



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

October 15, 2019

Mr. Joel Brennan
Secretary
Department of Administration
101 East Wilson Street
Madison, WI 53703

Dear Secretary Brennan:

I am pleased to submit the Department of Health Services' biennial report to the Governor and Legislature as required by Wis. Stat. § 15.04 (1) (d).

If you have any questions, please contact Andy Forsaith at 266-7684.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Palm".

Andrea Palm
Secretary - designee

State of Wisconsin
2017-2019 Biennial Report

Publication required by Wis. Stat. § 15.04(1)(d)



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Department Overview

The Department of Health Services (DHS) is one of the largest and most diverse state agencies in Wisconsin, with an annual budget of roughly \$12.8 billion and more than 6,300 employees. DHS is committed to protecting and promoting the health and safety of the people of Wisconsin, making sure everyone can live their best life.

DHS oversees Medicaid, the single largest program in the state budget, and other health and social service programs. DHS ensures that the care provided to Wisconsin residents is high quality and provided in accordance with state and federal law; ensures that Wisconsin taxpayer dollars are being used effectively and efficiently by implementing evidence-informed programs and by preventing and detecting waste, fraud, and abuse; and works to continue Wisconsin's long tradition of strong health outcomes and innovation.

DHS works with local counties, health care providers, community partners, and others to provide alcohol and other drug abuse prevention, mental health, public health, implementation of long-term care, disability determination, regulation of state nursing homes, and numerous other programs that aid and protect the citizens of our state. DHS also oversees seven 24/7 institutions: three centers for individuals with intellectual disabilities; a facility for mentally ill inmates; two psychiatric hospitals; and a facility for treating sexually violent persons.

DHS has nine Divisions and Offices that work to protect and promote the health and safety of the people of Wisconsin, ensuring everyone lives their best life.

The *Office of the Secretary* leads DHS and contains the Executive Team, Communications Team, Director of Opioid Initiatives, Area Administration and Tribal Affairs.

The *Office of the Inspector General* protects Wisconsin taxpayers by preventing and detecting waste, fraud, and abuse of public assistance programs.

The *Office of Legal Counsel* provides legal services and advice to DHS.

The *Office of Policy Initiatives and Budget* provides departmentwide budgeting and policy and research services.

The *Division of Enterprise Services (DES)* oversees financial management, information systems and technology, personnel and employment relations, and civil rights compliance.

The *Division of Care and Treatment Services (DCTS)* manages and supports seven care and treatment facilities, community mental health and substance use services, community forensic treatment services, and the protection of client rights for individuals receiving services for intellectual disabilities, mental health, and substance use.

The *Division of Medicaid Services (DMS)* supports Wisconsin's Medicaid and FoodShare programs and provides access to health care, long-term care, and nutritional assistance for individuals and families who are elderly, disabled, or have low income.

The *Division of Public Health (DPH)* is responsible for providing public health services to the people of Wisconsin.

The *Division of Quality Assurance (DQA)* is responsible for regulating and licensing more than 40 different programs, facilities, and caregivers that provide health and residential care.

Our Vision

Everyone living their best life.

Our Mission

To protect and promote the health and safety of the people of Wisconsin.

Our Values

- Treat everyone with fairness, compassion, dignity and respect.
- Focus on the needs of the people we serve, and deliver on promises made to our customers.
- Foster independence.
- Address health disparities.
- Value our colleagues and recognize excellence.
- Encourage innovation, based on the best available evidence, and critical thinking.
- Collaborate with our partners.
- Manage public human, financial and natural resources responsibly.

Department of Health Services Accomplishments 2017-2019

Improved Medicaid Services. DHS significantly reduced the waitlist for the children's long-term supports waiver, expanded Family Care statewide, distributed \$30 million in direct care workforce funding to providers, increased the behavioral health reimbursement rate, implemented mandatory SSI managed care for adults statewide, procured a new Medicaid Management Information System, increased the personal care reimbursement rate, created a Family Care tribal option, implemented Prospective Payment System rates for Federally Qualified Health Centers, implemented the Complex Care Managed Initiative for medically complex children, secured a 10-year waiver renewal for SeniorCare, and received CMS approval of the BadgerCare reform waiver amendment.

Responding to the Opioid Crisis. In 2018, about \$19 million in federal and state funding boosted the efforts of DHS to address Wisconsin's opioid crisis. This included about \$15 million in seven grants from the federal Substance Abuse and Mental Health Services Administration and \$4 million under the state's Heroin, Opioid, Prevention, and Education (HOPE) Agenda. These funds supported 73 opioid abuse prevention coalitions; training for 11,249 individuals on how to use naloxone, with 1,648 opioid overdoses reversed statewide; services to address unmet opioid treatment needs in 18 counties and five tribal nations; new opioid treatment options in three counties and one tribal nation; five regional opioid treatment centers; treatment for inmates at 17 county jails; and programs providing recovery coaches to ensure success. These funds also supported the launch of the Wisconsin Addiction Recovery Helpline for the public (call 211 or 833-944-4673) and the UW-Madison Addiction Consultation Provider Hotline (call 800-472-0111). Providers also had the opportunity to receive this support through the Wisconsin Opioids Project ECHO, a free monthly videoconference series. Two conferences for professionals were held. Wisconsin's Opioid Crisis: A Trauma-Informed Response focused on trauma's role in the misuse and abuse of opioids. More than 200 people attended. The Opioid Forum focused on best practices to save lives. More than 500 people attended.

KNOW METH Campaign. The Alliance for Wisconsin Youth, a DHS program, partnered with the Department of Justice and Marshfield Clinic Health System to help prevent Wisconsin residents from using methamphetamines and encourage people addicted to methamphetamines to seek treatment. The KNOW METH campaign targeted the 35 counties in Wisconsin where methamphetamine use is most prevalent. It included a website, fact sheets, and digital, print, radio, and television ads.

Opening New Units. The Wisconsin Resource Center opened two 29-bed units to serve medium and minimum security inmates in need of substance use disorder treatment referred by the Department of Corrections. Staff offer group and individual treatment using two evidence-based models to produce positive effects: Cognitive Behavioral Interventions for Substance Abuse and Thinking for a Change. The inmates also participate in group sessions on parenting and mindfulness. Upon successful completion of the 18-week program, the inmates return to the Department of Corrections to complete their sentence and prepare for release.

Modernizing Health Records. Winnebago Mental Health Institute became the first facility to implement DHS Connect, an electronic health records system developed by the Office of Electronic Health Records System Management in partnership with the Cerner Corporation. It supports key operations, including registration; admission; assessment; treatment planning, delivery, and review; order management; medication management; and discharge. The first go-live followed over three years of work by staff at all seven facilities managed by the Division of Care and Treatment Services. This work included identifying requirements for a single, integrated system for all facilities; selecting a supplier; developing the program; and completing infrastructure upgrades to accommodate new technologies. DHS Connect replaces a system of paper records supplemented by various electronic applications. DHS Connect has also been implemented at Central Wisconsin Center and Mendota Mental Health Institute. It will “go live” at Northern Wisconsin Center, Sand Ridge Secure Treatment Center, Southern Wisconsin Center, and the Wisconsin Resource Center in 2020.

Promoting Dignity and Respect. The Client Rights Office investigated more than 100 grievances from clients and patients regarding treatment and records privacy and access. As required by state law, staff reviewed research proposals involving people receiving services for developmental disabilities, mental health, and substance use disorders to ensure the client rights of all participants were protected. Staff resumed coordination of an advisory committee charged with improving the care and treatment of clients and patients nearing end of life in the Division of Care and Treatment Services facilities. Staff also hosted a meeting with the client rights facilitators of Central Wisconsin Center, Mendota Mental Health Institute, Northern Wisconsin Center, Sand Ridge Secure Treatment Center, Southern Wisconsin Center, and Winnebago Mental Health Institute to discuss client rights law as well as successes and challenges.

Serving the Criminal Justice System. Wisconsin’s two state mental health institutes handle mental health referrals from the criminal justice system. Both hospitals are using all available space to complete competency to stand trial evaluations, provide competency restoration, and care for and treat individuals found not guilty by reason of mental disease or defect. Mendota Mental Health Institute transferred 17 patients found not guilty by reason of mental disease or defect to Sand Ridge Secure Treatment Center, which repurposed a vacant unit to house this population. These moves, combined with more competency evaluations performed in the community and efforts to expedite court action on state mental health institute patients ready for discharge, opened up beds at the state mental health institutes for individuals waiting to be admitted. The Wisconsin Resource Center provides competency restoration services for individuals under the supervision of the Department of Corrections.

WisCaregiver Careers Program. In an effort to attract and retain more nursing home caregivers, DHS launched the WisCaregiver Careers program on March 1, 2018, designed to add approximately 3,000 nurse aides to the workforce. DHS received federal approval to move forward with a \$2.3 million investment in recruitment, marketing, as well as training and testing at no cost to students to implement WisCaregiver Careers. As of June 30, 2019:

- 8,635 students have registered for WisCaregiver Careers.
- 2,732 students enrolled in training.
- 1,597 students have successfully completed training.
- 1,298 students have completed testing.

- 503 WisCaregivers are employed at Wisconsin nursing homes.

HIV In Real Life Media Campaign. The HIV program launched a community-focused media campaign in Milwaukee on National HIV Testing Day—June 27, 2018—that aims to reduce HIV-related stigma. The campaign features 14 courageous people who provided in-depth interviews sharing their personal stories on a website where visitors can learn how HIV prevention, testing, and treatment have changed, and connect them with free HIV testing and other community resources. An evaluation of the campaign revealed that the response to the campaign was positive, that it countered stigma’s silencing effect by successfully starting conversations about HIV, that participating in the campaign was empowering for those featured in the ads and that it aligned well with other ongoing HIV work in Milwaukee. The ads are currently running on buses, dating apps, online videos, outdoor billboards, print ads, radio ads, and transit shelter posters.

Communicable Disease Preparedness. DHS has been working closely with local health departments and health care providers to ensure they are prepared to respond to communicable disease outbreaks, such as measles, hepatitis A, and candida auris, as outbreaks of these diseases have been occurring nationwide over the past couple of years. DHS has updated its guidance to health care providers and local public health departments, provided many webinar learning opportunities, shared communications and social media resources, and conducted awareness campaigns for the public about protecting themselves against communicable diseases by getting immunized.

Extreme Heat Community Assessment for Public Health Emergency Response (CASPER). DHS, in partnership with the City of Milwaukee Health Department and several local Milwaukee community organizations, conducted a CASPER in September 2018. The CASPER is designed to rapidly survey a community and draw conclusions about the overall community condition based on a small sampling of households. The extreme heat survey collected information about the impact of heat events on households and knowledge about mitigating measures such as cooling centers. A CASPER is difficult to complete due to the short time frame and intense community participation required, so other organizations are often interested in the results of CASPER surveys to determine the usefulness of the data collected, assess key hurdles to successful completion, and see how next steps are determined.

Flooding. DHS staff were deployed to the State Emergency Operations Center (EOC) as a result of flooding conditions throughout the state. Severe flooding across Wisconsin in March 2019 resulted in activation of the state emergency operations center (SEOC). DHS supported the state response by filling seats at the SEOC representing Emergency Support Function 8 (Public Health and Medical) and Emergency Support Function 6 (Mass Care and Sheltering). In addition to working in the SEOC, DHS also took the lead on creating messaging for flood response dashboards, guidelines, and other information for local public health agencies.

Vital Records Backup. In 2019, DHS completed the creation of electronic images for all birth, death, marriage and divorce records for the state. Many of these 25 million historic documents existed only on paper prior to this effort, and many were single copies. Responding to public, commercial, governmental, and enforcement queries will now be much quicker and simpler since

the records can be searched and communicated electronically rather than by searches through filing cabinets, photocopying, and faxing or mailing. Capturing data from these historic images and entering them into the statewide database is now underway, and completion of this effort will assure that all county offices are issuing from the same master records rather than local copies of records.

Tobacco is Changing Campaign. The Tobacco is Changing Campaign is focused on raising awareness among parents about the many new forms tobacco is taking and how these new products are being marketed to children. The campaign has included a comprehensive marketing effort comprised of social media, an enhanced DHS website presence, billboards, ads shown in movie theaters, radio ads, and more. Results so far include 15 million campaign views, 4 million video views, strong social media engagement, and 19,000 visits to the DHS webpage. Many states have reached out to Wisconsin to learn more about the campaign, which is now focusing on statewide stakeholder training and technical assistance on outreach and education.

Wisconsin Child Psychiatric Consultation Program (CPCP). The CPCP was established in 2014, and DHS continues to contract with the Medical College of Wisconsin (MCW) to provide CPCP services to primary care providers. CPCP is being offered in Milwaukee County, and 26 other counties in the northern, northeast and southeast DHS regions. Enrolled primary care providers request a consultation service either by phone or email, reaching a child psychiatrist and/or other mental health professionals for guidance on a pediatric patient with behavioral health needs. As of December 2018, there were 159 clinics and 645 providers enrolled in CPCP. There were 2,492 consultations provided and providers completed 1,190 hours of education related to behavioral health. Since 2017, provider enrollment has also spread to a few western counties: Douglas, Washburn, Clark, and Chippewa. In October 2018, the DHS Maternal Child Health Program applied for and was awarded the Pediatric Mental Health Access Grant from the Health Resources Services Administration (HRSA). The grant provides supplemental funding to spread CPCP to unserved counties in the southern DHS region. Wisconsin was one of 14 states to receive this funding.

The Wisconsin State Dementia Plan. Starting in 2017, several key Wisconsin stakeholders worked with DHS to set goals and strategies for the redesign of the Wisconsin Dementia Care System. The new plan, called the Wisconsin State Dementia Plan: 2019-2023, featured a State Plan Steering Committee that established workgroups and a system to monitor plan implementation progress and measure outcomes, and provide ongoing coordination toward implementing the plan. A DHS Dementia Coordinating Committee meets regularly to advise and assist in these efforts.

Dementia Care Specialists. A dementia care specialist (DCS) supports people with dementia by helping them remain active and able to stay in their homes in their communities, provide support to family caregivers, and work with professionals in the community to develop dementia-friendly organizations, businesses, and communities. The program started as a pilot in 2013 with five DCSs working in aging and disability resource centers. The program was continued and gradually expanded based on one-time funding each year until the 2017-2019 budget provided ongoing funding for 21 DCSs in aging and disability resource centers and three tribal DCSs. In calendar year 2018, DCSs had over 4,500 contacts with consumers seeking information on

dementia for themselves or others. These contacts included phone calls as well as face-to-face encounters. The services provided included information and referral, memory screening, options counseling, and short-term service coordination. In addition to these services, DCSs engage in broader efforts to help develop more “dementia-friendly” communities by working with businesses, employers, local organizations and communities to increase awareness of the needs of people with dementia and their caregivers. They train other county and tribal agency staff on enhancing the dementia capability of their services and provide consultations to a variety of other professionals. In 2018, DCSs provided over 600 consultations with professionals from many different organizations and reached almost 32,000 individuals through community education and other outreach events.

Flexible Work Schedules

DHS supports and encourages the use of existing policies and procedures, including Human Resources Policy and Procedure 407 - Alternative Work Schedules, as a foundation for creating flexible work arrangements to address employees' individual needs.

Programs, Goals and Objectives

as Outlined in the 2019-21 Biennial Budget Request

Program 2: Mental Health and Developmental Disabilities Services: Facilities

Goal: Reduce the number of Emergency Detention (ED) admissions by youth to Winnebago Mental Health Institute (WMHI).

Objective/Activity: Reduce the percentage of youth under age 18 admitted to WMHI as an ED.

Goal: Maintain Intensive Treatment Program (ITP) bed capacity at state centers.

Objective/Activity: Maintain the number of ITP beds at state centers.

Goal: Reduce the number of readmissions of youth to WMHI.

Objective/Activity: Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.

Program 4: Medicaid Services

Goal: Assist participants in the FoodShare Employment and Training Program (FSET) to gain employment.

Objective/Activity: Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.

Goal: Sustain the timely processing of applications for Medicaid and FoodShare benefits.

Objective/Activity: Process applications for Medicaid and FoodShare benefits within 30 days.

Program 6: Quality Assurance Services Planning, Regulation and Delivery

Goal: Increase immunization rates for residents at long-term care (LTC) facilities.

Objective/Activity: Increase influenza and pneumococcal immunization rates for residents at LTC facilities.

PERFORMANCE MEASURES

2017 AND 2018 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2017	Actual 2017	Goal 2018	Actual 2018
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	5%	6% increase	5%	6%
2.	Maintain the number of ITP beds at state centers.	40	40	40	45
2.	Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.	8%	7%	8%	7%
4.	The number of FSET participants that all 11 regions report gaining employment during the reporting period.	6,000	11,225	6,000	8,287
4.	The percentage of Project SEARCH graduates employed after completion of the program.	85%	88	N/A	Transferred to DWD
4.	Sustain timely processing of applications for Medicaid and FoodShare benefits within 30 days.	95%	98%	95%	98%
6.	Increase influenza and pneumococcal immunization rates for residents at LTC facilities.	90%	97% influenza 98% pneumococcal	90%	97% influenza 98% pneumococcal

2019, 2020 AND 2021 GOALS

Prog. No.	Performance Measure	Goal 2019	Goal 2020	Goal 2021
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	5%	5%	5%
2.	Maintain the number of ITP beds at state centers.	45	45	45
2.	Reduce the rate at which youth under the age of 18 are readmitted to WMHI within 30 days of being released.	8%	8%	8%
4.	The number of FSET participants that all 11 regions report gaining employment during the reporting period.	6,000	6,000	6,000
4.	Sustain timely processing of applications for Medicaid and FoodShare benefits within 30 days.	95%	95%	95%
6.	Increase influenza and pneumococcal immunization rates for residents at LTC facilities.	90%	90%	90%

