

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

**Thursday, July 12, 2018**

**8:30 a.m.**

Christine Howard called the meeting to order at 8:30 a.m.

### **Board Members Present**

Christine Howard, Jeffrey Genner, Michael O'Brien, Vicki Dahlman-Papke, Mary Lodes (8:35 a.m.), Tim Whitmore (8:36 a.m.)

**Also present:** Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Department of Administration Sr. Financial Budget Analyst Steven Trimborn, Sr. Financial Budget Analyst Clara Daniels, Administrative Services division Manager Randy Setzer, Accounting Services Coordinator Will Emslie, Accounting Services Coordinator Lisa Riggle, Intake and Shared Services Division Manager Kathy Mullooly, Economic Support Coordinator Debbie Berg, Child and Family Services Division Manager Lisa Roberts, Adolescent and Family Services Division Manager Ron Pupp, Veterans Services Officer and Division Manager Mike Johannes, Public Health Division Manager Ben Jones, Aging and Disability Resource Center Division Manager Mary Smith, Aging and Disability Resource Center Coordinator Lisa Bittman, Clinical Services Division Manager Joan Sternweis, Mental Health Center Administrator Jeff Lewis, Outpatient Services Administrator Gordon Owley, Criminal Justice Collaborating Council Coordinator Rebecca Luczaj, Human Services Supervisor Danielle Birdeau, Program and Projects Analyst Steve Brandhagen, Sr. Financial Analyst Jennifer Carriveau, Financial Analyst Mireya Garcia, Child and Family Division Supervisor Eric Calvino, Economic Support Supervisor Erin Higgins, Crisis Intervention Supervisor Jennifer Wrucke, Substance Use Disorder Coordinator John Kettler

Recorded by Julie Bartelt, Health and Human Services Departmental Secretary.

### **Future Agenda Items**

Papke requested that the proposed updated by-laws of the Public Health Advisory Committee be presented to the HHS Board on August 16, 2018.

### **Overview of Proposed 2019 Budget**

Robertson thanked the HHS Board for their commitment to hearing the proposed 2019 HHS budget and for their continued support. He thanked the HHS budget staff and division managers/coordinators for their hard work and difficult decision-making, facing many budget challenges to meet financial obligations without compromising any services.

Emslie shared a PowerPoint, which includes a summary of the budget, fiscal challenges and how HHS is maximizing revenue. Listing the county's standards of service excellence, Emslie reported what HHS is doing under ethics and diversity, innovation, teamwork and collaboration, communication, and well-being. Future funding needs were explained.

Setzer announced that Emslie has taken the Compliance Coordinator position in HHS and introduced the new Accounting Services Coordinator, Lisa Riggle.

### **Proposed Intake and Support Services Division Budget**

Mullooly, Intake and Shared Services Division Manager, stated that this division is often referred to as the 'front door' for HHS Services. Debbie Berg supervises Economic Support Services.

Mullooly gave an overview of Intake and Shared Services, citing Child Protective Services and Foster Care as the major services provided, assessing safety of children and their caregivers in Kinship Care or Foster Care, including recruiting, training and licensing those providers. Other services include daycare certification, crisis daycare services, home and financial management, and volunteer driver program.

Referring to the general government revenues and FTE's increase of 3.89 positions, these are not new positions. The juvenile court intake workers moved from the Adolescent and Family Division into the Intake and Shared Services Division as part of the re-organization of services, as this is more of a front door service.

Mullooly continued to review the remaining Intake and Shared Services proposed budget and division activity data. The increase in interdepartmental charges were explained as due to an increase in user and cell phone fees, for the safety of social workers, which is a theme that will continue within the budgets for Child and Family Services and Adolescent and Family Services Divisions. A significant change under Home and Financial Management (a.k.a. payee) program; these clients have been transferred out of the county to managed care agencies. She explained the continued reduction of certified daycare providers in Waukesha County. There are in home daycares, small businesses that have been regulated out of the ability to be certified. Referencing the decrease in volunteer transportation services, there are drivers available but a lower utilization from social workers, who are using alternate types of transportation. There will be a focus on increasing the usage of volunteer drivers to transport clients.

Howard asked about the other revenues increase of \$1,500 attributed to increased donations. Gordy Boucher sponsored a recent major fundraiser at the Milwaukee County Zoo.

Lodes referred back to Emslie's PowerPoint and comments about eliminating contracted services. What contracted services are eliminated in Intake and Shared Services? Caregiver Support Program to support foster families was a contracted service with St. Amelia's, whose programming was no longer able to support Waukesha County. A decision was made to move those caregiver supports in house.

Papke commented that ProHealth Care recently reduced cell phone fees by 95%. As everyone carries their own personal cell phones, they eliminated all expenditures towards purchase of cell phones and services. Will the county review that type of policy in the future? HHS has evaluated the matter of worker safety in depth. HHS cited many HIPAA and compliance issues around using personal cell phones for their work. A safety app was demonstrated. Additionally, the court system can take possession of a cell phone containing case information and have it for months, leaving the social worker without their personal cell phone.

Berg, Economic Support (ES) Coordinator, explained ES determines eligibility for assistance programs in a consortium model with Ozaukee, Washington, Fond du lac, and Walworth Counties, mainly through the call center, Moraine Lakes. The majority of childcare work and the fraud program are just Waukesha County based.

Berg reported budget changes from 2018 to 2019. The low income energy assistance program funding is passed through to a subcontractor, Energy Services. Discussion about the fraud program. The decrease of \$4,500 under interdepartmental is due mainly to a decrease in records storage fees and postage, as they move very close to a paperless system.

Berg reviewed the program activities, looking at caseload over five years, which is relatively flat. The Food Share caseload has gone down significantly, but medical Badgercare cases have increased. The call center average speed of answer has gone up, but remains below the state standard of ten minutes. This was mainly due to the application processes of the new Food Share on Demand program.

Lodes asked about the amount captured by the fraud program, which was \$45,000. Is it cost efficient? The state continues to put additional funding into the program, as it is time consuming and recovery takes time. The state anticipates that over the next few years, counties will see the fruits of their labor. In addition to the revenue received for collection referrals, there is a fraud allocation received as a state grant. That goes a long way to fund the cost of the fraud positions. Lodes complimented the professionalism and efficiencies of the call center through her personal experience.

### **Proposed Child and Family Services Division Budget**

Roberts, Child and Family Services Division is divided into two major service categories; the in home safety out of home placement services, known as on-going child protective services, working with families challenged with mental health, substance use, or chronic issues, resulting in children's safety and wellbeing being at risk. They try to support the children in the home with wrap around services. When unable to do that because of significant issues, the children are removed and placed into an alternate form of care giving. This could be relative placement, foster care, treatment foster care, group homes, or residential facilities. A subgroup in this budget is a group of children that are not being abused or neglected by parents, but themselves have chronic challenges, cognitive, or physical, whose parents are unable to meet their needs in the home and they are placed in a residential care facility.

Roberts talked about the current opioid crisis and the effects on children and families, resulting in more children going to out of home placements. There has been additional funding in the governor's budget to address this statewide. Another revenue increase came from receipt of the in home safety services grant through the state. The state also helps with 4E funding for some of the legal fees for families involved in juvenile court and there is a decrease in that next year. There is a slight increase in charges for services to parents with children in care.

Roberts reported asking for \$150,000 increased revenue from the fund balance because of the increase in children placed in out of home care due to the opiate crisis. More children are going into treatment foster care, coming at a higher rate than relative foster care. Roberts talked about working for the last two years to build additional community based resources for residential treatment, a level V shift staff foster home, through a partnership with Ripple, and Kenosha County.

Personnel costs are reducing approximately \$51,000 due to the child welfare redesign and shifting of some staff. The goal is to build a mental health clinic under one supervisor in the Adolescent and Family Division to serve the child welfare divisions.

Operating expenses are increasing mainly resulting in out of home care expenses. There is also an increase in operating expenditure, which is the in-home safety services. There is a reduction in respite

contract. There is the same amount of respite provided to families, but many that are receiving respite support are getting on to the waiver now which funds those needs. She talked about the state initiating the wait list illumination plan in the CLTS waiver program. A \$30,000 increase results from the cell phones for social work staff. Roberts shared safety issues that social workers experiences and safety practices using the cell phones.

Calvino is a Supervisor in the on-going unit and talked about the program activity numbers. Out of home care is a big budget driver, with days of care continuing to increase, largely due to the opiate epidemic and crisis within families. Calvino explained creative solutions to providing services in less restrictive, more cost effective settings. The focus continues on permanency services. The number of children reunified with parents increased significantly. With help from services like the post reunification program, children are not reentering care. The number of cases of termination of parental rights is increasing, meaning children are being placed in homes with grandparents or foster parents as their forever families. Calvino shared that a Grandparent Support Group has been developed, as more grandparents are responsible for caring for grandchildren as their own children experience problems with alcohol or drugs. This needed support group is well attended, bringing in topics and speakers, providing childcare and a meal.

Whitmore asked how many cell phones would be purchased. Forty-five cell phones for social workers who do home visits in the Child and Family Division. Safety apps were discussed, e.g. Be Safe.

Howard asked about grant and funding timelines. The post-unification support program was a five-year grant and is in its fifth year. This was serving a small number of children. The in-home safety services is an ongoing effort at the state level and Roberts does not see it going away and may expand.

Roberts reported on the Children with Special Needs area, encompassing three areas. The long-term support waiver is state and federal funding for children with chronic pervasive disabilities. The birth to three program is for age 0 to 3 with a 25% or more delay in a major development area. The Community Options Program (CCOP), similar to the waiver program providing support services to the same children, traditionally used to provide services to children on the waitlist. Roberts explained that Wisconsin is to be a no wait state for waiver services and Waukesha County Child and Family Services is working to enroll children into the waiver program and eliminate the wait list. There is a funding increase from the state to accomplish this. Workers providing services are able to bill for case management time creating additional revenue. Roberts talked about the additional administrative time and expense to serve more children. The majority of the waiver services goes through a third party administrator. Personnel costs decrease is due to realignment of some staff. Operating expenses are increasing due to removing and servicing 400 plus children off the waitlist and adding eight workers and a supervisor through a contract with Lutheran Social Services. The birth to three contract increased. Birth to Three is a significantly underfunded state mandate. Decrease in funding institutes for assessment and support of developmental disabilities due to decrease in utilization. Roberts explained a reduction in revenue, which is the county tax levy match for the waiver, in the event the allocation from the state is exceeded. That is unlikely; therefore, that revenue has been eliminated.

Roberts explained the program activities. Birth to three numbers continue to increase. The numbers served in the waiver program has nearly doubled as the wait list is eliminated. This will continue as new referrals continue to add on to the wait list. More people are coming as it is learned that there will not be a wait list in the future. Normally averaging 10-12 in a month – there were 36 in a month coming forward and qualifying for the program. Staffing needs and provider network challenges were

explained. Waukesha County staff have done an amazing job in their efforts to eliminate the waitlist. Lodes asked what diagnosis is seen, what the primary referral source is, and are there financial qualifications. Autism spectrum, physical disabilities, and mental health challenges. Compass Wisconsin is the screening process used by schools and doctors and then children are referred to the program. Services are provided regardless of family income. There are parental fees within the program and some are income based. There is an entire new unit of contracted staff to address the state's mandate to eliminate the waitlist. Lodes asked about Emslie's earlier report of reducing contracts. Emslie explained there are significant reductions in that account area, but not across the board.

### **Proposed Adolescent and Family Services Division Budget**

Pupp, Adolescent and Family Services Division Manager, reiterated that the intake personnel have moved from his division to Intake and Shared Services. The majority of the work in the Adolescent and Family Division is the ongoing supervision of cases coming in from a CHIPS order (Child in Need of Protection or Services) or JIPS (Juveniles in Need of Protective Services) orders, or voluntary cases of families with out-of-control youth, offering services and support. As previously reported, a therapist is moving from the Child and Family Division into Adolescent and Family Services, where there are currently 2.5 FTE therapists already. They will be licensed and providing billable therapy services. The new unit is called Counseling & Wellness. Pupp explained Positive Youth Initiatives, which are imbedded within the C&W unit and are designed to address underlying reasons for delinquency (unstable homes, mental health or drug/alcohol use disorder, with the youth themselves or parents).

General government revenues increase \$45,000 with some unanticipated basic child and family funding. They also applied for and received an innovation grant from the state Department of Child and Families for Independent Living, which will solidify the partnership with W.O.W., the Workforce Development Board. The partial offset in Youth Aids funding of \$40,000 is related to reduced rates of delinquency in the county as well as potential repurposing of funds to cover costs related to corrections. Increase in charges for services due to increase of cases. Personnel costs budgeted to decrease related to the previously explained reorganization within the child welfare divisions, creating a better workflow and service delivery. Operating expenses decrease relative to a \$50,000 cost for a new unfunded mandate for providing medical evaluations (through the Care4Kids medical home. A Medical Home is a type of Medicaid HMO designed to serve specialty group of youth – in this case youth placed in out-of-home care in shelter care. Another \$20,000 expense is to help fund the new supervisor position in the child welfare areas. Interdepartmental charges increase due to the cell phones for staff making home visits to promote safety.

The program activity data were reviewed, noting a slight increase under family services and slight decrease in juvenile services. The distinction between family services (uncontrollable) unit and juvenile services (delinquents) unit is less meaningful going forward as all units support a diverse caseload as opposed to past practices where only certain units worked with certain types of cases. Intake and court referral information will show up on the Intake and Shared Services budget pages next year. The significant increase in referrals from 2017 actual to the estimate for 2018 may be an anomaly. The projection is based upon a rolling average, which includes the YTD trend. The trend may be skewed by a significant spike in referrals in March (e.g. a ten-year high number of referrals in March). This spike is attributed in part to community tension and reaction to the Parkland shooting in Florida. A large number of youth were referred for disorderly conduct and terrorism charges including social media posts or inappropriate comments about weapons at school. These youth are not really

terrorists, and there is much education occurring to correct this behavior. Teen Court, a voluntary program, is going strong. This is where youth do community service, and diverted from the county courts and where they might face “deep end” charges. The number of days in state corrections increased and is attributed to one youth going into care. Pupp explained truancy cases. In 2017, there was a ten-year high number of cases and it continues to be a major driver as workload is considered. Truancy is not only a school problem, but a community problem with youth coming from homes with no supervision, drug/alcohol issues, mental health issues, etc. A&F Division tries to work with the family to stay at the front end of the problem, avoiding deep end services. The 4% out of home placement rate reflects a change in how the formula is calculated. In the past it was group home and residential placements; this year it also accounts for foster care placements. If we were still using the old formula, our rates would have been at 2%, which is consistent with previous years. Recidivism rates measure the number of youth who reoffend. There has been a decrease in recidivism (i.e., fewer re-offenses). Pupp hopes that is due to the quality support and services provided, getting into the homes at the root causes, having a strong partnership with Wisconsin Community Services (WCS) mediation programs, positive alternatives working with Waukesha County Parks adopting a trail to keep it clean, etc. The alternative care graph shows less foster care. It is difficult to place teenagers who have drug/alcohol issues. Conversely, the group home rate is increasing, but the good news is the youth are not going to residential treatment facilities. O’Brien commented favorably on the efforts and success to reduce recidivism with less severe approaches.

The Juvenile Center is a male secure center. There is a contract with Washington County for the female secure detention and a contract with Lad Lake for the non-locked shelter care program. Revenues remain the same. Charges for services are projected to decrease based on the lower number of youth in care each day. Currently there are contracts with Walworth and Jefferson Counties sending their males to the Waukesha secure detention and they pay for that service. Personnel costs are affected by one staff on FMLA and the overtime paid to cover those shifts. Operating expenses decreases related to the previously discussed Care for Kids insurance assessment for the medical home. Papke asked about the physicians conducting the physical assessments. There are certain physicians contracted through the Medicaid HMO (i.e., Care4Kids). Interdepartmental charges increase \$4,000 for Sheriff’s transport, taking youth back and forth to the shelter in Washington County and children’s court.

The number of days in shelter care are flat. Any issues in the transition from the juvenile center building to Lad Lake have leveled off. There is a slight decrease in the number of days in male secure for Waukesha, Walworth, and Jefferson Counties. A small decrease in female youth in the Washington County secure detention is based on the resolution of the high profile case. Not many changes in the number of males versus females in both facilities.

Lodes suggested news stories to educate the public, who sometime assume the system is too lenient, about the success of the alternate programs for youth.

Howard talked about the \$76,000 contract increase for shelter care youth under the new state mandate to receive medical assessment for the HMO; what is the average term of stay for the youth? Pupp explained that shelter care is used for youth that either need to be removed from home with nowhere else to go until a group home or foster home is found; others are there as sanctions on weekends and can be there anywhere up to 35 or 40 days. Howard asked if from the mandated medical assessments they are finding the youth are in need of medical attention. Pupp stated it is too soon to tell. In addition, of the \$76,000 about \$50,000 is going toward this mandate.

### **Proposed Veterans Services Division Budget**

Johannes is the Veterans Services Officer. Looking at staffing, there is a change as they are adding a needed 20 hour per week receptionist. There are County Veterans Services Offices (CVSO) nationwide with a standard of one staff member for every 1,500 veterans – Waukesha has one staff member for every 6,500. In the state of Wisconsin, the average is one in 2,300. Under General Government, \$13,000 is the grant from Wisconsin Department of Veterans Affairs, which has not changed in a while. There are changes proposed perhaps in 2020 or later, including taking into account the tax base and assessed property values, which would reduce the amount. Johannes talked about donations to the Veterans Office. The 2018 estimate shows a slight reduction under personnel. The two program units are information assistance, which is what is done daily in the office and the Veterans Service Commission, which is three appointed commissioners who make decisions on use of county tax money to assist veterans with financial emergencies. Johannes stated that so far this year they have helped four veterans financially; two families with children with housing issues, put a homeless veteran in a residence, and helped a veteran pay dental bills.

Under program activities, the output indicators are difficult to estimate, considering retroactive claims under legislation called Blue Water Navy Veterans, providing services and treatment for a list of diseases that certain veterans may be diagnosed with. The 2017 actual numbers show increases in clients in the office, appearances, and phone calls.

Johannes talked about the Veterans Resource Fair, which will occur again this year in October. The Veterans Services Office has suggested offering reduced rate county park passes for disabled veterans and POWs, and the idea is proposed in the 2019 Parks and Land Use. Guitars for Vets started last summer. This program provides disabled veterans with free guitar lessons for ten weeks at UW Waukesha through a volunteer instructor, using a loaner guitar. Graduation rate in Waukesha is 100% and upon completion of the program, vets receive a free guitar. The program has been so successful, that they have been asked to slow down, as there are not enough guitars. Johannes reported on community venues offering performance opportunities to the Guitars for Vets participants.

Howard and Johannes talked about the Operation Finally Home; homes for veterans by Belman Homes. Lodes suggested local agencies, such as Waukesha Service Club, donating or awarding grants to support Guitars for Vets. Emslie stated the only restriction would be that the service organization cannot be a provider with the county.

### **Proposed Public Health Division Budget**

Jones is looking forward to looking at a fresh approach to Public Health as the new division manager. The Public Health programs are listed in the budget pages, broken into three sections including Administration which oversees the division and ensures that it remain a level II Public Health Department, Family and Community Health Section deals with pregnant women, children at risk, older adults, health fairs, CHIPP, and Women Infant and Children (WIC), and finally the Communicable Disease Control and Preparedness section.

The 2019 budget includes a small increase to the FTE count. Revenues increase of \$79,000 is mainly due to transfer of emergency preparedness personnel from Administrative Division to Public Health Division. This is offset slightly by some changes to grant awards, including Communicable Disease grant of \$20,000, a preparedness grant increase of \$3,600, further offset by a WIC grant decrease of \$29,000, and immunization grant decrease of \$6,000. Charges for services decrease mainly due to

health check revenue. Jones talked about decreased utilization over the years in the child well checks through the WIC program. There has also been a decrease in TB skin tests and case management, Prenatal Care Coordination (PNCC), flu and some childhood immunizations. Jones reported revenue increases in Child at Risk case management, Travel Clinic, Perinatal Hep B case management, and STD Clinic. A small change in interdepartmental resulting from doing interdepartmental TB skin tests. Personnel expenditures decrease by about \$50,000 due to abolishing one FTE Public Health Nurse, reduction of WIC program nutritionist, abolishing an epidemiologist health officer position and creating an HHS Coordinator to oversee Public Health operations. Jones reported the significant turnover in the Public Health management positions. There is a preparedness staff person moving from Administration to Public Health and is being reclassified as a Preparedness Supervisor.

Operating expenses increased including medical supplies, vaccine increases, and cost of lead kits. The increase in contracted and consulting services are mostly grant related. Increases in tuition and registration to focus on staff training, in mileage and travel, office equipment and repair, subscription costs, printing, offset by a decrease in memberships and interpretation under WIC. Interdepartmental charges decreased by about \$1,700.

There was a slight decrease in the number of walk-in clients and telephone calls. A large increase is anticipated under communicable disease referrals, partly due to trends seen, continual increase over the last six years. The state recently added twenty different diseases or conditions that are required to be reported to Public Health. Jones talked about the high level of category I (the highest level) diseases investigated. Outbreaks are staying stable – about 125 different outbreaks each year. TB, directly observed therapy is more easily tracked with the electronic health record, and they are anticipating about 750 nurse visits to someone's home to watch them take their TB medication. TB skin tests are trending downward. Vaccines went down slightly. No decrease seen in childhood immunization, but an increase in adults. Adults vaccinated through the travel clinic is increasing. STD Clinic has seen a steady increase in clients. The number of preparedness exercises and drills with staff has been and will remain significant.

Family and Community Health section was reported. Two areas trending upward are the number of children case managed for lead and child at risk case managed. There are some new reporting measures for the 2019 budget; some were not easily obtained until the electronic health record.

Lodes asked how to avoid duplication with Children and Family Services work. Jones explained how Public Health coordinates with other divisions on cases.

Health check numbers continue to decrease. Slight decrease in the number of pregnant women case managed. Because of those decreases, a nurse was transferred from the Family and Community section to the Communicable Disease section. Outcomes reported included 95% of women case managed delivered full term infants of average birth weight. Chronic Disease screens are done through health fairs. Drug testing for HHS clients decrease slightly and intentionally in that there is a new system to better manage when people are getting drug testing. A new tracking category for community education events, i.e. safe sleep presentations, health fairs. WIC is seeing decreases, as is the national trend. Satellite clinics in different areas of the county are being explored in 2019 to reach people where they are better. Jones highlighted the WIC food voucher supplemented Waukesha County food vendors by \$1.8 million and farmers markets by over \$8,000.



Whitmore asked how many active TB cases there were and what is 'directly observed therapy'? The number averages five to six cases managed per year and it has been trending up. With active TB, there are guidelines that PH needs to ensure people are being treated so a nurse goes to the home to assess and watch someone take their medication.

O'Brien asked what the criteria is for drug testing clients. It is a service provided for other HHS divisions and those divisions determine who needs to be tested, based on court orders or other requirements.

### **Proposed Aging and Disability Resource Center Division Budget**

Smith, ADRC Manager presented the 2019 budget for the ADRC contract fund, a special revenue fund from US Department of Health and Human Services and the state of Wisconsin Department of Health Services. It funds the resource center, an entry point for citizens to gain information and assistance related to resources available to seniors and adults with disabilities in the community, including marketing, outreach, options counseling, financial and functional eligibility assessments, enrollment in benefit programs, and referrals to the Adult Protective Services Unit. It includes funding for the elder and disability specialists and dementia specialist. There are prevention and early intervention activities, advocacy, and dementia support.

The general government revenue increases because of enhanced federal match reimbursement for some of the ADRC activities. Personnel costs increase for the 37.5 LTEs, partially because of the additional positions approved due to the termination of the contract with Lutheran Social Services for those positions. There is a .8 position for a programs and projects analyst to assist with data analysis. Smith reported reallocation of percentages of personnel who are funded by the General Fund.

Operating expenses decrease to offset personnel cost increase, also increases in dementia care services related to additional grant revenue for dementia care specialist and marketing supplies. Interdepartmental charges increase for cell phone expense (for workers' safety and HIPAA compliance), and computer replacement, offset by decrease in computer maintenance and postage.

Program activity shows additional reported activities and enhanced data. Total number of consumers served in 2017 was almost 11,000 unduplicated consumers and for 2019, 14,000 are budgeted. Elder benefit counseling clients are budget at 968 and disability benefit counseling at 525. Overall contacts are 38,000 for 2019; of those 23,000 are information and assistance, 5,000 options counseling, 1,400 functional screen contacts, 1,800 assistance with Medicaid applications, and 1,400 for long term care program enrollment. In 2017, the Elder Disability Benefit Specialists helped recoup \$3.4 million in benefits for Waukesha County citizens, and the Disability Benefit Specialist helped over \$2 million.

Smith explained the marketing and outreach efforts, including a newsletter, ADRC resource guide, presentations and health fairs.

Smith continued to the ADRC General Fund, which includes APS, community services, nutrition program, transportation, and evidence based prevention programs. APS investigates concerns of abuse and neglect of adults and elders, including necessary court work, short-term case management, link to long-term resources, and annual reviews of those protectively placed.

The general government includes revenue from the basic county state allocation of \$227,000. These funds remain unchanged for many years. Charges for special revenues are reduced about \$56,000 related to a lower number of clients budgeted to be protectively placed at Waukesha Memorial Hospital. Other revenues remain unchanged, are for social security reimbursement for clients served by a program and Waukesha County is the payee. Personnel costs are budgeted to increase \$100 for cost to continue for the 9 FTEs in the APS Unit, offset by un-funding one FTE social worker and creating one FTE Human Service Support Specialist. Operating expenses decrease, attributed to reduced placement costs at Clearview Rehabilitation Center, offset by an increase in the annual assessment fee for the Marsh Country Health Alliance for clients receiving on going care at Clearview Nursing Home. Contracted services are reduced due to fewer costs associated with emergency protective placements. Interdepartmental charges increase mainly due to increases due to cell phones for staff and legal charges.

APS activity chart indicates for 2017, 313 new adult protective service and elder at risk investigations. The 2019 budget estimate increases to 340. Approximately 25% of investigations currently conducted are for financial abuse situations. . Approximately 300 WATTS court ordered assessments are conducted annually. These are reviews completed on people protectively place to ensure proper placement. Emergency protective placements were 57 in 2017, and budgeted for 50 in 2019. The dementia crisis grant is funded through the end of 2018; the work on this is to develop a plan for recommendations to further reduce the number of people with dementia who are emergency detained. The Chapter 51.67s are 29 in 2017 and estimated for 30 in 2019. These are people detained under a Chapter 51 mental health commitment and then determined there might be dementia and converted to a 51.67. The comprehensive evaluations are completed by social workers prior to someone being protectively placed; there were 55 in 2017 and budgeted higher in 2019. The number of private attorney petitions for these are increasing. A new measure added is for youth transition guardianships. In 2017 there were 31 and 30 are projected for 2018 and 2019. These are children and families who are transitioning from the youth world, turning 18, they now must have a guardian moving into the adult long-term care world. Whitmore asked what WATTS means. It is not an acronym. That is the name given to the annual assessment of court ordered placements, and named after a court case involving a placement where the person was not appropriately placed and a review was never completed to determine if the placement remained appropriate.

Bittman reported on Community Services, which include a range of home and community based care and services, empowering seniors and those with disabilities and their caregivers to make informed decisions and to remain in their homes. Community service program provides direct care with funding provided through the Older Americans Act, the State DOT funding, Elder Abuse and Neglect funding, Alzheimer's Caregiver funds, consumer donations, and tax levy funding. Services include home delivered meals, congregate meals, transportation, in home services such as bathing and homemaking, community-based services to include adult daycare or respite care, caregiver support services and emergency intervention. Services require an assessment. The funding received from Older Americans Act, are not means tested services and donations are requested, but fees cannot be set for those programs.

General government revenues increase primarily due to an increase from Alzheimer's caregivers grant, state DOT grant, and a grant increase from the Nutrition Services Incentive Program. Increase is offset by a decrease in supportive service Title 3B funding and a decrease in other grant funding. Other revenues are budgeted to increase due to nutrition revenue increases. The ADRC has contracts with the managed care organizations who purchase meals; these meal purchases are going up, and in

addition, the home delivered meal donations are increasing. This is offset by a decrease in donations from congregate meal sites. Fund balance is remaining unchanged, for equipment purchases in the senior dining program. Personnel costs are budgeted to increase approximately \$48,000 due to the .26 FTE that was decreased in the ADRC Contract and moved to this budget. This is to cover additional staff time to accommodate new requirements for the caregiver support grants, including more in-depth care planning. Additional increases are due to cost to continue for staff. Operating expenses are budgeted to increase almost \$37,000 for additional grants, spending money for Alzheimer's Family Caregivers, and transportation services are increasing almost \$49,000 due to a Rideline vendor rate increase, as well as an increased number of taxi rides. In addition, congregate dining small equipment spending and homemaker services are increasing. Increases offset by decrease in operating assistance to the shared fare taxis of \$50,000, bringing the total operating assistance budget down to \$69,600. This decrease is due in part because of a reduction in tax levy overmatch funding, as well as an anticipated increase in the number of rides. Funding is needed to pay for actual services versus the operating costs for the taxi services. Spending on in home care and respite care are budgeted to decrease almost \$21,000 due in part to greater availability of caregiver grant service dollars as well as change in needs requested. Nutrition program food costs are decreasing. Interdepartmental charges decrease mainly due to reduction in phone expenses and computer maintenance.

Transportation program has multiple components including Rideline (a specialized medical van transit), shared fare taxis, volunteer based and shuttle transit. Rideline trips are expected to show a slight decrease; however, shared fare taxi is budgeted to see an increase of almost 5%. Bittman explained consumer cost shares for Rideline medical van rides. Shared fare taxi services are provided at a significantly lower cost to both the county and consumer. Bittman shared the numbers of trips, showing an increase overall. Bittman shared graphs for supportive services such as homemaker, bathing, adult daycare, emergency alert services and emergency intervention services. They are projecting to serve 1,075 with those services in 2019, (which is a decrease), due to increased complexities of clients, spending more time, and consumers requiring more services. In addition, the ADRC is experiencing an increased cost of services from providers, and in some cases there is a lack of workforce and staff to provide the services. A vendor symposium was hosted by HHS this year to try to bring on new providers to meet the community needs. Lodes asked if there is a gap in serving people. Currently, needs are being met, no one through Waukesha County is on a waiting list, but it is getting close. The obstacle is not enough in home care providers; those providers have waitlists for new clients because of the incapacity to have enough staff. O'Brien asked about provider networks and respite care – are they county employees? No, they could be anyone from a nursing home, home care providers, to a family friend. Bittman talked about the decline in participation in the six to eight week evidence based prevention classes. The increase in complexity of cases has also led to increased staff time around care coordination. They are tracking on a monthly basis, the remaining funding, and if anyone has been waitlisted. A pie chart graphic in the budget pages showing how services are paid for. It indicates that 95% of the funding comes from federal or state grant funding and about 5% comes from tax levy.

Bittman shared information about volunteers. For 2019 an increase of 17 volunteers is projected and an increase of 936 hours over the 2018 estimate. These volunteers are projected to provide almost 41,000 hours of service with a value to the county of \$960,000.

An increase is anticipated in home delivered meals of almost 1,900 meals. Those receiving home delivered meals must meet criteria and are assessed annually. Survey results show 82% receiving meals say it helped them live independently in their homes. 83% felt meals and interactions with the

drivers improved the quality of their life, and 58% reported the meal provided at least half of their daily food intake. Program funding graph shows for 2019 37% of the cost being covered by grants, 20% covered by donations, 9% by MCO revenues, and 34% by tax levy (a decrease).

For the congregate meal program, the senior meal dining sites, the estimates show a decrease in the number of meals provided, but also shows a 67-person increase, attributed to many individuals only attending special event meals. Results of the congregate meals survey is 64% indicated that at least half of their food intake is provided by the congregate meal, 70% indicated an improved quality of life. There is an increase in donations. 77% of this program funding is covered by grants, 17% by client donations, and 6% by tax levy.

O'Brien asked about the aging population in Waukesha County. Smith indicated they are not, at this time, noticing a large increase in the numbers of consumers entering the system, but that staff is seeing an increase in the complexity of cases, taking much more staff time. There are waiting lists for the Introduction to Medicare classes offered. Baby boomers are entering the system later, often requesting caregiver support. Smith explained caregivers are family members, neighbors, unpaid caregivers calling for assistance. Bittman talked about the Caregiver Coalition in the community consisting of church groups and agencies. They are working on a project this year involving distribution of postcards to raise awareness that they can call for support. Lodes asked about more assisted living facilities popping up. Are some federally funded that will take on some of the support that the ADRC is providing? Smith stated that Waukesha County is one of the leading areas in the nation with the most assisted living facilities. People tend to enter them too soon, and when they deplete their savings and they no longer have private pay, they are asked to leave the facility because the facility does not take a long-term care program or medical assistance. It is at this point that the ADRC is contacted for support services.

Papke left the meeting at 1:00 p.m.

### **Proposed Clinical Services Division Budget**

Sternweis, Clinical Services Division Manager introduced Clinical Services Division Outpatient Administrator Dr. Gordon Owley, CJCC Coordinator Rebecca Luczaj, and Mental Health Center Administrator Jeffry Lewis, Substance Abuse Services and Integrated Mental Health Services Supervisor John Kettler, Crisis Services Supervisor Danielle Birdeau, and Crisis Intervention Supervisor Jenny Wrucke. They presented four different budget areas including Outpatient Clinical area, Mental Health Center, Outpatient Programs at the MHC, and the Criminal Justice Collaborating Council. Across these program areas is approximately a \$28 million budget; the increase over last year is about 2%. There is a reduction of tax levy allocation of about \$240,000, but an increase in charges for services of about \$615,000, reflective of work performed in collaboration with Administrative Services.

Clinical Services is currently using a combination of electronic and paper records, and is looking forward to coming back in 2019 for the 2020 budget with more detailed reporting from the electronic system. Approximately 4,000 clients from across the life span were seen in 2017. Looking at a five-year age sector, the biggest area is between the ages of 16 and 20.

Papke returned to the meeting at 1:13 p.m.

Dr. Owley, Clinical Outpatient Services Administrator, gave program highlights. Government revenues decrease due to the five-year crisis grant for juveniles ending in June of 2019. The State Targeting (STR) grant was renewed, which gained \$4,000 for 2019. There is also a continuing state grant for the prevention of drug overdose. The Black and Hispanic Urban Block Grant is worth \$100,000 and is expected to continue, along with the Coordinated Services Team Grant of \$60,000, the Mental Health Block Grant for \$109,000 and the Substance Use Block Grant for \$422,000. There are six grants; four were competitive. Charges for services increase \$178,000, about a 16.4% increase, largely due to a huge bump in the ability to bill for crisis intervention services, also improvement in the open access and streamlined approach, reaching more people. A \$66,000 boost to revenue comes to the substance abuse programing from the state targeting response to opiate crisis grant funding. Other revenues increase driven by state collections for adults in the state mental health institutes due to those adults being insured. Personnel costs will decrease \$40,000; cost to continue 32 FTE staff and 1.05 FTE extra help for crisis intervention coverage. Transfers to MH inpatient from outpatient include .64 FTE registered nurse and .09 FTE extra help weekend registered nurse and .4 FTE psychiatrists. One FTE clinical therapist position is replaced with two part time therapist positions to help cover weekend crisis intervention. Also abolished was a FTE psychiatrist position and replaced with two advanced nurse psychiatric nurse practitioners, to improve psychiatric services.

O'Brien asked what the \$421,000 substance abuse block grant is. It is the old AODA block grant and is for treatment and services for those affected by alcohol or other drugs.

Operating expenses decrease \$10,600, expenses for adults and children at state mental health institutes decrease by \$245,000 as days of care decrease due to the transfer of some difficult clients to other settings. There is a bump of almost \$48,000 in utilization of state developmental disability centers. Costs for contract psychiatrists increases \$114,000 due to the market. Tuition reimbursement increases \$18,000, for various required and state approved trainings through the Behavioral Health Training Partnership.

Program activities reported included unduplicated count of mental health is almost 4,500 people in 2017, with an additional 1,012 clients seen in substance use treatment, which is 5,460 people seen last year. These are direct lives and does not count the collateral lives effected by services (families, employers, etc.).

Lodes left meeting at 1:39 p.m. and returned 1:41 p.m.

Dr. Owley continued that counting service contacts is new to the budget with the electronic health record system. Fourteen thousand billed contacts are projected for 2018 in mental health, in crisis 3,200, and in substance use treatment 17,500, equaling 34,700 billed contacts for 2018 and will hold steady for 2019. They are open 251 days per year, and that is 138 people per day that have billed contacts with the clinic. Residential inpatient services, clients receiving detoxification for alcohol the budget will be reduced by 20, down to 30. Detox days of care are projected at 51, due to medications and hospital practices and policies. Residential days of care are projected to increase to 442 days, due somewhat to the opiate crisis, which is more difficult resulting in longer lengths of stays. Institute payments for children are projected to decrease significantly, due in part to the transfer of one long-term client to state payment. The crisis program has done an excellent job coping with adolescents and those under 21 years of age, avoiding hospitalizations that likely would have been diverted to the Institutes, due to limits of adolescent beds in the community. Adults' institutional care increases, somewhat due to long-term difficult cases, some with autism aging out of adolescent treatment. 2017

was the first year in mobile crisis intervention. Owley reported that in person Crisis assessments average three to four hours. For the first six months of 2018, the crisis workers have handled 2,187 in coming phone calls and 807 in person assessments.

Howard commented that the 24/7 mobile crisis intervention is wonderful, but is a lot of stressful work and remains an unfunded state mandate.

Dr. Owley continued with the Mental Health Intensive programs, within the Mental Health Hospital, in two units; the Treatment and Support Unit (TSU), which has Comprehensive Community Services and the Certified Community Support Program (CSP) for seriously, persistently mentally ill clients requiring at least daily contact to keep them in the community.

Government revenues stay flat. Community Mental Health Services Grant is \$603,700 and the state funding for the Community Support Program is \$88,600. Charges for services increase reflecting client fee revenue for services billed to Medicaid for CCS services based on an estimate for total expenses for which reimbursement is available under the state's fee for service reimbursement called WIMCR. CRS client revenues will decrease based on prior year actuals. CSP revenue is budgeted to increase by \$35,500 based on prior year and current year trends. Other revenues increase reflecting prior year's revenue for CCS and CRS program cost settlement. CCS prior year cost settlement is expected to decrease by about \$250,000 because of increased charges for services in a WIMCR cost reimbursement, has been expanded to include the CRS program, bringing in about \$315,000 more in revenue. Personnel costs increase reflecting the cost to continue services for the staff and the addition of a .01 FTE part time registered nurse. Operating expenses are budgeted to increase due to an increase of residential care services that do not qualify for CCS, CRS, or any other program that might give a possible reimbursement. Residential care and treatment for clients in the CCS programs increase, largely offset by a decrease in CRS program related costs, due to rule changes in CRS. Interdepartmental charges are budgeted to increase mainly due to increases in technology maintenance and replacement, and charges for cell phones to meet requirements for HIPAA and worker safety.

Program activities in the intensive outpatient areas, Comprehensive Community Services, will increase by about 24 clients due to the hiring of an additional clinician last year to build the caseloads in the child and adolescent area. Targeted case management will increase by 10 clients. CSP is projected to be down by 3. Program days in CCS are down about 1,600 and CRS program days, related to rule changes, are down about 1,600. Specialized residential program days will increase, but the total residential days for 2019 are expected to be down almost 2,100. Hours of care are projected to be stable. CCS and CRS hours are down. Residential total hours of care are stable.

Whitmore asked how to account for the significant decrease in charges for services on page 48. Emslie explained that it was not until the 2018 budget that the cost settlement payment was split from the interim billing. Therefore, in the 2018 budget a large portion of the actual shifted down to other revenue and other revenue was increased to reflect a full year of the CCS cost settlement. The CCS program was designed to be 100% reimbursable through Medicaid, but what actually happens is that the County gets a certain percentage up front, the interim rate and anything chargeable comes later. 2015 was the first half year of the full cost program, so in 2016 an accrual entry was made based on what was thought to be earned. It was over earned, so that then credited from 2017, and that is what makes the 2017 actual high.

Howard asked about the CRS rules, which now negates some clients being eligible. What are we doing with those clients? Many Medicaid programs have shifted to a documentation and training standard, where all staff must have clinical supervision whether in a group home or other covered service under the community recovery benefit. Prior to the rule change, the group home could do a day of service as covered under their CBRF regulation, document by the shift what happened in that day for the client. The rule has changed to every minute of service provided to the client must be written the same way CCS is, so that group home providers can bill in 15 minutes. Some consumers live in home like situations where providers do not have the skill or electronic health record access to meet that standard. Meeting those standards drives additional costs. If there is an opportunity to keep a client stable in a situation they are currently living in and not continue to be reimbursed at fifty some dollars per day, it is worth keeping the client stable and looking at ways to help. There are other clients under the revenue increases discussed by Dr. Owley, the WIMCR CRS report increase of \$315,000 – it is more tricky to capture the revenue but they did make more revenue available by adding it to the settlement process. Some additional clients who were ineligible are now eligible, because they increased the income limit. It continues to be individually focused in terms of the best interest of the client. This is a state program through Medicaid. Sternweis stated it is good to have the cost settlement, but it came with other dynamics. It does bring more consistency between the CRS benefit and the CCS benefit and it will help over time. Emslie explained all the money was coming through the state, and it is the state policies, but they are actually passing through federal Medicaid dollars.

Lewis presented the Mental Health Inpatient Units' budget. The Mental Health Center has a 28-bed free standing psychiatric hospital providing 24-hour care, including assessments, intervention, diagnosis, and treatment, for adult individuals with acute, and or persistent mental health issues. More than half of the individuals admitted have an identified substance use issue.

Program highlights include an expectation that charges for services will increase. This is driven by revenues and an increase in patient days. This is attributed to some people requiring a longer length of stay and new contracts with Walworth and Jefferson Counties. Revenue for copying is flat. The fund balance decreases by \$16,500. However, there is \$101,000 increase supporting some structural building changes and supplies/equipment needed. The Mental Health Center is looking at new carpeting, \$20,000 for replacement of furniture (some is over twenty years old), replacing outdated security cameras and painting projects (some areas have not been painted in 25 years), as well as new flooring in a group room in the TSSU area.

Personnel costs increase nearly 6% for the cost to continue, many reallocations from other areas to help cover the cost and expense of the need to continue.

An Administrative Specialist has been reallocated to the Administrative Division. One FTE registered nurse for Quality Assurance Utilization Review has been created. This is very important position. In addition to helping to monitor MHC quality programming, this person will work with insurance companies and help maintain authorizations for payment from third party payers. Reallocation of a .6 FTE registered nurse from outpatient clinical services will help offset those costs. Two FTE extra help part time weekends will be added, .09 transfer from outpatient clinical services, and 1.0 clinical therapist, which will be supported by decreasing LTE Clinical Therapist time by 1.3 FTE. This will help provide the seven days per week programming and allow providing additional substance use programming in the hospital. A psychiatrist who was partially assigned to the outpatient clinic has reallocated to the inpatient setting.

Operating expenses increased approximately \$119,400. This is due to a contract for staffing which was needed to cover staff absences, building repairs and furniture replacements. Also contributing to the increase is a new food service contract in 2018 and rising transcription costs. Interdepartmental charges increase by about \$105,000. \$81,000 is capital expenses, offset by a fund balance to support new carpeting, security cameras, wall painting, and new flooring. Collection charges increase \$29,000 and revenues are expected to increase.

7,133 patient days are estimated for 2018 and the target for 2019 is 7,200 days. Admissions are expected to be around the same. What the MHC has recently been seeing are people, for a variety of reasons, needing to stay in the hospital longer.

Howard asked about the timeframe of the building upgrades. Some upgrades are happening now. The new sentinel event prevention doors are currently being installed.

Lodes asked what the average daily census is. Lewis stated the current average daily census is 21.

Luczaj, Criminal Justice Collaborating Council Coordinator presented the program description. The CJCC started in 2002 and was one of the very first CJCCs in the state. General government revenues are estimated to increase \$4,208 for a total budget in 2019 of \$469,889. The general government revenues mostly comprise the federal and state grants for drug court. There is a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and a state Treatment Alternatives and Diversion (TAD) grant from the Wisconsin Department of Justice. A decrease in revenue in charges for services is anticipated. This item comprises fee revenue from the Alcohol Treatment Court program and Day Report Center program. Reduced revenue is anticipated in the Day Report Center program based on a reduced census and the fee rate participants are assessed. \$10,000 is included in fund balance in 2019 specifically for judicial training relating to CJCC initiatives, added for the first time last year, and advocated for by the Chief Judge who felt it was important for the judges to have ongoing training. Pursuant to this training initiative, one of the court commissioners will attend the National Association of Pretrial Services Agencies (NAPSA) conference next month, as the CJCC is participating in a Pretrial Pilot with the Wisconsin Department of Justice. There is an estimated increase in tax levy of \$40,035 for a total of \$1,135,502, which comprises about 69% of the total budget for the CJCC. The other 31% comprises state and federal grants and client fee revenue. The total budget for 2019 is estimated at \$1,656,524, which is almost a \$41,000 increase.

Personnel costs are estimated to increase by \$1,765 due to the costs to continue for the full time coordinator position. Operating expenses are estimated to increase by \$38,502 primarily due to upgrading a counselor position in the jail, operated by Correct Care Solutions (CCS), to a credentialed substance use provider position, as well as aligning Wisconsin Community Services' (WCS) contract rates to their 2018 RFP bid for services, which came in slightly higher. WCS operates eight of the nine CJCC pretrial and post-conviction programs under subcontract. Interdepartmental charges are estimated to increase slightly by \$545.

Luczaj reviewed the Program Highlights section, expanding upon items not previously mentioned in review of the financial summary chart, which include a slight increase of \$200 in General Government Revenue for the Community Service Options program, which is 50% funded by the Department of Corrections, and has been operational since 2002.



Luczaj stated that WCTC operates the Jail Adult Basic Education program under subcontract for the CJCC. WCTC routinely applies for a federal grant from the US Department of Education, which offsets about \$10,000 in tax levy. They have been awarded the grant for 2019, so these cost savings are reflected in the budget.

Luczaj reviewed the Programs and Activities section, which includes definitions of the pretrial and post-conviction programs within the CJCC budget.

Luczaj reviewed 2017 program outcomes, as well as 2018 projected outcomes based upon January-June activity. The total clients served in 2017 were just over 5,300 in all CJCC programs. The target for 2018 was 5,220 clients served, and they are estimating just short of that. For 2019, the target is 5,165 clients served. Total clients served is not unduplicated, as clients can participate in multiple programs. The Percent of Successful Completions chart reflects that the percentage for Drug Court was lower than anticipated at 59%. This is because the number is based on when the participants graduate from the program. The program is a minimum of 12 months in length, but on average takes 18 months to complete. The estimate for 2018 is 72% successful completions. There are three primary goals of pretrial programs: maximize release, maximize court appearance, and maximize public safety. In the Pretrial Supervision program, only 5% of participants were rearrested during program supervision in 2017, which is a 95% safety rate. In the same program, there was an 86% court appearance rate. The Intoxicated Driver Intervention program had a 96% court appearance rate and only 2% of participants were rearrested while on supervision in 2017. CJCC programming resulted in 30,424 jail days diverted in 2017, and the 2018 target of 31,600 jail days diverted is estimated to be exceeded. Luczaj explained the reason why the Pretrial Intoxicated Driver Intervention jail days diverted looks low at 4,800 for 2017. This is due to a change in the way pretrial offers are made by the DA's Office, which has caused a change in the way jail days diverted is calculated.

O'Brien stated that the Alcohol Treatment Court program continues to be funded with tax levy, and asked how long Drug Court is funded by with grants. Luczaj responded that we have grants through 2021.

Howard asked about the number of referrals to Drug Court. Are needs being met and is anyone on the waiting list? Luczaj explained that with the new federal grant for Drug Court, the capacity increased from 50 to 60 participants at any given time. Drug Court has not been at capacity with these additional ten spots, and has been consistently at 54-56 participants with no one on the wait list.

Luczaj explained that Act 33, as of July 2017, mandates the DAs Office to offer a deferred prosecution agreement (DPA) to those individuals who were aided in a drug overdose, where completion of treatment is a required component. Protocol has been developed with the DAs Office and our Day Report Center where anyone who qualifies under Act 33 and is charged with a felony has the opportunity to complete a one-year DPA; if all conditions are met, the charge will be reduced to a misdemeanor. Those who qualify and are initially charged with a misdemeanor have the ability to have those charges dismissed after successful completion of a 6-month DPA. Individuals who qualify for Act 33 DPAs are primarily opiate users. Several may have otherwise been in Drug Court, but are now participating in this alternative to incarceration, which may have helped contribute to the elimination of the waitlist for Drug Court.

Sternweis highlighted that all CJCC programs have dedicated contract staff. These include contracted medical providers, a Recovery Support Specialist, and case managers. These are great people directly serving the citizens of our community.

### **Proposed Administrative Services Division Budget**

Setzer explained that Administrative Services Division is comprised of the Director, Deputy Director, accounts receivable, admissions unit, accounting services, administrative support, and business applications support. Staffing increased by one FTE. General government revenue decreased primarily due to the transferring of the preparedness employee to the Public Health Division. Most other revenue sources remain flat. Charges for services is budgeted to remain the same in 2019. Other revenue is unchanged from 2018 budget. Fund balance decreased with \$150,000 for one time funding for initiatives related to alternative placements. A number of vendors attended a recent vendor symposium, expressed an interest in working with Waukesha County to develop either group homes or residential care facilities. Setzer reported on RFP's worked on including the residential facility for medication monitoring and transitioning for adults. The next RFP will be a group home for males who act-out sexually. Many of these males are currently in residential care, which is a higher cost than a group home. The \$8,500 is in the fund balance for one time building projects; white noise in Public Health and safety glass in the medical records area. Personnel costs increase by approximately \$353,000 to \$4,979,000 reflecting a 1 FTE Corporate Compliance individual, transferring 1.1 FTE administrative staff from the Mental Health Center, and transferring 1.0 FTE Preparedness to Public Health, and the remainder is the cost to continue. The increase also includes the abolishment of an administrative assistant to a fiscal assistant to address workload issues. \$75,400 increase for administrative support staff as the recent market study shows administrative staff is under paid. Operating expenses increase resulting in a contracted service for mandated annual training in HIPAA and Corporate Compliance, with tracking and storage software. There is a decrease in printing for billing statements, using an outside company. Interdepartmental charges are higher primarily due to large workers compensation claims in the last two years. There is an increase in insurance costs for liability and vehicle, an increase for user charges, legal fees, and phones. There is a decrease in postage, office supplies, records storage, and computer replacement charges.

Family Care Payments to the state, required annually since 2008, remain the same.

### **Recap and Summarization**

Pupp reported HHS scorecards and defined a scorecard as an attempt to quantify progress on meeting strategic plan objectives. The HHS Data Committee looked at global level data for the department, an aggregate measure of outcomes. He explained the pillars and objectives within the strategic plan, and the goals. Pupp and Jones reported data on two or three objectives for each of the standards of service excellence. Discussion about staff recruitment and retention.

Whitmore asked how the Compliance Coordinator fits with the Ethics and Diversity Standard of Service Excellence. Emslie explained the role of the new Compliance Coordinator for HHS, including following the Office of the Inspector General at the federal level, provider audits, privacy and security, compliance programs, and content of policies and procedures. Some activities are more focused on ethics, some more on diversity. Because of some funding received, HHS must have detailed civil rights plan with data, including demographic factors, i.e. race, ethnicity, age, etc. Howard added that compliance is increasingly critical to every industry.

Robertson hopes the day was informative. HHS continues to challenge themselves to do better, adding data in reference to outcomes and provide quality service to all who contact the Department. He thanked the HHS Board for their continued support throughout the year.

Discussion on recruiting additional HHS Board members.

MOTION: Genner moved, second by Papke to recommend the proposed budget as presented.

**Approve Minutes of 6-14-18**

Motion: Lodes moved, second by Whitmore to approve the Board minutes of June 14, 2018. Motion carried 6 - 0.

**Announcements**

**Next Meeting Date**

August 16, 2018 is a joint meeting with the Health and Human Services Committee, at 1:00 p.m., in Room AC130, Administration Center Building.

**Adjourn**

MOTION: Lodes moved, second by Genner to adjourn the board meeting at 2:51 p.m. Motion carried 6 – 0.

Respectfully,

Christine Howard  
Secretary