BOARD OF SUPERVISORS

Brown County

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County Supervisors Hoyer, Borchardt, Schadewald
Cheryl Weber, Pat La Violette, Guy Zima,
Stephanie Birmingham

MENTAL HEALTH TREATMENT SUBCOMMITTEE
Wednesday, April 17, 2019
12:00 p.m.
Conference Room A (E03), 1st Floor
Sophie Beaumont Building
111 N. Jefferson Street
Green Bay, Wisconsin

I. Call to order.
II. Approve/Modify Agenda.
III. Approve/Modify Minutes of January 16, 2019.

1. Report and discussion - Spending of the 2019 $1.14 mental health dollars, to date.
   a. Alternate detoxification options and opportunities.

2. Discussion – Costs of Crisis Assessment Center (building and operational), as supported by the half-percent sales tax.

3. Discussion – A county resolution identifying September as National Suicide Prevention Month.

4. Discussion – Identifying gaps and quantifying the needs of our community, including long-term care, as they could be addressed by recertification of county operations.

5. Update – Outreach Efforts.

6. Update – Criminal Justice Services.

7. Such other matters as authorized by law.

8. Adjourn.

Next Meeting: August 21st, 2019

Erik Hoyer, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda. Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE MENTAL HEALTH TREATMENT SUBCOMMITTEE

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, January 16, 2019 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Behavioral Health Manager Ian Agar, Citizen Member Guy Zima, Security Lieutenant Scott Brisbane, Citizen Member Stephanie Birmingham, Citizen Member Cheryl Weber, Judge Donald Zuidmulder, Community Treatment Center Administrator Ed Sommers

Excused: Citizen Member Pat Laviolette, Health and Human Services Director Erik Pritzl, Citizen Member Megan Borchardt

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I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:02 pm.

II. Approve/Modify Agenda.

Motion made by Cheryl Weber, seconded by Guy Zima to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

III. Approve/Modify Minutes of October 17, 2018

Motion made by Guy Zima, seconded by Stephanie Birmingham to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.

1. Report- Spending of the 2018 $1.15 million mental health dollars, to end of year.

Chair Erik Hoyer started by pointing out that they are currently wrapping up the numbers from 2018 and there would not be much to report for 2019 yet respectively.

Behavioral Health Manager Ian Agar wanted to highlight the attached document regarding Mental Health Initiative Expenditures relative to the entirety of 2018 which includes the mental health initiatives of mobile crisis, detox services, residential treatment and day report center specifically. He went through and explained each of those initiatives and their expenditures throughout the year. He explained that those expenditures for mobile crisis are on a 1/12th contract meaning whoever is providing the service gets to pay 1/12th of the total each month provided. He stated that the difference between the amended budget and the actual reported expenditures may be due to the December numbers not being reported quite yet. With respect to the detoxification services the significant difference between the amended budget and actual expenditures may be explained through the capacity issues these services have been suffering from. More specifically, there may present a time when there are individuals in need of detoxification services but depending on capacity or overpopulation they may not have access to those services at the cost of the county. Additionally anyone that has insurance or Medicaid may receive additional money allocated towards detoxification services which may drive the expenditure number down drastically as well. With respect to the residential treatment category, Agar noted that additional funds had been allocated from other areas of their budget to actually go forth and send people to residential treatment if deemed necessary.

Finally, day report center is on a 1/12th contract as well and therefore the discrepancy in those expenditures and amended budget could be most likely be explained through the final 2018 monthly payment. Wanted to clearly state that the money appropriated or allocated to these services has been invaluable to these services. That money has been imperative to these services and the additional services they have allowed them to provide. He then went on to review the information on the back of the Mental Health Initiative Expenditures attached handout.

Hoyer asked if there were any statistics for the previous year regarding detox and residential treatment to compare them to these. Agar responded that they are collected but not specifically on hand at the moment. He then pointed to the capacity problem facing detoxification and asked in response to said problem whether there were numbers specific to how many individuals are actually turned away because of that very problem he understood that those numbers may be difficult to obtain based on a couple differing factors. Agar replied that there is no easy way for those numbers to be obtained because they are not notified in real time of a patients' admittance to the facility. Hoyer then wondered whether in situations where the individuals' are in police custody what exactly is the avenue for presentation into the detoxification facility, generally speaking. Agar said that presentation is bound to go one of two ways, either the person presents themselves into the detoxification facility itself and is admitted or if they don't have the capacity to admit themselves then they are, by default, allowed to stay in the emergency room for said detoxification.

Citizen Member Guy Zima noted that it is beyond evident that they do not utilize their full budget and this has been going on for 3 years. A question could be brought to the table regarding why the entirety of the budget is not used. He wished to know where they are at in terms of getting additional use out of their budget so the entirety of it is utilized or at least closer to utilized. He referenced Hoyer's question regarding how many individuals we are turning away from detoxification facilities saying that there is undoubtedly more than the 98 documented cases that are actually turned away. He wondered where they were at in terms of getting a treatment facility for Brown County itself. Agar said that they have a contract with St. Elizabeth in Appleton but they still face capacity issues even with their facility brought on as an option for detoxification as well. He noted it was not an issue of money allocated at all, but rather, an issue of if they have the capacity between Bellin Psych and St. Elizabeth both to accommodate these patients. There are initiatives underway to try to undermine this issue within Brown County underway, but he reminded the committee that these initiatives may require additional money allocated to allow them to be carried out fully. One of those, for example, is opening up a separate facility within the County itself.

Zima went on to reference Brown County's contract with Outagamie County for detoxification services respectively. Furthermore, he said that that should entail an emergency type of situation and we should already be taking the necessary steps to get a detoxification facility in Brown County for ourselves here. Furthermore, they have the required funds that they would need to get a "One-Stop" detoxification facility done for a long time now and they should be going forward with the process as soon as possible. Also he believed that they should begin receiving recommendations as to how to use the money allocated for the facility and start planning for its construction. He continued on to say that people are dying from overdoses and this committee could be doing well by saving lives and turning things around ourselves. Additionally, the fact that we are contacting people in Outagamie County that don't have the necessary capacity and not doing anything on our end about that issue to prevent it is a double joke, so to speak. He thought strongly that the County Board would be supportive of the idea of a detoxification center and that it doesn't make sense to keep saving allocated money that they clearly have budgeted.

Community Treatment Center Administrator Ed Sommers introduced himself initially and noted that at Bay Haven CBRF they are not at full capacity at the moment and the thought is to possibly use half of that CBRF as a detox

facility. Zima questioned whether or not that was feasible. Sommers believed with a couple of construction or architecture changes it would be more than possible. Zima again noted that this has been an ongoing conversation for 3 years and it is time to get moving with the proposal and planning because things along the lines of staffing and so forth will undoubtedly take time.

Judge Donald Zuidmulder entered meeting at 12:14pm.

Citizen Member Stephanie Birmingham wanted to clarify that the actual 98 number of cases that were noted previously that were turned away was actually just for Bellin Psych alone. One of the challenges, she iterates, is that all of the avenues that could actually help in the detoxification process don't actually approach detox in the same manner. For instance, some will only accept detoxification cases if they have a dual diagnosis, this signifies that there may be some philosophical challenges that are occurring in the county with respect to what actually defines a detoxification case. A change in this regard will definitely take a lot of conversation and that number may be what it is because of the way the facilities are being operated. Zima again pointed to the fact that if these facilities are at capacity anyways then they are not an option regardless and the process could be much more efficient with a stand-alone county facility.

Hoyer stated the fact that, in response to the money expenditure issue brought forth by Zima the money could be spent, if necessary, to treat those 98 cases that were turned away previously. The overarching issue really though, he continued is the number of beds or the capacity issue and they all understood that to be the main concern.

Judge Donald Zuidmulder noted the fact that one of the issues is always to be talking about regional services. Brown County is definitely not the only region suffering from difficulties with vendors and such. Communication could be better from an interregional perspective in such that if another county ships a patient or graduates one, so to speak, that becomes an opportunity for one from Brown County to take that spot.

Hoyer then asked what are the guidelines regarding how long an individual would need to be in the Emergency Room, if they are required to go there as part of the de facto detoxification process that is, is there a sort of 12 hour rule or any specific guidelines that must be followed for proper release. Agar ensured that they are evaluated to make sure there isn't any form of complicating medical condition and if it deemed there isn't then they are sent to Bellin Psych and if they are not able to attend Bellin Psych then they will complete their detox in the Emergency Room itself. When they are perceived as being no longer incapacitated then they are free to leave.

Birmingham accentuated the fact that there are different levels of detoxification and certain providers are limited to provide only up to a certain level of that detoxification and can't reach certain other levels. What defines detoxification itself? Just because I'm not seizing, am I actually detoxified or may I be simply medically stable?

Hoyer continued with a question regarding the Day Report Center and noted the fact that in 2019 a budget is being pushed towards allowing for a self-run version of this in Brown County. He wished to know a sort of timeline for the start of the budget to get underway and if Family Services has committed their services to get this started until the budget is completed. Agar anticipated Family Services to run the Day Report Center until the end of June. In the beginning of February a Manager should be hired for this division and progress made to ramp up criminal justice division respectively. That manager may hire a supervisor along with 4 additional staff positions as well following their hiring. The Manager position has been posted since the beginning of December. A discussion ensued between Agar and Judge Zuidmulder regarding the specific handling of the hiring process for these positions and the speed at which it is occurring, is it possible to hire this quickly? Hoyer noted that there may be employees from Family Services that would entertain the option of a switch from Family Services to the Day

Report Center because they know the job already. Agar does not see a scenario where there would be a difficulty in hiring for the positions at the Center.

Motion made by Erik Hoyer, seconded by Stephanie Birmingham to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY.

2. **Discussion- Short-term and long-term mental health needs that could be funded by the half-percent sales tax.**

Hoyer started out by pointing to the fact that they've discussed the One Stop shop and there has been a sort of rekindled interest in it. But, insofar as that if they are unable to detoxify in their own facility due to it being inappropriate in the One Stop facility so to speak, something else needs to be figured out with respect to detoxification in terms of how they are going to get it done then.

Agar had some updates with respect to the progress that has been made regarding the One Stop shop. There has been 2 recent meetings with architects regarding the construction of the building itself one as recent as a week prior to this very meeting. Planning and layout of the facility has already begun. The building is intended to be approximately 3,000 sq ft. in actual size. It will be run via Family Services through Brown County because they have maintained the crisis portion of the contract.

Birmingham wished to clarify whether crisis as it currently is downtown still be operationalized or whether it would be no longer. Agar believed they would be operating out of the Community Treatment Center location. Birmingham then highlighted the fact that in the past there has been a separation between substance use and mental health and wanted to ensure whether or not they would both be handled at the One Stop facility. Agar replied that crisis services differ in terms of the cause of the crisis, may be mental health related or it may be substance use related. May be difficult on the surface to decipher but as soon as the evaluator knows what they are dealing with in terms of danger the person may be causing themselves or others they may require emergency hospitalization in a psychiatric hospital which is determined to be the case or not on site at the Community Treatment Center facility. One main components of this facility, he added, is to have some sort of medical clearance capacity so people don't have to bounce around multiple destinations just to get medical clearance. This medical clearance component will, most likely, be limited to 16 hours per day and the 3rd shift or night hours may default medical clearance to the emergency room. Birmingham wondered if Bellin Psych and Willow Creek would be willing to accept this medical clearance if it's made somewhere else. She was ensured that there is a standardized protocol between all the County hospitals here where medical clearance is the same so if they are cleared by one facility they would have been cleared by all. This was questioned by Birmingham in terms of medical complexity in practice may be a little more subjective and may contain a gray area that standardized benchmarks can't necessarily fix.

Judge Zuidmulder wanted to voice the fact that the whole idea of the One Stop shop was to eliminate issues such as the tying up of police officers taking patients all the way out to the Crisis Center. Why would this be set up in a way where medical clearance may not be available for 8 hours a day, the problem of time wasting is not being solved in this manner which the whole idea in the first place.

Security Lieutenant Scott Brisbane stated that he believed it would be beneficial for the jail to be involved in the medical clearance component. The officers literally have to take individuals to the Crisis Center just for medical clearance and then they come right back to jail. A whole step can be eliminated with the allowance of jail staff medical clearance and thus, save a lot of time because of it. Agar responded with the belief that the medical clearance requirements in the jail may not be the same as what is protocol in the Emergency Room. He reiterated

the fact that there is a uniform, standard protocol guideline for medical clearance. Agar said that the Sheriff's Department is involved in emergency detention meetings and they are completely up to speed with the terminology within the medical clearance criteria. Specific cases where someone is coming into the jail and may be suicidal, right now evaluation starts with the Crisis Center, then over to the Emergency Room and then the Hospital if there is concern regarding their mental health stability and they are facing criminal charges also the One Stop shop would take care of the crisis assessment and the medical clearance. Agar believed most needs would be met at this new facility. Zuidmulder again questioned the 8 hour gap where medical clearance would be lacking and Agar pointed to the resource issue of the feasibility of having trained medical personnel around the clock 24/7/365. Hoyer wondered if it was something even attainable or if resounding success would allow capabilities for it. It was believed that if Brown County recognizes the facility and rewards its success with additional funds for 24 hour capabilities then it is definitely possible. Zuidmulder wanted the specific costs it would take to operate a 16 hour versus a 24 hour facility because it may actually benefit the County from a financial perspective to have this 24 hour facility versus have officers tied up with these individuals for large amounts of time, among other expenses.

Hoyer clarified that there is the facility capacity to accommodate around the clock service it is rather a matter of a staffing issue preventing it. He asked as well whether detoxification is feasible at this facility in addition to the other services it would provide. Agar believed it would do better in a separated facility again based on staffing complexities and such. Sommers did not believe this was completely true, he noted when they spoke to architects about the construction of the facility and familiarizing it to the setup of the CBRF with 2 separate wings with a physical separation between the two. They should be receiving information back soon from architects as to whether this is possible in their existing facility or if they would need to look into creating something on site for this and those rough numbers should be back soon as to what is possible and what is not in the existing facility. A brief discussion regarding the specific architecture of the building ensued. Hoyer noted there is a direction of this group to pursue or continue pursuing as vigorously as possible the progress of this facility because there are still some moving parts such as obtaining separate licensing and staffing and other matters of relevance as well.

Citizen Member Cheryl Weber wished to know if the linkage between the CTC, the Detoxification Facility and the One Stop shop would be beneficial to law enforcement, and ideally detox would occur right in the One Stop shop itself and she was ensured it would indeed be beneficial. Brisbane added that a close proximity to the jail for the facility would save officers an enormous amount of time. To illustrate this he pointed out that in their assessments at the jail if it is determined suicide is a possibility, mental health is an issue or if there are any sort of medical issues going on the jail is not accepting them before a crisis evaluation and a close proximity would cut time immensely. Hoyer also noted that officers remain with the arrestee until they are brought back to the jail so it doesn't cut that element of time out so to speak. A discussion ensued regarding the reason behind officers staying with the patients, the necessity behind it and the time elapsed with them.

Zima wanted to know if there was any possibility they could agree on getting the ball rolling regarding the starting of construction of a facility. Hoyer didn't believe there was enough information in numbers to do so. Zima wanted to start putting together numbers to make a recommendation going forward. Hoyer believed a specific agenda item at the next meeting would be best approach.

3. **Discussion-Human Services Director and Brown County Sheriff work together to develop a plan to provide treatment for the inmates with mental health and addiction issues.**

Hoyer noted that neither of these two individuals were present at this particular meeting. It was iterated that Hoyer wanted make it known that Sheriff Delain is more than welcome but not required at these meetings.

Agar wanted to state in regards to the jail they are looking into obtaining a grant from public health services to provide vivitrol within the jail, which is an opioid blocker, there are still some health services hoops that need to be jumped through for this to come to pass but it is in the works at the moment.

Judge Zuidmulder reiterated that this is a criminal justice system issue in terms of what the end result is and what the specific issue is that is driving them to be here. If it is a mental health issue that is driving their problem then they should be in the mental health court and somehow diverted from the system. If it is an addictive issue then it becomes what is the nature of their offense and why exactly are they using the substance in the first place and in some of these cases as well they should be diverted from the system if they are of a lower level of seriousness and so forth. Questions should be how do identify the people and how do we identify which ones are likely to remain in the criminal justice system? The majority of time it's on the system itself to accelerate the process getting the people out of the jail if they are actually in need of a mental health facility in the first place instead. To summarize, he believed the conversation should be about identifying the people and then working with the rest of the criminal justice system to speed up the process of the jail stay and getting the treatment programs they need.

Hoyer wished to know more about the implementation of a vivitrol program and, for example, who is allowed to decide if someone is in need of vivitrol and who actually receives it. He was informed it must be a Brown County resident, it must be administered 5 days before jail discharge, they must be willing to complete Medicaid applications and the person has to be willing and able for the application of treatment. There is also counseling and case management along with the treatment. Once per month injection and without Medicaid it is a $1200 injection itself.

Birmingham agreed the jail process needed to be accelerated but she still thinks there will be a capacity issue even more so if this occurs because if there is already an issue without those individuals from the jail this will inevitably add more to the population furthering the capacity problem. Another topic she brought to the table was the possibility of a Certified Peer Specialist, which is someone who is diagnosed with a mental health condition who goes through training and takes an exam administered by the state. This person is someone who has their own lived experience with treatment and recovery and understands the process itself which may be beneficial in helping an individual who is going through it at the moment to hear about that experience for themselves to help them with their own. Similar to a recovery coach but the focus for a Certified Peer Specialist is on mental health rather than on substance use. Majority of the time also having substance use without a mental health component is relatively rare anyways so they, in a way, go hand in hand anyway. How are we going exactly to engage the individual to get them to be able to take the vivitrol itself if this is a necessary component to administer it?

Brisbane noted that he visited one of the two separate mental health staffs that they have regarding if there is anything the officers can do specifically to help them. That particular staff mentioned programming and coping skills as one way to help and Brisbane agreed with peer support as a great idea as it works in multiple other settings and the identification with the other person and seeing their successes first hand is something you want to emulate.

Judge Zuidmulder responded with the fact that these are individuals in the jail so the problems that arise in the mental health system can be set aside because it is all about voluntary admittance. All the capacity arguments in terms of treatment options do not really apply to the jail population because the Department of Corrections specifically has a whole bundle of service providers for these individuals. Brown County is a leader in treatment courts, he continued, with specifically, the Mental Health, Alcohol and Drug Abuse, Heroin, Drug, and Veterans Courts respectively. He emphasized these people are not asked if they will take a particular drug or receive treatment, they are ensured that they will be thrown in jail if they fail to comply to do these things. He went back

to his original point where he stated that the criminal justice system is equipped with all of these partners whom are receiving public funding and who also have individual vendors as well offering assistance. This indicates plenty of resources available and the jail should not be necessarily considered a place where these issues are to be addressed but rather just should be just a very quick stop until they are able to be assessed and properly placed where the resources available. He continued when it is talked about the jail receive more staffing to accommodate mental health struggles we create a sort of self-fulfilling prophecy in a sense.

Weber clarified that she thought it would be worthwhile for the County to converse with the jail in reference to what these people need when they actually depart jail. They are getting the specific treatment they need while in jail most likely but when they leave are we actually coordinating with anyone to make sure they are receiving necessary treatment still consistently. She noted that majority of the time jails don't hire Peer Specialists or Recovery Coaches because they usually have criminal records so this may not be entirely possible. She also emphasized that it needs to be made sure that these individuals are not falling to the wayside after they are out of the court system and the jail system. People may go to jail with a mental health issue and then the doors may open and they're gone with the same issue persisting and now lacking possibility of treatment. This sort of falling through the system is entirely too problematic. Brisbane noted that a new jail liaison has been recently hired to help with this issue.

Judge Zuidmulder pointed out that part of the concept of the public safety department that they're creating is to gather all these individuals who are involved in similar activities together and house them in one specific agency. He questioned if that new liaison hired by the jail would be connected to the CTC. It must be made sure that all these people that are being hired are connected to each other and work together with one another. Part of the job of the public safety department was, to his understanding, to make sure that these individuals working on similar tasks are connected to each other specifically. There is indeed progress being made in this regard, he noted.

Birmingham asked Judge Zuidmulder, that considering some people lack a capacity to attend treatment court, what determines their ability exactly to attend these courts? He replied that it has a subjective element to it, similar to the mental health system. That is, if a person does not want to go into those courts then they cannot be helped. He believed that administration of vivitrol and things of that nature doesn't do much good due to the fact they agree to next to everything in the jail and when they undergo no further treatment voluntarily. He additionally gave the example that there are a number of OWI convictions that are given Huber and go to their OADA assessment with treatment, but as soon as they finish their mandatory jail time and they stop going even though they cannot get a drivers license. All of these services can be offered but a great number of people will not be compelled to take them and he believed they will always be in and out of the system. Since they have a public involvement and confidence and so many individuals are involved now including the attorneys people are saying they don't want to live the lifestyle they have been living. This is when they go to the court system relevant their particular issue and the system can then affirm their commitment and things can start to progress. No issue with more people wanting to get in to courts that they are unable to handle.

Birmingham followed up with a more philosophical questioning point in terms of how do we actually capture people in the right stage of change and yet also balance that individual's right to choice? Some people just make decisions while already knowing what the consequences may entail, may have to reach a threshold of consequences outweighing benefits to a significant extent. There is a hard reality that must be faced in the fact that recovery does not look exactly the same for everybody and people are inevitably at different points in said recovery. How can it be capitalized on if a person is at a great place in that very recovery and what is a reasonable response if they are not there yet?

4. **Discussion-Recertifying county operations to provide long-term care, along with other mental health needs of the community.**

Agar reiterated that work is already underway regarding options for detox as talked about extensively earlier. Community Treatment Center Administrator Ed Sommers along with Health and Human Services Director Erik Pritzl have begun working on those options. Another update he had included the Clinician position has been filled and hired with a start date scheduled for February 4th. This Clinician will work hand in hand with the Green Bay Police Dept. and respond to crisis calls from them and is the first one of its kind respectively. He concluded with a statistic regarding voluntary admissions to Nicolet Psychiatric Center for the past year voluntary admissions accounted for 24% of the total admissions to the facility in 2018 which was a 46% increase to the year prior. More voluntary admissions are significant to consider because they reduce time and other expenditures involuntary placements cost law enforcement.

5. **Update-Outreach Efforts**

Agar said that outreach efforts have been made to local hospitals regarding vivitrol as well as residential treatment and AODA providers in the community. Additional information present on the Brown County Website. A number of outreach efforts currently ongoing at this particular time such as those regarding a mental health staff and things of that nature.

6. **Such other matters as authorized by law.**

Hoyer begun by informing everyone that it has been brought to the County Board's attention that there may be too many committees and subcommittees. Subsequently, they are cracking down on "needless" committees. Hoyer made it known that they are a good committee and he is pleased with the membership and with the participation of members that aren't official members of the group. He noted he is happy to turn in a form for their subcommittee if necessary and he is not concerned with the future status of their committee. It was noted that there were discussions at Executive Committee and Admin Committee to have certain subcommittees take their own minutes at their meetings.

Hoyer then reminded everyone of the date of the next meeting which is set for 12pm on April 17th 2019.

Judge Zuidmulder shared with everyone that he was asked to serve on a committee as part of the transition for the new Governor as part of the criminal justice area. He wanted to inform everyone that he along with a number of others the issue of mental health in the criminal justice system. He has been ensured that all the concerns that were raised regarding mental health are also shared by the Governor and he does indeed have an opinion regarding them and is anxious to receive information regarding these issues. Hope is that these concerns are reflected in the next State budget.

Zima questioned if they would meet quarterly. Hoyer believed it was the will of the group to meet quarterly and actually do things each time rather than monthly and talking about the same items. Zima believed that the more meetings you have the more emphasis you have and the more you can get accomplished and frankly the more serious you are taken. To him, it appeared as though this is becoming a slow phase out of affectability.

Weber wondered if you meet so often if that caused any alteration to the title of subcommittee.

Hoyer ensured that status will not be lost and certainly not trying to make it disappear.

Zima proposed that they at least have the meeting in March.

Lengthy discussion ensued as to whether the meeting should be held in March or in April and pros and cons regarding each.

Hoyer thought that a discussion regarding this should take place in April due to the reporting and discussion nature of the committee. If they are actually going to make some decisions or have some things to forward over to human services that's where he believes their greatest effectiveness lies.

Judge Zuidmulder agreed but seconded Weber's point that since they are going to meet in April should they say they want a specific report from the department with regard to the One Stop shop in terms of what are the projected costs of that facility itself and what exactly it is going to cost the County to staff the facility and so on.

Weber felt as though maybe just a report every month via email on the dollars spent from the budget towards the facility may suffice and a meeting every single month may not be necessary.

Hoyer pointed to the fact that this is one of the tightest budgets they've ever had due to the non-bonding nature of it. They are also limited based on trying to reduce their debt and retire some of that debt so that money cannot be used elsewhere. Pointed out that the One Stop shop is part of the capital expenses from the sales tax so, therefore, there is an existing budget for it already. Zima wished for this to get moving forward as soon as possible as he felt they have 2 or 3 meetings then any chance at getting it moving is gone for the year considering budgeting time and things of the sort.

Birmingham asked exactly what the proposal be about specifically. Agar responded with the proposal to be the cost of building the Crisis Assessment Center. It does not include the cost of operating the facility.

Hoyer informed them that the budget for 2019 was $529,360 for planning exclusively.

Judge Zuidmulder highlighted the potential issue of building a beautiful facility but not having enough funds to staff it and it must sit empty.

Hoyer noted that there has been efforts and Health and Human Services Director Erik Pritzl has been made very aware of the staffing component of this facility. But the immediate components of a Crisis Assessment are the crisis contract with Family Services and there will undoubtedly need to be a built in assessment staff and those sorts of things. A lot of this is drawing staff from different areas and bringing them together in one place.

Judge Zuidmulder reiterated they need to know gap between all the things they've talked about and the allotted budget that they are presented with to see if they would push for that or not.

Weber stated this money wasn't enough to build or allotted for future operation such as staffing it is only enough to plan its construction.

Borrowing money not an option.

Birmingham wanted to offer an idea which was the possibility for them to buy in from various partners in the area for staffing from Bellin or any other differing places in the area that could provide services for the facility. It takes out the element of competition in terms of where particularly to take the person for treatment if all these partners are in on the same deal.

Hoyer clarified that they will meet in April.

7. **Adjourn**

Motion made by Cheryl Weber, seconded by Stephanie Birmingham to adjourn at 12:14pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Cayden Lasecki
Administrative Assistant

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Phone (920) 448-6000 Fax (920) 448-6166

To: Mental Health Treatment Sub-Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: January 16, 2019

Re: 2018 Mental Health Initiative Expenditures and Service Numbers

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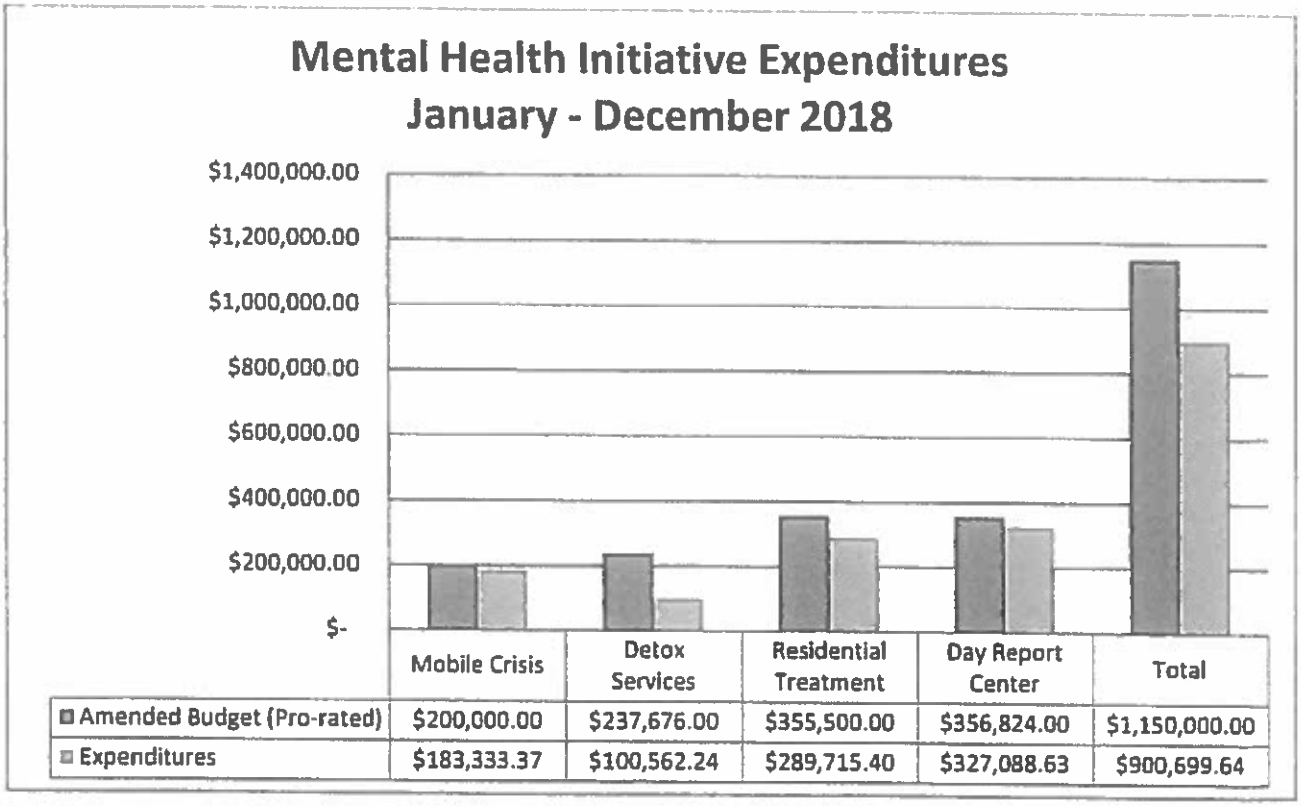
The chart below provides an update on the 2018 expenditures related to the four mental health initiatives for the period of January-December, 2018. This is not final, with more invoices expected to be processed through January.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
Amended Budget (Pro-rated)	$200,000.00	$237,676.00	$355,500.00	$356,824.00	$1,150,000.00
Expenditures	$183,333.37	$100,562.24	$289,715.40	$327,088.63	$900,699.64

2018 Service Numbers

This is a brief summary of the number of people served in each component of the initiative. Final invoices and authorizations are being processed for 2018, and it is possible these numbers could increase.

Mobile Crisis Services:

- An average of 156 in-person mobile crisis contacts occurred monthly
- Contacts occurred within 30 minutes an average of 80% of the time

Detoxification Services:

- 98 detoxification episodes were authorized and served through Bellin Psychiatric Center

Residential Treatment Services

- 53 people served through contracted providers

Day Report Center:

- 170 people successfully completed their terms of supervision
- An average of 138 people participated in Day Report Center services per month