



HUMAN SERVICES COMMITTEE

July 24, 2024

8:30 AM

Human Services Training Room

810 Lincoln Street, Kewaunee, WI 54216

Zoom: <https://us06web.zoom.us/j/8284639598>

Meeting ID: 828 463 9598

1. Call to Order Human Services Committee Meeting
2. Roll Call
3. Welcome new board member, John Ortlieb
4. Approval of July 24, 2024 Agenda
5. Approval of June 20, 2024 Minutes
6. Public Comment
7. Approval of Provider Contracts:

Kendra Kaul, LLC Counseling and Therapeutic Services \$55,692.00
8. Consideration of Resolution Supporting State Investment for Mental Health Funding
9. In-Service, Dr. Ken Downing
10. Financial Report---Brian Johnson
11. Human Services Director Department Report--- Melissa Annoye
12. Other Items Authorized by Law
13. Next Meeting Date and Time
14. Adjournment

The Committee welcomes all visitors to listen and observe, but only Committee members and those invited to speak will be permitted to do so. Persons with disabilities needing special accommodations to attend or participate should contact the County Administrator's Office at (920) 388-7164 prior to the meeting so that accommodations may be arranged.

MENTAL HEALTH COMMUNITY SUPPORT PROGRAM & CRISIS SERVICES

State law designates counties with the primary responsibility for the well-being, treatment, and care of persons with mental illness. If persons are diagnosed with mental health conditions that require treatment, counties are responsible for serving persons that do not have private insurance coverage. Generally, since mental health and substance abuse services are covered benefits under private health insurance plans, county services are typically provided for those without private insurance or are supportive services not covered by private insurance. In addition, county programs frequently provide mental health care and substance abuse services for those eligible for the state's medical assistance program.

The medical assistance program (MA) covers an array of mental health services, ranging from office-based therapy to inpatient hospitalization, and many of these services are delivered by counties. The financing of county-based mental health services differs from most other MA services. For most MA services, the provider reimbursement payment is split between the federal share (approximately 60%) and state share (approximately 40%.) For county-based mental health services, the county finances the cost of the services up front and receives a reimbursement payment from the MA program equal to the federal share for that service, meaning that the county is responsible for the 40% nonfederal share (as well as any cost that exceeds the reimbursement payment). In addition, for persons who are not MA eligible, counties pay the full cost of mental health services.

In 2013 the state fully funded Comprehensive Community Services (CCS) which led to expansion of community-based services. 2013 Wisconsin Act 20 included a provision that required the Department of Health Services (DHS) to reimburse CCS providers for both the federal and non-federal costs of these services if the services were provided on a regional basis.

Community Support Program

CSP offers intensive community-based care for adults whose mental illness and functional limitations might otherwise require them to need institutionalized care. Counties use CSP services to keep people out of extended hospitalizations and support people in the community following emergency detentions.

Sixty-five counties operate certified programs under DHS Administrative Rule 63. According to DHS information for CY 2022, counties spent approximately \$50 million on CSP services and received \$30 million in federal MA reimbursement. The state GPR cost to fully fund CSP would be approximately \$20 million per year.

Keep in mind that full funding of CSP services could reduce the utilization of other MA services. For instance, if expanded CSP services would result in a decrease in inpatient hospitalization (one of the primary objectives of CSP), there could be a reduction in MA costs for inpatient hospitalization.

Crisis Services

Another required function of the county is providing an emergency mental health services program to serve persons in crisis situations. At a minimum, crisis intervention programs must offer 24-hour crisis telephone service and 24-hour in-person response on an on-call basis. For persons who are Medicaid eligible, counties can receive MA reimbursement for Crisis Intervention services. Sixty-five counties operate certified Crisis programs under DHS Administrative Rule 34.

According to DHS information for CY 2022, counties spent approximately \$78 million on MA reimbursable Crisis services. In addition, counties spent at least \$20 million on Crisis services for persons who are not MA eligible. Counties received approximately \$47 million in MA federal reimbursement for Crisis services, leaving \$31 million for the nonfederal share.

Prior to 2020, counties were responsible for the entire nonfederal share of the Crisis services cost similar to the CSP. Since 2020 the state pays a portion of the nonfederal share, provided certified counties participate in shared regional services and meet a maintenance of effort (MOE) requirement, which is equal to 75% of the three-year average of the county's crisis intervention expenditures in calendar years 2016 through 2018. To the extent counties exceed the MOE cap, DHS provides some state GPR reimbursement for the nonfederal share of Crisis services.

For CY 2022, counties received approximately \$10 million GPR reimbursement for the \$31 million nonfederal share, leaving a county cost of \$21 million for MA reimbursable crisis intervention services plus the costs for persons who are not MA eligible. While the 2019 law change providing partial state GPR funding for crisis services was a step in the right direction, the additional state funding has yet to have a substantial impact on reducing the disproportionate county share.

State funding sources available to counties that can be used as match for crisis and CSP services include Community Aids Basic County Allocation and Community Mental Health Allocation. The Community Aids funding has not kept pace over the years with increased county costs for services, resulting in counties bearing a disproportionate share of CSP and crisis service costs from county tax levy. Counties are limited in their capacity to use tax levy revenue due to state levy limits, so the lack of Community Aids increases combined with strict property tax controls makes it difficult for counties to maintain crisis and CSP services.

In addition to the costs to county human service departments, counties and municipalities also incur law enforcement costs to transport and provide security for persons in a crisis. The limited state funding for crisis services makes it difficult for counties to implement new evidence-based services, such as mobile crisis workers that could meet law enforcement officers in the field for crisis calls, that would reduce the need for law enforcement involvement and provide a more trauma-informed response to crisis situations.

CURRENT STATUS: The public mental health system in Wisconsin is in need of additional resources to respond appropriately to the needs of individuals with persistent mental illness and those experiencing a mental health crisis. Stagnant state funding results in variations in the extent of services across counties, wait lists for services, and eligible persons receiving limited services.

REQUESTED ACTION: The Wisconsin Counties Association respectfully requests:

- State GPR be provided at \$20 million annually to fund the non-federal share of MA Community Support Program (CSP) services.
- State GPR be provided at \$21 million annually to fully fund Crisis services statewide and eliminate the MOE requirement for MA reimbursable services

TALKING POINTS:

- In 2022 counties spent approximately \$128 million on Medicaid eligible crisis and CSP services.
 - The counties received approximately \$77 million reimbursement from the federal government and state reimbursement for \$10 million for costs exceeding the MOE.
 - \$41 million was Medicaid reimbursable but the counties did not receive dollars.
- If the Medicaid reimbursement for CSP and crisis intervention services is fully state funded, counties will remain responsible for persons that are not Medicaid reimbursable.
 - Counties spent \$20 million on crisis services for non-Medicaid eligible individuals in 2022.
 - Counties provide similar CSP services to the non-MA population such as case management, daily living skills, medication management, etc.
- As of February 2021, 36.4% of adults in Wisconsin reported symptoms of anxiety or depression.
 - This led to 859,000 adults in Wisconsin having a mental health condition with 18.6% unable to get needed treatment.

Contact: Chelsea Shanks, Government Affairs Associate
608.663.7188
shanks@wicounties.org



RESOLUTION NO.

CALLING FOR STATE INVESTMENT IN MENTAL HEALTH FUNDING TO THE HONORABLE KEWAUNEE COUNTY BOARD OF SUPERVISORS:

1 **WHEREAS**, Kewaunee County (“County”) is concerned that the public mental health system in
2 Wisconsin is in need of additional resources to respond appropriately to the needs of individuals with
3 persistent mental illness and those experiencing a mental health crisis; and

4 **WHEREAS**, state law designates counties with the responsibility for the well-being, treatment, and care
5 of individuals with mental illness, and serving those without private insurance coverage; and

6 **WHEREAS**, the Medical Assistance program (MA) covers an array of mental health services, ranging
7 from office-based therapy to inpatient hospitalization, and many of these services are delivered by
8 counties; and

9 **WHEREAS**, Community Support Programs (CSP) offer intensive community-based care for adults
10 whose mental illness and functional limitations might otherwise require them to need institutionalized
11 care. Counties use CSP services to keep people out of extended hospitalizations and support people in the
12 community following emergency detentions; and

13
14 **WHEREAS**, counties are required to provide Crisis intervention services including an emergency mental
15 health services program to serve persons in crisis situations; at a minimum, 24-hour crisis telephone
16 service and 24-hour in-person response on an on-call basis; and

17
18 **WHEREAS**, while the state pays the full cost of most MA services, when it comes to county-based CSP
19 and Crisis mental health services, the county finances the cost of the services up front, and receives MA
20 reimbursement for only the federal share for that service, and

21 **WHEREAS**, Community Aids funding has not kept pace over the years with increased county costs for
22 services, resulting in counties bearing a disproportionate share of CSP and Crisis service costs from
23 county tax levy; and

24 **WHEREAS**, counties are limited in their capacity to use tax levy revenue due to state levy limits, so the
25 lack of Community Aids increases combined with strict property tax controls makes it difficult for
26 counties to maintain Crisis and CSP services; and

27
28 **WHEREAS**, in addition to the costs to county human service departments, counties and municipalities
29 also incur law enforcement costs to transport and provide security for persons in a crisis; and

30
31 **WHEREAS**, the awareness of the 988 National Suicide & Crisis Lifeline has made mental health
32 assessment and referral more readily available, resulting in more demand on the mental health crisis
33 systems; and

34 **WHEREAS**, stagnant state funding results in variations in the extent of services available across
35 counties, wait lists for services, and eligible people receiving limited services; and

36 **WHEREAS**, the limited state funding for Crisis services makes it difficult for counties to implement new
37 evidence-based services, such as mobile crisis workers that could meet law enforcement officers in the

1 field for crisis calls, that would reduce the need for law enforcement involvement and provide a more
 2 trauma-informed response to crisis situations. and;

3
 4 **WHEREAS**, Wisconsin’s counties continue to cover the costs of mental health services for individuals
 5 who are not Medicaid eligible, and;

6
 7 **NOW, THEREFORE, BE IT RESOLVED:** that the Kewaunee County Board of Supervisors, duly
 8 assembled this 20th day of August, 2024, does hereby request that the state of Wisconsin, in its 2025-27
 9 state biennial budget, provide state GPR funding to cover the full non-federal share of MA CSP and Crisis
 10 services, and;

11
 12 **BE IT FURTHER RESOLVED**, that the Kewaunee County Clerk is hereby authorized and directed
 13 to send a copy of this Resolution to the Governor of the State of Wisconsin, Wisconsin State
 14 Legislators with a constituency within Kewaunee County, and the Wisconsin Counties Association.

Respectfully Submitted,

HUMAN SERVICES COMMITTEE

 Linda Teske, Chair

 John Ortlieb

 Brian Patricia

 Thomas Romdenne

 Wendy Shelton

 Milt Swagel

APPROVED AS TO FORM
 David J. DePeau
 Corporation Counsel
 Respectfully Submitted,

FISCAL IMPACT STATEMENT:
None

	Y E S	N O	A B S E N T	A B S T A I N
Agamaite, S.				
Augustian, A.				
Baker, D.				
Browne, S.				
Guilette, N.				
Jahnke, S.				
Kinnard, T.				
Kroll, K.				
Lazansky, J.				
Lukes, J.				
Olson, D.				
Ortlieb, J.				
Paape, G.				
Patrycia, B.				
Romdenne, T.				
Shelton, W.				
Swagel, M.				
Teske, L.				
Vollenweider, J.				
Zeitler, P.				
TOTALS				

**Kewaunee County Human Service Committee
810 Lincoln Street – Training Room
June 20, 2024
Meeting Minutes**

Present for the meeting were: Human Services Director, Melissa Annoye and Human Services Committee Chairperson, Linda Teske. Committee members present included: Paul Ravet, Milt Swagel, Wendy Shelton, Tom Romdenne, Julie Janicsek, Donna Wallace, Mary Ann Szydel and Brian Patricia.

Absent/Excused – Rose Quinlan

This meeting was called to order by Chairperson Linda Teske at 8:02 a.m.

Melissa read the Notice for Public Hearing for the 2025 Human Services budget being held on June 20, 2024 at 8:00 a.m. There were no public or written comments for the hearing and the public hearing was closed.

A moment of silence was observed for the past Chairperson, Virginia Haske.

A motion to approve the June agenda was made by Brian Patricia and seconded by Julie Janicsek. Motion carried.

A motion to approve the May minutes as presented was made by Milt Swagel and seconded by Wendy Shelton. Motion carried.

Public Comment – None

Vice-Chair Appointment – Nomination made for Milt Swagel for the vice-chair position. No other nominations for the position. Motion seconded and carried.

Contract Reviews – A list of contracts for 2024 and 2023 was provided for committee review. Questions about contracts were asked and answered. A motion to approve the listed contracts was made by Paul Ravet and seconded by Donna Wallace. Motion carried.

Financial Unit Update – Brian Johnson

Brian provided the financial update. Brian reports billing for April and May is slightly ahead of where we were at this time last year. State Aid has been submitted through April. Contract status report was reviewed. Vendor payments of focus for the month of May were the Prevention Task Force billboards that are fully funded. Another large expense was for residential treatment, which was for more than one month. The bottom line is that we are within budget and where we need to be for the year. Financial audit was completed with minor recommendations. Questions asked and answered.

In-Service/Presentation – Foster Care, Kinship Care and Coordinated Services Team

Chad LaLuzerne introduced himself and Chelsea Brien. Chad is the Manager of the Children and Family Unit. He introduced Chelsea Brien. She works in Foster Care, Kinship Care and Coordinated Services Teams.

Chad updated the committee on the number of children being served. There are currently 16 children in out of home care, 19 in kinship care, 11 children in subsidized guardianship. Kewaunee County currently has 24 licensed foster homes. Chad states this is a deceiving number as 21 of these are child-specific homes, which means the County only has three general foster homes.

The goal for Chelsea is to keep her caseload low so she can manage the foster care homes. This includes maintaining current homes and recruiting for new homes as well; supporting the foster care providers is an area of growth opportunity for our agency.

Short video was shared to explain foster care.

When Chelsea began in this role, there was discussion on how to not only support children in foster care, but also how to support the foster parents so that we can retain good, strong options for kids in placement. One of the gaps identified is that there is no one there to directly support the foster care families. The goal is to create networks within the County for the families to support each other and create awareness. Chelsea states she believes there is not a high awareness of the need for respite or foster homes in Kewaunee County. Part of her goal is to find a way to create more awareness and create more support for foster families.

Chad states finding respite for children is challenging. He explains that when the foster family needs a break, it is important that we have trusted respite providers in the county.

Melissa explained what respite is and how it could be a few hours, a weekend or a few days. This is a good way to start to see if that service is for you and then possibly move into a foster care role. Sue mentioned respite can help prevent a mental health crisis and further placements.

Training requirements for foster care parents includes six hours of pre-service online training and then within the first two years, one must complete another 30 hours of online training. This is specific curriculum that the State has designed for the foster care parents. This is completely virtual and is not an obstacle for most people.

Questions asked and answered by Chad and Chelsea.

Human Services Director Updates – Melissa Annoye

Melissa provided the committee a draft of the Request for Proposal for the Wraparound Home. Adjustments were reviewed. Melissa sought discussion and recommended changes. Wendy Shelton made a motion to approve the RFP for consideration and approval by the Finance Committee subject to any changes deemed necessary or appropriate by Corporation Counsel. The motion was seconded by Brian Patrycia. Motion carried.

Melissa reports that Human Services currently has one vacancy. Income Maintenance received a resignation on 5/29/24. The position has been posted and will close on 7/3/24. Onboarding of the new staff member will be done with the help of Green Lake County.

The update on Initiative One is that the management team has nearly completed the Leadership Transformation process. The Leadership Foundations group has completed their process; the agency has seen continued positive results.

The Department is continually striving to do better with staff appreciation. Goal is to improve staff morale and reduce staff burnout.

Questions were asked by the committee and answered by Melissa.

Melissa extended an invitation for an informal tour of the Human Services Department.

Other items authorized by law – None

The next meeting is scheduled for June 24, 2024 at 8:30 a.m.

A motion to adjourn was made by Julie Janicsek and seconded by Paul Ravet. Motion carried.
Meeting adjourned at 9:02 a.m

Respectfully Submitted,

Janine Bowers
Program Assistant