Minutes of the Combined Health & Human Services Committee & Board

Thursday, September 10, 2015

Chairs Yerke and Paulson called the meeting to order at 1:00 p.m.

Committee Members Present: Supervisors Gilbert Yerke, Duane Paulson, Bill Zaborowski, Jeremy Walz, Tom Schellinger, and Christine Howard. **Absent**: Janel Brandtjen

Board Members Present: Supervisors Duane Paulson, Bill Zaborowski, and Christine Howard, and Citizen Members Mike O'Brien and Sarah Justin. **Absent**: Supervisors Janel Brandtjen and Citizen Members Dr. Steven Kulick, Mary Lodes, Lori Cronin, and Tim Whitmore.

Also Present: Legislative Policy Advisor Sarah Spaeth, Health & Human Services Deputy Director Laura Kleber, Adolescent & Family Services Manager Peter Slesar, Carroll College Professors Drs. Camie Morris and Jennifer Huck, Information Services Coordinator Sandra Masker, Senior Financial Analyst Clara Daniels, Aging & Disability Resource Center (ADRC) Manager Luann Page, and ADRC Coordinator Mary Smith. Recorded by Mary Pedersen, County Board Office.

Committee Agenda Items

Approve Minutes of 8-13-15
MOTION: Zaborowski moved, second by Schellinger to approve the minutes of August 13. Motion carried 6-0.

Schedule Next Meeting Dates
- October 8 & 9 (budget review meetings; 8:30 a.m. start time)

Executive Committee Report of 8-17-15
Yerke highlighted the following items discussed at the last Executive Committee meeting.
- Approved ordinances which have since been approved by the County Board.
- Heard a presentation on the internal audit of the Collections Division.

Future Agenda Items
- Safe Babies Healthy Families Presentation (Howard)
- Waukesha County Community Dental Clinic Presentation (Howard)

Legislative Update
Spaeth advised a bill is circulating in Madison to move first time non-violent juvenile offenders to the juvenile system, however, no funding is included.

Announcements
Spaeth asked supervisors to contact her if interested in volunteering on September 30 at senior meal sites.

Board Agenda Items

Approve Minutes of 7-15-15, 7-16-15, and 8-13-15
MOTION: Howard moved, second by Zaborowski to approve the minutes of July 15. Motion carried 5-0.

MOTION: O'Brien moved, second by Zaborowski to approve the minutes of July 16. Motion carried 5-0.

MOTION: Howard moved, second by O'Brien to approve the minutes of August 13. Motion carried 5-0.

Advisory Committee Reports
O'Brien reported on the Intergovernmental Policy for the Intoxicated Driver (IPID) Advisory Committee meeting. Clinical Services Supervisor John Kettler reported that both Alcohol Treatment Court and Drug Treatment Court are going well although Alcohol Treatment Court has been more successful due to a lack of funding and hence less participants in Drug Treatment Court.

Announcements
Paulson announced the next Health & Human Services Board meeting is scheduled for October 12.

Combined Committee/Board Agenda Items

Report on the Department of Justice Evidence Based Practice Refinement Grant
Slesar indicated that previously approved ordinances to accept Juvenile Justice Grants has allowed the department to work with Carroll University to develop the evidence based refinement report on juvenile recidivism. Huck and Morris were present to give a PowerPoint presentation. Data was collected from the Health & Human Services Department on juvenile delinquency. Also, a quantitative analysis of the data was done through interviews with social workers to determine best practices for lowering recidivism. It was determined that communication within the family and with the social worker is paramount to success. She said they found the access account (file sever) as an appropriate tool but a client server system would perform stronger. It was suggested that economic data of families be transferred to the delinquency database. Also, it was recommended that information be collected on means of success other than recidivism (e.g., school success, improved family relations). The sample included 125 delinquent youths with completed criminogenic needs assessments (CNAs). The analysis showed that age, tracking, and youth CNA scores were significant predictors of reoffending. Slesar noted intensive tracking is a contracted service with Wisconsin Community Services and this analysis will allow staff to put more energy towards those who are at higher risk of reoffending. Maturity was seen as more important and influential than age itself and sociological factors are more important to understand than age itself (e.g., freedom, independence, trust in the system, belief in others). Slesar said they rely heavily on this assessment tool and the study confirms the tool is valid in trying to reduce recidivism rates (i.e., higher scores equal higher risk). Morris indicated a focus group determined social workers may need additional tools at their disposal to encourage families to become more involved with a child's treatment. Slesar said older delinquents may be at higher risk for reoffending within one year of

their supervision end date because of deteriorating relations with the family and perhaps with their social workers as well.

Update on the Core Project
Masker gave a presentation on the core systems project involving case management and the flow of data including client assessments, service needs, invoicing, payments, etc. within the Health & Human Services Department and its divisions. This has all being evaluated and current systems are being replaced with Clinical Solutions, Business Solutions, Connection Suite, and Insight as well as various interfaces (Netsmart). The project is being implemented in phases and the first phase was completed in 2013. Masker discussed in detail ongoing problems with the vendor and the vendor's system which have resulted in changes, delays, additional system purchases, and chargebacks totaling $116,000 (not all of which has yet been accepted by the vendor). The project is now scheduled for completion in 2016. Masker advised of other counties implementing Netsmart systems and are also having issues and delayed completion dates.

Yerke asked if these issues could affect services. Masker said processes have been put in place but there are many unknowns. Kleber noted training is a challenge and there has been a high staff turnover within the department. Zaborowski asked if we could change vendors. Kleber said this is a multi-million dollar project that went through the RFP process years ago and reiterated many counties in the state are having similar problems. Items have been renegotiated over the years. Masker noted due to a lack of attention by the vendor on certain issues, staff have taken on those responsibilities. Yerke requested brief monthly updates.

Update on Aging & Disability Resource Center (ADRC) Proposed Budget Changes and Impact on the ADRC
Smith and Page were present to discuss this item. Information on Act 55 (2015-2017 State budget) was distributed. Regarding Senior Care (Wisconsin's prescription drug program), Page said included in the governor's budget was a requirement that all people age 65 and older needing Senior Care would need to apply for Medicare Part D. Those eligible for Medicare Part D would be required to take Medicare Part D and Senior Care would be the "wraparound." Aging advocates were against the change and, ultimately, Joint Finance deleted the recommendation from the budget and the governor did not veto it so Senior Care stands.

Regarding ADRCs, Smith said the governor was proposing significant changes by eliminating the ADRC governing board/advisory committees and allowing the State to contract with resource centers or private entities. After much advocacy and public hearings, Joint Finance deleted all recommendations that modified the statutory requirements for ADRCs and the deletion of the governing boards. However, Joint Finance did require the State Department of Health Services (DHS) to evaluate the functional screen and options counseling for reliability and consistency across the state. During the next couple years, the State will conduct many studies and revisions including a study on integrating ADRCs into the Income Maintenance Consortium model. Ultimately, the governor did not veto any of Joint Finance's changes. Smith explained the various evaluations that will be done between now and 2017. She noted the State recently issued a draft of the 2016 ADRC/State contract which include a number of revisions, enhancements, and requirements. Smith said they "have bought some time but they are not out of the woods yet." Page noted the next County budget could look very different depending on what those findings are.

Page discussed major changes with Family Care and the IRIS Program (Include, Respect, I Self-Direct) and what some are referring to as IRIS 2.0. Family Care is currently in most Wisconsin counties. A proposal was included in the budget to expand IRIS statewide. This was upheld and is scheduled to occur in January of 2017. With the new Family Care model, the State is looking at managed care organizations to not only manage long term care services but also acute and primary care services. Included in the governor's budget was language to eliminate the IRIS Program. However, that was overturned and IRIS is staying for now. However, the DHS will be required to submit a waiver to the federal oversight agency requesting changes to Family Care and the IRIS Waiver. If the new waiver is approved, it would eliminate the COP/CIP Program. For ADRCs, the DHS will have to submit quarterly reports as to how the waiver is working. Page indicated public hearings will be required prior to this process and she distributed information on those hearings being held this month. Page said brand new are regional integrated health agencies to provide long term acute and primary care services. There are many unknowns with this proposal. These regions will be larger than current long term care regions but would include the self-directed option similar to IRIS. Another requirement is to consult with stakeholders and submit concepts to the legislature and then send the request to the Federal government. This would be a huge change to Family Care and IRIS.

MOTION: Howard moved, second by Zaborowski to adjourn the committee meeting at 3:01 p.m. Motion carried 6-0.

MOTION: Justin moved, second by Zaborowski to adjourn the board meeting at 3:01 p.m. Motion carried 5-0.

Respectfully submitted,

Christine Howard

Christine Howard, Secretary
Health and Human Services Board