

Waukesha County Board of Supervisors

Minutes of the Combined Meeting of the Health & Human Services Committee and Board Thursday, September 16, 2021

Chairs Dondlinger and Nelson called the meeting to order at 1:00 p.m.

Committee Members Present: Supervisors Timothy Dondlinger, Jeremy Walz, Jim Batzko, Joel Gaughan, and Ted Wysocki. **Absent:** Kathleen Cummings and Steve Whittow

Board Members Present: Supervisors Larry Nelson, Christine Howard, and Duane Paulson, and Citizen Members Mary Baer, Christine Beck, and Mary Berg. Mike Goldstone arrived at 1:35 p.m. **Absent:** Vicki Dallmann-Papke and Robert Menefee Jr.

Also Present: Legislative Policy Advisor Alex Ignatowski, Chief of Staff Sarah Spaeth, County Board Chair Paul Decker, Administrative Specialist Mary Pedersen, Health & Human Services Director Liz Aldred, Deputy Health & Human Services Director Lisa Roberts, Public Health Officer/Public Health Division Manager Ben Jones, Clinical Therapist Felecia Behnke-Shaw, Clinical Services Division Manager Kirk Yauchler, Administrative Services Manager Randy Setzer, Accounting Services Manager Danielle Igielski, and Veterans Services Officer Tom Ludka.

Committee Agenda Items

Approve Minutes of July 15

MOTION: Walz moved, second by Gaughan to approve the minutes of July 15. Motion carried 5-0.

Next Meeting Date

- October 7 (8:30 a.m. budget review)

Executive Committee Report of July 19, August 6, and September 13

Dondlinger said the Executive Committee, at the July 19 meeting, approved one ordinance and three appointments and defeated one ordinance. At the August 6 meeting they approved three ordinances and four appointments, denied Supervisor Peter Wolff's appeal to forward his resolution pertaining to Critical Race Theory to the full County Board, and discussed the redistricting timeline. On September 13, they heard a presentation by Land Information Systems staff on the new County Board district maps and then approved the supervisory district plan.

State Legislative Update

Ignatowski gave a brief update on state legislation and referred to his Friday email updates.

Board Agenda Items

Approve Minutes of 8-19-21

MOTION: Paulson moved, second by Howard to approve the minutes of August 19. Motion carried 6-0.

Next Meeting Date

- October 21

Items For Discussion And Consideration

COVID Update (*Board and Committee*)

Jones said they saw a steady decline in COVID cases from January through June then the Delta variant took over and now accounts for most of the cases. Delta is two times more contagious than the last variant. They did see exponential increases in July and August with about 125 cases per day but case numbers have remained fairly stable since. While numbers are stable, they are shifting to a younger population. Jones gave vaccination statistics within the age groups and said about 5,000 people are getting vaccines each week but would like to see that number higher. Data will be submitted soon for vaccines for children as young as 6 months but they will become available for those age groups is unknown. Jones noted we have not seen a large increase in hospitalizations with Delta.

Review of Injection Drug Use Treatment and Injection Drug Use Prevention Grants (*Board and Committee*)

Copies of the PowerPoint presentation were distributed which included information on overview and background, goals, and their mid-year report. Behnke-Shaw and Yauchler discussed the grant funds which are used for prevention and treatment programs aimed at individuals who inject substances.

Goldstone arrived at 1:35 p.m.

Capital Projects (*Committee*)

Setzer discussed the On Base System (content management software) and noted they will be able to start testing the process in a couple of weeks. Setzer explained the software and its functions. He indicated the contract for new software for Public Health called My Insight has been signed. A kickoff meeting with the vendor, Netsmart Technologies, will be held next week and implementation is scheduled to begin in October. The Care Management project will also be with Netsmart. This software is an electronic health record for community-based services. The scope of work has been developed and staff will meet with Netsmart next week. This module is needed to expand CPS services for children.

Veterans Report (*Board and Committee*)

Ludka discussed the report titled "Waukesha County Department of Veterans' Services Annual Report 2020" as outlined which included information on total state and federal benefits, Wisconsin's veteran's homes, Veterans Service Commission, and office activities and statistics.

MOTION: Batzko moved, second by Wysocki to accept the 2020 annual report of the Veterans Services Office (committee). Motion carried 5-0.

MOTION: Howard moved, second by Baer to accept the 2020 annual report of the Veterans Services Office (board). Motion carried 7-0.

MOTION: Walz moved, second by Wysocki to adjourn the committee meeting at 2:32 p.m. Motion carried 6-0.

Advisory Committee Reports

Baer gave an update on the last Public Health Advisory Committee meeting and said they had a discussion on the severity of this year's flu. Baer said the Aging & Disabilities Resource Center Advisory Committee heard a presentation on a dementia behavior initiative and she will request that it be presented to this board as well. She also advised of new membership on both committees.

Revise Health & Human Services Board bylaws and update to pilot virtual meetings (*Board*)

Aldred discussed a proposed amendment to the board's bylaws and that the following sentence be added to the end of the current Article XII A of the Waukesha County Health & Human Services Board Bylaws: "Members approved in advance by the HHS Board Chair to appear by remote means and who fully comply with the HHS Board's remote appearance guidelines shall be considered present for quorum and attendance purposes and shall be entitled to vote." This will be a 3-month pilot program.

Paulson said he was against suspending the rules and would vote no. Aldred said another option would be to adopt a temporary rule which would be in effect for the October meeting at which time they would vote on officially revising the bylaws. This issue was discussed at length.

MOTION: Berg moved, second by Howard to adopt the temporary rule under Article XII A of the bylaws that will be in effect for the next Health & Human Services Board meeting. Motion carried 7-0.

MOTION: Baer moved, second by Paulson to adjourn at 3:10 p.m. Motion carried 7-0.

Respectfully submitted,

Larry Nelson
Chair
Health and Human Services Board



Waukesha County

Department of Health and Human Services

Waukesha County Background Information for Privileging Approval

For Jessica Juneau, PsyD

Introduction: Dr. Juneau is a practicing psychologist with a background in both pediatric and adult psychology.

Privileges Requested: To practice psychology at the Waukesha County Mental Health Center Inpatient Unit. This position includes providing psychological assessments and testing, as well as individual therapy in accordance with the Medical Staff Bylaws.

Wisconsin License Issue Date: 8/6/2015

Wisconsin License Expiration Date: 9/30/2023

Board Certification Status: Not Applicable

Medical School: Wisconsin School of Professional Psychology

Graduation Date: 8/1/2014

Prior and Current Professional Experience:

- Waukesha County DHHS; Waukesha
- Kane County Diagnostic Center; Illinois
- The Healing Center; Milwaukee
- Wisconsin Department of Corrections; Milwaukee
- VA Medical Center; Milwaukee
- Wisconsin Early Autism Project; Brookfield
- St. Francis Children's Center; Glendale

Continuing Education Status: Current

Background and Reference Checks: Complete

Paul Farrow
County Executive



Elizabeth Aldred
Director

Lisa A. Roberts
Deputy Director

Waukesha County

Department of Health and Human Services

Waukesha County Background Information for Privileging Approval

For: Mercy Mahaga, APNP

Introduction: Mercy is a practicing Nurse Practitioner with a background in family practice and psychiatric clinical treatment.

Privileges Requested: To serve patients with acute and chronic illness at the Waukesha County Mental Health Center. This position includes psychiatric assessments, prescribing, and subsequent care in accordance with the Medical Staff Bylaws.

Wisconsin License Issue Date: 5/23/2014

Wisconsin License Expiration Date: 9/30/2022

Board Certification Status: Active

Medical School: Alverno College

Graduation Date: 12/2013

Prior and Current Professional Experience:

- Waukesha County DHHS; Waukesha
- Minute Clinic; Milwaukee
- ABG Wellness Group; Milwaukee
- Aloria Healthcare; Milwaukee
- Armor Correctional Health Services; Florida
- Aurora Health Care; Milwaukee

Continuing Education Status: Current

Background and Reference Checks: Complete

Mental Health Center, 1501 Airport Road, Waukesha, Wisconsin 53188-3632

Phone: (262) 548-7950 • Fax: (262) 896-8046 • TDD: 711

E-mail: hhs@waukeshacounty.gov • Website: www.waukeshacounty.gov/MentalHealthServices



Waukesha County

Department of Health and Human Services

Waukesha County Background Information for Privileging Approval

For: Isha Salva, MD

Introduction: Dr. Salva is the practicing Clinical Director with a background in adult psychiatry.

Privileges Requested: To practice psychiatry at the Waukesha County Mental Health Center Inpatient unit. This includes psychiatric assessments, subsequent care, and discharges in accordance with the Medical Staff Bylaws.

Wisconsin License Issue Date: 8/5/2016

Wisconsin License Expiration Date: 10/31/2023

Board Certification Status: Active

Medical School: Punjab University; India

Graduation Date: 11/1984

Prior and Current Professional Experience:

- Mercy Health Partners; Michigan
- Ottawa County Community Mental Health; Michigan
- Waukesha County Mental Health Center; Waukesha

Continuing Medical Education Status: Current

Residency:

- Michigan State University College of Human Medicine; Michigan (Internship)
- Michigan State University College of Human Medicine; Michigan (Residency)

Background and Reference Checks: Complete

Paul Farrow
County Executive



Elizabeth Aldred
Director

Lisa A. Roberts
Deputy Director

Waukesha County

Department of Health and Human Services

Waukesha County Background Information for Privileging Approval

For: Chaz Johnson, MD

Introduction: Dr. Johnson is a practicing psychiatrist with a background in adult psychiatry

Privileges Requested: To practice psychiatry at the Waukesha County Mental Health Center Inpatient unit. This position includes psychiatric assessments, subsequent care, and discharges in accordance with the Medical Staff Bylaws.

Wisconsin License Issue Date: 2/12/2019

Wisconsin License Expiration Date: 10/31/2023

Board Certification Status: N/A

Medical School: Ross University School of Medicine

Graduation Date: 05/2016

Residency:

- Western Michigan University (Psychiatry Residency)
- Medical College of Wisconsin (Fellowship)

Prior and Current Professional Experience:

- Centerpointe Recovery Center; Michigan
- Community Mental Health; Michigan
- Medical College of WI; Milwaukee
- Bellin Hospital; Green Bay

Continuing Medical Education Status: Current

Background and Reference Checks: Complete

Mental Health Center, 1501 Airport Road, Waukesha, Wisconsin 53188-3632

Phone: (262) 548-7950 • Fax: (262) 896-8046 • TDD: 711

E-mail: hhs@waukeshacounty.gov • Website: www.waukeshacounty.gov/MentalHealthServices



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STRATEGIC PLAN

- Customer Service Pillar: High Customer Satisfaction**
 - Objective: Exceed Citizen Expectations
 - Expectations Create a seamless experience that provides a sound and sustainable service array
- Quality Pillar: High Standards of Service Excellence**
 - Objective: Promotes innovative solutions that foster positive outcomes for stakeholder
 - Integrate best practices and continuous quality improvement into programming decisions
- Team Pillar: Best Professionals Serving the Public in the Best Way**
 - Objective: Build strongest workforce
 - Recruit and retain a high quality workforce to meet the needs of those we serve
- Health and Safety Pillar: Ensure the Well Being of Citizens**
 - Objective: Increase overall well-being, safety and quality of life of citizens
 - Maximize health and human services resources, service linkages and collaborations
- Finance Pillar: Protect Taxpayer's Investment**
 - Objective: Strengthen Economic Stability of Citizens
 - Implement innovative practices to maximize funding and minimize risk

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WAUKESHA COUNTY VETERAN COMMUNITY

VFW DAY
 VETERANS OF FOREIGN WARS. FULFILLING OUR PROMISES TO THE MEN AND WOMEN WHO SERVED.

22,099 Veterans
 + Dependents
 + Surviving Spouses

America's Gold Star Families
 Honor • Hope • Healing

Logos for: National Order of the Eastern Star, Marine Corps League (Semper Fidelis), American Legion, and Vietnam Veterans of America.

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EXPECTATIONS FROM VETERANS SERVICES DIVISION

<table style="width: 100%; border-collapse: collapse;"> <tr><td>VA Home Loans</td><td style="text-align: right;">\$333,224,122</td></tr> <tr><td>Medical Expenditures</td><td style="text-align: right;">\$81,252,000</td></tr> <tr><td>Compensation/Pension</td><td style="text-align: right;">\$73,954,000</td></tr> <tr><td>Education Benefits</td><td style="text-align: right;">\$8,008,000</td></tr> <tr><td>Insurance</td><td style="text-align: right;"><u>\$2,177,000</u></td></tr> <tr><td></td><td style="text-align: right;">\$498,614,122</td></tr> </table> <ul style="list-style-type: none"> • VAMC Coordination • Transition Assistance • Debt Relief • ...and more 	VA Home Loans	\$333,224,122	Medical Expenditures	\$81,252,000	Compensation/Pension	\$73,954,000	Education Benefits	\$8,008,000	Insurance	<u>\$2,177,000</u>		\$498,614,122	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Property Tax Credit</td><td style="text-align: right;">\$2,299,159</td></tr> <tr><td>Subsistence Aid Grants</td><td style="text-align: right;"><u>\$1,088</u></td></tr> <tr><td></td><td style="text-align: right;">2,300,247</td></tr> </table> <ul style="list-style-type: none"> • Burial Assistance • Memorial Events • Veterans Drivers License • Park Passes • ...and more 	Property Tax Credit	\$2,299,159	Subsistence Aid Grants	<u>\$1,088</u>		2,300,247
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	2,300,247																		

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VETERAN SERVICES PRIORITIES & INITIATIVES

<p><u>PRIORITIES</u></p> <ul style="list-style-type: none"> • VA Health Care Access • Veteran Pension and Survivor Pension • Veteran Compensation • Education Benefits • Burial Benefits & Records 	<p><u>INITIATIVES</u></p> <ul style="list-style-type: none"> • Professional Development for CVSO Staff • Assist Active Duty military at separation • Veteran Service Organization Collaboration
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VETERAN SERVICES DESIRED OUTCOMES

PRIORITIES

- VA Health Care Access – Suicide Prevention, Health Care
- Veteran Pension/Survivor Pension - Monthly payments of \$1,936 | \$1244
- Veteran Compensation - Monthly VA payments of \$144 to \$3,322
- Education Benefits – GI Bill, WI GI Bill, Dependent Education Assistance
- Burial Benefits & Records – VA reimbursements, memorials

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HOW HAVE THESE PRIORITIES BEEN TRANSLATED INTO SPECIFIC PROJECTS?

- Veterans Services Training Policy and Procedure
- VSO Outreach
- Veteran Data Base Transition
- Burial Records Project (proposed)
- Vet Center Sponsorship (proposed)
- Non-Profit Partnerships
 - Center for Veteran Issues
 - Wisconsin Veterans Network



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EXTERNAL FACTORS THAT INTRODUCE CHALLENGES:

- Aging Vietnam War Era Veterans
- Connecting with Gulf War Era Veterans
- Appeals Modernization Act 2019
- Pension Changes 2018
- VA Privatization of Health Care



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STAFF CAPABILITIES: WHAT RELATED KNOWLEDGE, SKILLS AND COMPETENCIES DO STAFF NEED THAT CAN BE ADDRESSED THROUGH TRAINING?

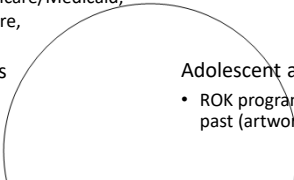
- Knowledge of Federal, State, and local veterans' benefits
- Intra-department resources
- Customer Service skills
- Stress Management



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COLLABORATION WITHIN THE DEPARTMENT?

<p>Economic Support & ADRC</p> <ul style="list-style-type: none"> • Coordination with experts regarding social security benefits, Medicare/Medicaid, SSDI, Foodshare, <p>Clinical Services</p> <ul style="list-style-type: none"> • Open Access 	<p>Public Health</p> <ul style="list-style-type: none"> • Screenings <p>Adolescent and Family</p> <ul style="list-style-type: none"> • ROK program collaboration in the past (artwork and event performer)
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AREAS OF GROWTH (WITHIN DIVISION, DEPARTMENT, COUNTY)

- Partnering with local municipalities to develop and advertise veteran events
- Expanding Veterans Services participation in HHS events

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WHAT ADDITIONAL FUNDS WILL BE NEEDED TO SUPPORT SERVICES, ACTIVITIES AND PRIORITIES?

- No additional funding is required at this time

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THANK YOU!



Questions & Answers



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WAUKESHA COUNTY HEALTH & HUMAN SERVICES BOARD BYLAWS

Article I – Name

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

Article II – Mission Statement

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

Article III – Membership

- A. The HHS Board shall consist of not less than seven (7) nor more than fifteen (15) persons with recognized ability and demonstrated interest in human services.
 - 1. Not less than one-third nor more than two-thirds of the HHS Board Members may be members of the County Board of Supervisors.
 - 2. At least one (1) member appointed to a HHS Board shall be an individual who receives or has received human services or shall be a family member of such an individual per Sec. 46.23(4)(a)1 Wis. Stats.
 - 3. The remainder of the HHS Board members shall be consumers of services or citizens at large.
 - 4. A good faith effort shall be made to appoint a registered nurse and physician per Sec. 251.03(1), Wis. Stats.
- B. No public or private provider of services may be appointed to the HHS Board. A public or private provider of services is an agency or individual who provides or seeks to provide services under contract with Waukesha County Department of Health and Human Services (HHS). A public or private provider does not include an HHS Board member appointed to the HHS Board as a consumer or citizen at large who may also be a public or private provider of services or an employee of a public or private provider of services.
- C. The members shall serve for terms of three (3) years so arranged that nearly as practicable, the terms of 1/3 of the members shall expire each year in August.
- D. Vacancies shall be filled by appointment of the County Executive, such appointee to serve the balance of the term of the member whose place is being filled. New appointments or reappointments shall be for a term of three (3) years with no term limits.

Article IV – Duties of The Board

- A. The HHS Board shall have responsibility and be accountable to the County Executive, community, and County, but can grant certain authority to officers and others according to its bylaws and applicable state and/or federal laws.
- B. Per Wisconsin Administrative Code DHS 124, the HHS Board shall be the effective governing body for the Waukesha County Department of Health and Human Services Mental Health Center inpatient hospital.
 - 1. The HHS Board shall appoint an executive committee and others as needed.
 - 2. The HHS Board shall appoint a chief executive officer for the hospital and shall annually review the performance of the chief executive officer.
 - 3. The HHS Board shall establish and maintain the standing committee, Joint Mental Health Center Conference Committee, to provide a formal means of liaison with WCDHHS medical staff.
 - 4. The HHS Board shall appoint members of the medical staff following the process prescribed in the Medical and Psychological Staff Bylaws and shall hear appeals to contested decisions on applications for medical staff appointment.
 - 5. The HHS Board shall provide a physical plant equipped and staffed to maintain the needed facilities and services for patients through approval of an annual budget that includes financing for the physical plant and equipment and for staffing and operating the hospital.
 - 6. The HHS Board shall receive periodic reports about the adequacy of the physical plant and equipment and the personnel operating the physical plant and equipment.
- C. The HHS Board shall implement an Intoxicated Driver Program by:
 - 1. Appointing a designated coordinator to be responsible for the Intoxicated Driver Program.
 - 2. Designating a single intoxicated driver assessment facility that meets the requirements of Wisconsin Administrative Code, DHS 62.
 - 3. Establishing and appointing an Interagency Program for the Intoxicated Driver Committee to implement requirements as specified under Wisconsin Administrative Code, DHS 62.
- D. The HHS Board shall recommend policy and be responsible for recommending decisions involving long range commitments of resources including facilities, finances, workforce, and programs.
- E. The HHS Board has the responsibility for seeing that its policies are not in conflict with the policies and procedures of the Waukesha County Board of Supervisors.

- F. The HHS Board shall comply with all applicable statutes and regulations.
- G. The HHS Director and staff shall prepare budgets as required, but it shall be the responsibility of this Board to carefully scrutinize and recommend such budgets to the County Executive.
- H. The HHS Director and managerial staff shall have the responsibility of carrying out Board policy in the administration, operating, maintaining, and improving of programs.

Article V – Officers

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

Article VI – Duties of the Officers

- A. The Chair shall be a member of the Board and shall preside at all meetings when present.
 - 1. The Chair shall be an ex-officio member of all committees and shall exercise all other powers common to the office of Chair, and shall sign all HHS Board meeting minutes.
 - 2. The Chair shall work closely with the HHS Director and Deputy Director.
 - 3. The Chair will prepare agendas with the assistance of the HHS Director and Deputy Director.
 - 4. The Chair shall, with the assistance of the HHS Director and Deputy Director, review these bylaws once per term or as needed to comply with any applicable law or regulation.
- B. The Vice Chair shall act as Chair in the latter's absence and, when so acting, shall have the power, responsibility, and authority of the Chair.

Article VII – Committees

- A. The proceedings of Committees and Advisory Groups of the HHS Board shall be conducted according to Robert's Rules of Order unless otherwise specified by these bylaws or by bylaws of those Committees and Advisory Groups.
- B. A standing committee of this Board shall be a Joint Mental Health Conference Committee. The HHS Board Chair shall appoint a Chair of this committee for a three (3) year term with no term limits.
- C. A standing committee of this Board shall be an Interagency Program for the Intoxicated Driver Committee.
- D. The HHS Board shall appoint five (5) Advisory Groups, each representing Aging & Disability Resource Center, Mental Health, Substance Use, Children/Adolescent and Family Services, and Public Health. Such Advisory Groups shall have a formal staff of officers, shall hold regular meetings, and keep regular minutes of such meetings.
 - 1. The HHS Board Chair shall appoint one (1) Board member liaison and one alternate to the Mental Health, Substance Use, Children and Adolescent and Family Services Advisory, Public Health Advisory, Interagency Program for Intoxicated Drivers (IPID), and ADRC advisory groups. The liaison and alternate shall be ex-officio, non-voting members of these advisory groups.
 - 2. The HHS Director or designee shall appoint HHS staff to Advisory Groups to assure appropriate representation of HHS programs and services as ex-officio, non-voting members.
 - 3. HHS Board members are appointed to Advisory Groups for one (1) year terms with no term limits.
 - 4. A Chair will be elected by each individual Advisory Group. The Advisory Groups shall present long and short term plans for each Group and recommend priorities for the Advisory Group they represent to the HHS Board for approval or revision.
- E. The establishment of ad hoc committees may be directed by the HHS Board, which may specify the duties and time for the fulfillment of such duties. Such committees are to be appointed by the Chair subject to approval of the County Executive.

Article VIII – Joint Mental Health Center Conference Committee

- A. The Joint Mental Health Center Conference Committee shall be the executive committee of the Mental Health Center inpatient hospital and shall provide a formal means of liaison with the medical staff.
- B. The Joint Mental Health Center Conference Committee shall consist of at least five (5) Board members who will be assigned to this committee for the duration of their HHS Board term. Temporary vacancies will be filled by appointment by the HHS Board Chair.

- C. The Joint Mental Health Center Conference Committee shall meet at least four (4) times per year.
- D. The Joint Mental Health Center Conference Committee shall:
 - 1. In consultation with the Mental Health Center Administrator, the Clinical Director, the Clinical Services Manager, the Health & Human Services Director or their designee(s), shall review medical staff privileging applications and make recommendations to the HHS Board for medical staff appointments through the process defined in the Medical and Psychological Staff Bylaws.
 - 2. Review any proposed changes to the Medical and Psychological Staff Bylaws, Rules and Regulations, and shall make recommendations to the governing board regarding any change.
 - 3. With HHS and hospital administration, establish policies for the activities and general policies of the hospital departments and special committees established by the Board, and receive periodic evaluation of hospital practices. These policies shall include, but are not limited to, a requirement that:
 - i) Every patient be under the care of a physician, dentist, or podiatrist.
 - ii) The hospital maintains an effective, ongoing program coordinated with community resources to facilitate the provision of follow-up to patients who are discharged and that the hospital has current information on community resources available for continuing care of patients following their discharge.

Article IX – Interagency Program for the Intoxicated Driver Committee

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

Article X – Attendance

- A. Members will attend all Board meetings and assigned committee meetings. If they are unable to attend, they will report their absence in advance of the meeting to be considered an excused absence.

- B. If a member has three (3) unexcused absences in a row, the HHS Board Chair will advise them that, if they miss two (2) additional meetings, the Chair will presume they have resigned and a replacement will be named by the County Executive.

Article XI – Conflict of Interest

- A. Any Board member who believes a conflict of interest exists for him or her regarding a specific item of Board business must so state and refrain from discussion and voting regarding that item. The minutes shall record his statement and indicate his abstaining vote. Any Board member who believes that a conflict of interest exists for any other Board member regarding a specific item of Board business shall have the right and responsibility of challenging that Board member. If the majority of those present agree that a conflict of interest does in fact exist, the challenged Board member will abstain from discussion and voting. Such action shall be recorded in the minutes.

Article XII – Meetings

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

Article XIII – Amendments

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

Approved by:

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

Adopted 11-29-07
Adopted 6-14-12
Adopted 11-13-14
Adopted 12-05-19

REMOTE APPEARANCE GUIDELINES

All Waukesha County board, committee, and commission members are expected to attend all meetings in person. However, there may be times when a member's particular situation justifies a request to attend a meeting remotely. Remote appearances are expected to be the exception, not the rule, and are subject to advanced approval by the respective board, committee, or commission chairperson and compliance with the following guidelines:

1. Prior Authorization Required: Absent express authorization allowing for remote appearances contained within the Waukesha County Code of Ordinances ("County Code") or in an individual board, committee or commission's bylaws or rules, no member shall be permitted to participate in a meeting remotely. Absent advance approval and compliance with these guidelines, no member shall be counted as present for the purpose of establishing a quorum of the body or voting unless physically present at the meeting location. The Waukesha County Board of Supervisors (the "County Board") and the County Board's standing committees are not bound by these guidelines but may choose to adopt these guidelines or otherwise establish rules for remote appearances by amendment of the County Code or the County Board's rules of order.
2. Availability of Appropriate Technology: No remote appearances are permitted in the absence of available technology that will meaningfully permit any remote participating member and the public to appropriately participate and observe the meeting. Where the substance or content of the meeting makes remote participation impractical or impossible, it might be necessary to require in person participation. Chairpersons should consult with County IT staff sufficiently in advance of the meeting to ensure the appropriate technology is available and operational to allow for remote participation. Failure of technology shall not be grounds for conducting a meeting in the absence of a quorum or the public or otherwise failing to comply with Wisconsin Open Meetings Law.
3. Public Access by Remote Means: If the chairperson approves a member of the board, committee, or commission to appear remotely, there must also be a method for the public to observe the meeting and the remote member by remote means. Members of the public participating remotely will not be permitted to make statements. If a member of the public wishes to provide public comment to the board, committee, or commission, they must either appear in person or provide written comment to the body in advance of the meeting in accordance with instructions provided in the meeting notice/agenda.
4. Notice/Agenda Content: If any member of the board, committee, or commission will participate remotely, the notice/agenda for the meeting shall include, in addition to a statement of the day, time, location and substance/topics of the meeting:
 - A statement that a member or members of the body will be participating in the meeting remotely and shall be considered present for the purposes of establishing a quorum and voting.
 - Instructions for the public as to how they can observe the meeting by remote means.
 - (If public comment will be allowed at the meeting) A statement that public comment will not be accepted through remote means and directing persons wishing to make public comment to appear in person or submit written comments in advance of the meeting to a specified person/location.
 - Any documents that would be available to the public if they appeared in person to the hearing or instructions on how and where such documents can be accessed remotely.

REMOTE APPEARANCE GUIDELINES

5. Remote Appearance Request: A member wishing to appear remotely shall make a request to appear remotely to the chairperson by 12:00 p.m. on the third business day prior to the scheduled meeting to allow adequate time to prepare and post an appropriate notice/agenda and to ensure appropriate technology is available for the meeting. An inability or failure to comply with the three-business day requirement may be excused by the chairperson but under no circumstance shall remote participation in the meeting by the member be allowed if the failure precludes the timely posting of an appropriate notice as required by these guidelines or if remote means for public participation are not available.
6. Chair Approval: The chairperson may approve requests to appear remotely when cause for doing so exists, such as, but not limited to, the existence of natural disaster, severe or harsh weather events, medical reasons or risks of infectious disease(s). Mere convenience to the member shall not constitute good cause to permit remote participation.
7. Requirements for Remote Appearances: All approved remote appearances shall be by video with the member clearly visible to the public and the member's audio and microphone operational. Members must keep their video on at all times and, when practical, accommodations should be made to allow members of the body and the public present at the physical location of the meeting to see and hear any member appearing remotely. Unless speaking, members appearing remotely should keep their microphone muted to prevent audio feedback. No member appearing remotely should use any video technology's chat function except to address technological problems. It is the member's obligation to ensure they have an appropriate and secure internet connection to support their remote appearance.
8. Voting: When any member is participating remotely, roll call votes may be appropriate when a vote requires more than a simple majority. If a voice vote is used, any members voting in the negative must indicate so individually so that proper minutes can be maintained.
9. Closed Sessions: No member appearing remotely shall be permitted to participate in a closed session. The chairperson shall ensure the members and public participating and observing remotely are disconnected prior to the commencement of the closed session. The chairperson shall also ensure quorum is maintained in the closed session. If quorum cannot be maintained, no closed session shall proceed.
10. Minutes: The minutes of the meeting shall indicate which, if any, members participated remotely.
11. Failure to Comply with Guidelines: Failure to comply with these guidelines can result in the chairperson preventing the member from being considered present for quorum and voting purposes or declining the member the privilege of remote participation at future meetings of the body.