

Minutes of the Health and Human Services Board Meeting

Thursday, May 22, 2008

Board Members Present: Citizen Members Dennis Farrell, (Chair), JoAnn Weidmann, Dr. Peter Parthum, Flor Gonzalez, Mike O'Brien, Joe Vitale, County Board Supervisors Duane Paulson, Jim Jeskewitz, Janel Brandtjen and Jim Behrend.

Others Present: County Executive Dan Vrakas, Health and Human Services Director Peter Schuler and Health and Human Services Deputy Director Don Maurer.

Dan Vrakas and Health and Human Services Board Luncheon

The luncheon began at 11:30 a.m. with the official meeting called to order by Chair Dennis Farrell at 12:05 p.m.

Presentation to County Executive Vrakas Board's 2009 Budget Recommendations

Members of the Board were provided with a copy of the memo sent to County Executive Vrakas from Chair Dennis Farrell on behalf of the Health and Human Services Board. This memo included a copy of the 2009 budget recommendations made by the board based on input from the various advisory committees as well as the Public Hearing. Farrell stated it was a very difficult job prioritizing these needs. Dr. Parthum feels the public should see this list and how we have to choose who gets services and who doesn't. People only see their tax bill, how much it goes up, and not what services are being provided for with their taxes. These programs are for the citizens and our neighbors in this county and how does Waukesha County wish to be perceived by the public.

In Category I items are not numerically ranked, but reflect a need for financial support to maintain existing levels of service or partially restore past reductions. The estimated cost is high, but Board members would like to see services continued as best as possible. One of the most important programs is respite care for those families who have children with disabilities to be able to get out doing such simple things as grocery shopping, church, etc. It is important because that one day a month will sometimes be just enough of a break for the parents in order to keep the child at home and not in an out of home placement which can occur if the parents no longer have the strength or stamina to keep up. Brandtjen noted that this department year after year has had to slowly take pieces out of programming, not because of choice but because of financial dollars. Her concern, as a conservative, is that in some of these programs it only takes one or two cases to trip the budget into absolute chaos. If we put money into the restoration of programs for prevention, we can save millions in intervention in the future. She is making a plea to look at all these programs as a way to prevent higher costs in the deep end. Vrakas noted his understanding that for every dollar of prevention, it can translate into savings of \$10.00 of back end costs. Vrakas agrees that if we can do that it would be great and we would find a lot of support for prevention, but we are having funding difficulties now to meet the mandated back end expenses. Paulson recalled his speech regarding a client with disabilities and how he has never heard anyone come up and advocate for her and others,

but if we tried to take 10 feet off the golf course, the phones would be ringing off the hook and the County Board meetings would be packed with irate citizens.

Behrend arrived at 12:15 p.m.

In terms of respite care, he talked about how this can make the difference between keeping a person at home and being placed in an institution. The cost of respite is very little compared to the cost of a nursing home. He also noted that at one time we had 39 kids in Ethan Allen and now we only have 8. Our past array of prevention services is the reason that number has lowered over the years. Paulson stated that we would need the entire 2% levy cap just to cover those areas that have been cut. Vrakas commented that we are doing creative things such as taking care of the wait list with the ADRC, and exploring selling space at the Mental Health Center to another county on a contractual basis which could bring revenue in. There is a limit on the available amount of tax levy as mandated by the state and our way of getting around this is by being efficient and looking at possibly raising fees for the Alcohol Treatment Court and charging offenders for SCRAM. He wants to keep the Alcohol Treatment Court program and we've been told that our offenders can afford to pay fees and with that additional funding we can cover some of what we need in Health and Human Services programs.

Vrakas stated that the county and county municipalities are receiving 1.2 million dollars from FEMA for last winter's snow storm, of which we (Waukesha County) are receiving \$187,000 for the snow removal. This money will go towards overtime costs for the snow removal which caused a huge hole in the public works budget.

Paulson left at 12:24 p.m.

Weidmann stated that this county does a superb job of keeping people out of the deep end, but it's a tough call when you have the immediate needs staring you in the face. It is short-sighted not to look at prevention efforts. We don't have an advocacy group that can do the kind of screaming that you get from the people who don't get their roads plowed and those kind of hard issues that you'll have someone out there telling you about it. You may hear from a few individuals on some of our issues but its much broader than that and she has a real problem when we don't take care of our vulnerable populations. Public Health is also having issues with lack of staff during times of an outbreak. Vrakas noted that they want to make sure we have the mechanism in place to keep things running during a terrorist event or major outbreak. In discussing the Public Health Performance Standards, it was mentioned that it is necessary to make sure everyone in the county knows what to do in the event of an outbreak. These standards are a quality control issue. Parthum stated that five years ago he had no concept of what was all involved in human services and that when he left public health 20 years ago he never expected to be involved in it again. With the modest support in recent years in Public Health, Parthum feels that the staff are doing great work and performing an incredible juggling act to keep things going. He stated that Wisconsin is the last state in the nation when it comes to public health. In his 30 years here everything has been cut, cut, cut. This county is an example of that because 25 years ago there were three strong health departments in the

State of Wisconsin and Waukesha was one of them. Milwaukee County and Dane County still have strong health departments, but ours is a fraction of what it once was. He doesn't know how Peter Schuler can possibly handle Health and Human Services as massive as it is in addition to Public Health as well with the amount of work there is to do. He fears that despite the wonderful efforts of everyone that we have a poor structure with the separation of Public Health and Environmental Health. The consequences may not have shown themselves but someday they will. It would cost money to change things but he hopes that someday Waukesha County will rebuild what it had 25 years ago. With what we have right now and what the voters are saying, there are gigantic constraints and he faults no one present for this, but we should find ourselves in a better place than we are at now. Jeskewitz stated that he knows someone who was gone from Wisconsin for quite some time and has since come back and he said one of the biggest shocks is this tremendous anti-tax attitude in this state and other states where he has come from are concerned about taxes, but not like here. Other places you could say the cost of everything has gone up 3% so we're going to raise taxes and it's done. Jeskewitz said there is so much animosity about the raising of taxes regardless of how much inflation has risen. Everyone expects us to do the same things with less money every year.

Continuing on the other area on our list is the support of psycho pharmaceuticals. O'Brien brought up the Category III, Ranking 4 of the providing additional dollars for suboxone treatment for opiate addiction. From January 1st of last year until March 1st of this year, of the 39 participants on suboxone, only 4 had to be re-admitted. Participants are responsible for some of the cost, but suboxone is a drug that the drug company will not give us any samples or put any person in one of their drug assistance programs. Right now it is too new and too patented for the drug company to give any breaks on. O'Brien stated that during this 15 month period documented at Lawrence Center, many of those 39 in the program are low level drug dealers and most of them have discontinued dealing drugs after treatment as well as a quadruple rate of employment. There is evidence that it works.

The next issue discussed was the adequate funding to enable Public Health to maintain Level II Public Health status, which the advisory committee estimates would cost about \$100,000. The next state review is either scheduled for 2009 or 2010. The Board would like to make sure that we maintain our Level II, even though in this county we should be a Level III. Schuler explained the need for the \$100,000. Schuler explained that last year Public Health received a 1/10% of 1% of tax levy. As we have struggled to maintain the financial base, we have had to put more personnel and other routine costs on grants and now the grant money is diminishing, but the work is still mandated to be done. Last year they had to reduce all the extra help and had to eliminate all the surge capacity staff who were all LTE's. This caused a major struggle this year especially with the measles issue this year. Schuler stated that to maintain a Level II status, 7 Public Health programs besides the base programs that are Level I, are required. During the measles outbreak, we were not able to maintain Level II functionality because we had to cancel clinics in order to cover those areas where staff were needed because of the measles situation. This is the case with many health departments during an outbreak.

The next item was the providing for cost of living adjustments to residential providers for the chronically mentally ill. Farrell stated this probably runs through all the providers because they need to at least have something toward the inflationary increase. That amount was estimated at \$40,000.

Another request was to re-fund an AODA Counselor position which is currently unfunded, and locate that position at the Day Reporting Center to provide community integration/transition services was the next item on the list. According to O'Brien this was the top priority of the AODA Advisory Committee. We anticipate the Day Reporting Center gradually expanding. The counselor could be housed at the Day Reporting Center which eventually might well be called the Re-Entry Center and would be the first step in the process of helping people re-integrate back into the communities after being released from jail. The position is frozen and the cost would be \$71,500. The two primary needs of those coming out of jail are treatment and societal reintegration. This is to help those getting out of jail with employment issues, find housing, schooling, etc., anything that would assist in preventing them from falling back into their old habits.

Schuler stated that one of the things that's potentially coming is the expansion of the treatment court and we have applied for an expansion grant for 2 years for \$200,000 and it would focus on those individuals with mental health and substance abuse problems. In order to be able to sustain a program after the grant runs out is that you have to have a system in place so it just doesn't go away when the grant funds end. One way of staffing this would be to make this position a dual diagnosis position and have it attached to Day Reporting and build it into the service system and using grant money to pay for this. We need to build this from the beginning when implementing a grant. Our Community Support Program and Community Transition Program serve dually diagnosed individuals. In response to a question, Schuler advised that generally if we leave a position vacant, it is unfunded but remains on the books for a year or so, and often it's eventually abolished to make room for another authorized position elsewhere, sometimes in another department. As a result, often when we do need a position for something we can do and get funding for, and don't have a vacant/unfunded position, we have to start all over again and get the approval process of getting a new position which is difficult. Mike DeMares and his staff have been asked how a re-funded position would be used and their thought is that the best use of such an additional position would be to use it at the Day Reporting Center.

Dan Vrakas stated that there has been discussion that when they hire the new CJCC Coordinator to link them with one of the existing division managers, such as Mike DeMares and Peter Slesar. The position is an employee of the Health and Human Services and that person can draw on people such as Mike and Peter. The County Board Office has agreed to give clerical support to the CJCC Committees. Vrakas will be sending an ordinance over to the board for their June meeting that would make the CJCC Coordinator position permanent. Schuler has been supervising the Coordinator position since it became a county position. Originally it was a contracted position. They want staff to be connected to the programs so they know more in-depth how each program operates and have supervisors or managers who supervise the program so we would

know if its delivering what it is supposed to. The coordinator previously was standing alone and had to do everything, and no one else had clear or total responsibility, or necessarily the understanding of what is involved. The position would also have the oversight to report to the board and we would have other departments to help us oversee the programs.

The next issue discussed is a recommendation to increase available outpatient psychiatric services by 8 hours/week to reduce wait times for non-emergency psychiatric needs. Maurer stated that at a previous meeting Dick Wutt discussed the wait time difference between the non-emergency and emergency need. If an individual is experiencing a crisis need (i.e. immediate danger to themselves), they will be able to come in and see someone right away. The non-emergency cases who need psychiatric care for more mild depression, etc. sometimes have to wait 10 to 12 weeks and in the meantime they may deteriorate and experience a crisis so according to Wutt why not address it sooner so that it does not become a crisis.

Providing sufficient funding to maintain the present 211/First Call for Help system and capacity was the next need to be discussed. Farrell stated that he feels 211 has come a long way. Many people don't know who to call when they are experience a need at home which is a human service need. Weidmann stated that the 211 has taken over a number of calls that originally went to 911. Unfortunately it is not as well known as it should be in the community. It has done a wonderful service. Maurer stated he attended a meeting with United Way and the Mental Health Association dealing with the issue of 211. They are presently receiving 49,000 calls where 6 years ago it was more like 12,000. The Mental Health Association doesn't have the capacity to serve more then 49,000 because of lack of funding for more staff. When asked who funds 211, Maurer stated that they receive funding from the WCDHHS, United Way, Senior Services, CDBG and they have raised approximately \$100,000 through fundraising events. It was suggested that information on 211 should be listed on the county website on the home page. The 211 line was a successor to what we used the First Call for Help (FCFH) line. Schuler stated that we must maintain a mental health hotline for suicide intervention calls. People would call 911 and they would then pass them right through to the First Call for Help line. There are also a number of calls from people in distress but not quite to the point of being suicidal and they need what is commonly called a warm line – someone they can talk to who can reassure them and help them get through the emotional distress period. What came next was the national 211 effort for Information and Referral calls, so instead of creating two call lines, the Mental Health Association took this over and enhanced their existing service as they were already the designated I&R service provider in the county, in addition to “warm line” responsibilities. There have been some growing pains including discussions over the last six months which seemed to question that 211/FCFH could separate I&R from warm line functions – but this would not be particularly efficient or consumer friendly. Schuler stated he feels the struggle will continue because the volume of calls has risen so much that the Mental Health Association doesn't have the capacity to serve that many and the key funders haven't been able to increase funding significantly during these difficult times. United Way may be asking this board and county to help the Mental Health Association advertise 211 and we will try to play a role

in that. Maurer stated that in the meeting a couple of days ago, it was very positive and it looks like things are back on track, but there is a study group being formed from each of the three major funding sources to take a look at what a campaign would look as well as realistic capacity. MHA's funding is set for the next two years and if this campaign goes through now, it could increase calls without increasing manpower to handle the calls. What would likely happen is that the staff would have to take less and less time with each call. Brandtjen asked if there was any thought to contacting Sprint, Verizon, etc. to help with some of this funding. Schuler stated that United Way has been working with the cellular and land line companies.

Other categories of advisory group recommendations are supported and the board discussed the goals of the CJCC including the Alcohol Treatment Court, AODA and the Day Reporting Center. Farrell stated that the DDAC will continue to meet monthly probably until at least the end of the year when the CMO's have completed their task of transitioning the Long Term Care clients. The ADRC Committee will, as necessary, advise the Health and Human Services Board on matters pertaining to Family Care. They are also strongly advising that the CMO's take the DDAC intact and use them in a community advisory capacity to the ADRC. Farrell announced that the County Executive has asked Julie Turkowske, Dennis Farrell and Lorraine and Glenn Lee to serve on the ADRC Committee. The County Board will get an ordinance laying out the ADRC Board/Committee and when that is passed then they will have their first organizational meeting. The Board is reflective of everyone who comes to the ADRC for services such as seniors, the disabled and others. It is required by the State that there is a Board to advise the CMO's.

Farrell turned over the last three issues relating to Public Health to JoAnn Weidmann and Dr. Peter Parthum to comment. Weidmann stated that these issues do not have any funding attached to them, but are a way to keep Public Health in the eyes of the Board members as we do have legal responsibilities. The last item on the list is to arrange for the Health and Human Services Board to receive regular reviews of Environmental Health Hazards. This item is to follow the directives from the State that it should be part of the Health and Human Services Board's responsibility to oversee environmental health. We need to have some formal mechanism either through a resolution or some other form of action where Environmental Health reports to the Health and Human Services Board at least quarterly. We have also been trying to get Environmental Health on our agenda to discuss the Human Health Hazards Ordinance. We need to keep track of the issues around such things as water safety and restaurant safety as ultimately this is a Public Health issue. Schuler stated that in the 140 review both Public Health and Environmental Health are examined. The state reviewers read every line of every set of minutes and look for discussion of environmental health issues. Weidmann stated that public health reports should be on every meeting agenda. Ben Jones, our Epidemiologist, will be giving a presentation on public health trends at a future meeting.

In looking at the many recommendations and needs, Farrell stated that raising property taxes is something that will be very hard to do, but there are other ideas we can look at

such as grants, fundraisers, sales tax, etc. Farrell stated that the advisory groups have the talent to bring to the table ideas and ways to help solve some of these financial problems.

Vrakas stated that the fact of the matter is that the State has put a cap on increases at 2%. In some ways the property tax is very stable. We're generating 12% of the state's economy and we only have 8% of the population. Many of the formulas are related to property wealth so by virtue of where we are, we don't get our fair share. He realizes that Human Services is a great operation and that Peter and Don work hard on this budget. Vrakas trust the board members to advise him on the needs, but we have to find ways to save money in some areas so we can spend it on others. It's still early in the process and we have to remain flexible. Last week he didn't think he'd have \$190,000 from the federal government but we did receive it. He feels that if the economy picks up then the need for services would be less. It's early and hard to commit, but with a county board that is smaller it is easier for them to work together and yet large enough to represent the population. The county needs to receive more money from the State level so we can get more for health and human services. He doesn't think we need to raise taxes, but use the money we have and spend smarter.

Farrell stated that in the past Health and Human Services Board members have done shadowing experiences where they can accompany staff to hearings, Juvenile Center, CBRF's or attend Public Health clinics. Board members were encouraged to consider doing so again.

Schuler made a couple of announcements. He asked everyone to take this opportunity to see the new Records area which was moved to the mobile manufactured buildings which are located on the front, southwest corner of the Human Services Center. Secondly, the psychiatrist salary adjustments have gone before personnel and finance committee. When we attempted to hire our last psychiatrist we had a hard time finding anyone who was willing to even go through the interviewing process because of our salary range. A market study was done and our positions have changed their salary levels in order to get back into the market place again. We have had more turnover in the past five years than we've had in the last 25 years. Also, the CJCC Coordinator position is on its way through the process as well. We will give you the shadowing experiences again and we are compiling binders for each board and committee member. This book will also contain a list of acronyms.

Adjournment

MOTION: Jeskewitz made a motion seconded by Behrend to adjourn the meeting. The meeting adjourned at 1:55 p.m.

Minutes recorded by Kathy Leach

Approved on _____
Date