

## Key Health and Human Services (HHS) Projects/Issues

### Behavioral Health Division

**Crisis Stabilization:** community-based Crisis Stabilization services launched in 2021 with the support of grant funding and community partnerships. Plans are underway to expand these services in 2022-2023 to include an inpatient Crisis Stabilization unit at the Mental Health Center.

**Mental Health Center:** plans are underway to remodel the inpatient acute hospital units at the Mental Health Center to create a 16-bed acute inpatient hospital unit and a 12-bed Crisis Stabilization unit. Other facility space is slated to be remodeled to accommodate the Crisis Services team, community-based Crisis Stabilization and Court Monitoring services which are currently housed at the Human Services Center building.

**MHC Sustainability through Revenue Optimization:** Clinical Services has historically experienced challenges related to creating a sustainable budget for the hospital. Extensive efforts have been undertaken to enhance revenue through billing and coding optimization. We have seen a positive impact across multiple services, resulting in a nearly \$550,000 increase in revenue in 2021. The Department will continue exploring additional revenue optimization opportunities and will be proposing alternatives in order to create a hospital budget that is sustainable into the future.

**Community Engagement Efforts:** Clinical Services division participated in the relaunch of the Waukesha County Heroin Task Force in 2021 and continue to support these efforts. Division staff expanded participation in the Homelessness Engagement & Response Team (HEART) in 2021 by launching weekly street outreach efforts. County partners and municipalities continue to seek to engage the Department in collaborative efforts to address the continued challenges of both opioid use and homelessness in their communities.

**Medical Clearance within the Emergency Detention process** – Clinical services is partnering with law enforcement and area hospital services to review the extensive wait times in emergency rooms for medical clearance of a patient under Chapter 51.15 emergency psychiatric detention. Identifying options to reduce the time it takes to obtain necessary medical information and admit patients to an in-patient psychiatric unit is critical to keeping law enforcement officers on our streets and crisis workers available to address other acute community safety issues.

**Embedded Crisis Therapists with Law Enforcement** – Clinical services is planning to build on the success of the embedded crisis clinician pilot by expanding to other law enforcement agencies. Additional considerations to improve crisis services and response times include embedding a crisis worker within 911 dispatch as well as offering telehealth crisis. HHS is looking to utilize ARPA funding to expand these services.

**Criminal Justice Coordinating Council Pretrial Supervision (CJCC)** - The Waukesha County CJCC Pretrial Supervision program monitors defendants charged with misdemeanors or felonies, ordered on supervision as a condition of bail, who are in the community while their case progresses through the justice system. The pandemic caused significant challenges for the Pretrial Supervision program, as case processing delays, coupled with an increase of cases referred for supervision, caused pretrial caseloads to burgeon and the program quickly became over-capacity. HHS is looking to use ARPA funding to add an additional limited term contracted case manager which will better enable us to manage the existing caseload and new referrals to the program. It is anticipated that with the addition of the 6<sup>th</sup> judge to the Criminal/Traffic Division in January

2022, the disposition of cases will increase, resulting in a reduction in the length of time defendants are on pretrial supervision, eventually returning the caseload to near pre-pandemic levels.

### **Adolescent and Family Services Division – (A&F)**

**Comprehensive Community Services (CCS) expansion:** partnering with Clinical Services division in 2021 to expand CCS services for youth, resulting in a 212% increase in admissions from 2020 to 2021. HHS is planning an additional expansion of these intensive wrap around services through the support of ARPA dollars in 2022 to address the increased mental health and substance use challenges of Waukesha County youth.

**72 hour holds for Juveniles:** In specific situations, a juvenile may be taken into custody for up to 72 hours without a hearing for violating terms of a dispositional order: should the youth present an immediate danger to society. This is done under the authority of a county board resolution which takes place every two year. The next resolution is due by June 30, 2023.

**Truancy/Youth Justice reform** - Mounting evidence and recent studies have called for a realignment of youth justice services to better reflect the underlying needs of the youth.

- Adolescent and Family intends to partner with county school districts to identify more appropriate school and community-based interventions for youth who are truant from school. After this transition, A&F will only serve a small subsection of truant youth who have been unsuccessful with community-based supports and identified as more severe and likely to benefit from more intensive intervention.
- Additionally, A&F will utilize the Youth Assessment Screening Instrument (YASI) to determine which delinquent youth to recommend serving via family intervention and community supports versus providing formal court ordered supervision and intervention.

**Detention and Shelter Care** – A&F contracts for youth shelter care services and juvenile detention services. After closing the county youth detention facility in 2021, HHS has contracted with four nearby counties to provide this necessary service for Waukesha County youth. We continue to work closely with our law enforcement partners to ensure the needs of the community are met without causing undue burden to law enforcement. HHS routinely reviews and assesses these significant contracts to ensure both quality service and economic responsibility. Non-secure shelter services continue to be provided via contract with a private agency. The current shelter contract expires in June of 2025; it is likely that the RFP process will begin in 2023 to ensure continuity of care through any potential contract change.

### **Public Health Division (PH)**

**Level 3 State Certification** – The Public Health Division is transitioning to Public Health 3.0. While PH has many statutory requirements that will not change, this transition has public health serving a higher role as the chief health strategist for the county. The division's role is to mount an organized community response to larger health issues affecting social determinants of health. This new emphasis will allow our PH division to move from being a state certified level 2 public health department to a certified level 3 public health department in 2023.

**CHA/CHIPP** – Public Health launched into its new 5-year Community Health Improvement Plan and Process, as required by the State, in 2022. A multi-disciplinary steering committee is completing four assessments to determine the current leading health issues facing Waukesha County. This will result in the creation of

community action plans for 2023 – 2026. HHS will be looking to utilize ARPA funding to support community partners in helping to reach the goals in the new CHIPP.

**Performance Management** - Performance management is a systematic approach to improving public health through standards, planning, measuring, and continuous improvement. Measures allow us to assess the effectiveness of our work, decide what to do differently, and communicate to customers, decision makers, and employees. Public Health will look to integrate performance management software, Clear Impact, into practice for greater accountability.

**Unite Us** - Waukesha County has an incredible array of community resources, but often times navigating that complex system is challenging both at the individual and at the agency level. Unite Us is an end-to-end solution to address social determinates of health at the county level by creating an interconnected network of health and social service providers. This web-based platform is integrated with 211 database and serves as a comprehensive tool for connecting people to housing, employment, food, behavioral health, and other health and social needs while providing an appropriate feedback loop for the referring agency. Unite Us generates social care data to inform decision-making and prove the impact of services being delivered throughout the community. It can display coverage and demand for services, while identifying co-occurring or re-occurring needs or trends, as well as providing outcome level data. This system and the data generated will help streamline services, reduce dependance on HHS and assist on evaluating service efficacy as well as community needs.

### **ADRC Division**

**State ADRC Contract** - There continues to be a significant increase in the number of individuals who are eligible to receive services through the ADRC State funded programs. The local cost to continue for these services are not being supported by the State of Wisconsin as there has not been an increase in the state contract to Waukesha County since 2008. This grant is not keeping up with the growing elderly and adult disability populations and it is difficult to serve new consumers. As a result, this limits the amount of marketing and outreach we are able to provide. HHS will continue to advocate for additional State funding to provide services as this population continues to grow.

**Adult Protective Services (APS) system of care** - The Adult Protective Services unit provides mandated services to adults and elder adults (ages 60 and older) at risk of abuse and neglect in the community. APS has seen:

- Increased incidence of reports of abuse/neglect as individuals were confined to their homes during COVID
- Increased incidence of financial exploitation due to elders and adults at risk being socially isolated and falling prey to perpetrators
- Inability to locate placements for individuals in need of in-facility placement due to facilities not taking admissions during COVID or lack of staff
- Managed Care Organizations (MCO) relocating individuals protectively placed by Waukesha County outside of the county due to lower cost providers and the inability to find placement in Waukesha County

State funding for APS has not increased in over 20 years. A collaboration of legal system partners, community providers and HHS is needed to improve our systemic response to the changing needs of adults and elders in our community.

**Dementia Care** - Dementia Care is a core service in the ADRC. Waukesha County has a significant number of individuals with dementia or related Alzheimer's; statistics indicate there are 9,343 individuals living in the community with dementia. This projection is expected to increase to 17,900 by the year 2040. There is a significant lack of dementia crisis stabilization facilities as well as placement resources for these individuals. A number of nursing care facilities have closed or reduced their number of beds available and there is a further reduction of facilities where care can be provided to an individual with challenging behaviors. HHS is required to have a receiving facility for individuals in need of emergency protective placement. We are exploring the use of ARPA funding to assure an appropriate treatment facility is available.

**Transportation** – An outside transportation consultant is evaluating the ADRC specialized transportation program funded through the State Department of Transportation and providing recommendations for inclusion in the 2023 budget.

**Caregiver Resource Shortage** – Waukesha County is experiencing a shortage of direct care providers. Agencies are unable to hire staff to provide the needed in home supports. This is not only a Waukesha County concern, but a statewide issue as well and is impacting the ability to provide service. Despite there being ADRC specific ARPA funding available to address this issue, caregivers cannot be found to meet the need of elders in our community looking to age in place.

### **Child and Family Services Division (C&F)**

**Family First** – There is a significant transformation occurring in the child welfare system stemming from the Family First Federal legislation of 2018. The goal of these efforts is to serve more children and families safely in their homes and communities. An emphasis is on building evidence-based community prevention and early intervention services as a means of keeping children out of the child welfare system. Additional expectations include providing supports and services geared at managing safety for a child and family to maintain them at home while therapeutic and skill building services are employed to alleviate the concerns. HHS is looking to utilize ARPA funding to support our community partners in initiating or expanding these evidence-based services.

**Resources for children/youth with complex needs** – The Family First legislation is changing the use of group care settings to be limited to short-term placements of children with complex behavioral health and medical needs. Approved facilities must reach specific certification benchmarks resulting in increased daily costs of care in these facilities. There is also a significant shortage of placement options throughout Wisconsin often leading to out of state placement for children/youth with complex needs. HHS is interested in partnering with a local treatment foster care agency to increase local treatment foster care options for difficult to place youth.

**Children's Long-term Support Waiver (CLTS)** – Wisconsin's CLTS Waiver Program supports children with disabilities and their families through supports and services that help children live in their home and community. There is an expectation from the State Department of Health Services (DHS) that each county maintains continuous enrollment of eligible children/youth. Waukesha County receives approximately 40 new referrals monthly for this program. Despite efforts to increase staffing and expand contracted services, the

CLTS program continues to maintain a waitlist. Families are currently waiting more than 120 days to access this service.

**Birth to 3 funding** - The Birth to 3 Program serves children under the age of 3 with developmental delays and disabilities as well as their families. The program works to enhance the child's development while supporting the family's knowledge, skills, and abilities as they interact with and raise their child. Funding for the Birth to 3 Program includes a combination of federal, state, and local revenue. Counties fund the highest percentage of Birth to 3 program costs with state and federal funding allocated to counties covering only approximately 30 percent of program costs. As a state mandated entitlement program, the county continues to have to serve more children without any additional funds outside of tax levy.

### **Administrative Services Division (including Economic Support Services)**

**Economic Support Services** – Waukesha County is part of the Moraine Lakes Consortia to provide economic support benefit determinations and enrollment for Waukesha, Ozaukee, Walworth, Washington and Fond du Lac counties. Waukesha county is the largest of all counties in this consortium and provide fewer staff to the combined efforts than other counties. Other consortia counties are requesting that Waukesha County add additional staff. Further evaluation is being done at this time.

**Paperless Project** - The purpose of this project is to address the various paper-based files that exist at HHS as we have reached our storage capacity for closed records. This project would relocate the approximate 50,000 records/files at HHS to off-site county storage freeing up the two storage rooms located in the building. Phase two of the project would move all programs to an electronic storage environment allowing for sustainability of fully electronic records. Each program will need to have a system set up for direct entry into myAvatar, myInsight or any other state system. If direct entry is not possible, a system will be developed to directly scan documents into one of those systems.

**Veteran's Services** - Waukesha County Veteran's division provides a number of critical benefits to the nearly 23,000 veterans living in Waukesha County, bringing in approximately 500 million dollars of funding to our veterans annually. There was a significant reduction in Veteran's contacting our department during the Pandemic. This drastic reduction in services has resulted in a buildup of veterans now needing eligibility determinations for their benefits as well as a need for heightened community education and outreach to ensure the veterans in our community are aware of the benefits they may be qualified to receive. HHS is looking to use ARPA funding to add a County Veteran Services Officer Assistant to the department ensuring timely and quality response to our Veterans.

MODIFY THE 2022-2026 CAPITAL PLAN AND 2022 CAPITAL PROJECT BUDGET TO MODIFY SCOPE  
FOR CAPITAL PROJECT #202014 HHS TECHNOLOGY SYSTEM ENHANCEMENTS, FUNDED  
WITH AMERICAN RESCUE PLAN ACT FUNDING REVENUE

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41

WHEREAS, in March 2021, the federal government approved legislation authorizing and funding the American Rescue Plan Act (ARPA) allocating \$350 billion of direct aid to state and local governments through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program; and

WHEREAS, Waukesha County's CSLFRF allocation is \$78.5 million which must be spent or obligated by December 31, 2024 and completed by December 31, 2026; and

WHEREAS, permissible uses of the grant funding include supporting public health; responding to negative economic impacts from the public health emergency; building public sector capacity and addressing administrative needs; provide premium pay for essential workers; investing in water, sewer, and broadband infrastructure; and recovering lost revenue to fund general government services; and

WHEREAS, the Waukesha County Board previously accepted CSLFRF funding (Enrolled Ordinance 176-46); and

WHEREAS, Waukesha County staff established an ARPA Management Response team to prioritize the use of ARPA grant funds to meet the County's short and long term economic and operational recovery objectives through 12/31/2026; and

WHEREAS, areas of focus were established in the areas of community development, economic recovery/workforce development, infrastructure, and public health response and enhancement of human services; and

WHEREAS, the final rule was released in January of 2022, after which projects were reviewed against the allowable uses identified by the American Rescue Plan Act and against the strategic objectives of Waukesha County; and

WHEREAS, projects that had timeline constraints to complete within the eligible time period were selected to be submitted through ordinance, while all other projects would be included in the next budget cycle; and

WHEREAS, the grant final rule allows the use of ARPA funds for establishing or enhancing human services data systems; and

WHEREAS, HHS currently maintains and stores approximately 400 distinct hard-copy paper forms to collect client data; and

42 WHEREAS, HHS is proposing to enhance its current client software systems to allow for direct  
43 entry of client data into electronic forms; and

44  
45 WHEREAS, elimination of the current paper-based system will provide many long-term benefits,  
46 such as providing staff more timely access to client records, increasing staff productivity,  
47 enabling cross-division collaboration, and reducing physical storage needs; and

48  
49 WHEREAS, there is an existing capital project, #202014 HHS Technology System Enhancements,  
50 which was approved by the County Board to enhance public health, behavioral health, and  
51 other HHS services and systems for the department; and

52  
53 WHEREAS, this ordinance would modify the scope and budget of that project to include this  
54 similar system enhancement to transition to a paperless environment; and

55  
56 WHEREAS, Enrolled Ordinance 176-46 authorized the County to fund permissible expenditures,  
57 which include eligible base budget expenses in departments or to the Capital Projects Fund for  
58 programs and projects approved by the County Board; and

59  
60 WHEREAS, this project is being proposed as an ordinance instead of in the 2023 budget to help  
61 make sure that this potentially complex project (i.e., hiring contract workers, coding hundreds  
62 of forms into the software, quality control) has enough time for completion before grant  
63 eligibility ends.

64  
65 THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS that the 2022-  
66 2026 Capital Plan be modified to change the scope for capital project #202014 HHS Technology  
67 Enhancements to include the HHS Paperless Project.

68  
69 BE IT FURTHER ORDAINED that the 2022 Capital Project #202014 HHS Technology  
70 Enhancements budget be modified to increase expenditures by \$52,000 and increase general  
71 government revenues from American Rescue Plan Act funding.

<b>Project Title:</b>	HHS Technology Enhancement			<b>Project #:</b>	202014
<b>Department:</b>	DOA - Information Technology			<b>Project Type:</b>	Information Technology
<b>Phase:</b>	Implementation			<b>Sponsor:</b>	Health & Human Services
<b>Budget Action:</b>	C - Scope	C - \$ Update	C - Rev Update	<b>Manager:</b>	Donn Hoffmann, IT
<b>Date:</b>	June 7, 2022			<b>Dept Mgr</b>	Randy Setzer, HHS

CAPITAL BUDGET SUMMARY							
Year	2020	2021	2022	2023	2024	Total	
Project Phase	Design/ Implementation	Implementation	Ordinance			Project	
Expenditure Budget	\$330,000	\$400,000	\$52,000	\$366,000	\$305,000	\$1,453,000	
Revenue Budget	\$330,000	\$400,000	\$52,000	\$366,000	\$305,000	\$1,453,000	
Net Costs After Revenues Applied	\$0	\$0	\$0	\$0	\$0	\$0	
COST DOCUMENTATION							
	Public Health/ Clinical Services Application	Contract Application	Paperless Application	Total	REVENUE		
Professional Services & Software	\$401,000	\$135,000	\$629,000	\$1,165,000	America Rescue Plan Act (ARPA)	\$1,453,000	
Recurring Fees	\$81,000	\$16,000	\$0	\$97,000			
Contingency	\$74,000	\$23,000	\$94,000	\$191,000			
Total Project Cost	\$556,000	\$174,000	\$723,000	\$1,453,000	Total Revenue	\$1,453,000	
EXPENDITURE BUDGET				\$1,453,000	REVENUE BUDGET		\$1,453,000

**Project Scope & Description**

The Health and Human Services Department uses an electronic health record system, that includes several applications among HHS divisions. This capital project is intended to: (1) Implement a new software solution in the Clinical Services division to improve the tracking, management, and documentation of health claims across third-party care providers, (2) Replace the current Public Health application (Insight) which is being de-supported (discussed below), (3) Implement and develop a contract management application, and (4) Implement a "paperless" solution by enhancing the current client software product to accept direct entry of client data into electronic forms.

**Location:** Department of Health and Human Services

**Analysis of Need**

The Clinical Services Division relies on multiple contracted third-party entities to provide care to clients. Currently, the billing process is very manual and time consuming, requiring HHS staff to document and correct billing submissions from the third-party entities. Department management indicates that it is frequently six months behind in reviews and billing. An electronic solution would allow HHS to enhance and streamline the process. System functionality may include the ability to aggregate clinical data to provide a broad picture of the population levels, facilitate care coordination across providers, track clinical quality control measures and outcomes, and manage authorizations and claims across providers.

The current Public Health application was built upon a Microsoft SQL 2007 server, which is being de-supported. There is a three-year extended support period that ends by June 2022. After that, there will be no additional security updates, which would put the system at risk. Implementation of a new, industry-standard billing module is expected to promote efficiencies by eliminating workaround business processes: Clinical and billing staff time on progress notes; case management billing pre-verification; remittance and reconciliation; maintaining multiple databases, spreadsheets, paper inventory; and duplication of time and effort.

HHS maintains several contracts with third-party service providers. The contract application would allow for improved document management, including versioning control, application of metadata, routing among parties (including external entities), and ongoing post-execution management of the contract. Implementation of an automated contract application would generate operational efficiencies and reduce risk. While immediately beneficial to HHS, it is believed that this application will be scalable for use county-wide.

HHS currently collects approximately 400 documents and forms in paper format from clients. The department is looking to set up for direct entry of current paper forms into myAvatar, myInsight and other state systems. The project supports the contracted services of IT professions to build all forms into existing systems. The long-term benefits include:

- Provide timely, simultaneous access by multiple internal staff to a client's record that will improve client safety, enhance quality of patient care, and improve the flow of information.
- Provide timely, simultaneous access by administrative and other agency operations to a client's record, increasing staff productivity and efficiencies in work processes throughout the organization.
- Ensure higher integrity of the record by improving the timeliness of filing into the record, providing electronic workflow that routes charts for dictation and reports for signatures, and allows charts to be completed remotely.



<b>Project Title:</b>	HHS Technology Enhancement	<b>Project #:</b>	202014
<b>Department:</b>	DOA - Information Technology	<b>Project Type:</b>	Information Technology
<b>Phase:</b>	Implementation	<b>Sponsor:</b>	Health & Human Services
<b>Budget Action:</b>	C - Scope      C - \$ Update      C - Rev Update	<b>Manager:</b>	Donn Hoffmann, IT
<b>Date:</b>	June 7, 2022	<b>Dept Mgr</b>	Randy Setzer, HHS

- Support compliance efforts with HIPAA, the Joint Commission, and other regulatory bodies and agencies affecting reimbursement.

This capital project is funded by American Rescue Plan Act (ARPA) – Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) funding. This capital project would constitute enhancements to public health, behavioral health, and other HHS services and systems, which are eligible under ARPA-CSLFRF.

**Alternatives**

HHS will explore multiple software solutions to find a cost-effective solution that meet the Clinical Services and Public Health divisions' functionality needs. For the contract application, county staff evaluated Microsoft SharePoint as a solution, but it would not be scalable county wide due to complex routing requirements. Regarding the paperless applications, the department could continue to operate with hard-copy paper forms but not gain efficiencies and other benefits identified above.

**Ongoing Operating Costs**

Department management currently estimate that the ongoing cost for the Clinical Services Division application at about \$81,000. However, streamlining the billing process is expected to save staff time that is currently devoted to documenting and correcting supporting data. The ongoing costs for the new Public Health application are expected to be at or below the ongoing costs for the existing application, resulting in no net increase in operating costs. The ongoing incremental cost of the contract management application is estimated at \$16,000 per year. The transition to paperless applications is expected to generate operational benefits, including more efficient access to client records, easier cross-division collaboration, and a reduction in physical storage needs. The transition to digital forms will also marginally reduce office supply costs.

**Previous Action**

The current electronic health records systems were implemented as part of the HHS Automated System capital project (#200109). Approved as a new capital project in the 2020 – 2024 capital plan. Approved with a cost update in the 2021-2025 capital plan. Modified with a cost, scope, revenue update through enrolled ordinance during 2021 (Ord 176-42).

FISCAL NOTE

**MODIFY THE 2022-2026 CAPITAL PLAN AND 2022 CAPITAL PROJECT BUDGET TO MODIFY SCOPE FOR CAPITAL PROJECT #202014 HHS TECHNOLOGY SYSTEM ENHANCEMENTS, FUNDED WITH AMERICAN RESCUE PLAN ACT FUNDING REVENUE**

This ordinance modifies the scope of capital project #202014 HHS Technology System Enhancements to convert current paper forms into electronic forms. In addition, this ordinance modifies the 2022 capital project budget for #202014 HHS Technology System Enhancements to appropriate \$52,000 of additional expenditure authority and increases general government revenue by \$52,000 from the American Rescue Plan Act (ARPA) Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program.

This project is eligible for ARPA-CSLFRF funding through the objective of Public Sector Capacity and Effective Service Delivery for Health and Human Service System enhancements. The department currently utilizes approximately 400 distinct paper forms to collect client data. The department is requesting to convert these paper forms into electronic forms to allow for direct entry of client data into existing systems. This initiative would reduce the amount of paper forms collected, handled, and stored by the department by nearly 300,000 paper forms annually.

This project is being proposed through ordinance versus in the 2023 budget process to provide sufficient time to hire a contractor and for the contractor to build the 400 electronic forms into existing system.

This project is expected to generate operational benefits, including more efficient access to client records, easier cross-division collaboration, and a reduction in physical storage needs. The transition to digital forms will also marginally reduce office supply costs.



Danielle Igielski  
Accounting Services Manager  
6/7/2022  
JE# 2022-00003667

1                   MODIFY THE 2022-2026 CAPITAL PLAN AND 2022 CAPITAL PROJECT BUDGET TO CREATE  
2                   CAPITAL PROJECT #202217 MENTAL HEALTH CENTER REMODEL, FUNDED WITH  
3                   AMERICAN RESCUE PLAN ACT FUNDING REVENUE  
4  
5

6   WHEREAS, in March 2021, the federal government approved legislation authorizing and funding the  
7   American Rescue Plan Act (ARPA) allocating \$350 billion of direct aid to state and local governments  
8   through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program; and  
9

10   WHEREAS, Waukesha County's CSLFRF allocation is \$78.5 million, which must be spent or obligated by  
11   December 31, 2024 and completed by December 31, 2026; and  
12

13   WHEREAS, permissible uses of the grant funding include supporting public health; responding to  
14   negative economic impacts from the public health emergency; building public sector capacity and  
15   addressing administrative needs; providing premium pay for essential workers; investing in water,  
16   sewer, and broadband infrastructure; and recovering lost revenue to fund general government services;  
17   and  
18

19   WHEREAS, the Waukesha County Board previously accepted CSLFRF funding (Enrolled Ordinance 176-  
20   46); and  
21

22   WHEREAS, Waukesha County staff established an ARPA Management Response team to prioritize the  
23   use of ARPA grant funds to meet the County's short and long term economic and operational recovery  
24   objectives through 12/31/2026; and  
25

26   WHEREAS, areas of focus were established in the areas of community development, economic  
27   recovery/workforce development, infrastructure, and public health response and enhancement of  
28   human services; and  
29

30   WHEREAS, the final rule was released in January of 2022, after which projects were reviewed against the  
31   allowable uses identified by the American Rescue Plan Act and against the strategic objectives of  
32   Waukesha County; and  
33

34   WHEREAS, projects that had timeline constraints to complete within the eligible time period were  
35   selected to be submitted through ordinance, while all other projects would be included in the next  
36   budget cycle; and  
37

38   WHEREAS, the department of Health and Human Services (HHS) operates a 28-bed inpatient hospital for  
39   acute mental health crises at the Mental Health Center (MHC); and  
40

41   WHEREAS, for several years the MHC has operated far below this 28-bed capacity, with fewer clients  
42   due to several factors, including utilizing HHS- and other community-provided resources to more  
43   effectively transition patients back to the community following an acute inpatient stay, identifying  
44   alternatives to inpatient care, and difficulty recruiting positions to provide greater coverage; and  
45

46   WHEREAS, the lower census makes it difficult to generate client fee revenues to cover the MHC's fixed  
47   cost; and  
48

49 WHEREAS, a capital project to remodel the facility and reduce the inpatient acute crisis hospital to 16-  
50 beds will allow the department to reduce operational costs and generate net tax levy savings; and  
51

52 WHEREAS, under Medicaid regulations, reducing the size of the inpatient hospital to 16 beds or fewer  
53 would make care provided to 21-64 year-olds eligible for reimbursement, providing additional federal  
54 funding to recover costs for clients that otherwise lack insurance coverage; and  
55

56 WHEREAS, the County currently lacks a crisis stabilization facility to provide a complementary subacute  
57 level of service, meant to help transition patients from crisis inpatient care when there are challenges  
58 that prevent safe discharge to the community; and  
59

60 WHEREAS, a Crisis Stabilization unit would also help HHS manage census levels at the inpatient hospital  
61 by being able to more quickly transition patients to a more appropriate level of care; and  
62

63 WHEREAS, downsizing the current MHC operations would free up both financial resources and space to  
64 fund and create a Crisis Stabilization unit; and  
65

66 WHEREAS, remodeling the MHC would also free up space to bring all 24/7 clinical teams under one roof,  
67 including the Crisis Services team and Court Monitoring Services that are currently housed at the Human  
68 Services Center building, helping to generate synergies and greater cross-coverage care with inpatient  
69 services; and  
70

71 WHEREAS, this remodeling project would also provide replacement for old workstations, replace the  
72 existing building entrance with a more secure and energy efficient structure, and other needed  
73 upgrades; and  
74

75 WHEREAS, this remodeling project is eligible for ARPA-CSLFRF funding, which may be used to address  
76 prevention, treatment, recovery, and harm reduction for mental health, substance use, and other  
77 behavioral health challenges; and  
78

79 WHEREAS, HHS is seeking approval for this capital project outside of the normal capital plan review  
80 schedule, to account for longer-than-normal construction timelines that have occurred due to recent  
81 supply chain issues, so that the project is more likely to be complete in time for the 2024 budget.  
82

83 THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS that the 2022-2026  
84 Capital Plan be modified to create capital project #202217 Mental Health Center Remodel.  
85

86 BE IT FURTHER ORDAINED that the 2022 Capital Project budget in the Department of Health and Human  
87 Services – Special Purpose Grant Fund be modified to increase expenditures by \$875,000 and increase  
88 use of general government revenues from the American Rescue Plan Act by \$875,000 for capital project  
89 #202217 Mental Health Center Remodel.

<b>Project Title:</b>	Mental Health Center Remodel	<b>Project #:</b>	202217
<b>Department:</b>	Public Works - Buildings	<b>Project Type:</b>	Renovation/Upgrade
<b>Phase:</b>	Formation	<b>Sponsor:</b>	Health and Human Services
<b>Budget Action:</b>	New	<b>Manager:</b>	Allison Bussler, DPW Director
<b>Date:</b>	June 8, 2022	<b>Map / Image:</b>	Click Here

CAPITAL BUDGET SUMMARY						
Year	2022	2023	2024	2025	2026	Total
Project Phase	Design/Constr	Construction				Project
Expenditure Budget	\$875,000	\$283,000	\$0	\$0	\$0	\$1,158,000
Revenue Budget	\$875,000	\$283,000	\$0	\$0	\$0	\$1,158,000
Net Costs After Revenues Applied	\$0	\$0	\$0	\$0	\$0	\$0
<b>COST DOCUMENTATION</b>	<b>2022</b>	<b>2023</b>	<b>Total</b>	<b>REVENUE</b>		
Design	\$30,000		\$30,000	American Rescue Plan		
Construction	\$782,000	\$262,000	\$1,044,000	Act Funding		
Contingency	\$63,000	\$21,000	\$84,000			
Total Project Cost	\$875,000	\$283,000	\$1,158,000	Total Revenue		\$1,158,000
<b>EXPENDITURE BUDGET</b>	<b>\$875,000</b>	<b>\$283,000</b>	<b>\$1,158,000</b>	<b>REVENUE BUDGET</b>		<b>\$1,158,000</b>

**Project Scope & Description**

This project is to remodel the Mental Health Center (MHC) to reduce the current inpatient care unit and convert that space unit into a new Crisis Stabilization unit service. The project also creates space for the Crisis Services and Court Monitoring teams to relocate from the Human Services Center to the MHC. This will require the remodel of approximately 2,500 square feet, which includes removing and replacing the nurse/patient service counters, offices, and room signage, as well as making patient room modifications and upgrading the entrance to be more energy efficient and provide better control and security.

This project would also upgrade the workstations for the Community Support Program unit and Treatment & Support Services Unit that are already collocated at the MHC. These programs have also grown over the years in response to increasing demand from the community for their case management services. This project would also replace cubicle workstations for both programs as well as carpeting. The project would also include some minor remodeling of other impacted areas, including converting an existing group room into a staff kitchenette and break area to replace the current space slated to be remodeled for Crisis Services/Court Monitoring.

**Location**

Mental Health Center, 1501 Airport Road, Waukesha, WI 53086

**Analysis of Need**

The Mental Health Center (MHC) was constructed in 1994 and has operated the inpatient unit for 28 years. Over the past several years the inpatient unit has been experiencing a trend in decreasing average daily census/annual patient days. The reasons behind this trend include positive developments in utilizing HHS and other community resources to more effectively transition patients back into the community following an acute inpatient stay, as well as to identify alternatives to inpatient admissions when these are avoidable. These strategies align with the mandate to seek the least restrictive environment for appropriate patient/client care. As a result, Waukesha County no longer needs to maintain a 28-bed inpatient psychiatric hospital.

In addition to declining demand for inpatient psychiatric beds at the MHC, staffing the hospital has proved increasingly challenging over the past several years. Psychiatry is a specialty that has experienced significant declines in the workforce over the past decade, coupled with increased demand for these services. This has resulted in increased challenges recruiting psychiatrists to staff the hospital. Nursing shortages can be a perennial challenge but were exacerbated by the COVID-19 pandemic and its impact on the healthcare workforce. The hospital nursing leaders have struggled over the past year in particular to find qualified candidates for open nursing and certified nursing positions as a result. Also, under Medicaid rules, reducing the size of the inpatient hospital to 16 beds or less, would make 21-64 year-olds eligible for federal funding, helping recover more costs for clients that would otherwise lack insurance coverage.

While Waukesha County benefits from having an acute care psychiatric hospital at the MHC, it lacks the complementary subacute level of care known as a Crisis Stabilization facility. Neighboring counties have these facilities and have realized the benefits of avoiding acute hospitalizations as well as transitioning patients from inpatient care to subacute care when there are other placement challenges that do not allow for a safe discharge to the community. Milwaukee County is an example, and they run several Crisis Stabilization facilities via a contracted partnership with a local nonprofit agency. The first challenge with opening these facilities is finding an appropriate location to house them. The current inpatient facility design is conducive to a remodeling plan that would enable the county to downsize the inpatient hospital to 16 beds, and also to create a 12-bed Crisis Stabilization unit.

<b>Project Title:</b>	Mental Health Center Remodel	<b>Project #:</b>	202217
<b>Department:</b>	Public Works - Buildings	<b>Project Type:</b>	Renovation/Upgrade
<b>Phase:</b>	Formation	<b>Sponsor:</b>	Health and Human Services
<b>Budget Action:</b>	New	<b>Manager:</b>	Allison Bussler, DPW Director
<b>Date:</b>	June 8, 2022	<b>Map / Image:</b>	<a href="#">Click Here</a>

The MHC has become a regional resource to other neighboring counties via contracts for acute inpatient services, which helps maintain a stable census when there would otherwise be more beds available. Many of these counties also lack Crisis Stabilization facilities and have expressed interest in access to these beds as well should the county open such a facility. This would enable the Crisis Stabilization unit to serve as a regional resource for surrounding counties.

In addition, this remodel project would provide an opportunity to bring all 24/7 clinical teams under one roof because there is currently underutilized space at the MHC. The Crisis Services team is currently located at the Human Services Center (HSC) building but are space-constrained and physically separated from the Inpatient team at the MHC. This project includes a plan to relocate the Crisis Services teams to the MHC. This would include the Clinical Therapists that staff the 24/7 crisis response team as well as the newly created community-based Crisis Stabilization services, and the Court Monitoring services (also currently located at the HSC). The remodeling plan would accommodate the existing teams and allow for anticipated future growth, particularly within Crisis Stabilization and Court Monitoring services. Having all these teams collocated at the MHC will allow for more synergies and cross-coverage with the Inpatient services.

**Alternatives**

The county could continue to maintain the MHC acute crisis hospital facility without remodeling, but with fewer staff, as warranted by lower census levels. However, this would leave significant amounts of underutilized space, and the county would lose the opportunity to establish an on-site Crisis Stabilization unit and collocate all 24/7 clinical teams to enhance cross-coverage care.

Alternatives to creating a Crisis Stabilization unit at the MHC would include looking for opportunities to house this facility in the community, or contracting with another county for access to their Crisis Stabilization beds. There may be challenges to finding a suitable location for a new facility in the community, and the county would likely have limited access to this level of care with other counties, depending on bed availability.

**Ongoing Operating Costs**

Reducing the capacity of the Mental Health Inpatient hospital is expected to result in lower staffing and other costs of about \$760,000, partially offset by a net reduction in client fee revenue of \$382,000 from a lower budgeted census. Factoring in additional Medicaid eligibility funding for a hospital with 16 or fewer beds (mentioned previously) of \$158,000, the net levy savings from this change is estimated at \$536,000.

Department management anticipates requesting to use most of these savings to help fund its proposed new subacute Crisis Stabilization unit at the MHC. Department management estimates that this new program area would cost approximately \$1,036,000, which includes additional personnel costs for a human services supervisor to oversee the operation, contracted staffing to serve clients, and other expenses. Operational expenses would be partially offset by projected client fee revenues of about \$588,000, resulting in an increase in net levy need of about \$448,000.

The total impact of these changes are estimated at \$88,000 of net levy savings when fully operational. Department management anticipates making most of these changes in the 2024 budget to align with the completion of the capital project. Please note that these estimates are based on the latest cost information available (for 2023 budget development purposes) and will be updated for the 2024 budget process.

**Previous Action**

None

FISCAL NOTE

MODIFY THE 2022-2026 CAPITAL PLAN AND 2022 CAPITAL PROJECT BUDGET TO CREATE  
CAPITAL PROJECT #202217 MENTAL HEALTH CENTER REMODEL, FUNDED WITH  
AMERICAN RESCUE PLAN ACT FUNDING REVENUE

This ordinance modifies the 2022-2026 Capital Plan to create capital project #202217 Mental Health Center Remodel. This ordinance also modifies the 2022 Capital Project budget to increase expenditures \$875,000 in the Department of Health and Human Services – Special Purpose Grant Fund.

The county currently operates a Mental Health Center (MHC) inpatient hospital for acute crisis care with a physical capacity of 28 beds (two 14-bed units). For several years, the MHC has operated with significantly fewer clients than capacity allows for (see table 1 below). The Department of Health and Human Services (HHS) indicates that this is due to a number of factors, including utilizing HHS- and other community-provided resources to more effectively transition patients back to the community following an acute inpatient stay and identifying alternatives to inpatient care. In addition, the county has had difficulty recruiting positions at the MHC, including psychiatrists and nurses, which limits the capacity for coverage.

**Table 1: Days of Care & Average Daily Population Served at Mental Health Inpatient Hospital**

	2013 Act	2014 Act	2015 Act	2016 Act	2017 Act	2018 Act	2019 Act	2020 Act	2021 Act	2022 Bud
Days of Care	6,204	6,000	5,973	6,443	6,311	7,692	6,821	5,790	5,062	6,600
Avg Daily Pop.	17.0	16.4	16.4	17.6	17.3	21.1	18.7	15.8	13.9	18.1

Lower MHC census levels have made it difficult for HHS to generate client fee revenue to cover its fixed costs. The proposed project would remodel the facility to be more in-line with actual census levels, from a 28-bed facility down to a 16-bed facility. Department management believes that the smaller capacity should be able to absorb patient caseloads going forward because a new subacute Crisis Stabilization service unit (discussed below) will allow for HHS to more quickly transition patients out of the inpatient hospital into a more appropriate level of care.

This is estimated to reduce program costs at the MHC by about \$760,000 (see table 2 on next page, reference #1), which includes a reduction in staffing of about 9 FTE, including fewer psychiatric technicians, registered nurses, and other positions. There would also be smaller reductions in variable operating expenses including lower prescription drug costs, and reductions in interdepartmental charges, largely from lower technology costs related to fewer staff. Similarly, budgeting for fewer clients would result in lower budgeted client fee revenue of about \$382,000 (ref #2). This would be partially offset by an expansion in Medicaid eligibility for clients. Department management indicates that the county would receive additional Medicaid revenues, estimated at \$158,400 (ref #3), as a result of reducing the existing MHC acute crisis inpatient hospital capacity. Under current regulations, clients aged 21-64 are not eligible for Medicaid reimbursement for treatment at inpatient facilities larger than 16 beds. By reducing the capacity of the facility, the county would begin to receive revenue for clients in this age range that otherwise had no funding source (e.g., private insurance). Overall, there is a projected net favorable levy impact of \$536,000 (ref #4) from reducing the size of the inpatient hospital.

Department management anticipates requesting to use most of these savings to help fund its proposed new subacute Crisis Stabilization unit at the MHC. Department management estimates that this new program area would cost approximately \$1,036,000 (ref #5), which includes additional personnel costs for

Referred on: 06/09/22

File Number: 177-O-028

Referred to: EX – HS – FI

a human services supervisor to oversee the operation, contracted staffing to serve clients and other operating expenses, and related interdepartmental charges, mostly for technology and collections services. Operational expenses would be partially offset by projected client fee revenues of about \$588,000 (ref #6), resulting in an increase in net levy need of about \$448,000 (ref #7).

The total impact of these changes is estimated to reduce tax levy need by about \$88,000 annually (ref #8) when fully operational.

Department management anticipates making most of these changes in the 2024 budget to align with the completion of the capital project. Please note that the figures presented in table 2 are based on the latest cost information available (for 2023 budget development purposes) and will be updated for the 2024 budget process.

**Table 2: Project Operating Impact**

Ref # Mental Health Center - Acute Crisis Inpatient Hospital				
	2022 Budget		Projected	Change
	Status Quo		Modifications (b)	
<b>Expenditures</b>				
	Personnel Costs	\$ 5,166,708	\$ 4,485,976	\$ (680,732)
	Operating Expenses	\$ 1,034,824	\$ 978,008	\$ (56,816)
	Interdepartmental Charges (a)	\$ 867,710	\$ 845,567	\$ (22,143)
#1	Subtotal Expenses	\$ 7,069,242	\$ 6,309,551	\$ (759,691)
#2	Revenues	\$ 2,942,865	\$ 2,561,125	\$ (381,740)
#3	New Medicaid Revenues for MHC		\$ 158,400	\$ 158,400
#4	Tax Levy - MHC	\$ 4,126,377	\$ 3,590,026	\$ (536,351)
Ref # Subacute Crisis Stabilization				
	N/A		Projected	Change
			Modifications	
<b>Expenditures</b>				
	Personnel Costs		\$ 122,305	\$ 122,305
	Operating Expenses		\$ 826,496	\$ 826,496
	Interdepartmental Charges		\$ 87,644	\$ 87,644
#5	Subtotal Expenses		\$ 1,036,445	\$ 1,036,445
#6	Revenues		\$ 588,499	\$ 588,499
#7	Tax Levy - Crisis Stabilization	\$ -	\$ 447,946	\$ 447,946
#8	<b>TOTAL TAX LEVY IMPACT</b>	\$ 4,126,377	\$ 4,037,972	\$ (88,405)

- (a) For comparability purposes, the 2022 adopted budget is restated to exclude \$90,000 of DPW-Facility Maintenance charges and one-time General Fund balance use for facility improvements at the MHC.
- (b) Projected 2024 program expenses and revenues are expressed in 2023 dollars for comparability purposes and will be updated for cost-to-continue increases during 2024 budget development.

This capital project would be funded through the American Rescue Plan Act (ARPA) – Coronavirus State and Local Fiscal Recovery Fund (CLSFRRF) program, which makes funding available to address prevention,



treatment, recovery, and harm reduction for mental health, substance use, and other behavioral health challenges.

The department is seeking approval for this capital project outside of the normal capital plan review schedule to help ensure that there is enough lead time to complete construction and prepare operations for the 2024 budget. Recent supply chain issues have extended the timeline necessary to acquire materials for construction.

*William Duckwitz*

---

William Duckwitz  
Budget Manager  
6/7/2022  
JE# 2022-00003668

1           MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES – SPECIAL PURPOSE  
2           GRANT FUND BUDGET FOR EXPANSION OF CRISIS SERVICE IN LAW ENFORCEMENT,  
3           CREATE 3.0 CLINICAL THERAPIST POSITIONS, AND INCREASE AMERICAN RESCUE  
4           PLAN ACT FUNDING GENERAL GOVERNMENT REVENUE  
5  
6

7   WHEREAS, in March 2021, the federal government approved legislation authorizing and funding  
8   the American Rescue Plan Act (ARPA) allocating \$350 billion of direct aid to state and local  
9   governments through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program;  
10   and

11  
12   WHEREAS, Waukesha County's CSLFRF allocation is \$78.5 million which must be spent or  
13   obligated by December 31, 2024, and completed by December 31, 2026; and

14  
15   WHEREAS, permissible uses of the grant funding include supporting public health; responding  
16   to negative economic impacts from the public health emergency; building public sector capacity  
17   and addressing administrative needs; provide premium pay for essential workers; investing in  
18   water, sewer, and broadband infrastructure; and recovering lost revenue to fund general  
19   government services; and

20  
21   WHEREAS, the Waukesha County Board previously accepted CSLFRF funding (Enrolled  
22   Ordinance 176-46); and

23  
24   WHEREAS, Waukesha County staff established an ARPA Management Response team to  
25   prioritize the use of ARPA grant funds to meet the County's short and long term economic and  
26   operational recovery objectives through 12/31/2026; and

27  
28   WHEREAS, areas of focus were established in the areas of community development, economic  
29   recovery/workforce development, infrastructure, and public health response and enhancement  
30   of human services; and

31  
32   WHEREAS, the final rule was released in January of 2022 after which projects were reviewed  
33   against the allowable uses identified by the American Rescue Plan Act and against the  
34   strategic objectives of Waukesha County; and

35  
36   WHEREAS, projects that had timeline constraints to complete within the eligible time period  
37   were selected to be submitted through ordinance, while all other projects would be included in  
38   the next budget cycle; and

39  
40   WHEREAS, as the community emerges from the COVID-19 pandemic, medical professionals are  
41   caring for a new wave of clients with mental health issues worsened by isolation and deferred  
42   treatment; and

44 WHEREAS, a focus on strengthening community-based care, support, building local public  
45 mental health resources, and easy access to treatment and health care services will bridge the  
46 mental health treatment gaps; and  
47

48 WHEREAS, the Waukesha County Department of Health and Human Services is involved in a  
49 pilot project with the Waukesha County Sheriff's Department (WCSD) that includes an  
50 embedded crisis services clinician within this department; and  
51

52 WHEREAS, the embedded crisis clinician has expedited crisis response and, as the pilot has  
53 demonstrated, reduced the time spent by law enforcement on scene; and  
54

55 WHEREAS, the Health and Human Services department will expand the embedded crisis  
56 clinician by one (1.0) regular full-time Clinical Therapist position with WCSD and one (1.0)  
57 regular full-time Clinical Therapist position in the Waukesha Police Department, each targeting  
58 the shifts where the call volume is most significant; and  
59

60 WHEREAS, the embedded crisis clinician program has shown an expedited response can be  
61 achieved when a crisis clinician learns in real-time when law enforcement is dispatched for a  
62 mental health related matter, and the Health and Human Services Department will embed one  
63 (1.0) regular full-time Clinical Therapist position at the Waukesha County Communications  
64 Center, which serves multiple law enforcement agencies in Waukesha County.  
65

66 THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS  
67 that the Department of Health and Human Services is authorized to create three (3.0) regular  
68 full-time Clinical Therapist positions, Open Range 12 (\$31.18/hour minimum, \$36.22/hour mid-  
69 point, \$41.26/hour maximum).  
70

71 BE IT FURTHER ORDAINED that the 2022 Waukesha County Department of Health and Services  
72 – Special Purpose Grant Fund budget be modified to appropriate additional personnel  
73 expenditures of \$100,000, operating expenditures of \$18,520, and interdepartmental charges  
74 of \$4,480 to expand a current collaboration between Health and Human Services and law  
75 enforcement, and increase general government revenue by \$123,000 from American Rescue  
76 Plan Act Funding.

FISCAL NOTE

**MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES – SPECIAL PURPOSE GRANT FUND FOR EXPANSION OF CRISIS SERVICE IN LAW ENFORCEMENT, CREATE 3.0 CLINICAL THERAPIST POSITIONS, AND INCREASE AMERICAN RESCUE PLAN ACT FUNDING GENERAL GOVERNMENT REVENUE**

This ordinance modifies the 2022 Department of Health and Human Services budget to appropriate \$123,000 of additional expenditure authority in the Special Purpose Grant Fund and increases general government revenue by \$123,000 from the American Rescue Plan Act (ARPA) - Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program. In addition, this ordinance creates three new positions, which are outlined in the table below, along with the 2022 and 2023 fiscal impact:

	2022 Impact (4 Months)	2023 Impact (Annual)*
Personnel (3 Clinical Therapists)	\$100,000	\$310,000
Operating	18,520	14,600
Interdepartmental	4,480	17,400
<b>Total Expenses</b>	<b>\$123,000</b>	<b>\$342,000</b>

\*Preliminary rounded estimates that will be updated for the 2023 budget.

This ordinance is addressing the funding objective of investment in Public Health – Community Violence Interventions. The department proposed this project to expand a current pilot program that has been successful mitigating the amount of time law enforcement remains on scene as well as conducting referrals to county case managers for follow up with appropriate services and care to the individual.

The pilot program consisted of transitioning 1.0 existing FTE clinical therapist to be embedded in the Waukesha County Sheriff's Department (WCSD) funded with one time grant funding and backfilling with temporary extra help to complete prior job responsibilities. After the pilot program ended, it was determined by the Department that there was significant overlap in the job duties between the prior role and the embedded clinical therapist. This position will continue to operate as an embedded clinical therapist in WCSD, funded with prior base budget funding.

This ordinance will expand the pilot program by adding an additional 1.0 FTE clinical therapist embedded in the Waukesha County Sheriff's Department, 1.0 FTE clinical therapist embedded in the Waukesha Police Department, and 1.0 FTE clinical therapist embedded in the Waukesha County Communication Center to serve law enforcement agencies across the county. There will be a total of 4.0 FTE embedded clinical therapists as part of this program.

The department will need to prioritize current and future funding sources to continue the program after the grant period ends after 2026.



Danielle Igielski  
Accounting Services Manager  
7/1/2022  
JE 2022-00004286

Referred on: 07/07/22	File Number: 177-O-040	Referred to: HS – HR – FI
-----------------------	------------------------	---------------------------

1           MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES BUDGET TO  
2           EXPAND INTENSIVE MENTAL HEALTH SERVICES FOR COMMUNITY YOUTH AND  
3           CREATE POSITIONS, FUNDED THROUGH THE AMERICAN RESCUE PLAN ACT  
4  
5

6   WHEREAS, In March 2021, the federal government approved legislation authorizing and  
7   funding the American Rescue Plan Act (ARPA), allocating \$350 billion of direct aid to state and  
8   local governments through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF)  
9   program; and

10  
11   WHEREAS, Waukesha County's CSLFRF allocation is \$78.5 million which must be spent or  
12   obligated by December 31, 2024 and completed by December 31, 2026; and

13  
14   WHEREAS, permissible uses of the grant funding include supporting public health; responding  
15   to negative economic impacts from the public health emergency; building public sector capacity  
16   and addressing administrative needs; providing premium pay for essential workers; investing in  
17   water, sewer, and broadband infrastructure; and recovering lost revenue to fund general  
18   government services; and

19  
20   WHEREAS, the Waukesha County Board previously accepted CSLFRF funding (Enrolled  
21   Ordinance 176-46); and

22  
23   WHEREAS, Waukesha County staff established an ARPA Management Response team to  
24   prioritize the use of ARPA grant funds to meet the County's short and long term economic and  
25   operational recovery objectives through 12/31/2026; and

26  
27   WHEREAS, areas of focus were established in the areas of community development, economic  
28   recovery/workforce development, infrastructure, and public health response and enhancement  
29   of  
30   human services; and

31  
32   WHEREAS, the final rule was released in January of 2022 after which projects were reviewed  
33   against the allowable uses identified by the American Rescue Plan Act and against the  
34   strategic objectives of Waukesha County; and

35  
36   WHEREAS, projects that had timeline constraints to complete within the eligible time period  
37   were selected to be submitted through ordinance, while all other projects would be included in  
38   the next budget cycle; and

39  
40   WHEREAS, the Waukesha County Department of Health and Human Services provides  
41   Comprehensive Community Services (CCS), as outlined in Chapter 36 of the Wisconsin  
42   administrative code, to individuals by delivering supports to address unique client needs related  
43   to mental health and substance use; and

44  
45   WHEREAS, mental health needs of youth increased during the pandemic related to isolation

46 from friends, frustration with virtual school platforms, and general levels of anxiety; and

47

48 WHEREAS, CCS programing provides psychosocial rehabilitation services to clients across their  
49 lifespan who have needs for ongoing, high- or low-intensity services resulting from mental  
50 health or substance use disorders; and

51

52 WHEREAS, the intent of the program is to provide wraparound services that are community-  
53 based to reduce the effect of the youth's mental and substance disorders, restore youth to the  
54 best

55 possible level of functioning, and to facilitate recovery; and

56

57 WHEREAS, Health and Human Services will expand services and increase the capacity for  
58 participants being served by 75 youth; and

59

60 WHEREAS, the Adolescent and Family Division can provide these services and increase  
61 capacity with the addition of five (5) regular full-time Social Worker positions, two (2) regular  
62 full-time Clinical Therapist positions, two (2) regular full-time Human Services Supervisors  
63 positions, and one (1) regular full-time Senior Fiscal Specialist position; and

64

65 WHEREAS, the ARPA funds will mitigate the startup costs by allowing temporary funds to hire,  
66 train and pay staff until such time as Medicaid reimbursement and the cost reconciliation  
67 process  
68 takes place.

69

70 THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS

71 that the Department of Health and Human Services is authorized to create five (5) regular full-  
72 time Social Worker positions, Open Range 9 (\$26.94/hour minimum, \$31.29/hour mid-point,  
73 \$35.63/hour maximum); two (2) regular full-time Clinical Therapist positions, Open Range 12  
74 (\$31.18/hour minimum, \$36.22/hour mid-point, \$41.26/hour maximum); two (2) regular full-  
75 time Human Services Supervisor positions, Open Range 15 (\$36.11/hour minimum,  
76 \$41.93/hour mid-point, \$47.75/hour maximum); and one (1) regular full-time Senior Fiscal  
77 Specialist position, Open Range 5 (\$22.15/hour minimum, \$25.73/hour mid-point, \$29.30/hour  
78 maximum).

79

80 BE IT FURTHER ORDAINED that the 2022 Waukesha County Department of Health and Human  
81 Services budget be modified to appropriate additional personnel expenditures of \$317,000,  
82 operating expenditures of \$20,000, and interdepartmental charges of \$10,500 to expand the  
83 current program of providing intensive mental health treatment to community youth and  
84 increase general government revenue by \$347,500 from American Rescue Plan Act funding.

FISCAL NOTE

**MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES BUDGET TO  
EXPAND INTENSIVE MENTAL HEALTH SERVICES FOR COMMUNITY YOUTH AND  
CREATE POSITIONS, FUNDED THROUGH THE AMERICAN RESCUE PLAN ACT**

This ordinance modifies the 2022 Department of Health and Human Services budget to appropriate \$347,500 of additional expenditure authority and increases general government revenue of \$347,500 from the American Rescue Plan Act (ARPA) – Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program. The purpose of this ordinance is to expand the newly created Youth Intensive Services program (established in the 2022 budget) to double capacity from 75 to 150 youths served.

To carry out this expansion, this ordinance creates 10 new positions in 2022. Operating expenses are budgeted to include the purchase of laptops for staff, employee training, and supply costs. Interdepartmental charges include technology and communication charges. The projected fiscal impact for 2022 and 2023 are detailed in the table below.

<b>Comprehensive Community Services (CCS) New Positions Financial Impact</b>				
<b>Position</b>	<b>FTE</b>	<b>2022 Impact (4 Months)</b>	<b>2023 Impact (Annual)*</b>	<b>Total Amount</b>
Social Worker	5	\$ 148,000	\$ 458,000	\$ 606,000
Clinical Therapist	2	\$ 67,000	\$ 208,000	\$ 275,000
Human Services Supervisor	2	\$ 75,000	\$ 233,000	\$ 308,000
Senior Fiscal Specialist	1	\$ 27,000	\$ 83,000	\$ 110,000
<b>Total Personnel</b>	<b>10</b>	<b>\$ 317,000</b>	<b>\$ 982,000</b>	<b>\$ 1,299,000</b>
<b>Operating</b>		<b>\$ 20,000</b>	<b>\$ 5,000</b>	<b>\$ 25,000</b>
<b>Interdepartmental</b>		<b>\$ 10,500</b>	<b>\$ 41,400</b>	<b>\$ 51,900</b>
<b>Total Expenses</b>		<b>\$ 347,500</b>	<b>\$ 1,028,400</b>	<b>\$ 1,375,900</b>
<b>Revenues</b>				
CCS Reimbursement		\$ -	\$ 642,500	\$ 642,500
ARPA Funding		\$ 347,500	\$ 385,900	\$ 733,400
<b>Total Revenues</b>		<b>\$ 347,500</b>	<b>\$ 1,028,400</b>	<b>\$ 1,375,900</b>

\*Preliminary rounded estimates that will be updated for the 2023 Budget.

Department management expects that these positions and related expenses will eventually be reimbursable at approximately 95% of cost with federal Medicaid revenues through the state's Comprehensive Community Services (CCS) program. However, ARPA funds are needed to cover start-up costs for this program expansion as new staff are trained, and Medicaid only provides a limited reimbursement rate for the direct service-providing positions (i.e., Social Workers, Clinical Therapists) in the first year (which is expected to begin sometime during 2023). Department management expects that initially unreimbursed costs in 2022 and 2023 will be reimbursed in subsequent years (2023 and 2024) through the Wisconsin Medicaid Cost Reporting (WIMCR) cost settlement process. A similar strategy was used to establish the new Youth Intensive Services program in the 2022 budget, using General Fund balance (instead of ARPA funds) for start-up costs.

This expansion is directly eligible for ARPA funding under Public Health – Mental Health Services eligible cost category. However, the county anticipates claiming these expenses through the ARPA revenue loss category because those funds can be used as a local match to federally funded programs, such as Medicaid – CCS. The revenue loss category provides funding to local governments to compensate them for revenue loss due to the COVID-19 pandemic, according to a formula developed by the U.S. Treasury.

This project is being proposed through an ordinance versus the annual budget process to initiate the expansion sooner, so that this program can be more fully-supported by CCS revenue by the 2024 budget. Department management also indicate that the new Human Services Supervisor positions will help provide necessary management for the new Youth Intensive Services program that was established in the 2022 budget.

Department management anticipates that approximately 95% of costs will eventually be funded through CCS revenues (mentioned previously), with the remaining 5%, estimated at about \$50,000 annually, covered with local funds. Department management will need to prioritize levy resources or other revenue sources within its annual target to cover this operating impact.

*William Duckwitz*

William Duckwitz  
Budget Manager  
7/6/2022  
JE# 2022-00004279



1                   MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES – SPECIAL  
2                   PURPOSE GRANT FUND BUDGET FOR ENHANCEMENTS TO CHILD WELFARE  
3                   INFRASTRUCTURE, CREATE ONE SOCIAL WORKER SUNSET POSITION,  
4                   AND INCREASE AMERICAN RESCUE PLAN ACT FUNDING  
5  
6

7   WHEREAS, in March 2021, the federal government approved legislation authorizing and funding  
8   the American Rescue Plan Act (ARPA) allocating \$350 billion of direct aid to state and local  
9   governments through the Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program;  
10   and

11  
12   WHEREAS, Waukesha County's CSLFRF allocation is \$78.5 million which must be spent or  
13   obligated by December 31, 2024, and completed by December 31, 2026; and

14  
15   WHEREAS, permissible uses of the grant funding include supporting public health; responding  
16   to negative economic impacts from the public health emergency; building public sector capacity  
17   and addressing administrative needs; providing premium pay for essential workers; investing in  
18   water, sewer, and broadband infrastructure; and recovering lost revenue to fund general  
19   government services; and

20  
21   WHEREAS, the Waukesha County Board previously accepted CSLFRF funding (Enrolled  
22   Ordinance 176-46); and

23  
24   WHEREAS, Waukesha County staff established an ARPA Management Response team to  
25   prioritize the use of ARPA grant funds to meet the County's short and long term economic and  
26   operational recovery objectives through 12/31/2026; and

27  
28   WHEREAS, areas of focus were established in the areas of community development, economic  
29   recovery/workforce development, infrastructure, and public health response and enhancement  
30   of human services; and

31  
32   WHEREAS, the final rule was released in January of 2022 after which projects were reviewed  
33   against the allowable uses identified by the American Rescue Plan Act and against the strategic  
34   objectives of Waukesha County; and

35  
36   WHEREAS, projects that had timeline constraints to complete within the eligible time period  
37   were selected to be submitted through ordinance, while all other projects would be included in  
38   the next budget cycle; and

39  
40   WHEREAS, the final grant rule allows the use of ARPA funds for services to disproportionately  
41   impacted communities, which include an expenditure category for services to foster youth and  
42   families involved in the child welfare system; and

43  
44   WHEREAS, the pandemic and societal challenges have elevated stress and anxiety for children  
45   and families resulting in the need for additional community-based supports and services; and

46  
47 WHEREAS, the Waukesha County Department of Health and Human Services will further the  
48 expansion of the child welfare infrastructure to align with the mandated Federal Family First  
49 Prevention Services Act (H.R.1892 - Bipartisan Budget Act of 2018); and  
50  
51 WHEREAS, Health and Human Services will partner with community agencies to provide funding  
52 awards to develop or expand evidence-based services allowing for additional supports and  
53 interventions that will stabilize children, youth, and families in the community; and  
54  
55 WHEREAS, these increased resources will support quicker family stabilization, help prevent  
56 child removal, and support a faster reunification process through awarding competitive grants  
57 to individual non-profits and community partners, which is expected to be included in the 2023  
58 proposed budget; and  
59  
60 WHEREAS, the Adolescent & Family Division and the Children and Family Division will hire  
61 temporary extra help starting in 2022 to develop the process for the application, approval, and  
62 collection of outcome results; and  
63  
64 WHEREAS, the Adolescent & Family Division and the Children and Family Division will establish  
65 a continuous quality improvement process using contemporary safety science and a nationally  
66 recognized model to assess the determinants of health and system breakdowns that contribute  
67 to client outcomes; and  
68  
69 WHEREAS, the Systems Review Model (SRM) software is designed to develop an in-depth  
70 understanding of safety science, which promotes quality improvement in the child welfare  
71 system; this system can also be expanded to be utilized in adult protective services, crisis  
72 response, county child death reviews and overdose fatality reviews; and  
73  
74 WHEREAS, Health and Human Services will create one (1) regular full-time sunset Social Worker  
75 position assigned as subject matter expert to implement and train county staff on the SRM the  
76 model.  
77  
78 THE COUNTY BOARD OF SUPERVISORS OF THE COUNTY OF WAUKESHA ORDAINS  
79 that the Waukesha County Department of Health and Human Services is authorized to create  
80 one (1.0) regular full-time sunset Social Worker position Open Range 09 (\$26.94/hour  
81 minimum, \$31.29/hour mid-point, \$35.63/hour maximum).  
82  
83 BE IT FURTHER ORDAINED that the 2022 Waukesha County Department of Health and Human  
84 Services – Special Purpose Grant Fund budget be modified to appropriate additional personnel  
85 expenditures of \$59,000, operating expenditures of \$89,000, and interdepartmental charges of  
86 \$1,800 to provide investment in foster care infrastructure and continuous quality improvement  
87 in the child welfare system, and increase general government revenue by \$149,800 from  
88 American Rescue Plan Act Funding.

FISCAL NOTE

MODIFY THE 2022 DEPARTMENT OF HEALTH AND HUMAN SERVICES – SPECIAL  
PURPOSE GRANT FUND BUDGET FOR ENHANCEMENTS TO CHILD WELFARE  
INFRASTRUCTURE, CREATE ONE SOCIAL WORKER SUNSET POSITION,  
AND INCREASE AMERICAN RESCUE PLAN ACT FUNDING

This ordinance modifies the 2022 Department of Health and Human Services budget to appropriate \$149,800 of additional expenditure authority in the Special Purpose Grant Fund and increases general government revenue by \$149,800 from the American Rescue Plan Act (ARPA) - Coronavirus State and Local Fiscal Recovery Funds (CSLFRF) program. In addition, this ordinance creates 1.0 FTE sunset Social Worker position. A summary and description of planned ordinance spending for 2022 is displayed below.

ORDINANCE EXPENDITURE SUMMARY	
Personnel	
Temporary Extra Help - Partial Year	\$ 29,400
1.0 FTE Social Worker - Partial Year	\$ 29,600
Subtotal	\$ 59,000
Operating	\$ 89,000
Interdepartmental	\$ 1,800
<b>Total Expenses</b>	<b>\$ 149,800</b>

The ordinance includes \$59,000 for the partial-year impact of the position creation and temporary extra help. The annualized total-year cost is estimated (in 2022 dollars) at \$88,000 for the temporary extra help and \$88,000 for the Social Worker.

The department intends to employ the temporary position to help set up the framework to administer and monitor the distribution of one-time subaward grants to non-profits and community partners to develop evidence-based programming to enhance child welfare infrastructure, including for difficult-to-place foster care youth. (The department plans to request \$350,000 in ARPA-funding for these grants in its 2023 budget request.) This temporary position is expected to continue into 2024 to correspond with the grant program timeline.

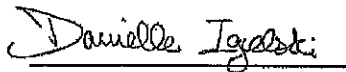
The sunset Social Worker position is intended to implement the Systems Review Model (SRM) software. This position will become the subject matter expert in this cloud software solution that uses the data to help drive continuous improvement in the child welfare area and help train county staff on the SRM framework. This sunset position is expected to continue through 2024, and the department plans to eventually absorb the employee into its ongoing staff through the attrition of existing permanent positions.

The ordinance includes \$89,000 of operating expenses, which is mostly for software licensing and implementation costs of \$84,000 for the SRM software. Interdepartmental expenses of \$1,800 include technology charges.

This ordinance addresses the ARPA grant funding objective of investing in services to disproportionately impacted communities – services to foster youth or families involved in the child welfare system.

This project is being requested through an ordinance instead of the 2023 budget development process because of the lead time needed to establish the child welfare infrastructure grant framework in advance of the 2023 budget and the time needed to implement the SRM software.

Department management anticipates no ongoing costs associated with the one-time child welfare infrastructure grants. Annual charges for the SRM software are estimated at \$24,000. Department management has indicated that they intend to learn from the SRM framework to develop internal data analysis methodologies to carry out continuous improvement without the need to continue the SRM software costs past 2024.



Danielle Igielski

Accounting Services Manager

7/6/2022

JE 2022-00004290

**WAUKESHA COUNTY HEALTH AND HUMAN SERVICES  
CHILD AND FAMILY SERVICES ADVISORY COMMITTEE  
BYLAWS**

**Article I – Name**

The name of this organization shall be the “Child and Family Services Advisory Committee,” hereinafter referred to as the “CAFSAC.”

**Article II – Mission Statement**

The mission of the Children and Family Services Advisory Committee is to inform the Health and Human Services Board on the needs of children and families in Waukesha County and to recommend strategies to meet those needs.

**Article III – References**

CAFSAC is considered a subcommittee of the Waukesha County Health and Human Services Board, and as such, will abide by that committee’s bylaws as well.

**Article IV – Membership**

- A. The CAFSAC shall consist of five (5) categories of membership, unless otherwise required by law or rule:
1. Consumer: one who uses the services represented by the advisory group, or a family member.
  2. Provider: an individual practitioner, or one who represents a corporation, firm, or agency providing services or support to the target population.
  3. Citizen: one who is interested in the objectives of the advisory committee and who is not a member of the other categories.

None of the above categories need represent a particular percentage of the whole. A good balance of membership types is recommended.

4. HHS Board Liaison: the Health and Human Services Board member appointed by the HHS Board as liaison to the advisory group.
  5. HHS Staff Liaison: the Health and Human Services employee appointed by the HHS Director or designee as liaison to the advisory group.
- B. The CAFSAC shall consist of not less than 7, nor more than 18, members. Once CAFSAC has reached 15 members, the maximum will be set at 15 members.
- C. The members shall serve for terms of three years, so arranged that nearly as practicable, the terms of 1/3 of the member shall expire each year.
- D. The CAFSAC shall submit annually its list of reappointments to the HHS Board for approval at the HHS Board August meeting.
- E. Vacancies shall be filled with such appointee to serve the balance of the term of the member whose place is being filled.
- F. New appointments or reappointments shall be for a term of three years with no term limits.
- G. Members shall be distinguished from advisory group visitors on voting matters.

- H. HHS Board members, the County Executive, HHS Board/Staff Liaisons, and the members of the CAFSAC shall assist in recruiting new members.

#### **Article V – Attendance**

- A. Members shall regularly attend advisory group meetings, and notify the advisory group Chair and the recorder if unable to attend.
  - 1. Failure to give notice could result in loss of voting status or removal of committee.
  - 2. Provider members may send a substitute when they are unable to attend.

#### **Article VI – Officers**

- A. The officers of this advisory group shall be a Chair and Vice Chair.
- B. All officers shall be elected by ballot at the July CAFSAC meeting for a term of one year, up to four consecutive terms.
- C. The Chair and Vice Chair will be elected by a majority of the CAFSAC members present. 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 tied members shall be dropped, provided at least two names remain.
- D. A vacancy in the offices of Chair or Vice Chair shall be filled by election at the first CAFSAC meeting at which the vacancy exist. The election procedure shall be as outlined in Section C above.

#### **Article VII – Duties of the Officers, Staff, Board Liaisons**

- A. Chair
  - 1. Presides over all meetings of the advisory group, and shall sign all approved meeting minutes.
  - 2. Sets agenda with assistance of staff liaison.
  - 3. Appoints subcommittees.
  - 4. Represents the advisory group to the Health and Human Services Board and at other meetings as requested by the CAFSAC.
  - 5. Responsible for coordinating with the committee recorder for proper notice of meetings.
  - 6. Collaborates with other Chairs as needed.
  - 7. Assists other advisory group Chairs in the preparation of joint meetings.
  - 8. Calls special meetings of the advisory group.
  - 9. Coordinates the educational section of advisory group meetings, including advisory group visitations and presentations to the advisory group.
  - 10. Monitors member meeting attendance for continued membership interest and availability. The Chair or their designee will contact any member who has been absent from meetings after three (3) months.
- B. Vice Chair
  - 1. Presides in the absence of the Chair or the Chair's inability to serve.
  - 2. Assists the Chair in the coordination of the educational section of advisory group meetings, including advisory group visitations and presentations to the advisory group.
- C. Recorder (ex-officio, non-voting member)
  - 1. Performs duties as recorder.

2. Submit advisory group agenda to Waukesha County Clerk who is responsible for posting them in accordance with open meetings law.
  3. Maintains and updates membership list.
  4. Back-up Parliamentarian.
- D. HHS Staff Liaison (ex-officio, non-voting member)
1. Assists in planning agenda.
  2. Reports information on departmental programs and issues.
  3. Assists the Chair in the coordination of the educational section of advisory meetings, including advisory group visitations and presentations to the advisory group.
  4. Parliamentarian.
- E. HHS Board Liaison (ex-officio, non-voting member)
1. Represents the HHS Board to the advisory group.
  2. Provides pertinent HHS Board information to the advisory group.
  3. Carries advisory group opinions and recommendations to the HHS Board.

#### **Article VIII – Meetings**

- A. The CAFSAC shall have a minimum of ten (10) meetings scheduled a year.
1. The annual meeting for reappointment of members and the election of new officers shall be held in July.
  2. Joint advisory group meetings may be held and attended in lieu of ordinary meetings.
- B. Special meetings, if called, shall conform to the procedure in Article VII, Section C-2 above.
- C. A fixed quorum, determined as follows, not including ex-officio, non-voting members, shall be present to transact official business of the CAFSAC.
1. If the current CAFSAC membership is between 7 and 15 voting members, the fixed quorum will be five (5) voting members.
  2. If the current CAFSAC membership is 16-18 voting members, the fixed quorum will be six (6) voting members.
- D. The CAFSAC shall be conducted in accordance with Robert's Rules of Order Newly Revised.
- E. Members approved in advance by the CAFSAC Chair to appear by remote means and who fully comply with the CAFSAC remote appearance guidelines shall be considered present for quorum and attendance purposes and shall be entitled to vote.

#### **Article IX – Subcommittees**

- A. Coordinating Services Team (CST)
- B. Subcommittees may be established by the body for purposes such as: Prioritized Needs, Education, or any other need deemed appropriate.
- C. Subcommittees established by the body may be subject to open meetings law and shall conform to the procedure in Article VII, Section C-2 above.

#### **Article X – Amendments to Bylaws**

- A. These bylaws may be amended by a majority vote of the CAFSAC 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 CAFSAC at least one week prior to such meetings.
- B. After the amendments have been approved by the CAFSAC following the process stated in Section A, the recorder will forward the proposed amendments to the recorder of the HHS Board meetings to be presented and voted on at the following HHS Board meeting, in accordance with the HHS Board Bylaws procedure for votes regarding amendments.

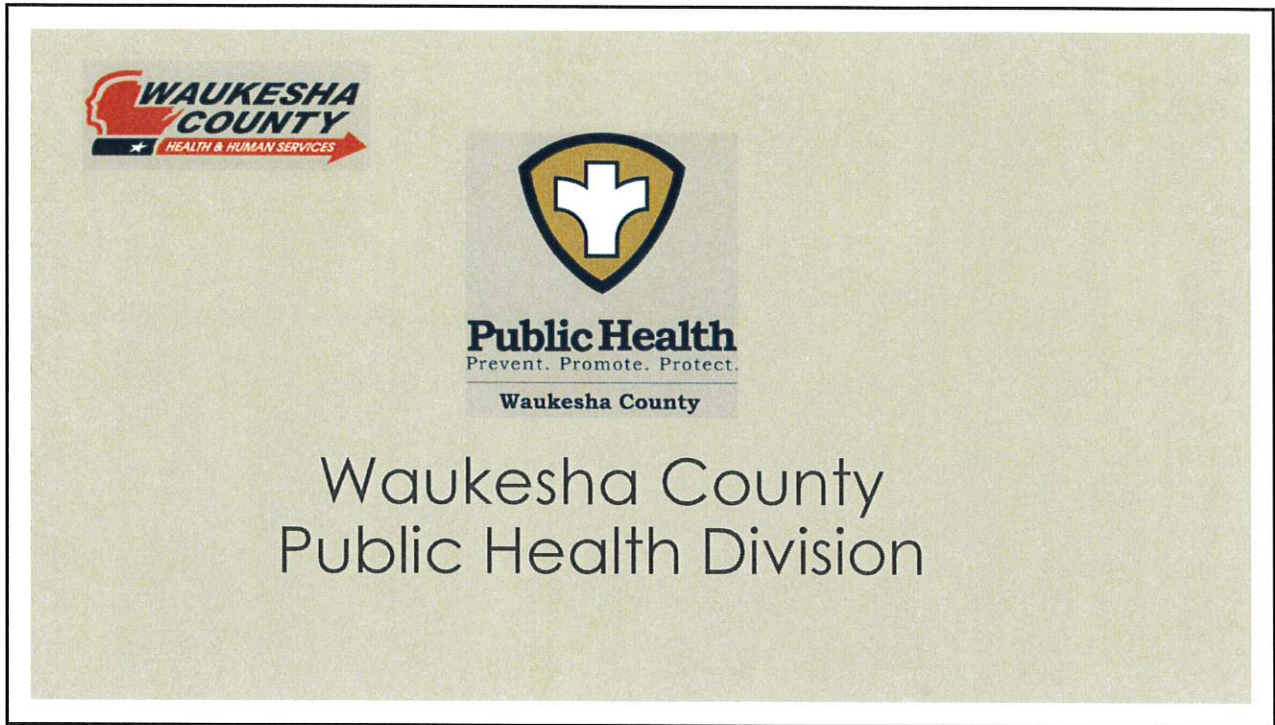
- C. The CAFSAC HHS Board Liaison will report back to CAFSAC the results of the vote at the next advisory group meeting.
- D. The bylaws and any subsequent amendments become effective when approved by a majority of the HHS Board.

**Article XI – Calendar of Activities**

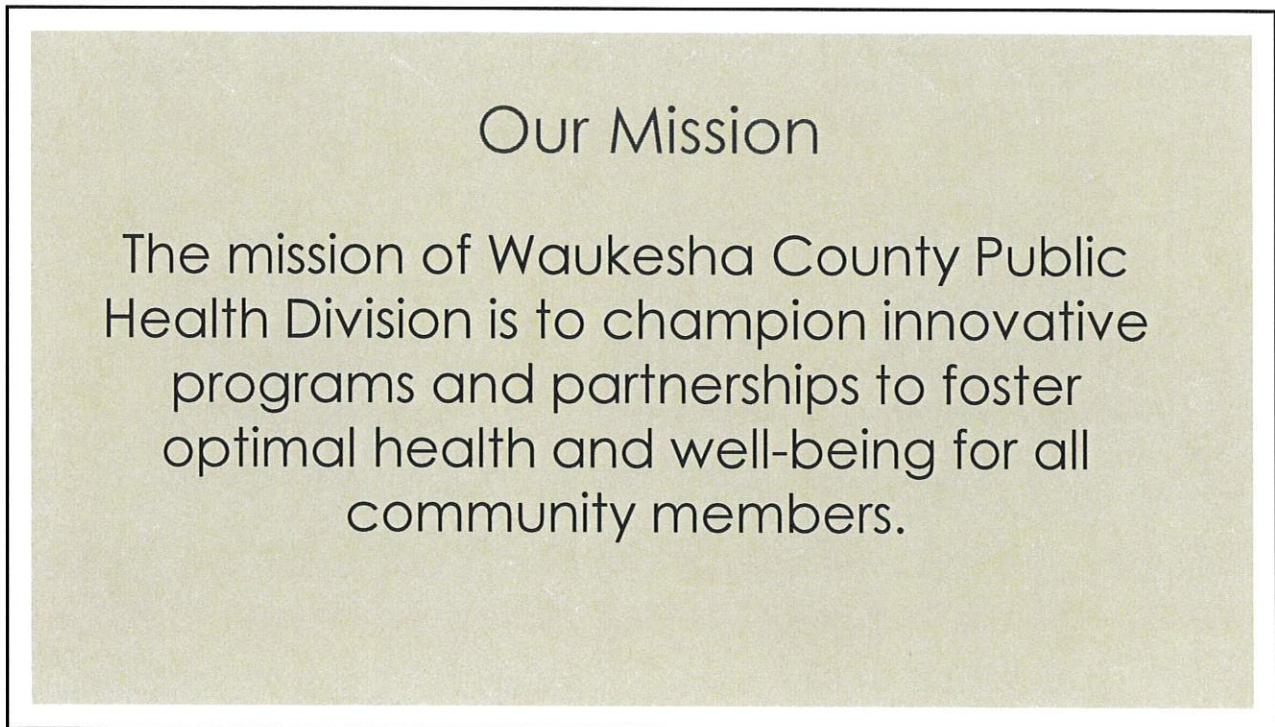
Advisory Committees shall plan their work in accordance with the following calendar:

February to March	Prioritized needs to be presented to the HHS Board and Department of HHS for potential incorporation in budget and strategic plan
March or April	Promote participation in Spring Public Hearing
April to June	Familiarize committee on current membership list
July	Reappointment of members and election of officers
July and August	Promote participation in HHS Board review of annual Department budget
August	HHS Board reviews and approves list of membership reappointments and elected officers
September	Membership reappointments and elected officers effective for September meeting

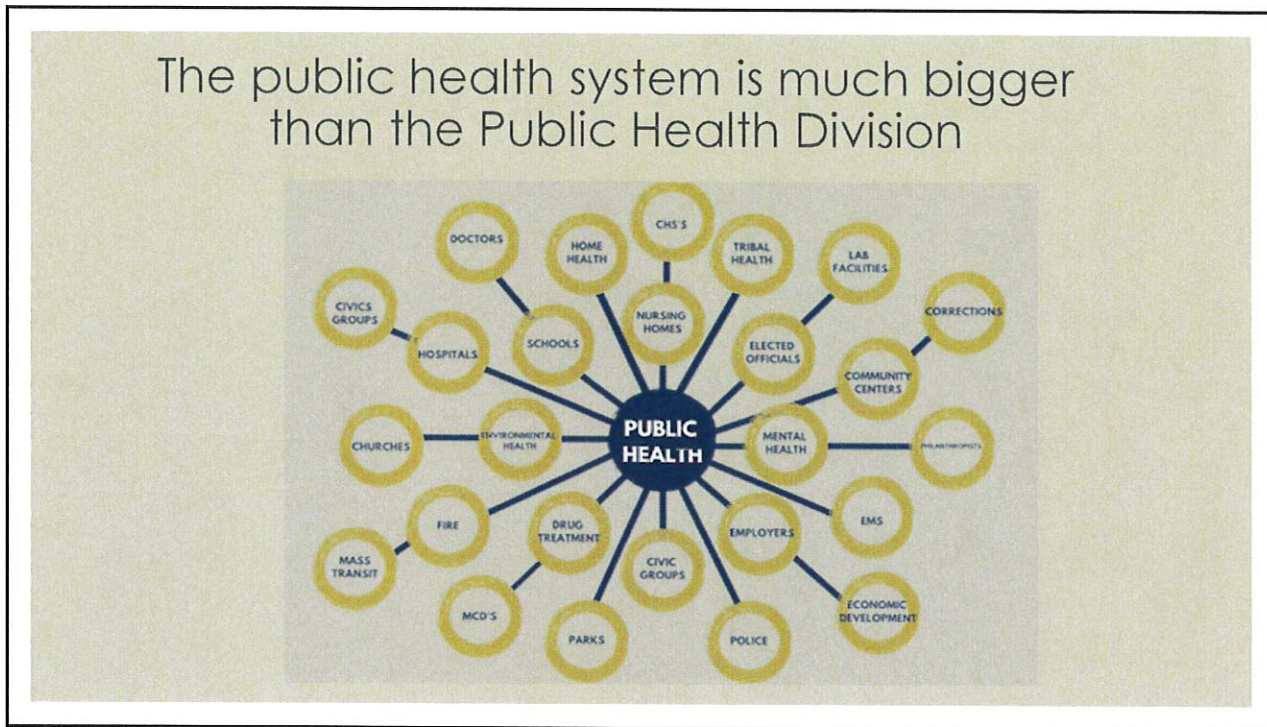




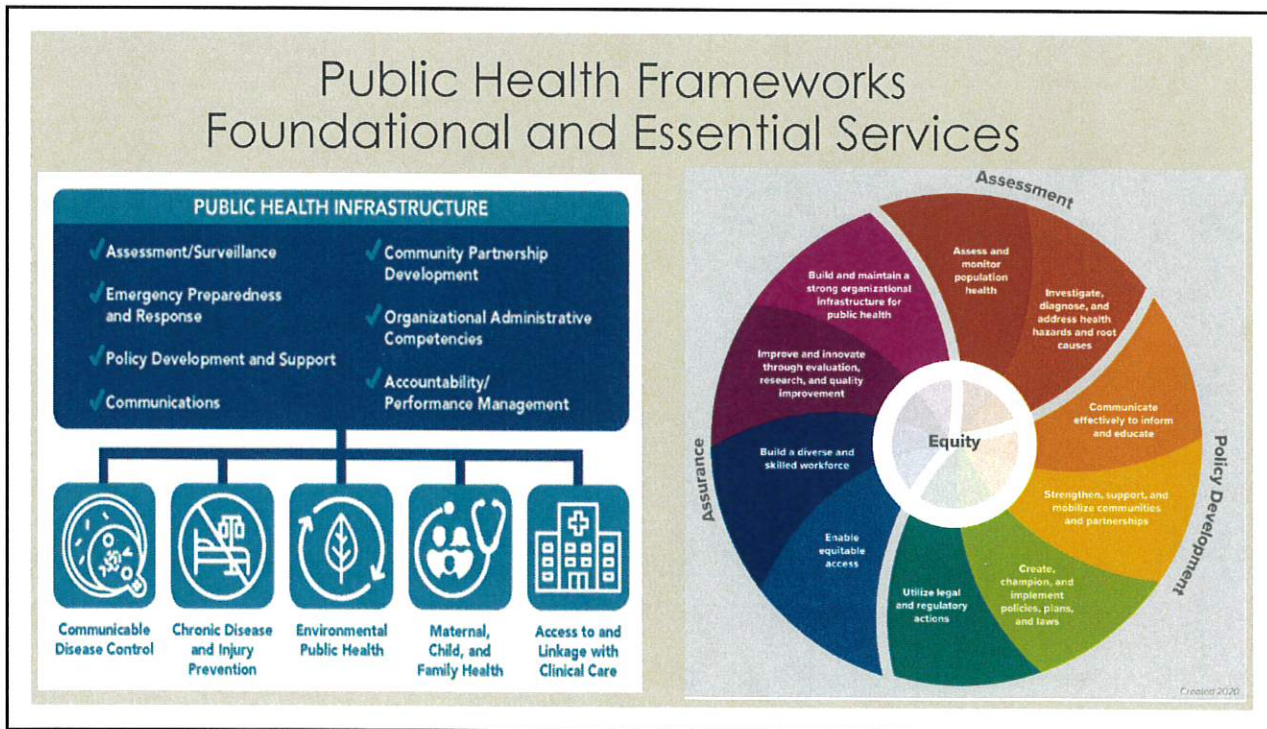
1



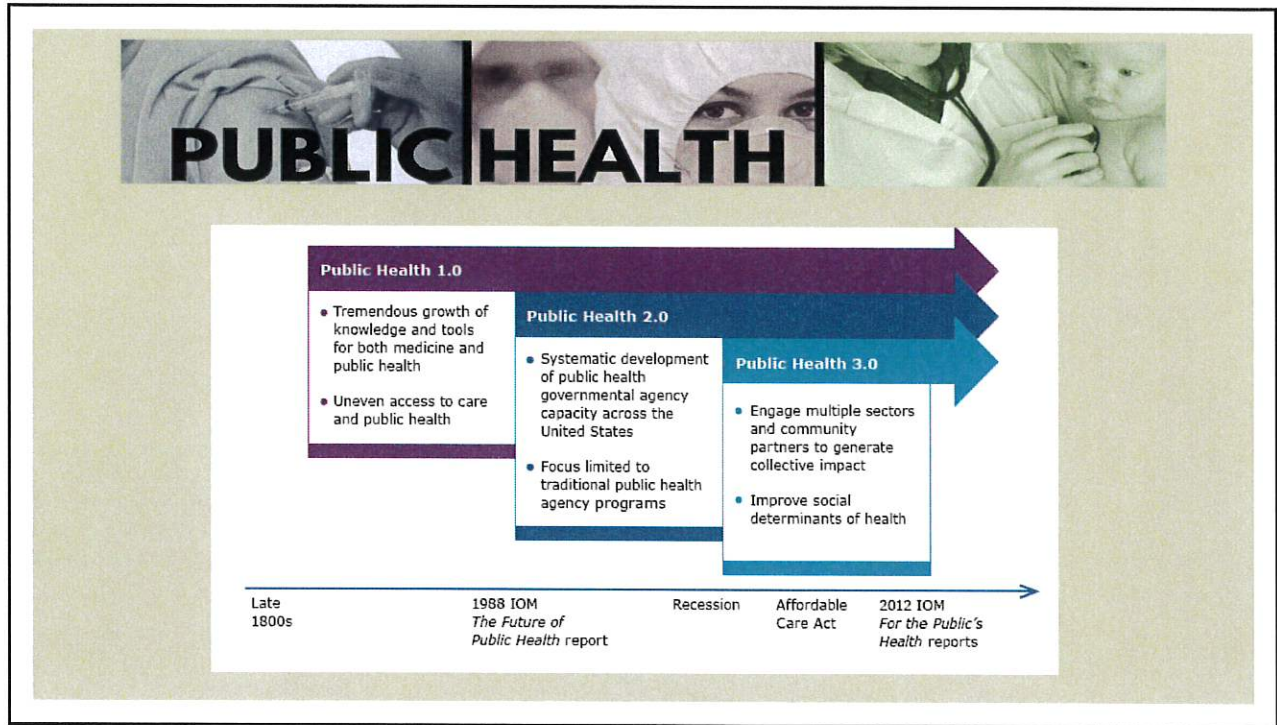
2



3



4



5

## Public Health Certification Level Administrative Rule 140 Update

Level I Local Health Department (LHD) requirements focus on:

- the public health core functions,
- the 10 Essential Public Health Services,
- national public health performance standards,
- the Foundational Public Health Services model.

The requirement for Level II LHDs, in addition to all Level I services requirements, focus on organizational performance and capacity-building.

Level III services, in addition to all the Level I and Level II services, focus on the LHD serving as the chief health strategist within their communities.

6

## Public Health Required Services Chapter DHS 140

- Surveillance and Investigation
- Communicable Disease Control
- Immunizations
- Chronic Disease and Injury Prevention
- Maternal, Child, Family Health
- Public Health Nursing Services
- Emergency Preparedness and Response
- Health Promotion & Communication
- Access/Linkage to Healthcare
- Human Health Hazard Control
- Environmental Health (MOU)
- Policy and Planning - CHIPP

7

## Public Health Required Competencies and Plans

- Leadership and Organizational Competencies
  - Engaging in governmental and non-governmental partnerships,
  - Have partner and public communication plans in place
  - Utilization of technology to support operations (EHR),
  - Data collection, management and sharing
- Agency Level Plan
  - Business Continuity Plan
  - Competency-based Workforce Development Plan
  - Quality Improvement Plan
  - Performance Management Plan

8

## Public Health Revenues - 2023

- Budget is \$3.5 million (note: \$500,000 is temporary COVID funding)
  - \$1.94 million in revenues comes from tax levy (66% - not accounting for COVID funding)
  - \$200,000 in revenues from charges for services
  - \$1.3 million in grants

Routine Grants that support operations	
Communicable Disease	\$20,000
Immunization Grant	\$57,000
Maternal/Child Health	\$69,000
Lead Grant	\$14,000
HIV Grant	\$16,000
<b>Total</b>	<b>\$176,000</b>

Routine grants with defined purpose	
WIC	\$382,000
Preparedness	\$246,000
Prevention	\$19,000
<b>Total</b>	<b>\$647,000</b>

Short-term grants	
COVID Immunization	\$99,000
COVID Workforce	\$158,750
ARPA funding	\$251,600
<b>Total</b>	<b>\$509,350</b>

9

## Public Health Revenues – 2023 (cont.)

- Core Public Health Budget (no WIC, no preparedness, no temporary COVID funding) that has to support all the 140 Required Services
  - \$2.3 million in expenditures
  - 18 FTEs
  - \$375,000 in outside revenues

Routine Grants that support operations	
Communicable Disease	\$20,000
Immunization Grant	\$57,000
Maternal/Child Health	\$69,000
Lead Grant	\$14,000
HIV Grant	\$16,000
<b>Total</b>	<b>\$176,000</b>

Charges for Service	
Immunization Services	\$141,500
TB Services	\$18,000
Maternal/Child Health	\$18,000
Screenings	\$13,500
Lead testing	\$7,000
<b>Total</b>	<b>\$198,000</b>

10

## Public Health Required Services *Chapter DHS 140*

- Surveillance and Investigation
- Communicable Disease Control
- Immunizations
- Chronic Disease and Injury Prevention
- Maternal, Child, Family Health
- Public Health Nursing Services
- Emergency Preparedness and Response
- Health Promotion & Communication
- Access/Linkage to Healthcare
- Human Health Hazard Control
- Environmental Health (MOU)
- Policy and Planning - CHIPP

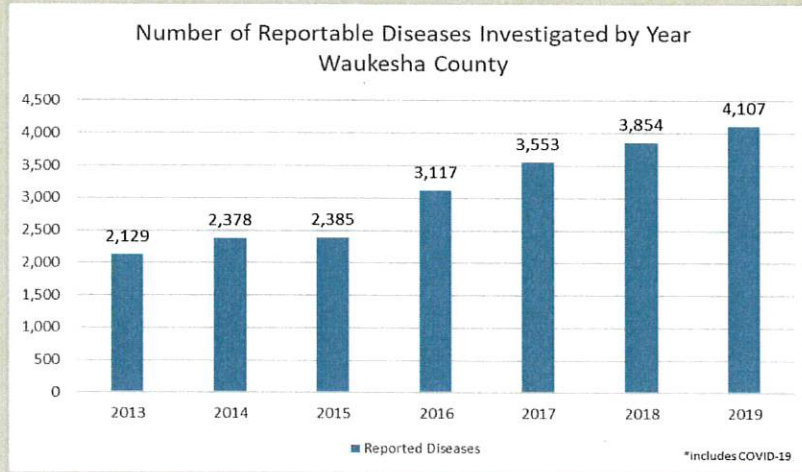
11



- Reportable Communicable Disease Control
  - Required function of public health to follow over 100 reportable diseases
  - Receive 4,000+ communicable disease reports
  - Starting in 2018, we receive \$20,000/year from DHS to support communicable disease control
  - Requires 4 FTE to staff

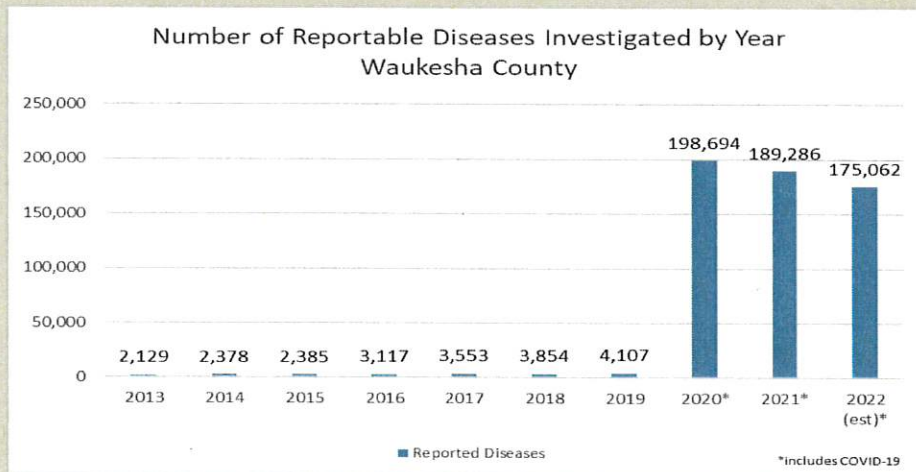
12

## Communicable Diseases Increasing in Waukesha County



13

## Communicable Diseases Increasing in Waukesha County – COVID-19 impact



14

## TUBERCULOSIS CONTROL

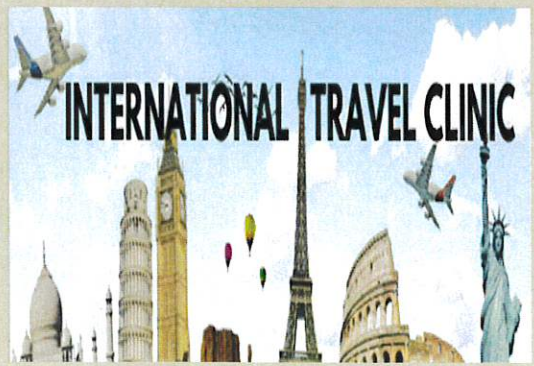
- 5 Active Tuberculosis (TB) cases on average each year
- 115 Latent Tuberculosis (LTBI) cases identified.
  - Many treated through Public Health
- Directly Observed Therapy (DOT)
  - 1,000+ nurse visits per year to ensure medication taken
  - Treatment ranges from 6 – 12 months
- Partially funded through TB Dispensary (or TB Medicaid)
  - Only covers certain activities, such as DOT (\$9 for 15 minutes)

15

## IMMUNIZATION PROGRAM




- 2,824 vaccines administered in 2019
- Vaccines for Children (VFC)
  - Only can charge an administration fee (\$10)
- Adult Vaccines
- 223 Travel Consultations in 2019
  - Anti-malarial prescriptions
  - Licensed US Yellow Fever vaccine
  - Education



16






## COMMUNICABLE DISEASE

Waukesha County Public Health logo

- Communicable Disease-related Grants
  - Childhood Immunization grant – goal to increase 2 year olds up-to-date on vaccinations (\$61,000)
  - HIV Partner Services – coordinate services for those newly diagnosed with HIV and test partners (\$17,000)

17




## FAMILY & COMMUNITY HEALTH

Waukesha County Public Health logo

- Child Health
- Lead Poisoning Prevention Program
- Healthy Pregnancy
- Chronic Disease

18

## CHILD HEALTH PROGRAMS





- Child Health and Parenting Home Visits
  - Medicaid reimbursement
- Childhood Lead Poisoning Prevention
  - Medicaid reimbursement (if on Medicaid)
  - Childhood Lead Grant to test children for lead poisoning (\$15,000)
- CPS referrals and follow-up

Children-at-risk Case Managed	169
Children Screened for Lead Poisoning	1,005
Lead Poisoned Children Case Managed	91
Fluoride Varnish Treatments	103

\* Data from 2019

19






## MATERNAL HEALTH

- Healthy Pregnancy
  - Medicaid reimbursement
- Perinatal Hepatitis B
  - State reimbursement
- Breastfeeding Support
- Childbirth Education Classes
- Transition to PH 3.0 – example

Pregnant Women Case Managed	<b>119</b>
Percentage of Case Managed Women Who Gave Birth to Full Term Infants with Healthy Birth Weights	<b>91%</b>

\* Data from 2019

20



## CHRONIC DISEASE & ADULT HEALTH

- Community Health Screenings
- Community Health Fair Screenings
- Public Health Education and Health Promotion Services
- Adult Health Home Visiting
- Adult Protective Services Referrals and Support on High-Risk Cases


Number of Chronic Disease Screenings	<b>417</b>
Number of Community Education Events	<b>139</b>

\* Data from 2019

21

## What We Do in Emergency Preparedness


- HHS staff will address the human aspect in emergencies and disasters such as:
  - Sheltering
  - Mass Clinics
  - Reunification Centers
  - Family Assistance Centers
  - Volunteer Reception
  - Public Information and Education



**Emergency Preparedness**  
and YOU!


You've heard that all HHS staff are considered first responders in an emergency, but what does that really mean?

We take care of the people through:




**Shelters**

Provides temporary essential services such as feeding, safe and secure housing, basic medical behavior of health services, supply distribution, and resource and referral information when an emergency displaces people from their homes.




**Mass Clinics**

Open in response to a public health emergency to help distribute preventive medication or vaccine to maintain the health of the community.



**Reunification Centers**






Facilitate information sharing to support family notification and reunification during and after a mass casualty event. Counsel, witness and those present during the incident with their loved ones.



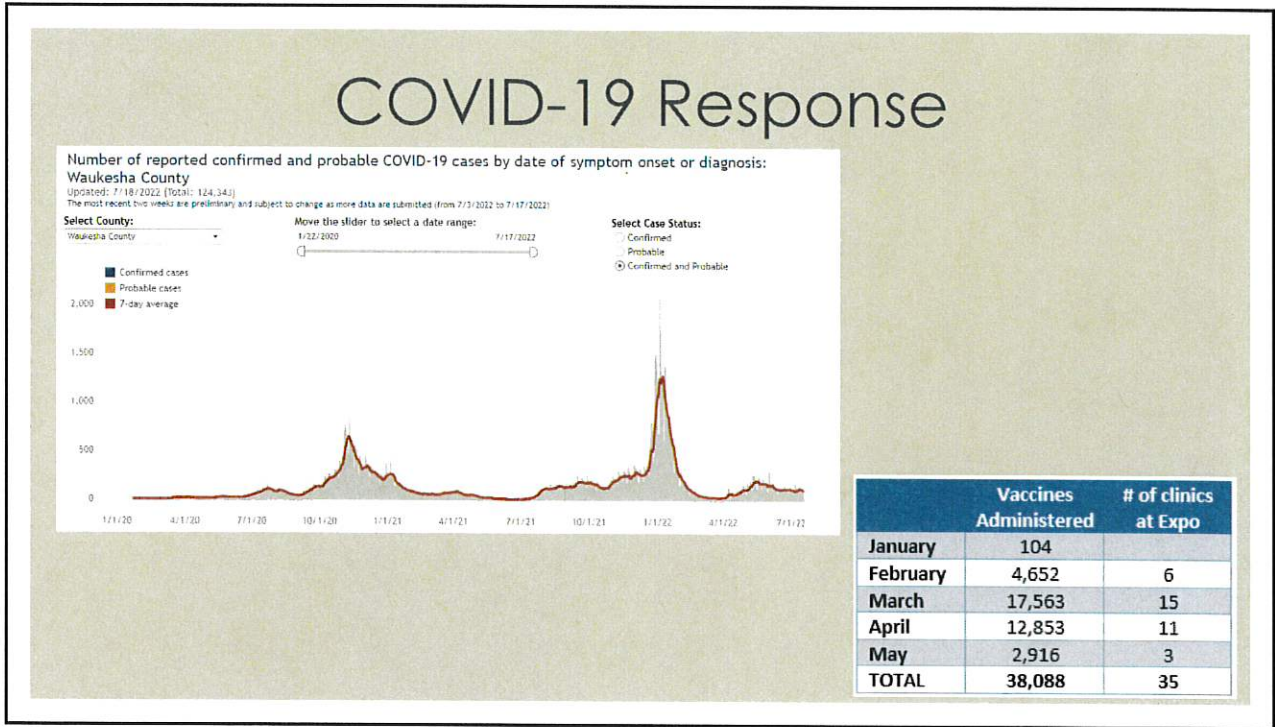
**Family Assistance Centers**

Address the psychological, spiritual, medical and logistical needs of grieving family members after an event and provide them with accurate and timely updates. Facilitate information exchange between the Medical Examiner's Office and families to assist in identifying the victims.




**What HHS Employees WILL NOT be doing:**

-  Use Power Tools Such as Chainsaws
-  Remove Debris
-  Direct Vehicle Traffic
-  Operate Heavy Machinery
-  Provide Medical Care Beyond Basic First Aid and Triage

22




23

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a targeted, time limited supplemental public health nutrition program that serves over 8 million vulnerable women, infants and young children across the United States.

WIC provides 4 core services:

- Quality nutrition education and services.
- Breastfeeding promotion and support.
- A monthly food package of nutritious foods.
- Referrals to health and community resources and programs.




24

## Waukesha County WIC Facts

Average Monthly Participation		Years of Education (Women)	
Families	1025	0-7 years	2.0%
<b>Total Participants</b>	<b>1639</b>	8-11 years	12.3%
Women	334	12 years	38.0%
Infants	395	13+ years	28.0%
Children (ages 1-5)	910		

Other Program Participation		Race and Ethnicity	
Medicaid/BadgerCare Plus	89%	Non-Hispanic	68%
<b>Percentage at Poverty or zero income</b>	<b>61.53%</b>	Hispanic	32%



25

## PUBLIC HEALTH 3.0

- Public Health stepping up into the role as **Chief Health Strategist**
  - Critical look at programs to determine public health role and how we can strengthen the system
  - Attempt to look further upstream to look at root causes
  
- New positions added via 2022 budget
  - Health Strategist Supervisor
  - Public Communications
  - Epidemiologist
  - Health Educator

26

# CHIPP Status Update

Previous CHIPP (2017-2021)

- Mental Health
- Nutrition & Physical Activity
- Opioid Use

New CHIPP launched this year, and the steering committee is still going through the process to identify leading health issues.



[waukeshacounty.gov/livewell](http://waukeshacounty.gov/livewell)

27

# Thank you! Questions?



28