



MINUTES
Health and Human Services Board
Government Center, County Board Room
Balsam Lake, WI 54810
10:00 a.m. Tuesday, May 14, 2019

Meeting called to order by Chair Bonneprise at 10:00 a.m.

Members present:

Attendee Name	Title	Status
John Bonneprise	Chair	Present
Joe Demulling	Vice Chair	Absent
Jim Edgell	Supervisor	Present
Michael Larsen	Supervisor	Present
Mike Prichard	Supervisor	Present
William Alleva	Citizen	Present
Pete Raye	Citizen	Present
Sabrina Meddaugh	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present: Lisa Ross, Deputy County Clerk, Tonya Eichelt, Community Services Director; Kathy Gingras, Community Services Business Operations Manager; Lisa Lavasseur, Behavioral Health Director; Diane Jorgensen, CCS Service Facilitator; Jennifer Williams, CCS Service Facilitator; Maddie Kortes, Interim Clinical Coordinator & Behavioral Health Therapist; Dave Vollendorf Interim IT Director, Nick Osborne, County Administrator; Member of the Press, Members of the Public.

Approval of Agenda- Chair Bonneprise called for a motion to approve agenda. **Motion** (Raye/Larson) to approve agenda. Motion carried by unanimous voice vote.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the April 9, 2019 meeting. **Motion** (Alleva/Meddaugh) to approve the minutes. **Motion** carried by unanimous voice vote.

Public Comment - None

Receipt of Information from Supervisors Not Seated as Committee Members - No information was received by the committee from Supervisors not seated as committee members.

The Board received a presentation from Lisa Lavasseur on the Behavioral Health Program, Comprehensive Community Services (CCS). Maddie Kortes, Interim Clinical Coordinator & Behavioral Health Therapist, and CCS Service Facilitators Diane Jorgensen and Jennifer Williams provided information to the board regarding the client focused services of the CCS programs.

The Board received a demonstration from Kathy Gingras and Lisa Lavasseur on the Electronic Health Record (EHR) program, Epitomax, which was implemented in the Community Services Division one year ago. The demonstration outlined features of Epitomax and how the program is being used throughout the division's many different services and programs they offer. Benefits seen by the division and their clients as a result of implementing the EHR were also highlighted during the presentation.

Administrator Osborne and Tonya Eichelt discussed Budget Priorities with the Board. The Board Received information regarding the 2018 County Board Priorities as related to Community Services. Budget Priorities will be discussed at the next HHSB meeting in June.
Supervisor Prichard exited the meeting at 11:17 a.m.

Items for the next Agenda – Legislative Event Report, Department Annual Reports, Medical Examiner Update, Budget Priorities Discussion.

Next meeting - Tuesday June 11, 2019 @ 10:00 a.m.

Chair Bonneprise called for a motion to adjourn. **Motion** (Larson/Alleva) to adjourn.
Motion carried by unanimous voice vote. Chair Bonneprise declared meeting adjourned at 11:20 a.m.

Respectfully submitted,

Lisa Ross, Deputy County Clerk



POLK COUNTY, WISCONSIN

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AGENDA AND NOTICE OF MEETING

HEALTH AND HUMAN SERVICES BOARD

Government Center, 100 Polk County Plaza, Balsam Lake, WI 54810

Conference Room A&B

Tuesday, May 14, 2019 at 10:00 a.m.

A quorum of the County Board may be present

Packet: Agenda/Notice of Meeting; Minutes of April 9, 2019 Meeting; 2019 Workplan

1. Call to Order-Chairman Bonneprise
2. Approval of Agenda
3. Approval of Minutes for the April 9, 2019 Meeting
4. Public Comment
5. Receipt of Information from Supervisors Not Seated as Committee Members
6. Reports and Presentations
 - A. Program Evaluation of Behavioral Health-Comprehensive Community Services – Lisa Lavasseur
 - B. Electronic Health Record Demonstration by Kathy Gingras and Lisa Lavasseur
7. Discussion Items
 - A. Budget Priorities Discussion
8. Identify Subject Matters for June 11, 2019 Meeting; Legislative Event Report, Department Annual Reports, Medical Examiner Update
9. Adjourn

Items on the agenda not necessarily presented in the order listed. This meeting is open to the public according to Wisconsin State Statute 19.83. Persons with disabilities wishing to attend and/or participate are asked to notify the County Clerk's office (715-485-9226) at least 24 hours in advance of the scheduled meeting time so all reasonable accommodations can be made. Requests are confidential.

FACT SHEET

COMPREHENSIVE COMMUNITY SERVICES

Program Evaluation

May 2019

Target Population

- * Governed under DHS 36
- * Must be Polk County resident
- * Individuals with Mental Health &/Or Substance Use D/O
- * Functional Impairment that interferes or limits major life activities
- * Limits or diminishes consumer's ability to be independent

Purpose of Program

- * Promote better overall health and life satisfaction
- * Available in 66 counties and 3 tribes

Our Team

- * Recovery Team (Service Facilitator, Mental Health Professional; Service Providers
- * Maddie Kortes, SACIT, LPC, Interim Clinical Coordinator
- * Diane Jorgensen, CSW, Service Facilitator
- * Jennifer Williams, CSW, Service Facilitator
- * Dylan Schulte, SWIT, Service Facilitator
- * Juanita, Rogney, Service Facilitator
- * Frankie Torres, Service Facilitator
- * Meghan Baasch, Service Facilitator

What we do

Consumers are functionally screened on 16 domains—life satisfaction; basic needs; social network & family involvement; community living skills; housing issues; employment; education; finances; mental health; physical health; substance use; trauma & significant life stressors; medications; crisis prevention/management; legal status; have a need for Psycho Social Rehabilitation and have the ability to self-direct their treatment via service plan development; average caseload is 15 to 18 -

Service array includes screening & assessment; service planning; service facilitation; diagnostic evaluation; medication management; physical health monitoring; peer support; individual skills development; employment skills training; psychoeducation; wellness management/recovery support; psychotherapy; substance abuse treatment; nontraditional services

Scope of our reach (2018)

Served 53 individuals—43% increase over 2017

22 consumers were enrolled

17 consumers were discharged

Current enrollment 59

Budget

100% reimbursable by state upon reconciliation

Outcomes & Challenges

Waitlist 66—Lack of Vendors



POLK COUNTY
BEHAVIORAL HEALTH DEPARTMENT

2016/2017 Adult Crisis & Risk Behaviors—prior to and following enrollment

10% < use of ED Crisis intervention/detox

13% < inpatient admissions

10% < Emergency Detentions

4% < sexual/physical aggression

5% < correction system involvement

7% < suicide attempts

Core Values:

Consumer Centered

Consumer Involved

Built on Supports

Strength Based

Multidisciplinary

Self Sufficient

Recovery Focused

Belief in Growth

Outcome Oriented

Education Focused

Work Focused

Integration of Health

Outcomes

STAGES OF CHANGE

1. Pre-Contemplation

- ▶ Unaware or "resistant"

2. Contemplation

- ▶ Awareness, openness, decision, commitment

3. Preparation

- ▶ Anticipation, willingness

4. Action

- ▶ Enthusiasm, momentum

5. Maintenance

- ▶ Perseverance, consolidation, lapse or relapse, danger, opportunity

6. Termination

- ▶ New self-image, doesn't react to temptation, confidence and self-control
- ▶ Most successful self-changers go through the stages 3-4 times before they make it through the cycle. Most go back to contemplation

Comprehensive Community Services Program — Service Array

The Comprehensive Community Services (CCS) program provides individuals with psychosocial rehabilitation services. All CCS programs must provide the services covered under the CCS benefit that a member needs as determined by the assessment of all the domains in DHS 36.16(4), Wis. Admin. Code. The service array describes the services that are covered under the CCS benefit. All services must be in compliance with DHS 36. Wis. Admin. Code. All services should be person-centered and developed in partnership with the member. The assessment domains included in DHS 36.16(4), Wis. Admin. Code, are: (a) life satisfaction, (b) basic needs, (c) social network and family involvement, (d) community living skills, (e) housing issues, (f) employment, (g) education, (h) finances and benefits, (i) mental health, (j) physical health, (k) substance use, (l) trauma and significant life stressors, (m) medications, (n) crisis prevention and management, (o) legal status, and (p) any other domain identified by the CCS program.

Service Category (Most Applicable DHS Wis. Admin. Code Sections)	Allowable Services	Allowable Provider Types
1. Screening and Assessment (DHS 36.03, 36.13-36.16, Wis. Admin. Code)	Screening and assessment services include: completion of initial and annual functional screens, and completion of the initial comprehensive assessment and ongoing assessments as needed. The assessment must cover all the domains, including substance use, which may include using the Uniform Placement Criteria or the American Society of Addiction Medicine Criteria. The assessment must address the strengths, needs, recovery goals, priorities, preferences, values, and lifestyle of the member and identify how to evaluate progress toward the member's desired outcomes. Assessments for minors must address the minor's and family's strengths, needs, recovery and/or resilience goals, priorities, preferences, values, and lifestyle of the member including an assessment of the relationships between the minor and his or her family. Assessments for minors should be age (developmentally) appropriate.	Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * † All providers are required to act within their scope of practice.
2. Service Planning (DHS 36.03, 36.16(7), 36.17, Wis. Admin. Code)	Service planning includes the development of a written plan of the psychosocial rehabilitation services that will be provided or arranged for the member. All services must be authorized by a mental health professional and a substance abuse professional if substance abuse services will be provided. The service plan is based on the assessed needs of the member. It must include measurable goals and the type and frequency of data that will be used to measure progress toward the desired outcomes. It must be completed within 30 days of the member's application for CCS services. The completed service plan must be signed by the member, a mental health or substance abuse professional and the service facilitator. The service plan must be reviewed and updated based on the needs of the member or at least every six months. The review must include an assessment of the progress toward goals and member satisfaction with the services. The service plan review must be facilitated by the service facilitator in collaboration with the member and the recovery team.	Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * † All providers are required to act within their scope of practice.
3. Service Facilitation (DHS 36.03, 36.10(2)(e)4, 36.17, Wis. Admin. Code)	Service facilitation includes activities that ensure the member receives: assessment services, service planning, service delivery, and supportive activities in an appropriate and timely manner. It also includes ensuring the service plan and service delivery for each member is coordinated, monitored, and designed to support the member in a manner that helps the member achieve the highest possible level of independent functioning. Service facilitation includes assisting the member in self-advocacy and helping the member obtain other necessary services such as medical, dental, legal, financial and housing services. Service facilitation for minors includes advocating, and assisting the minor's family in advocating, for the minor to obtain necessary services. When working with a minor, service facilitation that is designed to support the family must be directly related to the assessed needs of the minor. Service facilitation includes coordinating a member's crisis services, but not actually providing crisis services. Crisis services are provided by DHS 34, Wis. Admin. Code, certified programs. All services should be culturally, linguistically, and age (developmentally) appropriate.	Providers described in DHS 36.10(2)(g)1-21, Wis. Admin. Code. * † All providers are required to act within their scope of practice.

4. Diagnostic Evaluations	Diagnostic evaluations include specialized evaluations needed by the member including, but not limited to neuropsychological, geropsychiatric, specialized trauma, and eating disorder evaluations. For minors, diagnostic evaluations can also include functional behavioral evaluations and adolescent alcohol/drug assessment intervention programs. The CCS program does not cover evaluations for autism, developmental disabilities, or learning disabilities.	Providers described in DHS 36.10(2)(g)1-14, Wis. Admin. Code. * All providers are required to be licensed/certified and acting within their scope of practice.
5. Medication Management	Medication management services for prescribers include: • Diagnosing and specifying target symptoms. • Prescribing medication to alleviate the identified symptoms. • Monitoring changes in the member's symptoms and tolerability of side effects. • Reviewing data, including other medications, used to make medication decisions. Prescribers may also provide all services the non-prescribers can provide as noted below.	Providers described in DHS 36.10(2)(g)1-3, 7-8, and 11, Wis. Admin. Code. All providers are required to be licensed/certified and acting within their scope of practice.
	Medication management services for non-prescribers include: • Supporting the member in taking his or her medications. • Increasing the member's understanding of the benefits of medication and the symptoms it is treating. • Monitoring changes in the member's symptoms and tolerability of side effects.	Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * † All providers are required to act within their scope of practice.
6. Physical Health Monitoring	Physical health monitoring services focus on how the member's mental health and/or substance abuse issues impact his or her ability to monitor and manage physical health and health risks. Physical health monitoring services include activities related to the monitoring and management of a member's physical health. Services may include assisting and training the member and the member's family to identify symptoms of physical health conditions, monitor physical health medications and treatments, and to develop health monitoring and management skills.	Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * † All providers are required to act within their scope of practice.
7. Peer Support	Peer support services include a wide range of supports to assist the member and the member's family with mental health and/or substance abuse issues in the recovery process. These services promote wellness, self-direction, and recovery by enhancing the skills and abilities of members to meet their chosen goals. The services also help members negotiate the mental health and/or substance abuse systems with dignity, and without trauma. Through a mutually empowering relationship, Certified Peer Specialists and members work as equals toward living in recovery.	Providers described in DHS 36.10(2)(g)20, Wis. Admin. Code. * † Reminder: All CCS peer specialists are required to be Wisconsin Certified Peer Specialists as noted by the "‡" throughout the array. All providers are required to act within their scope of practice.
8. Individual Skill Development and Enhancement	Individual skill development and enhancement services include training in communication, interpersonal skills, problem solving, decision-making, self-regulation, conflict resolution, and other specific needs identified in the member's service plan. Services also include training in daily living skills related to personal care, household tasks, financial management, transportation, shopping, parenting, accessing and connecting to community resources and services (including health care services), and other specific daily living needs identified in the member's service plan. Services provided to minors should also focus on improving	Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * † All providers are required to act within their scope of practice.

	<p>Integration into and interaction with the minor's family, school, community, and other social networks. Services include assisting the minor's family in gaining skills to assist the minor with individual skill development and enhancement. Services that are designed to support the family must be directly related to the assessed needs of the minor. Skill training may be provided by various methods, including but not limited to modeling, monitoring, mentoring, supervision, assistance, and cuing. Skill training may be provided individually or in a group setting.</p>	
9. Employment-Related Skill Training	<p>Employment-related skill training services address the member's illness or symptom-related problems in finding, securing, and keeping a job. Services may include, but are not limited to: employment and education assessments; assistance in accessing or participating in educational and employment-related services; education about appropriate job-related behaviors; assistance with job preparation activities such as personal hygiene, clothing, and transportation; on-site employment evaluation and feedback sessions to identify and manage work-related symptoms; assistance with work-related crises; and individual therapeutic support. The CCS program does not cover time spent by the member working in a clubhouse. The CCS program covers time spent by clubhouse staff in providing psychosocial rehabilitation services, as defined in the service array, for the member if those services are identified in the member's service plan.</p>	<p>Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * ‡ All providers are required to act within their scope of practice.</p>
10. Individual and/or Family Psychoeducation**	<p>Psychoeducation services include: ● Providing education and information resources about the member's mental health and/or substance abuse issues. ● Skills training. ● Problem solving. ● Ongoing guidance about managing and coping with mental health and/or substance abuse issues. ● Social and emotional support for dealing with mental health and/or substance abuse issues. Psychoeducation may be provided individually or in a group setting to the member or the member's family and natural supports (i.e., anyone the member identifies as being supportive in his or her recovery and/or resilience process). Psychoeducation is not psychotherapy. Family psychoeducation must be provided for the direct benefit of the member. Consultation to family members for treatment of their issues not related to the member is not included as part of family psychoeducation. Family psychoeducation may include anticipatory guidance when the member is a minor. If psychoeducation is provided without the other components of the Wellness Management and Recovery service array category (#11), it should be included under this service category.</p>	<p>Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * ‡ All providers are required to act within their scope of practice.</p>
11. Wellness Management and Recovery**/ Recovery Support Services	<p>Wellness management and recovery services, which are generally provided as mental health services, include empowering members to manage their mental health and/or substance abuse issues, helping them develop their own goals, and teaching them the knowledge and skills necessary to help them make informed treatment decisions. These services include: psychoeducation; behavioral tailoring; relapse prevention; development of a recovery action plan; recovery and/or resilience training; treatment strategies; social support building; and coping skills. Services can be taught using motivational, educational, and cognitive-behavioral strategies. If psychoeducation is provided without the other components of wellness management and recovery, it should be included under the Individual and/or Family Psychoeducation service array category (#10). Recovery support services, which are generally provided as substance abuse services, include emotional, informational, instrumental, and affiliated support. Services include assisting the member in increasing engagement in treatment, developing appropriate coping strategies, and providing aftercare and assertive continuing care. Continuing care includes relapse prevention support and periodic follow-ups and is designed to provide less intensive services as the member progresses in recovery.</p>	<p>Providers described in DHS 36.10(2)(g)1-22, Wis. Admin. Code. * ‡ All providers are required to act within their scope of practice.</p>
12. Psychotherapy	<p>Psychotherapy includes the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and</p>	<p>Providers described in DHS 36.10(2)(g)1-10, 14, 22, Wis. Admin. Code. * All providers are</p>

	<p>other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics. Psychotherapy may be provided in an individual or group setting.</p>	<p>required to be licensed/certified and acting within their scope of practice.</p>
<p>13. Substance Abuse Treatment</p>	<p>Substance abuse treatment services include day treatment (DHS 75.12, Wis. Admin. Code) and outpatient substance abuse counseling (DHS 75.13, Wis. Admin. Code). Substance abuse treatment services can be in an individual or group setting. The other categories in the service array also include psychosocial rehabilitation substance abuse services that support members in their recovery. The CCS program does not cover Operating While Intoxicated assessments, urine analysis and drug screening, detoxification services, medically managed inpatient treatment services, or narcotic treatment services (opioid treatment programs). Some of these services may be covered under Medicaid and BadgerCare Plus outside the CCS program.</p>	<p>Providers described in DHS 36.10(2)(g)1, 2 (with knowledge of addiction treatment), 4 (with knowledge of psychopharmacology and addiction treatment) and 16, Wis. Admin. Code. Substance abuse professionals include: ● Certified Substance Abuse Counselor. ● Substance Abuse Counselor. ● Substance Abuse Counselor in Training. ● Marriage & Family Therapy, Professional Counseling & Social Worker Examining Board (MPSW) 1.09 specialty. All providers are required to be licensed/certified and acting within their scope of practice.</p>
<p>14. Non-Traditional or Other Approved Services</p>	<p>Non-traditional services or other approved services are identified for specific members and are expected to accomplish treatment ends that traditional behavioral health services have not. Non-traditional services billed to the CCS program must: ● Have a psychosocial rehabilitative purpose. ● Not be merely recreational activities. ● Not otherwise be available to the member. The medical necessity of non-traditional services must be documented in the member's records and through assessed needs in the member's service plan. Documentation must include the psychosocial rehabilitative benefits. The service plan must document the corresponding measurable goals of the nontraditional service. Non-traditional or other approved services must have specified, reasonable time frames and successful outcomes that are reviewed regularly by the service facilitator. Non-traditional services will be discontinued if measurable goals are not met in a reasonable time frame.</p>	<p>Provider types as requested and approved by ForwardHealth. All providers are required to act within their scope of practice.</p>

* Type I Qualified Treatment Trainees (QTTs) are described in DHS 36.10(2)(g)22, Wis. Admin. Code, (clinical students) and Type II QTTs are described in DHS 36.10(2)(g)9, Wis. Admin. Code, (certified social workers, certified advance practice social workers, and certified independent social workers). Type I and Type II QTTs are required to be working through a DHS 35, Wis. Admin. Code, certified outpatient clinic. For purposes of the CCS program, all clinical students are required to be Type I QTTs.

** Information for these service categories is based on information provided by the Federal Substance Abuse and Mental Health Services Administration.

† DHS 36.10(2)(g)20, Wis. Admin. Code, describes peer specialists. For purposes of the CCS program, all CCS peer specialists are required to be Wisconsin Certified Peer Specialists. Individuals who are not Wisconsin Certified Peer Specialists could potentially act as rehabilitation workers if they meet the requirements described in DHS 36.10(2)(g)21, Wis. Admin. Code. Refer to the service array for which services rehabilitation workers can provide.



2018 County Board Priorities

1. Increase recreation and tourism opportunities
2. Improve higher/continuing education
3. Maintain or improve public infrastructure
4. Improve services for senior citizens and veterans
5. Increase transportation safety and economic benefit
6. Improve economic opportunity for all, especially youth
7. Improve mental health outcomes
8. Improve quality of lakes and rivers
9. Reduce substance abuse problems
10. Address homelessness
11. Improve County services
12. Partner with other governments and non-profits
13. Protect quality of life and address development
14. Increase overall public safety
15. Reduce mosquito/tick-borne disease

2018 Board priorities related to Community Services

- **Improve higher/continuing education-Social Determinants of Health** (WITC on campus)
- **Improve services for senior citizens and veterans**
 - Dementia friendly communities/Dementia Crisis, BH Clinic services, Adult Protection, coordination with ADRC and Veteran Service Office
- **Improve economic opportunity for all, especially youth-Social Determinant of Health**
- **Improve mental health outcomes**
 - Services offered through BH Clinic and prevention services in Public Health
 - Work with families in DCF
- **Reduce substance abuse problems**
 - Services offered through BH Clinic and prevention services in Public Health
 - Work with families in DCF



2018 Board priorities related to Community Services, cont.

- **Address homelessness**-Social Determinant of Health that is addressed as needed
- **Improve County services-Centralized Reception**, Division model, collaboration among three Departments
- **Partner with other governments and non-profits-grant** opportunities, consortium involvement
- **Protect quality of life and address development-Social** Determinant of Health
- **Increase overall public safety-**
 - Social Determinant of Health
 - Keeping children and vulnerable adults/elders safe
- **Reduce mosquito/tick-borne disease-Disease** control

Current issues:

- Methamphetamine and other drug use driving child welfare needs and costs
- More complex juveniles/children/adults being served-mental health, developmental disability, trauma
- Increased need for institutional care among adult population due to mental illness and substance use

