

## **Minutes of the Health & Human Services Board**

**Thursday, March 24, 2016**

Chair Paulson called the meeting to order at 12:35 p.m.

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

**Also Present:** Health & Human Services Director Antwayne Robertson, Health & Human Services Deputy Director Laura Kleber, Adolescent & Family Services Manager Peter Slesar, Clinical Services Division Manager Joan Sternweis, Intake & Support Services Division Manager Kathy Mullooly, Certified Peer Specialists Terry Findley, Mackenzie Farrell and Lexi Sandoval, Health & Human Services Supervisors Danielle Birdeau, Fred Garcia, Brad Haas, John Kettler, Diane Scheerer, and Sarah Vargas, Child & Family Services Advisory Committee Chair Karen Villarreal, Child & Family Services Advisory Committee Co-Chair Pam Groh, Accounting Service Coordinator Cynthia Lilley, Senior Financial Analyst Will Emslie, Senior Financial Budget Analyst Steve Trimborn, Addiction Resource Council Executive Director Joe Muchka, Alcohol & Other Drug Abuse Advisory Committee Chair Rose Barton, Alcohol & Other Drug Abuse Advisory Committee Co-Chair Lou Hernandez, Mental Health Advisory Committee Chair Mary Madden, Mental Health Advisory Committee Co-Chair Linda Cole, Public Health Advisory Committee Dr. Ross Clay, Mental Health Center Administrator Jeff Lewis, Public Health Manager Dr. Nancy Healy-Haney, Epidemiologist/County Health Officer Ben Jones, Lutheran Social Services Missy Kueht-Becker, The Women's Center Diane Ripple, Family Service of Waukesha Laura Cherone, Aging & Disability Advisory Committee members Susan Schweda, Judie Berthelsen and Carolyn Spitz. Recorded by Linda Johnson.

### **Approve Minutes of 1-14-16 and 2-11-16**

MOTION: Howard moved, second by Zaborowski to approve the minutes of January 14, 2016. Motion carried 5-0.

MOTION: Zaborowski moved, second by Howard to approve the minutes of February 11, 2016. Motion carried 5-0.

### **Correspondence**

The annual Health & Human Services Board Public Hearing will be held on Thursday, April 7, 2016, 7:00 p.m. at the Human Service Center.

### **Advisory Committee Reports**

Whitmore stated the Child and Family Services Advisory Committee has requested a liaison from the Health and Human Services Board. Paulson has notified the appointing County Executive's office.

### **Alcohol and Other Drug Abuse Advisory Committee Needs Presentation**

Barton commented on a crisis situation in the United States regarding the diminishing rate of qualified AODA counselors. In 2011, the U.S. Bureau of Labor estimates that there were 980 employed

substance abuse counselors and another 2,270 professional in the single category of mental health and substance abuse social workers. Less than 15% are under the age of 35. In 2012, a survey revealed 51% of the substance abuse counselors may age out of the workforce by 2022. Waukesha County is losing 10% of its workforce each year. The AODA Advisory Committee is asking the Board to support the State Council on Alcohol and other Drug Abuse (SCAODA) ad hoc committee and implement any recommendations made since most of the unmet needs will not be able to come to fruition if there are not qualified AODA professionals to address the needs.

AODA unmet needs include:

1. Request for Information (RFI) be conducted to explore alternatives to traditional opiate detox and provide a cost analysis.
2. Bring awareness to certain populations (aging, women, and adolescent) that are in need of substance abuse services. Support agencies trying to establish the expansion of substance abuse and treatment programs in Waukesha County.
3. Support the use and expansion of: 1) medication assisted treatment for opiate users as part of a recovery program, 2) Vivitrol distribution for those newly released from incarceration, 3) Narcan training for law enforcement and emergency response providers.
4. Continue block grant funding to support AODA prevention programs and minimum 2% cost of living increase in funding to maintain the current level of funding for all existing programs.

Combined Recommendations (AODA and Mental Health Advisory Committee) include:

1. To continue and expand the ability to provide quality services and accessibility to services in a timely manner across the lifespan. The committee requests funding for a .5 FTE Psychiatrist that specializes in addictions to meet the unique needs of people with co-occurring mental illness and substance use disorders.
2. Physical Healthcare needs. The committee requests funding for 1 FTE contracted independent living specialist to support individuals involved in the Community Support and Comprehensive Community Services Programs. Estimated cost is \$45,000 annually.
3. Navigation Assistance. The committee requests reallocation of staff resources to meet the unique needs of the population of people who are affected by co-occurring disorders that currently have no avenues for assistance with accessing and maintaining benefits needed to maintain their recovery and quality of life.
4. Continue the array of medications that are available to Waukesha County residents including medication assisted treatment for opiate users to enhance a proactive implementation of services.

Paulson questioned item #1 above if the .5 FTE psychiatrist would be integrated into the mental health center. Madden noted it would be specifically for the Outpatient Mental Health Clinic.

Paulson questioned item #2 above and where the \$45,000 in funding comes from? Birdeau noted the \$45,000 is based upon a current existing contracted employee contract. Whitmore questioned what other revenue would offset the cost of Medicaid? Birdeau noted that Medicaid is the primary revenue source.

Howard questioned item #3 above if there is a current non-profit agency that is doing this type of work? Madden responded that individuals are often told to contact NAMI. NAMI has a small program that provides assistance for approximately 25 people a year to obtain social security benefits.

Cole noted that Clubhouse is very limited with resources and provides assistance to members only. Howard noted this topic would be good to present before the Thriving Waukesha organization so that everyone involved takes ownership and we know who is doing what in the community. Madden commented that once a person falls through the cracks of not being able to maintain their benefits, it is much more involved to get that person access to all benefits and resources. Sternweis noted the need to possibly change or shift resources at the Health and Human Services Department's entry point for individuals seeking services.

### **Mental Health Advisory Committee Needs Presentation**

Mental Health Advisory Committee unmet needs include:

1. Provide a budgeted increase for contracted mental health services sufficient to maintain contracts and to enable agencies to recruit, train, and maintain staff so that those organizations can meet the ongoing needs of individuals diagnosed with mental illness without interrupting continuity of care.
2. Expand training opportunities for Certified Peer Specialists in Waukesha by providing one peer specialist course per year and ongoing continuing education opportunities. Approximate cost is \$10,000.
3. Provide funding for a Peer Run Respite Center that will make treatment in the community possible for those in psychiatric crisis who are not a danger to themselves or others. The anticipated savings would be realized through decreased hospitalization and incarcerations. Approximate cost is \$400,000.
4. Identify opportunities and foster community collaboration to provide ongoing education and outreach regarding suicide, mental illness, and substance abuse issues.

Howard questioned item #3 in that how many individuals would be able to stay at a peer run respite center for \$400,000. Madden noted that the peer run respite center is a model piloted around the state and funded by grants from the Wisconsin Department of Health Services. A peer run respite center has five to eight beds for stays of five days or less at any one time. Data on all three pilot centers was not available, only on the Fox Valley center, which has been consistently full since opening in the spring. Lodes noted the purpose of the funding request for a peer run respite center is to bring awareness to members of the HHS board as additional data and analysis needs to be explored.

Madden provided a handout depicting unmet needs that overlap with the AODA Committee, unmet needs addressing the Aging & Disability Resource Center, and unmet needs that may be addressed with currently available resources.

Certified Peer Specialist Findley spoke about Friendships Unlimited. Waukesha County contracts with Lutheran Social Services to provide services to the Comprehensive Community Services program. In July 2015, Waukesha County wrote a proposal to the State's request for action for counties to participate in a motivational interviewing training implementation project. Waukesha County was accepted and Findley will be an integral part of a year long training project where training skills can be shared with colleagues at Friendships Unlimited.

Certified Peer Specialists Farrell and Sandoval spoke about a pilot project that was a result of a collaboration between Waukesha County Health and Human Services, Lutheran Social Services, and the National Association for Mental Illness. The project is funded through a three year youth crisis grant to provide peer support to transitioned adults ages 18 to 25.

### **Public Health Advisory Committee Needs Presentation**

Dr. Clay presented on behalf of the Public Health Advisory Committee and thanked the Health and Human Services Board members for all the work that went into the new public health clinic. Dr. Clay provided background information about himself.

The Public Health Advisory Committee PowerPoint presentation of unmet needs and awareness information was reviewed. The top priority is a Level II status request for continued support to maintain funding for existing programs of the Waukesha County Public Health Division through adequate 2017 funding. The seven preventive health programs meet the state of Wisconsin 140 certification requirements. They include: Sexually Transmitted Disease Clinic, Child HealthCheck Program with Dental Varnishing, Childhood Lead Poisoning Prevention Program and Environmental Health Home Lead Inspection Program, Prenatal Care Coordination Program, Public Health Preparedness Program, Women, Infants and Children (WIC) Nutrition Program, Adult Immunization and Influenza Program. A Level III status would require fourteen prevention health programs, of which, some overlap with the Environmental Health Services Division.

Whitmore questioned the Childhood Lead Poisoning Prevention Program and how does that play into the qualification for the state? Jones replied a memorandum of understanding (MOU) is in place between Health and Human Services Public Health Division and Environmental Health Services. The MOU serves to operate the program under the authority of Health and Human Services.

In 2013, there were 31 local health departments with Level III health programs. With higher population density, Waukesha County is seeing an increase in youth drug and alcohol use, infectious disease, and chronic diseases with the aging population. Additionally, the Public Health division performs drug testing for Foodshare recipients, Child and Family (parents in recovery), and Adolescent & Family unit (drug screening for adolescents in counseling or behavioral issues).

Level II status is important because it ensures CDC funding through grants to the Public Health Division. 2016 Federal funding level from CDC for 2016 is 955,000.00. Overall budget is \$3.6 million, federal funding is more than one quarter of the budget. Support staff individuals are essential when responding to natural threats, infectious disease, or organized terrorism that fall under the Level I obligation of surge capacity.

Dr. Clay shared charts on the breakdown of CDC funding for the last two years. The state requirements for the Level I program includes five programs on communicable disease control, generalized public health nursing, health promotion, website maintenance, and chronic disease prevention. On June 14, 2016 a full regional preparedness health exercise will occur and all are invited to attend. Participants at the exercise include the CDC, FEMA, Hospitals, Red Cross, Emergency Management, Law Enforcement, and private industries identified as a point of distribution (POD).

Current problems seen with communicable disease is due to the increasing population in the county, increasing travel to other counties, decreasing vaccination rates among school age children, and increasing complexity of treating some diseases. Dr. Clay shared a chart of reportable diseases and

chronic disease trends for the period 2006-2015, noting the Aging & Disability Resource Center (ADRC) has evidenced based educational programs on diabetes and other chronic diseases. The Public Health Division continues to need experienced clinical staff that have not been filled due to retirements over the years. Other needs include health educators, front desk time and expertise for new medical record and billing, and a dedicated health person for mass clinic/casualty preparedness – emergency management.

Health priority areas identified by the 2010-2015 Community Health Improvement Plan and Process (CHIPP) include: access to healthcare, mental health, and drug use-mortality. The 2016-2020 CHIPP kick off will be in November 2016.

The Public Health Advisory Committee seeks the encouragement of the HHS Board on whether to work toward a Level III status. Dr. Clay shared information on National Public Health Accreditation. Accreditation is voluntarily, but the thought is that CDC funding could be tied to accreditation in the future. Accreditation nationally standardizes the public health level of competency across the United States. Current health departments accredited in our region include Kenosha, West Allis, and Wauwatosa.

Paulson asked for clarification about Level III status versus Level II. Dr. Clay indicated that if the Public Health department remains at a Level II agency, increase in costs will be seen due to increase of population, disease rates, and chronic diseases. If Level III status is sought, overlapping of programs/services with Environmental Health will be coordinated that allows for expansion of programs to be added as the needs of the county change.

Summary of the needs outlined by Dr. Clay include: 1) increase in nursing staff in order to maintain program/services, 2) staff person for the new health program, records keeping, billing, and coding program, and 3) staff person to work on national accreditation. The department is working toward national accreditation for calendar year 2020.

### **Children & Family Services Advisory Committee Needs Presentation**

The Mission of the Child and Family Services Advisory Committee is to inform the Health and Human Services Board on the needs of the children and families in Waukesha and to recommend strategies to meet those needs. Karen Villarreal, Chair of the Children & Family Services Advisory Committee, Laura Cherone, Family Service of Waukesha, and Joe Muchka, Addiction Resource Council presented. A list of CAFSAC member agencies and strategic outcomes were shared. Villarreal touched on key topics of last years needs which are still relevant to date. A common model used in social services is Maslow's Hierarchy of Needs. Maslow's pyramid diagram 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 related to safety and security, and biological and psychological needs. Villarreal explained that in order for people to move up the pyramid and be active participants in society, they must first attain the basic needs shown at the bottom of the pyramid diagram.

A study in the late 1990's validates the staggering link between adverse childhood experiences in every major area of health, psychological well being, physical and economic problems that communities are spending a lot of money on to solve. Adverse childhood experiences affect neurological, biological, psychological, and social adjustment across the lifespan, and is why prevention and early intervention is critical.

The Center for Disease Control (CDC) reported that overdose deaths linked to heroin increased in 2013 and marks the third year in a row of increased heroin related deaths. State heroin related deaths are rising at a rate of 50% each year, and drug overdose is the leading cause of accidental death. A video clip for a strong foundation on early childhood investment and healthy development of children and families was shared. An environmental scan done by Waukesha County indicates that adverse childhood experiences are those things that happen in childhoods that carry on into their future and become life long struggles. Families in Waukesha County are more complex. Children born drug affected or neonatal absence syndrome (NAS); that is linked back to the heroin epidemic and is affecting the next generation. Continuing concern remains with waiting lists and families in crisis. By the time families can be served, there could be an out of home placement or needs have escalated. Additional experienced staff is necessary for agencies that provide the service to meet the financial needs and expectations as public demands increase. Many successes with community partnerships and workgroups were highlighted.

The Children and Family Services Advisory Committee unmet needs include:

1. Consider a 6% increase in the Children and Family Services budget in the area of contracted services with Health and Human Services. Health and Human Services division managers would have the discretion to enhance or sustain current contracted services to create new initiatives based on community needs.
2. Allow successful programs sustainability that are very expensive to maintain with qualified staff.
3. Shift the priorities to serve children and family.

In summary, with the above noted needs, continuation of services can keep families intact, provide positive parenting, and provide a safe and stable community of productive citizens.

### **Aging & Disability Resource Center Advisory Committee Needs Presentation**

Presenters of the Aging & Disability Resource Center Committee include Susan Schweda (4 months on ADRC Board), Carolyn Spitz (on Board since 2010), and Judie Berthelsen (former ADRC employee and new to the Board).

The aging population is experiencing considerable growth at the federal, state, and local levels due to baby boomers who turned 65 in 2011. In 2010, 1 out of 7 was 65 or older, and by 2030 estimate 1 out of 4 will be over the age of 65. In 2025, it is estimated that more than 96,000 Waukesha County residents will be over the age of 65, and 13,000 over the age of 85. Identified increased needs include: 1) affordable and accessible senior housing, 2) care giver support and in home care, 3) workers in health services across the county, 4) transportation alternatives.

Unmet needs identified through ADRC information and assistance calls include: 1) subsidized and accessible housing, 2) transportation, 3) mental health services and case management, 4) dental services, and 5) prescription and medication management.

ADRC resources include federal and state grants, local tax levy, community partner organizations, other county divisions/departments, and volunteers. Continued collaboration and strong partnerships with community agencies must be maintained to meet unmet needs identified by Waukesha county citizens. Top needs identified through citizen interactions, local and state meetings, and ADRC staff

include: 1) transportation, 2) challenges for caregivers, 3) adults at risk population, and 4) dementia and Alzheimer's disease.

The growing transportation needs are for seniors 75 years of age and older, and for individuals with a disability. The ADRC collaborates with transportation affinity group that was formed two years. The affinity group consists of community stakeholders to address gaps in the Waukesha County transportation system. The ADRC continues to do outreach and marketing to make the public aware of the services offered. The top challenges for caregivers was highlighted. Adults at risk are defined as experiencing abuse, neglect, self neglect, or financial exploitation. In 2015, the ADRC received 1,248 calls of concern. Almost half of the calls received were for reports of self neglect. There is a high number of emergency detentions in Waukesha County compared to other counties of comparable size and demographics. There is a need for first responders to have an understanding of what can be done to stabilize a person in crisis without detainment and education of substance use in the elderly.

MOTION: Howard moved, second by Lodes to adjourn the board meeting at 4:08 p.m. Motion carried 5-0.

Respectfully submitted,

Christine Howard, Secretary  
Health and Human Services Board

Approved 4-22-16