



State of Wisconsin  
**Department of Health Services**

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Tony Evers, Governor  
Karen E. Timberlake, Secretary

October 15, 2021

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. s. 15.04(1)(d).

Please contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen E. Timberlake", written over a light blue horizontal line.

Karen E. Timberlake  
Secretary-designee

State of Wisconsin  
2019-2021 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 state agencies in Wisconsin, with an annual budget of roughly \$15 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 works with local and tribal health departments, 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 Wisconsinites. DHS also oversees seven 24/7 institutions: three centers for individuals with intellectual disabilities; a facility for people with a mental illness and involvement with the criminal justice system; a facility that cares for individuals living with challenging behaviors and complex psychiatric conditions; a facility that provides specialized treatment to people referred from the Department of Corrections; and a facility for people committed under Wisconsin's sexually violent persons' law. DHS ensures that the care provided to Wisconsin residents is 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 promote strong health outcomes and innovation.

DHS has ten 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 Health Equity* works to help address health disparities and promote a culture of inclusion where all Wisconsinites are able to thrive and be engaged.

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 department wide 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 oversight and funding of 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.

In addition, as the lead state agency in our fight against the COVID-19 pandemic, DHS created the *COVID-19 Response Team (CRT)* in 2020, and its successor, the *COVID-19 Response and Recovery Team (CRR)* in 2021, consisting of a combination of LTE, project, reassigned, or interchanged staff members.

## **Our Vision**

Everyone living their best life.

## **Our Mission**

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

## **Our Values**

- Focus on the needs of the people we serve
- Foster independence
- Address health disparities
- Value our colleagues and recognize excellence
- Encourage innovation and critical thinking
- Collaborate with our partners
- Manage public resources responsibly

# **Department of Health Services Accomplishments 2019-2021**

## **PROTECTING AND PROMOTING THE HEALTH OF WISCONSINITES DURING COVID-19**

### **Best Public Health Practices for Wisconsinites**

Keeping Wisconsin communities safe throughout the pandemic has been a top priority for DHS. We developed and distributed materials for local and tribal health departments, health care professionals, employers, school staff, community leaders, and the public to help these groups navigate life in the midst of a pandemic. Our goal is to promote safety and best public health practices, ensuring Wisconsinites have the information needed to make safe and healthy decisions. Over the course of 2020, we added over 120 guidance documents for Wisconsinites, offering many in up to five additional languages including Chinese Mandarin, Hmong, Hindi, Somali, and Spanish.

### **Testing**

In Wisconsin, anyone who needs a COVID-19 test can get a test. Starting in October 2020, 71 community testing sites made free and timely testing accessible to every corner of the state thanks to collaboration between DHS, local and tribal public health departments, and the Wisconsin National Guard. State contracted labs (not including Wisconsin State Laboratory of Hygiene) executed more than 2.1 million tests during 2020. Testing partnerships grew from only being delivered through the Wisconsin National Guard to being available through long term care facilities, health care providers, pharmacies, public health, and county and local first responders.

The community testing sites use COVID Connect, a centralized patient registration and result notification system, to make the process more efficient. COVID Connect has been translated into Spanish, Somali, and Hmong.

### **Contact Tracing**

Once someone is diagnosed with COVID-19, it is essential that the people they have had contact with are identified in order to help prevent further spread of the virus. Since the onset of COVID-19, we have worked with local and tribal health departments to build a network of contact tracers to interview every person with a confirmed case of COVID-19. Our contact tracing team has provided consistent and flexible staff support to meet state and local needs, with staff numbers ranging as high as 400 staff depending on COVID-19 activity. Our contact tracing team also established effective working relationships with local and tribal health departments and has completed over 85,000 disease and contact investigations during CY 2020.

To further support contact tracing in Wisconsin, in December 2020 we launched WI Exposure Notification, a tool for Android phones and iPhones that lets Wisconsinites know if they've potentially been exposed to COVID-19.

We also implemented a layered approach for disease investigation, contact tracing, and symptom monitoring to generate understanding of disease activity and support people in containing the

spread of COVID-19. This included collaboratively redesigning the Wisconsin Electronic Disease Surveillance System to optimize user efficiency and ensure tracking of key indicators, automating data uploads of contacts into the Wisconsin Electronic Disease Surveillance System to promote self-reporting through a consistent platform, and designing scalable standards by disease burden to manage expectations for activities and impact.

### **Outbreak Investigations**

Responding to facility-wide workplace outbreaks has been a key part of our COVID-19 response, and DHS provided technical assistance, testing, and follow-up guidance on best practices for facilities across the state. These investigations were collaborations with the local and tribal health departments where the facility was located, and in some situations, support from the Centers for Disease Control and Prevention (CDC) field deployment teams were requested. In addition to providing this support, we tracked active and total investigations by region and type of facility (health care, long-term care, group housing, educational, and workplace), and published this information as a part of our commitment to transparency during the pandemic. DHS staff provided technical assistance and support for these investigations when requested by the local health department leading the investigation.

### **Vaccinations**

Since the beginning of the pandemic, we have understood that our COVID-19 vaccine program would be a significant undertaking. That is why we began coordinating early with local and federal partners to prepare for the arrival of safe and effective COVID-19 vaccines. Our Wisconsin-specific COVID-19 vaccine program covers all vaccine operations including storage and handling protocol, vaccinator enrollment, on-going education and training, public outreach and communications, and vaccine distribution. A critical component of our vaccination efforts includes supporting community-based organizations in raising awareness and access to COVID-19 vaccine among communities that have faced both historical and current barriers to health care services and the COVID-19 vaccine. To date, our vaccination task force, in partnership with more 2,300 registered vaccinators across the state, has led and coordinated efforts to administer nearly 6.5 million doses across Wisconsin.

### **Support for Local and Tribal Health Departments**

With Wisconsin's local and tribal health departments on the frontlines of community response to the pandemic, we set up systems and structures to ensure local leaders had communication channels to address response needs. From March through December 2020, we sent 201 daily bulletins featuring important information to local health officers and tribal health directors, facilitated 143 health officer open forum calls, and responded to more than 1,700 emails sent to a designated mailbox for these partners.

### **You Stop the Spread of COVID-19**

During 2020, we launched a multimedia campaign to encourage Wisconsinites to take steps to protect themselves and their communities from COVID-19 by staying home, wearing a mask, staying six feet apart, and washing our hands. To best reach residents in all corners of the state, You Stop the Spread included ads on television, social media, radio, billboards, transit, and in local newspapers, incorporating images of real Wisconsinites doing their part. More than two million Wisconsinites saw a You Stop the Spread ad on Facebook or Instagram, including more

than 177,000 Spanish-speaking Wisconsinites. This is in addition to the 46 million impressions the ads had on broadcast television, and the 41 million impressions on Snapchat. While impressions may represent multiple views by the same individual, this repetition of messaging was integral to reaching the residents of Wisconsin with our message.

### **Disease Surveillance Data**

From the very beginning of the COVID-19 pandemic, we committed to sharing up-to-date and meaningful data with the public. Our data dashboards and visualizations delivered the context needed to understand the reality of COVID-19 in Wisconsin. We added more than 30 new visualizations with key information on COVID-19 cases and deaths, testing, hospital capabilities, and disease activity. Our commitment to continuously improving publicly available data not only helped guide local decision making, but provided Wisconsinites with a transparent picture of COVID-19 in our communities. This effort towards transparency and emphasis on data quality gained us a rating of A+ from The COVID Tracking Project at *The Atlantic*.

### **Protecting our 24/7 facility staff and residents**

We implemented strict infection control procedures at our seven care and treatment facilities to ensure the health and safety of staff and the people in our care, including regular testing of staff, residents, and patients. These procedures and a strong commitment by our facility staff to protect themselves limited widespread outbreaks of COVID-19 at our facilities.

### **State Agency Partnerships**

During the COVID-19 pandemic, we have partnered extensively with other state agencies to ensure our response was coordinated and impactful. While DHS led the COVID-19 response, for Wisconsin's response to be as effective as possible, it required the full support of state government. We worked with the Department of Military Affairs to staff the State Emergency Operations Center and coordinate work with the Wisconsin National Guard, including the standing up of community testing and vaccination sites across the state. The Department of Administration was a partner in the Alternate Care Facility, and the Wisconsin Economic Development Corporation collaborated with the guidance team at DHS to ensure the "We're All In" private sector employer campaign was supported by best public health practices. We also collaborated with the Department of Public Instruction in supporting schools so they could safely reopen, as well as providing schools outbreak mitigation guidance. Providing similar support and guidance to the Department of Corrections was a key part of the work undertaken by the Community Resilient and Response Task Force. In addition to these collaborations at the agency level, we were also able to capitalize on the depth of expertise in state government by supplementing DHS staff with employees from other agencies.

### **Provider Partnerships**

#### *Provider Relief*

We used funds allotted to our state under the federal CARES Act to provide relief to health care service providers to offset losses or expenses they incurred between March and August due to the pandemic. A range of care providers were eligible for relief: hospitals, home and community-based service providers, assisted living facilities, nursing homes, clinics, emergency medical services, and emergency physician independent practice groups. Over 1,000 different providers received a total of more than \$150 million dollars to help them continue to provide critical health care to the people of Wisconsin.

### *Protecting Our Most Vulnerable*

The global COVID-19 pandemic highlighted the importance of health and long-term care facilities in Wisconsin. To support staff statewide, we developed guidance for health care providers, assisted living, and skilled nursing facilities. The goal of this guidance was to ensure facilities could continue operating safely and providing top-quality care to patients and residents. We also developed guidance for the proper use, reuse, and disposal of personal protective equipment in order to protect health care workers and patients during the pandemic.

### *Improving Care*

Throughout the COVID-19 pandemic, we have partnered closely with health and residential care providers. Beginning in April 2020, we began holding weekly provider forums for assisted living facilities and nursing homes to share current guidance and resources and to answer questions regarding COVID-19. We held over 70 forums in 2020. On average, 500 to 600 facility staff and other stakeholders attended each forum.

### *Securing Flexibility to Support Our Health and Residential Care Providers*

We applied to the Centers for Medicare and Medicaid Services (CMS) for waivers in order to make sure that Wisconsin's health and residential care providers had flexibilities that enabled them to work in innovative ways to serve our Medicaid members. Timelines for required reporting, surveys, notifications, and licensing visits were changed to be responsive to the realities of the pandemic. We expanded provider's ability to screen people 65 or older or those with disabilities and determine presumptive eligibility to expedite their ability to receive health care.

## **Health Care Workforce Support**

### *Licensure Flexibility and Emergency Training*

We developed a nurse aide certification process that allowed for more than 200 programs to provide emergency training. A majority of these programs were in nursing homes.

### *WisHealth Careers*

In collaboration with the Department of Workforce Development and the Department of Safety and Professional Services, we launched the WisHealth Careers campaign to encourage Wisconsinites to enter the health care field. The COVID-19 pandemic has exacerbated the shortage of health care and residential care staff and caused significant strain on the sector. Having a robust workforce of registered nurses, nursing assistants, and home health aides to care for our most vulnerable residents is a priority.

## **Expanding Eligibility and Access**

### *Telehealth Expansion*

We quickly changed Medicaid telehealth policies at the beginning of the pandemic to ensure that Wisconsinites could receive health care safely and remotely. The changes enabled by improving telehealth flexibility helped ensure that care provided via telehealth was at the same level as a face-to-face appointment. This protected the health of both providers and program participants by reducing the opportunity for transmission of COVID-19. Some of the changes that were



implemented have already been made permanent. Further efforts to expand telehealth are underway as we collect stakeholder input based on real-world experiences this year.

### *Medicaid Eligibility*

We streamlined eligibility processes where possible so that people did not put themselves at risk to gather or submit information to participate in our programs during the pandemic. We also updated our Medicaid systems so that, starting in July 2020, members who paid premiums or copays never spent more than 5% of their income in any one month on those expenses.

### *Caregiver Supports*

Nearly 460 caregivers received supplemental services during 2020 through the National Family Caregiver Support Program. These services included assisted transportation, assistive devices and technology, home medical supplies, home repairs and modifications, personal emergency response systems, and visits by a nurse, physical therapist, occupational therapist or nutritionist.

### *Behavioral Health Support*

Our partnership with the Wisconsin Community Action Program Association enabled more than 5,000 people experiencing behavioral health challenges related to the COVID-19 pandemic to receive free support in 2020 from Project Recovery, a crisis counseling program. Staff helped people mitigate stress and develop healthy coping strategies.

### *FoodShare*

During the declared public health emergency, we provided emergency FoodShare benefits that brought all eligible households up to the maximum benefit amount they could receive in a month. FoodShare has been a lifeline to safe and nutritious food for almost 700,000 Wisconsinites during the pandemic. We also worked with the USDA's Food and Nutrition Service to enable Wisconsin's FoodShare households to order and pay for food online from approved vendors.

### *Food Assistance for Pre-School and School-Aged Children and their Families*

DHS took on new responsibilities with the creation of the Pandemic Electronic Benefits Transfer, or P-EBT, a program that provides benefits for families to buy food if their children were not getting free or reduced price meals because they were learning from home during the COVID-19 pandemic. DHS has provided almost \$540 million in benefits to vulnerable households across Wisconsin since the beginning of the COVID-19 pandemic in March 2020. Also, working with the Department of Public Instruction, DHS enacted a program that provided funds to feed children who would have received free or reduced price lunches through the National School Lunch Program during the spring of 2020.

### *Senior Nutrition Program*

In response to COVID-19, our nutrition programs quickly began providing carryout or home-delivered meals to at-risk older adults as they sheltered in place, rather than meals in a communal setting.

### *Senior Community Service Employment Program*

The Wisconsin Senior Employment Program provides training and part-time work experience through community service to unemployed seniors. The goal is for participants to learn new skills and talents, become competitive in today's workforce, and find a job outside the program. Due to the COVID-19 pandemic, we were able to provide an additional year of employment training and support to 168 older adults in 2020.

### *Benefit Specialist Services*

COVID-19 led to an unprecedented number of people applying for unemployment insurance. We helped over 250 older adults and adults with disabilities apply for these benefits and manage appeals in 2020 by temporarily expanding the type of assistance our elder and disability benefit specialists could provide to people over 60 and those with disabilities.

## **Continuity of Programs and Services**

### *Agency Workforce Innovation*

In early 2020 we moved quickly to deploy DHS workforce members into new roles in the COVID-19 response. By focusing on continuity of operations, we successfully positioned key team members to handle highly technical aspects of the pandemic. Executive leadership, information technology security, project management, contracting, finance, distribution center organization, and communications leaders were deployed where they were most needed. It was critical to deploy technology quickly, securely, and effectively across the state during COVID-19 operations. Our information technology team provided overall COVID-19 technical assistance including support for the move to remote work for eligible DHS employees, procurement and distribution of almost 1,000 laptops and over 800 mobile devices, and the onboarding of contact tracers across the state.

### *Chronic Disease Prevention Program*

We provided webinars for health care professionals who provide diabetes self-management education and support on how to do their work remotely, and quickly provided guidance on rapidly changing telehealth guidelines. We also provided remote education to lifestyle coaches on successful distance learning strategies, along with tablets and scales to address barriers to distance learning participation. Our social media campaign to raise awareness about prediabetes and encourage healthy lifestyle changes reached more than 1.4 million people statewide.

### *Wisconsin Asthma Program*

The Wisconsin Asthma Program provides critical asthma education and home asthma trigger evaluation services to Milwaukee and Kenosha County children with uncontrolled asthma. Instead of in-person visits, we adapted during the pandemic to ensure services continued. Children's Wisconsin and Kenosha Health Department staff used a combination of video chats and pictures sent by phone or email to help assess indoor asthma triggers and provide strategies to reduce these exposures. The video conversations included education on everything from inhaler technique to early warning signs of an asthma attack.

### *Wisconsin Well Woman Program*

Staff worked to help women understand the importance of cancer screening even during the pandemic. The Wisconsin Well Woman Program patient navigator at Advocate Aurora Health held a virtual wellness community conversation in 2020 on access to cancer screening. Other virtual conversation topics included cancer survivorship, COVID-19 safety measures during screenings, the importance of cancer screening, and self-care and mindfulness.

### *Adolescent Health Program*

The Adolescent Health Program supported local health educators in making the shift to offer virtual education to students. We also connected with our youth consultants in the PATCH Youth Advocacy Fellowship. The youth helped us create publications detailing the support they need from adults and coping tips for their peers.

### *Blind and Visually Impaired Services*

We made modifications to services provided by the Office for the Blind and Visually Impaired during 2020. Staff discontinued face-to-face services and instead moved to providing information and referral by phone and email, providing as much training as possible this way. By offering support groups via telephone, researching community resources that would be useful during isolation, and distributing equipment for clients by mail, staff continued to provide vital services while ensure safety.

### *Aging and Disability Resource Centers*

In 2020, we granted a blanket waiver to aging and disability resource centers permitting them to shift to remote service delivery. Since aging and disability resource centers play a pivotal role in responding to the emergent needs of older adults and people with disabilities, we granted flexibility to these agencies to use staff and funding for COVID-19 response functions. Documents, materials, and enrollment forms were updated to allow for online completion and signatures.

## **PROTECTING AND PROMOTING THE HEALTH OF WISCONSITES BEYOND COVID-19**

### **Improving Water Quality**

Working to make Wisconsin water clean, safe, and healthy for all is a top priority of Governor Evers and DHS. In 2020, scientists from our Division of Public Health reviewed 40 substances that have been or may be found in Wisconsin's groundwater. Based on the most current scientific information to the Department of Natural Resources, we identified the effects these substances could have on health and provided groundwater quality standards concerning 22 substances. This completes the review of 67 substances that began in 2019.

### **Preventing Lead Poisoning**

As part of Governor Evers' lead poisoning prevention initiative, we appointed a lead policy advisor to drive efforts forward on this critical health issue and to coordinate collaboration among state agencies. The Lead-Safe Homes Program, which removes lead hazards in homes

built before 1978, enlisted new partners to either run the program locally or provide home assessment and rehabilitation services.

### **Promoting Immunization**

Immunizations are an effective prevention tool against many diseases. Messages encouraging expecting parents to vaccinate their children on-time from the start had 1.8 million impressions during a month-long social media campaign in 2020 and garnered more than 3,000 website visits to the DHS childhood vaccination webpage. To promote the importance of childhood vaccinations in communities across the state, we also developed and distributed materials for local health officers and other statewide partners.

### **Investing in Early Years**

In July 2020, we awarded \$1.2 million in grants to 15 local county Birth to 3 Programs across the state that will pilot new and innovative efforts to improve outcomes for participating children. These grants will allow local areas to explore new and better ways to address the unique needs of children with developmental delays and disabilities, using the strengths of the supports in those communities. Awardees will report back on their successes and learnings, and we will use those results to inform future innovations Wisconsin should consider for statewide adoption.

## **EDUCATING THE PUBLIC ON BEST PRACTICES**

### **Small Talks**

An effort to prevent underage drinking, the Small Talks campaign aims to reduce the number of youth who drink alcohol before the age of 21 by encouraging adults – especially parents and caregivers – to have frequent, casual conversations with kids about the dangers of underage drinking at the age of eight. Supported by more than 100 local substance use prevention coalitions, the campaign includes online resources to provide adults with the knowledge and confidence to have conversations on this topic, which have been viewed by more than 16,000 people in 2020 since the campaign launched in April of that year.

## **FOCUSING ON EQUITY**

### **Launching the Racial and Ethnic Disparities COVID-19 Data Dashboard**

We have long known that factors like housing, school quality, and environment have an impact on health, and disparities in these social determinants of health, which are rooted in racism and other forms of discrimination, create health inequities. These inequities have only intensified during the COVID-19 pandemic, which has disproportionately impacted communities of color in Wisconsin. To better understand this impact, we created a dashboard filtering COVID-19 cases and deaths by race and ethnicity, making visible the disproportionate impact and offering context and next steps in response.

### **Supporting the Governor’s Health Equity Council**

The Governor’s Health Equity Council began meeting in 2020. The council is charged with delivering actionable solutions to help Wisconsin become an equitable place to live for every individual. Its membership includes community leaders as well as Secretary-designee Karen Timberlake and representatives from other state agencies.

### **Investing in Community-Centered Preventive Work**

The Just Recovery for Racial Equity initiative is a partnership with the Population Health Institute that is investing \$2.6 million to identify and implement effective strategies for responding to COVID-19, ensure recovery, and build resilience in communities of color by partnering with community based organizations and local groups, including other government and social service agencies.

In addition to work connected to COVID-19, we also provided Community Interventions Funding to 16 partnerships statewide that work with communities most affected by tobacco-related disparities. These groups are working to keep youth from starting to smoke, reduce the number of individuals exposed to secondhand smoke and aerosol, and promote smoking cessation programs.

We also provided technical assistance, resources, and education on the benefits of community water fluoridation to communities that were considering ending this practice. Community water fluoridation is a health equity strategy that protects the oral health of vulnerable populations in Wisconsin.

### **Creating the Office of Health Equity (OHE) and Health Equity, Diversity, and Inclusion (HEDI) Council**

Created in 2021, the OHE will put into action Wisconsin's commitment to reducing health disparities. Our main focus is to integrate a health equity lens throughout all of DHS, both for our internal workforce, and for our external initiatives, partnerships, and policies. This new office includes the Minority Health Program, providing statewide leadership for policy measures that aim to improve the health of historically marginalized populations in Wisconsin and assures coordination of efforts intended to reduce health disparities. Also established in 2021, the HEDI is a group of equity-driven individuals who will work to provide analysis, insights, and recommendations to DHS on internal and external policies, programs, and projects related to diversity, equity, inclusion, and affirmative action. HEDI is made up of members from each division and office at DHS and will also include members from outside of the agency who can bring their expertise and wealth of knowledge to the work. In recognition of our efforts to create the OHE and the HEDI, DHS was awarded the 2021 Diversity Award from the State Council on Affirmative Action.

## **IMPROVING ACCESS TO HEALTH SERVICES**

### **Utilizing Technology**

Wisconsin's MyACCESS mobile app celebrated two years in operation in November 2020. The app allows customers to manage their enrollment and eligibility for Medicaid and BadgerCare, FoodShare, Wisconsin Shares, and Wisconsin Works. The app continues to be popular with over 200,000 downloads and almost 400,000 documents submitted in the previous two years. In fact, more documents are now submitted through the MyACCESS mobile app than the ACCESS website. As more and more people shift to using mobile devices for their everyday activities, MyACCESS continues to provide a successful and valuable way for members to stay informed and maintain their health care program eligibility.

### **Ensuring Continuity of Health Care Coverage**

In October 2020, Wisconsin joined states across the country in suspending, rather than terminating, participation in Medicaid health care programs when a member becomes incarcerated in jails or prison. Suspension increases the likelihood of members being able to access health care services immediately upon their release and supports an easier transition back into their communities. Because individuals who are incarcerated are more likely to have chronic physical and mental health conditions, serious mental illnesses, or substance use disorders, any delays in their ability to access medical services when they leave detention can have negative effects not just for themselves but also their communities. Connecting formerly incarcerated individuals to health care and other support services immediately upon their release is critical to breaking cycles of chronic homelessness, reliance on emergency care, and recidivism.

### **Supporting Children Who Need Long-Term Care Services**

In 2020, we continued progressing toward the goal of eliminating the waitlist for Children's Long-Term Supports program. This is a Medicaid program that provides care services and supports to children under age 22 with long-term disabilities or complex medical needs, enabling them to live in their home or community. For years, many families have had to wait to receive these services due to high demand that exceeded available funding. With support in recent state budgets, we have shortened average wait times by nearly 700 days and added nearly 6,000 new children to the program since 2017. We also assisted agencies with guidance and technology support, enabling continuity of service during the COVID-19 pandemic.

### **Eliminating Waitlist for Long-Term Care Services**

In 2021, DHS reached its goal in a decades-long effort to ensure Wisconsinites who are elderly or have physical or developmental disabilities can receive home and community-based services. On February 28, 2021, a 40-year-old individual with a physical disability from Adams County was referred to IRIS (Include, Respect, I Self-Direct), Wisconsin's self-directed long-term care program. This individual was the last person waiting to join one of Wisconsin's long-term care programs that provide home and community-based services to eligible adults who are elderly or have physical or intellectual disabilities.

## **INVESTING IN BEHAVIORAL HEALTH**

### **Resilient Wisconsin**

The more we know about our health, the more equipped we are to take care of ourselves and the ones around us. Resilient Wisconsin is our initiative that helps people of all ages understand the elements of behavioral, mental, and physical health, including a suite of online resources to promote wellness within themselves, their relationships, and their communities. We sped up the launch date for this initiative and released it during the early days of the COVID-19 pandemic to support frontline workers, disrupted workers, vulnerable populations, and individuals already facing behavioral health challenges, with the important message: it's OK to ask for help.

### **Suicide Prevention**

We funded a new call center that accepts calls to the National Suicide Prevention Lifeline originating from areas of Wisconsin not covered by a National Suicide Prevention Lifeline call center. This allows us to further supporting people of all ages in emotional distress. With this new call center, an average of 85 percent of Wisconsin calls to the National Suicide Prevention

Lifeline are being answered in-state, well above the national benchmark of 70 percent. Answering calls in-state is preferred as counselors here better understand the resources and supports available to Wisconsin residents who need more help than what can be provided over the phone. Additionally, a report developed in partnership with Mental Health America of Wisconsin, the Medical College of Wisconsin, and other stakeholders—“Suicide in Wisconsin: Impact and Response”—presented the most up-to-date picture of suicide and self-harm injuries in Wisconsin, as well as four strategies and 50 opportunities for action that, when taken as a whole, provide a path toward reducing suicide attempts and deaths in our state over the next five years.

### **Jail-Based Competency Restoration Program**

A partnership with the Milwaukee County Jail, the state’s largest county jail, enabled us to provide treatment to competency services in the jail to people under court order for these services waiting to be admitted to one of our state mental health institutes. The Jail-Based Competency Restoration Program gives these individuals immediate access to these services, resulting in better outcomes for them and a shorter stay at a state mental health institute. This allows us to serve more people at the state mental institutes who need the structure of the inpatient setting for these services. The Jail-Based Competency Restoration Program is now offered at 28 county jails.

### **Youth Crisis Stabilization Facilities**

With our support, a youth crisis stabilization facility opened in Milwaukee in October 2020, and a second opened in Wausau in 2021. A youth crisis stabilization facility serves young people with non-life-threatening mental health needs, who without immediate assistance may need to be admitted to a hospital, filling a gap in our continuum of mental health services.

### **Electronic Health Records**

The health records of more than half of the people in our care are kept electronically with DHS Connect, which as of 2021 is now in use at all seven of our facilities, including our psychiatric hospitals and centers for people with intellectual disabilities. The multi-year implementation of this electronic health records system is an investment in a more coordinated, efficient service delivery at our facilities.

## **PROTECTING PATIENTS AND ALL WISCONSINITES**

### **Leading on Dementia Care Initiatives**

We continue to work to make Wisconsin a better place to live for both caregivers and for people living with Alzheimer’s disease and related dementias by focusing on helping people reduce the risk of developing dementia and improving diagnosis, disease management, and caregiver support. By translating our family caregiver training into Spanish and expanding the Dementia Care Specialist Program to the Lac Courte Oreilles Tribe and the ProHealth Care Hispanic Health Resource Center, we’re making dementia care more equitable for Wisconsinites. Governor Evers’ 2019-21 budget increased the number of these specialists by nine individuals, and they now serve in aging and disability resource centers and tribal agencies across the state. This will help ensure more Wisconsinites have access to direct support, information, and resources.

### **Consumer Town Halls**

To better connect consumers and their families, the Division of Quality Assurance (DQA) launched Consumer Town Halls in 2019, and the initiative continued virtually in 2020. We hosted five assisted living virtual Town Hall meetings for consumers in 2020 and to bring families, health care providers, insurance companies, community organizations, and consumers together, providing an opportunity to proactively share resources and answer questions.

### **Supporting Caregiving**

Governor Evers' Task Force on Caregiving submitted its report of recommendations in September 2020, entitled *Wisconsin Caregivers in Crisis: Investing in Our Future*. These recommendations are intended to ensure both family caregivers and direct care workers receive the support they needed to care for older adults and people with disabilities while also staying healthy themselves. Many of the Task Force recommendations were included in the Governor's proposed 2021-23 biennial budget, and some will also be advanced through investments of funds through the American Rescue Plan Act.

### **Flexible Work Schedules**

DHS supports and encourages the use of existing policies as a foundation for creating flexible work arrangements to address employees' individual needs.



# **Programs, Goals and Objectives**

## **as Outlined in the DHS 2021-23 Biennial Budget Request**

### **PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES**

Note: Goals, objectives and activities have been revised.

#### **Program 2: Mental Health and Developmental Disabilities Services; Facilities**

Goal: Reduce 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 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: Sustain the percentage of applications for Medicaid and FoodShare benefits that are processed within 30 days.

#### **Program 6: Quality Assurance Services Planning, Regulation and Delivery**

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

Objective/Activity: Increase influenza and pneumococcal immunization rates for residents at long-term care facilities.

## PERFORMANCE MEASURES

### 2019 AND 2020 GOALS AND ACTUALS\*

Prog. No.	Performance Measure	Goal 2019	Actual 2019	Goal 2020	Actual 2020
2.	Reduce the percentage of youth under age 18 admitted to WMHI as an ED.	5% Decrease	1.62% Decrease	5% Decrease	1.78% Increase
2.	Maintain the number of ITP beds at state centers.	45	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%	8.17%	8%	9.74%
4.	Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.	6,000	6,721	6,000	5,543
4.	Sustain the percentage of applications for Medicaid and FoodShare benefits processed within 30 days.	95%	98.22%	95%	98.54%
6.	Increase influenza immunization rates for residents at long-term care facilities.	90%	81%	90%	80%

### 2021, 2022 AND 2023 GOALS\*

Prog. No.	Performance Measure*	Goal 2021	Goal 2022	Goal 2023
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.	Sustain the number of FSET participants that all 11 regions report gaining employment during the reporting period.	6,000	6,000	6,000
4.	Sustain the percentage of applications for Medicaid and FoodShare benefits that are processed within 30 days.	95%	95%	95%
6.	Increase influenza immunization rates for residents at long-term care facilities.	90%	90%	90%

\*All data is on a fiscal year basis.