

# Community Resource Guide Training

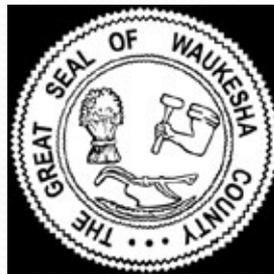
October 22, 2014



# Welcome!

## Dan Vrakas

Waukesha County Executive



# Introduction

Peter Slesar

Division Manager

Waukesha County Department of  
Health & Human Services

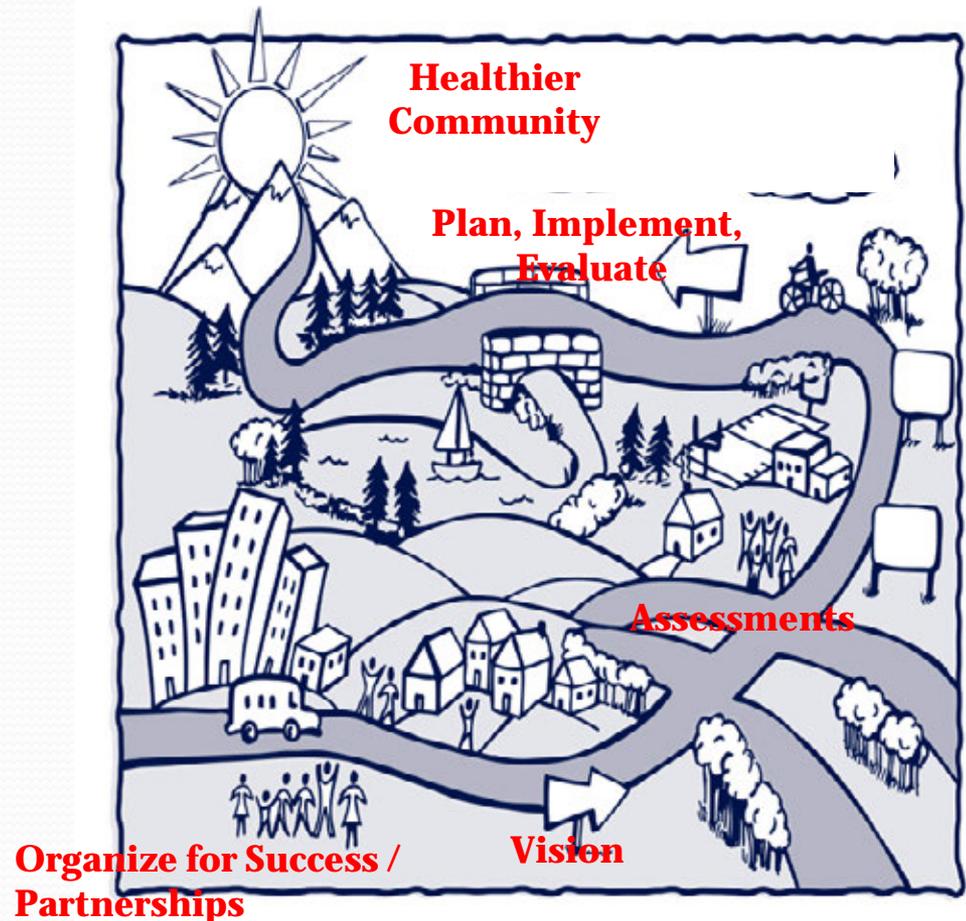


# Introduction

- Why are we here? Why is this important?
- What can we expect to happen today?
- What can we expect to happen in the future?

# Waukesha County CHIPP

- CHIPP = Community Health Improvement Plan & Process
  - Identified 3 major needs:
    - AODA
    - Mental Health
    - Access to health and social services



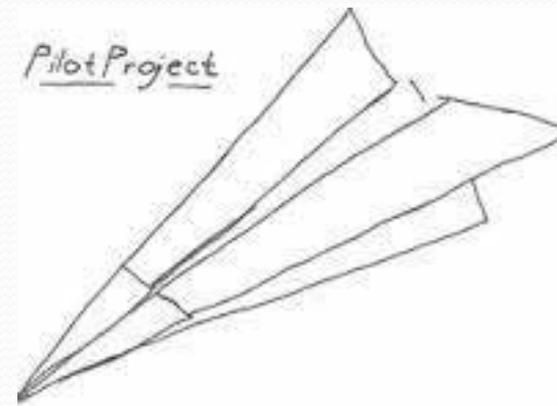
# Access to Care Initiative

**Objective: By 2016, Develop curriculum and delivery model to train 100 individuals to advocate for health needs on behalf of a client, patient, family member or themselves.**

# Congratulations!

You are the first to be trained!

- We appreciate your enthusiasm AND your patience
- Suggestions are welcome



# Training Outcomes

**Community Resource Guide – Linking People in Need with the Resources that may help them**

- Prerequisite skills
- What the role is
- What the role is not

# Today's Agenda

## Morning Session:

- Existing Resources
- 211 Demo
- Information & Assistance Programs

Lunch

## Afternoon Session:

- Introduction to Systems
- Health Care Coverage
- Legal and Ethical Considerations
- Diversity
- Wrap up

# Housekeeping

- Location of rest rooms
- Cell phones
- Sign in sheet
- Lunch

# Existing Community Resources

**Lori Cronin**

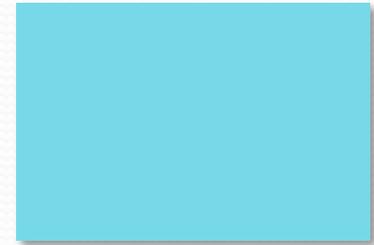
Supervisor, Community Outreach  
ProHealth Care

**Saul Juarez Aguilar** Patient Care Advocate  
ProHealth Care



PROHEALTH CARE

# Existing Community Resources



# Helping Individuals with Basic Needs

## SHELTERS

- Salvation Army of Waukesha – Emergency Lodge
- Hebron House of Hospitality and Siena House
- Jeremy House Safe Haven
- The Women’s Center



# Helping Individuals with Basic Needs

## FOOD PANTRIES

- Food Pantry of Waukesha County
- The Salvation Army
  - Community Meal Program
- Hunger Task Force Inc. (Milwaukee)
  - Coordinated with other meal programs in Waukesha County
- Hope Center
  - Breakfast and Lunch



# Helping Individuals with Basic Needs

## SUBSIDIZED HOUSING

- **Disabled and Elderly**
  - La Casa Village
  - East Terrace Apartments
  - Sunset Heights
  - Senior House
  - Westwood Heights
- **Family**
  - Pine Pointe Apartments
  - Willow Park (Elderly)



# Helping Individuals with Basic Needs

## FREE AND/OR DISCOUNTED MEDICAL & DENTAL SERVICE PROVIDERS

- **Lake Area Free Clinic** (Oconomowoc)
- **Saint Joseph's Medical Clinic**
- **Waukesha County Community Dental Clinic**
- **Salvation Army of Waukesha**
- **Waukesha Community Health Center**
- **Community Outreach Health Clinic** (Menomonee Falls)
- **Angel of Hope** (New Berlin)



# Helping Individuals with Basic Needs

## DISCOUNTED CLINICS

- Waukesha Family Practice Center
- Waukesha Community Health Center
- Waukesha County Community Dental Clinic
- Salvation Army of Waukesha



# Helping Individuals with Basic Needs

## MEDICATION ASSISTANCE PROGRAMS

- Salvation Army of Waukesha
- Senior Care
- Wisconsin Cancer & Chronic Disease Drug Repository
- Partnership for Prescription Assistance



# Helping Individuals with Basic Needs

## MEDICATION ASSISTANCE PROGRAMS

- Badger Rx Gold
- WI AIDS/HIV Drug Assistance Program
- Froedert Drug Repository
- DPI Waukesha County School District



# Helping Individuals with Basic Needs

## DISABLED

- Aging & Disability Resource Center of Waukesha County
- Easter Seals Southeastern Wisconsin
- WI Facets
- Southeast Regional Family Resource Center



# Helping Individuals with Basic Needs

## VETERAN'S BENEFITS

- Waukesha  
County  
Department of  
Veteran's  
Services



# Helping Individuals with Basic Needs

## YOUTH, CHILDREN & PREGNANT

- Safe Babies Healthy Families
- WIC
- Head Start
- La Casa de Esperanza
- Parents Place
- Hispanic Health Resource Center



# Helping Individuals with Basic Needs

## MENTAL HEALTH RESOURCES

- **Waukesha County Health and Human Services**
  - Outpatient Clinic
  - Community Support Program
  - Inpatient Services
  - Psychiatric Day Treatment
- **Waukesha Community Health Center**
- **ProHealth Care Behavioral Health Treatment Programs**



# Helping Individuals with Basic Needs

## COUNSELING

- Catholic Charities
- Family Services of Waukesha
- Pathways Counseling Center
- Waukesha Community Health Center
- ProHealth Care Behavioral Health
- The Women's Center
- Addiction Resource Council



# Helping Individuals with Basic Needs

## SUPPORT GROUPS

- **Family Support Groups**
  - NAMI's Waukesha County Mental Health Center Family Support Group
  - Healing Hearts of Waukesha County
- **Peer Support Groups**
  - NAMI Peer Support Group
  - The Care Connection
  - Survivors Helping Survivors Support Group



# Helping Individuals with Basic Needs

## OVERVIEW OF OTHER SUPPORTIVE AGENCIES

- **Consumer Assistance**
  - UW-Extension
  - Lake Country Caring
  - Waukesha County Service Club
  - Hope Center
- **Legal/Immigration**
  - James Place
- **Employment**
  - Workforce Development Center
  - The Women's Center
  - La Casa de Esperanza
  - James Place
  - Goodwill



# 211 Demonstration

Robert Waite

Program Director  
Impact 211





Serving nine counties throughout Southeastern Wisconsin.

# IMPACT 2-1-1

Can be reached 24 / 7 / 365

Simply dial 2-1-1, or

414-773-0211, or

Toll free at 1-866-211-3380

Text message ZIP Code to 898-211

Chat message, go to <http://www.impactinc.org/impact-2-1-1/>



# Skills and Abilities

- Assessment and define presenting problem and underlying issues
- Problem solve to identify a course of action and options
- Matching resources that can address the problem
- Assist with system navigation and provide advocacy when needed
- Follow-up and check-in for complicated and serious situations

# *Crisis Intervention Steps*

- Assess for safety and intervene if needed
  - 911
  - Local police
- Provide warm transfer to appropriate experts
  - Mental health professionals (Waukesha County DHHS)
  - Child abuse/neglect (Waukesha County DHHS)
  - Elder and dependent adult abuse/neglect (Waukesha County DHHS)
  - Domestic violence
  - Sexual Assault Treatment Center
  - Health professionals
    - Nurse lines
- Schedule a follow up call
  - Check in
  - Additional resources or help?

## Service Requests – Sub-Categories: Waukesha County Callers, January to September 2014

Service Requests by Sub-Category	Ttl	Pct of Callers
Helplines/Warmlines	683	14.2%
Community Shelters	385	8.0%
Utility Service Payment Assistance	361	7.5%
Rent Payment Assistance	313	6.5%
Child Abuse Reporting/Emergency Response	217	4.5%
Aging and Disability Resource Centers	199	4.1%
General Crisis Intervention Hotlines	186	3.9%
Food Pantries	171	3.6%
Low Income/Subsidized Private Rental Housing	136	2.8%
Mental Health Hotlines	112	2.3%
General Assessment for Substance Abuse	96	2.0%
Municipal Police	83	1.7%
Food Stamps/SNAP Applications	82	1.7%
Federal Health Insurance Marketplace Call Center/Website	71	1.5%
Other Service Requests (551)	3,310	69.0%
<b>Total</b>	<b>6,405</b>	

# Agency Referrals: Waukesha County Callers, January to September 2014

Agency Referrals	Ttl	Pct of Callers
WAUKESHA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES	992	14.0%
SAINT VINCENT DE PAUL SOCIETY WAUKESHA COUNTY	421	5.9%
HEBRON HOUSE OF HOSPITALITY, INC	377	5.3%
SALVATION ARMY OF WAUKESHA	343	4.8%
HOPE CENTER	272	3.8%
ENERGY SERVICES FOR WAUKESHA COUNTY	168	2.4%
COPE SERVICES, INC	123	1.7%
FOUNDATION FOR RURAL HOUSING	110	1.5%
FOOD PANTRY OF WAUKESHA COUNTY	105	1.5%
CENTERS FOR MEDICARE AND MEDICAID SERVICES	100	1.4%
PROHEALTH CARE BEHAVIORAL MEDICINE CENTER	96	1.4%
HOUSING AUTHORITY OF WAUKESHA	83	1.2%
METROPOLITAN ASSOCIATES	80	1.1%
LEGAL ACTION OF WISCONSIN	63	0.9%
Other Agency Referrals	3,774	53.1%
<b>Total</b>	<b>7,107</b>	



# Partnerships and Collaborations

Partner	Service Provided
Waukesha County Dept. of Health and Family Services	Mental health crisis intervention and assessment
Waukesha County Dept. of Health and Family Services	Child and adult abuse/neglect
Waukesha County Homeless Alliance	Shelter and homeless-related community planning
Wisconsin's Kenosha, Racine Partnership (WKRP)	Health insurance and health care access
Milwaukee County Continuum of Care	Emergency shelter access
Hunger Task Force/Food Pantry Network	Gateway for emergency food/formula
Milwaukee County Behavioral Health Division	MOU - Mental health crisis
2-1-1 Wisconsin	Overnight/weekend coverage
Milwaukee County Dept. on Aging and Milwaukee County FamilyCare	Overnight/weekend coverage + crisis intervention
Parenting Network	Overnight/weekend coverage + crisis intervention
Milwaukee County Emergency Management	Disaster/health emergency response
2-1-1 US and Alliance of Information and Referral Specialists	Disaster/health emergency response
Milwaukee Healthcare Partnership, Milwaukee Enrollment Network	Health insurance and health care access



# Data and Resources

- Inventory of family, health and human service providers in Waukesha County. (Not including regional providers serving Waukesha County.)
  - 830 Agencies and Sites
  - 1,000+ Services
- Caller Data and Statistics
  - Demographics (Age, Sex, ZIP Code, Ethnicity, Primary Language and many others)
  - Service requests
  - Tracking of unmet needs and gaps in service
  - Specialized reports for foundations, university research, government, collaborative partners, etc.

# ***IMPACT 2-1-1 Technology***

- **State-of-the-art telephone system**
  - ü Ability to apply skill-based routing of calls (“queue’s”)
  - ü Ability to change “on-the-fly” how calls are routed based on high or low call volume for a certain type of call.
  - ü Capacity to handle a large volume of calls with no busy signal
  - ü Use of data to make smart decisions
    - Scheduling
    - Routing calls
  - ü Seamless ability to work off-site in case of emergency
- **Emergency backup generator**
- **Multiple contact points: phone, text messaging, chat, email, online database**
- **32 workstations + Training Center**
- **70+ workstations in case of disaster**

# ***IMPACT 2-1-1 Staffing***

22 Community Resource Specialists = 7 PT; 15 FT

3 Resource Department Staff = 2.5 FTE

1 2-1-1 Assistant Director = 1 FTE

1 Coordinated Entry Program Coordinator = 1 FTE

1 Volunteer/Intern Coordinator = 1 FTE

1 Program Director = 1 FTE

13 Interns and Volunteers = 5 FTE

**Total = 42 Individuals**

2 Information/Technology Specialists = 24/7/365





# **IMPACT 2-1-1 online database**

Go to [www.impactinc.org](http://www.impactinc.org)

Major upgrade made, December 2011

Use “partial word” for searching

Example: “clinic” brings up all service terms containing the word “clinic”

# Aging & Disability Resource Center and Adult Protective Services

**Pat Mireles**

Human Services Supervisor

Waukesha County Department of  
Health and Human Services

**Michelle Bertram**

ADRC Specialist

Waukesha County Department of  
Health and Human Services

**Marie Anderson**

Clinical Therapist

Waukesha County Department of  
Health and Human Services



# Who We Are

- Part of Waukesha County Government
- Division of Health and Human Services
- Came into existence in 2008 when the Department of Aging (also known as the Department of Senior Services) merged with the Division of Long Term Care
- There is an ADRC to serve every county in Wisconsin



# Who Are We

Offer welcoming/convenient places to get information about resources and Long Term Care Programs

- Professional staff answering phones at the call center Monday through Friday 8 to 4:30
- Walk-in's Welcome
- Home Visits Available
- Presentations at group settings such as housing complexes or health fairs

Single point of access for publicly funded Long Term Care Programs

- Specific Target groups : Elderly, people with physical or intellectual/developmental disabilities

# Who We Serve

## Our mission statement

- Waukesha County is committed to serving adults and their families with issues of aging and/or disability. We will provide information, assistance, and education to promote independence and improve quality of life, while offering choices to the consumer. Our goal is to advocate for and affirm the rights, dignity, and value of individuals served while limiting risk to those most vulnerable.



# Who We Serve

Specifically designated target groups

- Individuals with Intellectual/Developmental Disabilities
- Individuals with physical disabilities
- Frail Elderly
- Families, caregivers, service providers of these target groups

# What We Provide

The ADRC team can

- Assess needs
- Consult with families and other concerned caregivers
- Provide info about programs, services and options counseling
- Connect you with services
- Act as an advocate
- Coordinate emergency intervention
- Help families prepare for the future



# What We Provide

## Information and assistance

- Professional staff answering call center
- Referral to ADRC Services (grants for the elderly)
  1. Congregate meals
  2. Transportation – Rideline, Reduced taxi program
  3. Home delivered meals
  4. Bathing
  5. Homemaker
  6. Respite/Adult day center
  7. Friendly Visitor
  8. Emergency alert system

# What We Provide

## Information & Assistance

- Referral to Adult Protective Services
- Youth transition
  - 6 months prior to 18<sup>th</sup> birthday
  - Learn about adult community services, organizations, housing, etc.
  - Consider legal issues such as guardianship, POA, estate planning
  - Gain access to benefits as youth become adults

# What We Provide

## Information & Assistance

- Elderly Benefit Specialist and Disability Benefit Specialists
  - SSD
  - Medicare A, B, C, D
  - Medicaid
- ADRC Resource guide
- ADRC Newsletter
- Available in-home services
- Residential care settings
- Funding sources available

# Options Counseling

- Meet with individuals or families to plan for the future
- Explain functional eligibility and financial rules for Long Term Care funding
- Share ways to get help early to prevent crisis and help save money in the long run on care needs
- Help people plan so they can remain living where they want to live longer.

# Eligibility & Enrollment

## Long Term Care/Family Care

1. Functional Screen (assessment tool)
  2. Financial (Medicaid/Title 19)
- Family Care enrollment process results in the person choosing a program and providers that best meet their needs and preferences
1. MCO's
  2. PACE/Partnership
  3. IRIS

# Eligibility & Enrollment

Services available once enrolled in a Long Term Care Program:

1. Supportive Homecare
2. Personal Care
3. Durable Medical Equipment/Supplies
4. Adult Day
5. Transportation
6. Vocational (after maximizing DVR)
7. Home Delivered Meals
8. Medication Management
9. Financial Management/rep payee
10. Assisted Living/Residential Care Options

# Prevention & Intervention

- Information on risk and safety
  - Educational programs
    1. Stepping On
    2. Living Well with Chronic Conditions
    3. Healthy Living with Diabetes
    4. Powerful Tools for Caregivers
    5. Intermission
    6. Journey Series
    7. Annual Family Caregiver Seminar

# Prevention & Intervention

- At every home visit –assess environmental and personal factors that effect the individual’s safety or put them at risk.
- People at risk receive rapid assistance - referral to APS or other needed services
- If you have an emergency that requires immediate attention – call “911”
- If you have a call of concern we will make contact and assess the situation quickly

# Adult Protective Services

- Overview of Adult Protective Services
- 8 Full Time Social Workers
- 2 fulltime Licensed Clinical Social Workers
- Active cases

# Adult Protective Services

- Adult Protective Services (APS) is mandated under chapter 55.043 to investigate and intervene in reports of abuse/neglect.
- APS role promotes the safety and well being for older persons or other vulnerable adults.
- APS is the unit designated to providing voluntary and court mandated services for the elderly and adults at risk.

# Adult Protective Services

- Wisconsin State statute, Chapter 55.01 defines the Adult at Risk population that APS provides services to.
- Adult at Risk- Is any adult with a physical or mental condition that substantially impairs his/her ability to care for his/her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

# Referrals to APS Come From:

- Law Enforcement
- Courts
- ADRC-Is the front door for majority of APS referrals from hospitals, medical professionals, nursing homes, families, neighbors, financial institutions, homeless/transitional living settings and other concerned community members.

# What Constitutes Elder/Adult At Risk

- Physical Abuse-intentional or reckless infliction of bodily harm.
- Emotional Abuse-language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening or otherwise harassing and that could intimidate, humiliate, threaten, the individual it is directed towards.
- Financial Exploitation-Obtaining an individual's money or property by deceiving or enticing the individual, or by forcing, compelling the individual to give , sell at less than fair market value, or in other ways convey money or property against his or her will without his/her informed consent.
- Neglect/self-neglect-Individual fails to obtain adequate care, food, shelter, clothing or medical/dental care for themselves

# Causes of Self-Neglect

- Long-Term Chronic Self-Neglect
- Economic
- Depression/Mental Illness
- Illness, Malnutrition, & Overmedication
- Dementia

# Intervening with Adults at Risk

- When intervening with Adults, the first and most important question is “Are they competent?”
- If a person is considered competent they have the right to self neglect, live in deplorable situations, consent or refuse services. Competence is the decisive line in how services can be provided to a person at risk.

# 4 Requirements for Incompetency

- Person is substantially incapable of managing his/her property
- Person is substantially incapable of caring for himself/herself
- Person is suffering from developmental disabilities, degenerative brain disorder (dementia), serious & mental illness or other like incapacities (i.e. stroke)
- The condition is permanent

# Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Is the person oriented to date, time, year season, circumstance?
- Are there apparent problems with short-term memory? (Are they repeating the same information)
- Can the person tell you basic demographic information, or long-term memory items such as their address and phone number or the names and approximate ages of children or siblings? Can they identify their medical providers or others involved in their care?

## Continuing: Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Is their judgment impaired? Would they know how to respond to various circumstances i.e. if there was a fire would they be able to say they would leave the house or call 911?
- Can they use language to communicate their needs? Are they having problems with using words correctly? Is their speech garbled?
- Do they express delusional or hallucinations during the course of conversation? Do they feel unsafe as a result of these hallucinations? Are these thoughts preventing them from reaching help that they may need to remain safe in their home?

# Continuing: Assessing an Adult/Elder at Risk's Decisional Capacity/Competency:

- Personal decision making capacity: Can the person make basic plans for their health and safety.
- Ability to care for self, ability to meet basic needs such as:
  - Nutrition
  - Clothing
  - Personal Hygiene
  - Health Care (able to recognize health concerns)
  - Housing
  - Safety

# If the Person is Assessed to be Incompetent:

- Is there an alternate decision maker available to offer additional information, assist in the intervention, or access/authorize services or placement for the person?
- Alternate decision makers include:
- Power of Attorney-An advance planning document drafted by a person considered competent which outlines who they would like to make health care and/or financial decisions on their behalf in the event they are not capable of making decisions for themselves.

# Continued Alternate decision Maker

- Guardianship- This is a legal document, in which the court has declared a person legally incompetent due to a permanent incapacity. The court appointed person/or legal entity is to act in the best interest of the ward.

If no alternate decision maker is available, an assessment of an incompetent person's safety should include:

- Physical hazards in the home (clutter, layout of the home not being able to meet a person's physical needs, working utilities)
- Person's ability to access assistance if needed (can they use a phone are neighbors/family or providers involved in regular caregiving activities)
- Risks associated with a person's decreased physical mobility, low vision, cognitive deficits and/or chronic medical conditions (can person recognize a medical problem/emergency and can they respond appropriately).

Continued: If no alternate decision maker is available, an assessment of an incompetent person's safety should include:

- Mental status/reality orientation-(presence of persecutory delusions/hallucinations)
- Weapons in the home
- Stressed or incapable caregiver
- History of wandering or disorientation
- Physical aggression or threats to harm others
- Is the person willing to accept and cooperate with help and/or assistance

# Possible Intervention Includes:

- If a person is assumed to be incompetent and may be in imminent danger without intervention due to presenting risks, an Emergency Protective Placement may be pursued. (ch55.135(1))

# Least Restrictive

- APS always must do what will meet a clients needs in the least restrictive way and must always balance the individuals right to self determination with the least intervention possible with keeping the individual safe.

# Several outcomes can come from an APS investigation

- If an individual is found competent they have the right to tell us to go away and leave them alone.
- If an individual is competent but would like services we will assist in linking them up to services that will meet their needs.
- If person is found incompetent and is at imminent risk APS or law enforcement will take them into custody under a chapter 55.
- If person is incompetent but not at imminent risk and is willing to accept services APS will put services into home to mitigate risk factors.

# Introduction to Health Care Systems

**Andy Dresang**

Director of Community Engagement  
Froedtert Health



**Jean Schultz**

Director of Community Benefit  
ProHealth Care



# Objectives

- Broadly define the types of health care systems
- Locate geographically major health care systems in Waukesha County
- Broadly describe services provided by Waukesha County Health & Human Services
- Define “accountable care organization”
- Describe target population and general services provided by “Care Wisconsin”

# Types of Health Care Systems

## Community Clinics

- Provide medical services with fees determined by ability to pay (income, family size)
- Includes “Free Clinics”, Community Health Clinic, Waukesha Family Practice Clinic



# Types of Health Care Systems

## Hospitals

- Provide a variety of services including
  - Inpatient Care – overnight care
  - Emergency Care –
    - Trauma Care
  - Outpatient Care –
- Specialty Hospitals



# Types of Health Care Systems

## Primary Care Clinics

- Provide basic medical needs services such as check-ups, general exams
- Typically the first place to go for care
- Providers are referred to as “PCPs”
  - primary care providers
    - May be Family Practice, Internists, General Medicine, Physician Assistants, Nurse Practitioners and others



# Types of Health Care Systems

## Specialists

- Doctors who specialize on treating a specific disease or body system. Examples include
  - Cardiologist: heart and vascular
  - Rheumatologist: Joints/arthritis
  - Surgeon: performs invasive procedures/operations
- Typically, a PCP will refer to a Specialist for advanced diagnosis and treatment



# Types of Health Care Systems

## Urgent Care Clinics

- A place for non-life-threatening care – convenience basis
- Do not require appointments
- Available in a variety of locations including some clinics and retail outlets
- Those associated with a hospital system may offer the advantage of transferrable medical records



# Types of Health Care Systems

## Dentists and Dental Clinics

- Basic Dental Care (i.e. cleaning, check-ups)
  - Dental Hygienist
  - Dentist (DDS)
- Advanced Dental Care
  - Endodontics (i.e. root canal)
  - Periodontics (i.e. dental implants)
  - Orthodontics (i.e. braces)
  - Oral surgery





# Health Care Systems

## Aurora Health Care

- Integrated network of 15 hospitals, 1400+ doctors & physicians, 185 clinics, and more than 80 community pharmacies covering Eastern Wisconsin & Northern Illinois
- Area hospitals include
  - Aurora Medical Center -Summit
  - Aurora West Allis Medical Center
  - Aurora St. Lukes Medical Center



# Health Care Systems

## Wheaton Franciscan Healthcare

Wheaton Franciscan Healthcare is one of the largest providers of care in Southeast Wisconsin. Its hospitals, clinics, outpatient centers and physicians have been recognized on the local and national levels for clinical excellence and commitment to providing superior and compassionate care. Hospital facilities for Wheaton Franciscan Healthcare include St. Joseph, St. Francis, Franklin, Midwest Spine and Orthopedic Specialty and Wisconsin Heart Hospital in the greater Milwaukee area. In Waukesha County:

- Wheaton Franciscan – Elmbrook Memorial Campus – acute care hospital in Brookfield with over 600 physicians on staff
- Franciscan Woods – a sub-acute, long-term care facility
- Wheaton Franciscan Medical Group – 15 clinic locations and over 250 physicians and specialists
- Cancer Care Center
- Home Health Care
- Hospice/Palliative Care
- Rehabilitation Services



# Health Care Systems

## ProHealth Care

For a century, ProHealth Care has been providing a full spectrum of integrated services across Waukesha County and surrounding areas including:

- Waukesha Memorial, a major tertiary-care hospital
- Oconomowoc Memorial, an acute-care hospital
- Rehabilitation Hospital of Wisconsin
- More than 184 primary care physicians and specialists practicing at 14 ProHealth Care clinics
- ProHealth Home Care
- Hospice services
- Rehabilitation services
- Assisted and independent living communities
- WestWood Health and Fitness Center



# Health Care Systems

## Children's Hospital of Wisconsin

- Children's Hospital of Wisconsin is the region's only independent health care system dedicated solely to the health and well-being of children, providing integrated services focusing on care, advocacy, research and education.
- Two hospital locations – Milwaukee and Neenah, Wis.
- Academic partner of the Medical College of Wisconsin
- Primary care
- Specialty care
- Urgent and Emergency care
- Community health services
- Foster and adoption services
- Child and family counseling
- Child advocacy services
- Family resource centers



Kids deserve the best.

# Rogers Memorial Hospital

Rogers Memorial Hospital is a leader in comprehensive and effective behavioral health care treatment for adults, children, and adolescents. Their mission is to “provide quality health care for those suffering from mental illness.” Rogers offers services to over 9,000 patients each year, treating behavioral health issues from major depression, anxiety disorders, eating disorders, and substance use.

## Levels of Care

- Inpatient (acute stay)
- Residential (30-60 days)
- Partial (half-day)
- Intensive Outpatient

## Locations

- Oconomowoc
- West Allis
- Brown Deer
- Kenosha
- Madison
- Tampa Bay, FL



# Health Care Systems

Froedtert & the Medical College of Wisconsin is a regional health care network composed of an academic medical center, two community hospitals and more than 30 primary and specialty care health centers and clinics:

- Froedtert Hospital – Academic Medical Center and Level I Trauma Center
- Community Memorial Hospital - acute care hospital in Menomonee Falls
- St. Joseph’s Hospital – acute care hospital in West Bend
- Froedtert & the Medical College of Wisconsin Community Physicians – 30 locations and over 250 physicians and specialists



# Waukesha County Facilities

- **Mental Health Center**
  - 1501 Airport Road
- **Public Health & Human Services Center**
  - 514 Riverview Avenue
- **Juvenile Center (Temporary Youth Custody)**
  - 521 Riverview Avenue
- **Workforce Development Center**
  - 892 Main Street Pewaukee



# Accountable Care Organizations

- Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to their Medicare patients.
- The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.



# ACO's & Networks in Waukesha

- ProHealth Solutions – 450 partner physicians
- Aurora Accountable Care Organization – Aurora Lakeshore Medical Clinic
- Integrated Health Network of Wisconsin includes 4500 physicians from Columbia-St. Marys, Froedtert Health, Medical College of WI and Wheaton Franciscan and others
- Yet-to-be-named Statewide Network – Members include ProHealth Care, Aurora Health Care, UW Health, Gunderson Health and others



# Care Wisconsin

- Care Wisconsin is a nonprofit care management organization that matches frail seniors and people with physical and intellectual disabilities to the health and long-term care services they need.
- Since 1976, we've been helping our members live as independently as possible.
- We manage Family Care and Partnership, two of Wisconsin's public health and long-term care programs. These two programs serve more than 5,300 members across 21 counties in Wisconsin.
- We also offer Medicaid SSI, a health insurance program for individuals with a disability who qualify for Federal SSI.



## **Waukesha Office**

N19 W24075 Riverwood  
Drive, Suite 110  
Waukesha, WI 53188

**Hours:** 8 a.m. – 4:30 p.m.



# Community Care

## Programs Offered:

### Family Care

- The Family Care program from Community Care helps frail seniors and adults with physical or developmental disabilities live at home, among friends and family.

### PACE

- PACE, or Program of All-Inclusive Care for the Elderly, is an innovative model that provides a full range of long-term, primary, acute and preventive care to enable individuals who are 55 years old or older and certified by their state to meet a nursing home level of care.

### Family Care Partnership

- is similar to the PACE model except there is less dependence on adult day health centers and the participant has the opportunity to choose a community-based physician from a list of health care providers.



Local Office:  
1801 Dolphin Drive  
Waukesha, Wisconsin  
53186



# Finding Providers – Government sponsored programs



<https://www.forwardhealth.wi.gov/wiportal/directory%20search/tabid/150/default.aspx>

**Provider Directory Search**  
City, County, or Zip Code is required for your search.

Program	BadgerCare Plus
Provider Type	Dentist
Provider Specialty	Orthodontics
City	<input type="text"/>
State	WI
County	<input type="text"/>
Zip Code	<input type="text"/>
Name (Business or Last)	<input type="text"/>
Sort Results By	<input type="text"/>

- Choices:
- Badger Care
  - WI Chronic Disease
  - AIDS Drug Assistance Program
  - Senior Care

- Choices:
- Dentists
  - Hospitals
  - Other
  - Pharmacies
  - Physicians



# Finding Providers – Private Pay

Whether individually-purchased or provided by your place of employment, most health insurance plans have restrictions or limitations on coverage, benefits and where you can be seen.

Consult the company website, coverage brochure and/or the toll-free number on the back of the insurance card for more information.



*Example carriers*

# Financial Assistance

All non-profit hospitals must provide some mechanism for providing financial assistance to patients unable to pay for services for financial hardship reasons.

Eligibility requirements, the percent of discount and other limitations vary from hospital-to-hospital.

Individuals with financial difficulties who require hospital services are encouraged to work with hospital billing staff prior to or as close as possible to the time of service in order to explore all options.

# Commercial Health Care Coverage

Colleen Gransee

Sales Representative  
Dean Health Plan



# Health Insurance Basic Overview

- What health insurance is, how it works, and why it is important.
- Common health insurance terminology.
- Different types of health insurance.
- Different ways a consumer can purchase health insurance.
- Costs associated with health insurance.
- Where to go for help.

# What is Health Insurance?

- Health Insurance is a contract between a consumer and a health insurance company.
- A consumer is required to pay a fixed premium as part of that contract.
- Some of the costs are paid by the consumer and some by the insurance company.

# Why Health Insurance is Important?

- Allows consumers to get preventive care services to help them stay healthy.
- Helps pay for care or services if a consumer becomes sick or injured.
- Without health insurance, costs for health services can be extremely high and may result in serious financial hardship.
- The Affordable Care Act requires consumers to have health insurance or pay a fine.

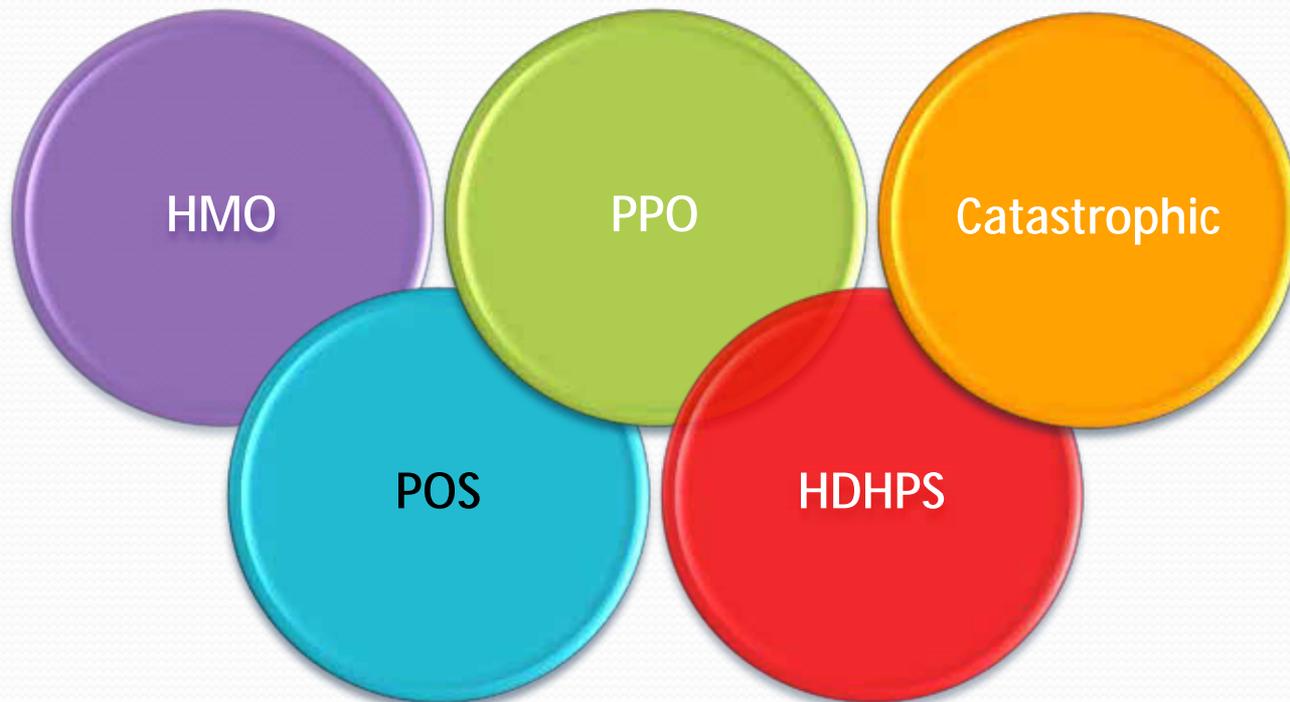
# How Health Insurance Works

- Consumers purchase health insurance to help pay for medical care.
- Health insurance companies contract with groups of hospitals, doctors, pharmacies and other health care providers.
- Managed Care is a way for insurance companies to manage cost, quality and access to health care services.
- Insurance companies use deductibles, copayments and coinsurances to share health care costs with consumers.

# Common Health Insurance Terminology

- HMO
- POS
- PPO
- Copays or Copayment
- Deductible
- HDHP's
- Coinsurance
- Provider Network
- Premiums
- Formulary
- Out of Pocket Maximum
- Catastrophic

# Different Types of Health Insurance



# Cost Associated with Health Insurance

Premium

Copayment  
(or Copay)

Deductible

Coinsurance

# Formularies

- Health Plans use the term formulary to describe the list of prescription drugs that they cover.



# How to Get Health Insurance

- Health Insurance Programs can be run by a private organization (including non-profits) or by a government agency.

Job Based  
Health  
Insurance

Health  
Insurance  
Inside the  
Marketplace

Health  
Insurance  
Outside the  
Marketplace

Insurance  
Under a  
Parent's  
Policy

# How to Get Health Insurance

## — Job-Based Insurance

- Consumers who are currently employed may be able to purchase health coverage through their employer sponsored plans.
- Consumers who lose or quit their job may extend their job-based health insurance through a program called COBRA.

# How to Get Health Insurance

- **Health Insurance *inside* the Marketplace**
  - Enrollment begins on November 15, 2014.
  - Enroll by December 15, 2014 to have coverage begin on January 1, 2015.
  - Depending on consumers income, health coverage may be available at a reduced cost.
  - Apply at: [www.Healthcare.gov](http://www.Healthcare.gov)

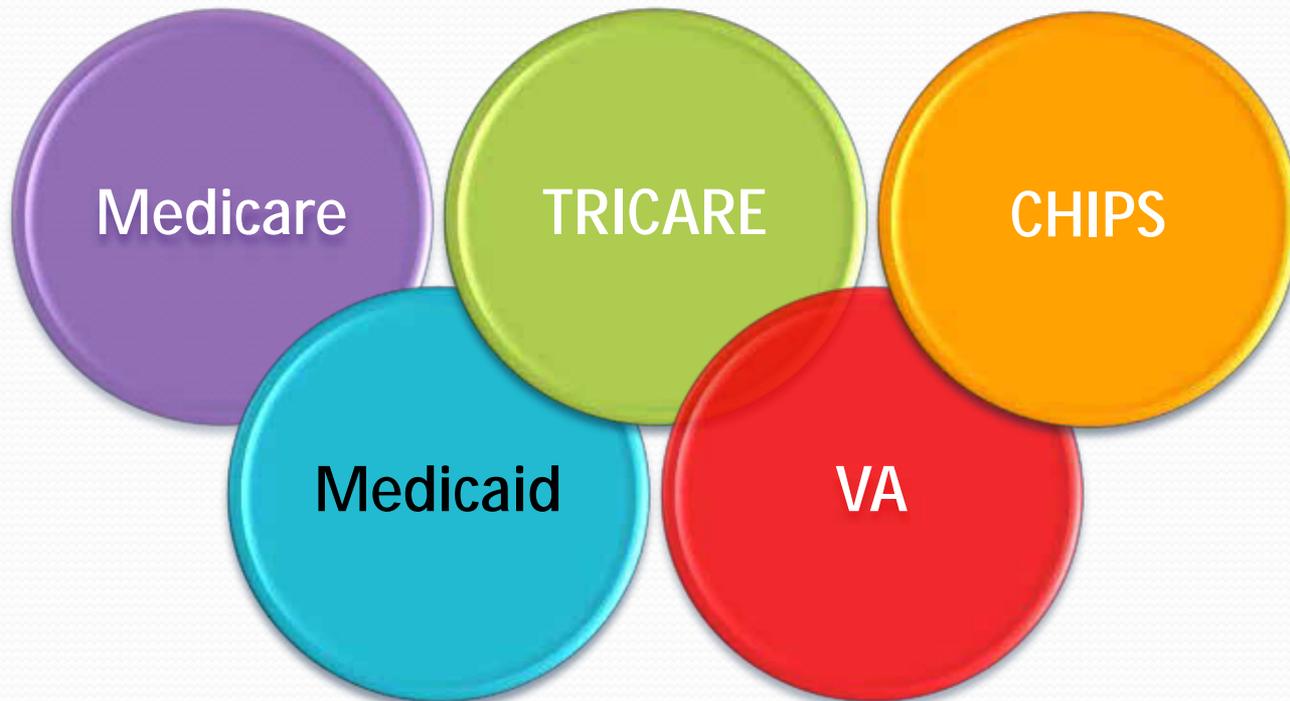
# How to Get Health Insurance

- **Health Insurance *outside* the Marketplace**
  - Enrollment begins on November 15, 2014.
  - Enroll by December 15, 2014 coverage will begin on January 1, 2015.
  - Consumers can obtain health coverage through a health insurance company that sells insurance outside of the marketplace.

# How to Get Health Insurance

- **Health Insurance Under Parent's Policy**
  - Young Adults up to age 26 years old are eligible to enroll in health coverage under their parent's health insurance plans if those plans cover dependents.

# More Health Coverage Options



# Understanding your Health Insurance Plan

- Health insurance companies are required to provide consumers with a uniform, easy-to-understand summary of benefits and coverage when shopping or enrolling.
- A Summary of Benefits (or SBC) includes details, examples, and comparison tools for consumers and allows them to easily understand what each health plan offers.

# Where to go for Help

- Community Support lists on [e4healthwi.org](http://e4healthwi.org) – click For Consumers
- Certified Insurance Agents
- [www.Healthcare.gov](http://www.Healthcare.gov)
- Insurance Companies

# QUESTIONS?



# BadgerCare

**Debbie Berg**

Economic Support Services Coordinator  
Waukesha County Department of  
Health and Human Services



# BadgerCare Plus



# What is BadgerCare?

- BadgerCare Plus (BC+) is a state/federal program that provides health coverage for Wisconsin families and individuals living in poverty. BC+ replaced the former AFDC-Medicaid, Healthy Start and BadgerCare programs. *BCH 1.1*



# How Do You Apply for BadgerCare?

- There are **four** ways to apply.
- ⊘ Anyone can apply at [www.access.wisconsin.gov](http://www.access.wisconsin.gov)
- ⊘ Another way to apply is to contact Moraine Lakes Call Center at: 1-888-446-1239.
- ⊘ If you do not have access to a phone or computer you may visit our Human Services Center kiosk or the Workforce Development Center kiosk.
- ⊘ You may also apply in person at our Human Services Center.

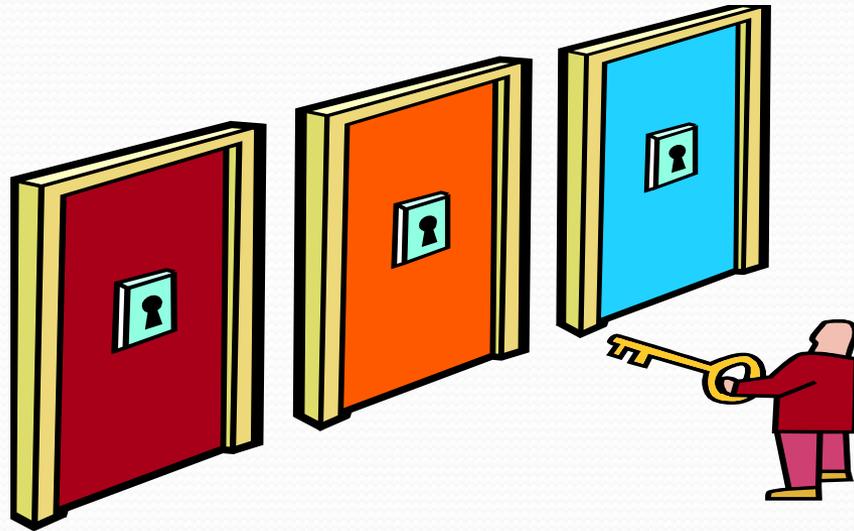
# The Affordable Care Act

- § The Patient Protection and Affordable Care Act also known as health care reform and Obamacare was signed into law in 2010.
- § It expands access to medical care.
- § It also caused the creation of the Federally Facilitated Marketplace (FFM).

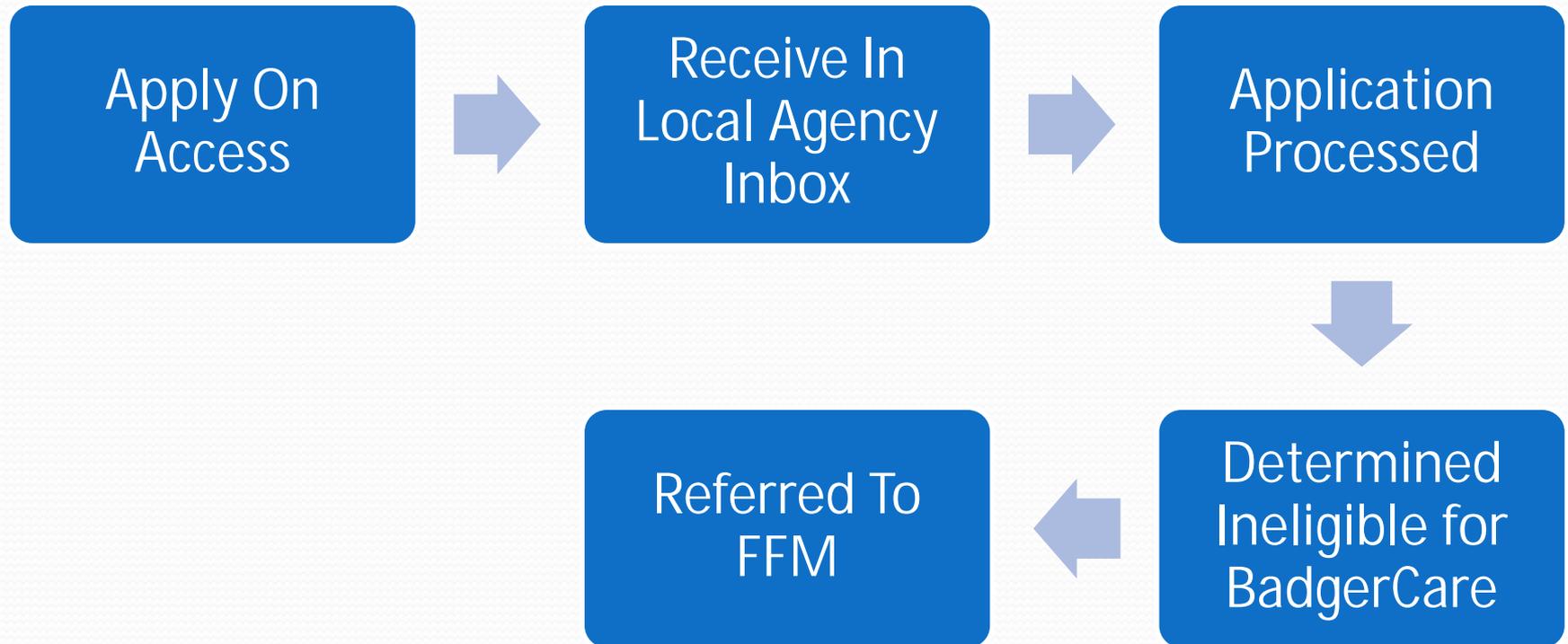
# What is the FFM?

- § It is a website [www.HealthCare.gov](http://www.HealthCare.gov)
- § Via the website or the FFM call center, you can shop and apply for private health insurance plans meeting federal and state standards.

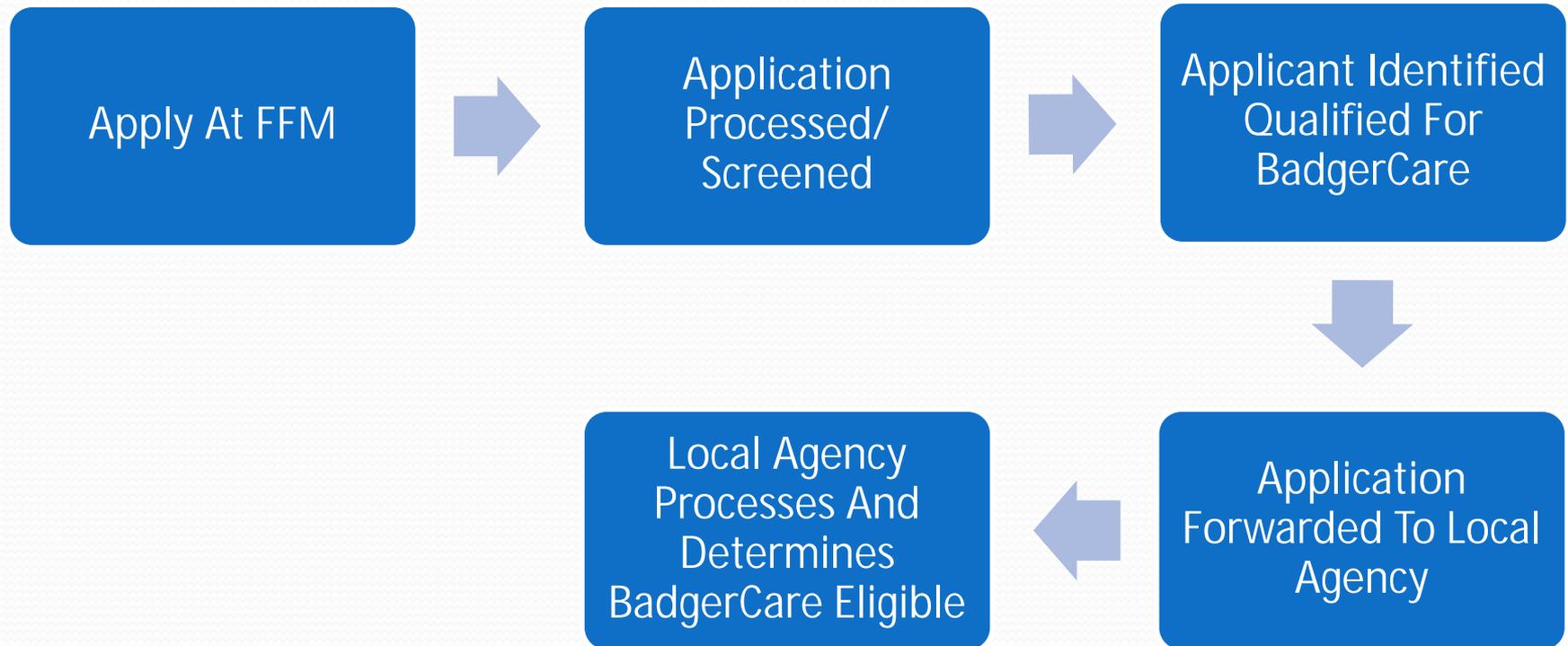
# There is no Wrong Door when applying for health coverage!



# Access Applications to Local Agency



# Applications Through FFM



# BadgerCare Non-Financial Eligibility Requirements

- § Children under 19,
- § Pregnant Women,
- § Parents/Caretaker Relatives of children under 18 years of age or dependent 18 year olds, including some parents and caretaker relatives whose children have been removed from the home and are in the care of the child welfare system ([Chapter 10](#)), and
- § Former foster care youth under age 26 who were in out-of-home care when they turned 18, and...

# Non-Financial Requirements, cont.

- § Effective April 1, 2014, adults ages 19-64, not receiving Medicare, who do not meet any of the conditions previously listed.
- § There are several additional requirements which must be met to satisfy non-financial eligibility such as: Wisconsin residency, U.S. citizenship, provide a SSN, and other requirements which will be explained during the application process. *2.1 BCH*

# One Important Condition of Non-Financial Eligibility for BadgerCare

BC+ benefits may be denied or terminated for individuals who have eligibility determined under MAGI rules and have access to certain employer sponsored health insurance policies when those individuals are:

1. Are children ages 1 through 5 with household incomes over 191% of the FPL and children ages 6 through 18 with household incomes over 156% of the FPL,
2. Are pregnant women eligible under the BC+ Prenatal Program at any income level,
3. Are not in an exempt category and,
4. Do not have a good cause reason for failure to enroll in an employer sponsored health insurance plan. *BCH 7.1.2*

# Financial Eligibility

## Population

Pregnant Women or  
Children under 19 or  
Family Planning Only  
Services

Parents/Caretaker Relatives  
or Childless Adults

## Income Limits for Members Effective April 1, 2014

300% FPL (non-MAGI rules)  
306% FPL (MAGI rules)

100% FPL

# What is MAGI?

- § MAGI stands for **Modified Adjusted Gross Income**.
- § Counted income is based on the concept of an individual's tax household, not necessarily on the physical household or family relationships.

# Counted Income

- ü Earned Income such as income earned through an employer or self-employment.
- ü Other types of income such as unemployment compensation and Social Security benefits.
- ü There are many other types of income used to determine eligibility for BadgerCare.

# BadgerCare vs. Federally Facilitated Marketplace (FFM)

## BadgerCare

- Adults only qualify for this program if income is below 100% of FPL.
- Children qualify if household income is below 306% of FPL using MAGI rules, if over, may have a deductible.

## FFM

- All adults over 100% of FPL will receive healthcare through FFM if they apply and are found eligible.
- Children over 306% of FPL may also be served through the FFM.

# Premiums and Deductibles

- A **premium** is the monthly fee that is paid to a health plan to provide health coverage, including paying for health-related services such as doctor visits, hospitalizations, and medications.
- A **deductible** is the amount of health care expenses an insured person is required to incur before benefits are payable under a health insurance plan.

# Premiums

The below table outlines the premium amounts for children whose income is determined under MAGI rules.

FPL Income Range	Above 201% to 210.99%	211% to 220.99%	221% to 230.99%	231% to 240.99%	241% to 250.99%	251% to 260.99%	261% to 270.99%	271% to 280.99%	281% to 290.99%	291% to 300.99%	301% to 306.00%
Premium Amounts	\$10	\$10	\$10	\$15	\$23	\$34	\$44	\$55	\$68	\$82	\$97.53

# Deductibles

§ Effective April 1, 2014, children (under age 19) with income over 300% FPL (non-MAGI rules) or 306% (MAGI rules) may become eligible for BC+ by meeting a deductible. Children with income over 150% FPL (non-MAGI rules) or 156% FPL (MAGI rules) who are denied BC+ solely due to access to health insurance may also become eligible for BC+ by meeting a deductible. The deductible amount is calculated for a [six-month period](#) using the amount of income that exceeds 150% FPL. *17.1 BCH*

# HMOs

- § Most BC members who reside in a BC HMO service area must enroll in an HMO although there are some exemptions.
- § Members receive an HMO enrollment packet which includes an enrollment form, list of HMOs, instructions on choosing an HMO and finding a healthcare provider.
- § If a member does not choose an HMO, one will be chosen for them. *38.4 BCH*

# Undocumented Immigrants

- § Documented and undocumented immigrants who are children, parents or caretakers and who are ineligible for BC+ solely due to their immigration status may be eligible for coverage for BC+ Emergency Services.
- § Documented and undocumented immigrants who are pregnant and ineligible for BC+ solely due to their immigration status may be eligible for the BC+ Prenatal Program. *1.1 BCH*

# BadgerCare Contact Information

Applications Online  
[www.access.Wisconsin.gov](http://www.access.Wisconsin.gov)

Questions/Applications  
Moraine Lakes Call Center  
1-888-446-1239

Questions/Applications  
In person  
514 Riverview Avenue  
Waukesha 53188

Kiosk Service  
514 Riverview Avenue  
Waukesha 53188

Kiosk Service  
Workforce Development  
Center  
892 Main Street  
Pewaukee 53072



# Questions



# Ethical & Legal Considerations for Community Resource Guides

**Laura Brown**

Legal Counsel  
ProHealth Care

**Cheryl Braunreiter**

Director, Health Information Management  
ProHealth Care

**Susan Wong**

Director of Corporate Compliance  
ProHealth Care



# Legal and Ethical Issues in Communication



- **Five moral principles** as internal guidelines when serving in a position of public trust, research and advisory role
  - Respect for client **Autonomy**, values, choice of providers
  - **Justice** is fairness for each, not always the same for all
  - **Beneficence**-good is the best interests of the client
  - **No maleficence**-do no harm
  - **Fidelity**, loyalty, faithfulness, honor commitments

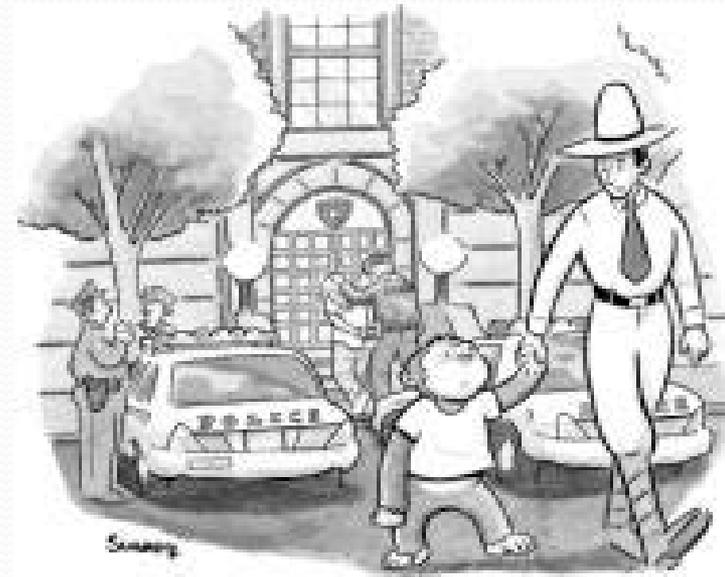
# Best Practice: Boundaries

- Exercise caution with non professional relationships
- Know your role, scope of responsibility

*Establish appropriate boundaries*

- Volunteers likely to lose legal protections...

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*"From now on, you're Curious-but-Respectful-of-Boundaries George."*

# Best Practice: Building Professional Contacts as a Liaison

- Know available resources, professional colleagues.
- Establish positive working relations, communication systems.
- Maintain confidentiality, privacy, trust. Some cases may be excepted: duty to warn; balance rights of parents/minors; reporting abuse of children and vulnerable adults.

# Best Practice: Social, Cultural

- Consider client's personal, cultural and social factors
- Consider own paradigm--premium for preferences and discount for differences
- Respect differences in professional practices
- Embrace diversity and common connection



# Legal Implications of Advising

# MANAGING RISK



## Areas of risk to manage to reduce harm and liability exposure

- Risk to public from negligent acts or omission of volunteer
- Risk to the volunteer from their own or other's acts or omissions
- Risk to the sponsoring agency

## Protective Laws

- Volunteer Protection Act of 1997 (VPA)
- Wisconsin law protects
  - Good Samaritan
  - Church volunteers
  - Non stock corporation volunteers
  - Food donation volunteers
  - School volunteers
- Background checks

**Volunteer Protection Act (VPA)** protects *qualified* volunteers (including direct service volunteers), where *uncompensated* or < \$500 annually, serving community government or non profit organizations, from liability to harmed person for simple negligence (failure to exercise due care). Exceptions apply. Volunteers should be aware:

- Stay within scope of qualification, responsibility.
- Does not cover where negligence involves planes, trains, automobiles or other vehicles requiring license or insurance.
- Cannot be impaired.
- No coverage for gross negligence (between ordinary inattention and deliberate indifference)
- No coverage for crimes, violence, or intentional tort (e.g., assault, battery).
- Excludes “hate crimes,” crimes with evidence of prejudice (race, religion, disability, sexual orientation or ethnicity) or a sexual offense under state law, or misconduct in violation of federal or state civil rights laws.
- Is a deterrent, but not absolute protection against a suit.
- Does not protect organization, which in turn could take action.

# Background Checks

# Communicating and Confidentiality

- Basic rules of privacy
  - Don't snoop
  - Don't blab
  - Don't be overly pushy
- Create a relationship of trust



# Talking

- Examples
  - Talking on the phone with community members
  - Conversations in the hallway with co-workers
  - Over lunch or dinner with friends and family
- Be aware....
  - Provide privacy when talking with community members in public places
  - Don't talk about community members with family, friends, co-workers
  - Only share the minimum amount of information necessary

# Written Information

- Where can you find written information
  - Fax machines
  - Desk tops
  - Printers
  - Trash/recycle bins
  - Copiers
- Be careful.....
  - Promptly shred information that is no longer needed
  - Do not leave information unattended
  - Remove information from copiers, fax machines, and printers as soon as possible



# Electronic Information

- Where can you find electronic information
  - Computers
  - Text messages
  - Email
  - Social Media
- Things to Remember
  - Never really deleted
  - Easy to send to wrong person (or persons)
  - Not always secure



# POWER OF ATTORNEY- FINANCES

- Allows you to plan for future financial decision-making even if you are unable to make your own decision.
- Authorizes another person (agent) to make decisions concerning your property for you whether or not you are able to act for yourself.
- Effective immediately when executed unless you state future date.
- Is “durable” – does not terminate upon the principal’s incapacity unless specifically stated.

# POWER OF ATTORNEY- FINANCES

- If spouse or domestic partner is named and marriage is terminated document becomes invalid- unless specifically stated.
- Executing a new Power of Attorney for Finances does **not**, automatically, revoke a prior document.
- To revoke must be a written and dated statement expressing your intent to revoke. You will need to notify your agent.
- Power of Attorney for Finances does **not** give your agent the power to make medical, long-term care or other health care decisions.

# Advance Care Planning

- Advance Care Planning – learning about the types of decisions that need to be made, considering those decisions ahead of time, and letting others know about your preferences – often by putting them into an **Advance Directive**
- There are other documents that can supplement your advance directive or stand alone that you might consider having:
  - DNR – Do not resuscitate orders
  - Organ and Tissue donations
  - Specific instructions regarding Kidney Dialysis and/ or Blood transfusion

# Advance Directives

- Two types of Advance Directives
  - “Declaration to Physicians” – Living Will
  - Power of Attorney for Health Care



# Living Will

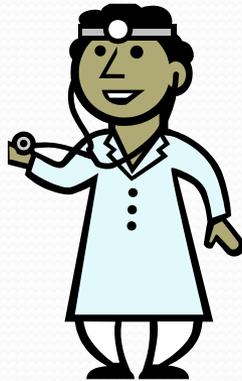
- Makes it possible for an adult to state his or her preferences for **Life-Sustaining Procedures** and feeding tubes, in the event the person is in a terminal condition or persistent vegetative state.
- Life Sustaining Procedures include:
  - Assistance with breathing
  - Artificial maintenance of heart rate or blood pressure
  - Blood transfusion
  - Kidney dialysis or other treatment

# Who Can Be Witness?

- The Living Will must be signed in the presence of two witnesses who know you personally, and believe you to be in sound mind.
- Each witness must be a disinterested person at least 18 year old. A witness cannot be:
  - Related by blood, marriage, or adoption
  - Entitled to or have claim to any of your estate
  - Your doctor, the doctor's staff or any employee of the hospital, clinic, nursing home or other facility providing your care *except* chaplains or social workers
  - Directly financial responsible for your health care.

# When is Living Will Effective?

When two physicians – one who is the attending – have examined and diagnosed you, and certified in writing that you have a terminal condition or are in a persistent vegetative state



# What if I change my mind about the Living Will?

- You can revoke your living will at any time as long as you are mentally competent
- To revoke your living will:
  - Write out a statement revoking your will, sign and date it
  - Destroy the original document and all copies
  - Tell your doctor you have revoked your living will



# What should I do with the Living Will?

- Sign and keep the original in a safe place
- Distribute copies to the following:
  - Doctor's office
  - Hospital
  - Health Care Agent
  - Family members
- Keep a list of everyone that you gave copies to, in case you want to change or revoke the document
- \*\*for a fee you can file one copy at your county register of probate office – (see Court Probate under county government listings in the local telephone directory)

# Power of Attorney for Health Care (POA – Health Care)

- Legal document that makes it possible for a Health Care Agent to make health care decisions if the individual is not capable of doing so.
- Broader than a living will because it applies to all health care decisions – not just in a terminal condition or persistent vegetative state involving life-prolonging measures.
- Can state the scope/ details of your wishes and limits of authority you want to grant your health care agent.

# Power of Attorney for Health Care

- The health care agent can consent to or decline almost any procedure except:
  - Electroshock therapy
  - Experimental mental health drugs and treatment
  - Admission to a mental health facility

# Who Can Be Witness?

- The Living Will must be signed in the presence of two witnesses who know you personally, and believe you to be in sound mind.
- Each witness must be a disinterested person at least 18 year old. A witness cannot be:
  - Related by blood, marriage, or adoption
  - Entitled to or have claim to any of your estate
  - Your doctor, the doctor's staff or any employee of the hospital, clinic, nursing home or other facility providing your care *except* chaplains or social workers
  - Directly financial responsible for your health care.

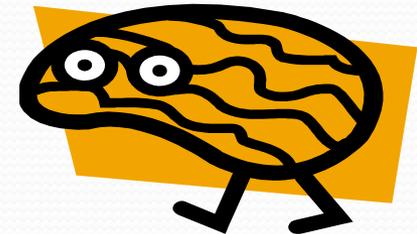
# When is POA – Health Care effective?

When two physicians – or a physician and a psychologist state that you are incapacitated in writing



# What if I change my mind about the POA – Health Care?

- You can revoke your power of attorney for health care document at any time as long as you are mentally competent.
- To revoke your power of attorney for health care :
  - Write out a statement revoking your POA- Health Care, sign and date it
  - Destroy the original document and all copies
  - Execute a new power of attorney for health care



# What should I do with the POA – Health Care?

- Sign and keep the original in a safe place
- Distribute copies to the following:
  - Doctor's office
  - Hospital
  - Health Care Agent
  - Family members
- Keep a list of everyone that you gave copies to, in case you want to change or revoke the document
- \*\*for a fee you can file one copy at your county register of probate office – (see Court Probate under county government listings in the local telephone directory)

# Do I need both Living Will and POA-Health Care?

In Wisconsin, a Power of Attorney – Health Care supersedes or replaces a living will if the two documents conflict

\*\* Generally the POA – Healthcare is the recommended document if you have someone you trust as agent to make your health care decisions. The living will may clarify your wishes and give your health care agent guidance.



# Where to get advance directive forms?

- Most hospitals or physician office
- Electronically going to <http://www.dhs.wisconsin.gov/forms/advdirectives/index.htm>
- You can request a copies by sending a stamped, self-addressed, business size envelope to:

Wisconsin Department of Health and Social Services  
Division of Health- Declaration to Physicians and POAHC  
P.O. Box 309  
Madison, WI 53701-0309



# Questions?



# Diversity and Inclusion

## Providing Culturally Competent Care

Shary Tran

Director of Diversity & Inclusion  
Froedtert Health



# Today's Agenda

1. What is Diversity? What is Cultural Competence?
2. Why is Cultural Competence Important?
3. How Do I Become More Culturally Competent?
  1. Perception Exercises
  2. WeConnect! Model
  3. R.E.S.P.E.C.T. Model
4. Examples of how to effectively communicate

# Definitions

## Diversity

Diversity (*noun*) is...  
the full range of human and/or organizational differences and similarities.

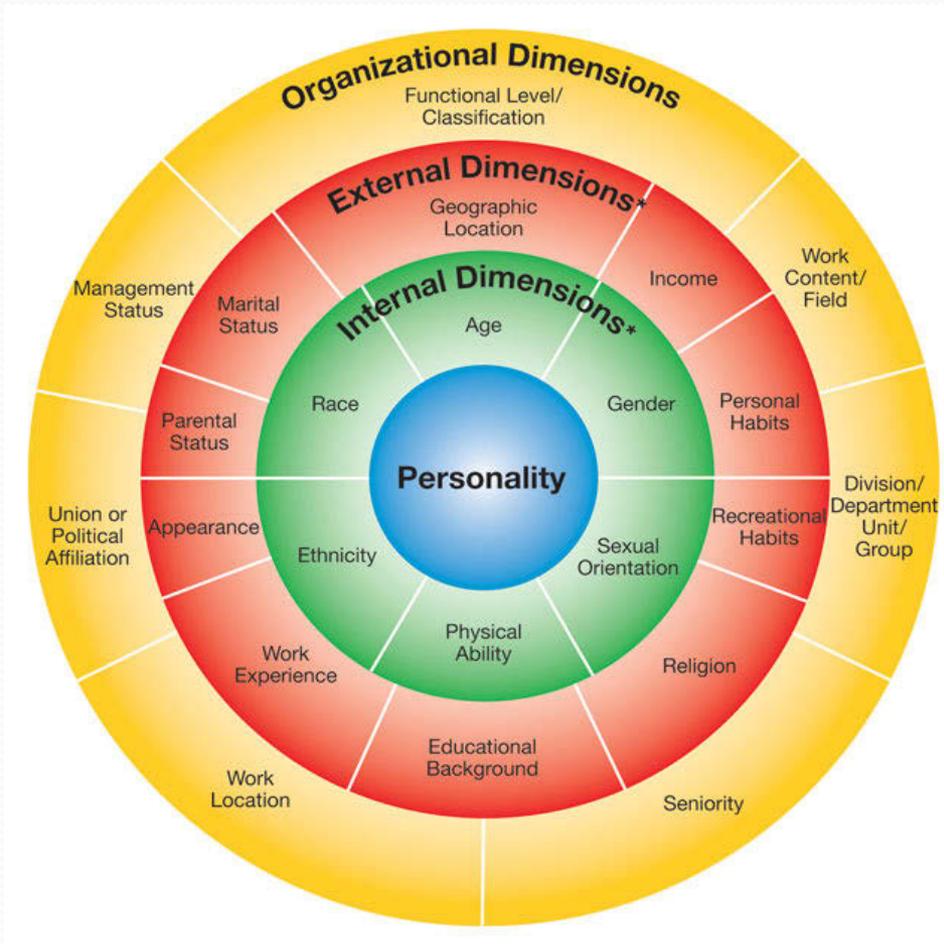
## Inclusion

Inclusion (*verb*) is...  
the active process to **increase and engage all** towards the success of the company.

## Cultural Competence

**Cultural Competence** is the attitudes, skills and behaviors of individuals and systems that make it possible to work effectively in cross-cultural situations.

# Dimensions of Diversity



# Demographic Shifts



# Patient's Perspective

# Lack of Cultural Competence Awareness May Be Caused By:

- Lack of knowledge resulting in an inability to recognize differences
- Self protection/denial leading to an attitude that differences are not significant
- Fear of the unknown or new
- Feeling of pressure or time constraints

# Consequences of Lack of Cultural Competence

- Provider may not understand why the patient does not follow instructions
- Provider may not understand why the family, rather than patient, makes important health care decisions.
- Patient may reject the provider (and entire system) even before any one on one interaction occurs because of non verbal cues.
- Patient may not trust the provider on the health system
- Miscommunication can impact the health outcome of the patient

# Culture Makes a Difference

- Communication and interpersonal style including word choice, voice tone, volume, and eye contact
- Gender issues and consideration for appropriate male/female interaction
- Age, respect, and seniority
- Clothing, hair styles, and body adornment
- Language spoken and English proficiency

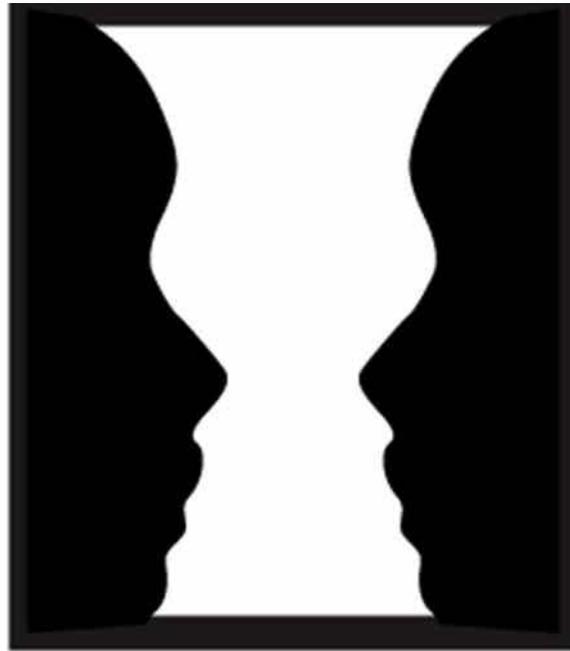
# Acquiring Cultural Competence

- Starts with Awareness
- Grows with Knowledge
- Enhanced with Specific Skills
- Polished through Cross-Cultural Encounters

# Understanding your own personal lens...



# What do you see?





Actually, this says nothing!

**JGF GBFAM JS CQQD**

What if English was not your primary language?

In which direction is the bus going and why?  
(Left or right are the only possible answers)



# The bus is going **LEFT!**

- WHY?
- Because you can't see the door



# Do You See What I See?

Monkey Business



**Relational:** How we relate and rejuvenate

- Family status
- Parental
- Marital
- Recreation
- Personal Behavior
- Habits
- Generation
- Partner

**Cognitive:** How we think and process information

- Thinking
- Learning
- Interpersonal
- Communication
- Introvert / Extrovert
- Management by Strengths
- IQ
- EQ

**Occupational:** How we work and what we do

- Occupation
- Work experience
- Department/Division
- Industry
- Role / Function
- Tenure
- Affiliation
- Status / Level

**Physical:** Who we are and what others think they see

- Age
- Gender
- Gender Identity
- Race
- Physical Abilities
- Sexual Orientation
- Mental Abilities
- Appearance

**Societal:** How we connect and relate to society

- Economic
- Political
- Social
- Language
- Origin
- Education
- Geographical
- Social Class

**Values:** What we believe and feel

- Beliefs
- Practices
- Convictions
- Attitudes
- Personality
- Religion
- Spirituality
- Culture

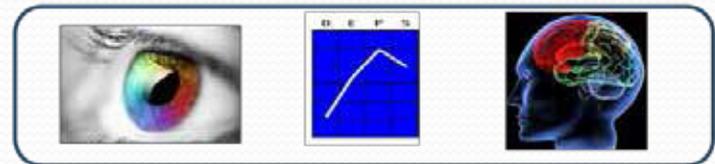


# WeConnect™!

**Relational:** How we relate and rejuvenate



**Cognitive:** How we think and process information



**Occupational:** How we work and what we do



**Physical:** Who we are and what others think they see



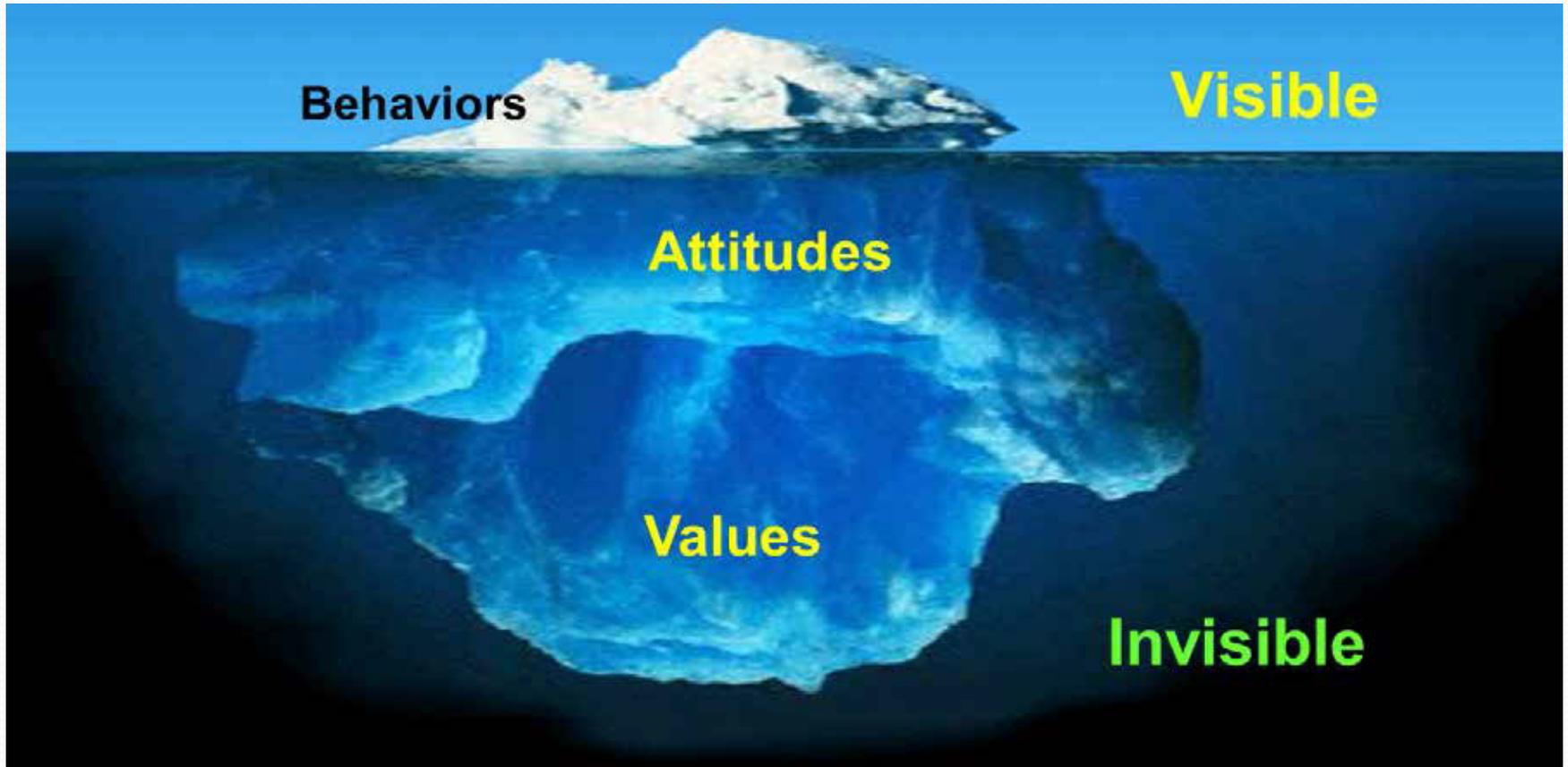
**Societal:** How we connect and relate to society



**Values:** What we believe and feel



# What we see...is often not who we are



# How do we get below the surface?

- Ask questions
- Share information about yourself
- Explore differences and encourage respect
- “Everyone’s behavior makes sense if you have enough information.”

# The R.E.S.P.E.C.T Model of Cross-Cultural Communication

- *Rapport*
  - Connect on a social level
  - Seek the patient's point of view
  - Consciously attempt to suspend judgment
  - Recognize and avoid making assumptions
- *Empathy*
  - Remember that the patient has come to you for help
  - Seek out and understand the patient's rationale for his or her behaviors or illness
  - Verbally acknowledge and legitimize the patient's feelings
- *Support*
  - Ask about and try to understand barriers to care and compliance
  - Help the patient overcome barriers
  - Involve family members if appropriate
  - Reassure the patient you are and will be available to help

# The R.E.S.P.E.C.T Model of Cross-Cultural Communication

- *Partnership*
  - Be flexible with regard to issues of control
  - Negotiate roles when necessary
  - Stress that you will be working together to address problems
- *Explanations*
  - Check often for understanding
  - Use verbal clarification techniques
- *Cultural Competence*
  - Respect the person and his or her culture and beliefs
  - Understand that the person's view of you may be identified by ethnic or cultural stereotypes
  - Be aware of your own biases and preconceptions
  - Know your limitations in addressing medical issues across cultures
  - Understand your personal style and recognize when it may not be working with a given patient
- *Trust*
  - Self-disclosure may be an issue for some patients who are not accustomed to Western approaches
  - Take the necessary time and consciously work to establish trust

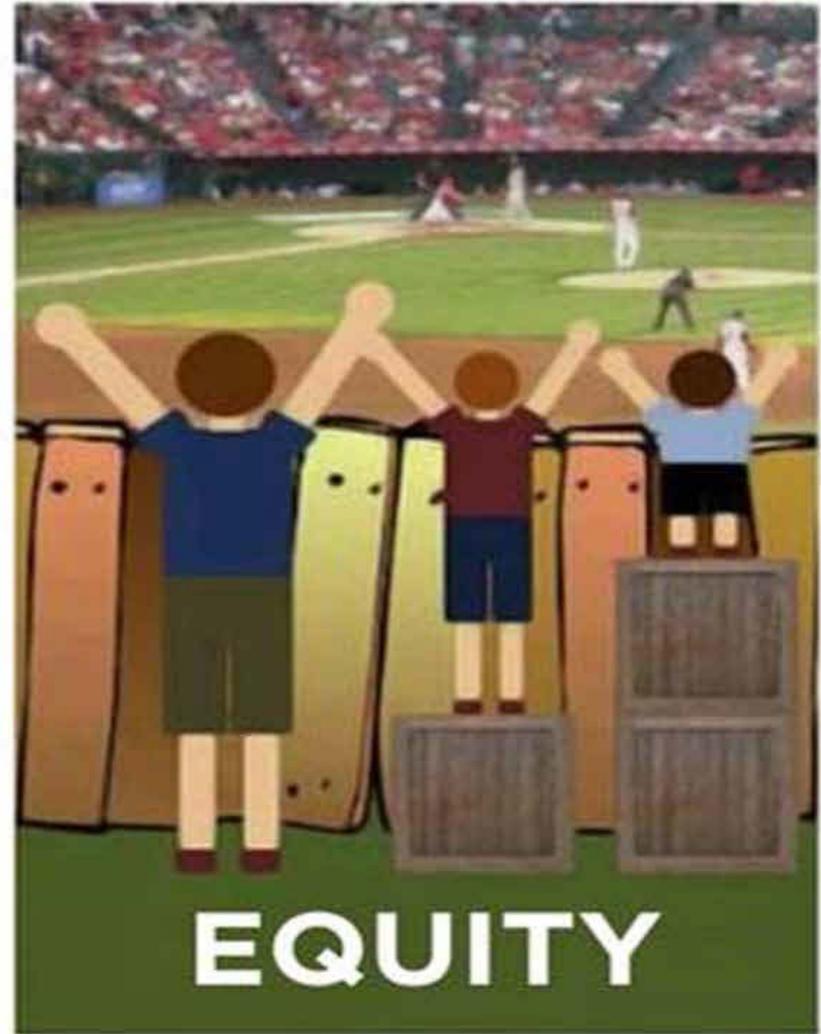
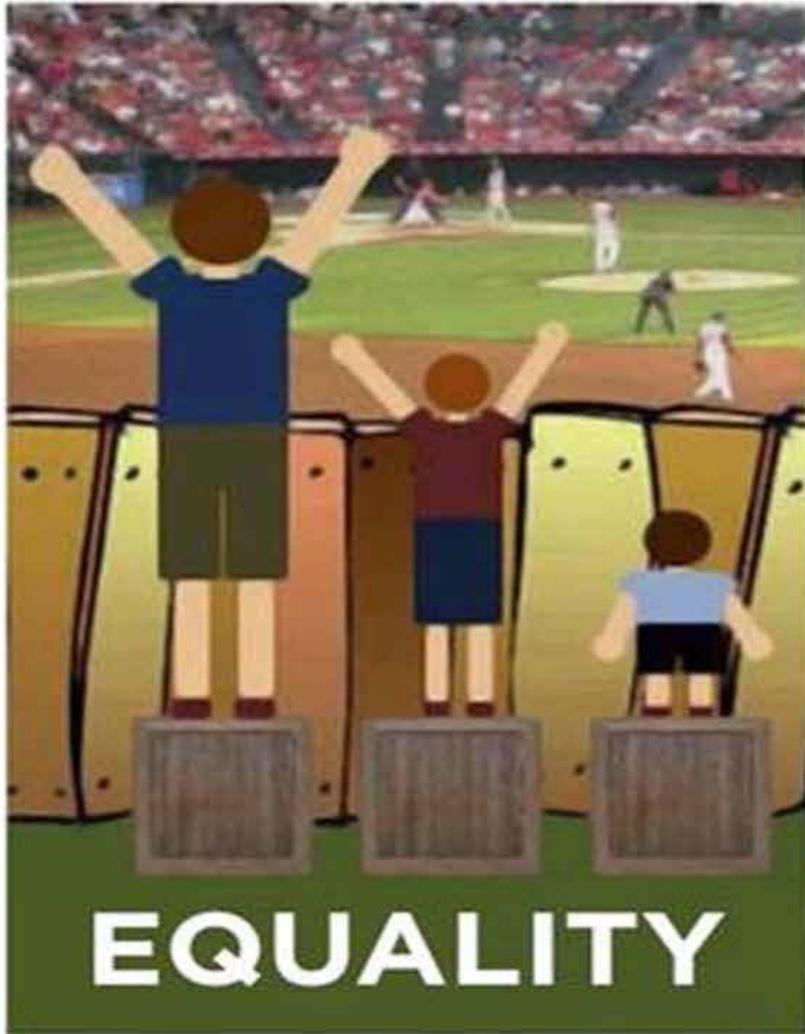
Source: Welch, M. (1998). *Enhancing awareness and improving cultural competence in health care. A partnership guide for teaching diversity and cross-cultural concepts in health professional training.* San Francisco: University of California at San Francisco.

# How Can You Practice Cultural Competence?

- Develop friendships with people who are different from you.
- Practice cultural humility and ask questions
- Ask questions in several different ways
- Get to know the person beyond their ailment
- Follow the “two minute rule”, and don’t rely on first impressions.
- Remember that each person is an individual and shared language, religion, or ethnicity do not always mean the culture is the same

# The Platinum Rule

Treat others the way **THEY** want to be treated.



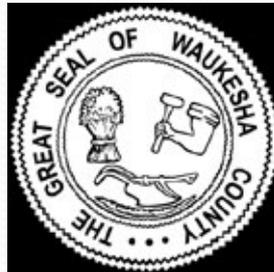
# Questions?

# Wrap Up

Peter Slesar

Division Manager

Waukesha County Department of  
Health & Human Services



# Wrap Up

- Thank you!!!
- Future updates
- General questions
- Program evaluation

# Closing Remarks

Antwayne Robertson

Director

Waukesha County Department of Health and Human Services

