

Minutes of the Health and Human Services Board

Thursday, March 22, 2018

Chair Wood called the meeting to order at 12:34 p.m.

Board Members Present: Supervisors Chuck Wood, Christine Howard (arrived 1:32 p.m.) William Zaborowski, and citizen members Jeffrey Genner (left at 2:40 p.m.), Mary Lodes, and Vicki Dallman-Papke (left at 3:20 p.m.). **Absent:** Robert Kolb, Steven Kulick, Michael O'Brien, Tim Whitmore

Also present: Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Public Health Officer, Epidemiologist and Acting Public Health Division Manager Ben Jones, Aging and Disability Resource Center (ADRC) Manager Mary Smith, Clinical Services Manager Joan Sternweis, Children and Family Services Manager Lisa Roberts, Adolescent and Family Services Division Manager Ron Pupp, Intake and Shared Services Manager Kathy Mullooly, Administrative Services Manager Randy Setzer, Accounting Services Coordinator Will Emslie, Public Communications Coordinator Linda Wickstrom, ADRC Coordinator Lisa Bittman, AODA Clinical Services Supervisor John Kettler, Crisis Intervention Services Coordinator Danielle Birdeau, Senior Financial Analyst Jennifer Carriveau, AODA Advisory Committee Chair Jim Aker, AODA Advisory Committee members Joe Muchka and Ken Weidman, Child and Family Services Advisory Committee Chair Lindsay Just, Child and Family Services Advisory Committee members Pam Groh, Karen Villarreal, Raquel Mehring, Adele Revoy, and Diane Ripple, Mental Health Advisory Committee Chair Mary Madden, Lutheran Social Services Certified Peer Specialist Terry Findley, Public Health Advisory Committee members Mary Baer and Jessica Kadow, ADRC Advisory Committee members Pat Carriveau and Judie Berthelsen, Deb Adamus, Lutheran Social Services. Recorded by Julie Bartelt, Health and Human Services Departmental Secretary.

Approve Minutes of 2-15-18

MOTION: Bill Zaborowski moved, second by Mary Lodes to approve the board minutes of February 15, 2018. Motion carried 5 - 0.

Next Meeting Date

April 5, 2018 is the annual HHS Board Public Hearing at 7:00 p.m. in the Public Health Division, Door #2, of the Health and Human Services Center Building, 514 Riverview Ave.

April 19, 2018 there is a meeting from 10:00 a.m. to 12:00 p.m. for the board to prepare for the 12:00 p.m. to 1:30 p.m. lunch meeting with County Executive Paul Farrow.

Mary Lodes congratulated Mary Madden, being honored in May as a Women of Distinction in Waukesha County.

Alcohol and Other Drug Abuse (AODA) Advisory Committee Needs Presentation and Mental Health Advisory Committee joint presentation

AODA and Mental Health Advisory Committee presented jointly as there is often an overlap in the needs of people affected by both mental health conditions and substance abuse disorders. Presenting for the AODA Advisory Committee was Jim Aker (Genesis House), Joe Muchka

(Addiction Resource Council - ARC), and Ken Weidman (Lutheran Social Services Certified Peer Support Specialist at Genesis House and NAMI Waukesha), and for the Mental Health Advisory Committee was Terry Findley (Lutheran Social Services Certified Peer Support Specialist) and Mary Madden (National Alliance on Mental Health – NAMI Waukesha).

Three unmet needs reported jointly by AODA and Mental Health Advisory Committees;

- Medication assisted treatment of substance use and psychiatric disorders.
- Financial support for ongoing growth of Certified Peer Support in Waukesha County.
- Support of consultation services for the implementation of ‘just in time’ scheduling for medical personnel and medication management.

Ken Weidman shared his personal experiences of his own recovery for co-occurring disorders of alcoholism and major depressive disorder. He spoke of making the possibility of recovery more visible in the community and erasing the stigma surrounding substance abuse and mental health disorders.

Madden detailed the necessity to maintain the current cadre of, and expanding the use of Peer Specialists. Lodes asked what is needed to do that. Aker related the training process and costs required for certification. Waukesha County peer trainings would need to be contracted through Independence First in Milwaukee, and may require an investment of up to \$10,000 which would cover 48 hours of training for fifteen to eighteen people, food for trainees, food, lodging and other fees for the trainers. A training held in, and paid for by, Waukesha may be designated for Waukesha residents only. Aker added that Peers could play an important additional role in assisting clients currently incarcerated or newly released from jail.

Findley talked about the open access model of intake/assessment services implemented in the Waukesha County Clinical Services Division in 2016. This is a vital service for the community and funding is requested to continue and expand open access to include just in time scheduling, including medical personnel and medication management. This will minimize missed appointments, resulting in cost savings. Lodes clarified that this is a request to fund a consultation service to develop the just in time scheduling processes, and then launch the program. Sternweis explained that grant funding will be explored for bringing in the consultant.

Aker reported on the benefit of the needle exchange van, operated by the Aids Resource Center of Wisconsin (ARCW) and expressed a need to increase its presence in Waukesha from two days per week to five. He reported on the associated costs. Papke brought up discussion on how many people this would touch, as being lifesaving and priceless. Statistics supporting the successes of the needle exchange, naloxone kits distributed, HIV and Hepatitis tests administered, all of the services provided through the van, were reported. Genner asked if this would be Waukesha County purchasing a van. The costs cited were a projection for one year, and is for services provided by ARCW.

Aker gave an update on the threat to Waukesha County of methamphetamine abuse, based on what is occurring in neighboring counties.

Lastly, there are no existing programs that specifically target the aging population in Waukesha County in regard to substance use disorders. Aker reported on available training/programs to

address this gap, through SAMHSA and SBIRT (Screening, Brief Intervention, and Referral to Treatment) training available through UW Madison.

Findley reported that in December 2016, in response to an unfunded state mandate, a mobile mental health crisis intervention service expanded to twenty-four hours per day, seven days per week coverage. Statistics were cited supporting the community benefits and cost savings in terms of training for one FTE permanent position to reduce the LTE needs on the Mobile Crisis Team.

Crisis stabilization services are an important, cost saving alternative, for those crises not warranting an emergency or voluntary hospitalization, or incarceration. Crisis stabilization services make treatment in the community possible for those in psychiatric crisis who are not a danger to themselves or others. Funding is requested to develop quality crisis stabilization services as an alternative to hospitalization.

A budget increase for the essential community organization's partnering and contracting with Waukesha County DHHS was requested, to maintain quality programs and staff. Lodes asked if there is an anticipated percentage increase to maintain the contracting partners. Sternweis explained in past years, the average is in the two to three percent range. She also explained some of the challenges of service contractors in the clinical area.

Findley talked about housing difficulties in Waukesha County for those on a limited income, with additional barriers to those living with a mental health condition, to finding safe, affordable and permanent housing. Main Stream Vouchers are available from the Waukesha Housing Authority, which provide rental payments allowing people with disabilities to live in apartments at fair market rates. However, very few landlords and property management companies accept vouchers in Waukesha County. The Mental Health Advisory Board requests a housing navigator to assist in finding housing, advocating with landlords to accept tenants, or to locate landlords who accept Main Stream Vouchers. Is the housing navigator a social worker? It does not necessarily have to be a social worker or mental health professional. Lodes and Wood suggested possible legislative relief to address this issue. Regulations of the Main Stream Voucher program were discussed (i.e. individuals must have a case manager to be eligible). When an individual is ready to graduate from a case management program, the Housing Authority would switch the Main Stream Voucher to a regular voucher, and that is not happening any more, according to Madden. Some buildings that previously had subsidized housing with people using vouchers have decided to stop using vouchers. When these individuals' leases come up, some who have been good tenants for several years, are now having to look for another place that will accept vouchers. Howard commented that this morning she received an email from Home Consortium regarding CDBG funding wins, an increase of \$3B relative to homeless assistance and public housing. Robertson and Howard will investigate opportunities open to Waukesha County through this.

LBGTQIA awareness and needs were discussed. Currently there are few options for mental health care, support and socialization in Waukesha County for this group, particularly youth, making them more susceptible to substance use and suicide. The request for more LBGTQIA resources and initiatives in the Waukesha community was made. Howard reported that the Waukesha County Community Foundation has recently had some funding for LBGTQIA; she

will investigate details of that funding. Kettler shared a recently launched therapy group for LGBTQIA adolescents, which hopefully will expand to the adult population.

Public Health Advisory Committee Needs Presentation

Mary Baer reported needs on behalf of the Public Health Advisory Committee as follows:

Regarding costs and impacts of unfunded mandates on the ability to meet public health service needs, Baer cited examples of regulations and lack of funding.

A shortage of health care workers exists. New registered nurses are attracted to specialized clinic and hospital positions with standard hours, more flexibility, and often better salaries. The recommendation of the Public Health Advisory Committee is to adequately staff the changing demographics of Waukesha County, evaluate salaries and retention quickly.

Resources for data analytics are a critical need to increase the efficiency of employees, track public health trends and provide access to additional funding sources with the availability of supporting data.

To support the Public Health Advisory needs recommendations, Baer provided an overview of key health data for Waukesha County, including population growth, the aging population, and socio-economic impacts on health. Sixty percent of a person's health is dependent on socio economic factors and access to quality clinical care, having a significant impact on public health demands in Waukesha County.

Communicable disease stats are reviewed monthly by the Public Health Advisory Committee. Baer discussed the number of school-aged children not fully immunized and the increase in communicable diseases including Hepatitis C cases and growth in sexually transmitted diseases (STDs), with fewer registered nurses to address the increases. Given the forecasting and demographics, Waukesha County will not remain the fifth healthiest county in the state of Wisconsin.

Baer reported on the increase in number of drug resistant tuberculosis and unusual/exotic communicable diseases, and the associated time and staffing demands.

Chronic disease, the increased risk factors and deaths were reported. Baer shared the Community Health Improvement Plan and Process (CHIPP) chronic disease data.

Maternal and child health continues to be a focus of Public Health so that children can start their lives as healthy as possible. Data of the percentage of case managed women who delivered full term infants of average birth weight was shared indicating the success of the program, considering the population tracked is teenage mothers, drug or alcohol users, or other pregnant women with challenges. Baer also shared data showing an increase in the number of lead poisoned children that were case managed over the past three years. Reasons for the increase were discussed, including the lowering of the limit requiring follow up.

The many ways that substance abuse affects individuals, families, businesses and resources. CHIPP data on alcohol and opioid use, as well as the rising number of drug related deaths by substances and the number of hospital encounters was reviewed.

Mental health is also a focus of the Public Health Advisory Committee and Baer shared the data behind why CHIPP has identified mental health as a leading health issue in Waukesha County.

Baer shared budget concerns of the Public Health Advisory Committee, including staffing nurses, and the inability to provide activities they feel should be done as a public health department, focusing on the aging population, mental health issues, tobacco cessation and education, and chronic and communicable disease follow up. Currently, Public Health can only do what is mandated and make every effort to support current revenue generating programs, i.e. vaccination and travel clinics. There is currently no capacity to look for other revenue generating programs. Baer reported that Public Health does look for grant funding, but those grants expire after a year or two. The national administration has made it clear that there will be a decrease in funding for many health and human services programs in the renewed budget. A request is made to the HHS Board to recognize the increasing public health demands versus the funding to adequately support those demands.

Finally, Baer asked for a representative of the HHS Board to be a liaison and advocate for the Public Health Advisory Committee; there has not been HHS Board representation for some time. Chair Wood added that this is a position that must be filled, as well as a HHS Board liaison to the Children and Family Services Advisory Committee, after the April elections.

Lodes asked about the budget decrease over the last three years. State grants have gone down as costs and mandates go up. Discussion regarding the request for three FTE RNs and getting back to the staffing level that Public Health had in 2016, and looking for different ways of operating. Robertson reported there was a recent WIPFLI audit undergone in Public Health, and opportunities to redirect resources and efficiencies will be sought once the recommendations from the WIPFLI audit is received. Setzer added that there was additional tax levy added in Public Health in the 2018 budget. Wood stated that from the County Executive's Office, for the 2019 budget forecast, Health and Human Services is to receive the largest increase. Howard added that she would like to see work on prevention and education to get to the root causes of issues.

Children and Family Services Advisory Committee Needs Presentation

Mehring shared some highlights from various agencies represented by CAFSAC;

- 2,083 individuals served at Parents Place in community education and supervised visitation.
- 3,923 individuals served at Addiction Resource Council in the middle school education program, under 21 risk reduction education program, community talks, assessments, parent education, calls on the 24/7 helpline, and families support group.
- The Women's Center provided services to 1,215 adults and children affected by domestic violence, sexual assault, or child abuse.
- 3,308 individuals served at Family Services in counseling in the mental health and wellness clinics, parents helped to develop skills and find healing, children and their caregivers seen at the C.A.R.E. center, group treatment for perpetrators of domestic abuse, psychotherapy sessions provided to children in public schools.

- Drug Free Communities grant, a winning prevention PSA from a Brookfield Central High School student, was viewed by 347,401 movie goers in Waukesha County during July through November, 2017.

This short YouTube video about the work CAFSAC and WCDHHS does was shared; https://youtu.be/eT_nqR5GFGU

Waukesha County providers work with people who may be affected by mental illness in their life, struggle with an alcohol or drug addiction, have a child with special needs, live with a disability, have been a victim of domestic or sexual violence, live in poverty, are hard-working and still struggling financially.

Groh reported that agency service providers are supporting families with more complex needs than ever before and gave examples.

Just spoke of the importance of prioritizing collaborative partnerships between community providers and Waukesha County Health and Human Services, and facing increases in ALICE (Asset Limited, Income Constrained, Employed) families that need support, substance abuse, mental health needs, school violence, truancy, transportation issues, human trafficking, and need for foster care.

The heroin epidemic is affecting the community, both for families trying to help their loved one with addiction, and those who need treatment and support. Revoy discovered that another area impacted by substance abuse is increasing support groups run by Healing Hearts for children who have experienced trauma or grief, and another support group for the adult caregiver in their life. The largest growing support group is for grandparents raising grandchildren who have lost a parent by overdose or incarceration.

Ripple reported that increased mental health issues leading to general anxiety and depression can make it difficult to adjust to changes in the family (i.e. divorce, overdose, or incarceration). She talked about recent trauma with school violence and shootings, which is a threat to general safety for the students and for the community. It is difficult for youth who are LBGTQ, which can lead to bullying and violence in schools. Truancy is a result of things going on in the home, e.g. poverty, financial stress, domestic violence, parental mental health issues or substance abuse.

Transportation funding is needed to help customers access needed support services. There are not always busing options.

A task force is being developed to address the increasing human trafficking in Waukesha County. A summit to raise awareness about the issue and identify specific initiatives in the community, to address sex trafficking in particular, is being planned. Howard offered to assist in a red sand project in Waukesha. The red sand project was started by an artist in New York who began to fill in sidewalk cracks with red sand to raise awareness about vulnerabilities that can lead to human trafficking.

Mehring stated that all of these aforementioned issues contribute to the increased need for foster care. All of the agencies work toward creating health and stability in families.

Funding for Waukesha County contracted providers has been stagnant for many years, not matching the growing community needs. Contracted providers are struggling to retain quality staff with competitive wages and benefits; they are facing limited funding, programming cuts, increasing numbers of clients with more complex issues, and paying rent/maintaining their facilities. Discussion regarding what type of increase is requested. CAFSAC consists of fourteen different agencies, many self-funded not-for-profits, providing a variety of programs and services to HHS clients.

Aging and Disability Resource Center Advisory Committee Needs Presentation

Pat Carriveau and Judy Berthelsen shared identified unmet needs within the aging and disability population.

Carriveau and Berthelsen described the population that is served by the ADRC and the growing needs. Adults over age 65 are the fastest growing segment of the population across the nation. The population of disabled persons, not institutionalized, is also rising in Wisconsin. People with disabilities currently comprise 8% of the Waukesha County population. A graph showing the prevalence of disability by type in Wisconsin was shared showing that as an individual ages, the prevalence of disability increases. The number of consumer contacts made by the ADRC in 2017 was 14% higher than in 2016. Through the consumer contacts and survey results, these areas were identified as unmet needs:

- Older adults – social isolation, and availability of in-home medical and non-medical care providers.
- Adults with disabilities – accessible and affordable ongoing MH case management.
- Both populations – accessible and affordable housing, accessible and affordable dental services, transportation options to meet current gaps in service, family caregiver support services.

Housing needs include continued education to the community and elected officials of the necessity for affordable housing, overcoming the perception of the need for housing and the individuals that would reside there, and create incentives to developers to build and manage those housing options.

There are few dental providers in Waukesha County willing to accept title 19 Medicaid as a pay source or willing to provide care on a sliding scale. Three dental service options with various stipulations and service limits are Waukesha County Community Dental Clinic, Lake County Area Free Clinic, WCTC Dental Hygiene Clinic. Through a small elder abuse and neglect grant, the ADRC is able to pay for emergency dental care for some older adults. Continued advocacy for much needed dental services is critical.

Concerns of family and informal caregivers was shared. The ADRC offers a monthly program called Caregiver Intermision Program, designed for caregiver and care receiver, providing education, support, exercise activities, socialization, and lunch. Respite care services allow the caregiver a break from their responsibilities and for the caregiver to have some needed time of their own. Caregiver support and counseling services are available, including a six-week workshop designed to give caregivers support and the tools needed to succeed and maintain their health. For older adult grandparents raising minor grandchildren, the ADRC offers support, education, social events, and respite services. The ADRC provides information and assistance, a

caregiver resource library, and collaborates with other community organizations with additional educational opportunities. The ADRC Advisory Board recommends additional funding at any level to continue all of these services and to expand service offerings for caregivers.

The two most transit dependent groups are adults over age 75 and individuals with a disability. Gaps in the existing transportation options include response time between the request and availability of a provider, pockets in the county without transit access, and consumers' ability to pay for needed transportation. Demands are greater than current capacity. Increased requests are seen in transportation needs for medical/dental appointments, nutritional access to meal sites and grocery stores, and personal or social outings. Transportation needs are currently addressed with federal and state grant funding. The ADRC is able to support four transportation initiatives; the Rideline Program, Shared Fare Taxi Program, operational funding to ERAs for no-cost volunteer transportation, and work with Find a Ride Network. Support is also given to the One Call – One Click initiative being piloted in the Menomonee Falls area. Additional service provider capacity to meet current and future demand is needed, and encouraging other community initiatives to supplement funding, and seeking additional funding to meet transportation demand.

Studies equate the health risks of social isolation to that of smoking 15 cigarettes per day, and is linked to a variety of health problems. Key factors identified that lead to social isolation are mobility restrictions, living alone, living in a rural setting, or low socio-economic status. The ADRC provides support through Rideline and Shared Fare Taxi Program to provide transportation at a reduced rate, allowing transportation for medical, nutritional, or social activities. Additionally, ERAs provides no cost volunteer transportation for medical needs. The loss of physical and cognitive health has also been identified as risk factors. The ADRC coordinates eight different health and wellness programs, many of which are evidence-based including falls prevention programs, strength training, and boost your brain which is designed to maintain and increase brain health. What is needed: better identification of those at risk of social isolation, earlier intervention, expanded community initiatives including in-person and telephonic friendly visitor programs.

There is a growing demand for in home medical and non-medical services, and a shrinking capacity within the provider network due to workforce shortages. There is an increased need for doctors in geriatrics and disability specialty areas, as well as nurses, therapists and non-medical caregivers to provide services such as bathing, homemaking, and medication management reminders. Discussion regarding the importance of assistance with medication management, including pharmacies providing the service of bubble-wrapping individual days of medication and automated medicine dispensing. Needs are workforce capacity to meet demand, advocacy and education, recognition to the critical role that non-medical caregivers play in supporting individuals in their homes, including addressing the low pay scale, enhanced supportive services, assistance to the family and caregivers, the community to adopt a neighbor-helping-neighbor attitude, and more funding to meet demands for provider services.

Affordable and accessible on-going mental health case management is important for those who have been repeatedly hospitalized for mental illness. Too often, there is a recurring pattern of discharge and re-admission because people are not adequately supported in the community. On-going case management is not a service of the ADRC. The ADRC is a resource and referral mechanism to other Waukesha County service areas including clinical services and adult protective services. Other sources include various NAMI programs, Spring City Clubhouse, and

Friendships Unlimited. Greater affordable access for all in need of on-going mental health case-management services and advocacy for greater insurance coverage for these services is needed.

Other needs are for additional community based services, including adult day care, balanced nutrition, increased and improved services and community acceptance for those with Alzheimer's or dementia diagnosis, addressing gaps relating to adults at risk and crisis response, assistance with medication management, home and neighborhood safety and security.

Adults at risk, abuse, neglect, self-neglect, and financial exploitation was discussed. In 2017 the ADRC received 2,083 calls of concern; a 15% increase from 2016. ADRC Adult Protective Services (APS) reviews the calls to determine the need for intervention. As appropriate, APS works with the county crisis unit to stabilize individuals in place, if possible. The ADRC staff lead an interdisciplinary team, the I Team, a collaborative group from community organizations, municipalities and county departments focusing on those at risk. Work done with the Dementia grant was explained. There is a need for continued and enhanced agency collaboration related to elders at risk, placement facilities for individuals in crisis under a Chapter 55 detention (primarily those with a dementia diagnosis), need for community education of individual rights to make choices and the limitations of extreme interventions, need for the education of financial exploitation and scams.

Federal and state funding levels have not increased to meet the growing population, and the newly proposed changes in Medicaid funding structure poses a new unknown. Local tax levy dollars are appreciated and the ADRC Advisory Committee recognizes the many competing resource needs for the distribution of local tax levy. Community-partner collaborations, and cross-county department/division collaborations are necessary to maintain and expand the ability to meet the identified needs and provide a seamless service delivery. Encouraging the use of volunteers in more robust roles and encouraging the role of the community as an advocate to engaging citizens will be necessary to meet the needs of the current populations.

MOTION: Zaborowski moved, second by Lodes to adjourn the board meeting at 3:56 p.m. Motion carried 4-0.

Respectfully,

Christine Howard
Secretary