



ROCK COUNTY HUMAN SERVICES BOARD MEETING
Wednesday, July 13, 2016 – 4:30 P.M.

Call to Order: Chair Knudson called the meeting to order at 4:30 p.m. on Wednesday, July 13, 2016, in the 3rd Floor Conference room at the Rock County Health Care Center, Janesville, Wisconsin.

Committee Members Present: Chair Brian Knudson, Supervisor; Sally Jean Weaver-Landers, Citizen Representative; Linda Garrett, Supervisor; Kathy Schulz, Supervisor; Shirley Williams, Citizen Representative (in at 4:34 p.m.); Terry Fell, Supervisor; Karl Dommershausen, Supervisor (out at 5:59 p.m.); and Terry Thomas, Supervisor.

Committee Members Absent: Ashley Kleven, Citizen Representative.

Staff Present: Kate Luster, Director; Phil Boutwell, Deputy Director; Sara Mooren, Administrative Services Division Manager; Tim Zuehlke, Controller; Jennifer Thompson, ADRC/LTS Division Manager; Vicky O'Donnell, LTS Social Worker; and Lance Horozewski, CYF Division Manager.

Others Present: Una Williams, daughter of Citizen Representative Williams.

Approval of Agenda: Supervisor Fell moved the agenda to the floor, seconded by Citizen Representative Weaver-Landers. The agenda was unanimously approved. APPROVED.

Approval of Minutes of Human Services Board Meeting of June 22, 2016: Citizen Representative Weaver-Landers moved the minutes to the floor, seconded by Supervisor Fell. The minutes were unanimously approved. APPROVED.

Citizen Participation: None.

Submission of Committee Requests: None.

Approval of Contracts and Transfers: Supervisor Thomas moved eight contracts to the floor, seconded by Citizen Representative Weaver-Landers. Ms. Mooren explained we are transitioning to Family Care and the autism contracts are changing from contracted providers to Rock County. Included in the contracts was a MOU for the second MOU (Memorandum of Understanding) for My Choice, the second MCO (Management Care Organization).

Supervisor Garrett asked about the autism changes. Ms. Mooren advised with transitioning to Family Care Rock County will take over the CLTS waiver clients. We are moving contracts from providers to Rock County. Supervisor Dommershausen asked about the intensive and ongoing rates. Ms. Mooren explained the rates are what the provider was charging, she will bring back more information on the rates. The contracts were unanimously approved. APPROVED.

Review of Bills: Mr. Zuehlke explained the entries for the two physicians were for malpractice insurance covered under contract. Supervisor Garrett asked about the location of Foundations, the Aqua World entry. Mr. Horozewski and Mr. Zuehlke responded.

Praise and Recognition: Ms. Thompson introduced Vicky O'Donnell, LTS Social Worker. Ms. Thompson stated it is not every day she gets a letter about staff, so she wanted to bring Ms.

O'Donnell to the Board to recognize her work. Ms. Thompson read the letter that expressed how Ms. O'Donnell worked on a case with some difficulties between the client and the POA for healthcare. Ms. O'Donnell handled the situation very well and without her help the POA feels he could not have worked with the client. Ms. O'Donnell works really well with difficult cases and has earned trust in the community. Ms. O'Donnell represents all LTS staff and how hard they all are working, even with the increase in caseloads. Chair Knudson and Supervisor Fell thanked Ms. O'Donnell.

Resolution Creating Two Bachelor Level Case Manager Positions, a Peer Specialist Position and Amending the 2016 Budget:

Supervisor Fell moved the resolution to the floor, seconded by Supervisor Thomas. Mr. Boutwell presented the resolution and explained we are creating the positions because the CCS (Comprehensive Community Services) program is needing support. We have tried to incrementally add staff as needed but the CCS program is growing fast. We will be asking for more staff in the 2017 budget. The amount of demand is exceeding our staff.

Supervisor Garrett asked for clarification between the CCS and CSP programs. She also asked about the children served. Ms. Flanagan explained CCS is less intensive than CSP and more supportive than outpatient. The CCS program serves all ages. Ms. Flanagan advised we need to expand the program to serve children and adults. Many children served have complex trauma and families are being served by CYF. We need to support the children and families' needs. The CCS program fills the gap and continuum of care highly associated with trauma and families. Supervisor Garrett asked about the capacity of the CCS program. Ms. Flanagan explained we are at capacity and have to move forward with hiring more staff because we have to accommodate the demand in the community. Our six Case Managers are at capacity with about twelve cases each. We are not allowed to have a waitlist. The CCS program is mandated and 100% funded. We are proposing to hire fourteen staff in the 2017 budget.

Supervisor Garrett expressed concerns about the part time peer specialist position. Ms. Flanagan advised that the peer specialists are structured as a pool. Most prefer part time because many receive benefits and want the flexibility to keep benefits. Supervisor Schulz asked about the qualification. A peer specialist helps support similar to a social worker, but with a unique perspective of having had lived the experience. Ms. Flanagan explained the qualifications and advised the peer specialist would be evaluated the same as providers. The resolution was unanimously approved. APPROVED.

2015 Annual Report:

Children, Youth and Families Overview – Mr. Horozewski explained that the Children, Youth and Families Division encompasses Juvenile Justice, Child Protective Services and the Youth Services Center. In calendar year 2015 the Organizational Effectiveness (OE) team, which included staff from all Children, Youth, and Families (CYF) areas, set several strategic improvement goals. The goals are as follows; implement a Child Protective Services (CPS) safety roundtable staffing process; develop a Critical Incident Stress Management (CISM) process team; eliminate backup CPS Access; develop a local Dialectical Behavior Therapy (DBT) Program; improve CPS worker recruitment and retention; recruit and retain foster families; and implement an improved CPS family interaction process. There were five YSC strategic improvement goals as well.

Mr. Horozewski advised the CISM process is a model to support and debrief staff through peer support when there is a critical incident. We utilized the same national trainer that Law enforcement used. We have helped schools with debriefing after critical incidents such as suicides, and will train schools in the future to do their own.

Mr. Horozewski explained that Ms. Nevicosi lead the development of the DBT program, to help support girls with the highest need. We applied and received the award of a grant to help fund training therapists from our Behavior Health Division. The staff are trained and we have four referrals currently. We are talking about sustainability of this program.

All CYF staff have been trained in Trauma Informed Care (TIC). Judge Bates envisions bringing TIC to the courts and team together moving forward. TIC improvements at the YSC have been significant. We have two staff at YSC who train staff in TIC to teach them how to deal with clients in different ways.

The challenges for the Division continue to be increased caseloads in CPS, increased mandates from the State, drugs in the community and parents with unmet mental health needs. We have high turnover of staff and lack of experienced CPS staff across the division. We are trying to find ways to support workers daily. Improving job satisfaction continues to be a focus.

In 2015, there was a significant increase in the number of children entering foster care. We need more foster homes. We are increasing our efforts to find and retain foster homes in our community.

Supervisor Schulz asked about mentoring. Mr. Horozewski advised we had a gap in mentoring, but our Diversion program and Community Action in Beloit are working on mentoring. Supervisor Schulz asked about the Big Brothers and Big Sisters program. Mr. Horozewski advised they have long waitlists. Supervisor Fell mentioned Chaplain Wagner as a resource for training. Mr. Horozewski advised we are partnering with the Janesville Police Department Chaplaincy Program and they are a huge value to our program.

Supervisor Garrett asked for the return of Ms. Nevicosi to give an update on the DBT program. She asked for clarification about the unmet needs of CPS parents. Mr. Horozewski explained at times parents have unique mental health needs with a level of complexity that make it more difficult to change behaviors and children cannot be returned to the home. The CCS program will help fill this gap by providing outpatient services and Trauma Informed Care (TIC) treatment.

Mr. Horozewski explained we have reallocated one position for one year to work on outreach and a strategic plan to recruit more foster parents targeting the Beloit area. The contact information for the Foster Care recruitment worker will be given to the HSD Board at a future meeting. Supervisor Dommershausen asked about concerns that foster parents work with the schools on plans for children but the parent has the final say. Mr. Horozewski advised it is hard to find a balance. We are involving more people on the primary care team to help find a balance. The Reasonable and Prudent Parenting standards is now a state law and will give foster parents more say.

Behavioral Health Overview – Ms. Flanagan advised there are four key areas in the Behavioral Health Division: Crisis Services; Outpatient Services; Community Recovery Services (CRS); and Clinical Services for Children and Families (CSCF).

Through 2015, collaboration between Crisis Services and Law Enforcement improved with proactive engagement in emergency mental health situations. The Crisis Intervention Trained (CIT) Officers continue to collaborate with Crisis Intervention Unit to improve outcomes for clients. The Jail Re-entry program continues to reduce criminal justice involvement and provide a link for people with behavioral health needs to comprehensive treatment and support upon reentry from jail.

A new initiative in the Crisis Services area is the strategic planning for a school based diversion program, which is scheduled for implementation in fall of 2016. This program is a pilot program in collaboration with three schools in Beloit. This is a collaborative effort through the National Center for Mental Health and Juvenile Justice to reduce juvenile justice involvement of youth with behavioral health needs by diverting arrests in schools. A crisis worker will be called to respond to an incident before police, to do our best to divert arrests, before police are called.

The Outpatient Services launched "Intake" as a welcoming and helpful "front door" for the community to more easily access Behavioral Health services. We received excellent feedback during the first year of operating the Drug Court program and continued to manage the OWI Court program. We added a case management position to primarily work with the community on heroin issues.

The Community Recovery Services (CRS) area includes the Community Support Program (CSP) and Comprehensive Community Services (CCS). There are three CSP units who provide treatment, rehabilitation and support services to adults living with severe and persistent mental illness. The majority of services are provided to individuals in the community either at their homes or other locations to maintain independence and achieve their life goals. In 2016, the CCS program had significant growth and we solidified a region with Jefferson and Green County.

The Clinical Services for Children and Families (CSCF) programs worked on improving access to care and maximized collaboration with the CYF Division. The CSCF program is growing and we are consolidating services to be administered by human services staff. Supervisor Thomas asked if the LTS Committee will no longer meet after the transition to Family Care. Ms. Flanagan advised after November we will have a new advisory committee for both Birth to Three and CLTS combined. Ms. Flanagan responded to questions.

Cost to Continue Overview of 2017 HSD Budget: Ms. Flanagan reviewed the mission statement and the HSD mandated services. Mandated services are services we are required to provide to clients, and we have other services that are not mandated. Calendar year 2017 will be a unique year because we are transitioning to Family Care which means we are losing programs and gaining other programs.

Ms. Flanagan advised the 2017 anticipated revenue decreases are the State reduction in Youth Aids funding; State regionalization of Independent Living Program; and the loss of other grant funds. The 2017 anticipated cost increases are the Departmental personnel costs and funding for 5 additional CYF positions. Also the projected cost increase for State Institutes and hospitals; Behavioral Health client program expenses; Children's Substitute Care and Corrections; and General operational expenses. The reduction needed for a 0% levy increase is approximately \$1.6 million.

Ms. Flanagan explained the possible revenue enhancements are as follows; increase billing revenue for Outpatient and Crisis Services; partnership with Community Health Systems for Outpatient services; expand the number of contracted hospitals to reduce State Institute admissions; enhance recruitment and retention of foster homes; expansion and integration of CLTS and CCS programs; and the expansion of the ACTIONS program at the YSC. She explained other cost saving options. Ms. Flanagan explained the impacts of Family Care and the total potential HSD levy impact. Ms. Flanagan asked Board members to contact her or Ms. Mooren with any questions.

Next Meeting: Wednesday, July 27, 2016 at 4:30 p.m., at the Rock County Health Care Center, 3rd Floor Conference Room, Janesville, Wisconsin.

Adjournment: Supervisor Garrett motioned to adjourn, seconded by Supervisor Fell with unanimous approval at 6:14 p.m.

Jodi Parson, Administrative Secretary

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