

Minutes of the Health and Human Services Board Meeting

Thursday, July 16, 2015

Board Members Present: County Board Supervisors Duane Paulson (Chair), Janel Brandtjen, Christine Howard arrived at 9:50 a.m., and Bill Zaborowski. Citizens Members Mike O'Brien, Lori Cronin, Sarah Justin, Mary Lodes, and Tim Whitmore. **Absent:** Dr. Steven Kulick.

Others Present: Health and Human Services Director Antwayne Robertson, Health and Human Services Deputy Director Laura Kleber, Clinical Services Division Manager Joan Sternweis, Outpatient Services Administrator Dr. Gordon Owley, Mental Health Center Administrator Jeff Lewis, Substance Abuse Services and Mental Health Clinic Supervisor John Kettler, CJCC Coordinator Rebecca Luczaj, Administrative Services Division Manager Randy Setzer, Accounting Services Coordinator Cynthia Lilley, Senior Financial Analyst John Payant, Financial Analyst Lisa Cunningham and Steve Brandhagen, Senior Financial Budget Analysts Clara Daniels and Steve Trimborn.

The meeting was called to order at 8:30 a.m. Introductions were exchanged.

Pledge of Allegiance

Proposed Clinical Services Division Budget

Sternweis presented the Clinical Services Division budget. Sternweis began with an overview of the four areas that encompass the division and introduced staff presenting the 2016 budget. The four program areas include the Mental Health Center, Outpatient-Clinical, Outpatient-Intensive, and Criminal Justice Collaborating Council (CJCC). The total budget is approximately \$24 million and with a tax levy increase of \$159,000. The FTE count increased to .98, noting no new positions and that additional extra help and overtime accounted for the increase. Sternweis stated that every dollar of revenue comes with a rule, regulation, or an explicit set of measures that have to be followed.

Jeff Lewis reported how the Mental Health Center has adapted over the years to emerging trends and citizen needs of Waukesha County. The Mental Health Center is a 24/7 operation and employs over 70 individuals. Lewis reviewed the strategic outcome of assisting at risk citizens by improving access to suicide prevention resources with the development of Crisis Intervention Training (CIT), implementing Question, Persuade, Refer (QPR) protocol, and quality outpatient and crisis intervention treatment. An emergency detention is an involuntary effort when a person is detained against their wishes and is not a candidate for voluntary treatment. As the division moves toward cross divisional initiatives to assist with trauma informed care; the department continues to work closely with 211 on early intervention, expand mobile crisis services 24/7 to respond to the needs of those under consideration for emergency detention by law enforcement, and collaborate on the statewide initiative using the Zero Suicide approach. Lewis continued review of program highlights, interdepartmental charges, and program activities. The fund balance decreased which covers equipment replacement and building improvement items to remain in compliance with hospital regulations. Personnel costs increased due to cost to continue and the realignment of staff. Two other initiatives include a salary provision to reimburse the psychiatrist, and the recruitment of an LTE dietitian.

The Division is also focused on dual certification of staff, both inpatient and outpatient, as 56% of those admitted in 2014 had a co-occurring substance use in addition to a mental health issues. Two targeted goals accomplished include maintaining the readmission rate below 10% and to incorporate the use of certified peer specialists in inpatient groups. 2014 readmission rate was 8.6%, and for 2015 it is 9.5%.

In response to Zaborowski's question, Lewis said a new contract was established with Walworth County to accept referrals on emergency admissions, if capacity was available.

Dr. Owley oversees the Outpatient-Clinical located at the Human Services Center and the Outpatient-Intensive located at the Mental Health Center. Mental Health Clinical Services includes mental health, treatment, substance abuse, crisis, children's mental health, psychiatry, and medication management services. The department has experienced a number of personnel changes in 2015. The clinical psychologist position was unfunded due to retirement. The funds associated with that position were shifted to fund an additional supervisor to coordinate crisis services for children's mental health, and oversee the expansion of the comprehensive community support for the juvenile intensive program; a state mandated program through calendar year 2015.

Owley reviewed the strategic plan which is to provide quality services by expanding business hours. Same Day Access and Just in Time Scheduling are two models being researched. Same Day Access refers to someone who wants an appointment for a mental health or substance abuse assessment or service. The consumer can call and be seen that same day or within two days from the day of call. Just in Time Scheduling refers to a doctor appointment. The consumer is told to call the office when 4-6 days away from running out of medications, and will be scheduled to see a psychiatrist. This change will be beneficial for consumers and challenging for the psychiatrist sharing the caseload. Owley continued with review of the program highlights noting in 2014, the department received a grant from the state to enhance crisis services to children and youth. Personnel costs increased due to cost to continue and reclassification of two clinical therapist positions. Operating expenses reflect a decrease related to pharmaceutical costs as more clients are presenting with health insurance. Program Activities were reviewed.

The Mental Health Outpatient Intensive program is comprise of two units at the Mental Health Center; the Treatment and Support Services Unit (TSSU) and Comprehensive Community Services (CCS). Owley reviewed the program highlights, charges for service revenues are budgeted to increase which is reflective of an increase in client fee revenue for services billed to medical assistance for the CCS program. Personnel costs decreased due to realignment of quality assurance staff, and highlights from program activities were reviewed.

Luczaj presented the Criminal Justice Collaborating Council (CJCC) budget. Luczaj began with the strategic outcome to provide quality program and services. The strategic objective focuses on participation in the evidenced based decision making initiative. The State of Wisconsin was chosen by the National Institute of Corrections as one of three states to participate in this national initiative. The three states include Wisconsin, Virginia, and Indiana. Waukesha County is one of six counties to participate. Other counties include LaCrosse, Rock, Marathon, Outagamie, and Chippewa. This is a one year planning initiative that began in April 2015. The policy team consists of sixteen members and is a one year planning initiative through March of 2016. The policy team will analyze all the decision points within the criminal justice system, from arrest thru case disposition and post conviction supervision probation, to minimize discretion and subjectivity using evidence based practices. The group will identify areas where change can be made and has initiated the system mapping exercise. After March 2016, Waukesha County would be eligible for 1 year of technical assistance.

In response to Paulson's question, Luczaj indicated that Eau Claire and Milwaukee counties were part of a pilot initiative four years ago with the National Institute of Corrections. Luczaj shared an example the counties implemented.

General government revenues decreased due to the end of the federal drug court grant. Charges for services are budgeted to increase due to the fee revenue from two programs of the Alcohol Treatment Court and Day Report Center programs. The fund balance decreased, as this was a one time fund balance received in 2014, carried over into 2015, and is currently being applied to maintain capacity of the Drug Court program. Review continued with increase in personnel costs due to cost to continue and a decrease in operating expenses, due to the federal grant ending on June 30, 2015. The Treatment Alternatives and Diversion Grant (TAD) will end and go out for competitive bid in 2016 for funding starting in 2017. Waukesha County applied for a federal enhancement grant for the drug court program. It is a two year grant, and if awarded, would begin on October 1, 2015, and provide for a seamless transition of funding for the program. Contracted services for 2016 allows for a 1.5% cost to continue for most of the contracted providers. The Correct Care Solutions contracts received a 3% increase per the Sheriff's Department Medical Services contract agreement. Program activities were reviewed. The programs include: Alcohol Treatment Court, Community Service Options, Drug Treatment Court, Day Report Center, Pretrial Intoxicated Driver Intervention (OWI), Jail Adult Basic Education (ABE), Pretrial Supervision, Pretrial Screening, Jail Alcohol and Other Drug Abuse (AODA) Services, and Reentry Employment.

A significant impact for Waukesha County is the Intoxicated Driver program. Luczaj stated the governor has proposed a transfer this program from the Department of Transportation to the Department of Health Services. Ten counties operate the program and are anticipating a loss in state funding. State funding will end June 30, 2015. Program capacity will be maintained through September 30, 2015. If no additional resources are shifted to cover the gap, the program may reduce capacity in 2016.

Proposed Public Health Division Budget

Healy-Haney presented the Public Health Division 2016 budget. The Division was recertified as a Level II public health agency. Healy-Haney began with an overview of the four program sections that include Administrative, Family and Community Health, Women, Infants and Children (WIC), and Communicable Disease Control and Public Health Preparedness. The infrastructure in the

division was streamlined to match fully with the National Accreditation as the division proceeds in that direction.

The Family and Community Health section now reflects all the work with individuals and families, and highlights population health which is a concentration in terms of accreditation. This section provides all the preventive health screenings. The division concluded the Community Health Improvement Plan and Process (CHIPP) for period 2010-2015. The WIC program is federally funded and provides nutritional assessments for women, infants, and children under one year through five years of age. Nutritional recommendations may be purchased through vouchers for designated foods to remediate nutritional deficits.

The communicable disease section responds to eighty nationally reported communicable diseases, tuberculosis (TB) referrals, and offers sexually transmitted disease screenings and intervention. In 2015, the division received a score of 100% from the Centers for Disease Control (CDC) for the capabilities to respond to public health preparedness. Additional emerging diseases the division has intense capacity building include Ebola and Middle Eastern Respiratory Syndrome.

Healy Haney continued review of the strategic outcome for an economically vibrant county. The division will offer preparedness assistance to five hospital health systems to remain economically viable in reducing preventable communicable diseases. Another strategic outcome is for a well planned county. Every five years, the Waukesha County Community Health Improvement Plan and Process (CHIPP) steering committee will make available information on the health status of the community, along with the identification of leading health problems and needs of the community. The next CHIPP will begin January 2016.

Healy-Haney continued with review of program highlights noting a decrease in general government revenue, charges for services decreased due to a combination of reduction in the client global travel clinic and in the health check program.

In response to Whitmore's question, Healy-Haney stated that Health Check enrollments are physical health checks on children that come into the clinic for WIC, and evaluations for normal growth and development, and nutrition. Immunizations are offered to these children. Services are billable under Medicaid.

In response to Lode's question, Healy-Haney stated that WIC does not fall under the new state guidelines for drug testing.

Healy-Haney continued with interdepartmental revenues, personnel costs increase due to cost to continue and the preparedness grant, and operating costs decreased as a result of declining enrollment in the travel and childhood immunization clinics.

Jones highlighted new measures for the public health administration program activities which streamlines better representation of the Division. Under Family and Community Health, a new measure that is in high demand and requested by parents is the number of children receiving fluoride varnishing. Interdivisional drug screening has reflect an increase in positive screens. Total communicable disease referrals investigated and cases identified, and the number of preparedness trainings conducted are all new activity tracking categories.

Proposed Administrative Services Division Budget

Kleber discussed the strategic plan process and how the Division conducted an environmental scan of all local, national, regional, and state trends. The UW Extension office provided assistance on challenges the division may encounter over the next three to five years. A few areas assessed include homelessness, heroin and other drug use, chronic diseases, behavioral health as it relates to the aging population, and changes in how the department delivers services. Strategic objectives increased to twenty-one and are relative to six of the seven county strategic outcomes. Kleber noted that the division received an honor of “most improved strategic plan” from County Executive’s office.

Kleber summarized the cross department and divisional initiatives heard in the division’s budget presentation. Those include:

- Trauma Informed Care
- Heroin Task Force
- Continuous Quality Improvement
- Cost Effectiveness and Efficiencies to increase revenue
- Behavioral Health efforts
- Professional development of staff
- Expansion of after hours
- Increased Partnerships
- Planning for future challenges

Kleber reviewed the strategic outcome of a safe county. The Division annually surveys employee’s emergency preparedness skills and provides employee training where gaps are identified.

The second strategic outcome of a county that assists at-risk citizens relates to the rising use of opioid and heroin addiction. The Division has contracted with facilitator Dorothy Chaney to lead the Heroin and Other Illicit Task Force members on the five pillar approach. A sixth pillar was added, Drug Affected Babies. Kleber noted an educational presentation will be provided to the HHS Board and Committee at a future date.

The third strategic outcome of providing customers with quality programs and services is maintained with the practice of continuous quality improvement through annual program evaluations using the evidence based practice approach.

The fourth strategic outcome of providing cost effective services is being delivered by building a culture of trauma informed care by raising awareness and increasing knowledge of basic trauma principles and practices among Waukesha County employees.

Setzer presented the Administrative Services Division 2016 budget. Setzer began with an overview on the state of the budget on behalf of all Health and Human Service divisions. Setzer reviewed the revenue comparisons from the 2015 adopted budget to the 2016 budget. He noted the only division area that received an increase in contracted services was the clinical areas due to physician wages. Additionally, looked at where expenses can be decreased based on trends.

Setzer discussed in detail thirteen new position justifications and/or reclassifications of positions throughout the Division. Setzer shared a diagram of the net change in FTE by division.

The Administrative Services budget includes the Fiscal, Medical Records, Business Application Support units, Executive staff, and Emergency Preparedness employees. Setzer referenced the strategic outcome objective 7.2, the Department will modify current business policies to better meet customer needs, reduce denied claims, and improve revenue cycle integrity. Currently, the department is analyzing staff utilization by looking at real time scheduling and assigning individuals to fully maximize their productivity to meet customer needs. Additionally, looking at benchmarking and trending of denials, and a web based service called Claim MD.

In response to Howard's question, Setzer stated the front desk staff ask for one's insurance card and then validate by phoning the insurance company. With Claim MD, one's insurance information is streamlined and available instantly.

Setzer continued with review of the general government revenue, personnel costs increased, and an increase in operating expenses due to contracted services for Netsmart maintenance and licensure fees for the CORE project implementation. The Family Care payment to the State is a mandated payment back to the State for the State Family Care initiative which began in 2008 for Waukesha County.

Recap and Summarization

Robertson thanked the Health and Human Services Board members for being attentive, focused, and invested in the services provided by each Division of Health and Human Services. Robertson further complimented the Managers and staff for the hard work and challenges with the 2016 budget, and Deputy Director Kleber for the summarization of our strategic plan and initiatives that were embedded in the 2016 budget. This process is consistent with the County Executive and County Board's efforts to ensure we are providing a well planned county to the citizens of Waukesha County. The objective was to present a balanced budget, to maximize our revenue opportunities and be fiscally responsible, and at the same time, no individuals, families, or services are being compromised.

Paulson stated the process going forward is to approve or disapprove. A cover letter will be prepared to send to County Executive that this budget has been reviewed and agreed.

MOTION: Howard moved, second by Cronin to accept the Health and Human Services Division's 2016 operating budget. Motion carried 9-0.

MOTION: Paulson moved a referral to the County Executive's office for consideration, to have the County's Veteran Service Officer position, classified as Division Manager, to a cabinet position of leadership reporting directly to the County Executive. Motion carried 8-0 with 1 abstention.

MOTION: Paulson moved to have \$50,000 available to go into the Drug Courts. Being no second motion to proceed, Paulson will send a letter independently to the administration.

Adjournment

Brandtjen made a motion to adjourn second by Whitmore. The motion was voted on and carried 9-0. The meeting adjourned at 12:03 p.m.

Minutes recorded by Linda Johnson

Approved on 9-10-15
Date