

**1. Attendance and affiliation of participants**

Members in Attendance:

Mr. John V. Doherty– Chair, Combined Community Services Board  
Ms. Karen Avery, Independence*First*  
Ms. Barbara Beckert sitting in for Ms. Liz Ford, Disability Rights Wisconsin  
Ms. Daire Keane, Consumer  
Ms. Melinda Kiltz sitting, ARC Milwaukee, Inc.  
Ms. Kathryn Clusen, Milwaukee Center for Independence  
Mr. Barry Kress, Consumer  
Ms. Michelle Martini, Independence*First*  
Mr. Thomas A. Nowak, ACSW, LCSW, Milwaukee Area Developmental Disability Service Association  
Mr. Bob Schneeberg sitting in for Ms. Dorothy Wilson, Goodwill Industries of Southeastern Wisconsin, Inc.

Staff Representatives:

Mr. Corey Hoze, Department of Health and Human Services  
Ms. Lonna Kruse, Planning Council for Health and Human Services  
Ms. Maria Ledger, Milwaukee County Department on Aging  
Ms. Geri Lyday, Department of Health and Human Services  
Mr. Perry Mueller, Community Care  
Ms. Angela Perez, iCare  
Mr. Mark Stein, Department of Health and Human Services

Guest Presenters:

Mr. Jim Hill, Department of Health and Human Services  
Mr. Walter Laux, Department of Health and Human Services  
Ms. Barbara Simmons, Department of Health and Human Services  
Ms. Eva Williams, Milwaukee County Department on Aging

**2. List highlights of discussion from agenda:**

Welcome and Introductions

- It was noted that the Long-Term Care Planning process is becoming an implementation process and the Consumer / Stakeholder Advisory Council will soon be winding down. It was further noted that Milwaukee County's long-term care system will evolve, thanks to the Council members and Council staff.

Communication Plan Update

- It was noted that a letter was sent to the Department of Health Services (DHS) Secretary Timberlake on behalf of the Consumer / Stakeholder Advisory Council expressing concerns about underfunding the Disability Resource Center (DRC). A comment was made that some conversations have taken place, but there has been no written response from DHS.
- It was noted that two Consumer Input Sessions were recently held. Consumers and guardians were asked to look over some documents needed for Family Care expansion. Participants were asked to help make the documents more clear and easy to understand. It was further noted that participants had said that no matter how consumer-friendly the documents are people will still have questions. The key is to have a sufficient workforce with well-trained staff.

- A comment was made that it is encouraging to see the time and effort put into making these documents better for consumers.
- A comment was made that the documents are now very user friendly. A further comment was made that of all the letters received about State programs, this was probably the most understandable.
- A comment was made that the format for long-term care options may be too overwhelming. It was noted that the first time people see this document will probably be with an options counselor; therefore, it will hopefully be more easily understood because the options counselor would explain it. A comment was made that once an options counselor figures out which programs the consumer is most interested in, he/she could leave more detailed information about those programs to help them make their decision about which program would be best for them.
- It was noted that a joint progress report from Disabilities Services Division (DSD) and Milwaukee County Department on Aging (MCDA) was presented to the Health and Human Needs Committee in October. It was noted that the report was well-received. The report discussed the fiscal challenges facing the DRC in years 2010 and 2011. The report also noted the impact that having more than one Care Management Organization (CMO) might have on the County. The Committee asked to be kept informed as the process moves forward. It was noted that before any Family Care expansion plans are finalized, they will be brought back to the Health and Human Needs Committee for endorsement. It was further noted that there were no cuts to program services in the 2009 Department of Health and Human Services (DHHS) budget.
- It was noted that if Advisory Council members have issues that they would like addressed at Advisory Council meetings, they should contact John Doherty to get them on the agenda.
- It was noted that approximately 47% of MCDA's Family Care members have one or more mental health diagnoses. That figure includes anxiety disorders as well as more severe and persistent disorders. Over 1,000 MCDA Family Care members with mental health issues utilize a care manager in a Care Management Unit (CMU) with expertise in the field, including Bell Therapy, Project Access, Milwaukee Center for Independence (MCFI), and ANEW.
- It was noted that MCDA has not yet awarded a contract for quality assurance (QA) and training of Family Care case managers. Community Care currently has a contract with MCDA for these services and will help with the transition once a new contract is awarded. The Advisory Council will be kept updated on this issue. A question was asked regarding whether this training will teach care managers about self-directed supports (SDS). It was noted that MCDA's new Chief Clinical Officer (CCO) has a lot of experience with SDS.
- A question was asked regarding what the difference is between the SDS option in Family Care and IRIS (Include, Respect, I Self-Direct), the SDS Waiver program. It was noted that people that enroll in IRIS have some support, but not as much as a person that enrolls in the Family Care SDS option. The Family Care SDS option is better for members that want to direct some, but not all, of their services. Members that enroll in the Family Care SDS option would have the help of a care manager and registered nurse to coordinate their care. Care coordination can be provided in IRIS, but

the members would have to pay for this service. A comment was made that IRIS members can get free help from an independent consultant; the consultant wouldn't coordinate a member's services, but could help figure out the member's services and budget. It was further noted that there is flexibility in the Family Care SDS option to change as an individual changes so they could enroll in regular Family Care without having to disenroll.

- A question was asked regarding how many MCDA Family Care members are using Community Support Program (CSP) services. It was noted that there are currently eight members utilizing these services. It was noted that most members have transitioned from CSPs to Family Care.
- A question was asked regarding whether or not a person in a CSP could keep their same provider if they transferred to MCDA's Family Care program. It was noted that they could because MCDA and the Behavioral Health Division (BHD) have an agreement. A comment was made that some people had been given different information by the Aging Resource Center (ARC). MCDA will make sure that the ARC is properly trained and giving out the right information; however, it was noted that this issue has already been resolved.
- It was noted that some people opt out of Family Care due to the cost share.
- A question was asked regarding how many Family Care members currently utilize BHD's targeted case management services. It was noted that no members do at this time.
- It was noted that there needs to be some kind of language to describe people's choices. For example, people should be made aware that if they are eligible for Family Care, but they opt out, they can still receive services through BHD. It was further noted that there needs to be more training, benefits counselors, and advocates for Family Care.
- A question was asked regarding whether or not therapists in Family Care must be Medicaid (MA) certified. It was noted that they do need to be; there are no exceptions given for experience.
- It was noted that when the Community Options Program (COP) started in the 1980s, all eligible persons had to transfer to this program. An effort was made to make sure that providers did not change and were part of the new program. The same should be true in the current transition from MA waivers to Family Care. It was later noted that MCDA and DSD are currently working on the client transition plan, which deals with the order that people will enroll.
- A question was asked regarding whether or not the gap between the number of people in MCDA's Family Care program with mental health issues and the number of people with mental health issues in the program who use mental health services has narrowed. It was noted that some people don't identify as having a mental health issue and others may have language barriers, so there is still a gap.
- A question was asked regarding how recovery for persons with mental health issues is being measured, assessed, and evaluated. It was noted that CMUs and care managers have ongoing training on behavioral health issues and need to have expertise working with this population. It was further noted that MCDA will look into how recovery principles are accounted for and evaluated.

- A question was asked regarding whether or not there was a timeline for explaining options to people in group homes. A comment was made that the options are difficult to understand, even for people that don't have disabilities. It was agreed that this information is difficult to understand, even for workers. It was further noted that it will be important to make sure that everyone has the information that they need, along with time to ask questions.

Presentation from Milwaukee County DHHS Housing Division

- It was noted that Congress has mandated that health insurance cover mental health issues. It was further noted that policies should be changed so that MA programs, like Family Care, would also cover people with mental health issues.
- It was noted that the Milwaukee County DHHS Housing Division was created in 2008 as a result of some newspaper articles and the sorry state of mental health housing. A housing trust fund and a City-County housing commission were also established at that time. The Division's mission is to make sure that housing in Milwaukee County is decent, safe, and affordable. The current primary focus of the Division is to provide supportive and permanent housing to people with mental illness. It was noted that support services are very effective.
- A comment was made that, in terms of language, it might be better for the Division to say that housing is safe and affordable, rather than safe, affordable, and decent.
- It was noted that the Division is off to a successful start. 200 new units of permanent, supportive housing will soon be available. Many of the people that will live in these units will also be served by BHD. It was noted that there is still a lot of work to be done.
- A question was asked regarding how it has been to work with the City of Milwaukee. It was noted that the City-County coordination has been phenomenal. It was noted that the City did not have to step up but they have, and their funding has made a lot of the developments possible.
- A question was asked if there have been zoning issues. It was noted that there have been. There has also been resistance around some of the housing developments from neighborhoods and elected officials.
- It was noted that another program within the Housing Division is called HOME. This is a United States Department of Housing and Urban Development (HUD)-funded program that provides low-interest loans for people with disabilities to renovate their homes.
- A question was asked regarding whether or not the County would change its regulations to provide HOME funding to renters as well as home owners. It was noted that the Division will look into it. It was further noted that most of these funds are spent by August of each year.
- A question was asked regarding whether the Housing Division would be willing to work with the Crisis Resource Center. It was noted that the Division would like to meet with anyone that is interested in collaborating.
- A question was asked about when the Division will focus on housing issues for people with disabilities. It was noted that, by law, all public housing must be handicap accessible. It was further noted that the Housing Division will be going to the board in

January to ask permission to develop housing for people with needs other than mental health needs.

- It was noted that the State of Minnesota spends \$30 million a year on supportive housing, whereas the State of Wisconsin spends nothing. A question was asked regarding how the County should tell the State that funding is needed for supportive housing. It was noted that the County needs to make it clear to the State that this is a priority and should be included in the State's budget.

Update on DRC Application and CMO Request for Proposals (RFP)

- It was noted that the County had received an initial letter from DHS regarding the DRC and they were in the process of negotiating the DRC budget. DHS had agreed, in a meeting, to add \$1.4 million for the DRC in 2009. The County was waiting for this information in writing and for specification on how the money could be spent. DSD had put together a revised budget based on this information. It was noted that about two weeks later, the County was made aware that the CMO RFP was on hold. DHS indicated that the County should expect to receive a letter by the end of this week stating that the DRC was also on hold.
- It was noted that this news is troubling because the County was on track to implement Family Care expansion in April. There is a lot of pre-implementation work that needs to be done prior to April when first enrollments were planned to occur. For example, staff training would have to be done in January, options counseling must be done in February, and lists of clients to be centrally enrolled must sent to the State by March. In addition, the phone system must be in place and DSD's office space has already been rearranged to accommodate the DRC requirements.
- A comment was made that it is unacceptable that DHS is treating Milwaukee County differently from other counties. DHS had budgeted for other counties to move forward with Family Care and it should have done the same for Milwaukee County. A comment was made that calls have been made to legislators asking why Milwaukee County is being treated differently. A further comment was made that legislators do not seem very outraged by what is going on. People that are being directly affected by this delay may need to mobilize in order to have legislators pay attention to this issue.
- It was noted that the CMO is also on hold. The County should have had a response from DHS regarding the CMO RFP on 12/12/08. It was further noted that there is nothing preventing DHS from at least giving Milwaukee County its RFP score or a date that it can expect to move forward with expansion. It was further noted that MCDA's inquiries to the State have been met with silence.
- It was noted that this delay will also have impacts on staff and the momentum of Family Care expansion. It is possible that certain tasks that have been completed, like budget construction, may need to be done again later if the delay persists. It was further noted that consumers have been told that expansion will be taking place in the first quarter of 2009. If this turns out not to be true, there could be community confusion, which could turn chaotic.
- A comment was made, and the Advisory Council agreed, to send a letter to DHS Secretary Timberlake stating that Milwaukee County should not be treated differently. A case will also be made for making sure that Milwaukee County's Family Care

**12/17/08 Meeting Notes**

**Milwaukee County Long-Term Care Planning**

program is expanded. The letter will also explain the timeline issues and note that the County cannot operate with such uncertainties. A comment was later made that the letter should also point out Milwaukee County's uniqueness. Barbara Beckert of Disability Rights Wisconsin will be the lead on preparing the letter. A further comment was made that the Director of DHHS and the County Executive should call DHS Secretary Timberlake to discuss this.

- A question was asked regarding whether or not the legislature would have already approved these funds in their original budget. A comment was made that this was a good question and would be explored further.

**Governance Discussion**

- It was noted that people who are interested in participating on a new or expanded Family Care governing body should fill out and return the memo that was sent out prior to this Advisory Council meeting.
- It was noted that if people want more information about the new or expanded Family Care governing bodies, they should look at the documents handed out at the 10/16/08 Advisory Council meeting, which are posted on the Long-Term Care Planning website ([www.planningcouncil.org/longtermcare](http://www.planningcouncil.org/longtermcare)).
- It was noted that governance is extremely important and can be discussed at a future meeting.

**3. Acronyms used:**

ARC	Aging Resource Center
BHD	Behavioral Health Division
CCO	Chief Clinical Officer
CMO	Care Management Organization
CMUs	Care Management Units
COP	Community Options Program
CSP	Community Support Program
DHHS	Department of Health and Human Services
DHS	Department of Health Services
DRC	Disability Resource Center
DSD	Disabilities Services Division
HUD	Housing and Urban Development
IRIS	Include, Respect, I Self-Direct
MA	Medicaid
MCDA	Milwaukee County Department on Aging
MCFI	Milwaukee Center for Independence
QA	quality assurance
RFP	Request for Proposals
SDS	self-directed supports

Staff person(s) recording: Janice Weeden, Lonna Kruse, and Leslie Taylor Cooley