Members Present: Sue Bartell, Eric Diamond, Dawn Eyre, Sarah Follett, Jackie Moglowsky, Debra Reak, Leigh Sanderson, Suda Schaffer, Sheryl Smith

Members Excused: Paulette Eck

D. Eyre called the meeting to order at 5:33 p.m.

Minutes:
Review of the meeting minutes from the August 20, 2015 meeting. Motion by D. Reak, seconded by S. Schaffer to approve the August 20, 2015 minutes as presented. Motion carried.

Proposal for BH Taskforce to assume role of CST Coordinating Committee Duties (Youth CM Program)

E. Diamond presented. Review and discussion of the CST Coordinating Committee. There are opportunities to improve the Coordinated Services Team (CST) program. The Youth and Family Program is the current provider for the program which is a $60,000 per year grant funded program. The CST Coordinating Committee is currently the responsibility of the Children’s Advisory Committee (CAC) that meets on a quarterly basis. Discussion to determine if the CST Coordinating Committee should be moved from the CAC to the Behavioral Health Task Force Committee. Questions and answers followed. Motion by S. Smith, seconded by S. Follett to approve the BH Taskforce to assume role of CST Coordinating Committee Duties effective immediately. Motion carried.

Review and Approval of CST Policy and Procedures

E. Diamond presented. A draft of the Coordinated Services Team (CST) Policy and Procedures was provided and reviewed. Grammatical errors were identified by S. Schaffer. Motion by S. Schaffer, seconded by S. Follett, to approve the CST Policy and Procedures as corrected. Motion carried.

S. Bartell will be leaving the Behavioral Health Taskforce Committee.

BH Division Updates
Internal BH Division Updates (staffing changes and operations):
J. Moglowsky provided an updated Human Services Organizational Chart and update on the BH medical package. Questions and answers followed.

New Policy and Procedures (CCS, ACS) review and update on Zero Suicide Model Work:
J. Moglowsky gave an overview of new policy and procedures that have been drafted and rolled out to specific HSD departments. An update on ongoing and upcoming behavioral health staff trainings was provided. An AODA Motivational Interviewing grant was awarded to CCS with
four staff participating. Two staff have been trained as coders and coaches in Motivational Interviewing (MI) and can now train other staff. Person-Centered Plan Training will be held in September. Two sessions will be held, one for staff and one for clients. The client training will be led by peers. Applied Suicide Intervention Skills Training (ASIST) is also being provided twice this year. Personality Disorder Training will be held this summer. Questions and answers followed.

Updated provided on the Genoa Pharmacy. The pharmacy is now up and running and staffed by Elizabeth and Beth. Several clients are utilizing the pharmacy. The pharmacy has had a positive impact on the role of the HSD nursing team and the services they are providing to clients. Questions and answers followed.

E. Diamond provided an update on the Treatment, Alternatives, and Diversion (TAD) Coordinating Committee.

Individual Placement and Support Report and 2016 QI Plan:
This update has been tabled until the next Behavioral Taskforce meeting.

CCS Regional Update:
Staff are completing Motivational Interviewing training. HSD is developing tools for providers to use with clients living in Community Based Residential Facilities (CBRF) and Adult Family Homes (AFH) that will move the client closer to independence.

Discussed frequency of Behavioral Health Task Force meetings. Behavioral Health Taskforce will meet every other month.

Next Task Force meeting: Monday, June 6, 2016 from 5:30 p.m. – 7:00 p.m., Public Agency Center, Room 3224.

Motion by S. Schaffer, seconded by S. Follett to adjourn meeting. Meeting adjourned at 7:15 p.m.

Respectfully Submitted,

Leigh Sanderson
Human Services Office Manager
Welcome!!

Ravin Raatz – Senior Social Worker
Initial Assessment Unit 3rd Floor

I am happy to be starting here at Washington County Human Services. For the past several years I have been working in Dane County in a number of capacities including domestic abuse work, Child Protective Services, and forensic interviewing. I also just completed my master’s degree in social work and am excited to be joining the workforce!

May Anniversaries

Lori Aschauer 2 yrs
Kris Beich-Thoma 4 yrs
Sara Blossom 3 yrs
Christine Ehrlich 2 yrs
Donna Goranson 6 yrs
Mike Marlett 7 yrs
Linda Martenet 10 yrs
Nancy Poull 8 yrs

Our Mission:
The Washington County Human Services Department will, with dignity and respect, offer responsive and effective community programs to individuals and families challenged by disability, economic hardship and safety concerns. Our commitment is to help facilitate self-sufficiency for those we serve and enhance the quality of life in our community.

Our Pillars:
HSD will provide care and services that are: Safe, Timely, Effective, Efficient, Person-Centered, and Equitable

Wisconsin Cheesehead Trivia

Seymour - Biggest hamburger ever served weighed 8,266 lbs. at the city’s Burger Fest.
Sun Prairie - Persons may not ride a bicycle with their hands off the handlebars.

Upcoming Events

5/25 Chair Massage Rm 3224
5/30 Memorial Day - CLOSED
6/14 - 6/16 Zombie Survival Camp

Have a Safe Memorial Weekend!
Administration and State Updates

DIRECT DEPOSIT FOR ALL

The Human Resources and Finance Departments have reached out to the 130 or so County Employees who receive paper pay checks and have let them know that the County is going to a direct deposit system. If you are one of the 130, you should have received a letter describing the change to direct deposit and have been asked to follow-up. Thanks in advance for timely follow-up, if you still need to make the change.

HR-FINANCE PAYROLL AND PERFORMANCE MANAGEMENT SYSTEM UPDATE

HR and Finance have been working to select a new Financial and Performance Management system. Currently, there are a number of out-of-date systems that are being used to support the hiring, performance evaluation, and financial documentation and processing work that our County has to do on a regular basis. The County’s goal is to get rid of all these different systems and instead have one high-performing system that can do it all. After review of numerous proposals, the team has narrowed the field down to two systems. Todd Scott (HR Director) and Margie Hamers (Finance Director) are going to be conducting site visits and tests of the finalists as a final step. Their goal is to have a recommendation to Josh and County Board in the next couple of months.

The implementation of the chosen system is farther down the road, but will bring change to staff. As I get more information about the chosen system and its potential impacts, I will be sure to communicate with all staff with more specifics and the potential impacts.

SUPERVISION MODEL UPDATE

Over this past February and March, all Clinical Supervisors, Program Supervisors, Program Managers and I met for four training/discussion sessions to review the new process for providing Supervision for all staff across our three Divisions. Now, Sandy, Sandy, and Jackie are working with their Supervisors to implement a Division-specific version of the model. Depending on where you work, you may already have begun using the new process and its practices. Over the next month, all HSD staff will hear more specifics and work directly with their supervisors to implement the new Supervision Model.

Good Supervision is rooted in developing a partnership—a learning alliance—between supervisor and supervisee. In the best supervisory relationships, staff feel supported, they think aloud, collaboratively solve problems, and are provided the tools and technical direction to make sure our clients and customers’ needs are addressed properly, safely and timely.

Per the new HSD Supervision Policy, Leaders in HSD will be asked to adhere to a competency-based model of Supervision. This manner of supervision is not new, has been tried and found effective in many different settings, and when done well, can help a system like ours achieve the following:

- Improve care, services and help us all achieve excellent client/customer outcomes
- Sustain and improve evidence-based practices across the agency (i.e., Trauma Informed Care Practices, Motivational Interviewing, etc.)
- Improve staff morale and retention
- Implement and spread a Just Culture

As we move forward with the roll out, we know that what will be offered—while full of merit—is not perfect. My hope is that staff will work openly and thoughtfully with the supervisors, provide suggestions and feedback, and help them over time make something worthwhile and good into something better. My thanks and appreciation to all of our Supervisors and Managers who have worked hard to support this effort.
OZAUKEE COUNTY HUMAN SERVICES DIRECTOR RESIGNS: WHAT DOES THAT MEAN FOR WASHINGTON COUNTY?

Many of you have heard that Mike Lappen, Director of Ozaukee County Human Services Department is resigning his position this month and will be assuming the role of Milwaukee County’s Behavioral Health Administrator. Mike has been a good partner for Washington County and has worked closely with us in the context of our Income Maintenance Consortium (called Moraine Lakes) and our Comprehensive Community Services (CCS) Regional efforts (we have been working together to share Residential Services, Peer Support Services, and a Regional Coordinating Committee across a four county region). In addition, he has served as our regional representative to the Behavioral Health Political Action Committee, and most recently has been working with Sandy Hoefert, Amanda Didier, Tara Sommersberger and others to develop a regional Child Advocacy Center. I am hopeful that Mike’s replacement will be as open to collaborating on projects and sharing services as he has been.

Since the Ozaukee and Washington County Public Health Departments merged effective January 1, 2016, there have been many who have asked whether HSD will be next. In a word: No. Will we continue to share more services with Ozaukee County when it makes sense? Absolutely!

Please know that there are a lot of programs and services that we can develop and share with other counties that can help us remain fiscally responsible and continue to provide quality services. For example, Supervisors across the Moraine Lakes Income Maintenance Consortium are developing an improvement plan so that Fond du Lac, Ozaukee, Walworth, Waukesha, and Washington Counties can make the most of their collective resources and share what would make sense (see below). In CCS, there are many opportunities for counties to work together. In our region, we have talked about sharing and expanding Individual Placement and Support (IPS) (our BH work program), Supervision, Telemedicine, and Training. In our Crisis Program, Nate, Katie and Jackie are working closely with Jefferson County to develop some improved processes and standards in our work with the Winnebago State Hospital (also, see below).

Our way forward will be to continue to develop and share high performing services that can improve quality and keep costs in check. And I will personally welcome any county to the table who seeks the same. No wholesale merger required.

FAMILY CARE CONCEPT PAPER RELEASED

There are significant changes coming to the PACE, Partnership, Family Care, and IRIS Programs that those who work in County Human Services should be aware of. These programs provide a wide array of services to clients in Wisconsin’s Public Long Term Care Program. Long Term Care Programs serve adults with physical disabilities, adults with developmental disabilities, and frail elders who meet financial and functional eligibility requirements.

In the last State Budget, specific changes to the Programs were mandated and are as follows:

- The Department of Health Services (DHS) will contract with integrated health agencies (IHAs) going forward. IHAs are for-profit insurance companies who must agree to cover all services in the Family Care Benefit Package as well as meet some quality outcomes. This is a big change, as current program agencies, called Managed Care Organizations (non-profits only), do not cover all services, as IHAs will be expected. IHAs will also be required to cover inpatient hospitalization and behavioral health care for their members.
- Wisconsin will have three Long Term Care regions and three IHAs will be allowed to contract with the State to provide services in each region. The regional map has not yet been drawn.
- DHS will select IHAs through a competitive Request for Proposal (RFP) process.
- Aging and Disability Resource Centers (ADRCs) will continue to provide unbiased enrollment counseling to assist individuals in making a choice of which IHA to select.
- Counties like ours will continue to be the provider of BH/AODA services for clients in the Long Term Care Programs.

For more information, check out the following link: https://www.dhs.wisconsin.gov/familycareiris2/index.htm
OUR NEW HUMAN SERVICES BOARD

As a result of the April elections, a new 26 member County Board has been elected and sworn in. (See the Washington County website for more information on the election results and the membership of the new Board). The Human Services Department reports to a “Human Services Committee”, comprised of four elected County Board Supervisors and three Citizen Members. Monthly, members of the HSD Management Team meet with and present to the Human Services Committee a host of information: our finances, any changes we want to make to operations, general updates, special projects, presentations about services, providers, etc. Our new County Board Chair, Rick Gundrum, has recently assigned the following Supervisors to our Committee:

Chairperson Kris Deiss
Supervisor Dawn Eyre
Supervisor Christopher Bossert
Supervisor Joseph Gonnering

Our Citizen Members are as follows:
Les Borman
Sarah Follett
Vacant Seat

Our first Human Services Committee meeting is May 19, and I am setting up one-on-one meetings with the new Board members to orient them to HSD and the fantastic services we provide.

PRIORITY BASED BUDGETING IS DONE. NOW WHAT?

If you attended one of Josh’s town hall meetings in March, you heard about the Priority Based Budgeting (PBB) Project that Washington County recently completed. The idea behind PBB is to make sure that the programs and services we provide are consistent with the priorities set by our elected officials, and to make sure that we are investing in programs that are getting good results. As a part of the PBB project, every HSD Program was described in detail, its costs were identified, and then each was assigned a score depending on how they measured in relation to the priorities previously identified. Josh and the administrative team are currently reviewing the completed tools and will be presenting the work to the County Board in the next month.

Our Management Team is starting to get organized to complete the 2017 Budget. We will use the PBB tools that have been developed as a guide to not only make sure the programs we invest in are consistent with County priorities, but they will be very effective to use to advocate for sustainable funding for HSD with our Administration and our County Board.

NEW DRAFT FINANCIAL POLICY & PROCEDURE

Client cost shares and co-pays are set for many of our programs and are a long-standing expectation. For example, families with children in out of home care are assessed for their ability to pay and must contribute to the cost of care; children and families in our Juvenile Justice program pay a monthly supervision fee; when clients see providers in the BH Division, we bill their insurance, bill them for their deductible, and collect a co-pay; prospective day care providers seeking certification are also assessed a fee.

While opinions may vary on this issue, I think we can all agree that when clients are invested in and share responsibility for services, client motivation and outcomes improve. Further, HSD relies on a number of funding streams to pay staff and support its operations-client co-pays are one of those funding streams. At the same time, the costs we charge to our clients-the majority of whom live at or below the Federal Poverty Level-should never be set so that they are a barrier to care or services.

We are working on developing a set of consistent rules and expectations for establishing and collecting program co-pays. We will be bringing a Financial Policy and Procedure to our new HSD Committee that standardizes the process across our agency in the coming months. Before that, affected HSD staff as well as our Behavioral Health Taskforce will have the chance to review, discuss and respond to the draft. We are looking forward to getting this important piece of our work better organized and hearing from all of you on this issue.
HOMELESS COALITION CHANGES

Washington County HSD has reengaged with the Homeless Coalition, a group of area law enforcement, service providers and other stakeholders working to eradicate homelessness in Washington County. Being organized as a Homeless Coalition allows our local group (as well as area non-profits, such as Friends of Abused Families, Family Promise of Washington County, and Youth and Family Project) to receive Federal and State dollars which they use to operate Shelters for single adults and families, and support Rapid Rehousing and Permanent Supportive Housing Programs.

There have been some new developments of late with the Homeless Coalition. The Homeless Coalition recently approved Friends of Abused Families to take over from the Youth and Family Project as the Coalition’s fiscal lead. This means Friends will be primarily responsible for the grant management and resource allocation processes for all the participating agencies. Further, after a number of discussions with members of the coalition, HSD is shifting some funding from Youth and Family Project to Family Promise to better support the great work that the Family Promise team is doing with women and families. As a part of this shift, the Homeless Coalition voted to close the Emergency Shelter for singles effective July 1, 2016. To adjust, we are working with Salvation Army to get more hotel vouchers for singles in need, and the Homeless Coalition is working to increase funding for Family Promise to provide a full time case manager who can exclusively serve single adults, and help them access basic services and housing.

Instead of continuing to invest in the current single shelter model, the Coalition is developing a plan for a static site emergency shelter that can accommodate single adults. Why is this HSD’s business? Over 2015 there were nearly 90 homeless adults who were admitted to the emergency shelter, 68% of whom presented with a chronic mental illness and/or Substance Use Disorder. The future shelter will include the assertive case management needed to help homeless adults get the services and supports they need. HSD will be at the table and we are very excited to help improve upon the services currently available. More to come on this.

TREATMENT, ALTERNATIVES AND DIVERSION (TAD) PROGRAM UPDATE

The Washington County Treatment, Alternatives and Diversion (TAD) Program offers individuals charged with 2nd, 3rd, and 4th time Operating While Intoxicated (OWI) offenses a structured and supervised treatment program in lieu of jail time.

TAD improves public safety by addressing with each participant the root cause of the OWI offense: his/her substance use disorder. When successfully addressed, TAD participants address their addiction, adhere to all requirements, and successfully complete the program. Over time, high performing TAD programs reduce participants' OWI recidivism rate. In the immediate, Washington County saves money (measured in jail bed days) by diverting participants from jail.

Our TAD program vendor is Elevate, Inc., who serves between 40-45 participants at any given time, and approximately 75 participants per year. Elevate staff complete assessments, develop service plans, refer and assure participant adherence to treatment, and complete structured and frequent contacts, as well as frequent and random drug testing for the duration of the program.

The TAD Coordinating Committee, which is led by Judge Martens, and includes representatives from HSD, Elevate, Inc., the District Attorney’s Office, the Sheriff’s Department, Defense Bar, and Probation and Parole is partnering with Sociologist Professor Scholz at the UWWC to study the effectiveness of our TAD Program. We are interested in better understanding the effect of not only the program as a whole, but also the value of the various evidence based practices we use.

Further, Governor Walker was in Washington County last week to sign into law AB657, which provides an additional $2 million to fund the expansion and improvement of TAD Programs across Wisconsin. Our local TAD Coordinating Committee is awaiting release of a Request for Proposal from the Department of Justice (DOJ) for TAD 2017. Through the new grant cycle, Washington County will have the opportunity to secure funding for TAD for five additional years, and it is our hope to grow our current program into a formal OWI Court and form a local Criminal Justice Coordinating Committee. More updates to come.
CHILDREN AND FAMILIES DIVISION

CHILDRENS’ ADVOCACY CENTER (CAC) PLANNING

The Ozaukee – Washington partnership is expanding and effective June 1st, 2016 a new county will enter into the picture. Sheboygan County has entered into an agreement to be a part of our CAC development. Much progress has been made in our efforts to develop and launch a regional CAC. This is a project that had been in the works since late 2014. After the initial planning and cooperative efforts by Washington and Ozaukee, a Forensic Interviewer was hired. We are now on the path to create a non-profit organization that can be launched as an independent agency. With the help of Paul Roback/UW-Extension, our vision is coming to life. He helped our group formulate both a Vision and a Mission Statement:

Vision Statement: A community partnership that promotes resiliency by providing every child and family with access to a comprehensive trauma-informed response to child abuse.

Mission Statement: To be a trauma informed environment where partners investigate child abuse collaboratively, families receive support and advocacy, and most importantly, a child’s words are always heard.

The partners are currently exploring possible names for the center, along with creating a Governing Board. Location is yet to be determined but we have had an offer made for space at the Family Enrichment Center located in Grafton, which would be a central point for both Sheboygan and Washington Counties.

NEW CF DIVISION MEMOS REVIEW

On February 4, 2016, the Governor signed the 2015 Wisconsin Act 128: Reasonable and Prudent Parent Standard, Other Planned Permanent Living Arrangements, and Independent Living services for youth age 14 and older to conform with new federal requirements.

Reasonable and Prudent parenting promotes normalcy for children placed in out-of-home care by allowing the providers to make decisions to permit children in their care to participate in age or developmentally-appropriate activities based on the cognitive, emotional, physical and behavioral capacities of the child. The Reasonable and Prudent Parent Standard is to be applied to decisions related to transportation, recreation, extra-curricular activities, employment, peer relationships, and personal expression.

Other Planned Permanent Living Arrangements (OPPLA) standards is now restricted to children age 16 or older and prohibits agencies from entering into any new sustaining care contracts. Our agency must demonstrate that it made intensive and ongoing efforts, including searching social media, to return the child to the child’s home or to place the child for adoption, with a guardian, or with a fit and willing relative and that those efforts have proved unsuccessful and the OPPLA is the best goal for the child. Also, the new federal and state laws have change independent living plan development and lowered the age of plan development from 15 to 14. The agency must also provide youth age 16 and over with a copy of his or her credit report annually. For youth who have been in care for 6 months and reach the age of majority, our agency is responsible for providing services to the youth and to ensure that the youth is in possession of their birth certificate, social security card, understands how to maintain health coverage, must provide a copy of the youth’s health care records and see to it that they either have a driver’s license or a state identification card. And lastly, for youth who age out of care, independent living services may be provided up to age 21 and given the nature of these services, regionalization of IL services is starting. Impacts of this new regionalization plan are yet to be determined.

Anti-Human Trafficking Efforts have moved forward with a creation of a state-level Task Force to develop a cross-system, comprehensive, trauma-informed service and response system in Wisconsin for minors who are victims or at risk of being victims of sex trafficking. These efforts are particularly crucial as the sex trafficking of children and youth is a growing concern in Wisconsin. By September 29th, 2016 states must demonstrate they are implementing policies and that reports to law enforcement are done no later than 24 hours after a child/youth have been identified as a sex trafficking victim. The Wisconsin State plan is to establish a task force, establish a Department of Children and Families Anti-Human Trafficking Coordinator, establish cross-system, functional workgroups, including working with providers of out of home care facilities.
ECONOMIC SUPPORT DIVISION

INCOME MAINTENANCE PLANNING

The Economic Support Division is in its fifth year operating in a five county consortium. We partner with Fond du Lac, Ozaukee, Walworth, and Waukesha Counties to deliver income maintenance (FoodShare and Medicaid) services to people residing in this five county region, called the Moraine Lakes Consortium. In addition to operating a call center, our staff complete phone interviews and process applications across county lines, allowing clients to have their cases updated by an Economic Support Specialist in any of the five counties. This level of inter-county cooperation has allowed us to provide more efficient services to residents seeking our assistance. Programs still administered exclusively at the county level are Child Care Assistance, Long Term Care Medicaid, and Energy Assistance.

While our consortium has saved the state and all participating counties money, staff and supervisors alike agree that there is work to do and operations can be improved. At a recent Moraine Lakes Consortium meeting, our Directors, Managers and Supervisors agreed to develop a set of process improvement recommendations that could be implemented across our consortium to improve services, share more resources where it makes sense, and develop a more cost-effective model. A sub-committee comprised of consortium Managers and Supervisors plan to present their ideas in June to our larger group, and from there, we will develop specifics and a plan. Stay Tuned.

2016 ENERGY AUDIT

Our Energy Assistance Program was just audited by the state and kudos are due to Sandy, Kay, Nicole and Carol for their great work and great results. The State auditors commented that they were very impressed with our team’s technical knowledge and overall management of the programs.

One item of interest and requested follow up related to a decline in utilization among Washington County residents participating in the Energy Assistance Programs. While we know that many in Washington County qualify for some form of energy assistance, many don’t apply. In fact, the Low Income Home Energy Assistance Program (LIHEAP) Direct Benefit Caseload was down nearly 11%, when compared to a year ago. Similarly, the Public Benefit Caseload was down nearly 9%, when compared to a year ago.

Our Energy Assistance Team plans to work with the State and other counties to improve our outreach and marketing of the programs. We want to make sure our residents understand the eligibility requirements and that our low income and more vulnerable neighbors get access to these valuable benefits.

FOOD SHARE ON DEMAND

The Moraine Lakes consortium has started a new processing method for Food share applications. On May 1, 2016, we went live with “Food Share on Demand”! In most cases, Food share applicants are required to complete an interview before receiving benefits. Prior to May 1st, our process was to schedule an appointment with each applicant, which could be as much as two to three weeks from the application date. Beginning May 1, Food Share applicants will be called within two days of our receiving the application and given an opportunity to complete their Food Share interview on the spot. If we do not reach them, a letter will be sent with instructions to call the Moraine Lakes call center to complete the interview. As always, if applicants request a different time for an interview, one will be scheduled for them and any person calling into the call center requesting to do their interview is accommodated.
BEHAVIORAL HEALTH DIVISION

HSD-ADRC SHARED POSITION UPDATE

HSD and the ADRC have been completing a pilot, sharing a Mental Health Technician (Monika Daniels) between the two agencies. Monika has been completing her regular duties in the BH Division as well as working for the Adult Protective Services (APS) unit in the ADRC.

Specifically, the Monika’s APS assignments are as follows:

- Evaluates and monitors protectively served and placed individuals on an annual basis as required by Ch. 55.02.
- Prepare written reports summarizing individuals’ current status for the Court.
- Attends and participates in APS training. Participates in APS supervision as schedule allows or as needed.
- Provides personal service of guardianship petitions, notices of hearing and other necessary documentation to proposed wards as required by Ch 54.38. Completes Affidavit of Service.
- Preparation of written comprehensive evaluation for wards requiring protective placement or services, as required by Ch. 55.11.

Driven by an ongoing increase in APS workload, both the ADRC and HSD will be taking steps next month to gain approval through the Human Services Committee (and then from the larger County Board) to formally increase the MH Tech Position to a 1.0 Full Time Equivalent (FTE) position, and continue to share the position between both agencies. This shared position is a start for the ADRC and the HSD to work more closely together, share services and responsibilities where it makes sense, and have both agency staff work more closely together.

RESIDENTIAL PROGRAM DEVELOPMENT

The many challenges that come with having a chronic mental illness make it very difficult for some of our clients to live independently and safely in the community. HSD has about 20 clients who currently live in either a Community Based Residential Facility, an Adult Family Home, or Supportive Apartment Program. Over the years, HSD has worked with a number of residential providers who have produced a mixed set of outcomes for our clients. In the main, we want to see our residential providers provide respectful and supportive daily services to our clients and help them achieve their goals of living more independently in the community. A client’s time at a residential program (for most) should include the provider helping the client become ever more integrated and involved in a wide array of community activities, the client learning independent symptom management and daily living skills, and the client increasingly feeling more confident and hopeful about his/her life and the future.

As a part of our work with Dodge, Ozaukee, and Sheboygan Counties to improve our CCS Program, our team has developed a Recovery Home Guide that our residential providers will be expected to use with clients. The Guide provides residential staff with tools (and the language) to help clients develop independent symptom management and daily living skills, and should help clients achieve their highest level of independent living. HSD staff in the BH Division will be receiving training on the model in the next month and then select residential staff will follow.

WINNEBAGO NIATX IMPROVEMENT PROJECT

2015 was a banner year for hospitalizations that saw a dramatic increase in the number of clients and the number of days Washington County HSD funded at the Winnebago Mental Health Institute (WMHI). As we know, dollars that we spend at the State Hospitals and other more restrictive settings are dollars that we cannot spend in the community, supporting local recovery services.

Nate, Katie and Jackie are working on a project with Jefferson County, WMHI and the Department of Mental Health and Substance Abuse Services (DMHSAS) to reduce length of stays, collaborate more closely, facilitate improved discharge plans, and avoid readmission for clients who require a WMHI placement. They will be using the NiaTx Model (see http://www.niatx.net for more information) to review current processes and identify places where we all can do better. We are confident that this work will yield some great results that will directly improve client care.
LIFESPAN NIATX PHQ-9 PROJECT

Brenda, Lena, Alicia, Matthew and Melissa are currently taking the lead with a process improvement NiaTx project that is testing the use and effectiveness of using the Patient Health Questionnaire 9 (PHQ-9) in the Lifespan clinic. The PHQ-9 is an evidence based screening tool that measures Depression symptoms, and provides direction to the clinician regarding where to focus attention. A key element of the Zero Suicide Model, regular depression screening can help identify suicide risk, better inform treatment, and improve client safety.

As a part of the project, Lifespan clients complete the PHQ-9 following check in with the receptionists and then review their responses with their clinicians at the start of their sessions. If safety issues are found, the clinician then has the hour to better understand the challenges the client is experiencing, identify and refer to the needed level of care and/or develop a safety plan with the client.

The Project Team has found that the use of the PHQ-9 has validated client diagnoses, provided a structured and quantifiable measure of client symptoms, and as more data is collected, will be able to provide some suggestions related to the effectiveness of the treatment clients are receiving in Lifespan. Per report from the team members, many clients have commented that they appreciated the project and its leaders’ attention to safety and quality assurance. A special thanks and recognition to the project team and participating Lifespan staff who are taking these extra steps. We look forward to hearing what you learn.

INDIVIDUAL PLACEMENT AND SUPPORT (IPS) QUALITY IMPROVEMENT PLAN AND THE FUTURE OF HSD EMPLOYMENT FUNDING

Individual Placement and Support (IPS) provides community based, competitive employment opportunities and supports for clients with chronic mental illnesses and substance use disorders. IPS is an evidence based model that is expanding across Wisconsin and the United States, and has been directly responsible for putting many clients to work in the community who have historically been denied these opportunities. IPS is provided through a contract with Easter Seals Southeast Wisconsin, and clients in CCS, CSP and COPS (intensive case management programs) may participate.

In addition to IPS, HSD has a contract with The Threshold, Inc. (TTI) for what’s known as “agency-based” employment programming. Agency based employment involves clients completing piece-work tasks in a congregate setting, also referred to as a workshop. It is not considered a community-based program and the majority of the clients who participate in TTI’s agency based program have Developmental Disabilities and are funded through Family Care Programs.

HSD wants to improve and expand its IPS program so that more clients with chronic mental illness and substance use disorders are able to enjoy, benefit from and offer their unique strengths within more competitive, community based employment opportunities. As a part of our recently drafted annual IPS Quality Improvement Plan, HSD is going to be working to shift resources from TTI’s agency based program to IPS to allow for greater growth of competitive opportunities for our clients. A Recovery-oriented system like ours can help clients be successful in the community. Through the good and assertive work of IPS staff and the client’s treatment team, we can help employers build reasonable accommodations and provide the direct skill development and support so that our clients have the opportunity to be fully integrated into the community. Connected HSD staff will be reviewing and discussing our IPS Quality Improvement Plan in the next month and will have the opportunity to discuss and provide suggestions.

In the interim, my door is open and I’d love to hear your thoughts.

Thanks,

Eric
Washington County Human Services Department
Client Financial Responsibility and Cost Share Policy and Procedure

Adopted: TBD

Policy:

The Washington County Human Services Department is committed to providing care and services that are safe, timely, effective, efficient, person centered and equitable. We are a publically funded county agency and rely upon Federal, State, County, Client Fees and other funding sources to provide and sustain the services we offer the community. Depending on each client’s financial resources and available benefits, clients may be responsible for paying a portion or all of the fees associated with the services provided to them.

This policy identifies client financial responsibility and cost share for services in both the Children and Families and Behavioral Health Division. Clients and staff alike are encouraged to review and acquaint themselves with this policy to avoid any misunderstandings with our billing procedures.

Washington County Human Services Department General Financial Information:

To better serve our clients, it is important that client financial information, including eligibility for insurance, be current and correct. Depending on the program rate setting and documented income, some clients will qualify for an adjusted rate per the sliding fee scale.

In order to qualify for a sliding fee adjustment and for WA County HSD to bill a client’s insurance, the Department of Health Services (DHS) Financial Information Form (F-80130) must be completed. This form will help document all related information about household monthly gross income, number of dependents and eligible insurances.

In order for Washington County HSD to bill a client’s insurance, clients must bring in their insurance documentation: Medical Assistance cards, Medicare cards, other insurance carrier card, as well as their Social Security number.

In order to qualify for a sliding fee adjustment, proof of income is required. Clients will bring in one of the following eligible items to apply for the adjustment:

- Two most recent pay stubs with year-to-date earnings, and
- Most recently filed and signed income tax return, or
- Social Security Benefits, Pension, Adoption Assistance or Unemployment payment documentation.
- HSD Billing Staff will confirm all provided financial information

For most programs, Washington County will charge a maximum monthly fee per household that is set by the State’s uniform fee schedule. This amount is determined by using a client’s gross
monthly income and number of dependents. Washington County will bill clients this maximum fee each month (a month being a calendar month). Our usual and customary unit billing rates for services are updated annually, posted publically and listed below.

Clients who choose not to disclose their full household gross monthly income or insurance information or choose not to provide documentation of such, will waive their right to a reduced monthly fee and will be charged the full rate for services rendered.

Upon completion of the Department of Health Services (DHS) Financial Information Form (F-80130), or after your insurance information is provided, existing liability may be retroactively adjusted.

If the determined monthly maximum fee creates a documentable hardship, clients may apply for a further reduction based upon their income and household expense using the Washington County HSD Application for Reduced Maximum Monthly Fee. This form may be obtained from the Clinic Receptionists, the Billing Department or Accounting Department office. Completion of this form is not a guarantee of approval.

**Medical Assistance (Medicaid) and Medicare:**
For services billable to these insurances, the Washington County Billing Department will bill Medical Assistance and Medicare directly for all services provided. Any and all co-pays are the client’s responsibility, and will be collected at the time of service.

Should clients have any questions or concerns regarding co-pays, our Billing Department staff will provide assistance. Clients are asked to inform us of any changes regarding eligibility for Medical Assistance and Medicare.

**Washington County HSD Billing of Private Health Insurance and Health Maintenance Organizations (HMOs):**
For services billable to Private Insurance or HMOs, our Billing Department staff will bill Private Insurance/HMOs directly for all services provided. Clients will receive a bill after we receive either a payment or denial from their insurance company. Co-payments, deductibles and non-covered charges are the client’s responsibility. Washington County Billing Staff will work with clients and their insurance company to obtain all prior authorizations required by the insurance company.

**Worker’s Compensation:**
We do not bill Worker’s Compensation. We will send clients a monthly statement, which they can submit to their employer’s human resource department. Clients will be held responsible for their bill.

**Individual Billing Statements:**
We will bill clients for any unpaid liability every calendar month for the services rendered in the previous month. The required payment listed on the statement is due within 30 calendar days of receipt. Billing statements will continue to be mailed out until the entire outstanding balance is
satisfied. Payments received will be applied to the oldest period of service for which liability remains.

We accept cash, checks and money orders. All checks and money orders may be made payable and mailed to:

**Washington County Human Services Department**  
**Billing Department**  
**333 East Washington Street, Suite 2100**  
**West Bend, WI 53095**

Payments may also be made in person at the above address to Billing Department staff. Billing Department Staff will issue receipts to clients who make payments in person. When making a payment, clients will include the name and account number to which they want the payment applied. There is a charge for checks returned for non-sufficient funds. Billing Department staff will charge the client the amount identified by the bank for checks returned for non-sufficient funds.

Clients who are unable to make their expected payment should contact our Billing Department at their earliest convenience to discuss potential arrangements.

**Collection of Delinquent Accounts:**  
An account is considered delinquent when a determination has been made that an ability to pay exists, that no payment has been made in over 90 days, and that three (3) or more contacts have been made to secure payment. Delinquent accounts will be referred to collections.

**Responsible Party:**  
A divorce decree cannot assign responsibility for a child’s cost of services. Divorce decrees are only binding between the two parties who made the agreement. Even though the decree states that the other parent is responsible for the children’s medical bills, in regards to care provided in the Behavioral Health Division, it is the parent who brings the child in for services who will be held responsible for their bill. In regards to services provided by the Children and Families Division, both parents are responsible for all bills.

**Behavioral Health Division User Fees:**  
The following table identifies Washington County’s usual and customary rates by program that are billable to either consumers and/or insurance plans. For clients who are uninsured, have no other funding source, and who present the required documentation, Washington County staff will set an adjusted rate depending on the service. Designated billing staff meet with clients, work with them to support client understanding of their financial responsibility and cost share, and set a rate for services.

<table>
<thead>
<tr>
<th>Behavioral Health Division User Fees</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifespan Outpatient Clinic Services</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Social Worker Individual Therapy/Family</td>
<td>$ 115</td>
</tr>
</tbody>
</table>

ELD 5/25/2016
<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatric Social Worker Group</td>
<td>$50</td>
</tr>
<tr>
<td>Psychiatric Social Worker Diagnostic Assessment</td>
<td>$125</td>
</tr>
<tr>
<td>Psychiatric Social Work Student</td>
<td>$65</td>
</tr>
<tr>
<td>Psychiatrist (MD) Diagnostic Assessment</td>
<td>$225</td>
</tr>
<tr>
<td>Psychiatrist (MD) Follow Up/ Med Check</td>
<td>$115</td>
</tr>
<tr>
<td>APNP Diagnostic Assessment</td>
<td>$125</td>
</tr>
<tr>
<td>APNP Follow Up/ Med Check</td>
<td>$75</td>
</tr>
<tr>
<td>Psychologist Individual Therapy/Family</td>
<td>$130</td>
</tr>
<tr>
<td>Psychologist Group</td>
<td>$60</td>
</tr>
<tr>
<td>Psychologist Diagnostic Assessment</td>
<td>$155</td>
</tr>
<tr>
<td>Registered Nurse Medication Management</td>
<td>$45</td>
</tr>
</tbody>
</table>

**Contracted AODA Residential Services Daily Rates 2016**

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exodus House Treatment Rate</td>
<td>$97.75</td>
</tr>
<tr>
<td>Exodus House Room and Board</td>
<td>$23.69</td>
</tr>
<tr>
<td>Casa Clare (CBRF) Treatment and Treatment Rate Combined</td>
<td>$140.00</td>
</tr>
<tr>
<td>Meta House Treatment Rate</td>
<td>$175.99</td>
</tr>
<tr>
<td>Meta House Room and Board Rate</td>
<td>$82.51</td>
</tr>
</tbody>
</table>

**Intoxicated Driver Program (IDP) 2016**

<table>
<thead>
<tr>
<th>Program</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington County IDP Client Cost Share</td>
<td>$260</td>
</tr>
</tbody>
</table>

**Residential Programs Room and Board Expenses by day 2016**

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges of WI, New Chestnut CBRF</td>
<td>$25.28</td>
</tr>
<tr>
<td>Bridges of WI, South Hartford AFH</td>
<td>$25.28</td>
</tr>
<tr>
<td>Brotoloc South, Strawberry Hill CBRF</td>
<td>$25.97</td>
</tr>
<tr>
<td>Brotoloc South, Riverview CBRF</td>
<td>$25.97</td>
</tr>
<tr>
<td>Berry House CBRF</td>
<td>$17.00</td>
</tr>
<tr>
<td>Jessica Jasmer AFH</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

**Inpatient Hospital Services Daily Rates 2016**

<table>
<thead>
<tr>
<th>Service</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fond du Lac Inpatient</td>
<td>$925</td>
</tr>
<tr>
<td>Community Memorial Hospital Inpatient</td>
<td>$1,350</td>
</tr>
<tr>
<td>Aurora Psych Inpatient</td>
<td>$945</td>
</tr>
<tr>
<td>Aurora Sheboygan Inpatient</td>
<td>$975</td>
</tr>
<tr>
<td>Aurora SLSS Inpatient</td>
<td>$975</td>
</tr>
<tr>
<td>Rogers Memorial</td>
<td>$1,220</td>
</tr>
<tr>
<td>Trempeleau County IMD</td>
<td>$333</td>
</tr>
<tr>
<td>Dodge County IMD (Clearview)</td>
<td>$325</td>
</tr>
</tbody>
</table>
**Lifespan Outpatient Clinic Services:**
Washington County Billing staff will collect all required documentation from clients, review client insurance, income and ability to pay, and use the Wisconsin Uniform Fee Schedule to determine a client cost share. Washington County will establish and charge clients a maximum monthly fee per household that is set by a State uniform fee schedule.

**Contracted AODA Residential Services:**
Washington County’s contracted providers of AODA Residential Services set their daily rates which are comprised of a Room and Board rate and a Treatment rate. The federal grants under which the county is able to pay for AODA treatment define themselves as the payment source of “last resort.” Further, program costs related to Room and Board: food, housing, utilities, etc. are the responsibility of the client. When clients have the means, they are required to utilize any and all funding sources before the county can pay for any portion of AODA Residential Treatment. Prior to admission to the AODA Residential Program, Washington County Billing Staff will work with clients, using the *Residential Services Client Cost Share Determination Form (need to develop)* to establish a maximum monthly client cost share.

**Intoxicated Driver Program (IDP):**
The Washington County IDP is provided by Elevate, Inc. All clients referred for assessments and safety plan development are assessed and must pay a standard one-time fee. This standard fee is non-negotiable and clients will not successfully complete the program unless payment is received in full.

**Residential Programs Room and Board Expenses:**
Washington County’s contracted providers of Residential Services set their daily rates which are comprised of a Room and Board rate and a Treatment rate. Washington County is prohibited from billing any portion of the client’s Room and Board costs to client insurance. Further, program costs related to Room and Board: food, housing, utilities, etc. are the responsibility of the client. When clients have the means, they are required to utilize any and all funding sources before the county can pay for any portion of client Room and Board.

**Inpatient Hospital Services Daily Rates:**
Inpatient Services are provided by a number of regional private, county, and state hospital systems, who assume responsibility for billing client insurance and client collections. Washington County is mandated to assume the role of “funder of last resort” when clients are emergency detained under DHS Chapter 51 and placed in Emergency Rooms, Inpatient Units or one of the State Institutions. When placement to an Inpatient Unit is facilitated through Washington County’s Acute Care Services (ACS) Program, staff will collect the required documentation so that Washington County Billing staff can assess a client’s ability to pay. Washington County will bill clients who are determined to have an ability to pay.

<table>
<thead>
<tr>
<th>Treatment, Alternatives and Diversion (TAD)</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Supervision Fee (Program by Elevate, Inc.)</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Treatment, Alternatives and Diversion (TAD):** The Washington County TAD Program is provided by Elevate, Inc. The Monthly Supervision fee will be assessed at program admission by

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Elevate, Inc. billing staff. This standard fee is non-negotiable and clients will not successfully complete the program unless payment is received in full.

**Children and Families Division User Fees:**
The following table identifies Washington County’s usual and customary rates by program that are billable to consumers. For clients who present the required documentation, Washington County staff may set an adjusted rate depending on the service. Designated billing staff meet with clients, work with them to support client understanding of their financial responsibility and cost share, and set a rate for services.

<table>
<thead>
<tr>
<th>Children’s Long Term Care Services (CLTS) Cost Share and Parental Payment Liability</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Share: determined following review of participant income (participant assignment to Group A, Group B, or Group C)</td>
<td>Determined at program admission</td>
</tr>
<tr>
<td>Parental Payment Liability: per DHS Chapter 1, depends on Family adjusted gross income; only families at or above 330% of Federal Poverty Guideline (FPG) are assessed a fee.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Birth to Three Parental Monthly Fee (per DHS Chapter 90)</th>
<th>2016 Monthly</th>
<th>2016 Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>At or below 250% of the Federal Poverty Guideline (FPG)</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Over 250% of the FPG and at or below 300% of the FPG</td>
<td>$25</td>
<td>$300</td>
</tr>
<tr>
<td>Over 300% and at or below 350% of the FPG</td>
<td>$35</td>
<td>$420</td>
</tr>
<tr>
<td>Over 350% of the FPG and at or below 400% of the FPG</td>
<td>$50</td>
<td>$600</td>
</tr>
<tr>
<td>Over 400% of the FPG and at or below 500% of the FPG</td>
<td>$75</td>
<td>$900</td>
</tr>
<tr>
<td>Over 500% of the FPG and at or below 600% of the FPG</td>
<td>$100</td>
<td>$1,200</td>
</tr>
<tr>
<td>Over 600% of the FPG and at or below 700% of the FPG</td>
<td>$125</td>
<td>$1,500</td>
</tr>
<tr>
<td>Over 700% of the FPG</td>
<td>$150</td>
<td>$1,800</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Youth Treatment Center (Shelter) Daily Rates (pending State approval)</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter Care</td>
<td>$140</td>
</tr>
<tr>
<td>Residential Care Center (RCC)</td>
<td>$263.26</td>
</tr>
<tr>
<td>Respite</td>
<td>$149</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Court</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custody/Periods of Physical Placement Studies</td>
<td>$1,400</td>
</tr>
<tr>
<td>Court Appearance Hourly Rate</td>
<td>$58.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Care Provider Certification (ES Section)</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application for Certification</td>
<td>$25</td>
</tr>
<tr>
<td>Recertification Process</td>
<td>$50</td>
</tr>
<tr>
<td>Background Checks per Adult</td>
<td>$10</td>
</tr>
<tr>
<td>Fingerprint Fee per Person</td>
<td>$32.75</td>
</tr>
<tr>
<td>Juvenile Justice Supervision</td>
<td>2016</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Court Ordered Monthly Supervision Fee</td>
<td>$ 100</td>
</tr>
</tbody>
</table>

**Children’s Long Term Care Services (CLTS):**
CLTS clients will be assigned a cost share depending on the child’s assignment (per review of child’s assets and income) to Group A, Group B, or Group C. In addition, families with adjusted gross income at or above 330% of the Federal Poverty Guideline (FPG) will be assessed a rate equal to a percentage of their child’s service plan. The assessed rates are set by and documented in Wisconsin Administrative Code DHS 1.065. Washington County Billing staff will help families identify and understand their cost share.

**Birth to Three:**
Washington County’s Birth to Three Program is provided by The Threshold, Inc (TTI). TTI staff will upon admission to the program work with parents to determine their monthly cost share as mandated by DHS Chapter 90.

**Youth Treatment Center (YTC) Daily Rates:**
The YTC Program is provided by Lutheran Social Services per annual contract. Washington County will bill parents for a portion of the daily rate. Wisconsin Statutes, Chapter 46, allow counties to collect fees from parents whose children are placed in out-of-home care pursuant to a Court order. Federal HFS 1.07(7)(c) requires a fee schedule to be established for these services.

Shelter Care: Parents are charged $75 per day for the first 3 days, then a sliding fee schedule for days 4 through 30. Fee schedule revised in 2011 with State approval is documented in the chart above. Families may request an adjusted rate by completing the Washington County HSD Application for Reduced Maximum Monthly Fee.

Residential Care Center (RCC): Parents are charged based on Child Support Standards. Washington County will collect all required documentation from clients, review income and ability to pay, and use the attached Shelter Fee Schedule to determine a family’s daily fee. Families may request an adjusted rate by completing the Washington County HSD Application for Reduced Maximum Monthly Fee.

Respite: Parents are charged $149.00 per day. Parents are charged based on Child Support Standards. Washington County will collect all required documentation from clients, review income and ability to pay, and use the attached Shelter Fee Schedule to determine a family’s daily fee. Families may request an adjusted rate by completing the Washington County HSD Application for Reduced Maximum Monthly Fee.

**Family Court:**
Based on the authority granted in WI Statutes, Section 814.615(2), Washington County may charge a fee to conduct a Family Court Custody study. The fee is based on the hourly rate of a Senior Social Worker at the Department.

**Child Care Provider Certification (Move to ES):**
Washington County is responsible for the assessment and certification of in-home day care providers. Certification is required for Human Services funded day care. WI Statute 48.651 and Chapter DCF 202 set the rules for operating and licensing child care centers including home based providers and allows the Department to charge a fee to cover the cost of the certification process. Washington County charges a non-negotiable fee for this service.

**Juvenile Justice Supervision:**
Based on the authority granted in WI Statutes, Sections 938.275 (1)(b) and 938.36(2), Human Services may establish a fee for supervision services for youth adjudicated Delinquent or for Youth found to be In Need of Protection or Services. The Washington County Juvenile Justice program assesses a $100 per month supervision fee for all youth and families in the program.