

Human Services Director's Report
To the Health & Human Services Board
October 2015

Activity	Program/ Section	Brief Description	Contact Person	Attach- ment
Collections Vendor	Admin	<p>We are intending to change who performs our primary collections on bad debt from our clients as we go into 2016. Following consultation from our Corporation Counsel and County Purchasing, we intend to do the following:</p> <ol style="list-style-type: none"> 1. Continue to have contracts with both State Collections (SC) and Credit Bureau Data (CBD) 2. Have all new bad debt accounts in 2016 go to CBD, while having SC continue collections on existing accounts (since 2007 new accounts have gone to SC while CBD continued collections on accounts older than 2007) 3. In 2016, do a new Request for Proposal (RFP) for collections to begin January 2017 <p>These changes actually will save us some money in 2016 as well as allow all Western Region Integrated Care (WRIC) partner counties to have the same collection agency (CBD) for incurred client bad debt. Please indicate any questions and concerns you may have at this time as we intend to inform the vendors of these changes very soon.</p>	Dean Ruppert 785-6108 druppert@lacrossecounty.org	No
Avatar	Admin	Avatar which is our new integrated, electronic health record has gone live as of October 1st. Over 200 of our staff will regularly utilize this as their primary record for client assessments, treatment plans, case notes, authorizations, vendor payments, receipting, etc. Thanks to you for this products purchase and to all the staff in our Department and IT who made this possible!	Dean Ruppert 785-6108 druppert@lacrossecounty.org	No
Long Term Care Public Hearing	Admin	The State Department of Health Services (DHS) is holding numerous public hearings on the upcoming changes to Aging & Disability Resource Centers and Family Care. On September 28, I presented to this body regarding potential county financial risk for persons who are/will be protectively placed to our Department who may choose to not enroll or disenroll from Family Care. As a result, I was asked to forward recommended statutory changes to DHS. Jason Witt and I will be meeting with David Lange to accomplish this task.	Dean Ruppert 785-6108 druppert@lacrossecounty.org	Yes, Public Hearing Testimony

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Supplemental ACA Funding for IM Consortia	Economic Support (ES)	<p>Income Maintenance (IM) Consortia received additional funding in 2014 and 2015 to meet increased workload demands as a result of the Affordable Care Act (ACA) and related Badger Care Plus eligibility changes. While the budget bill for 2016 and 2017 includes a plan to phase out the supplemental ACA funding, the administration decided to put a portion of this funding into an unallocated reserve because of their uncertainty whether the base funding budgeted is sufficient to cover the current cost of income maintenance activities. The income maintenance caseload has increased steadily since 2013, especially the number of Childless Adults in the BadgerCare Plus program. In addition to an increase in applications, Consortia Call Center volumes have increase by more than 29% statewide since 2012.</p> <p>With the support of the Department of Health Services (DHS), the IM Consortia are working with the Wisconsin Counties Association (WCA) on a white paper that will be submitted to the Joint Finance Committee, requesting that the supplemental funds put into the unallocated reserve be released to cover IM Consortia operations in 2016 and 2017. Based on the increased workload, release of the reserve funding is critical for Consortia operations.</p>	Lorie Graff 785-6061 lgraff@lacrossecounty.org	No
Western Region Integrated Care (WRIC) <i>Pilot Project Update</i>	Integrated Support & Recovery Services (ISRS)	<p>Pilot Project: Implement shared services approach for a core set of mental health/substance abuse services across partner counties by the end of 2016.</p> <p>Updates:</p> <ul style="list-style-type: none"> • 7 of the Core Benefit services that will be delivered through this project are operating within the consortium. • 10 Core Benefit services have been approved by Directors for implementation within 2015/2016. • 11 Core Benefit services slated for 2016 implementation are currently being designed or pending approval by Directors. • 1 Core Benefit service slated for 2016 implementation will begin the design process in Fall of 2015. 	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No
Ravenwood Certification	Integrated Support & Recovery Services (ISRS)	The ISRS Outpatient Mental Health Clinic was certified to operate a branch clinic at Ravenwood (within Lakeview Nursing Home building) in order to provide psychiatric medication prescribing services for residents of that facility.	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No

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Level 5 Shift Staff Foster Home Approved for Implementation	Integrated Support & Recovery Services (ISRS)	In 2014 Family & Children’s Center began development of a community based home designed to serve the needs of children currently placed in more restrictive institutional settings. In December of 2014 the State reversed previous direction and determined the location was not appropriate for the intended funding source. After 9 months of discussion the State has now reversed their stance and has approved the location. Implementation planning has restarted. Huge win for the children/families and for our budget.	Matt Strittmater 785-6156 mstrittmater@lacrossecounty.org	No
Long Term Care System Reform	Community Access and Resources Section (CARS)	A public hearing was held on September 28 in La Crosse. The Department of Health Services (DHS) continues to accept written testimony through October 30 (an extension from the previous date). More information can be found at the following website: https://www.dhs.wisconsin.gov/familycareiris2/index.htm Aging & Disability Resource Centers (ADRCs) met with DHS during a separate Long Term Care Summit on September 29 to provide feedback. A concept paper on ADRCs was created/used to provide information on DHS’s question regarding ADRCs contributing sustainability to the long term care system.	Audra Martine 785-6172 amartine@lacrossecounty.org Jason Larsen 789-7847 jlarsen@lacrossecounty.org	Yes, LTC Summit ADRC Concept Paper
Contract Update	Community Access and Resources Section (CARS)	The 2016 ADRC contract establishes a new business model concept for ADRC programs which prepares us for work in the changing long term care system. Many organizational changes are underway to meet the new contract criteria. The ADRC partner counties and advisory board have met to continue planning/discussion.	Audra Martine 785-6172 amartine@lacrossecounty.org	No
Thinking for a Change	Justice Support Services (JSS)	Social Worker Anne Patton is developing a plan to provide quality assurance oversight to current groups held in Justice Support Services and the Jail.	Becky Spanjers 785-5501 bspanjers@lacrossecounty.org	No
Moving On	Justice Support Services (JSS)	Moving On is a cognitive behavioral curriculum-based program that centers on working with women in the criminal justice system. Justice Support social workers have been trained as have YWCA / Ophelia’s House staff. Moving On is now offered in the jail setting in addition to groups in the Law Enforcement conference rooms.	Becky Spanjers 785-5501 bspanjers@lacrossecounty.org	No
Pre-Trial Services	Justice Support Services (JSS)	Becky Spanjers attended the week long pre-trial conference in Aurora, Colorado. Justice Support Services currently implements pre-trial services. The conference information validated the use of the Justice Support Services screening tools to assist the Courts in determining bond conditions.	Becky Spanjers 785-5501 bspanjers@lacrossecounty.org	No

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Trauma Focused - Cognitive Behavioral Therapy	Family & Children's	<p>Family and Children's Section in partnership with the Department of Children and Families (DCF) is offering a second round of clinical collaborative training that will begin on October 8, 2015. There are 30 regional clinicians participating from La Crosse, Vernon, Monroe and Jackson Counties representing 10 agencies that work with children and families from the child welfare systems in those counties. The first day of the clinical training is open to child welfare social workers from the participating counties and our CW partners (judges, attorneys, providers). Please see below and if you are interested in attending contact Rhonda Rude Rrude@lacrossecounty.org or (608)789-4934 to register.</p> <p>Child Trauma 101 Thursday, October 8, 2015 Black River Beach House, 1433 Rose Street, La Crosse 8:30 am registration; 9:00-4:15 training Participants will receive an overview of child trauma</p>	Nancy Pohlman 785-6060 npohlman@lacrossecounty.org	No

DHS Public Hearing 9/28/15

I am Dean Ruppert, Deputy Director of the La Crosse County Human Services Department.

Thanks for the opportunity to express our opinions via the numerous statewide Public Hearings being currently conducted.

My brief focus today is on the risks to counties as all the changes in Family Care and IRIS unfold. Change alone to all of us is scary, but especially to persons that are vulnerable with long term care needs it can especially be daunting. Whether change is real or perceived, it can have a real impact on persons, again especially on those who depend on entities and professionals who provide care to them. With the numerous real or perceived changes in Family Care such as who will be my trusted case manager, who will be my providers of care, can I keep my same medical provider and doctors; we need to be concerned about the potential disenrollment of current members from the long term care program that will now be offered due to changes that were passed by the legislature.

With this potential disenrollment comes the financial risk to counties that again may be required to serve residents, that are Family Care eligible, who are under a Protective Placement Order. Under Protective Placement cases, the county must provide services in a non-institutional community setting unless a court specifically finds that protective placement in a nursing home or intermediate facility is the most integrated setting consistent with the needs of the individual. (WI Stat., s 55.12 (b)). Statutes also provide that a county is not required to provide funding beyond funds that are required to be appropriated to match state funds. The concern we have is that even with the statutory limits on the funding required of counties, there is still room for the courts to interpret the meaning of "funds that are required to be appropriated to match state funds".

La Crosse County has over 400 persons under protective placement orders with many of these being current Family Care enrollees. We do up to 80 new orders every year. As La Crosse County was a pilot County for Family Care we had a onetime buy in cost of around \$1.25 million back in 2001. Our infrastructure and

funding resources are long gone since 2001 to even consider how we may serve one person who meets Family Care eligibility and disenrolls, much less more who may disenroll or not enroll at all in the new Integrated Health Agencies.

We ask that should this risk factor become real that you understand the impact to Counties and are agreeable to enact a solution.

Thank-you for your consideration and time.

LTC Summit Aging & Disability Resource Centers (ADRCs)

Aging & Disability Resource Centers are local, community based organizations that offer unbiased information, options and guidance to community members needing services to remain independent in the community to delay or eliminate the need for more costly institutional care

One-Stop-Shop

The ADRCs provide their communities with a single entry point, helping citizens to find the best way to meet their individual needs.

- While some of the people may enter publically funded long-term care, the vast majority do not.
- For many people, working with the ADRC helps prevent them from reaching a crisis stage where publicly funded long term care is needed.
- The ADRCs are able to work with people where they are on a continuum of care.
- ADRCs determine functional eligibility for publically funded programs, not financial eligibility.
- People who are functionally eligible, but not financially eligible need assistance identifying local services that meet their needs

Community Based

In the contract between DHS & the ADRCs they are defined as “welcoming and accessible places where older people and people with disabilities can obtain information, advice, and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad spectrum of programs and services.”

- It is the local element that makes ADRCs strong & effective. People are given solid information about local agencies and not a national 800 phone number.
- The need for a strong local presence with extensive local knowledge becomes clearer when one looks at the key functions identified in this concept paper.

Options Counseling

This is a crucial part of ADRC work. This typically includes face to face interactions about locally available long term care options including services available for purchase via private pay.

- Requires an intimate knowledge of the local LTC landscape.
- 2013 evaluation of LTC Options Counseling showed that one of the key drivers of customer satisfaction was “helping to navigate the system.”
- 2010 survey results had 91% of participants respond that the ADRC “staff person was knowledgeable about the program choices available to me.”
- Options counseling is about all options, not just those that are publically funded.

Nursing Home Alternatives/Relocation

- ADRCs help prevent Nursing Home admissions through a series of meetings with individuals and their families.
- Is successful with building trust and rapport
- Requires extensive knowledge of local services
- Preventing nursing home admissions results in substantial savings for Wisconsin taxpayers.
- ADRCs assist in relocating residents out of Nursing Homes and back into their communities.
- Requires outreach to local nursing homes and their staff members.
- Also often requires a series of meetings similar to preventing admissions.

- Every successful relocation saves taxpayer money for every subsequent year the person is living in the community instead of the nursing home.

Benefits Counseling

Benefit Specialists are experts in helping people with extensive and complicated paperwork that is often required in obtaining benefits including Medicare, Social Security, private insurance and other benefit programs

- They do more than help people establish eligibility for SSI and Medicaid. They help people access local food programs, avoid evictions, locate prescription assistance and find other basic necessities.
- Elder Benefits Specialists and Disability Benefit Specialists bring federal dollars into local communities
- They often bring their services out to the community, not just in the ADRC

Caregiver Services

While the individual in need is the primary focus, assistance for caregivers is also a key function.

- Caregivers are at a much higher risk of illness due to chronic stress than the general public.
- ADRC staff identify support services like respite and personal cares for caregivers.

Transitional Services for Students & Youth

ADRCs play a critical role in helping families and young people with disabilities learn about their options once they are no longer in school.

- ADRC staff work closely with local school districts and vocational rehabilitation counselors to provide information and help with the transition to the adult LTC system and benefits.
- For many families this is the first time they hear about the possibility of community-based employment and what kinds of supports are available to attain it.

Short-Term Service Coordination

ADRCs provide short-term service coordination for those needing help accessing and coordinating personalized services to address complex needs.

- The effectiveness and timeliness of this coordination can often make the decisive difference in averting a crisis or preventing an unnecessary institutional placement.
- It would be impossible to carry out this function from a long distance location.

Who Enters the Publically Funded Long Term Care Programs

It is well established that the ADRCs do not enroll everyone who enters into its doors into the publically funded long-term care system. What we do is for the public good and is done in service to our communities and citizens.

Those who do enter are:

- The financially impoverished
- The significantly disabled or frail
- Those without other support systems