BOARD OF SUPERVISORS

Brown County

305 E. WALNUT STREET
P. O. BOX 23600
GREEN BAY, WISCONSIN 54305-3600
Phone: (920) 448-4015 FAX (920) 448-6221
E-Mail: BC_County_Board@co.brown.wi.us

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

MENTAL HEALTH TREATMENT SUBCOMMITTEE
Wednesday, January 15, 2020
12:00 p.m.
Conference Room A (E03), 1st Floor
Sophie Beaumont Building
111 N. Jefferson Street
Green Bay, Wisconsin

****NOTE LOCATION****

I. Call to order.
II. Approve/Modify Agenda.
III. Approve/Modify Minutes of August 21, 2019. *(Notes from October 16, 2020 are also attached for informational purposes only as there was no quorum for that meeting).*

1. Report and discussion - Spending of the 2019 $1.14 mental health dollars, to date.
2. 2020 Budget and New Positions.
3. Identifying gaps.
    a. Overview of Outpatient and Community Services Provided by Brown County.
    b. Discussion of initiatives taken in other states/counties/municipalities.
4. Projects supported by half-percent sales tax.
    a. Crisis Assessment Center Preliminary Design
    b. Discussion – Ideas for 2022/2023 sales taxes for mental health.
5. Detoxification.
6. Outreach efforts.
7. Such other matters as authorized by law.
8. Adjourn.

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, August 21, 2019 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Hoyer, Brown County Jail Security Lieutenant Scott Brisbane, Citizen Representative Stephanie Birmingham, Community Services Administrator Jenny Hoffman, Student Intern Clarice Martell, Community Advocate Cheryl Weber, Executive Director with Connections for Mental Wellness Rebecca Fairman, Connections for Mental Wellness Representative Bree Decker, Citizen Representative Guy Zima, Executive Director of Health and Human Services Erik Pritzl, County Board Supervisor Megan Borchardt, Green Bay Police Department Representative Jason Allen and Crisis Center Program Manager Jenny Younk

Excused: Citizen Representative Pat La Violette, District Attorney David Lasee, Assistant Corporation Counsel Rebecca Lindner, Judge Donald Zuidmulder

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I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:00 pm.

II. Approve/Modify Agenda.

Motion made by Megan Borchardt, seconded by Guy Zima to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of April 17, 2019.

Motion made by Megan Borchardt, seconded by Cheryl Weber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

IV. Introductions.

1. Report and discussion – Spending of the 2019 $1.14 mental health dollars, to date.

Executive Director of Health and Human Services Erik Pritzl provided an updated report, a copy of which is attached. Pritzl noted the spending has been pretty consistent for mobile crisis and residential treatment. With the transition of the day report center as of July 1, the numbers will be a little skewed until the final reconciliation is done. Detox services are showing under, although Pritzl noted he has different numbers as to what has been authorized and paid out of the case management system that show higher spending and he will figure out what the difference is, but he suspects there is more spending in detox than what is reflected on the handout.

Motion made by Guy Zima, seconded by Megan Borchardt to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

2. Discussion – Detoxification options and opportunities.

Pritzl recalled at the last meeting a pilot detoxification program at Bay Haven was discussed. Since that time, staff has connected with the Department of Health Services and they have found that the option discussed is not viable. There are nursing requirements with detox services and a certain number of hours of nursing services cannot be exceeded in a CBRF and DHS will not give a waiver for that. The end result is that it would be better to provide detox services in a less regulated setting than a CBRF which is counterintuitive. Then a waiver would be

111

needed to provide certain things in that setting that would normally be in a CBRF. There is another option that Pritzl and staff is exploring and he will explain this further in the next item.

Pritzl continued that for detox there needs to be 24 hour a day nursing available or onsite and for a CBRF the limit is something like 10 hours per week. Megan Borchardt said there was just a conversation along these lines at a Basic Needs meeting and Bellin is working on expanding what they currently have for detox as are some other facilities, but the problem is in staffing. Cheryl Weber asked if DHS grants could be utilized to do something different than what was previously explored. Pritzl informed that not all the grants that were being proposed made it through the State budget process; a lot of it was removed by the legislature or vetoed in the end by the Governor.

Guy Zima recalled there were people at the last meeting who did not feel the combination of detox being mixed with CBRF people was a good idea. He continued that our contracting has been less than desirable and not proficient and that is why he keeps going back to building a facility, something separate so we can have our own detox and our own beds. The county used to do a lot more than they do now and Zima feels we need to get back to where we used to be. It seems to him that we need something dependable, not something we have to worry about a third party whose main interest is making money instead of serving people. This is not really part of the mission of what we are trying to do to stabilize the community and take this off the police as much as possible. Zima feels we are overusing other aspects of the system by not doing the right thing and getting something built. He feels this subcommittee has been in favor of doing the right thing and moving forward, but the administration has been reluctant.

3. **Discussion – Projects supported by the half-percent sales tax.**

Pritzl updated the group on the crisis one stop shop and said it is in the budget for 2020 in terms of the capital plan and will be an addition on to the CTC for crisis assessment purposes. Staff has been meeting with the architects weekly and representatives of Family Services, CTC and Community Services to identify how this can best be designed for function. The idea is that the Crisis Center would be located at the CTC on a wing that connects to the existing building. People would come into the facility and have an assessment with crisis counselors and would then move further into the facility and have medical screening as part of the process. It would not be full blown medical clearance where there are labs, but there are a lot of people that are getting referred for med clearance in a hospital setting that just need a medical professional to look at them and screen them. If someone needs to be admitted there would be a pass through to flow to Nicolet on either a voluntary or involuntary basis or to Bay Haven as a voluntary placement on a CBRF or they could be safety planned and then leave. The new thing staff is asking the architects to work in is to have the rooms be designed as observation rooms where people can stay for a shorter period of time while they sort out what the issues and needs are.

Pritzl continued that DHS is interested in learning more about the plan and will work with staff on variances if needed. This is not a CBRF and the services would be separated so crisis counselors would be in one spot, medical services would be in the back and then the end result would be admittance to the facility.

Zima asked how long people could remain in the observation rooms. Pritzl said Wisconsin law does not allow for people to be kept indefinitely, the limit would be 23 hours in observation status. After that the person would either need to leave or be admitted to Nicolet and Pritzl noted that generally beds are available at Nicolet. Zima noted that Nicolet was pretty full several months ago and Pritzl said that if Nicolet is full, there are other options in the community. Officer Allen noted that the GBPD has provided approximately 45 transports to Winnebago for the first part of the year, mostly due to capacity. Pritzl noted that Nicolet can staff the 16 beds most of the time, but it does depend on the needs of the people on the unit. If there are one-to-one staffing needs, they go through the staffing plan pretty fast. The Crisis Center also works with the county to find options when necessary.

111

Zima asked what the county is spending on transfers to other places because of our own lack of capacity. Allen said that it has gotten so bad with the GBPD that they have hired Lock and Load to do their transports. He added that year-to-date figures are significantly higher than the number of transports for all of last year. Zima asked what has been spent year-to-date transporting people to Winnebago and other places. He said a while back it was noted that the county was spending about $1.5 million dollars sending people to Winnebago and Trempealeau. For that amount of money, the county could do quite a bit to help our own people and possibly even take in people from other counties.

Citizen Representative Stephanie Birmingham said a financial compilation was done a few months ago that looked comparatively at the counties who are sending people out. She cannot recall the numbers specifically, but said Brown County was not as high as some other counties comparable in size to Brown County. Hoyer noted that some counties have absolutely no facility so that would factor in. Allen said Officer Gerarden asked him to ask if there would be any way to decrease the number of contracted beds that the county has for out of county placement at Nicolet to make room for those people in the county that could use those beds instead of being sent to Winnebago. Pritzl responded that at this time the county is below 20% for out of county referrals and noted that figure was closer to 30% in the past. Zima said if there was larger capacity, it would be a revenue source for the county to help subsidize our costs. Pritzl responded that if we increase the bed count as a hospital the county would lose Medicaid billing capabilities for certain populations and this would have a significant financial impact. Zima asked about having a separate facility and Pritzl responded that the county would need to build a completely stand-alone facility that is not a hospital, and people cannot be kept restrictively in a setting that is not a hospital. There would need to be a lot of analysis done on something like that because there are a number of factors such as the billing structure change, staffing and the levy to support it. Pritzl has said many times in the past that Bellin has beds built so putting capital on the table to build beds when beds exist does not make sense. Zima noted the Bellin beds have not been helpful to the county for several years. He feels instead of trying to find reasons why things cannot be done, we need to start working on what we can do to make things happen. We need to be driving toward something that has the county efficiently taking care of our own people. Sending people to Winnebago is hard on the families to go visit their loved ones. Zima feels we need to take care of our own county first and then, if there is room, to draw revenue from outside counties. He noted the county is at levy limits all the time and it just depends what the priorities are. There is nothing that says levy limits cannot be exceeded if there is a reason. When this subcommittee was created by the County Board, 22 of 26 Supervisors voted for it and there were several communications that said the county needs to get back to the levels we previously had, but we are not getting anywhere and Zima feels it is bureaucratic foot dragging by the administration. Hoyer said there are also bureaucratic realities that have to be taken into effect. Borchardt added there are a lot of barriers and red tape at the state and national level that have to be considered as well.

Hoyer questions if there are county barriers that we have inflicted on ourselves, and if so, he would like to explore those and he feels there are others on the Board that would support shifting the realities so we would have the capability to move ahead. Zima feels we are going to get to the point where there are people on the sidewalks because they are not being taken care of.

With regard to the Crisis Center relocation to the CTC, Birmingham questioned if the geographic location could be viewed as a barrier. She noted that bus service is limited on Saturdays and there is no bus service on Sundays. She questioned how the geographic location and transportation to it plays into the equation. Hoyer said that was something that was looked at that was one of the factors in introducing mobile crisis and one of the reasons they are coordinating between crisis counselors and the police department. Hoyer continued that where someone in crisis is going to get help is likely at the Crisis Center and that at some of the services available there. Crisis Center Program Manager Jenny Younk feels that the police department may use mobile crisis more often and she noted that Crisis does have the ability to give cab vouchers that could also be an option for those with transportation limitations.

Jail Security Lieutenant Brisbane asked if there would be a secure portion for detoxing. Pritzl responded that at this time they have not specifically designated secure, but there would be a door separating the crisis counselor portion. Brisbane said last month the jail had 96 individuals on detox and it would be helpful if some of those could be diverted to the CTC to get some help. Pritzl said getting into secured and locked facilities would basically be constructing a hospital. Zima wondered what the feasibility would be of the county contracting for one police officer to be there around the clock to corral those who may wander off. He said loses his patience at these meetings because we always talk about why things cannot be done instead of thinking of how to solve the problems and maybe save money in the process. Pritzl responded that perhaps the community partners could do more so it is not always the county or city who has to try to solve the problems.

Borchardt said she respected Zima's input with regard to mental health and suggested we do some research as to what other counties or communities are doing that we would be able to do here without so many roadblocks and still fall within the guidelines so we don't run into so much red tape. Hoyer recalled the entire origin of the concept we are talking about came after the visit to the Milwaukee facility. Zima said most communities have gotten out of the mental health business, and when that happens, the jail space needs to be increased because people are moving from mental health treatment to holding tanks at the jail. Brisbane said he has to keep detoxing inmates separate from the other population and there has to be 24 hour nursing staff. He noted that last month there were 183 inmates on suicide watch. Zima feels there are a lot of people on the County Board who want to get people out of the jail and into a treatment facility. He wants to look at what we can do to make things work.

Community Advocate Cheryl Weber asked about the mental health side of the jail money from the sales tax. Brisbane said the plans for the jail expansion have been modified to allow different units so they are able to place individuals where they need to be. In addition, if the females can be moved, it will free up space in other pods to better house and manage these populations. The new pod would have single cells, double cells and flexibility. At this time, there is no minimum security areas; it is all medium and above. Right now the mediums are mixed with the max inmates and that is not ideal and leads to problems. The new space would allow those individuals to be separated and have more of a step program to allow them to go through the system. Right now everyone who comes in on new charges are together with the detox population. The suicide watches are all separated, but they do run out of room for them so they have to get creative as to where to put them. These are individuals who come into jail on charges.

Pritzl explained that Winnebago can do some different things because of their size and the staffing they have so there are some different response capabilities we do not have here. They have a forensic unit and a secure unit. Winnebago is a state facility and has a few different control measures than Brown County does. The basic concept of the hospital is relatively similar between Winnebago and Brown County. Pritzl said there is more control over people in the criminal justice system than in the mental health system. The threshold of putting someone through a restrictive custody situation in the mental health side and going through a full commitment is higher than the criminal justice side. Pritzl feels there are people in jail that could be treated elsewhere, but the notion of all of them transferring out and being in the hospital instead is not true. The question is how we can create settings to get the treatment they need. If someone has a criminal charge and they come to Nicolet and then want to leave and do not have a treatable condition at the moment, they can leave the facility and go back to jail. Pritzl continued that those that are only on the mental health substance use side can leave. Weber said then those people go out and commit a crime and end up in jail. Pritzl agreed and said it is really more what happens outside the walls than inside the walls plus what the other options for living are that can be more supportive than jail, a hospital or CBRF. Pritzl said there are gaps there because we do not see the environments where people can live and get the support they need without being behind a locked door. Zima said with good mental health services, some people never reach the criminal stage. He would like to see help in the jail for mental health issues because it is a necessity. Borchardt said sometimes the only place to get help for mental health issues is at the jail because of the barriers getting into the mental health system. Zima said we want to

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think of treatment in the hospital, not the jail and that was the idea of expanding to go back to at least the size we had before if not larger to become more of a regional center.

Hoyer asked if the State realizes that the facilities at Trempealeau and Winnebago are not adequate enough to handle the current needs. Pritzl responded that Winnebago has a waiting list for those who are awaiting trial because of competency. They have increased their staffing in the state budget so they can increase their capacity and they are also doing some facility changes at Mendota in Madison to get capacity up.

4. **Discussion – Identifying goals and quantifying the needs of our community.**

Birmingham feels sometimes the needs start even before a person presents in crisis. It is no secret that mental health issues are nationwide issues and she feels Brown County is saturated in terms of services but we still have to figure out how all of the different components can work better together to make the appropriate connections to keep people from getting to the point of a crisis. She feels utilizing the natural strengths and abilities that people already have could be cultivated a little more through parenting, the school system, etc. but this would more of a public health education component.

Pritzl said one of the key things we need to figure out is why people do not access treatment and what can be done to get more people to access treatment before they end up in jail or a locked psychiatric facility. Zima feels there needs to be more outreach and he has been saying this for three years. Connections for Mental Wellness representative Bree Decker said one of the things they try to do at Connections for Mental Wellness is make options and available resources more readily available and visible in the community by partnering with a lot of different agencies to make that information more available. Executive Director of Connections for Mental Wellness Rebecca Fairman noted that just because we are marketing and saying we have all these services does not necessarily mean there is capacity to serve. What is happening in Brown County is the same thing that is happening statewide and nationwide of not having enough mental health professionals to provide specialized services. It is somewhat of a double edged sword in that there are issues on the need side as well as issues on the service side. Hoyer added that there is not really any state that we can look at to see what they are doing because all of the states are in a similar position. Decker agreed and said there is a need for psychiatrists, psychologists, counselors and therapists to provide what is needed.

Weber reminded that the purpose of this subcommittee is to find things the county can do to help as well as identify the gaps. Connections is working on education things and they are getting into workplaces and are also in the school districts. She feels this subcommittee needs to work on building or hiring, pay more or doing more legislating. This subcommittee recognizes that we need more community outreach and less arresting people and throwing them into a psych facility that we do not have. We have to figure out what we need to do with the people in those facilities. Decker added that even if there were beds or rooms, there also needs to be services attached to that. We can build places and add beds, but it is more than that; it is having the services that are connected to that.

Pritzl said county dollars are not enough for this. We need to educate the state on the importance of keeping things in the budget for things like crisis stabilization so we can at least try to access the funds to provide the services we need. We need a shared state – county ongoing sustainable option. To get started, we need state support and some of the rules need to be looked at because sometimes those become a barrier.

Zima added we all know there is a capacity issue. If that is solved, it would likely be easier to get people to fund it. There is a problem with standards such as lack of service providers in the mental health field. He feels the psychiatric qualifications are very overrated. He feels they are treating the symptoms of mental illness, and not really the mental illness itself and we need to get the state and federal level to look at standards. Zima continued that the people making the decisions on the psychotropic drugs do not spend enough time with patients and it

seems to be by and large a trial and error process and we do not really need psychiatrists to treat the problems; we need intelligent people who understand the medications to treat the symptoms. He does not believe we need to pay $250,000 a year plus benefits to make trial and error decisions.

Allen noted that Bellin is always talking about having bed space, but not enough staff. He understands county employees are a little different in terms of the benefit package and asked if Pritzl felt the county would have as much difficulty with staffing if the county increased their number of beds. Pritzl said he feels the county would have the same problems that everyone else is having when it comes to staffing. Zima said we have to start asking the legislatures for things like this or we need to raise the levy limit. Birmingham asked about the county staffing and Pritzl explained they operate with a combination of RNs and CNAs and psychiatrists. Birmingham noted the nationwide shortage of CNAs and PCWs and that extends into medical and psychiatric facilities and can also make the hiring piece difficult. Pritzl agreed and said it is difficult to hire staff in general and if the county would need to hire a psychiatrist they would likely have to go through a recruiting firm. Expanding facilities would lead to expanding recruitments and that is very difficult.

Borchardt asked if anything is being done with the Medical College of Wisconsin as far as networking with the students there or working with directors to attempt to get some of those students. Pritzl said as a community there have been a lot of efforts by Bellin and Winnebago to try to get graduates to stay in the area. Most of the connecting the the county has is focused on the nursing programs. There is not an option to offer a full blown residency, but the county does offer an elective for psychiatry. There are a lot of partnerships with higher education, but those are not free.

Zima reiterated we have to look at expanding the standards of who can provide certain types of treatments so the staffing shortages do not exist. We have to try to get to the people who make a difference. He does not feel someone needs 12 -15 years of education to do the trial and error medicating. He feels we need to get at the root problem and questioned if there should be a subcommittee to take this problem to the state or federal level to look at the standards as he feels the standards are way too high to administer psychotropic drugs. Pritzl responded it would be interesting to look at what other states are doing in terms of who they allow to prescribe that Wisconsin is not such as psychologists, physician assistants or RNs. Pritzl said there may be options such as having one psychiatrist overseeing several people or something like that, but he has not looked into that.

Pritzl questioned if there were certain times or events where it would be helpful to have outreach teams present to be more proactive, events like large sporting events, the Fourth of July celebration, maybe the Fair or other larger events. Weber commented it was nice to see that the GBPD had a booth at the recent Pride Alive celebration. Borchardt added it would be positive to have some outreach for people to connect with at any of the events going on to provide information. Pritzl is talking about having more trained crisis staff at events to provide more targeted assistance. Birmingham said another place that it may be helpful to have some people available would be the Green Bay Metro Center. It was noted however that it may not be that likely that people would actually reach out to people onsite as there are a lot of people who do not take advantage of the help that is available. Zima mentioned the GBPD staff that is trained in mental health and said they do a wonderful job and maybe we should look at expanding that program.

5. **Update – Outreach Efforts.**

Although this agenda item was not specifically discussed here, there were discussions above regarding outreach.

6. **Update – Criminal Justice Services.**

This item was not discussed.

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7. Such other matters as authorized by law.

Hoyer said out of the discussion there are a few questions that should likely be included on a more targeted agenda to address them. These questions are as follows;

1. What can the county do with the money we now have as well as legislatively.
2. In terms of the .5% sales tax, there is an allocation for this year and next year, and there is also a mental health infrastructure bundle closer to 2022 or 2023 and we should start looking at that and thinking about what we could or should do with that.
3. What other states are doing and whether we can we learn anything from outside of the community or county to come up with better solutions to move forward and implement some of those ideas.

Zima feels we should also be talking about some of the topics we talked about here today more intensely.

Borchardt informed that Officer Gerarden is attending a national conference on crisis intervention and she feels it may be a good idea to ask her to come and talk to the subcommittee about what she learned there.

The next meeting date was discussed and it was decided that the next meeting of this subcommittee will be on October 16 at noon.

Zima asked about what the architects are working on at the CTC and asked if there are any drawings available. Pritzl said they are looking at a 4000 square foot addition that would accommodate all of the Crisis Center, exam rooms and crisis rooms. There are not drawings available yet but they are working on it. Hoyer said he will include the design of the facility on the next agenda.

8. Adjourn.

Motion made by Guy Zima, seconded by Stephanie Birmingham to adjourn at 1:26 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

BROWN COUNTY HEALTH & HUMAN SERVICES
111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188

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

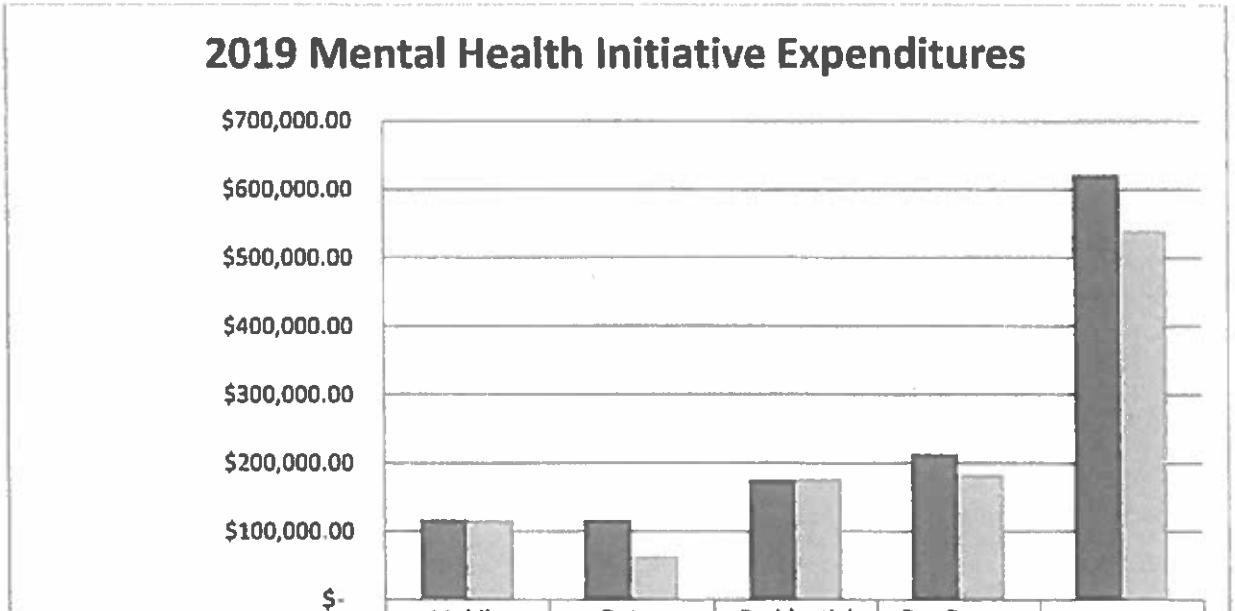
To: Mental Health Treatment Sub-Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 21, 2019

Re: 2019 Expenditures YTD

The chart below provides a summary of expenditures in the four different areas for January-August, 2019. This information is current through August 16, 2019.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
Amended Budget (Pro-rated)	$116,666.67	$116,882.50	$175,000.00	$213,628.33	$622,177.50
Expenditures	$116,666.69	$64,304.55	$176,759.10	$183,109.50	$540,839.84

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, October 16, 2019 at 12:00 pm in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Erik Hoyer, Health and Human Services Director Erik Pritzl, Community Advocate Cheryl Weber, Citizen Member Stephanie Birmingham, Judge Donald Zuidmulder, Behavioral Health Manager Ian Agar, Family Services Representative Bree Decker, Director of Community Programs Jenny Hoffman, District Attorney David Lasee

Excused: Supervisor Megan Borchardt, Citizen Representative Guy Zima, Citizen Representative Pat LaViolette

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This meeting was scheduled to begin at 12:00 pm. At 12:05 pm it was determined there was not a quorum and therefore no action would be taken, however in the interest of those that were in attendance, discussions were held and are outlined below.

1. Report and discussion – Spending of the 2019 $1.14 million mental health dollars, to date.

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached. He informed the handout includes information through October 11, 2019 and shows that year to date expenses are coming close to the budgeted amounts. The detox services have increased over prior years and although it is still slightly below budget, Pritzl reviewed these figures with last year's figures and found that there are about $20,000 more in expenses this year for services which shows utilization is increasing. Part of this is likely attributed to increased capacity at Bellin and Pritzl noted that some of their staffing shortages have been partially addressed which has been helpful.

With regard to residential treatment, Pritzl recalled there was some overspending last year, and although the figures for this year are a little lower than last year, he feels the remaining amount will be utilized because services will be authorized when people present. Mobile crisis and day report center are running as budgeted.

With regard to the day report center, Pritzl said it will remain on the reports through 2019, but in 2020 it will no longer show up on these reports as the services have been brought in-house. Judge Zuidmulder asked if the day report center funds will rebound to the budget. Pritzl responded that those funds will be used to support criminal justice services instead of the contracted services so no funds were lost in the process. Weber feels the number should still be included in the reports because what we are following is the $1.14 million dollars and it would be difficult to track if it was not included. Pritzl responded this gets different funding with criminal justice because there are other funding streams that go into it. All of the funding for 2020 is in their budget to support the services so it would just show up in expenses.

Judge Zuidmulder said in the past x number of dollars were allocated for the day report center, so why shouldn't those same dollars show up, because they are being spent out of this money? For purposes of those who look at the numbers he feels it would be more appropriate for the day report center numbers to be shown. Hoyer feels the important thing from the standpoint of this subcommittee as well as the Human Services Committee is if the day report center expenditures go up for any reason, the subcommittee and oversight Committee would need to be aware of that so it can be addressed. He noted the day report

center is a really important component of the overall model and feels it is important to keep track of it. Pritzl understands all of this and said they are trying to stay within the same amounts of the day report contract, but as they move forward and serve more people, that could be difficult.

2. **2020 Budget and New Positions.**

Pritzl informed there are a couple positions in the 2020 budget specific to behavioral health. There is a mental health services position in Comprehensive Community Services as well as a case manager position in Behavioral Health to work with commitments/clinical intake. There is a lot of activity in that area and monitoring agreements of people who agree to services in exchange for court proceedings being suspended. The caseload in that area has really built up and they are at the point where another staff member is needed to do the work. Adult Protective Services is another area where additional help is needed and there is a case manager position being added there.

With regard to staffing, Hoyer asked if there is currently one position or two positions being staffed by Human Services at the jail. Pritzl responded that they have the one re-entry position that is currently staffed. That position also sometimes works with people coming out of GBCI as well, although not very often.

3. **Identifying gaps.**
   a. **Overview of Outpatient and Community Services Provided by Brown County.**

Behavioral Health Manager Ian Agar provided a number of handouts, copies of which are attached, which outline what is provided in terms of outpatient continuum services. Agar informed he is often asked what services the County provides both as a health community service agency as well as an outpatient clinic. There is a lot of information, some on the County website and some in brochures, examples of which were provided and are attached.

Agar talked about the Vivitrol program and noted that the department currently has two grants through the Department of Health Services, one of which is jail specific. A handout was provided that outlines this program and Agar talked about some of the qualifications for participation and other aspects of the program. He informed he has been going throughout the community to share information on the program. Hoyer asked about the price of Vivitrol injections. Agar said the price has not shifted much; the cash price is about $1200, unless you have Medicaid and then it would be available for a $5 copay. District Attorney David Lasee asked how many individuals are currently taking part in the Vivitrol program. Agar responded that there is currently one person utilizing the program through the outpatient clinic. The jail is a little more challenging because sometime people move in and out of the jail faster than they can get them ready for the program. Lasee informed they have similar issues with the Vivitrol program through Prevea. He feels there will be very few who voluntarily wish to go through the Vivitrol program due to the nature of the drug and the addiction. Agar said he has met with jail staff and they will be revising the process within the jail to try to identify and screen individuals who would be appropriate for the program. They are also working with the day report center and downtown location of the jail as there is some capacity for people with Huber privileges to report to the CTC which may result in more people becoming involved in the program.

Judge Zuidmulder brought up the idea of having the Sheriff include this program as part of his health services budget so the Vivitrol program could be available to those in jail which he feels may be a lot more effective. This is a health issue and the Sheriff has to provide health services. Agar responded that in most instances, the County is prohibited from providing treatment in jail and correctional settings because the federal government appropriates

money and say corrections and jails have their own money for treatment. The county is prohibited from providing treatment in the jail for any type of service they can bill for. The grant is an exception which allows the county's AODA counselors to go to the jail to do the assessment and be reimbursed for it, but they do not administer the drug. The jail medical staff can administer the drug testing, pregnancy testing and make sure the person is opiate free before starting the program. Then the person has to have an alcohol and drug assessment so the level of care they need can be determined. Once that is done, then the medical authorizations can be given by a doctor that says it is appropriate for the person to use Vivitrol and then the shot can be provided. This becomes a timing issue between when the person comes into the jail and when they are released. Agar noted that people's motivation is often different in the jail than it is out of the jail. The typical course of treatment on this program is 6 – 12 months.

Agar continued talking about the other brochures he handed out and briefly explained some of the services outlined. One of the things he talked about is targeted case management which is the lowest level of case management. If someone is Medicaid eligible and they have a mental health or alcohol or drug need and they have a need for case management, the level of service provided allows the case manager to identify needs and link people with other resources and be sure they get connected with those services. This is the role of targeted case management. The reimbursement for this is about $24 an hour which does not come close to covering the cost. For people who are suicidal or have a mental health condition that needs immediate help, Medicare can be billed for crisis situations, but it has to be to address a current ongoing crisis. It could also be a higher end issue where they are detained by law enforcement with crisis approval. The role of crisis billing and intervention is to prevent hospitalization.

Agar also talked about Comprehensive Community Services which is the middle layer of services and is a psychosocial rehabilitation program which means someone has to be able to make gains from the treatment they are receiving. They have to develop coping skills or have recovery capacity. If someone has a developmental disability and deficits that no matter how much treatment is provided, they will not make up the deficits, this would not be the appropriate program. There is managed care and long term care services for that. Comprehensive Community Services is fully funded through federal and state dollars and they utilize it as much as they can when the criteria is met.

The highest level of case management provided is for those who are imminently at risk for institutionalization. They have severe and consistent mental illness and need the highest level of case management to keep them safely in the community. If this level of support is insufficient to manage them in the community, those people are then placed at Trempealeau because they need intensive long term psychiatric treatment which our hospital does not provide.

Birmingham said CCS has a wonderful purpose, but she feels it is limiting for those with significant persistent mental illness and it is not appropriate if they are not able to have insight because they have to really be engaged in care and recovery. Agar agreed and added that it is a recovery based program, but some people could continue to be in the program for years and the program would continue to have value for them because some people, minus the support, would be institutionalized. Pritzl added that there is a level up from CCS that may be more appropriate because it is not focused on recovery goals or progression.

Judge Zuidmulder asked where diversion fits into this. Agar responded that diversion is not a program, it is a funding source and it fits within the crisis services. Judge Zuidmulder asked if diversion is used in other programs and Agar said it is. Diversion is part of the whole toolbox of tools available to try to keep people in the community and stabilize them.

Agar continued by describing the services available through outpatient services, more fully set forth in the handout. Services provided include outpatient psychiatric services, substance use disorder services, targeted case management services, comprehensive community services and community support programs. There are two full time psychiatrists in outpatient and they also have time available from others, but Agar noted there can never be enough psychiatric capacity, however, they are currently meeting the needs of individuals without a wait list.

AODA programming was also outlined and Agar outlined the pamphlet information on the primary care group as well as the continuing care group. The intoxicated driver program brings a number of people in as they are mandated to have an assessment and many of those people then go through the intensive outpatient program.

Hoyer thanked Agar for the comprehensive overview and said that we really need to know what services are and are not available so when people start talking about gaps we know what we are dealing with. Hoyer asked if there are areas that staff feels should be expanded to better serve our citizens. Agar referenced the national shortage of psychiatrists and said this burden is something the county shares with other agencies in the community. In terms of need, he feels we are addressing the areas of need. He talked about Adult Protection as an area that needs attention as there are more and more vulnerable people as boomers continue to retire. He noted they are finding much more abuse and neglect of people who are in supportive environments such as nursing homes or CBRFs. Much of the challenges are related to facilities having a hard time employing and retaining people with the right skills as the positions often do not pay very well which has weakened the safety net.

Another area of need is the mental health commitment area because we have many individuals who are under commitment and we have to be doing a very good job making sure they are going to their appointments and are safe and getting their medication and doing other things to take care of themselves, because if they do not, they will either end up re-hospitalized or dead.

Hoyer mentioned the talk of regulatory reform at the national level and noted that it means different things to different people and asked if any of that is trickling down to our local Human Services area. Agar responded that the opiate wave has come and gone but there is funding for heroin treatment. There may also be another wave to address the meth challenge. Agar said later this month he is going to a meeting in Madison regarding the emergency detention process and possible changes to that.

Judge Zuidmulder mentioned the AODA assessments ordered for people who have OWIs because they never get any information back as to who actually follows through with the assessment. He met with someone in the past to ask for the Courts to get a statement back saying who has reported for their assessment and who has not. If there could be a way to get that information, he feels the judges would be very receptive to initiating some type of program where they can continue to have some ability to require people to go to the assessment and follow through. Defendants are told they need to do the assessment to get their license back, and then they get arrested again and they still never did the assessment or got their license and those people are just processed through the system, but the Court has no ability to get any information back as to whether they really went to the assessment and did any follow through. Judge Zuidmulder feels the community is becoming more focused on OWI issues and there are a number of agencies involved in the process, but nobody is working together to make the public policy that the AODA assessment must be done and the person must complete the recommended follow through.

Agar responded that his understanding is that if someone is ordered to have an assessment from an OWI, they have to come to the local agency, in this case, Brown County, and pay the assessment fee and have the assessment. The incentive is that they want their license back. If they do not complete the assessment, they do not get the license back and if they choose to drive without a license that is something Human Services has no control over. If someone does present for an assessment, it is a driver's safety assessment through the DOT as opposed to an alcohol and drug assessment. The driver safety plan assessment identifies the level of care the person needs and the person is then provided a list of treatment providers which could be Brown County or another provider and the responsibility is then on that individual to be self-accountable to the Court and community to go to the treatment. If they do not follow up with the treatment, there is a notification sent to the DOT and the person will not get their license back.

Pritzl said what Agar has explained is the process that is logical and does what they are supposed to do, but there are people who do not operate that way. DA Lasee added that the other issue is in order to get the license back, they have to pay off all their fees and assessments as well as pay the monthly fee for an interlock device. These are typically not going to be the logical thinkers who do what they have to do. Having some ability for the Court to have some control over this may be worthwhile. Judge Zuidmulder said legislatively we need to sever the AODA assessment off from being impeded in any way by paying the fines so they still get the treatment, irrespective of getting their licenses back. Throwing all the other stuff in there is taking the focus off of lot of people who have a social problem and are a danger to the community and need help. He continued that he receives calls from legislators who ask how to increase penalties on drunk drivers and the conversation he will be having with them in the future will be regarding the AODA treatment programs and the ability to get in the programs and keep that separate from any fines and punitive stuff because they need the treatment.

Birmingham asked what the possible results of an AODA assessment could be. Agar said if it is a driver safety plan assessment the minimum would be driver's education, like a class at NWTC that covers the effects of alcohol and driving and how alcohol affects the body and the consequences of it. The next level would be individual counseling or individual and group counseling, or intensive outpatient or residential treatment. Birmingham asked if the location to get the assessment is ever a barrier to people since they should not be driving there if they do not have a license. Agar said often people have occupational licenses and there would also be bus service, so the location should really not be a barrier for those who are motivated to get their license back.

b. Discussion of initiatives taken in other states/counties/municipalities.

Pritzl recalled at the last meeting we talked about prescribers and some of the rules that apply and questions as to who can prescribe and if this varies by state. Pritzl has done some research on this and found that expanding the prescriber pool and options is something that has been talked about for a long time. The American Psychological Association has been talking since 1994 about allowing psychologists to prescribe medications. Currently there are five states that allow this, including two that border Wisconsin - Illinois and Iowa, and they have been doing it since 2014 and 2016 respectively. The first state to do this was New Mexico in 2002. Pritzl feels they likely have oversight and connections to a psychiatrist or physician. He found this information at a speakers task force meeting on suicide prevention where he was also made aware of a package of bills they would like to see advanced, one of which was changing some things around psychologists, but it was pretty limited, but there is a group of people looking at regulations so we may be able to identify some people who are interested in some other pieces to this. Brown County is not alone is some of these but there has not been a ton of progress yet. Agar added that they like psychiatric nurse practitioners

because they have additional training plus their patient interaction is typically different and often gets better results in Agar's opinion.

4. **Projects supported by half-percent sales tax.**
   a. **Crisis Assessment Center Preliminary Design.**
   b. **Discussion – Ideas for 2022-2023 sales taxes for mental health.**

Pritzl talked about the crisis assessment center and informed a lot of design work has been done, but there is not a final schematic yet. He explained this would be constructed as another wing at the CTC and would be very close to the inpatient unit, but completely separate and walled off. It would be approximately 4,000 square feet and would house all of the current Crisis Center functions that are downtown including all the crisis counselors, crisis counseling rooms and some observation rooms. They have a call scheduled with DHS to have a discussion about this part because the detoxification part has not gone exactly as they want and they will see what they say about general stabilization and the observation rooms are still in the plan. The addition will blend in with the overall appearance of the CTC. The inside will be fairly open in appearance. People would come in the front door and will interface with someone who will assess the current issues and then the person would go through the building to a counseling room, to medical screening if there is going to be an admission and then through a few more doors to either the inpatient unit or to the crisis stabilization unit. There has been a lot of discussion regarding who gets in and how they get in. People cannot be locked in until they are in an inpatient setting. There will still be law enforcement interaction as people progress through the process. The final design meeting will likely be held soon, but Pritzl noted they are on track with regard to the budget and a November 2020 opening.

Birmingham asked if this is still only going to be limited medical clearance. Pritzl said the medical clearance will be limited and added that they feel there are a lot of people going to emergency departments because there is no other medical person seeing them. He noted they do not have a full lab on site. Birmingham questions if this is really going to be any better than what we currently have and said she has reservations and feels people may still have to end up going to the ER. Agar said they believe the majority of people do not need a full medical clearance and battery of tests and they feel they will be able to clear the majority of people on-site. Judge Zuidmulder added that he deals with many of these people who have borderline personalities and there is a lot of drama. They are in the ERs all the time and that is very frustrating to the police. Law enforcement would likely say that only about 5 – 10% need full medical clearance. He reassured Birmingham that he does not feel officers would bring people to the facility if they do in deed need full medical clearance. Agar added that the time in custody will also likely be reduced because law enforcement will not be bringing these people to multiple locations.

5. **Detoxification.**

This item was not discussed.

6. **Outreach efforts.**

This item was not discussed.

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

Hoyer thanked those present for their attendance. The next meeting date was discussed and January 15, 2020 at noon was set.

8. **Adjourn.**

The meeting ended at 1:12 pm.

It is again noted that there was not a quorum at this meeting and not action was taken.

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

BROWN COUNTY HEALTH & HUMAN SERVICES
111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188

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

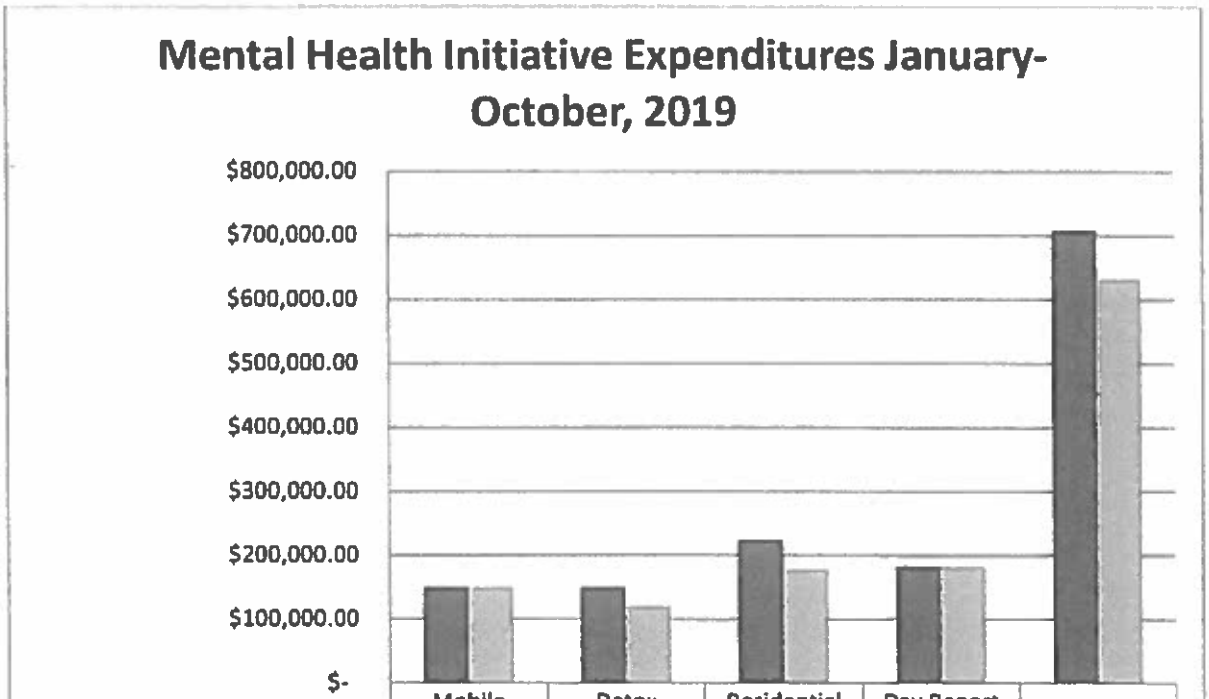
To: Mental Health Treatment Sub-Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: October 16, 2019

Re: 2019 Expenditures YTD

The chart below provides a summary of expenditures in the four different areas for January-October, 2019. This information is current through October 11, 2019.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
Amended Budget (Pro-rated)	$150,000.00	$150,277.50	$225,000.00	$183,110.00	$708,387.50
Expenditures	$150,000.03	$120,228.48	$178,859.10	$183,109.50	$632,197.11

Brown County's Vivitrol Program

Research has indicated that medication alone is not enough to sustain recovery from Substance Use Disorders. Because of this, Brown County HHS Department requires that consumers that are participating in the Vivitrol program engage in therapy in addition to receiving monthly injections. Failure to follow through with program expectations could result in a discontinuation of medications and discharge from the program. Responsibilities of the consumer include:

- Attend a weekly Vivitrol group and providing a UA sample at that time.
- Attendance and active participation in AODA treatment.
- Work towards abstinence from all mood altering substances, including alcohol.
- Receive all injections on time.
- Meet with an individual counselor as needed to discuss issues related to recovery.
- Meet with a prescriber as needed in order to monitor progress in the Vivitrol program.
- Sign releases to any other medical

Providers. We want to work with you, so please inform us if any modifications or alternative arrangements are needed to make your treatment experience successful.

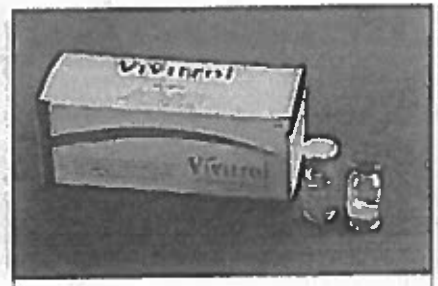
FAQ

Are there side effects from the injection? –There have been some known side effects but they are not certain to occur. Common ones include fatigue, headaches, and soreness at the injection site. These will be reviewed more thoroughly when you see a clinician.

What if I use other substances while on Vivitrol? Vivitrol does not have any effect on substances other than opiates (and to some extent, alcohol). Our program goal is abstinence from all substances, but we do understand that relapses occur. If this does happen, we expect consumers to continue to work with their clinicians to construct a relapse prevention plan. In the event of ongoing or dangerous use, a referral to a higher level of care will be made.

Am I eligible for services? Two grants through DHS to Brown County ensure that people should be able to get initial injections through Brown County or the jail. Continued services will require insurance coverage compatible with Brown County HHSD. We serve BadgerCare Plus and Unity clients, as well as some commercial insurance.

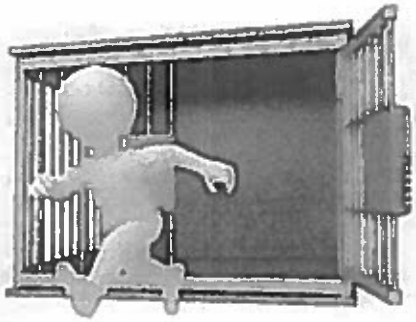
What other services are available? – Consumers that participate in this program are eligible for all other Outpatient services including groups, individual counseling, and psychiatry services where needed.



What is Vivitrol?

Vivitrol is an opiate **blocker**

Vivitrol is an injectable medication that is provided every 28 days to block the effects of opiate use. The result is that even if you do use, you will not feel the effects. Most people also experience a significant reduction in cravings while on this medication. Typical course of treatment for Vivitrol is 6-12 months.



What if I say yes to Vivitrol while I am in the Brown County Jail?

If you express interest in Vivitrol after going through detox, your name will be given to Brown County Health and Human Services clinicians by the jail medical staff. These clinicians will then come to see you in the jail to assess your appropriateness for the program. Due to high levels of interest please do not submit your name for referral if you are not fully invested or will not be available to participate in treatment services in the community.

Brown County HHSD

3150 Gershwin Drivel
Green Bay, WI, 54311

https://www.co.brown.wi.us/departments/?department=dd09bd30c78e&subdepartment=542b4bc5bcbd

Treatment with a Medication Component

Due to the need for concurrent therapy along with medication for opioid use disorders, the term "treatment with a medication component" is replacing "medication assisted therapy" in order to emphasize the importance of therapy in the recovery process.

Best outcomes are achieved with medication *and* treatment

BROWN COUNTY HUMAN SERVICES

Brown County Community Treatment Center
Outpatient Clinical Services Division
3150 Gershwin Drive
Green Bay, WI 54311

Phone (920) 391-6940

BROWN COUNTY HUMAN SERVICES
COMMUNITY TREATMENT PROGRAM OUTPATIENT ADULT SERVICES

The Brown County Human Services Department provides comprehensive programming for adults with mental health and substance use issues who lack the resources to obtain services elsewhere in the community. Consumers work with a multi-disciplinary team to identify their needs and develop treatment plans that reduce the need for inpatient hospitalization and maintain the least restrictive living environment.

Individuals seeking services must:

- Be residents of Brown County
- Have a mental health or mental health and substance use issue that requires treatment or intervention
- Have difficulty in obtaining services elsewhere

Services include:*

- Outpatient Psychiatric Clinic
- Substance Use Disorder Services
- Targeted Case Management Services
- Comprehensive Community Services Program
- Community Support Program

**Mental Health and Substance Use services are funded in part, through Medicare, Medicaid-Title 19 and private insurance.*
**Fees may be charged for some services.*
**Certain programs may require Medicaid enrollment.*

1. OUTPATIENT PSYCHIATRIC SERVICES:

The Brown County Human Services Outpatient Psychiatric Clinic is committed to providing quality medication management services to the residents of Brown County. We have a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers, and nursing staff.

General Eligibility:

- Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

Services Offered:

- Initial assessment and diagnostic sessions (approximately 50-60 minutes)
- Follow-up medication management sessions (approximately 15-20 minutes)
- Nursing staff that coordinate injection clinic services for those requiring injectable psychiatric medications.

2. OUTPATIENT SUBSTANCE USE DISORDER TREATMENT SERVICES

The Brown County Human Services Outpatient provides quality treatment services to the residents of Brown County in need of programming for substance abuse services. Services are provided by Certified Substance Abuse counselors under the supervision of a Clinical Supervisor and psychiatrist.

General Eligibility:

- Adult Brown County residents who are generally unable to be served elsewhere.

This would include those without insurance and/or ability to pay other than a sliding scale fee, and those enrolled under some Medicaid HMO plans.

Services Offered:

- Initial assessment session (approximately 90 minutes)
- Individual and family/couples sessions (approximately 45-50 minutes)
- Primary Care Group treatment (meets three times/week for 90 minutes)
- Continuing Care Group treatment (meets once/week for 90 minutes)

3. TARGETED CASE MANAGEMENT

The Brown County Human Services Community Treatment Program exists to provide comprehensive programming to adults who are Brown County residents and in need of mental health and/or AODA services.

Case managers and adult consumers with chronic mental illness and/or substance use disorders work together to develop a treatment plan that best meets their needs. Case managers provide support and assistance in accessing community services. They generally do not provide therapy, but will assist consumers with referrals as needed. Services are provided to consumers on both a voluntary and court-mandated basis.

An assessment is completed in order to determine eligibility for targeted case management. Criteria assessed for include psychiatric and AODA inpatient stays, need for crisis services, diagnosis, level of functioning in all areas, and ability to access services.

Services Provided by Case Managers Include:

- Working with consumers to develop a treatment plan
- Coordinating appointments and psychiatric/AODA treatment
- Assisting in accessing psychiatric medications
- Developing plans and support to address crisis situations
- Monitoring cooperation with court-ordered treatment (as needed)

4. COMPREHENSIVE COMMUNITY SERVICES

Comprehensive Community Services (CCS) is a community based rehabilitation program that provides consumer centered and directed psychosocial services that promote recovery.

CCS is designed to empower consumers to take an ***active*** role in treatment and recovery and engage in positive relationships with staff and peers. As part of the program, CCS consumers will have a Recovery Team. The Recovery Team, identified by the consumer, participates in needs assessment, service planning and delivery, supportive activities, and the evaluation of desired outcomes.

Individuals seeking services must:

- Be residents of Brown County
- Have a mental health and/or substance use issue that requires treatment or intervention
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen
- Be willing to participate (voluntary enrollment)

Services offered (but not limited to):

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Mental Health Education

5. COMMUNITY SUPPORT PROGRAM

A Community Support Program (CSP) is a coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment plan and qualified staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services. These programs are for people needing intensive monitoring in the community.

CSP has a multidisciplinary team consisting of case managers, mental health technicians, RNs and psychiatry dedicated to individuals enrolled in services. In addition, direct services are provided by CSP staff or in conjunction with staff from other funding sources.

Brown County has an internal CSP and also contracts with Villa Hope CSP in Green Bay.

Individuals seeking services must:

- Be residents of Brown County
- Have a chronic mental health that requires repeated acute treatment or prolonged periods of institutional care
- Exhibits persistent disability or impairment in major areas of community living
- Be enrolled in Medicaid
- Be deemed eligible via the state-approved functional screen

Services offered (but not limited to):

- Needs assessment
- Medication monitoring and management
- Daily living skills supports
- Assistance obtaining:

- Services to meet physical and dental health needs
- Needed legal services
- Needed transportation services
- Financial support and money management services
- Living accommodations

To Inquire Further or Make a Referral:
Contact Jamie Murphy, MSW, APSW, SAC at 920-391-4723.

Case Management Services Overview

People with needs related to mental health, substance use, aging or disabilities can qualify for case management services when they meet functional and financial eligibility requirements. Brown County Health & Human Services provides a number of programs for these case management services, and receives funding either through an allocation by the State of Wisconsin, or through billing of Medical Assistance (BadgerCare).

Case Management Service	General Description	Eligibility	Funding (Allocation, Billing, etc.)	Current Enrollment
Targeted Case Management (TCM)	Targeted Case Management services can be provided to children and adults who have a need for coordinated services due to a mental illness, substance use dependency, physical disability, developmental disability, aging, or a Severe Emotional Disturbance.	Functional requirements including validation of the condition.	Case management is billed to Medical Assistance. Services are billed separately by providers.	293
Community Support Program (CSP)	The Community Support Program (CSP) is for adults living with a serious and persistent mental illness. CSPs provide coordinated professional care and treatment in the community that includes a broad range of services to meet individual's unique personal needs, reduce symptoms, and promote recovery. CSPs are designed to be capable of providing services that can be tailored to the individual's needs at any given time, ranging from minimal to intensive, or a level that might otherwise require care in a hospital setting.[1]	Qualifying mental health diagnosis that imposes a disability in daily living and a risk of a continuing pattern of hospital or institutional care. Examples of a qualifying mental health diagnosis include Schizophrenia or Bi-Polar Disorder.	Allocation/Contract with DHS	BC =19 Villa Hope = 48
Comprehensive Community Services (CCS)	Comprehensive Community Services (CCS) is a program for individuals of all ages who need ongoing services for a mental illness, substance use disorder, or a dual diagnosis beyond occasional outpatient	Qualifying mental health diagnosis and functional impairment in one more life	Service facilitation (case management) is billed as a service. Other	127

	care, but less than the intensive care provided in an inpatient setting. The individual works with a dedicated team of service providers to develop a treatment and recovery plan to meet the individual's unique needs and goals. The goal of this community-based approach is to promote better overall health and life satisfaction for the individual.[1]	domains.	services are billed separately.	
Children's Long Term Support (CLTS)	The Children's Long-Term Support (CLTS) Waiver Program is a Home and Community-Based Service (HCBS) Waiver that provides Medicaid funding for children who have substantial limitations in their daily activities and need support to remain in their home or community.[1]	Eligible children include those with developmental disabilities, severe emotional disturbances, and physical disabilities.	Allocation/Contract with DHS	471

[1]Information on program descriptions was obtained in whole or part from Wisconsin Department of Health Services websites.

Crisis Services are also provided under DHS 34, which provides support to individuals within the county that have crisis needs defined as follows:

"Crisis" means a situation caused by an individual's apparent mental disorder which results in a high level of stress or anxiety for the individual, persons providing care for the individual or the public which cannot be resolved by the available coping methods of the individual or by the efforts of those providing ordinary care or support for the individual. Eligible individuals are county residents or persons in the county. Services are billable to Medicaid if a client is eligible or has Medicaid coverage.

"Welcome to our support community"

We prioritize treatment of pregnant women and women with dependent children

Counselors provide substance abuse treatment in the following languages:

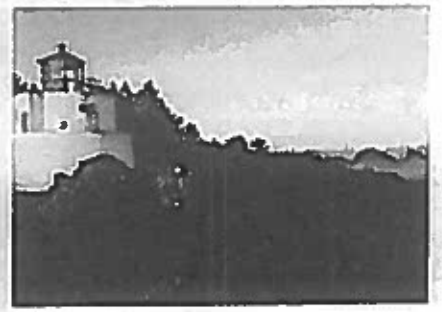
- English
- Spanish

And on-call interpreters provide translation in:

- Hmong & Some Other Languages

"We loved how you could come here for answers and never be judged—it's a safe, confidential, judgment-free zone!"

Come Share & Recover!



Substance abuse services offered by us:

- Intake, assessment, or referral
- Substance abuse treatment focusing on establishing and maintaining your recovery from substance abuse and on preventing relapse

We offer treatment services to individuals with:

- substance abuse issues
- both mental health concerns & substance abuse issues

Contact us at 920-391-4720

3150 Gershwin Drive
Green Bay, WI 54311

Brown County Alcohol & Other Drug Abuse (AODA) Programming:

Primary Care Group

Continuing Care Group

Individual Counseling

Hispanic AODA Group

IDP Assessments

AODA Prevention

Primary Care Group

- 8 week Intensive Outpatient (IOP) group that meets 3 times per week for 1.5 hours each session.
- Meets Mondays, Wednesdays, & Thursdays in mornings or evenings
- Family Group is offered to provide education & support for family & those in relationships with clients

Continuing Care Group:

- Usually completed after Primary Care, for client with past AODA treatment & stability & sobriety already established
- 16-week Aftercare/Relapse Prevention, meets once weekly for 1.5 hours, in mornings or evenings

Spanish-Speaking AODA Group:

- 24-weekly sessions, meet for 1.5 hours each
- Both morning and late afternoon groups are available

AODA Prevention

The inappropriate use of alcohol and other drugs can have a powerful effect on the health of individuals, their families, & their communities. Brown County is committed to preventing misuse of alcohol and drug abuse by encouraging all residents to make healthy choices regarding the use of alcohol and drugs. Brown County receives funding through an AODA SAMHSA Prevention grant and actively collaborates with 2 Brown County AODA coalitions.

Intoxicated Driver Program:

- If you are convicted of an Operating While Intoxicated (OWI) offense, court will order you to receive an alcohol and other drug assessment.
- If you are a resident of Brown County, please appear in person with a money order for $275 to schedule an assessment.
- After completing the assessment, you will receive a driver safety plan.
- If that driver safety plan requires you to go through treatment, there are a number of agencies to choose from.
- If you don't have insurance, this and other agencies offer services for fees based on your income/ability to pay