisconsin.

Emergency Preparedness and response is a statutory responsibility of public health. Public Health plans, trains, and exercises its response to a wide range of scenarios including new and emerging infectious diseases, bioterrorism events, and mass care situations. Public Health partners with many other county departments and community agencies to establish strong working relationships prior to an emergency.

International Travel Clinic helps keep people healthy while traveling outside of the United States. Appointments consist of education on disease risk and prevention, preventative vaccines and medication prescriptions, review of food, water and insect precautions, and an itinerary review with a registered nurse. Vaccination and prescriptions are provided under standing orders of a contracted physician.

Maternal, Child, and Family Health programs provide a variety of services to families in need of additional support and education. Services include prenatal care coordination, education on child health and wellness, growth and development, nutrition, positive parenting, safety, and immunizations. Nurses connect families with needed community resources to optimize health outcomes for children and their families.

Public Health Strategy focuses on partnerships and initiatives that advance collective impact efforts, such the county's Community Health Improvement Plan and Process (CHIP). This section oversees the appropriate use of health data and data systems to identify insights and trends, and systematically uses that data to inform decisions and promote positive health outcomes.

Tuberculosis (TB) Control is a statutory program to eliminate tuberculosis in the community. Public Health nurses collaborate with healthcare providers, Wisconsin Department of Public Health, and the Southeastern National Tuberculosis Center to ensure clients are appropriately treated for Active Tuberculosis and Latent Tuberculosis. This may involve issuing isolation orders and conducting daily home visits for Directly Observed Therapy (DOT), where a nurse observes clients taking their prescribed medications.

Women, Infants and Children (WIC) is a supplemental nutrition program for low-income families. WIC provides nutrition assessments and education for pregnant, post-partum and breastfeeding mothers, infants, and children until the age of five. WIC provides electronic benefits to purchase nutritious foods and referrals to community resources, as needed, to support healthy outcomes.

Veterans Education Programs such as the GI Bill are managed by the VA for the uniformed services. Additional education benefits for Veteran include Dependent Education Assistance for their dependents and the Wisconsin GI Bill for qualified Veterans and their family members. Veteran Services assists with determining eligibility and enrollment.

Wisconsin Disabled Veteran and Surviving Spouse Property Tax Reimbursement is a benefit exclusive to Wisconsin Veterans with disability ratings of one hundred percent and Surviving Spouses of Veterans who are deceased because of illnesses and disabilities due to Active-Duty service. Waukesha County Veterans receive more than \$2,200,000 in property tax reimbursements each year.

Veteran Burial Program provides monetary assistance toward funeral costs of Veterans. More importantly, Waukesha County's Veteran Burial Program is used to identify Surviving Spouses eligible to receive Death and Indemnity Compensation (DIC) from the VA. DIC entitles Surviving Spouses to receive monthly tax-free payments of \$1437, VA Health Care and property tax reimbursement. The Veteran Burial Program also assists Veterans and eligible dependents wishing to be buried in national and state Veteran cemeteries.

Financial Assistance Grants are approved by the three members of the Waukesha County Veterans Commission. Veterans can apply for financial assistance, disaster relief, health and dental grants from the Wisconsin Department of Veteran Affairs, the American Legion, Veterans of Foreign Wars and other national and local non-profits serving Veterans and their dependents. In 2022, the Veterans Commission has already provided payment for medical debt, provided stable housing for Veterans and dental care for Veterans.

IT Business Application Support (BAS)

2022 Adopted Budget Summary

2022 Revenue	N/A
2022 Levy Appropriation	\$1,229,668
2022 Total Expenditures	\$1,229,668
FTE	9.4

Key Personnel

Lance Spranger	Chief Information Officer	262-548-7221
Sandra Masker	IT Business Application Support Manager	262-548-7940
Charles Brimmer	Informatics Supervisor	

Primary Programs

The Business Application Support program is part of the County Department of Administration Information Technology department and is dedicated to providing and coordinating all Health & Human Services (HHS) technology services. These services are funded through an interdepartmental transfer for staff and staff training. All other components are funded through the HHS Administration Division budget.

IT Business Application Support (BAS) provides and coordinates all Health & Human Services (HHS) technology supports and services. In addition, BAS aids in the selection and implementation of software and equipment needed by the HHS divisions. The BAS team provides administration of the Electronic Health Record (EHR) for mental health services, substance use services and public health services along with development/maintenance of content management, dashboards, and visualizations.

Informatics

The Informatics team provides support for all Division specific applications, webapps, state sites and provides direct support for all HHS electronic systems. This team helps to analyze data needs and business processes to support continuous quality improvement in all HHS divisions. The team provides their subject matter expertise on county-wide improvements as well.

Data Analytics

The Data Analytics team works primarily with all HHS divisions and secondarily County wide departments/divisions to process, inspect, transform, and model data with the goal of discovering useful information, informing conclusions and supporting decision-making. This is accomplished by developing/enhancing new and existing functionality such as custom reports, dashboards, Microsoft Power platform, SharePoint and websites.

HHS ADVISORY & STANDING COMMITTEES

The Advisory and Standing Committees seek advice, gain insights, and explore new opportunities through presentations and dialogue. Committee membership is representative of pertinent target groups, may be limited in number, and may include terms of office.

Aging & Disability Resource Center Advisory Board

Committed to serving adults and their families with issues of aging and/or disability. Our goal is to advocate for and affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.

Child and Family Services Advisory Committee

Provide recommendations and consultation to the Health & Human Services Board on the needs of all children and their families residing in Waukesha County via strategic planning for prevention/early intervention.

Coordinated Services Team Committee

Collaborate with families, schools, and community partners to support the wellbeing, quality of life, and inclusion of children and adolescents with significant mental health and behavioral issues in Waukesha County.

Special Services Advisory Committee (SSAC)

Promote an understanding of the unique needs that families face while caring for a child with a developmental, physical, or mental health disability. It offers collaborative opportunities between the program administrators, SSAC members, and parents on ways program implementation can be optimized for the benefit of families who are enrolled in Children with Special Needs programming. It includes resource sharing, networking, and educational components that seek to provide information on topics that affect children with disabilities. Required by [State Statute 46.272 \(4\)](#) based on the County accepting Children's Community Options Program funds.

Interagency Program for the Intoxicated Driver (IPID) Committee

Insure that Waukesha County motor vehicle drivers who experience problems with alcohol or other drug use and abuse are identified and that treatment/rehabilitation services are provided for them on a comprehensive and coordinated basis.

Joint Mental Health Center Conference Committee

Provide, purchase, and coordinate a wide range of high-quality prevention, intervention and protective services in partnership with our community. We are committed to making the best use of resources available to promote health, self-sufficiency and an improved quality of life. We honor the dignity of individuals and families in all of our work.

Mental Health Advisory Committee

Provide advice and recommendations to the Health and Human Services Board from a broad base of constituencies. The advice and recommendations should focus on identification of mental health needs and services in our community, current and future mental health services, recommended actions regarding programming, planning and budgeting, and encouraging the review and maintenance of quality mental health services.

Comprehensive Community Services (CCS) Coordinating Committee

Seeks to involve consumers, agency representatives, county program staff, and those invested in quality services to plan, review and foster Comprehensive Community Services in Waukesha County. A mental health system based on hope, empowerment, and wellness is critical to achieving recovery for all.

Public Health Advisory Committee

Assess the health needs of the community, to advocate for the prevention of disease and promotion of health for all, to provide health education for staff and community and to provide recommendations and consultation to the Health and Human Services Board.

Substance Use Advisory Committee

Provide recommendations and consultation to the Health and Human Services Board from a broad base of constituencies. The recommendations or consultation should focus on identification of issues addressing substance use needs and services in our community, planning for current substance use services, statements of recommended actions regarding programming, planning and budgeting and encouraging the review and maintenance of quality and cost-effective substance use services.

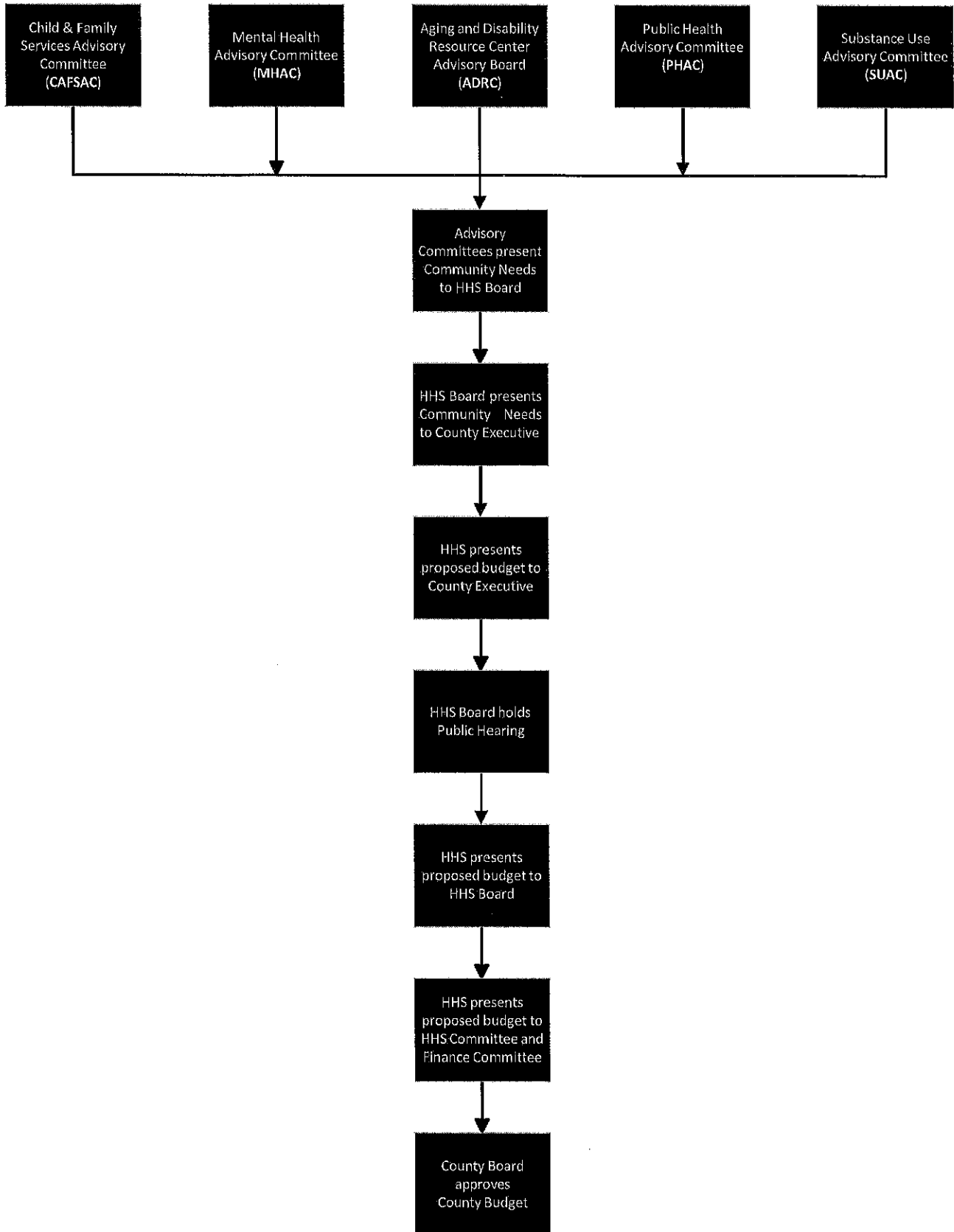
Veterans Service Commission

Provide financial assistance to Veterans, their spouses, surviving spouses, minor and dependent children of Veterans, and the parents of Veterans entitled to aid.

Standing Committee of the Circuit Courts**Criminal Justice Collaborating Council (CJCC)**

To enhance public safety in Waukesha County through community collaboration by ensuring offender accountability, providing rehabilitation programs, and supporting the rights and needs of victims, with the vision of building a safer community through a fair and effective justice system.

HHS Budget Process





Appendix

Acronyms Glossary for HHS

Federal, State, Local Regulations Governing HHS Programming

ACRONYM GLOSSARY FOR HHS

HHS Acronym	Term
A&F	Adolescent & Family Division
AAR	After Action Report
ACE	Adverse Childhood Experience
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Center
AFCSP	Alzheimer's Family Caregiver Support Program
AFH	Adult Family Home
AODA	Alcohol and Other Drug Abuse
APNP	Advanced Practice Nurse Practitioner
APS	Adult Protective Services
APSW	Advanced Practice Social Worker
ARPA	American Rescue Plan Act
BADR	Bureau of Aging and Disability Resources
BAS	Business Application Support
BCA	Basic County Allocation
BCS	Bureau of Children's Services
C&F	Child & Family Division
CARES	Client Assistance for Reemployment and Economic Support
CBRF	Community Based Residential Facility
CCAP	Circuit Court Automation Program
CCM	Chronic Care Management
CCOP	Children's Community Options Program
CCS	Comprehensive Community Services
CD	Communicable Disease
CDBG	Community Development Block Grant
CDC	Centers for Disease Control and Prevention
CHA	Community Health Assessment
CHIPP	Community Health Improvement Plan and Process
CHIPS	Children in Need of Protection or Services
CIP	Crisis Intervention Partners
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CJCC	Criminal Justice Collaborating Council
CLTS	Children's Long Term Support Waiver Services
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant

ACRONYM GLOSSARY FOR HHS (cont)

HHS Acronym	Term
CPS	Child Protective Services
CRC	Civil Rights Compliance
CRS	Community Recovery Services
CSAC	Clinical Substance Abuse Counselor
CSAT	Center for Substance Abuse
CSN	Children with Special Needs Unit
CSP	Community Support Program
CST	Coordinated Services Team
CWU	Counseling & Wellness Unit
DATCP	Wisconsin Department of Agriculture, Trade and Consumer Protection
DBS	Disability Benefit Specialist
DCF	Wisconsin Department of Children and Families
DCS	Dementia Care Specialist
DCTS	Wisconsin DHS-Division of Care and Treatment Services
DD	Developmental Disabilities
DEI	Diversity, Equity and Inclusion
DHHS	United States Department of Health and Human Services
DHS	Wisconsin Department of Health Services
DOA	Waukesha County Department of Administration
DOC	Wisconsin Department of Corrections
DPH	Wisconsin Division of Public Health
DQA	Wisconsin DHS Division of Quality Assurance
DRAI	Detention Risk Assessment Inventory
DSPS	Wisconsin Department of Safety and Professional Services
DVR	Department of Vocational Rehabilitation
EBP	Evidence Based Practices
EBS	Elder Benefit Specialist
ED	Emergency Detention Chapter 51.15
EHR	Electronic Health Record
EOC	Emergency Operations Center
ESS	Economic Support Services
EUTF	End User Technology Fund
eWISACWIS	Electronic Wisconsin Statewide Automated Child Welfare Information System
FC	Family Care
FCH	Family and Community Health
FEA	Fiscal Employment Agent

ACRONYM GLOSSARY FOR HHS (cont)

HHS Acronym	Term
FTE	Full Time Equivalent
FY	Fiscal Year
GASB	Government Accounting Standards Board
GFO	Grant Funding Opportunity
GPR	Grantee Performance Report
GWAAR	Greater Wisconsin Agency on Aging Resources
HAC	Housing Action Coalition
HDM	Home Delivered Meal
HERC	Healthcare Emergency Readiness Coalition
HHS	Waukesha County Health & Human Services
HIPAA	Health Insurance Portability and Accountability Act
HTF	Heroin Task Force
HUD	Housing and Urban Development
HV	Home Visit
ICA	Iris Consultant Agency
ICS	Independent Clinical Supervisor
IDP	Intoxicated Driver Program
IEP	Individualized Educational Plan
IFSP	Individual Family Services Plan
IM	Income Maintenance
IMD	Institute of Mental Disease
IOP	Intensive Outpatient Program
IPID	Interagency Program for the Intoxicated Driver
IRIS	Include, Respect, I Self - Direct
ISP	Individual Service Plan
IT	Information Technology
JCI	Juvenile Court Intake
JIPS	Juveniles in Need of Protection or Services
LCSW	Licensed Clinical Social Worker
LIHEAP	Low Income Home Energy Assistance Program
LMFT	Licensed Marriage and Family Therapist
LPC	Licensed Professional Counselor
LSS	Lutheran Social Services
LTC	Long Term Care
LTCFS	Long Term Care Functional Screen
LTE	Limited Term Employee

ACRONYM GLOSSARY FOR HHS (cont)

HHS Acronym	Term
MA	Medical Assistance
MAT	Medication Assisted Treatment
MCH	Maternal and Child Health
MCO	Managed Care Organization
MHAC	Mental Health Advisory Committee
MHC	Waukesha County Mental Health Center
MIR	Wisconsin Misconduct Incident Reporting System
NACCHO	National Association of County and City Health Officials
NACO	National Association of Counties
NAMI	National Alliance on Mental Illness
NFCSP	National Family Caregiver Support Program
NIMS	National Incident Management System
NOPP	Notice of Privacy Practices
NOS	Not Otherwise Specified
NSIP	Nutrition Services Incentive Program
OAA	Older American's Act
OAR	Operating After Revocation
OCQ	Wisconsin Office of Caregiver Quality
OCR	Office for Civil Rights
OIG	Office of Inspector General
OJA	Office of Justice Assistance
OJDP	Office of Juvenile and Delinquency Prevention
OSHA	Occupational Safety and Health Act
OWI	Operating While Intoxicated
PACE	Program of All-Inclusive Care for the Elderly
PH	Public Health
PMHNP	Psychiatric Mental Health Nurse Practitioner
PNCC	Prenatal Care Coordination Program
PPS	Program Participation System
PYI	Positive Youth Initiatives
RFI	Request for Information
RFP	Request for Proposal
RMS	Random Moment Sampling
RMS	Records Management System
RN	Registered Nurse
ROC	Return of Commitment

ACRONYM GLOSSARY FOR HHS (cont)

HHS Acronym	Term
SA	Settlement Agreement
SAC	Substance Abuse Counselor
SAMHSA	Substance Abuse and Mental Health Services Administration
SC	Service Coordinator
SCRAM	Secure Continuous Remote Alcohol Monitor
SED	Seriously Emotionally Disturbed
SEWRPC	Southeastern Wisconsin Regional Planning Commission
SRO	School Resource Officer
SSA	Social Security Administration
SSAC	Special Services Advisory Committee
SSI	Supplemental Security Income
STD	Sexually Transmitted Disease
SUAC	Substance Use Advisory Committee
SUDs	Substance Use Disorders
SW	Social Worker
TCM	Targeted Case Management
TDD	Telecommunication Device for the Deaf
TIC	Trauma Informed Care
TILA	Transition to Independent Living Assistance
TPR	Termination of Parental Rights
TSSF	Targeted Safety Support Funds
TSSU	Treatment & Support Service Unit
UW-EXT	University of Wisconsin-Extension Office
VR&E	Veteran Readiness and Employment
VOCA	Victims of Crime Act
WCA	Wisconsin Counties Association
WCD	Workforce Development Center
WCEDC	Waukesha County Economic Development Corporation
WCHSA	Wisconsin County Human Service Association
WCS	Wisconsin Correctional Service
WEDSS	Wisconsin Electronic Disease Surveillance System
WHARP	Women's Health and Recovery Project
WIC	Women, Infants and Children
WIMCR	Wisconsin Medicaid Cost Report
WIR	Wisconsin Immunization Registry
WMAP	Wisconsin Medical Assistance Program

ACRONYM GLOSSARY FOR HHS (cont)

HHS Acronym	Term
WMMIC	Wisconsin Municipal Mutual Insurance Company
YASI	Youth Assessment Screening Instrument
YJ	Youth Justice

FEDERAL, STATE AND LOCAL REGULATIONS GOVERNING HHS PROGRAMMING

HHS Department programs are overseen by [Wisconsin Department of Children and Families \(DCF\)](#); [Wisconsin Department of Health Services \(DHS\)](#); [Chapter 45 - Veterans](#). Practices is guided by: [Chapter 251 – Local Health Officials](#); [Wisconsin Legislature: 51.42 - Mental Health Board](#); [Chapter 46 - Social Services](#).

Administration Division / Economic Support

Economic Support programs are overseen by [Wisconsin Department of Health Services \(DHS\)](#). They include Foodshare, Medical Assistance and Badgercare and Child Care Assistance. Practice is guided by: [Chapter 49 - Food Stamp Administration](#); [Chapter 49 - Medical Assistance Administration](#); [Chapter 49 - Wisconsin Shares](#); [child care subsidy](#).

Child and Family Division

Child Protective Services (CPS) programs are overseen by the [Wisconsin Department of Children and Families \(DCF\)](#). They include Access/Initial Assessment, Ongoing, Foster Care, and Kinship Care. Practice is guided by: [Wisconsin State Statutes Children's Code – Chapter 48](#); [DCF Safety Intervention Standards](#); [DCF Access/Initial Assessment Standards](#); [DCF Ongoing Service Standards](#); [Wisconsin Administrative Code Chapter DCF 56 – Foster Home Care for Children](#); [Wisconsin Administrative Code Chapter DCF 58 – Kinship Care and Long-Term Kinship Care](#).

Children with Special Needs (CSN) programs are overseen by the [Wisconsin Department of Health Services \(DHS\)](#). They include Children's Long-Term Support, Children's Community Options Program, and Birth to Three. Practice is guided by: [Medicaid Home and Community-Based Services Waiver Manual](#); [CCOP Procedures Guide](#); [Individuals with Disabilities Education Act](#).

Adolescent and Family Division

Youth mental health programs are overseen by: [Wisconsin Department of Health Services \(DHS\)](#). They include Comprehensive Community Services and Coordinated Service Team. Practice is guided by: [DHS Chapter 36](#); [DHS Chapter 46.56](#).

Youth Justice programs are overseen by the [Wisconsin Department of Children and Families \(DCF\)](#). They include Juvenile Court Intake, Afterhours, Youth Justice Ongoing Services, Family First. Practice is guided by: [Wisconsin State Statutes Juvenile Justice Code -Chapter 938](#); [Wisconsin State Statutes Children's Code – Chapter 48](#); [Family First Org](#); [Child Welfare Information Gateway](#); [DCF Chapter 59 - Shelter Care Facilities](#); [DOC Chapter 347 - Secured Residential Care Centers for Children and Youth](#).

Clinical Services Division

Mental Health Services programs are overseen by the [Wisconsin Department of Health Services \(DHS\)](#). They include Outpatient Services, Substance Use Services, Criminal Justice Collaborating Council, Inpatient Services, Crisis Services, Community Support Program, Comprehensive Community Services and Community Recovery Services. Practice is guided by: [DHS Chapter 36](#); [DHS Chapter 75 - Community Substance Abuse Service Standards](#); [DHS 75 \(govdelivery.com\)](#); [Chapter 51 - State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act](#); [DHS Chapter 61 - Community Mental Health and Developmental Disabilities](#); [DHS Chapter 34 - Emergency Mental Health Service Programs](#); [DHS Chapter 63 - Community Support Programs for Chronically Mentally Ill Persons](#).

Aging and Disability Resource Center (ADRC)

ADRC programs are overseen by the [Wisconsin Department of Health Services \(DHS\)](#). They include Aging and Disability Resource Center (information and assistance, benefits counseling and enrollment in long term benefit programs, dementia care services), Aging services (Nutrition program, Caregiver Support, health promotion), Adult Protective Services, Specialized Transportation and Volunteer Services. Practice is guided by: [WI State 46.283](#); [Federal Older Americans Act](#); [Wisconsin Elders Act](#); [Federal Older Americans Act Title IIIC1 & IIIC2](#); [Federal Older Americans Act Title IIIB and IIIE](#); [Federal Older Americans Act Title IIID](#); [WIS Statutes Chapter 46.90, 55.](#); [Chapter 54](#); [WI Statute Ch 85.21](#).

Public Health Division

Public Health programs are overseen by the [Wisconsin Department of Health Services \(DHS\)](#). They include Childhood Lead Poisoning prevention, Clinical Nursing Services, Communicable Disease Control, Emergency Preparedness, International Travel Clinic, Maternal, Child and Family Health, Public health Strategy, Tuberculosis Control, Women, Infants and Children Program. Practice is guided by: [Department of Health Services Administrative Code 140](#); [DHS 139 – Qualifications of Public Health Professionals Employed by Local Health Departments](#); [Chapter 250 – Health: Administration and Supervision](#); [Chapter 251 – Local Health Officials](#); [Chapter 254 – Environmental Health](#); [DHS 144 – Immunization of Students](#); [DHS 146 – Vaccine Preventable Diseases](#); [Chapter 255 – Chronic Disease and Injuries](#); [Chapter 252 – Communicable Disease](#); [DHS 145 – Control of Communicable Diseases](#); [Chapter 253 – Maternal and Child Health](#); [DHS 145 – Control of Communicable Diseases](#).

Veterans Services Office

Veteran Services programs including Veterans Health Care Enrollment, Veterans Compensation, Veteran's Pension/Survivors Pension, Veteran Readiness and Employment, Veterans Education Programs, WI Disabled Veteran and Surviving Spouse Property Tax Reimbursement, Veteran Burial Program and Financial Assistance Grants. These programs are guided by: [Chapter 38 USCS](#); [Chapter 45 - Veterans](#); [WIS Stats. 71.07\(6e\)](#).

Key Health and Human Services (HHS) Projects/Issues

Behavioral Health Division

Crisis Stabilization: community-based Crisis Stabilization services launched in 2021 with the support of grant funding and community partnerships. Plans are underway to expand these services in 2022-2023 to include an inpatient Crisis Stabilization unit at the Mental Health Center.

Mental Health Center: plans are underway to remodel the inpatient acute hospital units at the Mental Health Center to create a 16-bed acute inpatient hospital unit and a 12-bed Crisis Stabilization unit. Other facility space is slated to be remodeled to accommodate the Crisis Services team, community-based Crisis Stabilization and Court Monitoring services which are currently housed at the Human Services Center building.

MHC Sustainability through Revenue Optimization: Clinical Services has historically experienced challenges related to creating a sustainable budget for the hospital. Extensive efforts have been undertaken to enhance revenue through billing and coding optimization. We have seen a positive impact across multiple services, resulting in a nearly \$550,000 increase in revenue in 2021. The Department will continue exploring additional revenue optimization opportunities and will be proposing alternatives in order to create a hospital budget that is sustainable into the future.

Community Engagement Efforts: Clinical Services division participated in the relaunch of the Waukesha County Heroin Task Force in 2021 and continue to support these efforts. Division staff expanded participation in the Homelessness Engagement & Response Team (HEART) in 2021 by launching weekly street outreach efforts. County partners and municipalities continue to seek to engage the Department in collaborative efforts to address the continued challenges of both opioid use and homelessness in their communities.

Medical Clearance within the Emergency Detention process – Clinical services is partnering with law enforcement and area hospital services to review the extensive wait times in emergency rooms for medical clearance of a patient under Chapter 51.15 emergency psychiatric detention. Identifying options to reduce the time it takes to obtain necessary medical information and admit patients to an in-patient psychiatric unit is critical to keeping law enforcement officers on our streets and crisis workers available to address other acute community safety issues.

Embedded Crisis Therapists with Law Enforcement – Clinical services is planning to build on the success of the embedded crisis clinician pilot by expanding to other law enforcement agencies. Additional considerations to improve crisis services and response times include embedding a crisis worker within 911 dispatch as well as offering telehealth crisis. HHS is looking to utilize ARPA funding to expand these services.

Criminal Justice Coordinating Council Pretrial Supervision (CJCC) - The Waukesha County CJCC Pretrial Supervision program monitors defendants charged with misdemeanors or felonies, ordered on supervision as a condition of bail, who are in the community while their case progresses through the justice system. The pandemic caused significant challenges for the Pretrial Supervision program, as case processing delays, coupled with an increase of cases referred for supervision, caused pretrial caseloads to burgeon and the program quickly became over-capacity. HHS is looking to use ARPA funding to add an additional limited term contracted case manager which will better enable us to manage the existing caseload and new referrals to the program. It is anticipated that with the addition of the 6th judge to the Criminal/Traffic Division in January

2022, the disposition of cases will increase, resulting in a reduction in the length of time defendants are on pretrial supervision, eventually returning the caseload to near pre-pandemic levels.

Adolescent and Family Services Division – (A&F)

Comprehensive Community Services (CCS) expansion: partnering with Clinical Services division in 2021 to expand CCS services for youth, resulting in a 212% increase in admissions from 2020 to 2021. HHS is planning an additional expansion of these intensive wrap around services through the support of ARPA dollars in 2022 to address the increased mental health and substance use challenges of Waukesha County youth.

72 hour holds for Juveniles: In specific situations, a juvenile may be taken into custody for up to 72 hours without a hearing for violating terms of a dispositional order: should the youth present an immediate danger to society. This is done under the authority of a county board resolution which takes place every two year. The next resolution is due by June 30, 2023.

Truancy/Youth Justice reform - Mounting evidence and recent studies have called for a realignment of youth justice services to better reflect the underlying needs of the youth.

- Adolescent and Family intends to partner with county school districts to identify more appropriate school and community-based interventions for youth who are truant from school. After this transition, A&F will only serve a small subsection of truant youth who have been unsuccessful with community-based supports and identified as more severe and likely to benefit from more intensive intervention.
- Additionally, A&F will utilize the Youth Assessment Screening Instrument (YASI) to determine which delinquent youth to recommend serving via family intervention and community supports versus providing formal court ordered supervision and intervention.

Detention and Shelter Care – A&F contracts for youth shelter care services and juvenile detention services. After closing the county youth detention facility in 2021, HHS has contracted with four nearby counties to provide this necessary service for Waukesha County youth. We continue to work closely with our law enforcement partners to ensure the needs of the community are met without causing undue burden to law enforcement. HHS routinely reviews and assesses these significant contracts to ensure both quality service and economic responsibility. Non-secure shelter services continue to be provided via contract with a private agency. The current shelter contract expires in June of 2025; it is likely that the RFP process will begin in 2023 to ensure continuity of care through any potential contract change.

Public Health Division (PH)

Level 3 State Certification – The Public Health Division is transitioning to Public Health 3.0. While PH has many statutory requirements that will not change, this transition has public health serving a higher role as the chief health strategist for the county. The division's role is to mount an organized community response to larger health issues affecting social determinants of health. This new emphasis will allow our PH division to move from being a state certified level 2 public health department to a certified level 3 public health department in 2023.

CHA/CHIPP – Public Health launched into its new 5-year Community Health Improvement Plan and Process, as required by the State, in 2022. A multi-disciplinary steering committee is completing four assessments to determine the current leading health issues facing Waukesha County. This will result in the creation of

community action plans for 2023 – 2026. HHS will be looking to utilize ARPA funding to support community partners in helping to reach the goals in the new CHIPP.

Performance Management - Performance management is a systematic approach to improving public health through standards, planning, measuring, and continuous improvement. Measures allow us to assess the effectiveness of our work, decide what to do differently, and communicate to customers, decision makers, and employees. Public Health will look to integrate performance management software, Clear Impact, into practice for greater accountability.

Unite Us - Waukesha County has an incredible array of community resources, but often times navigating that complex system is challenging both at the individual and at the agency level. Unite Us is an end-to-end solution to address social determinates of health at the county level by creating an interconnected network of health and social service providers. This web-based platform is integrated with 211 database and serves as a comprehensive tool for connecting people to housing, employment, food, behavioral health, and other health and social needs while providing an appropriate feedback loop for the referring agency. Unite Us generates social care data to inform decision-making and prove the impact of services being delivered throughout the community. It can display coverage and demand for services, while identifying co-occurring or re-occurring needs or trends, as well as providing outcome level data. This system and the data generated will help streamline services, reduce dependance on HHS and assist on evaluating service efficacy as well as community needs.

Nursing Shortages- There is a considerable nursing shortage within the nation. As part of the 2022 budget the department began transitioning to utilizing non-nursing staff to complete duties within public health. Community Health Education Staff will be integrated into the division over time to ensure quality service provision.

ADRC Division

State ADRC Contract - There continues to be a significant increase in the number of individuals who are eligible to receive services through the ADRC State funded programs. The local cost to continue for these services are not being supported by the State of Wisconsin as there has not been an increase in the state contract to Waukesha County since 2008. This grant is not keeping up with the growing elderly and adult disability populations and it is difficult to serve new consumers. As a result, this limits the amount of marketing and outreach we are able to provide. HHS will continue to advocate for additional State funding to provide services as this population continues to grow.

Adult Protective Services (APS) system of care - The Adult Protective Services unit provides mandated services to adults and elder adults (ages 60 and older) at risk of abuse and neglect in the community. APS has seen:

- Increased incidence of reports of abuse/neglect as individuals were confined to their homes during COVID
- Increased incidence of financial exploitation due to elders and adults at risk being socially isolated and falling prey to perpetrators
- Inability to locate placements for individuals in need of in-facility placement due to facilities not taking admissions during COVID or lack of staff

- Managed Care Organizations (MCO) relocating individuals protectively placed by Waukesha County outside of the county due to lower cost providers and the inability to find placement in Waukesha County

State funding for APS has not increased in over 20 years. A collaboration of legal system partners, community providers and HHS is needed to improve our systemic response to the changing needs of adults and elders in our community.

Dementia Care - Dementia Care is a core service in the ADRC. Waukesha County has a significant number of individuals with dementia or related Alzheimer's; statistics indicate there are 9,343 individuals living in the community with dementia. This projection is expected to increase to 17,900 by the year 2040. There is a significant lack of dementia crisis stabilization facilities as well as placement resources for these individuals. A number of nursing care facilities have closed or reduced their available beds. HHS is required to have a receiving facility for individuals in need of emergency protective placement. We are exploring the use of ARPA funding to assure an appropriate treatment facility is available.

Transportation – An outside transportation consultant is evaluating the ADRC specialized transportation program funded through the State Department of Transportation and providing recommendations for future consideration.

Caregiver Resource Shortage – Waukesha County is experiencing a shortage of direct care providers. Agencies are unable to hire staff to provide the needed in home supports. This is not only a Waukesha County concern, but a statewide issue. This impacts the ability to access quality services. Despite there being ADRC specific ARPA funding available to address this issue, caregivers cannot be found to meet the need of elders in our community looking to age in place.

Child and Family Services Division (C&F)

Family First – There is a significant transformation occurring in the child welfare system stemming from the Family First Federal legislation of 2018. The goal of these efforts is to serve more children and families safely in their homes and communities. An emphasis is on building evidence-based community prevention and early intervention services as a means of keeping children out of the child welfare system. Additional expectations include providing supports and services geared at managing safety for a child and family to maintain them at home while therapeutic and skill building services are employed to alleviate the concerns. HHS is looking to utilize ARPA funding to support our community partners in initiating or expanding these evidence-based services.

Resources for children/youth with complex needs – The Family First legislation is changing the use of group care settings to be limited to short-term placements of children with complex behavioral health and medical needs. Approved facilities must reach specific certification benchmarks resulting in increased daily costs of care in these facilities. There is also a significant shortage of placement options throughout Wisconsin often leading to out of state placement for children/youth with complex needs. HHS is interested in partnering with a local treatment foster care agency to increase local treatment foster care options for difficult to place youth.

Children's Long-term Support Waiver (CLTS) – Wisconsin's CLTS Waiver Program supports children with disabilities and their families through supports and services that help children live in their home and community. There is an expectation from the State Department of Health Services (DHS) that each county

maintains continuous enrollment of eligible children/youth. Waukesha County receives approximately 40 new referrals monthly for this program. Despite efforts to increase staffing and expand contracted services, the CLTS program continues to maintain a waitlist. Families are currently waiting more than 120 days to access this service.

Birth to 3 funding - The Birth to 3 Program serves children under the age of 3 with developmental delays and disabilities as well as their families. The program works to enhance the child's development while supporting the family's knowledge, skills, and abilities as they interact with and raise their child. Funding for the Birth to 3 Program includes a combination of federal, state, and local revenue. Counties fund the highest percentage of Birth to 3 program costs with state and federal funding allocated to counties covering only approximately 30 percent of program costs. As a state mandated entitlement program, the county continues to have to serve more children without any additional funds outside of tax levy.

Administrative Services Division (Including Economic Support Services)

Economic Support Services – Waukesha County is part of the Moraine Lakes Consortia to provide economic support benefit determinations and enrollment for Waukesha, Ozaukee, Walworth, Washington and Fond du Lac counties. Waukesha county is the largest of all counties in this consortium and provides fewer staff persons per capita than our partner counties. Other consortia counties are requesting that Waukesha County add additional staff. Further evaluation is being done at this time.

Paperless Project - The purpose of this project is to address the various paper-based files that exist at HHS as we have reached our storage capacity for closed records. This project would relocate the approximate 50,000 records/files at HHS to off-site county storage freeing up the two storage rooms located in the building. Phase two of the project would move all programs to an electronic storage environment allowing for sustainability of fully electronic records. Each program will need to have a system set up for direct entry into myAvatar, myInsight or any other state system. If direct entry is not possible, a system will be developed to directly scan documents into one of those systems.

Veteran's Services - Waukesha County Veteran's division provides a number of critical benefits to the nearly 23,000 veterans living in Waukesha County, bringing in approximately 500 million dollars of funding to our veterans annually. There was a significant reduction in Veteran's contacting our department during the Pandemic. This drastic reduction in services has resulted in a buildup of veterans now needing eligibility determinations for their benefits as well as a need for heightened community education and outreach to ensure the veterans in our community are aware of the benefits they may be qualified to receive. HHS is looking to use ARPA funding to add a County Veteran Services Officer Assistant to the department ensuring timely and quality response to our Veterans during this increased level of service need.