

Minutes of the Combined Health & Human Services Board & Committee Meeting

Thursday, February 28, 2008

Chair Farrell called the board meeting to order at 1:02 p.m. Behrend called the committee meeting to order at 1:05 p.m.

Committee Members Present: Supervisors Jim Behrend (Chair) (arrived at 1:05 p.m.), Joe Vitale, Rodell Singert, Tom Schellinger. **Absent:** Jim Jeskewitz, Sandy Wolff, Peter Gundrum.

Board Members Present: Supervisors Dennis Farrell (Chair), Richard Wutt, Flor Gonzalez, Jim Behrend (arrived at 1:05 p.m.), Peter Parthum (arrived at 1:05 p.m.), MD; Duane Paulson. **Absent:** Jim Jeskewitz, JoAnn Wiedemann, Michael O'Brien.

Also Present: Chief of Staff Lee Esler, Developmental Disabilities Advisory Committee Chair Julie Turkoske, Public Health Manager Nancy Healy Haney, Office Services Coordinator Windy Jicha, Janel Brandtjen, Director of HHS Peter Schuler, Nicole Huntkins, Darrell Koss, Sue Schissel, Deputy Director of HHS Don Maurer, Kathy Langer, Luke Langer, Gabriel Langer, Adolescent and Family Services Manager Pete Slesar, Juvenile Center Coordinator Mike Sturdevant, Financial Analyst Cara Daniels, Financial Analyst Bill Duckwitz.

Board Agenda Items

Approve Minutes of 11-29-07

MOTION: Paulson moved, Wutt second, to approve the minutes of November 29, 2007. Motion carried 4-0.

Behrend and Parthum arrived at 1:05 pm.

Announcements

Paulson, a member of the HOME Consortium, said the Consortium just approved more than \$200K to rebuild a house located near the Training Center for eight people with developmental disabilities.

Committee Agenda Items

Chair's Executive Committee Report of 2-18-08

Behrend explained that all items discussed at the February 18, 2008 meeting have been approved by the county board.

Legislative Update

Esler said the publication bill continues to appear. Waukesha County is not involved in the budget repair or smoking bills.

Approve Minutes of 11-29-07

MOTION: Singert moved, Schellinger second, to approve the minutes of November 29, 2007. Motion carried 4-0.

Committee Agenda Items

Discussion Item – Juvenile Center Report

Schuler said the report arrived in the County Board office on September 27, 2007 four days after it was received in HHS. Due to committee meeting cancellations, it wasn't put on an agenda until today's meeting. The Juvenile Center annual report found no violations of administrative code, major problems or flaws. Sturdevant said procedural changes were made in the Center as a result of suggestions in the report. Maurer said we don't typically report on this annual inspection because it's a standard report. It rose to a level of attention when Sturdevant and Voss presented it at a Judiciary Committee meeting at the request of Chair Bonnie Morris.

Vitale complimented staff on the positive report.

Esler said the report was presented at the Judiciary Committee even though the Juvenile Center it isn't part of their purview. It is confusing because it's a "jail" but does not fall within Judiciary's purview. The report is similar to the annual jail inspection report which does go to the Judiciary Committee. The content of the report should be discussed not the timing. The report was sent to supervisors as correspondence but it is worthy of a full discussion. It would be beneficial for the HHS Committee and Board to have at least one meeting at the six HHS areas (HHS building, Mental Health Center, Workforce Development Center, Juvenile Center, Senior Services, Public Health) to talk with employees to see what they do.

Singert said he had concerns about the timing and coverage of the report. He hopes the value of the report will be reconsidered and put it on an agenda. The purpose should not be to find enough material to have a meeting. Here was an important report that wasn't reviewed for months. It's not good public policy. Schuler said he would coordinate better with county board office especially if there is a hiatus longer than a month. Farrell said we can tour the facility.

Schuler said there are a number of official reviews in the department. He'll make a list of all reviews and make sure they are discussed with the committee and board. Taking tours of the facilities is a good idea.

Joint Agenda Items

Developmental Disabilities Advisory Committee Needs List Presentation

Turkowski is chair of the Developmental Disabilities Advisory Committee (DDAC) and a parent of a special needs child. She said lack of resources is a constant challenge. She took on an advocacy role so she could help families make changes rather than just getting them on a waiting list.

Huntkins said during this year of transition to the Family Care model of adult service delivery the DDAC has worked to understand and remain an active partner in the process. Their biggest concern is the potential loss of services and medical treatment to adults with developmental disabilities. The DDAC would like to know how they can help HHS committee and board members work with people with developmental disabilities. The DDAC doesn't want to go away. They also don't want the kids and families to get lost in the transition. They would like to see increased funding for the Respite Care Program to get rid of the waiting list. Huntkins distributed a packet of letters from families on the Respite Care waiting list.

Paulson said the DDAC should identify what the board could change versus what is funded by the state. Huntkins said we're working to make sure we're up-to-date.

Four parents spoke about the day-to-day trials and struggles they face as parents of children with autism.

Kathy, Luke and Gabriel Langer - Kathy Langer thanked the members for the support. She introduced her two sons Luke and Gabriel. Both are autistic. Kathy Langer explained that she and her husband have more than 30 years experience in HHS and special education fields. They unknowingly spent their younger lives learning how to parent their sons. She said under the current autism waiver; children under the age of seven with autism can receive services if they meet slim criteria. The vast majority of people with autism in Wisconsin will never benefit from the current waiver. It is disappointing as a parent to be told how important it is to get services for your autistic children but then having to wait three years to get the services. People look at autism as the greedy place. Both of her sons were three when they were diagnosed. She applied quickly and an intake was done. They were told they could get into the respite program and the bad news was they would be put on a waiting list because there wasn't any money available. People forget a waiting list is a list of people, not just names. It's frustrating to know there's something out there you qualify for that you need and will help you but you can't have it. It is almost cruel. She and her husband found that respite care gave them each other again. You invest so much in your children but when needs are extraordinary, you invest that much more. Who you are as a person gets chopped up and lost. Marriages are hard enough to maintain but with autistic children there is no chance to talk about issues. The nationwide divorce rate of couples with one autistic child is 84-85% which is shocking. Education can help but both parents need to go together to appointments and seminars. Respite lets you attend together. They cannot hire a neighbor or family members to take care of their sons because they may not be able to handle them. Respite cares gives them the ability to pay someone with an appropriate background to care for their children. The Respite Program is the most family friendly program in Waukesha County. You fill out one form and you're done. There are no annual reports. It is simple.

Sue Schissel said there are so many families in need. Respite isn't just important, it's absolutely necessary for their survival. There is a lot of sacrifice for families with autistic children. She and her husband are engineers. They took a 50% cut in pay when their son Ryan was born when she didn't go back to work so she could participate in her children's lives. She and her husband have two sons, Bradley and Ryan. Ryan is in high school and is autistic. Before Ryan was diagnosed, there were times she couldn't take a shower. When she volunteered in private and public institutions for kids she saw good and bad things. In an institution there are three shifts and the workers get to go home afterward. They are doing things differently and need support. Respite is the reason she could attend the meeting today. They heard about respite care when Ryan was four-years-old but they didn't qualify. It took seven doctors to get the right diagnosis. Before that they lived in chronic crisis for two years. Shortly after the family moved here, Mary a neighbor and retired nurse began helping as a mother's helper. Mary was her right arm and understood how to care for Ryan. When Ryan was 12-year-old, they asked Mary to care for the kids while they went on a weekend retreat. They had never been away from him. They had a wonderful time at the retreat, reconnecting. While on the way home, they talked to Ryan on the phone and heard Mary crying. Mary told them she would pray for them every day for the rest of her life. She didn't know how Schissel did it 24/7 because it was very hard. Respite is necessary for the healthy survival if the family, kids, parents, etc. Ryan has a continuing chronic illness and is high maintenance. It takes a mental, physical and financial toll on the families. There is never anytime away from the illness and its intrusion into their lives. Four to five years ago she experienced heart palpitations triggered by asthma attacks. The doctor said adrenaline had taken a toll on her heart muscle and recommended she reduce her stress levels. A couple of hours per week of respite are

necessary for her and her husband. Using respite helped them to figure their way out. Ryan's an awesome kid.

Darrell Koss is father to twelve-year old, sixth grader Trevor. Trevor can't speak but is always happy. He is fed with a g-tube, transported with a wheel chair and can walk with help. He requires total care and 24 hour supervision including bathing, feeding teeth brushing, etc. He has the development of a two-year-old but is integrated a few hours a day with classmates in public school. After putting Trevor on the school bus, Koss goes to work until 3:30 p.m. when he gets Trevor off the bus. He is blessed he can take Trevor back to work with him or home. With Trevor's diagnosis, he will always need 24/7 care. Respite care and funding is priceless. It takes two working parents to pay the bills. Trevor's mom is not involved. Koss is blessed to have a foster/respite family or "second family" living five minutes away and with five kids who take Trevor in as part of the family. His family doesn't go on vacations because it costs too much to fund both the vacation and someone to watch Trevor. Trevor goes to the Easter Seals Camp in the summer and used to attend an after school program until the funding was cut, prices were raised and Koss could no longer afford the fees. It is a very demanding position for a parent to give care 24/7. He thanked the county for the help they've given him and other families. He can't stress enough how important it is. He is lucky that he has a job that allows him to care for his son and work. Respite care is priceless and a lifeline.

Deanna Olson is mother of eight-year-old Mason. Olson said respite care helped her to become a better person, mother and fiancé. Before Mason was diagnosed with autism at age three, Olson's mom could watch him and help her out. Mason is nonverbal but does babble and uses jargon. She doesn't know what he's saying. Soon after the diagnosis, he became too much for her mother to handle. Olson had to quit working for three years because she couldn't put him in daycare due to his behaviors. She is a student at Ottawa University and wants to earn a Masters degree. She decided to go back to school when Mason went to school because she realized being a single mom and cashier wasn't going to pay the bills. She is able to use respite care when she is at home finishing a big school project. Mason can play alone until she is busy. She didn't realize when he started school how many days they're off of school. Working part time allows her the flexibility to be there when he's off of school. She has Lauren to help get Mason off the bus when she needs help. She has chosen not to use food stamps or public housing because she wants to earn a living. She needs the respite program. She's been a sober member of AA for two years, two months and one day. She can't be a mom to Mason if she's a drunken mess. She gives back to the AA community as a sponsor and works a program. It means the world to her to help the AA community. She calls Katie so she can go to an AA meeting or even stop at the grocery store afterward. Olson said shopping alone for 20 minutes is great. She's engaged to a wonderful man who couldn't attend the meeting today because he's getting Mason off the bus. Respite care allows her to get away for weekends for AA meetings or time alone. It allows her to reconnect and talk and be with regular, normal feeling people. Her life isn't normal most days. Sometimes she needs peace and quiet. Her life is difficult but she can't turn her back on Mason.

Turkowski said she hopes in some ways these parents' stories will touch you when you consider the budget. The Developmental Disabilities Advisory Committee (DDAC) had the following recommendations of needs: DDAC continue to meet monthly, DDAC take on an advisory role to the ADRC and increase funding to the Respite Care Program.

Paulson asked regarding respite care funding, what exactly would you like? Do you prefer to have more hours available or to reduce the waiting list? Turkowski said she's rather see more people get some breaks rather than a few people get more.

Date Change of March 13, 2008 Joint Meeting to April 10, 2008

Date Change of May 8, 2008 Board Meeting to May 15, 2008

Schuler distributed a schedule of committee and board meetings and public hearings. Esler reminded the group that with the elections and changes in county board meeting dates, there will be a two month gap in county board meetings.

MOTION: Vitale, Schellinger to adjourn the HHS committee meeting at 2:40 p.m. motion carried 4-0.

Board Agenda Items

Public Health Performance Standards

Schuler said the Public Health Council and Joanne Weidemann is encouraging the Public Health Division to participate in the National Public Health Performance Standards Program (NPHPSP). The focus of the NPHPSP is the public health system including all public, private and voluntary entities that contribute to the delivery of the Essential Public Health Services within a given jurisdiction. The NPHPSP instruments are based on the framework of the ten Essential Public Health Services which represent the spectrum of public health activities that should be provided in any jurisdiction. The purpose for undertaking a performance assessment is to strengthen and improve the public health system. The standards were set at the optimal level. Jurisdictions will likely see many differences between their performance and the gold standards presented with the instruments. System partners should seek to address these weaknesses and also recognize and maintain areas which are strong. Because of the extensive size of the project and the current Public Health workload, Schuler said he would like to pilot one of the instruments and conduct a mini-version of the program.

Paulson asked how many staff would this project require? Schuler said the division would have to decide how to shift their workload.

Healy-Haney distributed and reviewed a handout titled *National Public Health Performance Standards Program, Overview Presentation*. The program is an assessment of the total public health system moving into a community improvement plan. The intent is to engage in partnerships in the community to leverage current services and funding and strengthening the science base for public health practice improvement. Four concepts applied in NPHPSP, based on ten essential public health services, focus on the overall public health system, describe an optimal level of performance and support a process of quality improvement. There are tool kits available to help us through this significant process. We haven't put together a budget yet but expect the cost to be more than \$12K.

Schuler said there is some 2007 carryover funds for emergency preparedness that could be used for the assessment to cover such costs as lunch and refreshments, facilitators, facility, training staff, conferences, combining data, etc. The cost of doing all ten assessments would be significantly higher than completing one. Theoretically we could budget more formally for the project in 2009. We would also need to make contacts to get people to participate. The value of the results increases significantly when the participants are educated prior to attending a session.

Paulson asked what laws do you want to change on county and state levels? What standards are you not meeting now? What needs to be improved in the department? What will you accomplish with this program when you're done? Will it make the department better? This doesn't make sense to him. The standard you work toward in the health department is the product of state statutes. Schuler said the process involves health professionals and community people not in the health field. This will be an assessment similar to the process used to develop the county's strategic plan.

Paulson asked how will completing this study change the mission of Public Health? Healey-Haney said they're looking to identify gaps in the whole community. There could be recommendations for the private sector to do more screenings. The HHS board and council would make recommendations for improvements.

Paulson said we have Badger Care which doesn't do well in dental. There's only one dentist in Waukesha who will take it. What could the health department do to make more dentists take Badger Care? Schuler said it is good to identify something that could be discovered. The county executive was approached about funding a dental clinic. Paulson said you don't fund anything. Healey-Haney said a community coalition came together to build a dental clinic. This assessment may find problems we are unaware of in Waukesha County. Paulson asked don't we have tools now to find this information and do something about it?

Paulson said no one identified why he should support this. There's something missing. He doesn't understand this. Schuler said we could use the results for planning in the Division. It would identify gaps in the community and make improvement over a period of time. Eventually we may be required to do something like this. It's voluntary for now and a big effort. The Health Council said they wouldn't devote heavy efforts to this program unless the HHS board recommends doing it. The Division would have to expand their staff. We'll have to wait for Joanne Weidemann to return from her trip to explain the goodness of the program to the board. She may think we need to do the whole effort.

Healey-Haney said the county executive should be the lead in this with the support of the HHS Board. Farrell asked do you feel this is something Waukesha County should do? Healey-Haney said she's deferring it to the policy makers. She's here as a staff person. Schuler said as the staff officer, he thinks this is the healthy thing to do and lead to improved partnerships and public health.

Parthum, Flor and Wutt agreed it was a great idea to be proactive and identify future needs. Paulson was not convinced it's worth the effort. Schuler said it would be helpful to meet with Weidemann to resolve the issue of whether we do a pilot or the whole program.

MOTION: Paulson moved, Parthum second, to adjourn the HHS Board meeting at 3:57 p.m. Motion carried 5-0.

Respectfully submitted,

Approved on: _____

James Jeskewitz
Secretary for the Committee