

**MINUTES**  
**RICHLAND COUNTY HEALTH AND HUMAN SERVICES**  
**February 10, 2022**

The regular monthly meeting of the Richland County Health and Human Services Board was called to order at 10:46 a.m. on February 10, 2022 by Ingrid Glasbrenner virtually via Zoom.

Members Present: Ingrid Glasbrenner, Tim Gottschall, Cindy Chicker, and Dr. Jerel Berres.

Others Present: Tracy Thorsen, Angie Rizner, Rose Kohout, Meghan Rohn, Stephanie Ronnfeldt, Jessica Tisdale, Briana Turk, Myranda Culver, Roxanne Klubertanz-Gerber, Laurie Couey, Sharon Pasold, and Emily Shelton.

Members Absent: Kerry Severson, Van Nelson.

Approve Agenda and Posting: Tracy Thorsen confirmed the agenda and proper posting.

Approve January 13, 2022 Health and Human Services Board Minutes: Motion by Dr. Jerel Berres, seconded by Tim Gottschall to approve January 13, 2022 Health and Human Services Board Minutes.

2021 Contract Monitoring Report: Angie Rizner reviewed the 2021 Contract Monitoring Report for January and those contracts that currently exceed 100% utilization were reviewed; noting that invoicing should be through December. Angie Rizner explained that Premier Financial Management Services is showing 112.84% utilization and will need to be amended later on the agenda.

Approve Contracts, Agreements, and Amendments:

<b>RICHLAND COUNTY HEALTH AND HUMAN SERVICES</b> <b>2021 AMENDED HHS CONTRACT/AGREEMENT/MOU APPROVALS (2-10-2022)</b>		
<b>PREMIER FINANCIAL MANAGEMENT SERVICES</b>	Due to an increased need for financial management services to children with disabilities being served by the Behavioral Health Unit. (Milwaukee)  <i>This will require County Board approval.</i>	<i>Original Contract Amount: \$100,000</i> <i>Amended to: \$175,000</i>  To a total amount not to exceed <b>\$210,000.</b>

Motion by Tim Gottschall, seconded by Cindy Chicker to approve the amended 2021 contract and forward onto the County Board for approval. Motion carried.

<b>RICHLAND COUNTY HEALTH AND HUMAN SERVICES</b> <b>2022 AMENDED HHS CONTRACT/AGREEMENT/MOU APPROVALS (2-10-2022)</b>		
<b>PREMIER FINANCIAL MANAGEMENT SERVICES</b>	Due to an increased need for financial management services to children with disabilities being served by the Behavioral Health Unit. (Milwaukee)  <i>This will require County Board approval</i>	<i>Original Contract Amount: 100,000</i>  To a total amount not to exceed <b>\$210,000</b>

Motion by Dr. Jerel Berres, seconded by Ingrid Glasbrenner to approve the amended 2022 contract and forward onto the County Board for approval. Motion carried.

**RICHLAND COUNTY HEALTH AND HUMAN SERVICES  
2022 NEW HHS CONTRACT/AGREEMENT/MOU APPROVALS (2-10-2022)**

<b>FORWARD HOME FOR BOYS</b>	To provide group home services to children being served by the Child & Youth Services Unit. (Richland Center)  <i>This will require County Board approval.</i>	For a total amount not to exceed <b>\$100,000</b>
------------------------------	--	---

Motion by Tim Gottschall, seconded by Cindy Chicker to approve the New 2022 contract and forward onto the County Board for approval. Motion carried.

Directors Report: Over the next several weeks staff are working to close out 2021, completing final revenue claiming and billing, and will be submitting final reports on various programs to the state. Work on compiling the 2021 Annual Report that is presented in May has also begun.

The new Drug Court is expected to be fully operational in the spring of this year and Treatment Services using the evidence-based Matrix Model are being planned. Staff in the Behavioral Health Services unit are also working on moving to electronic billing records and fewer scanned-in paper documents in an attempt to utilize additional features of the agency’s Electronic Health Records System and save significant staff time. The first phase of implementation is expected to be completed in April.

A lot of staff changes will be occurring within the Child and Youth Services Unit in the next few weeks, impacting services and caseloads. Marge McGraw, Child & Youth Services Case Manager has been hired as the newest member of the team and will be starting all of the mandatory training in addition to the other two newer workers continuing to finish up key trainings that will enable them to take on more responsibilities. The unit is looking forward to the return of a veteran worker from maternity leave, and Bradi Donahoe will be stepping into the supervisor role for the unit. Support services for families and youth continues to be provided by the unit’s Youth Aide Worker and Family Preservation Worker.

In anticipation of the public health emergency ending in 2022, the COVID-19 Emergency “Unwinding” Partner Toolkit has been introduced by the state with the intention to keep recipients informed of upcoming changes as they prepare to “unwind” the special rules and resume the renewal process that was in place prior to COVID-19. The federal emergency remains in effect at this point and staff are working to assure correct contact information is obtained so information can be mailed to all benefit members.

The Aging and Disability Resource Center is working with local stakeholders including local nursing homes, managed care organizations and the hospital to address care needs in the community. The unit also participated in the Richland County Homeless Point-In-Time Count that provides needed data for the Southwestern Wisconsin Community Action Program (SWCAP) to apply for homeless prevention grants used to assist with rapid re-housing, motel vouchers, and prevention of homelessness. The Regional Aging and Disability Resource Center provided a 2021 Return on Investment (ROI) calculation for the Richland Center office showing a savings of \$2,022,288.10 was created to individuals, systems and services as a result of the assistance that Aging and Disability Resource Centers provide. For every dollar spent providing services to people in the community there was a net savings of \$4.56 compared to the state average of only \$2.39.

Retention Incentive Plan for Health and Human Services Employees Update: The Retention and Incentive Plan recommended by the Health and Human Services Board was recently reviewed by the Finance and Personnel Committee. The recommendation included \$1 per hour premium pay for Health and Human Services Staff, the establishment of a policy regarding annual cost of living increases, and step advancements along the wage scale. The Finance and Personnel Committee approved a motion to develop and adopt a comprehensive plan to include annual cost of living updates to the wage scale, as well as an outline for a wage step advancement policy for county employees based on longevity. The premium pay that was recommended

was not approved, nor was the ability for department heads to have additional flexibility to move staff to higher steps on the wage scale.

The County Administrator also provided the Finance and Personnel Committee with a presentation giving an overview of the compensation, benefits, and retention level of county employees. Tracy Thorsen noted this may have influenced the vote on the recommendation provided by Health and Human Services, as the need for a more comprehensive county wide plan was demonstrated.

Future actions were discussed and it was reported that in February the current employee benefits package will be reviewed and a survey will be conducted county wide to gather preferences and priorities from employees. In March progression on the wage scale in order to reach market value, wage scale adjustments based off of cost of living increases, the county health insurance plan, and paid time off will all be reviewed and discussed.

Dr. Jerel Beres questioned if employees are aware that there is an ongoing plan to review county benefits. Tracy Thorsen noted staff are reliant upon their department heads for this communication or would need to review minutes from these individual meetings.

Tim Gottschall inquired if the committee discussed utilizing any of the emergency funding the county has retained to assist with funding some of these incentives or why this would not be an appropriate use for these funds. Tracy Thorsen explained that while AARPA funds can be used for incentives, such as premium pay, there was concern that the recommendation given by Health and Human Services for premium pay put too much focus on one department. There was speculation that if changes were made in the current year for cost of living increase, as well as bringing wages up to fair market value, it is possible those funds could be utilized to offset those costs. Tim Gottschall questioned if the incentives approved for Pine Valley Community Village would have also been considered a one-time use of this funding and it was confirmed that this would have been the case.

Birth to Three & Children's Long-Term Support Presentation: Myranda Culver, Laurie Couey, and Emily Shelton provided the Board with an overview of the Birth to Three and Children's Long-Term Support Programs. Birth to Three programming serves children between the ages of zero and three years of age with delays and/or developmental disabilities, focusing services on the child's basic needs, and utilization of the coaching model to teach parents and educators is essential to programming. The critical stages of development between the ages of 0 and 3 years of age were reviewed as well as the importance of providing a foundation for a healthy developmental future during this time in order for individuals to meet their fullest potential in life.

Birth to Three case management was reviewed as well as the referral process. Within 45 days of a referral being received, contact with the family is made and a visit is scheduled if necessary. The initial visit with the family includes paperwork, the completion of a family assessment, child evaluation, and the assignment of a primary therapist. Eligibility is then determined and, if appropriate, a plan is developed. Ongoing case management includes monthly or as needed check-ins, monthly provider team meetings, and a review of the developed plan every six months. It was noted that in 2021 had a high number of 63 referrals were received with 45 clients being served. These high numbers were similar to 2017 when there were 3 services facilitators, compared to 2021 when the program only has 2 service facilitators.

Children with physical or developmental disabilities or sever emotional disturbances are eligible for the Children's Long Term Support (CLTS) Program, a home and community-based service waiver that funds community supports and services for children who have substantial limitations in their daily activities and need support to remain in their home or community. Funding from the program is used to support services based on the needs of the child and their family with the intention to better support inclusion in all facets of community life.

Case management for the Children's Long Term Support (CLTS) program was reviewed as well as the referral process. Within 10 days of a referral being received, an initial visit is scheduled. The initial visit with the family includes the completion of paperwork and obtaining information to determine functional and financial eligibility for the program. Eligibility must be determined and enrollment must occur within 45 day of the referral being received, and a service plan must be finalized within 60 days of enrollment. Ongoing case management occurs and the plans are reviewed every six months, as well as annual recertification to verify functional and financial ongoing eligibility. Numbers in the program have continued to increase since 2015 and in 2021 48 youth were served in Wavier programs.

Best practices and current caseload sizes were reviewed for both the Birth to Three and Children's Long Term Support (CLTS) Programs. Current caseloads for staff average 46 cases, with most counties only having between 25 to 40 cases per service facilitator. Higher caseloads reduce staff's ability to find optimal services, cause increased risk of not meeting enrollment timelines, inhibit appropriate training and implementation of required tools, limits availability of supervision to only the most acute cases, does not allow for efficient knowledge of program updates and state standards, and activities for the child are ultimately reduced. Lower caseloads would also ensure billing for services is maximized.

Health & Human Services Board Member Resignation: Tracy Thorsen reported that it does not appear that the Adult Protective Services position will be filled any time soon, and as a result, it has been determined that the process of refilling the vacant Health and Human Services Board member position should move forward.

Adjourn: The next meeting is scheduled for March 10, 2022 at 10:30 a.m. and will be held via Zoom. **Motion by Cindy Chicker, seconded by Dr. Jerel Berres to adjourn the meeting. Motion carried.**

Respectfully Submitted,  
Meghan Rohn  
Confidential Administrative Secretary