

Minutes of the Health and Human Services Board

Friday, March 20, 2015

Chair Vitale called the meeting to order at 1:00 p.m.

Board Members Present: Citizen Members Joe Vitale (Chair), Lori Cronin, Sarah Justin, Mary Lodes, Tim Whitmore, Supervisors Janel Brandtjen, Duane Paulson, and Bill Zaborowski
Absent: Citizen Members Dr. Steven Kulick and Michael O'Brien, Supervisor Christine Howard

Also Present: Health and Human Services Director Antwayne Robertson, Deputy Director Laura Kleber, Public Health Division Manager Dr. Nancy Healy-Haney, Health Officer Ben Jones, Public Health Supervisor Cynthia Barfknecht, Administrative Services Division Manager Randy Setzer, Intake and Shared Services Division Manager Jesús Mireles, Clinical Services Division Manager Joan Sternweis, Child and Family Division Services Manager Lisa Roberts, Adolescent and Family Division Manager Peter Slesar, Clinical Therapist Laurie Kohler, HHS Supervisor Kathy Mullooly, Dr. Marshall Jennison of the Public Health Advisory Committee, Ron Pupp of Norris Adolescent Center, Karen Villarreal of Safe Babies Healthy Families, Mary Wittwer of Wisconsin Community Service, and Laura Cherone of Family Services of Waukesha

A quorum was present and introductions were exchanged.

Announcements

Vitale requested presence and support at the Public Health 140 Review by the State on March 26, 2015 at the Human Services Center, Room 217. Vitale stated that Waukesha County Public Health has done a wonderful job preparing the documentation for the state's review.

April 2, 2015 is the Waukesha County HHS Board Public Hearing at 7:00 p.m. in the Human Services Center Building, Public Health Division.

On April 23, 2015 the HHS Board meets to discuss and prioritize the unmet needs of the community as presented yesterday and today, at 10:00 a.m., and then at 12:00 p.m. they meet with the County Executive. The swearing in, or inauguration of the new County Executive will have occurred prior to the April 23rd meeting.

Correspondence

None.

Pledge of Allegiance

Future Agenda Items

Contact Linda Johnson or Antwayne Robertson with future agenda items.

Public Health Advisory Committee Needs Presentation

Vitale introduced Dr. Marshall Jennison who is filling in for Dr. Ross Clay, the Chair of the Public Health Advisory Committee as Dr. Clay is in Chicago being re-certified in his specialty.

Dr. Jennison reviewed the PowerPoint (copy attached). They continue to strive to maintain the Level II status. There are only four Public Health Departments at Level I in the State. Level III is the best and Level I is the minimum. The current level they are trying to maintain, Level II, requires seven preventative programs; Adult & Child Influenza Immunization Programs, Sexually Transmitted Clinic Services, Child HealthCheck Screening Program, Childhood Lead Poisoning Prevention Program, Prenatal Care Coordination Program, Drug & Alcohol Screening Program, and International Travel Immunization Clinic Services.

There was question and discussion on the separate parts and difference between the Environmental Health Lead Poisoning Program and the Public Health Lead Poisoning Program. Public Health can screen and identify lead in children and then communicate to Environmental Health to locate the source and eradicate. The way this works does not affect the Level II or III status.

Level II status is important because it ensures CDC funding to the Public Health Division which is almost one quarter of the budget.

International Travel Immunization Clinic discussion. There are a lot of international travelers in Waukesha and making sure they don't come back infected is a big part of communicable disease prevention. Dr. Healy-Haney explained that Waukesha Public Health gives travel alerts on destinations that are deemed 'high risk' to travel to and provides selective immunizations for citizens under the Healthiest Wisconsin 2020 health plan. Waukesha Public Health has CDC software that tells us what the health-risk alerts are around the world on a daily basis.

The 2015 CDC Funding Levels slide shows slight increases in each area, but a decrease in prevention. This raised the question, why the dip in the prevention level from 2014? This was due to a decline in the Health and Human Services CDC budget. Vitale asked if the Public Health Division is allowed to split up the total CDC funding between the seven areas as they see fit. Healy-Haney said the CDC dictates the amounts and they have stipulations on what they must provide on behalf of the funds. Mary Lodes asked if immunizations and prevention go together, or what is under prevention? Dr. Jennison said prevention is both education and immunization. There was discussion about parents opting out of having their children immunized and concerns about herd immunity. Sarah Justin indicated that she has observed a recent swing in that trend on social media. Healy-Haney added they have done a huge measles education campaign in the last two weeks with the schools. Immunization waivers in the schools remains at about 7%. Duane Paulson asked if the prevention funding for 2015 is enough – do we have to backfill that with levy? Healy-Haney said the CDC funding is an extension available to us over tax levy. At Level I, they are required to provide communicable disease control which includes childhood immunizations. The funding over tax levy is used to provide immunization education, and yes, they could use more levy, but Healy-Haney would defer to the Board and the HHS Director.

The graph showing Waukesha County WEDSS Reportable Diseases by Year shows the H1N1 spike in 2009 and Dr. Jennison noted there is no surge protection for that. After that surge, there is a general trend up.

Waukesha County Population is increasing.

Chronic Disease Prevention includes diabetic screening, heart disease prevention which is cholesterol screening and blood pressure monitoring; and lastly education on cancer prevention through colonoscopy, mammography, tobacco prevention, and skin cancer. Chronic disease trends and risk factors were discussed, i.e. not enough exercise, obesity, binge drinking, etc. The survey data for asthma in Waukesha is consistent for the years show on the graph, but historically it is trending up. Can we compare the adult asthma to asthma in children? The problem is they are not able to collect good data on children. They do know from certain national studies being done that asthma is increasing in children as well as adults. Where you have large emissions, such as the I-94 corridor, running through the middle of the county, you will see higher numbers of asthma and other respiratory disease.

Something that stands out on the Community Health Improvement Plan and Process (CHIP) is the drug use epidemic (Heroin and Opioids) in Waukesha County. There are several groups and committees working on the issue. Public Health has started drug screening in September and they are done per orders of the law, court, social workers, etc. It will be interesting if the legislature mandates drug screening for people on various types of relief programs, which has been the talk.

In summary, Public Health has been at Level II since 1989 or 1990, and they want to maintain that level.

Vitale asked Dr. Healy-Haney if nursing staff is cross trained. She answered that they are assigned to specific divisions. However, their walk-in clinic offers a variety of services, is very well utilized, and they have added an evening clinic. For those reasons they have moved in the direction to do more cross training. Do they have open Public Health positions? They have one Public Health Nurse and one Supervisor position open at this time.

Lori Cronin indicated that it was a concern last year that people under the Affordable Care Act would not be able to come to Public Health for immunizations; is that still a concern? Healy-Haney said they have anecdotal information from parents, but she feels they should in all fairness, wait about three to five years to make a determination.

Public Health Annual Report

Ben Jones, Health Officer/Epidemiologist, gave the annual Public Health Report. He shared a copy of the 2014 report (attached). The report and its presentation to the Board is required by the State's 140 review. He invited everyone to attend the 140 review on March 26, 2015. The report includes:

- The Public Health Department's Mission

- Names of the HHS Board, the Public Health Advisory Committee members, and HHS Committee members
- A listing of the major areas of the Public Health Department and highlights from each area
- An activity report comparing 2013 to 2014 (fairly consistent)
- Healthiest Wisconsin 2020 focus areas and infrastructure, and Waukesha County Public Health's Alignment. The 140 Review, which certifies Waukesha County Public Health as a Level I and Level II Health Department. The formal review process is on March 26, 2015 and board members are invited to attend. Vitale complimented the documentation prepared for the review.
 - Are there aspirations to become a Level III? Robertson stated it is being explored, the challenge being ensuring no fiscal implications. The decision is in the early stages.
- Community Health Improvement Plan and Process (CHIPPP). The current CHIPPP ends in June and a new one kicks off.
- Strategic Plan 2014 – 2016
- National Accreditation Standards
- National Accreditation Domains

Children and Family Services Advisory Committee Needs Presentation

Introductions were made. Ron Pupp, Chair of Children and Family Services Advisory Committee (CAFSAC) began by explaining that their title refers to children and families, but they also mean adolescents. They work with children, adolescents, and families.

CAFSAC shared a PowerPoint presentation (attached). The committee tied their presentation back to some of what they talked about last year, i.e. ACES (Adverse Childhood Experiences). They will provide an overview of current needs and make recommendations for the future including community safety, cost effectiveness, and serving families at risk.

Karen Villarreal, co-chair of CAFSAC, explained Maslow's Hierarchy of Needs, a common model used in social services. It was shown with a list of all calls that came in through Impact 2-1-1, most of which were requests for services of basic needs located at the bottom of the pyramid. In order for people to move up the pyramid and be active participants in society, they must first attain the basic needs at the bottom of the pyramid.

The next slide shows the impact of trauma over the life span. The goal of this pyramid is to not go up. The original study was done by Kaiser Permanente. They looked at 17,000 different patient records and a common theme was that people who were dying at a rate that was not congruent with the rest of the national average had ACEs. The heroin epidemic, which they talked about last year remains, and is at the top of the pyramid. This year Pupp said they want to talk about early intervention and prevention. They gave data comparing Wisconsin to the nation, as well as Waukesha compared to Wisconsin, related to the presence of ACEs. In Waukesha we have a higher incidence of sexual abuse and that could be due to the fact that we have the C.A.R.E. Center in Waukesha and they do a very good job identifying sexual abuse. The data is from 2010, which is the most current data available.

Updated Heroin data was given, with the links to where the data came from. Heroin related deaths have increased in the last three years. There is a Heroin Task force and Drug Affected Infants group, among others, dealing with this issue. The Heroin issue still exists in the county and CAFSAC is a partner in working on it, but this year CAFSAC wanted to focus the presentation more on mental health-- the two go hand-in-hand.

The report from Elizabeth Hudson, the director of the Office of Children's Mental Health regarding emerging issues in Wisconsin includes school-based mental health, parent-peer specialists, psychotropic medications (over-prescribing), and psychiatric hospitalizations (need to intervene earlier to reduce admissions). The top needs identified by Partnerships for Children's Mental Health in Waukesha County, which is facilitated by Laurie Kohler, is a similar list including parental supports, expanding community based supports for children, crisis intervention, and transition age services. The term transition means children that are in foster care and are transitioning to adulthood and sometimes need help linking services once they become an adult. They might be in a special education program in school and receive support from child-serving agencies, and they will continue to need support at age 18. We need to better link them to the adult services in the community. The Partnerships committee acts as the CST coordinating committee in Waukesha County.

Karen Villarreal, Safe Babies Health Families, shared a story about a new mom they worked with. Villarreal believes this family may have ended up in deeper end services had the mom not received education and support. She added that 99% of the families they work with are free of substantiated cases of abuse/neglect while receiving services. Key things are education for parents through home visitation programs through the Women's Center. They also need increased access to parent peer advocates. Evidence shows that support from a person that has shared an experience is very helpful. Parents Place and Easter Seals offer Parent Support Group programs.

Pupp stated we're fortunate to have Impact 2-1-1 and organized resources in the community. Parents can call and be made aware of resources. With that in place, some parents still have trouble navigating. A Community Navigator would be someone to assist the family and do a warm hand-off. This idea comes from Milwaukee County where some insurance companies are using Community Navigators to promote a safe handoff. If a family does not accept a referral they will come back into the system at a later time and likely need a higher level of service.

Laura Cherone talked about community based supports they are recommending for children. Increasing day treatment because they don't want hospitalization to be viewed as a solution.

Increasing in-home treatment options because working with children in the context of their family and engaging their parents is very important to help children be more successful. Pupp added that at present he is aware of one in-home treatment provider. They are actually located in Milwaukee County and they send their therapists to Waukesha County. In-home treatment is a real need in this County. Cronin asked if Rogers offers day treatment for children. Rogers has two day treatment programs; one in Brown Deer and one in West Allis, and Pupp believes they also have a third one in Racine.

Cherone continued that peer mentoring and increased recreational options for youth with behavioral health needs and a drop-in center is needed. Create environments where youth with behavioral challenges can participate in recreational activities to give them interests that prevent them from heading in a negative direction.

Anti-Stigma campaigns were explained. There is a lack of understanding of what children with mental health issues are dealing with. There may be prejudices against children who take medication and see a psychiatrist. The negative stigma has to be removed so that more people will take advantage of help that's offered. There was discussion on public awareness building. Laurie Kohler explained QPR. It's a model to help people understand red flags when someone is demonstrating symptoms that they are going into crisis. It's a three pronged approach; Question, Persuade, Refer. QPR goes along with the anti-stigma campaigns because it helps lay people understand and accept mental illness as a disease. Cherone added that the ACEs study is revealing reasons for learning disabilities, mental health issues and psycho-social problems. It is asking us to look at a child and ask what has happened to this child to make him/her behave this way, instead of asking what is wrong with this child.

Access to community psychiatry is a statewide problem. Cherone heard Elizabeth Hudson yesterday talking about the need to have psychiatrists available to see children, confirming diagnoses, and providing medication when necessary. General practice physicians are left in this role and that's where some over-prescribing of medication happens.

Expanding in-school treatment options. Cherone stated there are crises in our schools with increasing numbers of children. Five and six year olds are coming to school having had adverse childhood experiences and they are not ready to learn. Traumatized children have a difficult time learning. Children with mental health issues have learning barriers. These are disabilities that require a different approach. That is how school based mental health has become a state initiative and something CAFSAC wants to expand in Waukesha County. The schools' responsibility is teaching students, not becoming mental health experts. For several years, Family Services of Waukesha has been partnering with some local schools, providing consultation, and helping with capacity building. State of Wisconsin Department of Regulation and Licensing has just made it permissible in the last couple of years for mental health providers to do therapy in the schools to help children who have difficulty accessing services. Sarah Justin has been involved in a public school system, having three children of her own, and knows that a good percentage of children have been traumatized and have behavioral problems. She is happy to hear there are these changes occurring. What happens to the child who gets expelled from school – they likely end up at Waukesha County involved in all kinds of services. Joe Vitale spoke about how the myriad of problems occurring in the classroom over the course of a day affects all students and teachers. The schools need this help.

Crisis Intervention. If we don't have services available when a child is in crisis, they will take it to school. If there's a problem occurring with the child at home or in the community, having a hotline or mentoring for the child or parent would be helpful. Crisis beds, not hospital beds, something like Pathfinders in Walkers Point, Milwaukee; there's no similar option in Waukesha.

We need to expand on educating parents on how to deal with a child in crisis, educating community partners, and educating youth on how to look for “red flags” in their friends.

The fourth area they are highlighting this year is transition age services. Ideally, we’d like to see youth in their own homes, but in reality some are in foster care or residential care facilities. When those youth turn 18, where do they go? The child-serving agency may not be able to keep them, the adult-service agency will start working with them on their eighteenth birthday, but who’s transitioning? There are families who have a child with special needs that have been very involved in advocacy, and then when the child turns eighteen, the child is the decision maker on whether to accept services or not, and that can be difficult for the family. How do we prepare the child to advocate for themselves, to learn to be independent? It is a very complicated process.

Nine CAFSAC agencies responded to a brief poll and the results were given (see the attached PowerPoint) relating to these three county values; promoting community safety, delivering cost effective services, and serving families at risk.

CAFSAC is recommending maintaining or increasing funding for social service providers. Continue to promote and fund early childhood prevention and intervention programs – those ‘bottom of the pyramid’ programs. The Heroin problem continues, and programming is needed to decrease drug use/abuse and improve children’s mental health. Establish task forces and work as a collective impact model, meaning one agency alone is not going to fix a family – it’s a collection of different agencies, including private, public, and government partners working together for a collective impact. Funding opportunities for integrating youth and adult transition services might include public/private partnerships. We don’t have to necessarily raise all the money locally through tax levy; perhaps there are SAMSA grants available. Continue to promote awareness on how early adverse childhood experiences impact later development. Continue to promote a climate conducive to families having access to effective services in their local community.

In summary, CAFSAC is asking the board to consider a 3% increase for child and family Services to maintain current providers, and an additional \$500,000 for HHS to develop innovative partnerships to eliminate wait lists, fill service gaps and meet unmet needs. The \$500,000 is meant to get everyone’s attention, as CAFSAC sees this as a serious problem.

Pupp gave direct quotes from CAFSAC providers when asked what they would do with an additional 3% in funding.

Joe Vitale believes strongly in intervention and prevention. We cannot keep getting behind the eight ball when the problems out there increase exponentially every single year. CAFSAC works very hard – bake sales, fundraisers, writing grants. Doing those funding efforts takes time away from the clients. CAFSAC has worked very hard to integrate and coordinate services.

Duane Paulson mentioned the reality of what new money will be in the budget.

Janel Brandtjen stated that many of these services require time spent with the child and families. She doesn’t know how these services will be of use long term since the executive decision has

been made to send some of our youth to Washington County. Service is made much more difficult when we have visitation issues. Pupp added that early intervention and prevention might prevent the need for detention at all.

MOTION: Whitmore moved, seconded by Lodes to adjourn the Board at 3:10 p.m.

Approved on 4-23-15