

Minutes of the Health and Human Services Board
Thursday, April 21, 2022
1:00 p.m.

Chair Nelson called the meeting to order at 1:03 p.m.

Board Members Present: Supervisor Larry Nelson (in person), Supervisor Christine Howard (via Teams), Mary Berg (in person), Mary Baer (in person), Robert Menefee Jr. (via Teams), Vicki Dallmann-Papke (via Teams), Dr. Mike Goldstone (in person), Christine Beck (in person)

Board Members Absent:

Also Present: Health & Human Services (HHS) Director Elizabeth Aldred (in person), Health & Human Services (HHS) Deputy Director Lisa Roberts (in person), Public Health Manager/Officer Benjamin Jones, ADRC Division Services Manager Mary Smith, ADRC Coordinator Lisa Bittman, Public Communication Coordinator Linda Wickstrom, Public Communication Specialist Lisa Kwiat, CAFSAC Chair Mary Adele Revoy, Mental Health Advisory Committee Members TJ Findley and Rachel Sauer, Public Health Advisory Committee Chair Andy Dresang, ADRC Advisory Committee Chair Phyllis Wesolowski, Vice-Chair Sandy Wolff, and Supervisor Joel Gaughan, Clinical Services Division Manager Kirk Yauchler, Child and Family Division Services Manager Penny Nevicosi, Adolescent and Family Division Services Manager Ron Pupp, Addiction Resource Council Staff Sam Schuette and Jessica Brost, Departmental Executive Assistant Shannon Hale

Public Comment

There was no public comment.

Approve Minutes of March 17, 2022

MOTION: Beck moved, second by Goldstone, to approve the HHS Board minutes of March 17, 2022. Motion carried 8-0.

Advisory and Standing Committee Reports

Baer provided updates on the Public Health Advisory Committee and the ADRC Advisory Committee meetings. On April 7, the ADRC Committee voted on accepting to participate in the remote meetings pilot program. On April 17, the Public Health Advisory Committee reviewed the final presentation and provided a pandemic update. As a reminder, Saturday, April 30 is Drug Takeback Day. Flyers will be sent out with information.

The Mental Health Advisory Committee was cancelled due to no quorum; no update was provided.

Dr. Goldstone presented on narcotics at the Substance Use Advisory Committee.

Berg was unable to provide an update for the Child and Family Advisory Committee meeting as she was unable to attend.

Community Needs Presentations

1. Public Health Advisory Committee Chair, Andy Dresang, reviewed a presentation titled "Community Needs 2022." Two positions have been filled within Public Health. Strategy Supervisor Frances Thomas starts on April 25 and Public Communications Specialist

Lisa Kwiat started on April 18. Lisa's position is within the Administrative Services Division; however, she will be embedded in Public Health Division. ARPA has provided funding through 2024.

2. Aging and Disability Resource Center Advisory Committee Chair Phyllis Wesolowski, and Vice-Chair Sandy Wolff, reviewed a presentation titled "Community Needs ADRC." The ADRC is hiring for a Housing Navigator; however, there have been a lack of candidates. This would be a full-time position, dividing their time equally between ADRC staff tasks and Housing Navigator tasks.
3. Child and Family Services Advisory Committee (CAFSAC) Chair, Adele Revoy, reviewed a presentation titled "Child and Family Services Advisory Committee DHHS Board Presentation." Yauchler suggested a collaboration with the Celebrating Families! Program along with Drug Treatment Court, Criminal Justice Collaborating Council (CJCC) and CAFSAC.
4. Mental Health Advisory Committee Co-Chair, TJ Findley and Vice-Chair Rachel Sauer, reviewed a presentation on behalf of the Substance Use Advisory Committee and Mental Health Advisory Committee titled "Community Priority Needs." Approximately, 90% of apartments listed on the affordable housing list claim they accept vouchers, but do not actually accept them. Findley spoke of his experience being a Peer Support Specialists and how these positions are utilized.

Next Meeting Date

The next meeting is May 19. The first hour will be spent preparing what the board will be highlighting from the community needs presentations. The second hour will be spent presenting to the County Executive in hopes to receive funds for the programs.

Announcements

Nelson announced that the Emergency Food and Shelter Program (EFSP) Board voted to allocate money (federal program EFSP Phases 39 and ARPA-R), to the Food Pantry, Hebron House, Hope Center, Salvation Army, Women's Center as well as other new programs.

The Waukesha Housing Action Coalition is receiving \$20,000 for the new permanent winter homeless shelter that should be accessible by winter 2022. Individuals at the City of Waukesha Police Department have been recently trained in grant writing. The team was awarded \$20,000 in grant money which enables the police department to provide hotel/motel vouchers to temporarily place individuals experiencing after hours homelessness.

Duane Paulson was the HHS Board representative on the Marsh County Alliance. Since Paulson has retired, Waukesha County will need a representative from the HHS Board to be on the March County Alliance.

Review of Correspondence

There was no correspondence to review.

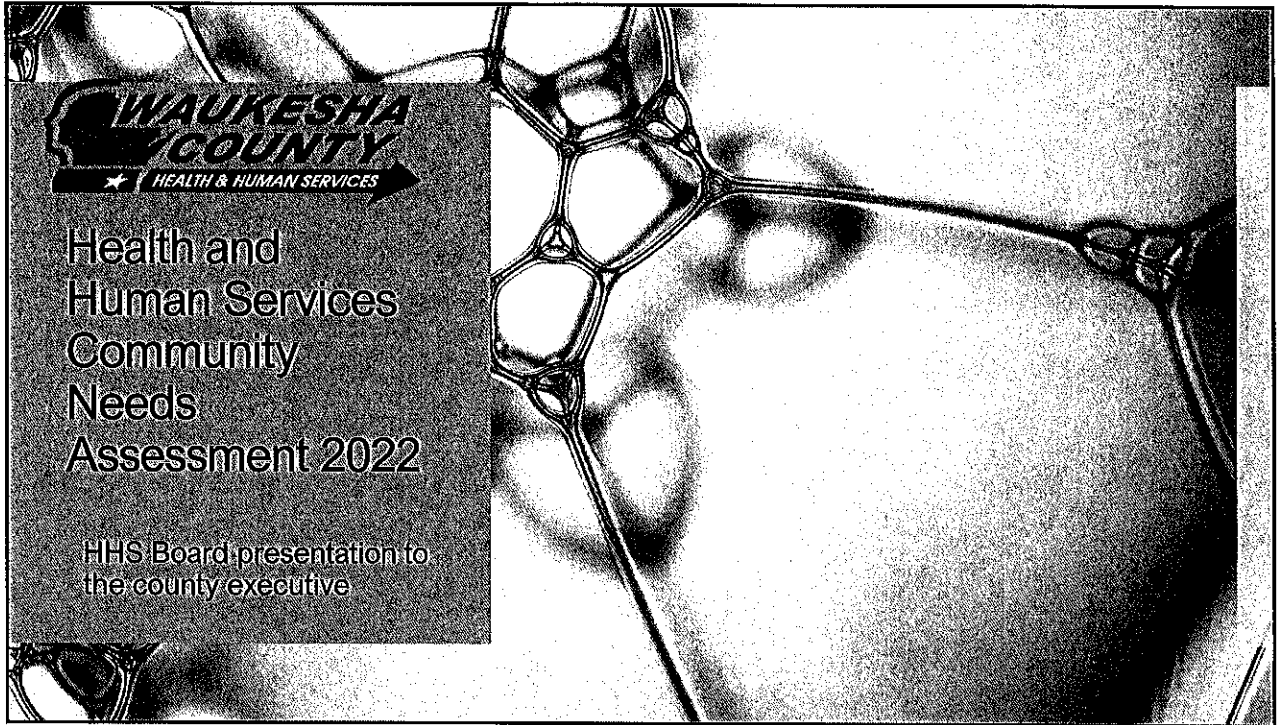
Future Agenda Items

There are future agenda items.

MOTION: Howard moved, second by Goldstone, to adjourn the meeting at 3:55 p.m. Motion carried 8-0.

Respectfully submitted,

Larry Nelson
HHS Board Chair



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The Community Advisory Committees met on April 21st and identified the following community needs.


- Address Public Health Gap
- Address Social Determinants of Health (Income, Accessibility, Cultural Competence)
- Accessibility of Quality Services across the county
- Address Community Health Equity by addressing lack of affordable housing and transportation
- Create opportunities for prevention care, a long-term prevention plan for the community (Research for Youth, Adolescent, and Elders)
- Create Health Equity for all (all initiatives will address health and development for all)
- Address Workforce Challenges
- Create an expanded model for community transportation that addresses gaps in service and accessibility
- Expand targeted mental health and substance use services


2


Support for Public Health 3.0 addressing social determinants of health.

What needs to happen?

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Strong leadership and workforce.
- 


Flexible / sustainable funding.
- 


Timely and locally relevant data, metrics and analytics.
- 


Collective goals, foundation and infrastructure.


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
Focused Funding Opportunities

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Support projects that move the Community Health Improvement Plan (CHIP) initiatives forward.
- 

Support the Public Health Community Strategist role through support of staffing necessary to build a successful Public Health 3.0.
- 

Support Unite Us and EPIC technology to connect people to services and collect data to address social determinants of health.
- 

Expand funding opportunities that meet Family First requirements.
- 

Advocate with the state during the budget for additional Older American Act funding allocations to address social isolation and caregiver shortages.

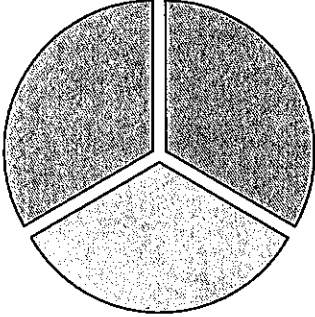
Flexible Funding

ASK:
Address expanding funding opportunities by using program specific ARPA dollars in IPH and ADRC, opioid settlement funding and expanding state allocations through the Older Americans Act.

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Sample Programs

- Triple P (Positive Parenting Program)
- Celebrating Families!
- Healthy Families America
- Child First
- Familias Unidas
- Family Check-up
- Homebuilders
- Intercept
- Nurse-Family Partnership
- Parents Anonymous
- Parents as Teachers
- Parenting With Love and Limits
- SafeCare



HHS is required to support new initiatives that meet the Federal guideline for Family First. Flexible funding options including one time ARPA child welfare allocation will be looked at to support an RFP process to address community access to evidence-based programming.

ASK:
Expansion, continuation and implementation of Family First qualifying prevention programs with the purpose of building culturally competent programs that will keep youth safe in their homes.

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Culturally Competent Care

ASK:
Support the use of Peer support specialist and training programs for this profession.
Support an increased understanding of health equity through training staff and educating our community.

- ADRC – COVID has impacted access to services in this population more significantly than in others.
- PH continues to build on ways to address the social determinants of health on a population base.
- MH and SU committees recommended the continued use of the Certified Peer Specialist as a way to further engage people in treatment and increase feelings of empowerment.

HHS has included in its programming and budget funding for culturally appropriate care including:

- Peer support specialist (contract or employees)
- Caregiver support
- Friendly visitors
- Vaccination access for diverse or underserved populations as part of PH and ADRC specific ARPA allocation
- Parent mentors
- Peer to Peer supports in ADRC

HHS has added a public information specialist who is focused on increasing internal and external messaging surrounding health equity.

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Affordable Housing / Homelessness

ASK:
For support of a public/private partnership to address the long-term gaps in housing and services for the homeless, including exploring options to fill the need for affordable housing at various levels.

Part-time Navigator Pilot be implemented once staff is available.

Public Health - Access to non-stimulus ARPA dollars for mental health.

Mental Health, Substance Use - Housing vouchers are increasing from 2018 to 2021 in response to the stimulus on the Housing Authority Vendor Base, no longer relying on vouchers.

ADRC - Lack of centers for crisis stabilization facilities and substance use treatment.

ADRC - Lack of low-income housing units.

ADRC - Lack of wrap-around health services with services.

ADRC - The housing navigator pilot is planned for 2022, but had been delayed due to staffing shortages.

HHS is a part of the HEART program and is engaging with law enforcement and other community partners to address the issues in our community. We have instituted a screening tool to increase access to fiscal resources to individuals in need.

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Work Force Challenges

ASK:
Support labor and purchase of services when feasibly possible.

ADRC Advisory Committee

- Since the pandemic, there has been a significant reduction in caregivers (informal and formal).
- Dining centers have remained closed longer than anticipated due to staff shortages.
- Community and contracted agencies have reduced capacity or closed due to staff shortages.
- Decrease in residential capacity across all program areas.

Public Health Advisory / MHSU Advisory committees

- Attracting and retaining a quality workforce has become more challenging.
- Fund and support division staffing and structure beyond 2024. Currently funded through division specific ARPA dollars.
- Substance use treatment backlog due to increased need and closing of community resources is still a priority for access. Consider use of future opioid legislations dollars to support.
- Keep in mind the impact of workforce challenges on our partners and consumers.

HHS has allocated additional ADRC ARPA dollars to support community partners in building capacity.

HHS continues to look at ways to recruit and retain our community vendors.

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Accessibility

ASK:
To continue and expand the ability to provide quality services and accessibility in a timely manner across the lifespan including access to support from people with lived experience.

MHSU Committee

- Access needs expanding over the past few years.
- Stigma continues to be a barrier to treatment.
- Medication
- Transportation
- Early intervention
- Service navigation
- Substance Use Treatment
- Telehealth and in-person treatment

ADRC Committee

- COVID 19 created a loss of services.
- Facility closures
- Reduction in caregivers
- More people avoiding out of home placements
- Closing of contracted services
- Inflation has limited ability for programs to start

HHS is piloting initiatives with law enforcement to increase access to behavioral health services.

HHS is looking at a sustainability program to address crisis stabilization services within the Mental Health Center.

HHS Strategic Plan Finance Pillar is piloting initiatives to connect consumers to insurance and assessing housing status.

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Mental Health and Substance Use Treatment Capacity

Ask:
Implement Pilot and other community-based programs to expand capacity and access. Support the Lighthouse project for crisis intervention services for youth.

Mental health and substance use treatment services often have long waitlists.

HHS is currently piloting a peer-to-peer pilot for 2022 to address substance use treatment.

Social isolation and loneliness continues to be on the rise following COVID. In Seniors, social isolation leads to a higher risk for high blood pressure, heart disease, obesity, anxiety, depression, cognitive decline, Alzheimer's and death.

HHS plans to initiate programs to address mental health and substance use including the peer-to-peer pilot. In cooperation with law enforcement, **HHS has** created an imbedded worker program to expand behavioral Health services.

HHS is evaluating expanding community-based mental health programs within the Mental Health Center thus creating additional options for treatment in the community.

HHS is in the process of writing a grant to continue to support the Lighthouse model which is a collaborative crisis intervention service for youth.

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Transportation

ASK:
Utilize 85.21 transportation grant dollars to plan for future while working to fill current gaps in services.

Continue to explore transportation alternatives based on observations of the consultant.

Transportation Needed for Medical Services & Social Connections

Consultant Recommendation

- Limited services to communities such as Sussex and Menomonee Falls.
- There are capacity issues with our current providers based on staffing and fleet availability.
- Expand affordable transportation options.
- Consumers struggle to access treatment due to local transportation limitations (MHSU).
- Lack of timing availability.

- Re-establish provider network meetings.
- Pursue electronic reporting/rider tracking technology.
- Establish consistent service goals and standards for taxi providers.
- On-line booking/payment, trip reminder and data reporting.
- Coordinated resource center.

HHS continues to work with the consultant to evaluate our system. Additional ADRC ARPA transportation dollars are available to support system upgrades.

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Summary

The Public Health Advisory Committee has asked for no additional dollars to be allocated, but instead asked for continued support as we transition to PH 3.0.

The ADRC Core Committee has asked for additional funding to address the ongoing ARPA to be used to ADRC systems, recovery units to expand capacity to our behavioral system, and on-line pilot for patient care information technology.

Overall, the ADRC and the County have agreed to continue the current funding to support the expansion of County Landmark Center of programs to provide a leading center of care and the continuation of our current expansion of the ARPA to support our transition out of the current funding.

The MHSU Advisory Board requested continued support of the pilot support program in our county. HHS currently funds and maintains continued to launch program.

Overall each committee asked for HHS and the county's continued involvement in advocacy with our local communities and providers to create system transformation through improved care sharing and a collective impact approach that continues to provide superior customer service in our community.

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