

Ashland County Health & Human Services Board Meeting

Sanborn Center

November 18, 2015 4:15 p.m.

Members Present: Clarence Campbell, Joan Haukaas, Joyce Kabasa, Laura Kruse, Ron Lockwood, Matt MacKenzie, Charles Ortman

Excused: A. Koeller

Unexcused: Matthew Horning, Jim Oakley

Others: Linda Bailey, Terry Barningham, Peter Herlevi, Bev Patterson, Terri Perry, Cyndi Zach

CALL TO ORDER

The meeting was called to order by C. Campbell at 4:15 p.m.

AGENCY TOUR

APPROVAL OF MINUTES

The minutes of the September 2015 Board Meeting were reviewed.

J. Kabasa made a motion to approve the September 2015 minutes. Seconded by C. Ortman. Motion carried.

PUBLIC COMMENTS

None

WRITTEN DEPARTMENT REPORTS / UPDATES

None

STAFFING UPDATES

- Laura Compton from the Children & Families Unit (C&F) has returned two weeks early from maternity leave.
- Mary Ellen Lucas is retiring as of January 22, 2016.
 - She has worked throughout ACHHSD for 22 years.
 - She is currently an RN in Public Health.

STAFF DEVELOPMENT DAY – DECEMBER 10, 2015

- The agency will be closed from 7:30 am until noon; appropriate notice has been and will be posted in advance.
- This in-service will have several components
 - Introduction to the agency of trauma-informed care (TIC) concepts through a documentary about a woman who has risen from 36 years of severe physical abuse, drug abuse, prostitution, crime and prison time to become a true success. TIC played a major role in this woman's treatment and recovery.
 - Adverse Childhood Experience (ACES) training
 - Self defense training – especially important for the many staff who spend significant time in clients' homes

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- Memory screens to establish baselines for dementia testing

OVERVIEW OF ADULT SERVICES, ADRC-N AND FAMILY CARE 2.0

- L. Bailey discussed the Adult Unit employees and their responsibilities
 - Pauline Gordon
 - Adult Protective Services (APS) Coordinator.
 - Handles protective placements, guardianships, wellness checks and required reporting to courts and other bodies.
 - Oversees the Alzheimer's Grant and the Elder Abuse Grant and covers adult intake one day per week.
 - Pauline has been with ACHHSD for 14 years.
 - Ann Riederer
 - Alcohol and Other Drug Abuse (AODA) and Mental Health Coordinator
 - Oversees the AODA Block Grant, the Certified Mental Health Program Grant, the Mental Health Block Grant and Crisis Intervention services.
 - Works very closely with New Horizons North (NHN) with both the Community Support Program (CSP) and Comprehensive Community Services (CCS) while also covering adult intake one day per week.
 - Ann has also been with ACHHSD for 14 years.
 - Penny Juoni
 - Children's Long Term Support (CLTS) Coordinator
 - Oversees the Community Options Program (COP), the Family Support Program (FSP) and covers adult intake one day per week.
 - Penny has been with ACHHSD for 13 years.
 - Laura Harnisch
 - Representative Payee Coordinator and also works with Economic Support certifying childcare providers.
 - Laura has been with ACHHSD for 14 years.
 - LaTricia Dugger
 - Works primarily with the Aging and Disability Resource Center of the North (ADRC-N)
 - Dementia contact for Ashland County
 - Long term care functional screens, helps with enrollment for services and financial assistance including Medicaid (MA), Family Care and IRIS.
 - Oversees the Chequamegon Bay Emerging Drug Coalition
 - Adult Drug Court representative and works with the Intoxicated Driver Program Enhancement Grant
 - Covers adult intake one day per week
 - LaTricia has been with ACHHSD for 13 years.
 - Sarah Uitto
 - Works with the ADRC-N with the same duties as LaTricia
 - Works as a regional information and assistance contact for the ADRC-N call line
 - Sarah has been with ACHHSD for 12 years

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- Amy Janecek
 - Ashland County Elderly Benefits Specialist
 - Assists with Medicare, Medicaid, Social Security, Supplemental Security Income (SSI), FoodShare and Housing Benefits, along with a number of other programs.
 - Amy has been in her position for 15 years.
- Linda Bailey
 - ACHHSD Adult Unit Supervisor
 - Budget development and management, grant management, reporting to various bodies including the state, backup phone contact and personnel management
 - Serves on a number of advisory committees
 - Linda has been with ACHHSD for 18 years.
- Family Care 2.0
 - L. Bailey went through a PowerPoint presentation re long term care in Wisconsin
 - Family Care has proven to be more cost effective than the waiver programs it replaced, serving more clients but in a less comprehensive manner. IRIS (self-directed care) is also a good program that consumers really like but it is fairly expensive.
 - Changes are being proposed in the current state budget to the current Family Care and IRIS programs.
 - Provide long-term, acute and primary care through integrated health agencies (IHAs) rather than through managed care organizations (MCOs).
 - State insurance law requires all IHAs to be licensed insurers like HMOs or PPOs.
 - Most, if not all, current MCOs are not licensed insurers.
 - IHAs would be required to offer a self-directed program with the same services as the current IRIS program.
 - Develop service regions larger than the current long-term care regions, resulting in fewer regions throughout the state.
- Goals of Family Care 2.0
 - No waitlists – the vast majority of counties currently have no waitlists
 - Provide consumers with a choice of IHAs in every region
 - Consumer choice from full self-direction to full managed care for long term care
 - Primary, acute and behavioral health care will be managed and coordinated (currently not the case)
 - Integration of medical and long-term care services for consumers
- Things not intended to change
 - Eligibility
 - Current range of benefits
 - Right to live independently with dignity and respect
 - Personal choice, self-determination and person-centered care
 - Provider choice in one's own community
 - Ability to self-direct all current IRIS services
 - Focus on natural supports and connections to family, friends and community
 - Appeal and grievance rights, including ombudsman services for all enrollees

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- Right to receive independent and unbiased enrollment counseling
- Concerns
 - A person's services should not be reduced, changed or ended without a documented change in their needs that can be independently reviewed and challenged.
 - There must be enough providers per network and per region to meet people's range and volume of needs.
 - Rates paid to IHAs must be sufficient to address a person's needs with quality services.
 - The system must continue to be based in local communities and to be responsive to local needs.
 - Everyone must have the option to self-direct with full budget and employer authority on all services.
 - Remain driven by people's needs and not by profit
 - Continue to protect consumers and taxpayers by IHA profits and administrative costs; most public funding must be spent on services.
 - Approach must be holistic: medical, mental health and non-medical long term care supports
 - Impartial third party, e.g. ombudsman, must be in place for consumers to go to.

2015 YEAR TO DATE EXPENDITURES

- The board packet financial report represents expenditures and earned revenue through September 2015 (75% through the year.)
- Overall year to date expenditures and earned revenue are at 69% of the annual budget, with levy spending at 48% of the annual levy budget.
 - Vendor invoices are generally paid the month following the month of service.
 - Levy spending is "back-loaded" in any given year as available grant and program funding is spent first.
 - Considering these items, year to date overall spending appears to be in line with the 2015 levy budget.
 - Economic Support is expected to be over levy budget, largely due to budgeting idiosyncrasies at the Northern Income Maintenance Consortium (NIMC) level. The 2016 ACHHSD budget has been adjusted to account for this.
 - All other ACHHSD units are expected to come in at or below their respective levy budgets.

ADOLESCENT HEALTH GRANT

C. Zach reported that ACHHSD has received a new grant to improve adolescent health outcomes in the county.

ACHHSD was also targeted and encouraged to apply for a larger grant to build off of the first grant; this second grant has been applied for in partnership with Bayfield County and NorthLakes Community Clinic.

- This grant is for \$100,000

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- If the grant is awarded, a project coordinator will be hired to develop teen advisory committees with representation from all of the school districts in the two counties to work with health department staff in order to better address adolescent health issues.
- Would like medical directors from both counties and a medical representative from Chequamegon Clinic to meet with school boards to discuss our counties' adolescent health statistics and how students can benefit from closer cooperation between the schools and local public health departments. The statistics to be addressed are included in the board packet.
- The intention is to address adolescent health needs directly but also to build a curriculum for adolescent health education for use going forward.

Further discussion ensued. L. Kruse will get back to T. Perry re review meetings being held by Ashland School District and T. Perry will contact the Ashland School District Administrator to let him know that this board and this agency are ready and willing to work together with the district on common concerns re adolescent health.

WRITTEN MATERIALS

The following written materials were provided to the Board. Please contact T. Perry if additional information is desired or follow up at a Board meeting requested.

- Children in Substitute Care
- Children & Family Access Statistics
- Crisis Line Report – 3rd Quarter
- Income Maintenance Timeliness Reports
- Income Maintenance Ongoing Caseload Monitoring
- Neonatal Abstinence Syndrome (NAS) in Wisconsin
- WCHSA Executive Board Meeting Minutes – 10/1/15
- DCF Update for WCHSA Executive Board – 11/5/15
- DHS Update for WCHSA Executive Board – 11/5/15
- DCF 105 – Drug Testing for Employment Programs

BOARD MEMBER UPDATES/AGENDA ITEMS

The consensus was that this slightly revised meeting format is a good one and that the facility tour for board members should be a standing annual occurrence.

J. Kabasa requested a future agenda item re ACHHSD Alzheimer's and other dementia resources and services.

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OTHER BUSINESS

C. Zach shared that she has been attending Bayfield County's livestock committee meetings; Bayfield County has been advised by legal counsel to enact an operational ordinance rather than a siting ordinance to deal with the CAFO that will be located in Bayfield County. This should allow for less liability and more enforceability for the county.

C. Zach recommended that the board pay close attention to what Bayfield County decides to do as a) they have done a substantial amount of research and b) they must put something in place soon as their moratorium is over at the end of December. C. Ortman added that an operational ordinance template received from Bayfield County is currently being reviewed by Ashland County corporation counsel.

APPROVAL OF BILLS

<p>L. Kruse made a motion to approve the bills presented. Seconded by J. Kabasa. Motion carried.</p>

NEXT MEETING DATE

February 17, 2016 at 4:15 pm: Sanborn Center

The meeting adjourned at 6:55 p.m.

Recorded by Peter Herlevi