Minutes of the Combined Health & Human Services Board & Committee

Thursday, December 8, 2016

Chairs Howard and Paulson called the meeting to order at 1:03 p.m.

Committee Members Present: Supervisors Christine Howard (Chair), Darlene Johnson, Robert Kolb, Duane Paulson, Jeremy Walz, Chuck Wood, and Bill Zaborowski.

Board Members Present: Supervisors Duane Paulson (Chair), Christine Howard, Bill Zaborowski, and Robert Kolb, and Citizen Members Jeffrey Genner, Michael O'Brien, Tim Whitmore, and Mary Lodes arrived at 1:47 p.m. Tim Whitmore left the meeting at 2:00 p.m. **Absent**: Vicki Dallmann-Papke, Dr. Steven Kulick

Also Present: Chief of Staff Mark Mader, Public Communications Coordinator Julianne Davan, Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Administrative Services Division Manager Randy Setzer, Children and Family Division Manager Lisa Roberts, Clinical Services Division Manager Joan Sternweis, Outpatient Services Administrator Gordon Owley, Criminal Justice Collaboration Coordinator Rebecca Luczaj, Accounting Services Coordinator Will Emslie, Lead Clinical Therapist Jennifer Wrucke, Senior Financial Budget Analyst Steve Trimborn, Senior Financial Budget Analyst Clara Daniels. Recorded by Julie Bartelt, Departmental Secretary.

Committee Agenda Items

Approve Minutes of 10-6-16
MOTION: Walz moved, second by Wood to approve the minutes of October 6. Motion carried 7-0

Advisory Committee Reports
Howard highlighted the follow items discussed at the Mental Health Advisory Committee meeting.

- NAMI is collaborating with Westwood Fitness Center and will have a Saturday morning family-to-family twelve-week course, funded by United Way. http://www.namiwaukesha.org/family-to-family/
- 2017 Specialized Transportation Assistance Program for Waukesha County. There is still a reported crisis for transportation in the county. Thriving Waukesha is working with the DOT on a solution. Zaborowski and Johnson asked about senior taxis. Howard passed around the Specialized Transportation Assistance Program, including taxis, the bus line, and all of the services used.

Schedule Next Meeting Date

- January 12, 2017

Executive Committee Report of 10-17 & 11-22-16
Howard highlighted the following items discussed at the last two Executive Committee meetings.

- Multi-year contracts threshold, the referral to Finance Committee has been increased for the first time since 1991, from $50,000 to $150,000. County Board Supervisors won't get involved in contracts or RFP's unless it's $150,000.
- Approved ordinances and appointments, which have since been approved by the County Board.

- Determined sale values for County-owned foreclosure properties.
- Heard standing committee reports.

Board Agenda Items

Approve Minutes of 9-15-16
MOTION: Kolb moved, second by O'Brien to approve the minutes of September 15, 2016. Motion carried 7-0.

ITEMS FOR DISCUSSION AND CONSIDERATION

Budget Vote Report and Discussion on Birth to Three and Drug Court Programs *(Combined)*
An adjustment was made to the budget to shore up the Birth to Three program. Robertson talked about addressing concerns with Lutheran Social Services as they struggle with funding to support the Birth to Three program. It would cost the county $1M to operate the program in-house. The county has contracted with LSS for twenty years with minimal increases. It is an underfunded mandate. Kolb asked what Birth to Three does. Lisa Roberts explained that when there's a concern that a child might not be developing at an age appropriate level, there can be a referral for an assessment and screening for eligibility to Birth to Three. Birth to Three comes in with developmental assessments to determine where they are functioning – if they have 25% or higher delay in any of the developmental areas, they create, with the family, a plan of action of how to address the delay. It is a parent-coach approach, in home service, involving educators, occupational therapists, speech therapists, physical therapists, developing a plan within the family. A large piece is helping parents learn how to interact with their children to develop skills on a regular basis, rather than one hour in a therapeutic setting or O.T. office. Progress is tracked and monitored. Some children are in the program for only six months, and some have chronic lifelong disabilities and are in the program to age three and then transitioned to early education.

Paulson explained an additional $60,000 was proposed to involve more people in drug court. It was not successful. The CJCC (Criminal Justice Collaborating Council) is applying for a grant of $325,000 per year, which will increase the capacity from 50 to 60 participants in drug court. It's a three year grant which would start October 1, 2017. In the CJCC meeting the County Board Chair made the motion, and the County Executive seconded, to go after this grant. Adding participants to the drug court program will require additional support from the DA's office, Sheriff's Office, CJCC people, etc. Rebecca Luczaj stated the grant application is due on December 12. She talked about past experience with the same grant back in 2010 for the alcohol treatment program. All treatment services would be in-house and have HHS be the primary treatment provider for all participants in the drug court program, which is something new. This was a recommendation from evaluators to ensure quality and consistent treatment services.

Howard shared a Facebook post from a relative that summed up the Heroin crisis and the need for treatment for addicts.

Website and Social Media Demonstration *(Combined)*
Davan was present to discuss this item. The county and HHS website, Facebook and Twitter are all ways to tell the community what we're doing. She began with an overview of the Waukesha County website. A couple years ago there was a county wide initiative to make a conscious effort to change the language on the website, to speak the language of the customers. An example is 'Alcohol and Drug Abuse', which internally is called Clinical Services. 'Financial Assistance' is another example,

internally referred to as Economic Support. The call to action buttons along the bottom of the page were shown. Most departments have their phone number in the upper left hand corner. The services customers are looking for are organized and easily found under "I want to". Language translation is available and located under settings, internet options. HHS Committee and Board meeting agendas and minutes are posted on the internet. An RSS feed is a tool used for individuals to opt in or out of receiving agendas and minutes.

A few Facebook pages exist for various divisions. The Waukesha County Childcare Certification page was shown. It includes events, motivational quotes for teachers, crafts for children, etc. Davan pointed out to look for the verified Facebook pages. Watch out for pages that claim to be something they are not. The Waukesha County Veteran's Services Facebook page was also viewed. They have tripled the number of followers because of the good, up to date information posted. Veteran's has done a great job promoting the work of their partners as well. The HHS Volunteers Facebook page has been a great tool for volunteer recruitment, especially for connecting with the younger demographic.

This summer, social media via Twitter began for HHS. This is micro-blogging, using 140 characters to share information. Since that time, HHS has tried to attract followers, identify key partners and follow them, and tweet multiple times per day. Davan demoed the Twitter feed.

Future Challenges of Department of Health and Human Services *(Combined)*
Paulson and Setzer talked about residents of Clearview getting re-certified annually for Medicare, and the responsibilities of Marsh Country and Waukesha County.

Robertson and Setzer were present to discuss this item. The attached PowerPoint was shown. Setzer explained the ALICE report, published by the United Way. ALICE is an acronym for Asset Limited, Income Constrained, Employed. Setzer spoke of how the community stands relative to the federal poverty level as well as how and who is struggling, earning less than the basic cost of living per the ALICE report. Waukesha County has less individuals below the poverty level and below the ALICE threshold as compared to the rest of the state. The presentation also broke down the county by city/town. How can Health and Human Services help fill the gap for those below poverty or the ALICE threshold? The ALICE individual/family is described as being one hot water heater failure away from not making ends meet.

Setzer reviewed trends in Health and Human Services Administration. HHS is dealing with many changes; management, electronic health records, how services are documented, changes in the marketplace, Medicaid funding, reimbursement for services, etc. A market force is driving quality service reimbursement. There is currently an uptick in the amount of commercial insurance revenue. If those individuals are no longer able to get insurance through the marketplace, there will be a step back, because those individuals will be self-pay again. Setzer talked about staff retention and staff training in new technology and admissions processes. Grants are wonderful for supplementing our tax levy, but the administration of them, writing them and tracking outcomes, is very time consuming. As we get further into the electronic health record, Setzer stated the hope is to be able to unlock important data – predictive analytics. Setzer talked about the struggle with limited vendor technology investments. An example is in the Comprehensive Community Services CCS) program. We now have to report a service array by every 15 minutes. Smaller group homes are documenting the service array every fifteen minutes on Excel. It's difficult for the small vendor to invest in technology to help automate the process. Another struggle is any regulatory changes or program changes have to be coordinated with our vendors. In many cases they lack resources or an expert to know what the regulations are saying

and how to comply. HHS staff are spending much more time with vendors on regulatory or program compliance.

There is an increase in out of home placement of children, the acuity and level of care those individuals need are also increasing. There's an increase in the need for foster care and the level of foster care homes. Birth to Three is a mandated program. Drug overdose and deaths are on the rise. Looking at Economic Support, the number of unduplicated cases has doubled over the last ten years. The aging population, looking at the Adult Protective Services Unit, the caseload per worker has increased 50% since 2014.

Behavioral health services status was reported. Billed charges for 24-hour crisis have increased by almost 200% from the beginning of this year to the last portion of this year because of the new mandated process. State institutional placements are on the rise. There's a 14% increase in the Mental Health Center since 2014. CCS reporting involves a lot of monitoring, coordination and oversight in that service. That is 100% reimbursable by the State. So, we are working on helping our vendors and improving our quality assurance in CCS. There are struggles in recruitment for Psychiatrists. He talked about the Merit Based Incentive Payment System (MIPS) for Medicare Part B payments, based on a physician or nurse practitioner. They will be subject to the MIPS and we will be required to report quality measures for each of those providers. That will allow us not to be penalized in our Medicare Part B payments. This is an administrative process that can be somewhat automated through the electronic health record.

Corporate compliance wise, there are always issues with monitoring regulatory mandates and changes. Implementation with electronic health record and making sure we are meeting HIPAA requirements. Quality assurance programs must be in place to ensure that we are complying with program requirements, documentation, and coding. More programing requires internal and external coordination; working with LSS, Wisconsin Healthcare Association, and State officials for funding needs of Birth to Three, and more creative funding. The Birth to Three funding hasn't changed in ten years and they have not looked at the utilization by county.

Robertson spoke of these challenging times, as the Board and Committee members have been exposed to, through the various division budget presentations. Utilization of programs and caseloads are increasing. Issues that families are encountering are becoming more chronic and complex. HHS continues to assess how to maximize every dollar and come up with strategies to not compromise any service delivery.

Mental Health Crisis Intervention Services *(Combined)*
Sternweis, Owley, and Wrucke were present to discuss this item. Dr. Owley shared the attached PowerPoint, including data to show the increase in demand. He explained the DHS 34 Certified Crisis Program. Owley talked about phone support through 2-1-1, a contracted referral and support service.

Crisis services are voluntary. An exception is mandated when a police officer is taking someone into custody because they are a danger to themselves or somebody else; that person needs to be assessed by a clinical health professional who must give the police the okay to do an emergency detention. Owley explained the service flow. This does not include alcohol. Crisis workers are available to assess immediate risk and to plan for immediate safety. Plans for safety were explained per the attachment. The most difficult cases are Chapter 51.15 emergency detentions. Law enforcement can place a person into protective custody for evaluation and treatment, if the person is **unwilling** to get voluntary treatment. Adults are transported to the Mental Health Center. For juveniles, the first choice for

hospitalization is the child and adolescent inpatient services in Milwaukee County. Some juveniles are taken to other facilities, such at Rogers, or Winnebago Mental Health in Oshkosh.

The timeline for Waukesha County Health and Human Services crisis services began in 2010 with a limited mobile model, with two people working daytime primarily doing crisis intervention, and one person working second shift. They did a lot of risk assessment, internal referrals and community referrals. In 2013 a grant was received from the State with the emphasis to stop juvenile admissions to hospitals. A policy was started on a limited basis to intervene in juvenile emergency situations. As of July 1, 2016 there was a law change in the state budget that stated the county department may approve a detention only if a physician who has completed a residency in psychiatry or psychologist licensed under Ch. 455, or a mental health professional, has performed a crisis assessment on the individual and agrees with the officer that the person needs to be taken into custody. That is a huge change, turning into a 24/7, 365 service. Detention situations happened at all hours any day. Although it allows for an assessment on the phone, Owley explained that experience has proven to be difficult without the benefit of seeing gestures, expression, and behaviors. Paulson asked what funding the State attached to this. Owley answered it is an unfunded mandate, and explained the effects on the clinic involving redistributing staff and adding LTEs. Sternweis added how significant the 2013 time was, when weekend and holiday coverage that used to be provided by the Mental Health Association closed. An ordinance approved at the time was the ability to have the FTE clinical therapists work and be paid for overtime – be able to do on-duty extra shifts. It also created a Lead Worker for the Clinic. Those building blocks that we thought would take us out five to seven years to go to 24/7, suddenly had to expedite this plan within a six-month time period.

Dr. Owley reviewed data showing outcomes. In July when the clinic went 24/7, there was an explosion in the number of calls and personal assessments. He discussed the time distribution of crisis calls in August, 2016. Each crisis call that resulted in assessment takes approximately three hours to complete. Question from Lodes, does the mobile unit go only the direction of the Police Officer. Owley stated not always; a common call is from schools. They also have requests for residents of group homes that are experiencing a crisis.

Discussion about the impact of crisis services, as reported on the PowerPoint. Data indicates that when the mandate began, the number of dismissals dropped dramatically, which tells us that the people who are emergency detained actually needed to be detained. As a result of the face to face assessment, a much better job is done determining who needs to go to the hospital and who does not. The crisis team is accurately identifying individuals who can either volunteer on their own without a legal detention, individuals who can have a safety plan at home and not be brought in by police, and appropriately identifying people who indeed need hospitalization and further court intervention for their own safety and further recovery needs. Any person detained is required to have a court hearing. Benefits of avoiding dismissals are the number of people who did not have to go to court, get a lawyer, and Corporate Counsel did not have to get involved which are all areas of cost savings. The crisis team making an assessment is also helping avoid youth being arrested and placed in handcuffs to go to court.

Owley and Sternweis talked about the alcohol and drug overdose cases. Heroin and other drug overdose is viewed as risky and self-injurious behavior. Those cases will be tracked.

Ordinance 171-O-065: Modify The 2016 Budget Of The Department Of Health And Human Services To Appropriate Expenditures For Clinical Services And Increase Other Revenue *(Committee)*

Setzer and Emslie were present to discuss this ordinance which modifies the 2016 Health and Human Services (HHS) budget by increasing expenditures by $160,000 in the Clinical Services Division to fund operating expenses related to community-based mental health outpatient services provided throughout the county. The ordinance increases other revenues by $160,000 for higher than budgeted reimbursements for providing mental health outpatient Medicaid services, based on the most recently settled Wisconsin Medicaid Cost Reporting (WIMCR) review. This ordinance results in no additional tax levy impact.

MOTION: Paulson moved, second by Wood to approve Ordinance 171-O-065. Motion carried 7-0.

Ordinance 171-O-066: Modify The 2016 Health And Human Services General Fund Budget To Transfer Contingency Funds For Additional State Mental Health Institute Costs *(Committee)*
Setzer and Emslie were present to discuss this ordinance which authorizes the transfer of $260,000 of appropriations from the Contingency Fund to cover operating expenses related to the inpatient treatment of a juvenile at the State Mental Health Institute. This transfer would reduce the 2016 Contingency Fund budget by $260,000 from $1,200,000 to $940,000 and increase operating expenses in the 2016 HHS Budget for the treatment of juvenile clients at the State Mental Health Institutes by the same amount from $378,700 to $638,700.

The Committee proposed adding three words, "in additional cost" to line 19.

MOTION: Walz moved, second by Wood to amend Ordinance 171-O-066. Motion carried 7-0.
MOTION: Paulson moved, second by Walz to approve Ordinance 171-O-066, as amended. Motion carried 7-0.

Ordinance 171-O-067: Modify The 2016 Department Of Health And Human Services General Fund Budget To Appropriate Additional Expenditures For State Mental Health Institute Costs And Increase Collection Revenue *(Committee)*
Setzer and Emslie were present to discuss this ordinance which modifies the 2016 HHS budget to appropriate additional expenditures of $600,000. The additional appropriations will be used to pay for higher than budgeted contracted inpatient treatment costs for juvenile and adult clients at the State Mental Health Institutes incurred in 2016 which includes psychiatric assessment, Stabilization, medication management, and treatment. This increases operating expenses in the HHS Clinical Services Division from $11,435,105 to $12,035,105. These added budget appropriations are to be funded by $600,000 of additional collections revenues, mostly from third party insurance and Medicaid generated from the partial reimbursement of services provided at the State Mental Health Institutes. This ordinance results in no additional tax levy impact.

MOTION: Wood moved, second by Walz to approve Ordinance 171-O-065. Motion carried 7-0.

Ordinance 171-O-068: Modify The Department Of Health And Human Services 2016 Budget To Appropriate Additional Expenditures For Ebola Preparedness And Preparedness Activities And Increase Revenues *(Committee)*
Setzer and Emslie were present to discuss this ordinance which modifies the HHS Public Health Division 2016 budget to increase expenditures $80,000 for activities related to a Public Health Preparedness grant which includes $30,000 for temporary extra help staff to assure collaboration between other public health entities and compliance with safety and health guidelines for the response, containment and treatment of individuals in contact with the Ebola virus, and $25,600 in

contracted services for Ebola planning and training purposes. This grant award was not in the 2016 budget as the grant activities had not yet been determined. There is also a 2015 Public Health Preparedness grant for contracted services of $24,400 for planning and training for medical treatment and volunteer assistance for mass casualty incidents. This grant was underspent in 2015 and was not requested for carryover in error. This ordinance will increase General Government revenues by $80,000 for the associated grant funding awarded through the Wisconsin Department of Health Services and results in no additional tax levy impact.

MOTION: Johnson moved, second by Walz to approve Ordinance 171-O-065. Motion carried 7-0.

MOTION: O'Brien moved, second by Lodes to adjourn the board meeting at 3:15 p.m. Motion carried.

MOTION: Paulson moved, second by Johnson to adjourn the committee meeting at 3:28 p.m. Motion carried 7-0.

Respectfully submitted,

Christine Howard
Secretary
Health and Human Services Board

Approved on 1/12/2017

WAUKESHA COUNTY DEPARTMENT OF HEALTH HUMAN SERVICES

Mobile Crisis Intervention Services

OVERVIEW FOR HHS BOARD & COMMITTEE

December 8, 2016

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Program Description

- DHS 34 Certified Crisis Program provided through WCDHHS – Outpatient Mental Health Clinic
- Licensed Clinicians assess a person experiencing a mental health crisis and develop a plan to meet their immediate needs.
- Crisis Services can be provided at clinic via phone, walk in at clinic, or through mobile crisis services in the community.
- Crisis services include: phone support, linkage to mental health services, suicide assessment, crisis de-escalation and intervention, crisis planning, assessment for inpatient mental health hospitalization, trauma debriefing, and information and referrals.
- Crisis services are voluntary and require consent from client/guardian for in-person assessment unless law enforcement requests intervention because of substantial probability of harm.

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Service Flow

Person calls for help regarding a crisis → Caller is connected with crisis worker → Crisis worker assesses immediate risk → Plan of immediate safety is developed

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Service Objective: Risk Assessment

Crisis worker assesses immediate risk

Crisis workers assess the following risks:

- Suicidal ideation or gestures
- Self-harm behaviors
- Homicidal ideation related to mental status
- Dangerous behavior related to impaired judgment
- Psychotic or disorganized behaviors
- Inability to care for self due to age, illness, or disability
- Inability to protect self from harm or injury due to age, illness, or disability

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Service Objective: Response Plan

It is the law and best practice to use least restrictive means necessary to address safety concerns.

Plan for Immediate Safety Is Developed

Possible Outcomes of Crisis Intervention:

Safety Plan

- All parties agree to a specific plan of short-term steps to address any safety issues.

Voluntary Hospitalization

- Person (and parent/guardian) agree to seek hospitalization and treatment to address immediate safety issues.

Emergency Detention (Chapter 51.15)

- Law enforcement places a person into protective custody for evaluation and treatment at a psychiatric hospital because he/she has demonstrated:
  1) a mental illness, drug dependence or developmental disability
  2) a substantial probability of physical harm to self or others
  3) Unwilling or unable to cooperate with voluntary treatment

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Timeline of WCDHHS Crisis Services

2010 2011 2012 **2013** 2014 2015 **2016**

2010

3 FTEs
Monday – Friday, 8am-11pm

Services:
Risk Assessment by Internal Referral
Risk Assessment by Community Referral
Information & Resources

2013

3 FTEs, 3-5 FTEs as fill-in
Monday – Friday, 8am-9pm
Weekends/Holidays, 12pm-8pm

Services:
Risk Assessment by Internal Referral
Risk Assessment by Community Referral
Information & Resources
Crisis Calls from Impact 2-1-1
Authorization of Juvenile EDs

2016

5 FTEs, 7 LTEs
24/7 as of December

Services:
Risk Assessment by Internal Referral
Risk Assessment by Community Referral
Information & Resources
Crisis Calls from Impact 2-1-1
Authorization of Juvenile EDs
Authorization of Adult EDs
Evaluate for Chapter 55 Holds
Screening for Involuntary Treatment, i.e. 5th Standard, Three Party Petition

July 2016: State law mandates a person be assessed prior to be taken into protective custody on an Emergency Detention by law enforcement to ensure the ED is the least restrictive intervention.

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

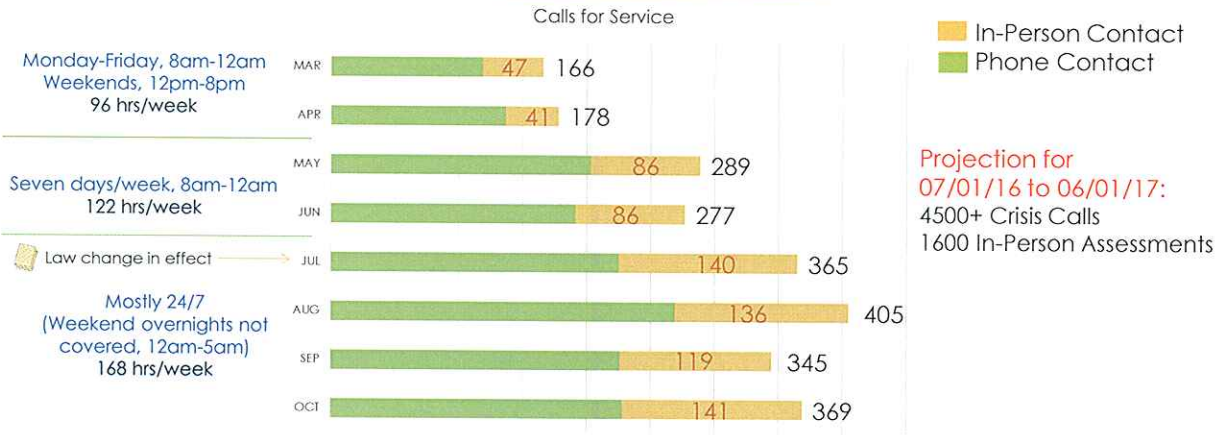
Law Change & Crisis Services

As a result of 2015 Wisconsin Act 55, Section 1881, Wisconsin Chapter §51.15 (2) [5] of the statutes is amended…as follows:

"The county department may approve the detention only if a physician who has completed a residency in psychiatry, a psychologist licensed under Ch.455, or a mental health professional, as determined by the department, has performed a crisis assessment on the individual and agrees with the need for detention and the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove the substantial probability of physical harm, impairment, or injury to himself, herself, or others. For purposes of this subsection, a crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology."

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Crisis Statistics: MAR to OCT 2016



Projection for 07/01/16 to 06/01/17:
4500+ Crisis Calls
1600 In-Person Assessments

Time Distribution of Crisis Calls: August 2016

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Impact of Crisis Services

- With a licensed mental health professional determining the need to place a subject on an involuntary hold at a psychiatric hospital, the Emergency Detentions approved are clinically necessary.
- Because of Crisis Intervention's role in assessing for appropriateness of the ED, Waukesha County is seeing a reduction in unnecessary hospitalizations and unnecessary court time, which is a cost savings to the county and all systems involved, i.e. law enforcement, medical hospitals, etc.

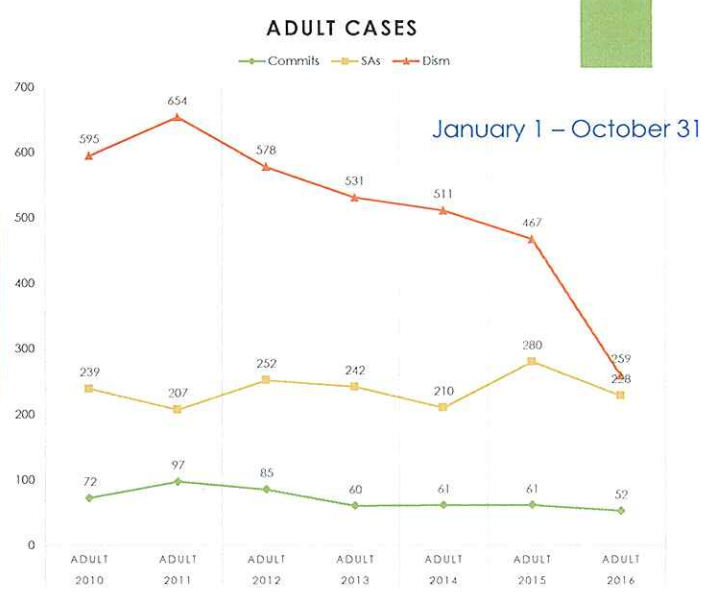
How Crisis Services Impact Court

- Once a person on an ED is evaluated by a psychiatrist in an inpatient setting, generally-speaking, two things can happen:

1. The ED can be dropped or dismissed by the treating psychiatrist because the person is no longer a danger to themselves or others and refusing treatment.
2. The treating psychiatrist can recommend to proceed with court intervention. The matter could result in a Settlement Agreement or a Commitment.

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

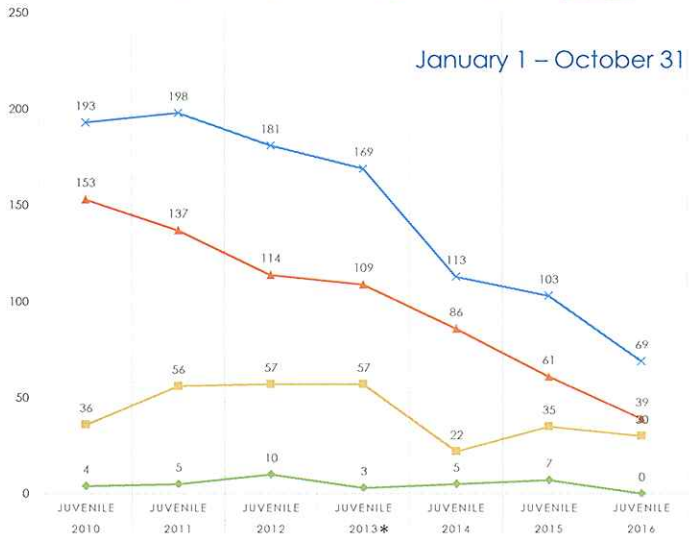
Impact of Crisis Services: Court



WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Impact of Crisis Services: Court

*November 2013:
Crisis Intervention began to authorize EDs for Juveniles



WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Impact of Crisis Services: Court

Decrease in court dismissals is a rough indicator fewer individuals are being unnecessarily detained. Crisis intervention is having a signification impact on number of people who are able to be served without court intervention.

Adults + Juveniles

Year	Dismissals JAN-SEP
2014	395
2015	370
2016	235

Summary of Annual Case Statistics provided by Chris Urban/Corporation Counsel

Year	A/J	Commits	SAs	Dism	C+SA+D*	Alc Dism	Alc Commits	Alc SAs	Ext Hrng	Venue Tr	Total Cases**
2016	**Adult**	**52**	**228**	**259**	**539**	**80**	**4**	**6**	**187**	**39**	**870**
2015	Adult	61	280	467	808	102	1	10	224	56	1201
2014	Adult	61	210	511	782	67	0	4	211	63	1127
2013	Adult	60	242	531	833	73	1	2	211	61	1181
2012	Adult	85	252	578	915	74	2	8	215	44	1258
2011	Adult	97	207	654	958	67	1	5	195	68	1294
2010	Adult	72	239	595	906	80	2	4	170	72	1234
2016	**Juvenile**	**0**	**30**	**39**	**69**	**1**	**0**	**0**	**3**	**3**	**76**
2015	Juvenile	7	35	61	103	1	0	0	5	12	121
2014	Juvenile	5	22	86	113	0	0	0	2	8	123
2013	Juvenile	3	57	109	169	0	0	0	6	11	186
2012	Juvenile	10	57	114	181	1	0	1	11	1	195
2011	Juvenile	5	56	137	198	1	0	0	7	2	208
2010	Juvenile	4	36	153	193	2	0	0	5	10	210

Cases through October

*Commitments + Settlement Agreements + Dismissals = Total new cases via ED or 3PP.
** Total Cases also includes the Alcohol cases, Extension Hearings (of clients under commitment), and Venue Transfers.

WCDHHS MOBILE CRISIS INTERVENTION SERVICES

Why Crisis Services?

- State-Mandated Program
- Applies Best Practice Model
- Promotes a safe Waukesha County
- Uses Cost-Effective Interventions
- Services are Billable

WAUKESHA COUNTY DEPARTMENT OF HEALTH HUMAN SERVICES

Mobile Crisis Intervention Services

Waukesha County Health and Human Services

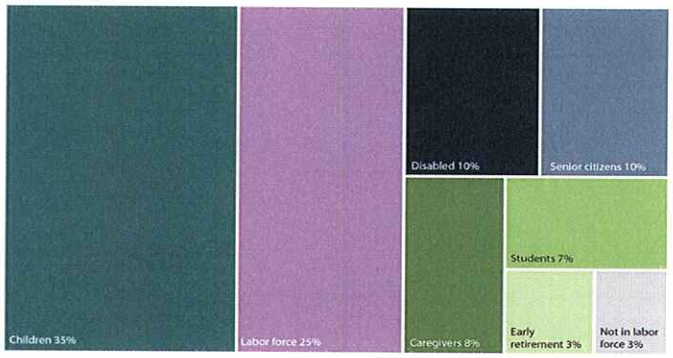
The State of Health and Human Services

ALICE in Waukesha County

- ALICE – Asset Limited, Income Constrained, Employed are households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county
- Population: 395,118
- Number of Households: 154,970
- Unemployment Rate: 3.3%
- Federal Poverty Level – Single Adult: $11,670
- Federal Poverty Level – Family of 4: $23,850

Waukesha County

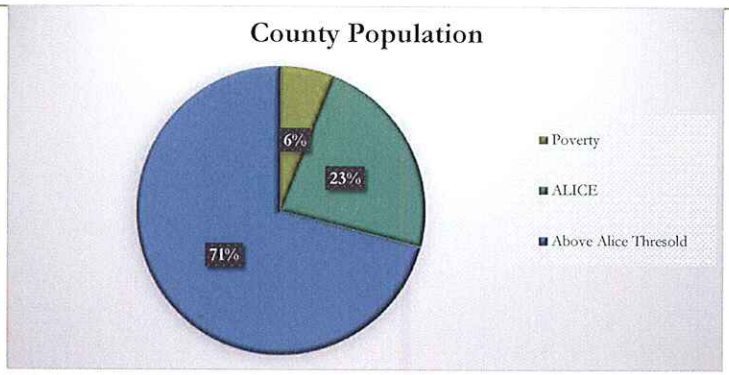
Characteristics of Individuals Living Below Poverty, 2014



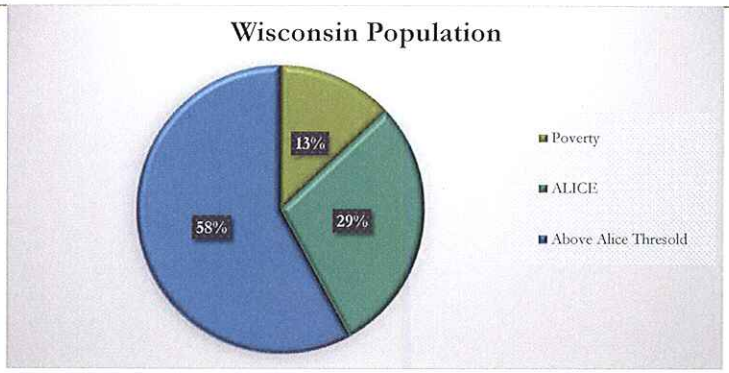
Source: Current Population Survey March Supplement 2015

THE HAMILTON PROJECT
BROOKINGS

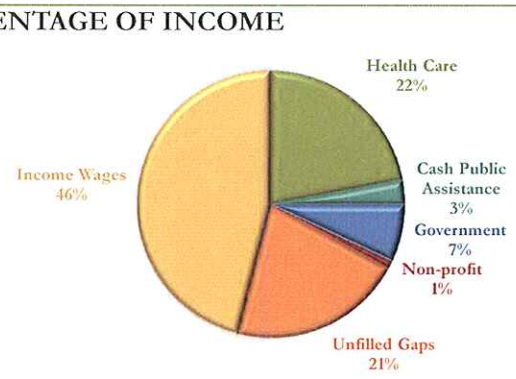
Waukesha County
How many households are struggling?



Wisconsin
How many households are struggling?



2014 Categories of Income and Assistance for Households below ALICE threshold (State of Wisconsin)



Waukesha County City ALICE & Poverty%

Waukesha County, 2014		
Town	Total HH	% ALICE & Poverty
Big Bend	470	26%
Brookfiel	14,557	22%
Brookfield Town	2,716	35%
Butler	863	52%
Chenequa	238	11%
Delafield	2,892	31%
Delafield Town	2,873	14%
Dousman	926	34%
Eagle	676	25%
Eagle Town	1,212	17%
Elm Grove	2,263	13%
Genesee	2,613	15%
Hartland	3,602	36%
Lac La Belle	106	16%
Lannon	497	40%
Lisbon	3,797	25%
Menomonee Falls	14,539	31%
Merton	1,036	11%
Merton Town	2,922	16%

Town	Total HH	% ALICE & Poverty
Mukwonago	2,991	36%
Mukwonago Town	2,885	16%
Muskego	9,220	26%
Nashotah	577	22%
New Berlin	16,612	28%
North Prairie	807	20%
Oconomowoc	6,278	34%
Oconomowoc Lake	216	20%
Oconomowoc Town	3,335	23%
Ottawa	1,422	17%
Pewaukee	5,451	23%
Pewaukee Village	3,910	40%
Summit	1,685	20%
Sussex	3,680	29%
Vernon	2,843	20%
Wales	1,013	23%
Waukesha	28,466	41%
Waukesha Town	3,493	25%

Health and Human Services Administrative Trends

- Change Management
- Staff retention
- Evolving need for higher skill sets for administrative staff
- Administration of Grants, Contracts and Financial Management Systems
- Predictive Analytics: unlocking the data that matters
- Limited Vendor technology investments (over 40% of DHHS vendors)
- Vendor coordination on new regulations and programming requirements

Health & Social Service Programming

- Children out of home placements (Average over 1,500 days annually)
- Children foster care payments (Average over 450,000 days annually)
- Birth to 3 (Federal/State mandated service)
- Drug Overdoses and Heroin related deaths on the rise
- Economic Support cases have doubled in the last 10 years (Averages over 22,000 unduplicated caseloads annually)
- Waukesha County's Aging Population (APS average caseload per worker has increased 50% since 2014)

Behavioral Health

- 24/7 Crisis Services Staffing (Billed Charges increased by 200%)
- State Institute Placements on the rise
- Mental Health Center (14% increase in census from 2014)
- CCS reporting (monitoring, coordination, oversight) and performance measurement
- Recruitment for Psychiatrist (competitive market)
- Merit-Based Incentive Payment System - MIPS

Corporate Compliance

- Monitoring of Regulatory Mandates
- Implementation of Electronic Health Record
- Quality Assurance monitoring and reporting
- HIPAA monitoring
- Programming requires internal and external coordination (outside vendors, state/federal agencies, associations)