BOARD OF SUPERVISORS
Brown County

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HUMAN SERVICES COMMITTEE
Patrick Evans
Dan Robinson, Erik Hoyer,
Dan Haefs, Pat La Violette

HUMAN SERVICES COMMITTEE
Wednesday, March 25, 2015
5:30 p.m.
Room 200, Northern Building
305 E. Walnut Street

NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON ANY ITEM LISTED ON THE AGENDA

****REVISED****

I. Call Meeting to Order.
II. Approve/Modify Agenda.
III. Approve/Modify Minutes of February 25, 2015.

Comments from the Public

Report from Human Services Chair, Patrick Evans

1. **Review Minutes of**:
   a. Board of Health (January 13, January 20 and March 3, 2015).
   b. Human Services Board (March 12, 2015).
   c. Veterans Recognition Subcommittee (February 17, 2015).

Communications

2. Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In-patient Mental Health & AODA County Services; Community Mental Health and AODA County Services; Mental Health and AODA services offered by the community in general with which the County has a partnership. *Motion at February Meeting: To make this a standing item until such time as dispensed of.*
3. Communication from Supervisor Robinson re: Request a representative of Strategic Behavioral Health, which is proposing a psychiatric hospital be built in Brown County, appear before the Human Services Committee to discuss the hospital proposal and any potential impact.
4. Communication from Supervisor Robinson re: Because of the potential negative impact on our County's Aging and Disability Resource Center from provisions within the proposed State budget, request the County Board pass a resolution in support of the ADRC, modeled upon a resolution passed by Ozaukee County.
5. Communication from Supervisor Moynihan re: Letter from Executive Director of Family & Childcare Resources of N.E.W. to proclaim 5/8/2015 as Child Care Provider Appreciation Day.

6. Communication from Supervisor Hoyer re: Assessment of outdoor coal piles on the western shore of the Fox River as a health risk and a source of airborne pollutants, as well as proposals for remediation and elimination of the health consequences on our citizenry.

Veterans Services

7. Budget Status Financial Report, December, 2014 (unaudited).

Health Department

8. Budget Adjustment Request (15-19): Any increase in expenses with an offsetting increase in revenue.

Human Services Department

9. Resolution re: Helping families move from homelessness to self-sufficiency. *Standing Item until such time that there is action to be taken.*
10. Budget Adjustment Request (14-116): Any increase in expenses with an offsetting increase in revenue.
11. Executive Director's Report.
12. Resolution re: Change in Table of Organization for the Human Services Department – Social Services Aide I.
13. Financial Report for Community Treatment Center and Community Programs.
14. Statistical Reports.
    a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.
    b. Monthly Inpatient Data – Bellin Psychiatric Center.
    c. Child Protection – Child Abuse/Neglect Report.
    d. Monthly Contract Update.
15. Request for New Non-Continuous Vendor.
16. Request for New Vendor Contract.

Aging & Disability Resource Center

16a. Update re: Enrollment Counseling for Family Care.

Syble Hopp – No agenda items.

17. Such other Matters as Authorized by Law.
18. Adjourn.

Patrick Evans, 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 BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, February 25, 2015 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin

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Present: Chair Evans, Supervisor La Violette, Supervisor Hoyer, Supervisor Robinson
Excused: Supervisor Haefs
Also Present: Ian Agar, Jerry Polus, Devon Christianson, Nancy Fennema, Tim Schmitt, Supervisor Campbell, Chua Xiong, Chad Weininger, other interested parties.

I. **Call Meeting to Order.**

The meeting was called to order by Chairman Patrick Evans at 5:33 p.m.

II. **Approve/Modify Agenda.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. **Approve/Modify Minutes of January 28, 2015.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Comments from the Public

-Mc Kenzie Erickson, 807 Beaumier Street, De Pere, Wisconsin – Erickson noted that she was a student at UWGB and was attending the meeting along with a number of other students as part of an assignment for her social policies class.

Evans welcomed Erickson and the rest of the students and encouraged them to stay after the meeting to meet staff and ask any questions they had.

Report from Human Services Chair, Patrick Evans

Evans reported that he had recently attended a meeting with the President and Board Chair of Family Services and they are working on their strategic plan and are interested in solidifying their partnership with the County. Evans noted that Committee members may be contacted to share their input.

1. **Review Minutes of:**
   a. **Aging & Disability Resource Center Board Meeting (January 22, 2015).**
   b. **Community Options Program Planning Committee (January 26, 2015).**
   c. **Human Services Board (February 12, 2015).**
   d. **Veterans Recognition Subcommittee (January 20, 2015).**

Supervisor Robinson indicated that he would like to pull Item 1c for discussion. Robinson asked what the Nicolet Governing Body referenced in the Human Services Board Minutes of February 12, 2015 is. Interim Human Services Director Nancy Fennema responded that when they received the survey at Nicolet Psychiatric Hospital, one of the State's concerns was what the current governing body was. Fennema stated that in order to meet the needs of the State as well as the psychiatric hospital, a decision was made to establish the Human Services Board as the governing body of the psychiatric hospital. This means that a member of the Human Services Board will be on the quality assurance and performance improvement committee of the hospital and that regular meeting minutes will come from the psychiatric

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hospital through the Human Services Board. Robinson noted that according to the County rules the Human Services Director needs to attend the meetings at the CTC in order to qualify as the governing board. Fennema responded that that is one portion of it, but the other portion is that the way the by-laws were previously written, the Human Services Director must review certain items monthly and the body was not doing that, nor was the Director consistently present so those requirements were not met. Evans noted that policy is being changed to make sure that the onus is not on the Director alone.

Robinson asked if this moves forward the way it is intended, who has to be in attendance to qualify as an additional meeting. Fennema responded that the Board is the governing body and the Human Services Board is the oversight committee of the psychiatric hospital. Robinson continued that he has been to some of these meetings and although the Human Service Board is made up of good people, they do not strike him from a knowledge and training standpoint to understand the kind of data and information shared in meetings. Fennema did not share Robinson's concern. Robinson asked what the added value is of the Human Services Board as the Board does not strike him as having a lot of expertise as to the CTC and how it functions. Fennema responded that it boils down to common sense and further that everything is documented and she does not feel there is need for concern. Evans asked Fennema if she could have a report put in the Human Services Committee for review. Fennema stated that she would be able to do this in April. She noted that they are working as fast as they can and in talking with the hospital administrator, she was advised that most of the information will be ready for the March Human Services Board meeting.

Robinson asked if there were any guidelines for membership on the Human Services Board such as someone with a background in mental health services or inpatient care. Evans responded that it is a politically appointed board and Fennema noted that there are a number of County Board members on the Board as well as interested community members with various backgrounds.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 1 a, b and d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Items 1 a, b and d. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Item 1 c. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications

2. **Communication from Supervisor Robinson re: That the new County Human Services Director and the Human Services Department staff put together a report to be presented at the August Human Services Committee, with monthly updates to the Committee that examines: CTC/In-patient Mental Health & AODA County Services; Community Mental Health & AODA County Services; Mental Health and AODA service offered by the community in general with which the County has a partnership.**

Supervisor Robinson indicated that he brought this communication as he feels there is need for the County to take a holistic look at how mental health and AODA services are being provided. He thanked Fennema for the conversation they shared with regard to this. Robinson noted that he has had conversations with a number of people in the community and it strikes him from some of the recent issues at the CTC and some of the detox issues as well as concerns raised by service providers that the County works with that rather than try to solve these issues in isolation it would be more beneficial to come up with a more comprehensive plan. Robinson would like to see the County move steadily towards a comprehensive plan and he would like to have monthly updates on progress. His intention is that the more pressing issues get folded into the 2016 budget and if this is not well on its way by August he did not feel that would be possible. Robinson continued that he realizes that this is an ambitious target, but he does not feel it is acceptable to push this out for another year. He would like to see this as a standing item on the agenda until August.

Supervisor La Violette stated that she is very supportive of this, but she is also sensitive to staff time. She realizes that there are a number of things going on in the Human Services Department right now and she hoped that the Board does something with regard to work done and information provided by the Department as she has seen a number of

times in the past when staff puts a great deal of time and effort into an issue and the Board does not do anything to implement suggested changes or plans.

La Violette continued that most of the budget is put together by August. Director of Administration Chad Weininger agreed and indicated that after August, it would be more difficult to make changes for larger dollar items; however, smaller items may be easier. Robinson assumed that the Human Services staff would be in contact with administration to bring the needs to the surface. Weininger noted that departments get their budget targets at the end of June.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to make this a standing item until such time as dispensed of. Vote taken. MOTION CARRIED UNANIMOUSLY

Health Department

3. **2014 to 2015 Carryover Funds.**

Robinson noted that the list of carryover funds only shows a dollar amount for Veterans and not the other departments and he would like to know the amounts of the carryovers for all departments. Evans suggested that this be held until the next meeting for figures to be provided.

Weininger stated that what is designated as "all funds" is listed because Administration is still working on finalizing numbers. Raw numbers would be available, but specific numbers are not available at this time. Weininger stated that the carryover funds refer to funds that have budgeted for specific projects, but the projects have not been completed so the funds already budgeted are being carried over until 2015. He stressed that the projects have all been approved and the carryover funds will not be used for any other purposes. Weininger noted that this same issue also came up at the last PD&T meeting and they resolved it by scheduling a special meeting prior to the County Board meeting on March 18. Although Robinson was agreeable to a special meeting, Evans did not want to hold a special meeting, but suggested not taking action at tonight's meeting on the carryovers for the Health Department, ADRC and Human Services. He will pull the items at the County Board and fill in the appropriate dollar amounts.

No action taken.

Veterans Services

4. **2014 to 2015 Carryover Funds.**

CVSO Jerry Polus explained that each year any remaining balance in the emergency fund is carried over to the following year, however, they still budget for the emergency fund and this has always met the needs. Last year Polus's office received several large donations that were unexpected and this resulted in these carryover funds. Polus noted that they provided over $20,000 in emergency assistance to veterans, but the $27,500 was still left to carryover.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center

5. **Family Care Transition Update.**

ADRC Director Devon Christianson, Nancy Fennema and Supervisor Campbell addressed the Committee. Fennema provided a handout, a copy of which is attached.

Fennema stated that the responsibility of the Human Services Department in the Family Care transition is simply to keep the waiver programs going and keep clients on the programs until the transition is complete. She indicated that they are in the process of laying off approximately 58 individuals and fortunately, through attrition and because the transition planning started last year, a large number of those employees were LTEs. Fennema noted that the stress in the Human Services Department is real as the workforce is reduced and it is a very difficult time for all employees. She noted that although the workforce is being reduced, the change in the number of people that need support is not

changing. Fennema concluded that although this is difficult and a challenge for many people, she remains optimistic that this is in the best interest of the 1600 people that are transitioning to this new model of care and the ultimate is that there will not be waiting lists and people will be able to access services immediately.

Christianson also provided a handout, a copy of which is attached. Christianson stated that Corrie Campbell is a member of the ADRC Board and has been a great advocate for things happening within the organization and has helped figure out ways the transition will be managed. It was noted that there are some different things in this region concerning the transition than any of the other transitions in other regions. Christianson stated that she is approaching this with optimism and it is a good thing that Family Care is coming to this community. There are some challenges and she wants to be sure she is communicating these challenges. She noted that there are two managed care organizations that are coming into the community instead of one along with the self-directed option called IRIS. Another self-directed option has recently been released which is another IRIS program but with another company that will be called an IRIS consulting agency. Right now TMG is the name of the company that administers IRIS and Lutheran Social Services has also been awarded a second option through a bidding process through the State. People transitioning will have four choices to weed through as they make their decision as to where they want to enroll. This is a huge difference and it does impact the workforce and the people with things moving differently than they have in the past. Christianson continued that in the past the Human Services Department has been the agency that handled the enrollment counseling for the current consumers as they made the choice into one of the new transition organizations. Because of the multiple choices, the State has pressed and wants the ADRC to be the doorway for the current consumers. In comparison, Human Services has about 45 – 50 case managers and the ADRC has 17 but still needs to touch all of the same consumers to do the enrollment process.

Christianson continued that some of the challenges are logistical such as the number of staff and number of consumers and wanting to make this as smooth as possible. She noted that the ADRC and Human Services have a great relationship and have been meeting regularly. Because the State knew that this would be a large challenge in making sure that people get the enrollment counseling that is necessary, the State provided some strategies. These strategies include holding group enrollment meetings and holding phone conversations instead of going to each individual home as well as some other strategies. Christianson stated this is unfamiliar territory, but they want consumers to move through this process without any interruption in service and be sure that the County is not a barrier in getting through the process.

Christianson continued that there will be a four month period to enroll and a certain amount of people need to be enrolled in each of the months. Brown County will begin the enrollment counseling next week and will begin group meetings in a variety of locations. They will deploy as much staff as possible to be available after group presentations to do enrollment right away. If this does not work for people, other arrangements will be made including home visits when necessary. Christianson noted that July 1 is when the actual transition will occur and by that time they will need choices made by 872 people and then another 218 will transition in August, September and October. The second part of the transition period is the waiting list. A choice was made to start taking people off the wait list as soon as they can which is the July 1 day as well.

Initially the State had promised funds to help with the transition, but those funds were then frozen. The funds were going to be used for eight additional staff, but this will no longer be possible. Campbell wanted to make sure that the Board was kept up to date on the transition and know that the goal is to make this a smooth, efficient transition and they are employing every strategy available to get this to work well.

Supervisor Campbell stated that there are 17 staff members to enroll 1526 people. The additional eight that they had counted on from the State have been cut. Campbell noted that Door County added two additional County funded positions to assist with transition into Family Care. She wanted the Committee to be aware that if it becomes evident that there is not enough staff to implement this, the ADRC may have to approach the Board for help. She felt optimistic and felt that the ADRC has some of the most competent people on staff to carry out the transition, but it is obviously a big project with a number of choices and decisions that need to be made. Campbell wanted to make the Committee aware of the fact that they may be back in July asking for help. Hoyer asked if help would come from LTEs and Campbell stated that they would look at the way Door County is handling this.

Robinson asked what the consequences to the County would be if people were not enrolled on schedule. Christianson responded that she had asked that, but did not receive a clear answer. The consequence from her point of view would be consumers not having the services and resources they need and she will do whatever is possible to avoid this. Christianson assured that no patients will be dropped and noted that the State will stop funding long term care programs in October.

Robinson asked what would happen if they get to July and find that they are not able to get the target number of people enrolled. He noted that if a request for additional help came to this Committee in July, it would not go to the full Board for approval until the third week of August, and then people would need to be hired and trained. Robinson asked if there would be any way to determine staff needs before July. Christianson stated that because they are starting group meetings next week, they should have a handle on things by the end of March. She noted that there are 100 people signed up to attend the meeting at ASPIRO but she does not know how many will actually sign up. Christianson felt by the end of March she should see a pattern developing and would be able to have a good sense as to how the strategies are working.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Human Services Department

6. **Resolution re: Helping families move from homelessness to self-sufficiency.** ***Standing Item until such time that there is action to be taken.***

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to hold for one month. Vote taken. MOTION CARRIED UNANIMOUSLY

7. **Budget Adjustment Request (15-07): Any increase in expenses with an offsetting increase in revenue.**

This budget adjustment is the result of a net increase of nine clients serviced under the funding code of CIPIIMFP during the 2014 budget year. Because it is difficult to determine when clients will pass away and when clients will come onto the plan, the budget adjustment is being done at this time. The budget adjustment reflects both the increase in revenue from the State and the increase in expenses associated to the additional number of clients serviced during the year.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

8. **Budget Adjustment Request (15-08): Any increase in expenses with an offsetting increase in revenue.**

This budget adjustment is the result of a net increase of one client serviced under the funding code of CIP1B during the 2014 budget year. Because it is difficult to determine when clients will pass away and when clients will come onto the plan, the budget adjustment is being done at this time. This budget adjustment reflects both the increase in revenue from the State and the increase in expenses associated to the additional number of clients serviced during the year.

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

9. **Executive Director's Report.**

Robinson thanked Fennema for including the list of open positions in the Human Services Department and asked if the number of openings is typical. Fennema responded that in her time in the department the list seems to be typical and she does not find anything concerning in the report. She noted that economic supports goes through peaks and valleys throughout the year and some of the movement comes from their interest in trying to retain employees by hiring for vacancies internally before going outside.

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Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

10. **Detox Update.** ***Motion at January Human Services Committee: To send to Human Services staff to come up with background/history as to when and why detox funding stopped and do research on the detox programs in other counties, including Dane County, and present to the Human Services Committee and further to direct staff to participate in community group activities to come up with a solution for detox for alcohol and heroin.***

Behavioral Health Manager Ian Agar and Nancy Fennema addressed the Committee. A handout was provided, a copy of which is attached. Agar reviewed the handout with the Committee and indicated that he will continue to provide additional information in the next several months.

Robinson noted that Agar has been a part of a local group of law enforcement officials and non-profit service providers that are looking to make a proposal and asked Agar what the status is. Agar responded that a proposal had been made for an 8 bed stand-alone detox facility and he thought the costs associated with that were in the neighborhood of $1.2 million dollars. Robinson wished to make it clear that he had attended the meeting Agar referenced because he was invited to it and that he did not ask them to do anything. Robinson did say that once there is a presentation and proposal, the group may want to present the same to this Committee.

Robinson asked Agar if his opinion with regard to a stand-alone facility would assume that the County would provide the facility. Agar did not think there were any assumptions and continued that local hospitals may try to collaborate to form a solution and it is his understanding that those entities may have a vested interest in collaborating with the County instead of saying that the County Human Services Department needs to fix the detox problem. Robinson recalled one option was for the County to contract with a hospital to provide space for a detox facility. Agar felt that may be a possibility but did not know if there was a specific hospital legitimately interested due to the amount of administrative work associated with detox. Robinson continued that the community offers a range of services to help someone go from alcohol addiction to sobriety but what we are talking about is the door for some folks to get into that process for detox.

Robinson asked Agar if it is his sense that as we look at this issue, we should wait for the community group to come up with a proposal or if the County is also working on a way to address this. Agar responded that his opinion is that we are waiting for a collaborative approach to resolve this and he felt that it would be a mistake for the County to assume responsibility for the entire issue. He feels this is a community responsibility and also that the costs associated with delivering this service will be substantial. Fennema agreed with Agar and felt that the County is in a waiting position on this at this time. Fennema noted that the importance of this is not isolated to detox and psychiatric services as it also runs through children, youth and families, juvenile justice and on and on.

Robinson asked if there may be any potential to garner business from surroundings counties if Brown County were to offer a facility in collaboration with our community providers. Agar responded that it would be possible but he did not go as far as to say it was probable and stated that it would be beneficial for Brown County to learn more about the status of the Marinette County regional opiate treatment facility.

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

11. **Financial Report for Community Treatment Center and Community Programs.**

Finance Manager Tim Schmitt referred to the financial report in the agenda packet and indicated that the CTC is forecast to post a deficit due to low census number at the CBRF while Community Programs is forecasted to be at or close to budget.

Robinson noted that he was confused by the first paragraph of the summary in the agenda packet as it was budgeted to post a deficit in 2014. Schmitt explained that Community Programs is at budget and this was pointed out to show that Community Programs was budgeted at a deficit. Robinson asked if it was ever figured out what account was being used to make up the larger than anticipated deficits. Schmitt answered that funds would come out of the fund

balance and noted that there is currently a draft of a procedure that was developed last fall to allocate a certain percentage of the budgeted expenses as a reserve within the fund balance and they have reserved a portion of the Community Programs fund balance for deficits at CTC. Schmitt continued that they reserved 2% of CTC's expenses as a category within the fund balance. In terms of reserves for operational contingencies in Community Programs, 2% has also been reserved. If the deficit at CTC exceeds $273,000, it will be necessary to utilize the contingency set aside in Community Programs because at this point it is felt that the entire $1.2 million dollars will not be needed. Robinson asked Schmitt if he had a guess as to what the CTC's deficit spending might be. Schmitt noted that it was projected to be in the $700,000 area. Schmitt stated that they do not anticipate having to use any of the high cost client funds for this.

Robinson asked Schmitt how much was expected to be used for high cost clients in 2014. Schmitt stated that he ran a report earlier in the day that showed it looked like they would break even, but he noted that this could change as they are not fully closed with Community Programs. Robinson asked what was typically used over the last four or five years out of the high cost client funds. Schmitt responded that Community Programs over the last few years has posted surpluses so money was put back into the general fund and because of that they did not utilize any of the high cost client funds. Schmitt continued that if you look at each individual program area, however, some of the areas did have excess costs, but the Community Programs in total had surpluses. With regard to the CTC, deficits have been posted for the last several years. Robinson stated that it is a cost labeled for high cost clients, but felt it is acting more as a cushion for the budget as a whole. Schmitt responded that the way the new policy is that was established last year, it is assigned to high cost clients and so far based on 2014 preliminary results, it will not be needed in 2014 and will be carried over to 2015. If it is used in 2014, there would be a deficit.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

12. **Statistical Reports.**
    a. **Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
    b. **Monthly Inpatient Data – Bellin Psychiatric Center.**
    c. **Child Protection – Child Abuse/Neglect Report.**
    d. **Monthly Contract Update.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to suspend the rules and take Items 12 a – d together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Hoyer, seconded by Supervisor La Violette, to receive and place on file Items 12 a – d. Vote taken. MOTION CARRIED UNANIMOUSLY

13. **Request for New Non-Continuous Vendor.**

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

14. **Request for New Vendor Contract.**

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Syble Hopp – No agenda items.

15. **Such other Matters as Authorized by Law.** None.

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16. **Adjourn.**

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to adjourn at 6:49 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

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PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, January 13, 2015
5:00 PM

Present:	Audrey Murphy, J.J. Tibbetts, MD, Susan Paulus Smith, Harold Pfotenhauer, Richard Schadewald
Excused:	Joe Van Deurzen
Staff Present:	Judy Friederichs, Chua Xiong, Rob Gollman, Patti Smeester, Debbie Armbruster, Jason Aho, Lisa Hodgins
Others Present:	Bill Acker, Melissa Kitchenakow, Chris Culotta from Wisconsin Division of Public Health

1. **Call to Order, Welcome, and Introductions**
   Brown County Health Department staff and Board of Health introduced themselves as well as all others present.

2. **Approval / Modification of the Agenda**
   MOTION: To approve the agenda as presented. Tibbetts/Pfotenhauer
   MOTION CARRIED

3. **Approval of Minutes of November 11, 2014**
   A suggested spelling revision was requested.
   MOTION: To approve the minutes as corrected. Tibbetts/Pfotenhauer
   MOTION CARRIED

4. **Certificate of Level III Designation to the Health Department**
   Chris Culotta, the NE Region Director for the State of Wisconsin Division of Public Health, explained that state statutes requires that every five years the State must do a minimal compliance check of all health departments in Wisconsin. On December 18th the State of Wisconsin was here to do the Level III 140 review for the Brown County Health Department. Chris presented a Certificate of Designation to the Board of Health and Judy. Audrey congratulated the staff and recognized the organization and their efforts.

5. **Open Session: Discussion and hearing on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin.**
   The establishment was found to be in operation without a license issued by the Brown County Health Department on December 17, 2014, after the license was surrendered by the previous licensee at that address. Rob Gollman indicated that Anthony Kitchenakow was served notice of the meeting in the form of a letter and was provided with an agenda. Judy Friederichs and Rob Gollman previously had a conference call with Anthony informing him of the meeting date. Anthony Kitchenakow was not present but Mr. Kitchenakow's wife, Melissa was present. Anthony asked Melissa to come to the meeting because he was held

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up due to vehicle problems but did not call prior to the meeting to authorize her as his agent. Audrey questioned whether Melissa could legally represent Mr. Kitchenakow. There was discussion amongst board members whether Melissa could act as agent for Mr. Kitchenakow since he did not authorize her as his agent prior to the meeting. Since Mr. Kitchenakow was served notice it was decided to go into closed session.
MOTION: To go into closed session at 5:30 PM.
Roll call vote: Ayes: Pfotenhauer, Paulus Smith, Tibbetts; Nays: Murphy
MOTION CARRIED.

6. **Closed Session: Discussion and hearing on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin. Notice is hereby given that the above governmental body will adjourn into closed session pursuant to Wis. Stat. §19.85(1)(b) which authorizes a closed session to consider licensing of persons by a board or commission and the taking of formal action on any such matter provided that the person licensed is given actual notice of any evidentiary hearing which may be held prior to final action being taken and of any meeting at which final action may be taken. The notice shall contain a statement that the person has the right to demand that the evidentiary hearing or meeting be held in open session.**

7. **Reconvene into Open Session: Discussion and possible action on the licensing of Anthony J. Kitchenakow for the Tattoo/Body Piercing Establishment previously doing business as Electric Art, located at 1723 University Avenue, Green Bay, Wisconsin.**
Back in open session at 6:15 PM.
Upon return from closed session Anthony Kitchenakow was present.
MOTION: To advise the issuance of a conditional license if application is made for tattoo or tattoo and body piercing. The terms and conditions as stated in the letter as drafted shall be followed. Tibbetts/Pfotenhauer
MOTION CARRIED.
MOTION: To depart from the regular order of business to hear public comments. Tibbetts/Pfotenhauer
MOTION CARRIED.

Anthony J. Kitchenakow, Sr., 1138 Langlade Avenue, Green Bay, WI 54304.
Anthony addressed the Board by apologizing for his late arrival. Anthony commented he was in favor of stricter sanctions not only on his establishment but on all establishments. Anthony bought the business on October 10, 2013 and his lease started on October 13, 2014, and indicated the previous owner was tattooing minors. Anthony indicated he has never had any problems with any of his establishments. He indicates he inherited the problems from the previous owner. He works hand and hand in the community. He indicates he works with the police department gang squad unit to remove gang tattoos to help the community. Anthony thought the license transferred over as he paid for it. He indicates his equipment was stolen and he is waiting for the police to finish their investigation. Once the previous owner left he did not know the license went with him. He apologized to the Board.

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Audrey stated the Health Department would be giving him a letter today. Rob Gollman gave Mr. Kitchenakow the letter with terms and conditions and indicated it will be a conditional license issued after issues are addressed.

Dr. Tibbetts asked Rob Gollman to make the appointment with Mr. Kitchenakow to review conditions. Rob instructed Mr. Kitchenakow to contact him with questions and to discuss the requirements prior to scheduling the pre-inspection.
MOTION: To regular to the regular order of business. Pfotenhauer/Tibbetts

8. Odor Complaint Update
There have been no odor complaints noted since the last meeting. There have been no complaints to date for 2015.

9. Correspondence
Judy mentioned a letter from Mr. Witte which was emailed to Board members and a hard copy was handed out to the Board members at the meeting. Judy also handed out a copy of an email which came from Mark Werner from the State of Wisconsin. Audrey indicated she received a letter of support dated December 12, 2014 from Senator Frank Lasee which a hard copy was also given to the Board members. Dr. Tibbetts indicated he had binders for the Board members from the Brown County Citizens for Responsible Wind Energy (BCCRWE) which contains correspondence from all over the world in support of the action of the Board of Health regarding the industrial wind turbines. Audrey mentioned the audit we did on December 8th in which there were certain questions that were asked of the department before the State arrived for the audit and Judy answered most of those questions in writing and it is a wonderful review and informative. Patti indicated she would make copies and give to the members of the Board.

10. Educational Presentation: Lisa Hodgins-Environmental Health Services
Lisa Hodgins presented "A Day in the Life of a Public Health Inspector." Their duties include inspections of restaurants, grocery stores, and gas stations that sell food, school cafeterias, swimming pools, hotels, campgrounds, mobile home parks, tattoo & body piercing establishments, temporary events and festivals, and food recalls. The Public Health Inspector also inspects living conditions, investigates lead poisonings, provides education and outreach, assists in emergencies, handles nuisance complaints – odor/noise, tests and assesses well water, informs people about radon & other health issues.

10a. Request Authorization for Changes to License Fee Schedule Not Reflected in 2015 Approved Budget.
Rob asked the Board to correct a typographical error in the fee schedule to change the first offense penalty for certified food manager not on staff from $123.00 to $127.00 to accurately reflect the 3% fee increase approved and to increase the "other permit" inspection fee from $41.00 to $45.00. This increase is necessary due to declining revenues from an increase in the number of state licensed and other agent licensed mobile units and temporary food stands that operate in Brown County at temporary events such as Artstreet, Fire Over The Fox, the farmers markets, etc. We are required to honor these licenses but may charge a fee for inspection.
MOTION: To authorize the license fee changes proposed to the 2015 Fee Schedule. Paulus Smith/Pfotenhauer
MOTION CARRIED.

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11. Director's Report

Communicable Disease - Chua Xiong reported there has been a respiratory outbreak in a nursing home and one Norovirus. We have 16 respiratory outbreaks that the nursing staff is working with; 9 of them are nursing homes and 7 are CBRF's. With these respiratory influenza outbreaks in the nursing homes, the concern is in the supply of Tamiflu. Tamiflu is the antiviral that is prescribed for anyone who gets influenza who is considered high risk. It has to be given within the 24 to 48 hours to have any effect. With the nursing home the concern is the supply or the ability to get Tamiflu. The state has a supply of Tamiflu and in an outbreak situation we would work with the nursing home to get them Tamiflu to prevent the spread of the outbreak. The nursing home has to use all their resources for Tamiflu. The State would be a last resort. Once their resources run out the Health Department would supply them with the Tamiflu but their medical doctor has to work with that facility for the residents. If the staff has their own primary physician they would go through their physician. The State had a webinar last Thursday and they indicated that this year has some of the most reported cases of influenza with 2,441 hospitalized cases. Out of 2,441 hospitalized cases, 1,724 were cases of persons 65 and older. Chua indicated that nationwide, 68% is the influenza A H3N2 and that is the one that drifted. This (drifted version) was not in the vaccine component. We do have some Tamiflu on hand as it takes the State 48 to 72 hours to ship. If we had a nursing home that would need Tamiflu, it is available to them. The vaccine available does provide some protection so the Health Department still encourages getting the flu shot and hand washing. There was one death in Brown County and two others elsewhere in the State of Wisconsin. Chua also indicated with have two cases of HIV in which we are concerned over their risk behavior.

Recruitments – Human Resources is close to setting up interviews for the new director and Judy has been asked to sit on the interview panel. The two sanitarian positions have been reposted so we can get at least 8 qualified applicants to interview. Chua Xiong will be interim director starting January 31, 2015.

CHIP – We went through our CHIP process and we selected an additional priority – mental/ behavioral health. On December 8, 2014 there was a public policy breakfast which targeted local officials regarding the alcohol issue in the community.

Do1Thing - Anna Destree and Paul Gazdik, the Emergency Management Director got a Mayor's Award for their inter-government partnership related to the Do1Thing campaign. They worked with the leaders of different governments in our community, including the Oneida Tribe of Indians to promote the program and to promote the value of local preparedness within their organizations.

Facility update – Moving our department seems to be on hold for now. Patti Smeester talked about the new cameras in our office. They were placed in the garage, overlooking the cash register and faced at the front door. Hopefully within a month we will be able to record. We are waiting for Technology Services to set up a needed server to store recorded data. There will be a monitor placed on the front counter to view the garage when employees are installing car seats for safety reasons.

12. All Other Business Authorized by Law

None.

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13. Adjournment / Next Meeting Schedule

NEXT MEETING: TUESDAY, JANUARY 20, 2015, AT 5:00 PM AT UW EXTENSION OFFICE, 1150 BELLEVUE STREET, GREEN BAY, WI, WHICH IS A SPECIAL MEETING WITH DUKE ENERGY. Judy presented two options for an agenda for this meeting and the notice of special meeting with public comments was chosen.

TUESDAY, MARCH 10, 2015, 5:00 PM REGULAR MEETING

MOTION: To adjourn meeting at 7:47 PM. Pfotenhauer/Paulus Smith

MOTION CARRIED

Draft: 1-13-15(1)

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PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, January 20, 2015
5:00 PM

Present: Audrey Murphy, J.J. Tibbetts, MD, Susan Paulus Smith, Harold Pfotenhauer, Richard Schadewald

Excused: Joe Van Deurzen

Staff Present: Judy Friederichs, Chua Xiong, Rob Gollman, Patti Smeester, Debbie Armbruster, Kevin Pontius

1. **Call to Order**
   Audrey Murphy called the meeting to order.

2. **Duke Energy presentation regarding Shirley Wind Turbines.**
   Audrey gave a brief outline of events leading to this meeting. After studying this issue for 4 ½ years, on October 14, 2104, the Brown County Board of Health passed a motion which read "to declare the industrial wind turbines at Shirley Wind Project in the Town of Glenmore, Brown County, Wisconsin, a human health hazard for all people, residents, workers, visitors and sensitive passersby who are exposed to infrasound low frequency noise and other emissions potentially harmful to human health." On October 31, 2014, the Board received a letter from Mr. Edward B. Witte requesting due process. At the November 11, 2014, Board of Health meeting attended by Mr. Witte and Mr. Louis Butler, the Board of Health established a special meeting with Duke Energy. At that time, a motion by Richard Schadewald read as follows, "For Duke Energy to present to the Board of Health any information they feel pertinent to our concerns about the Shirley Wind Project and any recommendations Duke Energy has to alleviate the concerns of Brown County citizens at a special Board of Health meeting scheduled for January 20, 2015." On December 15, 2014, as the chairperson, Audrey sent a letter to Mr. Witte inviting Duke Energy to appear at this meeting. Following that letter, the Board of Health received an email dated January 8, 2015, from Mr. Witte.

   Edward Witte, an attorney with Gonzalez Saggio & Harlan Law Firm in Milwaukee, spoke on behalf of Duke Energy. Mr. Witte stated that the background the Board of Health Chair has provided is consistent with his understanding of how we arrived here tonight. Mr. Witte indicated that the Board of Health motion from November 11, 2014, requested Duke to present to the Board of Health with any information they feel pertinent to our concerns about the Shirley Wind Project and any recommendations Duke Energy has to alleviate concerns of the Brown County citizens.

   Mr. Witte further stated that the scope of the presentation relates to information Duke Energy feels is pertinent regarding the Board of Health involvement in the Shirley Wind Project. He continued that while they respect the objectives of Board of Health to address issues of concerns presented, the Board's assertion of authority doesn't necessary mean that the Board or the County has legal jurisdiction over the Wind Farm. On January 8, 2015, Duke transmitted a letter to the Chair of Board of Health and corporation counsel setting

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forth an analysis of the applicable law pertaining to wind energy systems in Wisconsin such as Shirley Wind Farm. This letter requested the Board of Health to rescind its human health hazard motion because the Board and the County lack authority to regulate the Wind Farm. Corporation counsel confirmed receipt of this letter on Monday, January 12, 2015. Later that week, Mr. Witte spoke with corporation counsel to see if there were any questions and also pointed out that the nature of the presentation that Duke was providing was strictly related to the proper regulation of the Shirley Wind Farm and the lack of county authority over the Wind Farm.

Mr. Witte explained the Brown County Board of Health does not have authority to regulate the Shirley Wind Farm pursuant to the human health hazard process. Under Wisconsin law, the legislature has identified the Wisconsin Public Service Commission ("PSC") and a local permitting authority (in this case, the Town of Glenmore) as the entities that regulate "wind energy systems," such as the Shirley Wind Farm. Mr. Witte indicated it is true that under this legal framework, a municipality, such as Brown County, has the authority to participate in the regulation of a wind energy system, but it can do so only by passing an ordinance that is no more restrictive than state law. Furthermore, such a county ordinance will not apply to a wind energy system that was previously approved pursuant to a valid development agreement, such as the Town of Glenmore conditional use permit. It also would not apply because any such ordinance would have been promulgated after PSC 128, the state law regulating wind energy systems, took effect March 16, 2012. Wisconsin law also prohibits counties from taking action to make policy related to wind energy systems. As part of its comprehensive regulation of wind energy systems, the Wisconsin legislature and the PSC established the Wind Siting Council "WSC" to assist at making informed decisions about changes to current regulations related to all aspects of wind energy systems. On October 31, 2014, the WSC determined that no additional regulation of wind energy systems, including any regulations to address a potential concern such as infrasound low frequency noise was necessary. Mr. Witte stated the WSC is clearly determined that at this point in time that infrasound low frequency noise will not be subject to changes to Wisconsin's wind energy system laws.

Mr. Witte indicated the Wisconsin Courts have upheld this regulatory framework of wind energy systems, including the limitations that are placed on counties. In his letter of January 8, 2015, Mr. Witte identified two cases, Numrich v. City of Mequon Board of Zoning Appeals that stated that this regulatory framework "is a legislative restriction on the ability of municipalities such as the county to regulate wind energy systems."

He stated in Ecker Brothers v. Calumet County, the Court found that the conditions identified in these laws are "circumscribing the power of political subdivisions, not openings for them to make policy that is contrary to the state's expressed policy". Mr. Witte states that based on those cases and the law that he has talked about, it is clear that if the County wanted to pass an ordinance to protect human health it cannot implement policy making standards such as an action like a human health hazard determination based on otherwise unregulated infrasound low frequency noise. Infrasound low frequency noise has not been addressed on a statewide basis by the PSC or the legislature. The only way that it has been identified or addressed is pursuant to the October 2014 WSC report. In that report the PSC specifically declined to regulate infrasound low frequency noise. Therefore, to the extent any policy exists in this area is the determination not to regulate this issue. For Brown County to seek to regulate infrasound low frequency noise by way of a human health hazard would be especially improper contrary policy making.

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Mr. Witte summarized that the Wisconsin legislature has clearly established a structure to regulate the permitting and operating of wind energy systems relying on state law and local ordinance, for example the Town of Glenmore wind energy system ordinance. Legislature recognizes that a political subdivision could place certain restrictions on a wind energy system provided the restrictions serve to protect public health or safety but in such a case they can only place those restrictions by way of an ordinance that is no more restrictive than the PSC's existing standards for wind energy systems. That is not being applied to a previously approved wind energy system that is not promulgated subsequent to the states laws and PSC 128 and it does not constitute policy making of otherwise unregulated conditions. Therefore any effort by the Brown County Board of Health to restrict the Shirley Wind Farm through a finding of a human health hazard cannot succeed because it does not meet those standards. Mr. Witte requested the Board of Health take formal action to rescind and reverse is October 14 motion regarding the Shirley Wind Farm.

Richard Schadewald clarified that it is the understanding of Mr. Witte that the proper place to pursue a remedy in this situation is through the legislature and the PSC. Witte indicated yes.

Jake Eggert, 1210 Spartan Road, New Franken, WI – Mr. Eggert introduced himself and indicated he has a Master's Degree in Environmental Science and Policy from UWGB. Mr. Eggert indicated in accordance with the Code of Federal Regulations Title 45 Section 46.103, Mr. Eggert paraphrased that in order for a government agency to hear Mr. Acker's research, he must be certified by the National Institute of Health or U.S. Department of Health and Human Services and he is not. Mr. Eggert is certified by them. Mr. Eggert indicated this especially pertains to research in subjects involving children. Mr. Acker indicated he was involved in acoustical analysis. He worked with two families to see if there was an association between one family that was sick from a cooling tower and one from a wind turbine but that was a doctor working on the issue. He has been working on the association of noise to illness. Mr. Eggert's request is that we follow that procedure.

Jake Eggert pointed out that he believes the Board of Health should do a life cycle analysis on wind turbines and coal energy. The wind turbines are mitigating the coal being burned in Brown County and that Brown County is in the bottom 10 percentile for air quality in the nation and we are not looking at the complete health qualities of all citizens of Brown County. Mr. Eggert has also done research with the CDC and American Lung Association and according to their research, coal power plants kill about 13,000-15,000 per year. He is not sure how many are killed by wind mills. Whether there are health impacts or not we still have to look at the health impacts on the entire county. Mr. Eggert feels we need to investigate all angles of this before we make a motion that is going to have profound impact on the future of wind energy in our county or in our state.

Dr. Patricia Terry, Environmental Engineering Professor at the University of Wisconsin Green Bay, 1269 S. Quincy, Green Bay, WI 54301 – Dr. Terry stated she understands the need for and the importance of a peer reviewed process in gathering any type of scientific information that someone is going to make claims from. Dr. Terry brought a report that was conducted by the Massachusetts Department of Environmental Protection in collaboration with the Massachusetts Department of Public Health who convened an independent panel of experts to identify any documented or potential health impacts that may be associated with wind turbines. She quoted portion of the report. She indicated that what they have

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found is that there are some best practices that can be employed that can minimize the impact on residents. Dr. Terry stated that wind turbines are widely used in the countries of Denmark and Germany. She went to Germany two years ago on a grant to study the differences between wind policy and implementation between the two countries and the difference that was found was that in Germany, when a community sites a wind turbine, everyone in the community has the opportunity to invest. In Germany the saying is "every flicker is euro." What they found is that there is no such thing as wind turbine syndrome in Germany. The conclusion that was made comparing the two countries is that wind turbine syndrome in the United States is mainly the "green eyed monster of jealousy," when your neighbor is making money from wind turbines are you are not. That has been the documentation and she thinks that if are going to make a ruling on the effects on the health impacts of wind turbines in Brown County we need to go on peer review.

Dr. Terry stated further to what Jake Eggert reported, if we are going to talk about the health effects of wind turbines we need to do a comparative with our current mode of electricity which is coal burning power plants. Brown County has some of the worse air pollution in the State. She stated that coal releases chemicals that can contribute to acid rain to global climate change to photochemical smog. They also release things like lead and mercury into our waterways and arsenic into our waterways that makes the fish in our waterways inedible. She concluded that if we are going to do a fair impact study we need to do a comparative study between fossil fuel based energy and wind energy and she thinks when we do that we will find that wind energy poses little or no threat to human health and our current fossil fuel energy is a human health disaster.

Mr. Schadewald asked Dr. Terry for a list of best practices that were in the report she mentioned and said he would like a copy.

Audrey commented that this Board of Health has never said in the 4 ½ years that we have studied this issue that we are opposed to wind energy and it was important to be clarified.

William Acker, President of Acker & Associates, 3217 Nicolet Drive, Green Bay, WI - Mr. Acker started working on this issue with a cooling tower in downtown Green Bay which produces the same type of pressure pulsations that wind turbines do and then got pulled into the wind turbine issue as he was researching the cooling tower. He got contacted by a family that thought they were getting sick from wind turbines. He has been an engineer since 1975 and has been working on this issue for 7 years, donating his time to find the truth to this issue. He has not made any money on any of his work on this issue. The medical evidence related to illnesses from infrasound is very strong in his opinion. He stated Professor Alec Salt, an Otolaryngologist at the Washington University School of Medicine, knows more about the workings of the inner ear than anyone he knows. But still many do not pay attention. He states he is a supporter of wind turbines but we need to push this industry to solve their problems and until then we need to provide infrasound and low frequency noise codes to protect the public from the sound pressure pulsations that are making people ill, like some of the European countries have already done.

James Vanden Boogart - 7463 Holly-Mor Road, Town of Morrison, WI – Mr. Vanden Boogart was an alternate member of Wind Siting Council during 2014. Mr. Vanden Boogart states the Wind Siting Council (WSC) 2014 Report is an opinion, not regulation. He indicates there are 14 members on the council, 6 clearly pro-health members, 8 clearly pro-wind members. He indicated the PSC staff itself drafted the entire document and PSC staff has been known to be very pro-wind and that was the tenor and the flavor of the document.

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After that was drafted it was sent to council members. They had an opportunity to send comments and ask for changes based on how the staff presented the information in a peer reviewed literature. Anything that was not unanimously agreed upon was voted on by the council. A simple majority vote and the pro-wind majority won almost every single vote to include things and to exclude things. The resulting report is very biased in its opinion. He indicates there is a minority report, Appendix F contained in that report which is the opinion of the minority of the WSC. All the legislation suggested by the minority was voted out by the majority. He would not trust that report because it was a very biased process. It is just an opinion. We need to know how opinions are produced when reading reports.

Richard Schadewald asked Mr. Vanden Boogart for the Wind Siting Council Minority Report Appendix F. Audrey indicated we will get him a hard copy of that document.

Steve Deslauriers, 2889 Wayside Road, Holland, WI – Steve wanted to share his frustration and indicates this feels like the speech that We Energy gave about 5 years ago basically denouncing that there is any truth to the health claims and simply throwing up procedural road blocks. He states these are real people that did not have an opinion on wind energy before the project was built that are suffering day in and day out. He states there are homes for sale in Glenmore and he can't imagine why there is a not an environmentalist that wants to buy it. He states we are not against environmental issues. He has planted 15,000 trees on his land. He knows people who restored prairie on their property. He states they do the right thing for the environment on our properties for our communities, for our families.

Steve begs the people speaking in support of this industry not to be manipulated by this industry. He states it is a propaganda machine that asserts no harm but they cannot prove that there is no harm to these people. He states the Wind Siting Council is made up of people who operate wind farms, profit from wind farms, and quasi environmental groups who receive a substantial portion of their funding from wind farms. He states you cannot go into that room and objectively create rules when you are under so much financial pressure to serve the industry. He states this is not about coal. This is about proper citing of generation facilities. Just like there is a proper place for coal plant, a proper place for a nuclear plant and then to say that there is no restrictions for wind and they are placed next to people's homes 1,000 – 1,250 feet. It is not about the technology. It is all about proper siting.

Jake Eggert – He would like to clarify that he is not representing any group other than just his family and the families of Brown County. He is concerned with the health of his family and that there is no concern with the air quality prior to the wind (turbines).

Sandra Johnson – 1893 Wayside Road, Greenleaf, WI – Retired Green Bay teacher who earned a BS degree in natural science from UW-Madison and has a degree from UWGB in elementary education. She has been working on this going on 6 years. She has been in the homes of two of these families that have vacated their home. She got sick in 45 minutes with left sided ear pain and nausea. She would like the focus of the meeting to focus on Glenmore and not coal. She stated that if she were to ask the people in this room who are on the salary of wind corporations to raise their hand if they live near a wind turbine, probably no one here who is pro wind lives near a wind turbine. She commented that no one has talked about the high levels of stray voltage in these homes. Stray voltage and EMFs (electromagnetic fields): anytime you have current in a conductor, you have EMFs. She states they are not wind mills, they are industrial machines.

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The Madison Police department, when they get new cars, have a howler, which is a system below the headlights that shoots out LFN so if they come to a busy intersection in Madison it will cut through the sound of a radio in your car, people talking, even perhaps someone with headphones on so that they get their attention and get through the intersection. The LFN in the squad car can only be on for 7 seconds because it could affect the ability to control the vehicle at high speed. She is going to side with NASA and the Department of Energy Engineers who did a report in 1990 after they studied industrial wind turbines which said don't put these machines close to people. If you do, they are going to get sick with this acoustics energy. They are going to have ear pressure, ear pain, tinnitus, nausea, sleep loss.

Carl Johnson – 1893 Wayside Road, Greenleaf, WI – He is a retired social studies teacher and environmental study teacher from Kaukauna high school. He has been studying this issue for close to 5 years and it has caused him to become angry, to become cynical, to join the vast majority of Americans who have lost faith in the governmental institutions that we have created to supposedly protect us and take care of us in time of need. He states the passage of Act 40 basically took away local municipalities ability to regulate industrial wind systems. In terms of policies that are made by the WSC, right now 1,250 feet is considered the safe distance to construct a wind turbine from a home. As it turns out, 1,250 feet is maximum distance that you can place between a wind turbine and a residence and still get it on a 40 or 80 acre parcel of land in Wisconsin. A member of the WSC stated at a meeting when the wind facility at Glacier Hills was being constructed, when they increased the distance to 1,300 feet, he said something on the order that all but 5 of the 80 turbines would have been scrapped because that distance would not have allowed them to be built on a parcel of land. What appears to be a health concern or mask as a health concern is nothing more than an expedite for citing these things as close to people as possible. There is a need for more research and low frequency noise is the key.

Mr. Schadewald asked what his experience is going through the legislative hearings as far as being effective in getting your point of view across. Mr. Johnson said they have always been given time to speak. He states there is a very small group of people in the Wisconsin legislature who have taken the time to look at this and be sensitive to what is happening. He states the votes in rural Wisconsin are too far apart and it is his feeling that the influence of big money that is driving this is making it impossible for our legislative institution to properly take up this issue of human health. He believes there are people in the environmental community that think the Shirley wind is a community based wind project but it is multimillion dollar corporate entity. He states some people in Shirley Wind have 5 times the stray voltage at the kitchen sink than is what is allowable for a dairy cow in a barn in Wisconsin. There are no standards for people. Mr. Schadewald asked if he was a member of any group that is working on this and he indicated he was part of Brown County Citizens for Responsible Wind Energy.

Barb Vanden Boogart – 7463 Holly-Mor Road, Greenleaf, WI - She is one the executive members of the Brown County Citizens for Responsible Wind Energy. For the last 5 years, they have worked to research this issue to advocate for, to inform, and to educate concerning the issue of industrial wind turbines and their impact on populations. She has interviewed numerous people who have experienced what is referred to as wind turbine syndrome, not only in Brown County but across the nation. She communicates with scientists, engineers and physicians on a regular basis that are researching this issue. From her perspective, based on interviews she has done with individuals and from the science, she considers what is happening to people across the world being exposed to

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industrial wind, to be a human health crime for the purpose of profit. In 1987, Dr. Phillips did research on nausea related to aircraft and spacecraft for NASA. To their surprise, during the process of testing, they realized that people being exposed to wind turbines as far back as 1987 experienced the same symptoms-not only with down wind turbines, but with up wind turbines as well. NASA was involved in this testing and they were fully aware of this issue regarding wind turbines. They told the wind industry that this problem existed, and that infrasound was indeed generated and documented as a result of their tests. The wind industry has been aware of this since 1987. She states the Wind Siting Council within Wisconsin refused to look at the documentation of the five acousticians that did the 2012 low frequency sound testing within the Glenmore project. All five came to the same conclusion that low frequency sound was detected in significant levels.

Susan Ashley – 309 Prospect Avenue, Denmark, WI – Susan has a letter she would like to read that was sent to Duke Energy addressed to Ben Jordan, Eric Cavanaugh and Robert Jones and sent on August 8, 2013. She read several parts of that letter asking Duke for a letter declaring that they are safe and to date we have not received a response.

Dr. Terry wanted to clarify that she is not in any way tied to the wind industry but just another concerned citizen who holds a different opinion.

MOTION: To return to the regular order of business. Tibbetts/Schadewald
MOTION CARRIED

Adjournment / Next Meeting Schedule
MOTION: To adjourn meeting at 6:21 PM. Tibbetts/Pfotenhauer
MOTION CARRIED

Draft: 1-20-15(1)

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PROCEEDINGS OF THE BOARD OF HEALTH MEETING
Tuesday, March 3, 2015
5:00 PM

Present: J.J. Tibbetts, MD, Joe Van Deurzen, Harold Pfotenhauer, Richard Schadewald

Excused: Audrey Murphy, Susan Paulus Smith

Staff Present: Chua Xiong, Rob Gollman, Patti Smeester

1. Call to Order, Welcome, and Introductions

Dr. Tibbetts called the meeting to order at 5:01 PM. Dr. Tibbetts introduced Chua Xiong as our new Health Director. Chua stated she was encouraged by Audrey Murphy, chairperson of the Board of Health, who is not present today to introduce herself and share a little more information about herself. Chua stated she will be sharing information about the Hmong culture in a way that we may have not heard. She is a child of the Vietnam era. Her father was a fighter pilot and fought alongside the United States in the Vietnam War and he fought for his country, humanity and equal treatment. Her father died standing strong for his beliefs. Her mother was a young widow and this was the start of their journey to the United States. Chua stated it was heartbreaking for her people as they sacrificed so much and lost many loved ones in the war. They were considered traitors in their homeland and now they are relocated to a country that does not welcome them. The American people did not know of their involvement in the war. It was not something shared with them. The Hmong people were the United States' secret guerilla fighters. They saved the lives of fallen pilots and others in the ground war. Many Hmong people sacrificed their lives to save the lives of American soldiers and American soldiers also scarified their lives for the Hmong People and their solders as well. There was no support system for the Hmong when they arrived in the United States and many of them committed suicide shortly after arriving in the United States because they felt hopeless. They were traitors in their homeland and also thought to be traitors in the US as well. We were thought to be Vietnamese or Viet Cong. In Chua's life she has faced adversity. She has experienced racial, gender and social economic discrimination. She has not let these circumstances harden her or make her a hateful person because of her Christian beliefs. The Lord has guided her along her journey also provided her with the strength she needed for whatever situation she has been in. She did not die in the Vietnam War as she believes the Lord has a bigger purpose for her and she believes that is to be here in Brown County serving its citizens. The Lord has not made it easy for her. He has made it challenging and difficult as possible because he knows she must face the adversities and continue to persevere in order for her to become a good and honest leader she is today. She is here as the health officer committed to the work that must be done. She knows she will face many challenges but she trusts that the Lord will give her the strength, courage and guidance to be fair and equal to all.

Dr. Tibbetts welcomed Chua and congratulated her.

2. Open Session: Discussion and possible action regarding the Shirley Wind Turbines.

Dr. Tibbetts shared with the Board a study done at Pacific Hydro at Cape Bridgewater, South Australia. Steve Cooper was invited and contracted by Pacific Hydro to look at their facility, and thinking that there were no problems, clear the air forever. It did not work out the way they planned. Steve was able to find the signal from the wind turbines which has DBWTS which was

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found also by Rick James and others. He was constrained by Pacific Hydro as to how many people he could study and how the study was going to go. He found there was significant relationship between the on and off, which Pacific Hydro allowed them to do. He found causation as far as symptoms and non-symptoms and it really cleared the air as to whether there is or isn't a problem. His study was maybe 200-300 pages with about 500 pages of appendices. It was a significant study. He only studied three homes and six individuals. Those individuals were significantly sensitive to what was going on. Dr. Tibbetts believes Paul Schomer and George Hessler completely support Steve Cooper's study.

MOTION: To depart from the regular order of business to hear public comments. Van Deurzen/Schadewald
MOTION CARRIED

No one addressed the Board.

MOTION: To return to the regular order of business Schadewald/Van Deurzen
MOTION CARRIED

3. **Closed Session: Notice is hereby given that the governmental body will adjourn into a closed session for discussion with legal counsel, possible action and the strategy to adopt regarding the Shirley Wind Turbines. Closed session is authorized pursuant to Wis. Stat § 19.85 (1)(g), for the purpose of conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is likely to become involved.**

MOTION: To go into closed session at 5:12 PM.
Roll call vote: Ayes: Pfotenhauer, Tibbetts, Van Deurzen, Schadewald; Nays: None
MOTION CARRIED.

4. **Reconvene into Open Session: Discussion and possible action regarding the Shirley Wind Turbines.**

MOTION: To return to open session at 6:33pm Van Deurzen/Pfotenhauer
Roll call vote: Ayes: Pfotenhauer, Tibbetts, Van Deurzen, Schadewald; Nays: None
MOTION CARRIED.

Dr. Tibbetts indicated he had a statement to make as follows:

The Brown County Board of Health is working on strategies to help the citizens of Glenmore.

5. **Adjournment / Next Meeting Schedule**

MOTION: To adjourn meeting at 6:36 PM. Schadewald/Van Deurzen
MOTION CARRIED

NEXT MEETING: March 17, 2015 at 5:00 PM

Draft: 3-4-15(2)

1a

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, March 12, 2015 in in Board Room A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, WI

Present: Chairman Tom Lund
Bill Clancy, Paula Laundrie, Helen Smits, Susan Hyland, Carole Andrews

Excused: Craig Huxford, JoAnn Graschberger

Also Present: Nancy Fennema, Interim Executive Director
Tim Schmitt, Finance Manager
Jordon Bruce, Interim Hospital & Nursing Home Administrator
Michelle Hermes, Director of Nursing-Hospital
Meghann Reetz-Norton, Nutritional Services Manager
Melanie Kirchman, Administrative Secretary
Various CTC staff members

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1. **Call Meeting to Order:**
The meeting was called to order by Chairman Tom Lund at 5:15 pm.

2. **Approve/Modify Agenda:**
ANDREWS/SMITS moved to approve the agenda.
The motion was passed unanimously.

3. **Approve Minutes of February 12, 2015 Human Services Board Meeting:**

LAUNDRIE/HYLAND moved to approve the minutes dated February 12, 2015.
The motion was passed unanimously.

4. **Acceptance of the Governing Body Responsibilities for the Nicolet Psychiatric Hospital:**

Interim Director Fennema stated that the responsibilities were handed out at last month's meeting.

CLANCY/ANDREWS moved to accept the governing body responsibilities.
The motion was passed unanimously.

5. **Selection of a QAPI (Quality Assurance Performance Improvement) Committee Member:**

A Human Services Board member is needed to serve as a QAPI Committee member. The committee meets the 4th Wednesday of the month and will meet monthly through June, then will go quarterly.

LAUNDRIE/SMITS moved to name Carole Andrews as Board representative for the QAPI Committee.

1b

The motion was passed unanimously.

6. Executive Director's Report:

Interim Director Fennema presented and handed a written report to the board (attached).

Fennema stated that Roberta Morschauser is no longer employed with Brown County. Jordon Bruce will be the Nursing Home Administrator responsible for the Community Treatment Center through a contract with Apara consulting until the position is filled. Bruce introduced himself and gave his background.

Michelle Hermes, Director of Nursing-Hospital, presented a written hospital report to the board (attached).

ANDREWS/LAUNDRIE moved to receive and place on file.
Motion was carried unanimously.

7. Financial Report:

Finance Manager Tim Schmitt had submitted a written report with the board packet agenda.

Q: Citizen Board Member Andrews asked if we feel there is a need for the new psychiatric hospital that has been in the news.
A: Schmitt stated that his opinion is best summarized by the Bellin Health response in that the psychiatrist capacity in this area is limited.

Q: County Board Member Clancy asked if it would be proper for the board to pass a motion stating that this new psychiatric hospital is not needed as our county entity isn't being utilized fully and Bellin is at 25%.
A: Lund stated we would need to talk to Corporation Counsel before doing that and would need to ensure we have factual information.

HYLAND/ANDREWS moved to receive and place on file.
Motion was carried unanimously.

8. Statistical Reports:
Please refer to the packet which includes this information.

9. Approval for New Non-Continuous Vendor:
Please refer to the packet which includes this information.

10. Request for New Vendor Contract:
Please refer to the packet which includes this information.

11. Other Matters:

Next Meeting: Thursday, April 9, 2015
5:15 p.m. – Sophie Beaumont Building, Board Room A

12. Adjourn Business Meeting:
ANDREWS\LAUNDRIE moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 5:38 p.m.

lb

Respectfully Submitted,

Kara Navin
Office Manager/Recording Secretary

1b

Brown County Human Services

Interim Executive Director's Report to the Human Services Board - March 2015

Nicolet Psychiatric Hospital has taken the majority of my time the past few weeks. I have been working with staff to implement the changes required per our recent State Survey and following Plan of Correction. We contracted with Apara, out of Madison, to provide us with consultation in writing the Plan of Correction and oversee the implementation of changes.

In regards to Family Care the ADRC has begun enrollment counseling as the first step in the transition process. Within the Department a number of our employees have been hired by the Managed Care Organizations. We will work with them to develop a transition schedule so we can retain our employees as close to roll over as possible. Roll over is the date that we discontinue the provision services and the Managed Care organization or IRIS begin.

Lisa Peters our Project Manager for the Avatar Project is in the process of evaluating the project to determine what has been done and what needs to be done. She is doing an excellent job working with Netsmart and our employees to keep the project on track. However, I anticipate a revision in the original target date.

Children Youth and Families have had a spectacular start to the New Year. 2015 has brought new leadership in Juvenile Justice, Dannel Skalecki, to assist with the modernization of case management in this area. Dannel is insightful and brings energy to the hard working JJ team. CABHU is currently running their first group therapy session for adolescent females. Currently 6 Brown County teen girls are engaged in trauma informed therapy led by Dr. Noukki. Shelter Care continues to serve Brown and surrounding counties with emergent and high risk short term placement for youth. Supervisors VandenHoogen and Schmeling have initiated a tri-county consortium to address the special needs of Shelter Care Facilities. Child Protective Services (CPS) is down 30 referrals from this date last year. CPS is in active roll out of the Community Response Program. Jenna Kerin is our lead case management facilitator for initiation of the CR model introduction to the community.

The other important change will be in the responsibilities of the Human Services Board who will assume the governing responsibility of the Nicolet Psychiatric Hospital. I sincerely appreciate the openness of the board members in considering these changes.

I want to thank Brown County for the opportunity to work as the Interim Director and look forward to the opportunities our new Director will bring.

Respectfully Submitted By:

Nancy Fennema

Nancy Fennema
Interim Executive Director

Lb

NPC Monthly Report

1. **Patient Care Issues-** There has not been any concerns identified.

2. **Contracted Services Issues**- Working closely with Streus regarding contingency counting and medication verification process. Continuing to progress towards purchase of Omnicell (automated dispensing machine). Contract with Streus needs approval after proposed changes.

3. **Summary of patient complaints-** There have been 3 for the year thus far. Process for investigating complaints will be revised to include a meeting being held with the SS Manager, DON and Administrator to discuss the finding and ensure the team agrees upon the resolution. Then the letter can be signed by the Administrator and mailed to the client. These complaints then must be tracked and trended through the QAPI committee.

4. **Federal/State Regulatory Concerns**- The team continues to work diligently to initiate changes per plan of correction. The state came in on 3/9/15 to complete our verification visit. The state did clear us, with no further citations issues. Areas the state said we need to continue working on are DC planning, treatment planning and the group documentation. The state felt we had an acceptable plan in place, we need to continue auditing and working on process improvement. Will begin working on the plan of correction for the Federal Survey.

5. **Approval of Medical Staff appointments-** Nothing to report at this time.

6. **Other Business-** Nothing to report at this time.

Prepared by Michelle Hermes RN, BSN, DON

kb

BYLAWS OF THE MEDICAL STAFF OF BROWN COUNTY COMMUNITY TREATMENT CENTER

PREAMBLE

Whereas, Brown County Community Treatment Center is a county-operated facility in the State of Wisconsin, County of Brown; and

Whereas, its purpose is to serve as a psychiatric hospital providing patient care and education; and

Whereas, it is recognized that the Medical Staff is responsible for the quality of medical care in the Hospital, and must accept and discharge this responsibility, and that the cooperative efforts of the Medical Staff, the facility's administrative officers, and the Governing Body are necessary to fulfill the Hospital's obligations to its patients;

Therefore, the professional staff practicing in this Hospital hereby organize themselves in conformity with the bylaws and medical staff policies hereinafter stated.

These Bylaws are adopted for the purpose of governing the actions, recommendations, and functions of the Professional Staff of Brown County Community Treatment Center. These Bylaws are not intended to be, nor shall anything herein be, interpreted in such a way as to be a delegation by the Governing Body to any person or group, including the Professional Staff, of the exclusive ultimate authority of the governing body to operate this Hospital, including appointments of professional staff.

DEFINITIONS

1. MEDICAL STAFF: Means all physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on medical staff matters.

2. GOVERNING BODY: Human Services Board.

3. HUMAN SERVICES DIRECTOR: Refers to the individual who administers the Department of Human Services in accordance with Wisconsin Statutes 51.42 (6m) and County Code and is responsible for the overall management of the Brown County Community Treatment Center, Brown County Health Care Center and related programs.

4. CLINICAL DIRECTOR: Refers to the psychiatrist appointed by the Governing Body to manage the affairs of the Medical Staff.

5. MEDICAL DIRECTOR: Refers to the individual appointed to coordinate and manage all medical services to clients and employees in the Nursing Home and as directed by the Clinical Director provide medical care to patients in the psychiatric hospital.

6. HOSPITAL AND NURSING HOME ADMINISTRATOR: Refers to the individual appointed to manage the overall operations of the Hospital component of the Center.

7. EXECUTIVE COMMITTEE: Means the members of the Active Medical Staff, members of the Courtesy Medical Staff, a representative from the Governing Body and liaison (non-voting) representatives from administration.

8. PRACTITIONER: Means a doctor of medicine (M.D.) or a doctor of osteopathy (D.O.) legally licensed to practice medicine and surgery in the State of Wisconsin.

9. ALLIED HEALTH PROFESSIONAL: Means individuals other than licensed physicians who are qualified and licensed to render direct medical care under the supervision of a practitioner who have clinical privileges in this Hospital, and who are capable of effectively communicating with patients, the Medical Staff, and Hospital personnel. Other health professions not listed here who are not subject to the Medical Staff privileges delineation process shall be reviewed by the Governing Body for competence.

10. CLINICAL PRIVILEGES: Means the permission granted to a practitioner or Allied Health Professional by the Medical Staff to render specific diagnostic, therapeutic, or medical services.

11. MEDICAL STAFF YEAR: Means the period from January 1 through December 31.

12. HOSPITAL: Brown County Community Treatment Center Psychiatric Inpatient Program (Nicolet Psychiatric Center).

ARTICLE I: NAME

The name of this organization shall be the Medical Staff of Brown County Community Treatment Center, Green Bay, Wisconsin.

ARTICLE II: PURPOSES AND RESPONSIBILITIES

Section 1. The purposes of the organization are:

A. To ensure that all patients admitted to or treated in any of the facilities, departments, or services of the Hospital shall receive the level of care which meets or exceeds community standards for specialized psychiatric and AODA services.

B. To ensure a high level of professional performance of all practitioners authorized to practice in the Hospital through the appropriate delineation of clinical privileges that each practitioner may exercise in the Hospital and through an ongoing review and evaluation of each practitioner's performance in the Hospital.

C. To initiate and maintain rules and regulations for self-government of the Medical Staff;

D. To provide a means whereby issues concerning the Medical Staff and the Hospital may be discussed by the Medical Staff with the liaison Administrative Staff, and, when indicated, directly with the governing body.

Section 2. Responsibilities:

The Medical Staff or its Executive Committee shall:

A. Ensure the quality and appropriateness of patient care rendered by all practitioners authorized to practice in the Hospital through the following measures:

1. A credentials program, including mechanisms for appointment and reappointment, and the matching of clinical privileges to be exercised or of specified services to be performed with the verified credentials and current demonstrated performance of the applicant or staff member;

2. A continuing medical education program based at least in part on the needs demonstrated through the patient care audit, and other quality maintenance programs. This medical education program recognizes program participation from this hospital as well as community hospitals, and requires completion of continuing medical education units at a level consistent with that required by the State of Wisconsin Medical Examining Board;

3. A concurrent utilization review program to monitor inpatient, outpatient, medical, psychiatric, and health services based upon community standards of care;

4. An organizational structure that allows continuous monitoring of patient care practices, including but not limited to, infection control, drug utilization evaluation, medical record review, safety/risk management;

5. Quality assessment and improvement program encompassing principles of continuous quality improvement, retrospective and concurrent review and evaluation of the quality of patient care through a systematic and ongoing patient care evaluation program; and,

B. Recommend to the governing body with respect to appointments, reappointments, staff category, clinical privileges, and corrective action;

C. Account to the Governing Body for the quality and efficiency of medical care rendered to patients in the Hospital;

D. Initiate and pursue corrective actions with respect to practitioners, when warranted;

E. Develop, revise as needed, administer, and seek compliance with these Bylaws, the rules and regulations of the Medical Staff, and other medical-care related current Hospital policies;

F. Assist in identifying community health needs, and in setting appropriate institutional goals in implementing programs to meet those needs;

G. Exercise the authority granted by these Bylaws as necessary to adequately fulfill the foregoing responsibilities;

H. Be actively involved in the accreditation process; this shall include participation in the Hospital survey.

ARTICLE III: MEDICAL STAFF MEMBERSHIP

Section 1 - Nature of the Medical Staff Membership:

A. Membership on the Medical Staff of Brown County Community Treatment Center is a privilege which shall be extended only to professionally competent practitioners that are employed or have a contractual agreement who continually meet the qualifications, standards, and requirements set forth in these Bylaws.

B. Appointments to and membership on the Medical Staff shall confer on the appointee or member only such clinical privileges and prerogatives as have been granted in accordance with these Bylaws. No practitioner shall admit or provide services to patients in the Hospital unless he/she is a member of the Medical Staff, or has been granted temporary privileges in accordance with the procedures set forth in Article VII.

Section 2 - Qualifications for Membership:

A. Basic Qualifications:

1. Only physicians licensed to practice in the State of Wisconsin who can document their background, experience, training, and demonstrated competence and judgment, their adherence to the ethics of their profession, their good reputation and character, good physical and mental health, current, valid professional liability insurance coverage in amounts satisfactory to the hospital, and their ability to work with others, with sufficient adequacy to assure the Medical Staff and the Governing Body that any patient treated by them will be getting a high quality of medical care, shall qualify for membership on the Medical Staff. No physician shall be entitled to membership on the Medical Staff, or to the exercise of particular clinical privileges in the Hospital, merely by virtue of the fact that he/she is duly licensed to practice medicine in this or in any other state, or that he/she is a member of any professional organization, is certified by any clinical examining board, or that he/she had in the past, or presently has, such privileges at another hospital.

B. Ethics: Acceptance of the membership on the Medical Staff shall constitute the staff member's agreement that he/she will strictly abide by the Principles of Medical Ethics of the American Medical Association.

C. No aspect of Medical Staff membership or particular clinical privileges shall be denied on the basis of sex, race, age, creed, color, national origin, or physical disability.

Section 3 - Basic Responsibilities:

A. Provide his/her patients with care at the generally recognized professional level of quality and efficiency within reasonably accepted community standards of care;

B. Abide by the current Medical Staff Bylaws and by other lawful standards, current policies, and rules of the Hospital;

C. Discharge such staff, department, committee, and Hospital functions as he/she is responsible for, by appointment, election, or otherwise;

D. Prepare and complete in timely fashion the medical record and other required records for all patients he/she admits, or in any way provides care to in the Hospital;

E. Abide by the ethical principles of his/her profession;

F. Participation in hospital peer review and quality assessment and improvement activities; and,

G. To serve on hospital committees as assigned by the Clinical Director.

Section 4 - Conditions and Duration of Appointment:

A. Initial appointments and reappointments to the Medical Staff shall be made by the Governing Body. The Governing Body shall act on appointments, reappointments, or revocation of appointments only after there has been a recommendation from the Medical Staff as provided in these Bylaws; provided that in the event of unwarranted delay on the part of the Medical Staff (more than one hundred days from its receipt of a fully-completed application), the Governing Body may act without such recommendation on the basis of documented evidence of the applicant's or staff member's professional and ethical qualifications, obtained from reliable sources other than the Medical Staff.

B. Initial appointments to the Medical Staff of Brown County Community Treatment Center shall be for a period extending for one year. Reappointments shall be for a period of not more than two Medical Staff years.

C. Appointments to the Medical Staff shall confer on the appointee only such clinical privileges as have been granted by the Governing Body in accordance with Medical Staff recommendations, and in accordance with these Bylaws.

D. Every application for staff appointment shall be signed by the applicant, and shall contain the applicant's specific acknowledgment of every Medical Staff member's obligations to provide continuous care and supervision of his/her patients, to abide by the Medical Staff Bylaws, Rules and Regulations to accept committee assignments, to accept consultation assignments, and, when necessary, to participate in staffing units.

E. A system will be in place that reports to the appropriate agency as directed by the Health Care Quality Improvement Act, those adverse actions or reinstatements approved by the governing body that reduce, restrict, suspend, revoke, or deny clinical privileges to a physician or dentist for a period of 30 days or longer.

Section 5 - Provisional Status Appointment:

A. All initial appointments to the Medical Staff shall be provisional for one full year. Reappointments to the provisional membership may not exceed one full year, at which time the failure to advance an appointee from provisional to regular Medical Staff status shall be deemed a termination of his/her staff appointment. A provisional appointee whose membership is so terminated shall have the rights accorded by these Bylaws to a member of the Medical Staff who has failed to be reappointed.

B. Provisional staff members shall be assigned to a department/unit where their performance shall be observed by the Clinical Director or his/her representative, to determine the eligibility of such provisional members for regular staff membership, and for exercising the clinical privileges provisionally granted to them. At the end of each provisional appointment (one year), a written report by the Clinical Director or his/her representative, shall be made to the Medical Staff and the Governing Body. The report must indicate that the appointee has or has not demonstrated his/her ability to exercise clinical privileges granted to him/her.

ARTICLE IV: CATEGORIES OF THE MEDICAL STAFF

Section 1 - Medical Staff:

The Medical Staff shall be divided into three categories: Active, Courtesy/On-call Consultative, and Honorary.

Section 2 - Active Medical Staff:

The Active Medical Staff shall consist of regular physicians and provisional status who treat patients admitted on a voluntary or committal status, are employed or contracted at least eight (8) hours a week by Brown County Community Treatment Center and who assume all the functions and responsibilities of membership on the Active Medical Staff, including, where appropriate, consultation and unit assignments. Members of the Active Medical Staff shall be appointed to a specific service, shall be eligible to vote, shall serve on Medical Staff committees, and shall be required to attend at least 50 percent of all meetings of the Medical Staff.

Section 3 - Courtesy/On-call Medical Staff:

The Courtesy Medical Staff shall consist of physicians qualified for staff membership, but who are employed or contracted as consultants, provide on-call coverage, or perform specific referral services such as adolescent/ child history and physicals. They must either participate in the educational activities of this Medical Staff, or hold active or associative membership on the Medical Staff of some other hospital. Courtesy Medical Staff shall be eligible to admit and/or attend clients if specified in individual delineated privileges, vote, and serve on Medical Staff committees. Medical Staff meeting attendance is elective and attendance is encouraged.

Section 4 - Consultative Medical Staff:

Consultative Practitioners:

Consultative Practitioners shall consist of practitioners in the medical community who are otherwise qualified for membership of the Medical Staff and are requested by a member of the Brown County Community Treatment Center Medical Staff to provide on-site consultation for a specific client. Consultative Practitioners may be used through telehealth in the outpatient clinic. Permission to provide the requested consultative evaluation may be granted by the Hospital and Nursing Home Administrator or Clinical Director. Any recommendation made by the consulting practitioner must be verified and approved by the attending physician before implementation.

ARTICLE V: ALLIED HEALTH PROFESSIONAL PERSONNEL

Section 1 - Definition:

Allied Health Professionals (AHP) shall consist of the following categories of professionals: dentists, nurse practitioners, psychologists, dental hygienists, and podiatrists.

Section 2 - Qualifications:

Only allied health professional personnel (AHP) holding a license, certificate, or other legal credential as required by State law, who:

A. Document their experience, background, training, demonstrated ability, physical health and mental health status upon request of the Medical Staff with sufficient adequacy to demonstrate that any patient treated by them will receive care of the professional level of quality and efficiency generally recognized as acceptable; and

B. Are determined, on the basis of documented reference, to adhere strictly to the ethics of their respective professions as applicable, and to work cooperatively with others; shall be eligible to provide specified services in the Hospital. Where appropriate, the Medical Staff may establish particular qualifications required of members of a specific category of AHP's, provided that such qualifications are not founded on an arbitrary or discriminatory basis, and are in conformance with applicable law.

Section 3 - Procedure for Review Specification of Services:

An application to perform allied health services shall be submitted on a form provided by the Hospital. The authority for individuals to perform specified patient care services must be processed through the credentialing/privileging function, delineating their qualifications, status, clinical duties and responsibilities. Applicants shall be evaluated by the Medical Staff, which shall recommend the scope of practice which the applicant shall be permitted to exercise in the Hospital.

Section 4 - Conditions of Participation:

A. AHP's shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff, and may only engage in acts within the scope of practice specifically approved for them by the Medical Staff, and the Governing Body.

B. Appointments as AHP's shall not be covered by the provisions for appeal in Articles VI, VII, VIII, and IX of the Medical Staff Bylaws. However, the applicant for appointment as an AHP shall have the right to appear personally before the Medical Staff to discuss the clinical privileges recommended by that Committee.

C. Initial appointment shall be for a period of one year. Thereafter, AHP's shall apply for reappointment as outlined in Article VI, Section 3, A - G.

D. Quality Assessment and Improvement auditing shall be done as a means of evaluating performance and competence. Alternatively, at the discretion of the Clinical Director, a performance evaluation related to a job description may be used as a means of evaluation.

Section 5 - Allied Health Professional Prerogatives:

A. Provide specified patient care services under the supervision or direction of a physician member of the Medical Staff.

B. Following protocols to the extent established by the Medical Staff, but not beyond the scope of the AHP's license, certificate, or other legal credentials.

C. Nurse Practitioners and Physician's Assistants may perform diagnostic and therapeutic procedures within the scope of his/her privileges with the consent of the client and the attending physician. He/She may write orders for diagnostic procedures, therapeutic procedures, and medications only if such orders are counter signed by the attending physician.

D. Attend without voting privileges meetings of the staff and department to which he/she is assigned, and hospital education programs.

E. Psychologist can perform diagnostic and therapeutic procedures including the initial clinical evaluation, treatment staffings and discharge summaries. He/She may write orders for diagnostic and therapeutic procedures only if such orders are countersigned by a physician.

Section 6 - Responsibilities:

A. Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient of the Hospital for whom he/she is providing services, or arrange a suitable alternative for such care and supervision;

B. Participate as appropriate in the quality assessment/risk management activities, supervising initial appointees of his/her same profession during the training period, and other staff functions that may be required from time to time.

ARTICLE VI: PROCEDURE FOR APPOINTMENT AND REAPPOINTMENT

Section 1 - Application for Appointment:

A. All applications for appointment to the Medical Staff shall be in writing, shall be signed by the applicant, and shall be submitted on a form prescribed by the Medical Staff. The application shall require detailed information concerning the applicant's professional qualifications, shall include the receipt of names of at least two persons who have had extensive experience in observing and working with the applicant and who can provide adequate references pertaining to the applicant's professional competence and ethical character, and shall include information as to whether the applicant's membership status and/or clinical privileges have ever been revoked, suspended, reduced, or not renewed by any other hospital or institution, and as to whether his/her membership in local, state, or national medical societies, or his/her license to practice any profession in any jurisdiction, has ever been suspended, terminated, or has any currently pending challenges, and as to whether his/her narcotics license has ever been limited, suspended, revoked, or has any currently pending challenges, and as to his physical and mental condition, and as to his/her malpractice history, and shall convey his/her consent to release of information by his/her past and present malpractice insurance carrier(s).

B. The applicant shall have the burden of producing adequate information for a proper evaluation of his/her competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.

   1. If additional information is required of the applicant, the Clinical Director/designee shall request it in writing. Failure of the applicant to provide such information within 30 days of the request shall constitute grounds for denial of appointment, unless an extension is granted by the Clinical Director.

C. The completed application, including the delineation of requested clinical privileges shall be submitted to the Hospital and Nursing Home Administrator or designee, who, after collecting the references and other materials deemed pertinent, shall provide the application and all supporting materials to the Clinical Director and Medical Staff for evaluation.

D. The delineation of clinical privileges for active and courtesy members of the Brown County Community Treatment Center Medical Staff shall be defined in a clear, comprehensive manner in accordance with these Bylaws (Article VII, Section 2).

E. By applying for appointment to the Medical Staff, each applicant thereby signifies his/her willingness to appear for interviews in regard to his/her application, authorizes the Hospital to query the National Practitioner Data Bank for adverse action reports and malpractice reports, to consult with members of the medical staffs of other hospitals to which the applicant has been associated, and with others who may have information bearing on his/her competence, character, and ethical qualifications, consents to the Hospital's inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges he/she requests, as well as his/her moral and ethical qualifications for staff membership, releases from any liability all representatives of the Hospital and its Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and his/her credentials, and releases from any liability all individuals and organizations who provide information to the Hospital in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications for staff appointment and clinical privileges, including otherwise privileged or confidential information.

F. The application shall include the following statements:

* an agreement to having received, read, and abide by the Hospital Medical Staff bylaws and by such rules and regulations as that may from time to time be enacted,

* a pledge not to receive or pay another physician directly/indirectly any fee from professional services,

* an agreement that any significant misstatements in, or omissions from, this application constitute cause for denial of appointment or cause for summary dismissal from staff,

* an affirmation that information provided is true,

* that applicant is familiar with the laws of the State of Wisconsin governing the practice of his/her specialty and will abide by these laws,

* as applicant, she/he accepts the burden for producing sufficient information for proper evaluation of qualifications and for resolving any doubts about such qualifications.

G. By applying for appointment to the Medical Staff, each applicant thereby agrees to subject his/her clinical performance to, and participate in, the Hospital's quality assessment and improvement/risk management/safety program as the same shall, from time to time, be in effect in accordance with the requirements of the responsible peer review organization, and other external regulatory agencies. Additionally, each applicant agrees to hold members of the Medical Staff and other authorized representatives of the Hospital engaged in these quality

assessment or utilization review activities free from all liability for their actions performed in good faith in connection with these activities.

H. Each practitioner applying for appointment to the Medical Staff shall maintain professional liability insurance in not less than the minimum amounts as from time to time may be determined by the Governing Body or provide other proof of financial responsibility, in such manners as the above Governing Body may find acceptable. The Governing Body may, for good cause shown by a practitioner, waive this requirement with regard to such practitioner, provided that any such waiver is not granted or withheld on an arbitrary, discriminatory, or capricious basis. This minimum amount of required coverage established pursuant to this provision shall equal the amount of professional liability insurance carried by the Hospital.

Section 2 - Appointment Process:

A. All applications for appointment shall be sent to the Hospital and Nursing Home Administrator, who will refer them to the Administrative Secretary for processing. When the processing is complete, the application and related materials shall be returned to the Hospital and Nursing Home Administrator for review for appropriateness to services provided by the Community Treatment Center. If appropriate, the application and related materials will be forwarded to the Clinical Director within ten days.

B. The Clinical Director shall review the application and related materials for determination of the character, professional competence, qualifications and ethical standing of the practitioner, and shall determine through information contained in references given by the practitioner and from other data sources available, whether the practitioner has established and meets all of the necessary qualifications for the category of staff membership and clinical privileges requested by him/her. The Clinical Director will make a recommendation regarding appointment and privileging, and the application and related materials will be referred to the Medical Staff within 60 days.

C. At the next regular Medical Staff meeting after referral from the Clinical Director, the Medical Staff shall review the application and related materials and shall make a recommendation that the practitioner be either provisionally appointed to the Medical Staff, or rejected for Medical Staff membership, or that the application is deferred for further consideration or investigation. All recommendations for appointment shall include the clinical privileges to be granted, which may be modified by probationary conditions relating to such clinical privileges.

D. When the recommendation of the Medical Staff is to defer the application for further consideration, it must be followed up within 30 days with a subsequent recommendation for provisional appointment with specified clinical privileges, or for rejection for Medical Staff membership.

E. When the recommendation of the Medical Staff is favorable to the practitioner, the Governing Body shall act on the recommendation within 30 days.

F. If the decision is adverse to the practitioner, at any level, the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested, to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), by submitting a written request within 10 days.

Section 3 - Reappointment Process:

A. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon the following: licensure, physical and mental health status, professional liability coverage, satisfactory clinical performance, adherence to Medical Staff Bylaws, rules and regulations, quality assessment and improvement data, drug usage evaluation results, risk management data, volume indicators, peer recommendations, continuing medical education, current competence, and adverse incidents, including any past or currently pending challenges to license or DEA registration, and circumstances and judgments related to any pending or settled liability actions.

B. The reappointment application shall be sent to the appointee by the Hospital and Nursing Home Administrator at least 60 days prior the expiration of the appointees' current term. Each current appointee desiring reappointment is responsible for completing the reappointment forms approved by the Governing Body. Failure to return the forms within 30 days of receipt shall be considered a voluntary resignation from the Medical Staff.

C. After the reappointment forms have been returned and processed by the Hospital and Nursing Home Administrator, this material will be combined with other information and data gathered from quality assessment and improvement reports, external sources such as National Practitioner Data Bank, medical records data, complaints, drug utilization reports, and will be sent to the Clinical Director for review.

D. Prior to the next scheduled Medical Staff meeting, the Clinical Director shall review all pertinent information available, including solicited comments from members of the Medical Staff, for the purpose of determining their recommendations for reappointment to the Medical Staff, and for granting of clinical privileges for the ensuing period. Evidence of appraisal by the Clinical Director shall be provided to the Medical Staff with recommendations for reappointment or when a change in clinical privileges is recommended.

E. At the next Medical Staff meeting, the Clinical Director or designee presents his/her recommendations to the Medical Staff concerning the reappointment and clinical privileges of the appointee scheduled for periodic appraisal. When non-reappointment or a change in clinical privileges for a period longer than 30 days is recommended, the reasons for such recommendations shall be stated and documented. The Medical Staff will consider these recommendations and will reach its conclusions as to the reappointment and privilege delineation and will forward its determination to the Hospital and Nursing Home Administrator who in turn submits it to the Governing Body for approval.

F. If an application for reappointment is filed and the Governing Body does not have time to act on it prior to the expiration of the appointee's current appointment, the appointee's current appointment and clinical privileges shall continue in effect until such time as the Governing Body acts on the reappointment application.

G. The Governing Body shall review the material and the recommendations of the Clinical Director and Medical Staff and shall render a decision regarding reappointment and delineation of clinical privileges.

H. If the decision is adverse to the practitioner, at any level, the notice of the adverse decision will be sent to the Clinical Director, and by certified mail, return receipt requested to the practitioner. The practitioner may request recourse to the Fair Hearing Appeal process described in these Bylaws (Article IX, Section 2) by submitting a written request within 10 days.

I. If the decision is not appealed or if it is upheld after appeal, the adverse action shall be reported to appropriate regulatory agencies, state and federal as required by current laws.

ARTICLE VII: DETERMINATION OF CLINICAL PRIVILEGES

Section 1 - Exercise of Privileges:

Every practitioner providing direct clinical services at this Hospital by virtue of his/her Medical Staff membership or otherwise, shall be entitled to exercise only those clinical privileges specifically granted to him/her by the Governing Body, except as provided in Sections 2, 3, and 4 of this Article VII, which cover temporary and emergency privileges.

Section 2 - Delineation of Privileges:

A. Initial Request - Every initial application for staff appointment/ reappointment must contain a request for the specific clinical privileges desired by the applicant.

B. Basis for Privileges Determination - The evaluation of such request shall be based upon the applicant's education, training, experience, demonstrated competence, references, mental and physical health status, data bank, and other relevant information including an appraisal by the Clinical Director. Privileges delineation shall relate specifically to each physician's practice in his/her practice setting as it relates to the Brown County Community Treatment Center. The

applicant shall have the burden of establishing his/her qualifications and competency in the clinical privileges so requested. The privileges recommended and granted must be precisely delineated. Terms such as "family practice", "internal medicine", and "general psychiatry" will not suffice. Periodic redetermination of clinical privileges and the increase or curtailment of same shall be based upon the direct observation of clinical performance, review of the records of patients treated in this or other hospitals, and documented results of the patient care audit and other quality assurance/risk management activities required by these Bylaws.

These clinical privileges were defined by the Brown County Community Treatment Center Medical Staff as standard, usual, and customary procedures appropriate to the diagnosis and treatment of diseases encompassed by a given specialty and limited to the available resources at the Brown County Community Treatment Center. Procedures requiring additional training or techniques not normally included in the customary training of that specialty must be specifically delineated at the time of application. However, in emergency situations, the physician may be allowed to perform any special procedures demanded by that emergency, even though not regarded as part of his/her routine clinical privileges.

C. Modification of Privileges - Application for additional clinical privileges must be in writing, on the prescribed form, and on which the type of clinical privileges desired and the applicant's relevant recent training and/or experience must be stated. Such requests will be processed in the same manner as requests for initial privilege delineation.

Section 3 - Temporary Privileges:

A. Upon receipt of an application for Medical Staff membership from an appropriately licensed practitioner, the Governing Body may, upon the basis of information then available which may reasonably be relied upon as to the competence and ethical standing of the applicant, and with the written concurrence of the Clinical Director, grant temporary admitting and specifically delineated clinical privileges to the applicant; but in exercising such privileges, the applicant shall act under the supervision of the Clinical Director. Temporary privileges may be so granted for a period not to exceed 90 days, with subsequent renewal, if necessary, not to exceed the pendency of the application.

B. Temporary clinical privileges may be granted by the Governing Body for the care of a specific patient to a practitioner who is not an applicant for membership in the same manner and upon the same conditions as set forth in subparagraph (A) of this Section 3, provided that there shall first be obtained from the practitioner a signed acknowledgment that he/she agrees to be bound by the terms of the Medical Staff Bylaws, Rules and Regulations, and all matters relating to his/her temporary clinical privileges. Such temporary privileges shall be restricted to the treatment of not more than two patients in any one year by any practitioner, after which such practitioner shall be required to apply for membership on the Medical Staff before being allowed to attend additional patients. Furthermore, the practitioner must have in force documented malpractice insurance in an amount acceptable to the hospital.

C. The Governing Body may permit a physician serving as locum tenens for a member of the Medical Staff to attend patients without applying for membership on the Medical Staff for an initial period of 60 days, providing all of his/her credentials have first been approved by the Clinical Director. Temporary clinical privileges would be granted by the Inpatient Services Director in the same manner and under the same conditions as set forth in subparagraph A of this Article. Such privileges may be renewed for two more periods during a year's time.

D. Special requirements of supervision and reporting may be imposed by the Clinical Director on any practitioner granted temporary privileges. Temporary privileges shall be immediately terminated by the Inpatient Services Director and the Clinical Director upon notice of any failure by the practitioner to comply with such special conditions.

E. The Governing Body may at any time, upon the recommendation of the Clinical Director, terminate a practitioner's temporary privileges, based upon questions of ethics, competence, character, or quality of care. The Clinical Director, or in his/her absence, the Associate Clinical Director, shall assign a member of the Medical Staff to assume responsibility for the care of such terminated practitioner's patients. The wishes of the patients shall be considered, where feasible, in selection of such substitute practitioner. Any affected practitioner may have recourse to the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2), but shall remain suspended during the course of the appeal.

Section 4 - Emergency Privileges:

In any emergency, any member of the Medical Staff, to the degree permitted by his license and regardless of privileges, department, service, or Medical Staff status or lack of it, shall be permitted and assisted to use every facility of the hospital and to do everything possible to treat the client. For the purpose of this section, an emergency is defined as a condition in which immediate treatment is necessary to prevent serious permanent harm to a client, to preserve the life of a client, or to prevent serious deterioration or aggravation of a client's condition.

ARTICLE VIII: CORRECTIVE ACTION/SUMMARY SUSPENSION

Section 1 - Procedure:

A. Whenever the activities or professional conduct of any practitioner with clinical privileges are considered to be lower than the standards or aims of the Medical Staff, or to be disruptive to the operations of the Hospital, corrective action against such practitioner may be requested by a member of the Medical Staff, a member of the Hospital Administration, or by the Governing Body. All requests for corrective action shall be in writing, shall be made to the Clinical Director, and shall be supported by reference to the specific activities or conduct which constitutes the grounds for the request.

B. Whenever the corrective action could be a reduction or suspension of clinical privileges, the Clinical Director shall immediately investigate the matter. The Clinical Director shall have authority to summarily suspend or limit the practitioner's privileges. This decision may remain in effect throughout the period of the investigation, and subsequent appeal, if any, as determined by the Clinical Director, and would be based upon the need to protect the life of any patient(s) or to reduce the substantial likelihood of immediate injury or damage to the mental or physical health or safety or well-being of any patient, employee, or other person. The Clinical Director shall have the authority to provide for alternative medical coverage for the patients of the suspended practitioner at the time of the suspension. The wishes of the patients shall be considered in the selection of such alternative practitioner, whenever possible.

C. Within ten days after the Clinical Director's receipt of the request for corrective action, he/she shall make a report of his/her investigation. Prior to the making of such report, the practitioner against whom corrective action has been requested shall have an opportunity for an interview with the Clinical Director. At such interview, he/she shall be informed of the general nature of the charges against him/her, and shall be invited to discuss, explain, or refute them. This interview shall not constitute a hearing, shall be preliminary in nature, and none of the procedural rules provided in these Bylaws with respect to hearings shall apply thereto. A record of such interview shall be made by the Clinical Director and included with his/her report.

D. Within ten days following the receipt of the investigation report for the requested corrective action involving reduction or suspension of clinical privileges the Clinical Director shall present his report to the Executive Committee. The Executive Committee will review the report, interview the complainant and the affected practitioner, and shall make its conclusions and recommendations.

E. The action of the Executive Committee on a request for corrective action may be to: reject or modify the request for correction action; issue a warning, letter of admonition, or a letter of reprimand; impose terms of probation or a requirement for consultation; recommend reduction, suspension, or revocation of clinical privileges; recommend that an already imposed summary suspension of clinical privileges be terminated, modified, or sustained; or recommend that the practitioner's staff membership be suspended or revoked. The practitioner will be notified in writing of the recommendations of the Executive Committee by the Clinical Director.

F. Any adverse recommendation for reduction, suspension, or revocation of clinical privileges, or for suspension or expulsion from the Medical Staff, shall entitle the affected practitioner to the procedural rights provided in the Fair Hearing Appeal Process described in these Bylaws (Article IX, Section 2).

G. After the Fair Hearing Appeal Process has concluded or waived, the Clinical Director shall promptly notify the Hospital and Nursing Home Administrator and the Human Services Director in writing of all requests for corrective action by the Executive Committee, and shall continue to keep the Hospital and Nursing Home Administrator and Human Services Director fully informed of all action taken in connection therewith. The Governing Body will then render a decision based upon the information and recommendation of the Executive Committee and the appeals process. Such decision shall be final and binding.

Section 2 - Termination of Practitioner for Non-Clinical Reason:

A. Termination of employment or of contract status of a practitioner for grounds unrelated to his/her professional, clinical capability, and his/her exercise of clinical privileges, may be accomplished in accordance with the usual personnel policies of the Hospital or the terms of such practitioner's contractual agreement, if applicable. To the extent that the grounds for removal include matters relating to competence in performing professional clinical tasks, or in exercising clinical privileges, resolution of the practitioner's Medical Staff privileges shall be in accordance with Section 1 of this Article.

Section 3 - Automatic Suspension:

A. A temporary suspension in the form of withdrawal of a practitioner's admitting privileges, effective until medical records are completed, shall be imposed immediately after warning of delinquency for failure to complete medical records as specified in the current Medical Staff Rules and Regulations. The Clinical Director shall have the option of assigning the practitioner to the Health Information Management or making other arrangements for the purpose of completing records, when applicable.

B. A practitioner whose Federal and/or State license to prescribe narcotics and dangerous drugs are revoked or suspended or modified shall immediately be divested of his/her right to prescribe medications or shall meet the modifications covered by such license. As soon as possible after such immediate suspension, the Executive Committee shall convene to review and consider the facts under which the license was revoked or suspended. The Executive Committee may then recommend further corrective action as is appropriate to the facts disclosed in its investigation. The Governing Body will then consider the Executive Committee's recommendation and render a final decision.

C. A temporary suspension occurs whenever a practitioner fails to maintain his/her malpractice insurance and it lapses or his/her medical license.

D. It shall be the duty of the Clinical Director to cooperate with the Hospital and Nursing Home Administrator and the Governing Body in enforcing automatic suspensions.

ARTICLE IX: FAIR HEARING APPEALS PROCESS

Section 1 - Right to Access to Fair Hearing Appeals Process:

A. When any practitioner receives notice of a recommendation of the Medical Staff or Executive Committee that, if ratified by decision of the Governing Body, will adversely affect his/her reappointment to or status as a member of the Medical Staff, or his/her exercise of clinical privileges, such as:

-denial of reappointment
-suspension of staff membership
-revocation of staff membership
-denial of requested advancement in staff category
-reduction in staff category
-denial of requested clinical privileges
-reduction in clinical privileges
-suspension of clinical privileges
-revocation of clinical privileges

He/she shall be entitled to access to the Fair Hearing Appeals Process before a final decision is made by the Governing Body.

B. All appeals shall be in accordance with the procedural safeguards set forth in this Article IX, to assure that the affected practitioner is accorded all rights to which he/she is entitled.

Section 2 - Process for a Fair Hearing Appeal:

A. Any practitioner who receives notice of an adverse recommendation regarding medical appointment, clinical privileges, or professional conduct, will have ten days from receipt of notice to request in writing an appeal of that recommendation. Such request should be made to the Clinical Director. Failure to request an appeal within ten days shall terminate all rights to appeal.

B. Within ten days of receipt of a request for appeal, the Clinical Director and the Governing Body shall select a three person appeal panel. This panel shall be compromised of three practitioners, either from within or outside the Medical Staff, but who were not previously involved in making the adverse recommendation.

C. The Clinical Director and the affected practitioner shall jointly schedule a date, time, and place for the hearing. This hearing shall take place no later than 30 days from selection of the panel.

D. The affected practitioner shall be entitled, if desired, to be accompanied and represented at the hearing by another practitioner. The affected practitioner is permitted to invite any witnesses having evidence or testimony pertinent to the situation. The Clinical Director shall represent the Medical Staff or the Executive Committee position. No attorneys shall be permitted at the hearing.

E. The panel's decision shall be communicated in writing to the Governing Body within three days. The Governing Body shall consider the Medical Staff/Executive Committee's recommendations and the panel's decision, and will make a final and binding determination on the matter within seven days. This determination shall be communicated in writing to the practitioner and Clinical Director.

ARTICLE X: CLINICAL DIRECTOR

Section 1 - Appointment of Clinical Director:

The Governing Body appoints the Clinical Director who shall serve until resignation or replacement by the Governing Body.

Section 2 - Term of Officers:

Officers shall serve as appointed until the Governing Body reappoints another Clinical Director.

Section 3- Duties of Clinical Director:

A. Clinical Director: The Clinical Director shall serve as the chief administrative officer and chairperson of the Medical Staff to:

1. Act in coordination and cooperation with the Administrative Staff of the Hospital in all matters of mutual concern within the Hospital;

2. Call, preside at, and be responsible for the agenda of all Medical Staff meetings;

3. Be accountable to the governing body, through the executive sessions, for monitoring the quality and efficiency of clinical services and the effectiveness of quality assessment and improvement functions delegated to the Medical Staff;

4. Serve as member of other Medical Staff committees as assigned;

5. Be responsible for the enforcement of Medical Staff Bylaws, Rules and Regulations, for implementation of sanctions where these are indicated, and for the Medical Staff's compliance with the procedural safeguards in all instances where corrective action has been requested against a practitioner;

6. Appoint committee members to all standing, special, and multi-disciplinary Medical Staff committees, and appoint Medical Staff members in conjunction with other administrative staff, to serve on the necessary committees of the Hospital;

7. Communicate and represent the views, policies, needs, and grievances of the Medical Staff to the governing body and to the Inpatient Services Director;

8. Receive and interpret the policies of the governing body to the Medical Staff, and ensure the effective function of methods for credentials review and for delineation of privileges and quality assurance activities.

9. Be responsible for the educational activities of the Medical Staff.

10. Be the spokesperson for the Medical Staff in its external professional and public relations.

11. Supervision of psychiatric residents.

12. To inform the Medical Staff members on the accreditation status of the Hospital. He/she shall see that the Medical Staff members are actively involved in the accreditation process; this shall include participation in the hospital survey, and particularly in the summation conference. He/she shall identify areas of suspected noncompliance, and inform the administrative officer in charge of the accreditation process, and take appropriate action.

ARTICLE XI: DUTIES OF MEDICAL STAFF AND EXECUTIVE COMMITTEE

Section 1: Medical Staff:

A. Composition: All physicians holding appropriate licenses, who have been granted privileges to attend patients in the Hospital and who are eligible to vote on Medical Staff matters.

B. Duties: The duties of the Medical Staff shall be:

1. To coordinate the activities and general policies of the Hospital in relation to the Medical Staff;

2. To receive and act upon reports and recommendations from special committees and officers of the Medical Staff and/or Hospital;

3. To implement policies of the Medical Staff not otherwise the responsibility of any other aspect of the organization and to review such policies at least every three years;

4. To provide liaison between its members and the Administrative Staff of the Hospital;

5. To recommend action to the Hospital and Nursing Home Administrator on matters of a medical/ administrative nature;

6. To make recommendations on hospital management matters to the Director of Nursing Hospital. Such recommendations shall be consistent with the mission and philosophy of the Hospital, and shall have particular emphasis on the Medical Staff component of the organization;

7. To fulfill its accountability to the governing body for the medical care rendered to patients in the Hospital;

8. To review credentials of all applicants and to make recommendations for staff membership, reassignments, delineation of clinical privileges. Such credentials will be reviewed upon the recommendation of the Clinical Director. Duties will be to:

   a. Review, evaluate, and verify the character, qualifications, competence, and performance of each applicant for initial appointment, reappointment, or modification of appointment, and for clinical privileges, and make appropriate recommendations.

   b. Make recommendations to the Governing Body on the qualifications of each applicant for staff membership and for particular clinical privileges.

   c. In addition to verification of competence and performance, reappraisal parameters shall include: the individual's maintenance of timely, accurate, and complete medical records; his/her attendance at required staff meetings; his/her service on Medical Staff and Hospital committees when requested; his/her patterns of care, as demonstrated by Quality Assessment/Improvement Program; Clinical Director assessment; and his/her documented appropriate continuing medical education.

   d. The Medical Staff will review and approve the methods for determining the profiles of clinical privileges developed by each discipline (psychiatry, internal medicine).

   e. The Medical Staff shall have the authority to require the individual to submit any required evidence of his/her current health status.

9. To review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges, and as a result of such reviews, to make recommendations for reappointment and renewal, or changes in clinical privileges; and

10. To participate in identifying community health needs and in setting Hospital goals and implementing programs to meet those needs.

Section 2: Executive Committee:

A. Composition: The Executive Committee shall be a standing committee, and shall consist of the officers of the Medical Staff, members of the Active Medical Staff, invited members of the Courtesy Medical Staff, representative of the Governing Body and non-voting administrative representatives. The Clinical Director shall serve as Chair and the Inpatient Services Director shall serve as Vice-Chair.

B. Duties: The duties of the Executive Committee shall be:

1. To consider and make recommendations regarding corrective action/summary suspension actions involving members of the Medical Staff;

2. To administer the Medical Staff's Quality Assessment and Improvement program including peer review, drug utilization review, and clinical pertinence review; and

3. To take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the Medical Staff, including the invitation of and/or participation in Medical Staff corrective or review measures, when warranted.

ARTICLE XII: MEDICAL STAFF MEETINGS

Section 1: Regular Meetings:

Regular meetings of the Medical Staff will be held at least six times a year for the purpose of transacting such business as may come before the Medical Staff, and to provide an educational forum. The agenda of such meeting should include such reports of the review and evaluation of the work done in the clinical departments, and the performance of the required Medical Staff functions. All regular meetings shall be at such day and hour as the Clinical Director shall designate in the call and notice of the meeting.

Section 2: Special Meetings:

The Clinical Director may call a special meeting of the Medical Staff at any time. The Clinical Director shall call a special meeting within 15 days after receipt by him/her of a written request for same, signed by no less than one-fourth of the Active Staff, and stating the purpose for such meeting. The Clinical Director shall designate the time and place of any special meeting.

A. Written or printed notice stating the place, day, and hour of any special meeting of the Medical Staff shall be delivered either personally or by mail to each member of the Medical Staff prior to the meeting. No business shall be transacted at any special meeting, except that stated in the notice calling the meeting.

Section 3: Quorum:

The presence of thirty-three percent of the total membership of the Active Medical Staff at any regular or special meeting shall constitute a quorum for purposes of amendment of these Bylaws, and for all other transactions.

Section 4: Attendance Requirements:

Each member of the Active Medical Staff shall be required to attend at least 50 percent of all regular Medical Staff meetings in each year. Unless excused by the Clinical Director, the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action. Reinstatement of staff members whose membership has been revoked because of absence from staff meetings shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.

Section 5: Agenda:

A. Agenda: The agenda at any regular Medical Staff meeting shall be determined by the Clinical Director. Any staff member may request placing items of concern on the agenda.

B. The agenda at special meetings shall be:

1. Reading of the notice calling the meeting.

2. Transaction of business for which the meeting was called.

3. Adjournment.

ARTICLE XIII: EXECUTIVE COMMITTEE MEETINGS

Section 1: Regular Meetings:

The Executive Committee meetings shall be held six times per year, immediately following the conclusion of the Medical Staff meetings.

Section 2: Special Meetings:

A special meeting of the Executive Committee may be called by, or at the request of, the Clinical Director, or by one-third of the Executive Committee members, but not less than two members.

Section 3: Notice of Meetings:

Written or oral notice stating the place, day, and hour of any regular or special meeting shall be given to each member of the Committee.

Section 4: Quorum:

Thirty-three percent of the membership of the Executive Committee, but not less than two members, shall constitute a quorum at any meeting.

Section 5: Manner of Action:

The action of a majority of the members present at a meeting in which a quorum is present shall be the action of the Committee. Action may be taken without a meeting by unanimous consent in writing (setting forth the actions so taken), signed by each member entitled to vote thereat.

A. A practitioner whose patients' clinical course is scheduled for discussion at any regular meeting or conference shall be so notified, and shall be expected to attend such meeting. If such practitioner is not otherwise required to attend such meeting, the Clinical Director shall, through the Inpatient Services Director, give the practitioner advance written notice of the time and place of the meeting at which his/her attendance is expected.

B. Failure by a practitioner to attend any meeting with respect to which he/she was given notice that attendance was mandatory, unless excused by the Clinical Director upon a showing of good cause, shall result in an immediate suspension of all or such portion of the practitioner's clinical privileges as the Executive Committee may direct, and such suspension shall remain in effect until the matter is resolved through any mechanism that may be appropriate, including corrective action, if necessary. In all other cases, if the practitioner shall make a timely request for postponement supported by an adequate showing that his/her absence will be unavoidable; such presentation may be postponed by the Clinical Director, until not later than the next regular meeting. Otherwise, the pertinent clinical information shall be presented and discussed as scheduled.

ARTICLE XIV: CONFIDENTIALITY, IMMUNITY FROM LIABILITY

Section 1: Special Definitions:

For the purpose of this Article, the following definitions shall apply:

A. Information: Means record of proceedings, minutes, records, reports, memoranda, statements, recommendations, data, and other disclosures, whether in written or oral form, relating to any of the following subjects:

1. Applications for appointment or clinical privileges,
2. Periodic reappraisals for reappointment or clinical privileges,
3. Corrective action, including summary suspension,
4. Hearings and appellate reviews,
5. Medical care evaluations, (refer to Wisconsin Statutes 146.37),
6. Utilization reviews, and
7. Other hospital or committee activities related to quality of patient care and interprofessional conduct.

B. Malice: Means the intentional dissemination of a known falsehood or of information with a reckless disregard for whether or not it is true or false.

C. Representative: Means a board, any director or committee thereof; an administrator; a medical staff organization or officer, committee thereof; and any individual authorized by any of the foregoing to perform specific information-gathering or disseminating functions.

D. Third Parties: Means both individuals and organizations providing information to any representative.

Section 2: Authorizations and Conditions:

By applying for or exercising clinical privileges, or providing specified patient care services within this Hospital, a practitioner:

A. Authorizes representatives of the Hospital and the Medical Staff to solicit, provide, and act upon information bearing on his/her professional ability and qualifications;

B. Agrees to be bound by the provisions of this Article, and to waive all legal claims against any representative or third party who acts in accordance with the provisions of this Article; and

C. Acknowledges that the provisions of this Article are express conditions to his/her application for or acceptance of staff membership, or his/her exercise of clinical privileges or provision of specified patient services at this Hospital.

Section 3: Confidentiality of Information:

Information with respect to any practitioner submitted, collected, or prepared by any representative of this or any other health care facility or organization or medical staff, for the purpose of achieving and maintaining quality patient care, reducing morbidity and mortality, or contributing to medical research shall, to the fullest extent permitted by law, be confidential, and shall not be disseminated to anyone other than a representative of the Medical Examining Board, as required by law, or used in any way except as provided by third parties. This information shall not become part of any particular patient's file or of the general hospital records.

Section 4: Immunity from Liability:

The following shall be express conditions to any practitioner's application for the exercise of clinical privileges at this Hospital:

That any act, communication, report, recommendation, or disclosure with respect to any such practitioner performed or made in good faith and without malice, and at the request of an authorized representative of this or any other health care facility, for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.

That such privilege shall extend to members of the Hospital's Medical Staff and of its Governing Body, its other practitioners, its administrative officers, and to third parties who supply information to any of the foregoing authorized to receive release or act upon the same.

That there shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.

That such immunity shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care institution's activities related, but not limited to that information stated in Section 1A of this Article (XIV).

That the acts, communications, reports, recommendations, and disclosures referred to in this Article XIV may relate to a practitioner's professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

That in furtherance of the foregoing each practitioner shall, upon request of the Hospital, execute releases in accordance with the tenor and import of this Article XIV in favor of the individuals and organizations specified in paragraph 3, subject to such requirements, including those of good faith, absence of malice, and the exercise of a reasonable effort to ascertain truthfulness as may be applicable under the law of this state.

That the contents, authorizations, releases, rights, privileges, and immunities provided in Sections 1 and 2 of Article VI of these Bylaws for the protection of this Hospital's practitioners, other appropriate Hospital officials and personnel, and third parties in connection with applications for initial appointment, shall also be fully applicable to the activities and procedures covered by this Article XIV.

ARTICLE XV: RULES AND REGULATIONS

The Medical Staff shall adopt rules and regulations as may be necessary to implement more specifically the general principles found within these Bylaws, subject to the approval of the Medical Staff and the Governing Body. These shall relate to the proper conduct of the Medical Staff organizational activities, as well as embody the level of practice that is to be required of each practitioner in the Hospital. Such rules and regulations shall be a part of these Bylaws, and may be amended and appealed at any regular meeting of the Medical Staff, at which a quorum is present, and without previous notice, or at any special meeting of the Medical Staff. Such changes shall become effective upon approval by the governing body.

ARTICLE XVI: AMENDMENTS

These Bylaws may be amended after submission of the proposed amendment at any regular or special meeting of the Medical Staff. To be adopted, an amendment shall require a two-thirds vote of the members of the Active Medical Staff present, provided that at least thirty-three percent of the

members of such staff are present. Amendments so made shall be effective when approved by the governing body. These Bylaws shall be reviewed bi-annually and revised as necessary.

ARTICLE XVII: ADOPTION

These Bylaws shall be adopted at any regular or special meeting of the Medical Staff, shall replace any previous Bylaws, and shall become effective upon approval by the governing body of the Hospital.

Adopted by the Psychiatric/Medical Staff on March 10, 2015.

3/11/15

Yogesh C. Pareek, M.D., Clinical Director

3/12/15

Jordon Bruce, Interim Hospital and Nursing Home Administrator

3/12/15

Nancy Fennema, Interim Human Services Director

Representative of the Governing Body

1b

BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS

SECTION I: ADMISSION AND DISCHARGE:

1. Only physicians granted Medical Staff membership and clinical privileges may admit and/or treat patients at this Hospital.

2. In all cases of non-emergency voluntary admissions to this Hospital, a provisional diagnosis or valid reason for admission must either precede or accompany the patient. In addition, current medications, which are to be continued in the Hospital, and any other orders necessary for the care of the patient in the first 24 hours, must either precede the patient or be called to the nursing unit upon admission.

3. All patients shall be attended by members of the Medical Staff, and shall be assigned to the psychiatric inpatient unit. In the case of a patient requiring admission who has no practitioner, he/she shall be assigned to the practitioner for the service to which the illness of the patient indicates assignment.

4. In the event of a Hospital death, the deceased shall be pronounced dead by the attending practitioner or his/her designee as soon as possible. Policies with respect to the release of dead bodies shall conform to local and state law.

5. The Hospital shall admit patients suffering from all types of psychological diseases.

6. Patients shall be discharged only on a written order of the attending practitioner. Should a patient leave the Hospital against the advice of the attending practitioner, or without proper discharge, a notation of the incident shall be made in the patient's medical record.

7. If a client elopes from the facility, discharge should occur within 24 hours.

   These parameters can be adjusted on an individual basis at the discretion of the attending psychiatrist.

8. Practitioners admitting patients shall be held responsible for giving such information as may be necessary to assure the protection of other patients from those who are a source of danger for whatever cause.

SECTION II: EMERGENCY CARE:

Emergency psychiatric care at the Brown County Community Treatment Center shall be provided through 24-hour, on-call Medical Staff coverage. The Medical Staff has delegated the authority to the RN-Charge Nurse to screen and assess clients presenting to the hospital with a potential medical/psychiatric emergency.

In cases of medical/psychiatric emergencies, the doctor will be notified. An order will be given to nursing staff for care until rescue squad arrives. A transfer order will be given by the physician and orders will be signed within 24 hours.

SECTION III: MEDICAL RECORDS:

1. The attending practitioner shall be responsible for the preparation of a complete medical record for each client. This record shall include identification data, complaint, personal history, family history, history of present illness, physical examination, special reports such as consultation, clinical laboratory, x-ray, and other reports, provisional diagnosis, and discharge summary. A discharge summary will be required for all cases of death, regardless of the length of stay.

2. A medical record shall not be permanently filed until it is completed by the responsible practitioner, or is ordered filed by the Hospital Administrator or designee.

3. Pertinent progress notes shall be recorded at the time of observation sufficient to permit continuity of care and transferability. Whenever possible, each of the client's clinical problems should be clearly identified in the progress notes, with correlation and reference to the specific orders as well as the results of tests and treatment. Progress notes shall be written daily for those where there is difficulty in diagnosis or management of the clinical problem. Otherwise, progress notes shall be recorded no less than weekly. In the absence of a child psychiatrist, weekly child and adolescent progress notes written by other disciplines will be authenticated by the countersignature of the treating psychiatrist.

4. A history and physical examination to screen for medical problems related to a psychiatric illness shall be recorded within 24 hours of admission. This report should include all pertinent findings resulting from an assessment of all systems of the body. We do not screen for cancer. If a screening history has been recorded and a physical examination performed within 30 days prior to the patient's admission to the Hospital, a reasonably durable, legible copy of these reports may be used in the client's Hospital medical record in lieu of the admission history and report of the physical examination, provided these reports are updated, including any changes in the client's condition, by a member of our Medical Staff. In such instances, an interval admission note that includes all additions to the history and any subsequent changes in the physical findings must always be recorded. If the client is readmitted within one month's time for the same condition, an interval note shall be sufficient.

5. Initial Psychiatric Evaluations are to be done within 60 hours of admission for all clients, and will contain a medical history, record of mental status, onset of illness and circumstances leading to admission, description of attitudes and behaviors, estimate intellectual functioning, memory

functioning, and orientation, and include an inventory of the client's assets in descriptive, not interpretive fashion.

6. All current and completed records are the property of the Hospital, and shall not be removed from the Hospital complex without a court order, subpoena, or per state statute. This shall apply whether the patient is attended by the same practitioner or by another; also to copies of records, except as released upon authority of the practitioner and the patient, or a responsible representative of the patient.

7. In cases of re-admission of a patient, all previous records shall be available for use by the attending practitioner.

8. Consultations shall show evidence of an examination of the patient and review of the record by the consultant. This report shall be made a part of the patient's record. A limited statement, such as "I concur" does not constitute an acceptable report of consultation.

9. All clinical entries to the patient's medical record shall be accurately dated, timed, and authenticated and legible.

10. Final diagnosis shall be recorded in full without the use of symbols or abbreviations, dated, and signed by the responsible practitioner at the time of discharge of all patients. This will be deemed equally important as the actual discharge order.

11. A discharge summary shall be written or dictated on medical records of all clients according to the following guidelines:

    a. Psychiatrists and psychologists may dictate discharge summaries as outlined in the Bylaws;

    b. All required elements will be addressed in the discharge summary, to include recapitulation of the client's hospitalization and recommendations from appropriate services concerning follow-up or aftercare, as well as a brief summary of the client's condition on discharge, and final psychiatric diagnosis;

    c. Discharge summaries will be done on all clients, including those admitted for alcohol detoxification.

    d. A complete discharge summary will be done on all deaths that occur at the Community Treatment Center, regardless of the length of stay.

    e. Discharge summaries will be done as follows:

        1) If a client is discharged within 60 hours of admission, a short stay summary will be done. Dictation will be completed within one week of discharge.

        2) If the client stay is greater than 60 hours, a psychiatric evaluation and a discharge

summary will be done. The psychiatric evaluation must be done within 60 hours of admission.

f. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and the end results. All discharge summaries shall be authenticated by the responsible practitioner. The Clinical Director/attending physician shall review and co-sign a representative sampling of a resident physician's discharge summaries and treatment plans.

12. The medical record, including discharge summaries, must be completed within 30 days of discharge by the attending practitioner or his/her designated practitioner, as authorized in the Medical Staff Bylaws. The Health Information Manager or designee will notify the practitioner of his/her delinquent status, with copies of the notice to the Clinical Director and the Administrator of the Hospital.

    If these records are not completed within five (5) days, the Health Information Manager will notify the Hospital Administrator. The Hospital Administrator will personally notify the practitioner that:

    1. He/she has 24 hours in which to complete the delinquent records. The practitioner will make arrangements with another practitioner to assume their duties while they complete their delinquent records. They will not be assigned any new cases until their records are complete; and
    2. continued noncompliance may result in fines, and
    3. if noncompliance in completing medical records continues, the Delinquent Record List will be presented to the Quality Assurance Committee for more aggressive action, and
    4. this action will be reflected in the practitioner's performance evaluation.

13. Written consent of the client is required for release of protected health information to persons not otherwise authorized to receive this information. In the event that the client is unable to provide written consent, a legal representative may be permitted to give such consent.

14. Only abbreviations approved by the Medical Staff shall be recorded in the medical records of clients. Exceptions may be allowed for commonly used abbreviations which would be recognized by a person who is not in the medical field, which are often used in the community, and which are not medical or professional terms. These terms need not be listed on the Abbreviation List. These would include such terms as TV, meds, rec'd, etc.

SECTION IV: GENERAL CONDUCT OF CARE:

A. Orders:

1. Orders may be given only by an appointee of the Medical Staff, resident, or Nurse Practitioner to a registered nurse, or other appropriate health professionals (e.g. occupational therapist, pharmacist, dietitian or psychologist).

2. All orders for treatment shall be in writing, and shall be dated, timed, and signed by the responsible practitioner.

3. Nurse practitioner orders for the Community Treatment Center clients are limited to protocols established by the Medical Staff and must be dated, timed, and countersigned by the medical director or physician within 48 hours.

4. Verbal/telephone orders may be given by an authorized practitioner only to a registered nurse and/or pharmacist, occupational therapist, dietitian, psychologist, nurse practitioner or other health professionals as appropriate. Medication orders can be given only to a registered nurse, registered pharmacist, nurse practitioner, or advanced practice nurse prescriber. These orders are to be transcribed into the client's record and dated, timed, and signed by the transcriber. All verbal and telephone orders shall be authenticated, dated, and timed by the prescribing member of the medical staff in writing within 24 hours of receipt.

5. Categories of verbal orders which may be transmitted by a third party (such as a physician's office assistant), rather than directly from a practitioner or duly-authorized allied health professional may be defined in the hospital procedure with approval of the Clinical Director. Such categories of orders shall not include a reference to orders for medications requiring prescription drugs, parenteral fluids, and restraint/seclusion. Such verbal orders shall be dated, timed, and signed by the person who transcribed the order, noting the name of the practitioner and the name of the individual relaying the order per the transcriber's name. The prescribing practitioner must assume responsibility for orders transmitted in such a manner.

   A member of the Medical Staff must sign, date, and time verbal orders for restraint/seclusion within 24 hours. Such orders shall be considered to be in writing.

   At all times, health professionals duly authorized to accept verbal orders are to exercise sound professional judgment in accepting all such orders, and shall retain the right to request direct clarification of these orders from the practitioner.

6. Standing orders and/or instruction sheets shall be instituted only after approval of the Medical/ Administrative Staff Committee. Such standing orders and/or instruction sheets shall be reviewed at least annually and revised as necessary. All standing orders and/or instruction sheets must be dated, timed, and signed by the responsible practitioner when utilized, as required for all orders for treatment.

7. Medications shall not be discontinued without notifying the practitioner. If an order expires at night, it should be called to the attention of the practitioner the following

morning, and shall remain in effect for the condition for which it was originally ordered until the practitioner is reached.

8. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.

9. Orders for medications shall be written in the metric system and include the specific dosage, frequency of dosage, route of administration, and any necessary instructions. PRN orders should specify indication for which the drug is to be administered.

10. All drugs and medications administered to patients shall be those listed in the latest drug formulary.

11. As far as possible, the use of proprietary remedies is to be avoided.

12. Any time that a drug is used for a non-approved indication, or the dose is more than the established maximum, the therapy should be considered nonconventional and the following procedures are to be followed:

    a) Literature explaining the rationale of the therapy should be available in the library and the pharmacy. The physician is to provide this literature or request that the librarian obtain it.

    b) The treatment objectives are to be stated in the client's records.

    c) The client should be informed of the possible side effects and why the therapy was chosen.

    d) Medication article may be placed in the client's chart for staff use, if appropriate.

    e) Hazardous procedure for Unusual Medication Regimes should be followed.

B. Special Procedures:

All special procedures such as the use of Restraint and Seclusion (R&S) are subject to the policies and procedures regulating their use which have been approved by the Medical Staff and are defined in the Medical Staff Policy and Procedure Manual.

C. Miscellaneous:

1. In the case of an adverse drug reaction (ADR), the attending physician shall determine that the reaction is untoward and shall document its significance in the clinical record. The Pharmacy Manager will track and quarterly report the ADR data

to the Medical Staff, who will review the significant incidents and recommend actions.

2. Infection Control designates practitioners to have the authority to institute any appropriate control measures or studies when it is reasonably felt that danger to patients, visitors, or personnel exists.

3. The utilization review and quality assurance plans of this Hospital, as approved, will be adhered to by all attending practitioners.

4. Policies and procedures governing the use of various facilities of the Hospital, preparation of medical records, specialized forms of treatment, disposal of specimens, etc., when determined and published by authorized committees and approved by the Administrative Staff of the Hospital, shall be adhered to by all attending practitioners, and said practitioners are responsible for remaining abreast of all current directives.

BROWN COUNTY COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
RULES AND REGULATIONS

The Medical Staff Rules and Regulations have been approved as of March 10, 2015.

Yogesh Pareek, MD
Clinical Director

3/11/15
Date

Jordon Bruce, Interim Hospital and Nursing Home Administrator

3/12/15
Date

Nancy Fennema
Interim Human Services Director

3/12/15
Date

Revised: 11/30/92; 3/21/94; 6/94; 9/95; 9/96; 8/97; 9/99; 11/99; 9/00; 12/00; 5/01; 3/02; 7/16; 10/02; 10/03; 10/04; 7/05; 9/05; 4/06; 11/07; 4/08; 7/15/08; 07/31/09; 05/11/10; 07/10/12; 09/10/13; 11/11/14; 3/2/15

1b

PROCEEDINGS OF THE BROWN COUNTY
VETERANS' RECOGNITION SUBCOMMITTEE

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the **Brown County Veterans' Recognition Subcommittee** was held on Tuesday, February 17, 2015 at 5:00 p.m., in Room 201 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

PRESENT: Rosemary Desisles, Lynn Geiser, Tracy Rosinski, Delores Pierce, Duane Pierce, Bernie Erickson, Jim Haskins, Jerry Polus, Joe Witkowski
EXCUSED: Carl Soderberg, Ed Koslowski

**Running Total of Veterans' Certificates: 1681

1. **Call Meeting to Order.**

   The meeting was called to order by Chair Bernie Erickson at 5:00 p.m.

2. **Invocation.**

3. **Approve/Modify Agenda.**

   Motion made by Jim Haskins, seconded by Delores Pierce to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

4. **Approve or Modify Minutes of January 20, 2015.**

   Motion made by Joe Witkowski, seconded by Delores Pierce to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

5. **Possible discussion/review regarding Veterans Appreciation Day at the Brown County Fair in preparation for 2015.**

   Jim Haskins stated that he attended the most-recent Fair Board meeting. He asked the Fair Board about a covered stage and was advised that they could possibly get one but the Subcommittee would have to pay the cost for the rental. This will be discussed in greater length at the next meeting.

   Jerry Polus indicated that he has not received a response regarding the availability of the band yet; however, he hoped to hear something soon and will keep the Subcommittee advised.

   A brief discussion was also held with regard to honoring the women veterans at the Fair and Witkowski noted that giving each woman a rose was discussed at the last meeting. He also suggested the Subcommittee look into the manicure sets that he showed a few months ago as a possible gift. Tracy Rosinski stated that she will bring one of the manicure sets to the next meeting so a decision can be made.

6. **Possible discussion regarding honoring female veterans at Veterans Appreciation Day at the Brown County Fair.**

   Rosemary Desisles indicated that she had contacted Sherry Steenbock to see if she kept the names of veterans that certificates were sent to so we could get the names of female veterans, but Steenbock indicated that she did not retain the names. Erickson noted that there were other ways to get the names of female vets in the County and he also felt that once the word was out that female veterans were going to be honored, the word would spread quickly. Erickson felt that the media may also be useful in helping to get the word

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out. Polus indicated that he had several resources that could be helpful in putting a list of female veterans together.

7. **Report from Committee Members Present (Erickson, Desisles, Haskins, Koslowski, Maino, Pierce, Rosinski & Witkowski).**

-Bernie Erickson did not have anything to report.

-Rosemary Desisles did not have anything to report.

-Jim Haskins reported that he had ordered the new "In God We Trust" license plates for his car. He indicated that he had somewhat of a struggle at the Motor Vehicle Department as no one there seemed to be aware that the plates were available and Haskins was the first person to come in and ask for them.

Haskins also read a poem that he had written in 2011 entitled *Freedom*. Copies of the poem will be prepared for the Subcommittee and available at the next meeting.

-Duane Pierce reported that he and Lynn Geiser as well as several others attended the Hoops for Troops event recently at Bay Port High School. He stated that the veterans marched onto the court as the National Anthem was being played and it was a very interesting event. He urged others to attend next year as the students at Bay Port do a phenomenal job with their veteran activities.

Pierce continued that Legion Post 539 will be holding a fund raising luncheon for Denise Rohan who is running for National American Legion Commander. Rohan would be the first female to hold this position. The fundraiser will be held on March 14 at 12:00 p.m. at the Swan Club. The cost of the luncheon is $14 and anyone wishing to attend should contact Lori Bellows no later than February 24. Rohan will be the guest speaker at the event.

Pierce continued that Legion Post 11 is visiting veterans at area nursing homes. They have a schedule set through April and a copy is attached. On the March 27, 30 and 31 visits they will be distributing Easter baskets to the vets as a way to show them that they are not forgotten. Geiser stated that they currently have 10 – 12 baskets ready and are looking for 65 total.

-Tracy Rosinski reported that Heartland has made arrangements to bring author Debra Grassman back to Green Bay the first week in June. To tag along with that, Heartland has recently signed a contract with King to provide hospice services to their members. Rosinski is working with the director at King and will try to do training with Grassman when she is here. Rosinski also stated that they are looking at doing a soul injury ceremony at King.

-Joe Witkowski reported that he was at Woodside recently and a resident rolled out in his wheelchair and announced that he was scheduled to take part in an Old Glory Honor Flight and was thrilled. Witkowski also stated that if anyone wanted him to come to any organizations to do the *Gettysburg Address*, he would be happy to do so at any time. Witkowski also referenced a discussion from the last meeting that New Orleans was the first city to eliminate veterans' homelessness and he intends to write to the Chamber of Commerce to get more information that he will share with the Subcommittee. Witkowski also indicated that he has been seeing quite a few ads on television from the Wounded Warrior Project which he does not like in light of what was reported at the last meeting as to the percentages of donations that actually go to veterans. Witkowski also stated that at the next meeting he would like to sing the fifth verse of the *Star Spangled Banner*.

8. **Report from CVSO Jerry Polus.**

CVSO Jerry Polus indicated that another individual had graduated from the Veterans Court last week. He stated that the Court is having very high levels of success and Court is held every Friday morning from 9:30 – 11:00 am. Anyone interested in attending may do so. Polus noted that Veterans Court is totally funded by grants and donations while other

treatment courts are funded by the County and noted that the success rate in Veterans Court is higher than that of other treatment courts. Polus noted that the budget for Veterans Court is estimated to be about $20,000 per year, but he would like to have a budget large enough to hire a dedicated staff person, however at this time they do not have that luxury due to funding.

9. **Comments from Carl Soderberg.**

Soderburg was unable to attend this meeting; no report was given.

10. **Comments from Lynn Geiser**

Lynn Geiser stated that the Hope 4 Vets event is scheduled from noon to 4:00 pm on February 28 at the Warpinski Community Center, 515 S. Monroe Avenue. Veterans can get a hot meal, receive a haircut and warm clothes and connect with other vets and their families. Information about veterans' benefits and resources will also be available. Geiser indicated that they are still working on food donations and are in need of chicken, shredded cheese and tater tots. If anyone is able to donate these items, they can let Geiser know. She indicated that they have plenty of warm clothes to distribute and also noted that there will be 8 – 10 people giving haircuts. Jason Moon will also be performing at the event. Moon is an Iraq veteran who tells a phenomenal story about his struggles. Geiser noted that they are still in need of volunteers for the event and anyone interested in helping can contact her. Rosinski noted that there will be two or three volunteers from Heartland at the event.

Polus indicated that he has received calls regarding this event, but did not know much about it. He was trying to figure out if this was an event for homeless veterans and Duane Pierce noted that it was for homeless veterans as well as at risk veterans. Geiser stated the focus is on homeless veterans, but the peer to peer connection component was also a big part of the event as there are still a lot of veterans struggling in the community. She noted that the Vet Center will be there along with the VA and Center for Veterans Issues as well as a number of other organizations. Geiser stated that her key focus is bringing the veterans together with their families and educating the community and providing awareness as to how to work with veterans. Polus noted that he did not have much information about the event as his office was not approached to participate and he did not know what the focus of the event was. He noted that his office works very closely with some of the other organizations mentioned by Geiser and also noted that his office would have participated if they would have been asked. Geiser indicated that there will also be a survey for veterans to fill out at the event which will include contact information for anyone who wants further information on available services. Geiser also noted that monetary donations would be welcome.

11. **Such Other Matters as Authorized by Law.**

Duane Pierce suggested that an item be included on next month's agenda to take a vote to formally make Lynn Geiser a member of this Subcommittee. Erickson responded that he will include an agenda item for this next month.

12. **Adjourn.**

Motion made by Jim Haskins, seconded by Duane Pierce to adjourn at 5:40 p.m. Vote taken. <u>MOTION CARRIED UANIMOSULY</u>

Respectfully submitted,

Therese Giannunzio
Recording Secretary

LEGION POST 11
NURSING HOME VISITS
MEET 10-15 MINUTES EARLY NEAR FRONT DOOR
NEED DIRECTIONS CALL SNAKE 360-0114

2/20 @ 130 PM ANGELS TOUCH @ 394 ANGELS TOUCH CT - DE PERE

2/27 @ 130PM CARDINAL RIDGE @ 713 CARDINAL LANE - HOWARD

4/8 @ 145PM RENNES @ 200 S. 9TH ST - DE PERE

3/11 @ 2PM GOLDEN LIVING @ 1640 SHAWANO AVE.

3/18 @ 130PM ODD FELLOWS @ 1229 S. JACKSON ST.

3/27 @ 2PM (EASTER BASKETS)
WOODSIDE @ 1040 PILGRIM WAY

3/30 @ 2PM (EASTER BASKETS)
BORNEMANNS @ 226 BORNEMAN ROAD

3/31 @ 10 AM (EASTER BASKETS)
PARKVIEW MANOR @ 2961 ST. ANTHONY DR.

4/16 @ 2PM MANORCARE WEST @ 1760 SHAWANO AVE.

4/24 @ 130PM ANGELS @ 394 ANGELS TOUCH CT - DE PERE

4/30 @ 130PM CARDINAL RIDGE @ 713 CARDINAL LANE - HOWARD

1C

From – Dan Robinson, Brown County Supervisor, District 19

Date – February 18, 2015

That the new County Human Services Director and the Human Services department staff put together a report to be presented at the August Human Services Committee meeting, with monthly updates to the Committee in the interim, that examines:

- *The Community Treatment Center/In-patient mental health and AODA County Services,*
- *Community mental health and AODA County Services, and*
- *Mental health and AODA services offered by the community in general with which the County has a partnership (e.g., the money we pay to the Crisis Center for its emergency services).*

Within each of these areas, the assessment should address:

- *What the community needs are*
- *What the County's legal responsibilities are*
- *What we're doing well*
- *What we're not doing well*
- *Where the gaps are*
- *How we can improve things*
- *How we can better collaborate with community partners, and*
- *What this effort will cost.*

Communication
Brown Co. Board of Supervisors Meeting

March 18, 2015

Because of the potential impact on the delivery of County mental health services, in particular the Community Treatment Center, I request that a representative of Strategic Behavioral Health, which is proposing a psychiatric hospital be built in Brown County, appear before the Human Services Committee to discuss the hospital proposal and any potential impact.

Dan Robinson
- District 19

Communication
Brown Co. Board of Supervisors Meeting

March 18, 2015

Because of the potential negative impact on our County's Aging and Disability Resource Center from provisions within the proposed state budget, I/~~We~~ request that the County Board of Supervisors pass a resolution in support of the ADRC, modeled upon a resolution recently passed by Ozaukee County.

– Dan Robertson
District 19

RESOLUTION

IN SUPPORT OF RETAINING AND EXPANDING WISCONSIN'S CURRENT LONG TERM CARE SYSTEM OF FAMILY CARE, IRIS, PARTNERSHIP, AND AGING AND DISABILITY RESOURCE CENTERS

WHEREAS, Governor Walker's 2015-2017 budget proposal would dismantle Wisconsin's nationally admired long term care (LTC) system currently serving nearly 55,000 older adults and individuals with disabilities; and

WHEREAS, The governor's budget would eliminate IRIS; replace Family Care and existing managed care organizations (MCOs) with 2-3 private health insurance companies providing both health care and LTC services; and give authority to the Department of Health Services (DHS) to privatize county-run Aging and Disability Resource Centers (ADRCs) by contracting out many of their functions; and

WHEREAS, these proposals were initiated with no input from people receiving LTC series or their families, aging or disability advocates, local officials, MCOs, ADRCs, provider agencies, or legislators; and

WHEREAS, the current LTC system was the outgrowth of four years of intensive LTC Reform planning in the 1990's involving LTC consumers and families, aging and disability advocates, counties and state officials, resulting in strong bi-partisan support for a LTC-only version of Family Care; and

WHEREAS, the hoped-for reforms have actually been produced by the current system: reducing nursing home utilization, "bending the curve" on Medicaid spending, reducing the portion of Medicaid spent on LTC, and creating locally-based ADRCs to provide prevention and 1-stop information on LTC for all citizens; and

WHEREAS, the current LTC system has created huge saving for taxpayers while maintaining quality: reducing the Medicaid portion of the budget from 53% in 2002 to 43% in 2011, reducing the nursing home population by 9,000 people, keeping administrative costs for Family Care down to 4.2% and limiting MCO surpluses to 2%; and

WHEREAS, the IRIS program was started in 2008 to provide a non-managed care alternative for people who want to self-direct all of their services and this popular, unique and flexible program has grown rapidly to its current enrollment of 11,500 people; and

WHEREAS, ADRCs have become a nationally recognized model and one of the most important roles of county government to meet a variety of needs and reduce the cost of growing LTC population; and

WHEREAS, all of the projected $14 million in saving in state and federal funds in the 2015-2017 budget are the result of current expansion of the existing LTC system into 7 northeast counties;

NOW, THEREFORE BE IT RESOLVED by the Brown County Board of Supervisors that Wisconsin should retain its existing successful and cost-effective Models of Family Care, IRIS, Partnership and ADRCs, and should expand those models statewide to eliminate waiting lists, sustain quality, and achieve further savings; and

BE IT FURTHER RESOLVED, that the County Clerk shall forward a copy of this resolution to the Governor of the State of Wisconsin, the Wisconsin Counties Association, and Brown County's Legislative Representatives with the request that they assist in this endeavor.

Family & Childcare
RESOURCES OF N.E.W.

February 15, 2015

Patrick Moynihan
Chairman of Brown County Board
2444 Babcock Road
Green Bay, WI 54313

Dear Mr. Moynihan:

Who supports families by caring for children, and making it possible for many parents to work? Families in Wisconsin trust the care of their children to child care providers. We ask that you honor the child care providers of Brown County by signing a proclamation declaring Friday, May 8, 2015 as Child Care Provider Appreciation Day. Your proclamation would continue the tradition by national and local officials to honor child care providers who make it possible for our community's economy to flourish.

Provider Appreciation Day is a day to recognize child care providers, center directors, staff, and people who work with children and are responsible for their education and care. This day is celebrated each year across the globe on the Friday before Mother's Day. It was started by a group of volunteers in New Jersey in 1996. Please visit the website, www.providerappreciationday.org, for more information. At Family and Childcare Resources of N.E.W. we are planning to celebrate Child Care Provider's Appreciation Day on Friday, May 8, 2015. We would be proud to share the proclamation with providers and the families they support.

Please join us in thanking 175 early childhood programs for their hard work and commitment to serving 8,000 children in Brown County child care programs. If you have any questions, or if we can be of further help, please feel free to contact me at 920-432-8899 or at paula@fcrnew.org. We will be happy to answer any questions that you or your staff may have.

Sincerely,

Paula Breese

Paula Breese
Executive Director
Family & Childcare Resources of N.E.W.

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BROWN COUNTY
BOARD OF SUPERVISORS
COURT HOUSE
GREEN BAY, WISCONSIN

BROWN COUNTY BOARD OF SUPERVISORS

Meeting Date: 3/18/15

Agenda No. :

Motion from the Floor

I make the following motion: Assessment of outdoor coal piles on the western shore of the Fox River as a health risk and source of airborne pollutants, as well as proposals remediation and elimination of the health consequences on our citizenry.

Signed: Hoyer

District No.: 4

(Please deliver to the County Clerk after the motion is made for recording into the minutes.)

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UNAUDITED

December 2014 Veterans Report

Fiscal Year to Date 12/31/14

Include Rollup Account and Rollup to Account

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund **100 - GF**										
REVENUE										
Department **084 - Veterans Service**										
Division **001 - General**										
4100	General property taxes	362,980.00	.00	362,980.00	30,248.37	.00	362,980.00	.00	100	366,911.00
4302	State grant and aid revenue	13,000.00	.00	13,000.00	.00	.00	.00	13,000.00	0	13,000.00
4900	Miscellaneous	.00	.00	.00	200.00	.00	1,200.00	(1,200.00)	+++	400.00
4901	Donations	1,000.00	31,000.00	32,000.00	1,575.00	.00	32,810.00	(810.00)	103	2,200.00
9000	Carryover	.00	9,359.00	9,359.00	.00	.00	9,359.00	.00	100	5,407.00
9004	Intrafund Transfer In	.00	.00	.00	.00	.00	.00	.00	+++	1,300.38
	Division **001 - General** Totals	$376,980.00	$40,359.00	$417,339.00	$32,023.37	$0.00	$406,349.00	$10,990.00	97%	$389,218.38
	Department **084 - Veterans Service** Totals	$376,980.00	$40,359.00	$417,339.00	$32,023.37	$0.00	$406,349.00	$10,990.00	97%	$389,218.38
	REVENUE TOTALS	$376,980.00	$40,359.00	$417,339.00	$32,023.37	$0.00	$406,349.00	$10,990.00	97%	$389,218.38
EXPENSE										
Department **084 - Veterans Service**										
Division **001 - General**										
5100	**Regular earnings**									
5100	Regular earnings	194,391.00	.00	194,391.00	14,746.41	.00	171,050.71	23,340.29	88	163,220.13
5100.998	Regular earnings Budget only	3,228.00	.00	3,228.00	.00	.00	.00	3,228.00	0	.00
	5100 - Regular earnings Totals	$197,619.00	$0.00	$197,619.00	$14,746.41	$0.00	$171,050.71	$26,568.29	87%	$163,220.13
5102	**Paid leave earnings**									
5102.100	Paid leave earnings Paid Leave	.00	.00	.00	3,691.12	.00	15,027.69	(15,027.69)	+++	19,040.35
5102.200	Paid leave earnings Personal	.00	.00	.00	747.31	.00	2,989.24	(2,989.24)	+++	2,914.98
5102.300	Paid leave earnings Casual	.00	.00	.00	3,076.13	.00	3,736.59	(3,736.59)	+++	3,452.28
5102.400	Paid leave earnings Sick	.00	.00	.00	.00	.00	.00	.00	+++	376.44
5102.500	Paid leave earnings Holiday	.00	.00	.00	2,989.24	.00	5,974.73	(5,974.73)	+++	5,811.07
5102.600	Paid leave earnings Other (funeral, jury	.00	.00	.00	.00	.00	413.46	(413.46)	+++	148.50
	5102 - Paid leave earnings Totals	$0.00	$0.00	$0.00	$10,503.80	$0.00	$28,141.71	($28,141.71)	+++	$31,743.62
5103	**Premium**									
5103.000	Premium Overtime	.00	.00	.00	.00	.00	74.99	(74.99)	+++	.00
	5103 - Premium Totals	$0.00	$0.00	$0.00	$0.00	$0.00	$74.99	($74.99)	+++	$0.00
5109	**Salaries reimbursement**									
5109.100	Salaries reimbursement Short term	.00	.00	.00	.00	.00	.00	.00	+++	(1,416.90)
	5109 - Salaries reimbursement Totals	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	+++	($1,416.90)
5110	**Fringe benefits**									
5110.100	Fringe benefits FICA	14,287.00	.00	14,287.00	1,865.53	.00	14,283.97	3.03	100	13,883.59

5110.110	Fringe benefits Unemployment	729.00	.00	729.00	91.03	.00	689.57	39.43	95	734.78
5110.200	Fringe benefits Health insurance	72,335.00	.00	72,335.00	4,105.76	.00	49,269.12	23,065.88	68	60,071.04
5110.210	Fringe benefits Dental Insurance	6,005.00	.00	6,005.00	500.30	.00	6,003.60	1.40	100	5,176.52
5110.220	Fringe benefits Life Insurance	373.00	.00	373.00	69.33	.00	820.49	(447.49)	220	760.66
5110.230	Fringe benefits LT disability insurance	736.00	.00	736.00	61.54	.00	728.54	7.46	99	682.51
5110.235	Fringe benefits Disability insurance	1,528.00	.00	1,528.00	127.31	.00	1,527.72	.28	100	2,800.00
5110.240	Fringe benefits Workers compensation	214.00	.00	214.00	17.83	.00	213.96	.04	100	43.00
5110.300	Fringe benefits Retirement	13,607.00	.00	13,607.00	1,740.04	.00	13,921.33	(314.33)	102	12,726.38
	5110 - Fringe benefits Totals	$109,814.00	$0.00	$109,814.00	$8,578.67	$0.00	$87,458.30	$22,355.70	80%	$96,878.48
5198	Fringe benefits - Budget only	990.00	.00	990.00	.00	.00	.00	990.00	0	.00
5300	**Supplies**									
5300	Supplies	300.00	.00	300.00	.00	.00	.00	300.00	0	473.00
5300.001	Supplies Office	1,550.00	(960.00)	590.00	141.95	.00	1,103.04	(513.04)	187	1,177.84
5300.004	Supplies Postage	2,600.00	.00	2,600.00	129.26	.00	2,068.31	531.69	80	2,339.34
	5300 - Supplies Totals	$4,450.00	($960.00)	$3,490.00	$271.21	$0.00	$3,171.35	$318.65	91%	$3,990.18
5305	Dues and memberships	220.00	.00	220.00	.00	.00	170.00	50.00	77	80.00
5306	**Maintenance agreement**									
5306.100	Maintenance agreement Software	1,800.00	.00	1,800.00	.00	.00	1,794.00	6.00	100	2,034.00
	5306 - Maintenance agreement Totals	$1,800.00	$0.00	$1,800.00	$0.00	$0.00	$1,794.00	$6.00	100%	$2,034.00
5308	**Vehicle/equipment**									
5308.100	Vehicle/equipment Gas, oil, etc.	1,200.00	.00	1,200.00	.00	.00	384.99	815.01	32	505.22
	5308 - Vehicle/equipment Totals	$1,200.00	$0.00	$1,200.00	$0.00	$0.00	$384.99	$815.01	32%	$505.22
5340	Travel and training	2,000.00	1,820.00	3,820.00	70.34	.00	1,487.67	2,332.33	39	679.60
5370	Support Services	10,000.00	38,539.00	48,539.00	1,619.68	.00	20,978.13	27,560.87	43	11,867.23
5410	**Insurance**									
5410.500	Insurance Crime premium	175.00	.00	175.00	.00	.00	153.00	22.00	87	166.68
	5410 - Insurance Totals	$175.00	$0.00	$175.00	$0.00	$0.00	$153.00	$22.00	87%	$166.68
5505	**Telephone**									
5505.100	Telephone cell	.00	960.00	960.00	54.31	.00	740.64	219.36	77	14.78
	5505 - Telephone Totals	$0.00	$960.00	$960.00	$54.31	$0.00	$740.64	$219.36	77%	$14.78
5600	Indirect cost	26,314.00	.00	26,314.00	2,192.87	.00	26,314.00	.00	100	30,914.00
5601	**Intra-county expense**									
5601.100	Intra-county expense Technology	18,350.00	.00	18,350.00	1,615.14	.00	15,640.20	2,709.80	85	17,558.89
5601.200	Intra-county expense Insurance	2,080.00	.00	2,080.00	173.33	.00	2,079.96	.04	100	1,706.00
5601.350	Intra-county expense Highway	250.00	.00	250.00	.00	.00	453.35	(203.35)	181	200.53
5601.400	Intra-county expense Copy center	200.00	.00	200.00	.00	.00	69.58	130.42	35	64.00
5601.450	Intra-county expense Departmental	1,518.00	.00	1,518.00	126.50	.00	1,518.00	.00	100	1,446.00
	5601 - Intra-county expense Totals	$22,398.00	$0.00	$22,398.00	$1,914.97	$0.00	$19,761.09	$2,636.91	88%	$20,975.42
	Division **001 - General** Totals	$376,980.00	$40,359.00	$417,339.00	$39,952.26	$0.00	$361,680.58	$55,658.42	87%	$361,652.44
	Department **084 - Veterans Service** Totals	$376,980.00	$40,359.00	$417,339.00	$39,952.26	$0.00	$361,680.58	$55,658.42	87%	$361,652.44
	EXPENSE TOTALS	$376,980.00	$40,359.00	$417,339.00	$39,952.26	$0.00	$361,680.58	$55,658.42	87%	$361,652.44
	Fund **100 - GF** Totals									
	REVENUE TOTALS	376,980.00	40,359.00	417,339.00	32,023.37	.00	406,349.00	10,990.00	97	389,218.38

EXPENSE TOTALS	376,980.00	40,359.00	417,339.00	39,952.26	.00	361,680.58	55,658.42	87	361,652.44
Fund **100 - GF** Totals	$0.00	$0.00	$0.00	($7,928.89)	$0.00	$44,668.42	($44,668.42)		$27,565.94
Grand Totals									
REVENUE TOTALS	376,980.00	40,359.00	417,339.00	32,023.37	.00	406,349.00	10,990.00	97	389,218.38
EXPENSE TOTALS	376,980.00	40,359.00	417,339.00	39,952.26	.00	361,680.58	55,658.42	87	361,652.44
Grand Totals	$0.00	$0.00	$0.00	($7,928.89)	$0.00	$44,668.42	($44,668.42)		$27,565.94

2015 BUDGET ADJUSTMENT REQUEST

15-19

Category	Approval Level
☐ 1 Reallocation from one account to another in the same level of appropriation	Dept Head
☐ 2 Reallocation due to a technical correction that could include: • Reallocation to another account strictly for tracking or accounting purposes • Allocation of budgeted prior year grant not completed in the prior year	Director of Admin
☐ 3 Any change in any item within the Outlay account which does not require the reallocation of funds from another level of appropriation	County Exec
☐ 4 Any change in appropriation from an official action taken by the County Board (i.e. resolution, ordinance change, etc.)	County Exec
☐ 5 a) Reallocation of up to 10% of the originally appropriated funds between any levels of appropriation (based on lesser of originally appropriated amounts)	Admin Committee
☐ 5 b) Reallocation of more than 10% of the funds original appropriated between any of the levels of appropriation.	Oversight Comm 2/3 County Board
☐ 6 Reallocation between two or more departments, regardless of amount	Oversight Comm 2/3 County Board
☒ 7 Any increase in expenses with an offsetting increase in revenue	Oversight Comm ✓ 2/3 County Board
☐ 8 Any allocation from a department's fund balance	Oversight Comm 2/3 County Board
☐ 9 Any allocation from the County's General Fund	Oversight Comm Admin Committee 2/3 County Board

Justification for Budget Change:

WHEPP GRANT - The Department of Health and Human Services has approved program funding carry over from BP-2 (July 1, 2013 - June 30, 2014) to the current fiscal year BP-3 (July 1, 2014 - June 30, 2015). The funding will be provided by two separate CARS contract addendum's. The first will appear on or about March 2nd 2015 in the amount of $75,000. The second will appear on or about April 1st 2015 in the amount of $25,000. For a total of $100,000 for Region 3 WHEPP-HCC. These funds must be spent before June 30, 2015 on emergency supplies, travel expenses, stand-alone computer equipment, educational speakers, a contractor for HCC projects and the development of a website.

LOCAL PREPAREDNESS GRANT - The preparedness program was awarded Conference and Training Scholarships to individuals attending specific conference and trainings which will cover registration, transportation to/from the conference/training, and hotel in the total amount of $12,890. **Budget Adj Request Amount: $112,890**

Increase	Decrease	Account #	Account Title	Amount
☒	☐	100.060.300.4302	CARS State Grant and aid revenue	$112,890
☒	☐	100.060.300.5300	CARS Supplies	$28,000
☒	☐	100.060.300.5395	CARS Equipment – Non outlay	$32,000
☒	☐	100.060.300.5340	CARS Training	$22,890
☒	☐	100.060.300.5708	CARS Professional Services	$30,000

KB 3/11/1

AUTHORIZATIONS

Chua Xiong
Signature of Department Head

Department: Health Department

Date: 3-11-15

Signature of DOA or Executive

Date: 3/13/15

Revised 4/1/14

8

March 19, 2014

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

RESOLUTION ON HELPING FAMILIES MOVE FROM HOMELESSNESS TO SELF-SUFFICIENCY

WHEREAS, a safe, stable home is essential for any child to grow up healthy and happy, and become a contributing member of the community; and,

WHEREAS, the number of Brown County families who are homeless has been on the rise in recent years, in part because of the economic recession; and,

WHEREAS, the options for homeless families to find temporary shelter in Brown County are limited; and,

WHEREAS, Golden House, the domestic abuse program and shelter in Green Bay, was unable to shelter 269 women and children in 2012 because of limited capacity, and also were sought out by another 228 women and children who were not suffering from domestic violence but were still in need of shelter; and

WHEREAS, the number of families who are on the waiting list for housing at Freedom House has grown to over 100; and,

WHEREAS, the number of children who are homeless in the various Brown county school systems has been increasing, numbering over 1300 students during the 2012-2013 school year, according to the data from the McKinney-Vento Program that assists homeless children; and

WHEREAS, much of the public discussion around homelessness has focused on homeless single adults, while the greatest unmet need, perhaps, resides with homeless families; and,

WHEREAS, the Brown County Board, in August 2013, passed a resolution that expressed support for efforts to address homelessness, including the creation of a ten-year plan and educating the public on the problem of homelessness; and,

WHEREAS, efforts have begun to reconstitute the Brown County Board's Homeless Issues and Affordable Housing Subcommittee; and,

WHEREAS, family self-sufficiency and respect for the dignity and worth of all people, especially children, are worthy goals that both the Brown County Board and Humans Services department wish to promote; and,

WHEREAS, the latest projections for the Community Programs fund balance within the Brown County Human Services department indicate that the fund balance will have over $500,000 of

undesignated funds by the end of fiscal year 2013; and,

WHEREAS, the Brown County Board of Supervisors wishes to use these funds in a manner consistent with the mission of the Human Services department; and,

WHEREAS, the Brown County Board seeks to invest in long-term efforts to promote family self-sufficiency, and thus reduce the costs to county residents of increased social service use;

NOW, THEREFORE, BE IT RESOLVED, that the Brown County Board of Supervisors includes in the 2014 Brown County budget a one-time expenditure of $75,000 to create a fund to be used to provide grants to local projects seeking to reduce the problem of homelessness among families and to promote self-sufficiency, such as:

- establishing new transitional housing units for families, that would include support from a social service agency;
- enhancing existing transitional housing support efforts with families, such as home visits, educational and job training programs, etc.;
- expanding support and educational programs that promote self-sufficiency for homeless families, such as budgeting, substance abuse counseling, etc.;
- creating a ten-year plan to address homelessness in Brown County; and,

BE IT FURTHER RESOLVED, that the $75,000 used to establish this fund be taken from the Community Programs fund balance; and,

FINALLY, BE IT RESOLVED, that these funds shall be administered by the Brown County Board's Homeless Issues and Affordable Housing Subcommittee, who will establish the application process and criteria for evaluating applications (including preference for applications that have some level of matching funds), as well as award the grants.

Respectfully submitted,

Daniel Robinson
Brown County Supervisor
District 19

Approved By:

_____
COUNTY EXECUTIVE

Date Signed: _____

Authored by: _____

Final Draft Approved by Corporation Counsel

2014

14-116

BUDGET ADJUSTMENT REQUEST

Category		Approval Level
☐ 1	Reallocation from one account to another in the same level of appropriation	Dept Head
☐ 2	Reallocation due to a technical correction that could include: • Reallocation to another account strictly for tracking or accounting purposes • Allocation of budgeted prior year grant not completed in the prior year	Director of Admin
☐ 3	Any change in any item within the Outlay account which does not require the reallocation of funds from another level of appropriation	County Exec
☐ 4	Any change in appropriation from an official action taken by the County Board (i.e. resolution, ordinance change, etc.)	County Exec
☐ 5	a) Reallocation of up to 10% of the originally appropriated funds between any levels of appropriation (based on lesser of originally appropriated amounts)	Admin Committee
☐ 5	b) Reallocation of more than 10% of the funds original appropriated between any of the levels of appropriation.	Oversight Comm 2/3 County Board
☐ 6	Reallocation between two or more departments, regardless of amount	Oversight Comm 2/3 County Board
☒ 7	Any increase in expenses with an offsetting increase in revenue	Oversight Comm 2/3 County Board
☐ 8	Any allocation from a department's fund balance	Oversight Comm 2/3 County Board
☐ 9	Any allocation from the County's General Fund	Oversight Comm Admin Committee 2/3 County Board

Justification for Budget Change:

Our Partners in the Baylake Consortium (Door, Marinette, Shawano, and Oconto Counties) had Income Maintenance claims greater than we had budgeted for in 2014 directly resulting in a greater expense on our ledger. Brown County acts as a pass through entity for the payments to our partners. The amount we receive in revenue from the state on their behalf equals the amount they are paid. Amount $725,000.

Increase	Decrease	Account #	Account Title	Amount
☒	☐	201.076.130.200.4302.0283CONS	State Grant Rev IMAA Cons	725,000
☒	☐	201.076.130.133.5700.0076CONS	Contracted Services IM Cons	725,000
☐	☐			
☐	☐			

AUTHORIZATIONS

Nancy Bernows
Signature of Department Head

Department: Human Services

Date: 3-11-15

Signature of DOA or Executive

Date: 3/13/15

Revised 4/1/14

TB 10

Brown County Human Services

Interim Executive Director's Report to the Human Services Committee - March 2015

Nicolet Psychiatric Hospital has taken the majority of my time the past few weeks. I have been working with staff to implement the changes required per our recent State Survey and following Plan of Correction. We contracted with Apara, out of Madison, to provide us with consultation in writing the Plan of Correction and oversee the implementation of changes.

In regards to Family Care the ADRC has begun enrollment counseling as the first step in the transition process. Within the Department a number of our employees have been hired by the Managed Care Organizations. We will work with them to develop a transition schedule so we can retain our employees as close to roll over as possible. Roll over is the date that we discontinue the provision services and the Managed Care organization or IRIS begin.

Lisa Peters our Project Manager for the Avatar Project is in the process of evaluating the project to determine what has been done and what needs to be done. She is doing an excellent job working with Netsmart and our employees to keep the project on track. However, I anticipate a revision in the original target date.

Children Youth and Families have had a spectacular start to the New Year. 2015 has brought new leadership in Juvenile Justice, Dannel Skalecki, to assist with the modernization of case management in this area. Dannel is insightful and brings energy to the hard working JJ team. CABHU is currently running their first group therapy session for adolescent females. Currently 6 Brown County teen girls are engaged in trauma informed therapy led by Dr. Noukki. Shelter Care continues to serve Brown and surrounding counties with emergent and high risk short term placement for youth. Supervisors VandenHoogen and Schmeling have initiated a tri-county consortium to address the special needs of Shelter Care Facilities. Child Protective Services (CPS) is down 30 referrals from this date last year. CPS is in active roll out of the Community Response Program. Jenna Kerin is our lead case management facilitator for initiation of the CR model introduction to the community.

The other important change will be in the responsibilities of the Human Services Board who will assume the governing responsibility of the Nicolet Psychiatric Hospital. I sincerely appreciate the openness of the board members in considering these changes.

I want to thank Brown County for the opportunity to work as the Interim Director and look forward to the opportunities our new Director will bring.

Departmental Openings Summary

Position	Vacancy Date	Reason for Leaving	Fill or Hold
Assistant Director of Nursing-Nursing Home	1/20/15	Resignation	Fill
Social Worker/Case Manager-Juvenile Justice	2/28/2015	Promotion w/I Unit	Fill
Hospital & Nursing Home Administrator	3/12/2015	Discharged	Fill
Account Clerk II - CTC	4/2/2015	Retirement	Fill

Respectfully Submitted By:

Nancy Fennema

Nancy Fennema
Interim Executive Director

April 15, 2015

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

RESOLUTION REGARDING CHANGE IN TABLE OF ORGANIZATION FOR THE HUMAN SERVICES DEPARTMENT SOCIAL SERVICES AIDE I

WHEREAS, the Social Worker/Case Managers in the Birth to Three and the Children's Long Term Support units have experienced an increase in caseload and are also currently performing many clerical, non-billable services; and

WHEREAS, many of these clerical, non-billable services could be handled by a Social Services Aide I allowing the Social Worker/Case Managers to complete more billable services and increase revenue; and

WHEREAS, if the Social Worker/Case Managers could transfer 20 hours of clerical work to a Social Services Aide I, there would be a savings of $3,000/week or the potential for increased billing of over $100,000 as the current DHS approved billing rate for 2015 is $104.72 per hour of case management time; and

WHEREAS, there is currently a vacant 0.50 FTE Social Services Aid I position in the Human Services table of organization; and

WHEREAS, the Human Services department recommends increasing the Social Services Aide I position to 1.00 FTE to provide support to both the Birth to Three and Children's Long Term Support units and allow the Social Worker/Case Managers to focus on their caseload; and

WHEREAS, an increase in billable services would offset the cost of increasing the Social Services Aide I position to 1.00 FTE; and

NOW, THEREFORE, BE IT RESOLVED by the Brown County Board of Supervisors, the Social Services Aide I position in the Human Services table of organization be increased from 0.50 FTE to 1.00 FTE; and

BE IT FURTHER RESOLVED, the Human Services department will review after one year to ensure the increased billing offset the cost of the Service Aide, and if it does not, it will revert back to a half-time Social Services Aid I, and report findings to Administration.

Budget Impact:

Human Services Table of Organization
(Increase Social Services Aide I from 0.50 FTE to 1.00 FTE)

Partial Year Budget Impact (5/01/15 – 12/31/15)	**FTE**	**Addition/ Deletion**	**Salary**	**Fringe**	**Total**
Social Services Aide I	(0.50)	Deletion	$(10,977)	$(5,768)	$(16,745)
Social Services Aide I	1.00	Addition	$ 22,783	$ 14,183	$ 36,966
Partial Year Budget Impact			**$ 11,806**	**$ 8,415**	**$ 20,221**

Annualized Budget Impact	**FTE**	**Addition/ Deletion**	**Salary**	**Fringe**	**Total**
Social Services Aide I	(0.50)	Deletion	$(16,465)	$(8,652)	$(25,117)
Social Services Aide I	1.00	Addition	$ 34,174	$ 21,275	$ 55,449
Annualized Budget Impact			**$ 17,709**	**$ 12,623**	**$ 30,332**

Fiscal Note: This resolution does not require an appropriation from the General Fund. Additional revenue generated by the Social Workers/Case Managers will cover the increased cost.

Respectfully submitted,
HUMAN SERVICES COMMITTEE
EXECUTIVE COMMITTEE

Approved By:

_____

TROY STRECKENBACH
COUNTY EXECUTIVE

Date Signed: _____

Authored by Human Resources

Approved as to form by Corporation Counsel

BOARD OF SUPERVISORS ROLL CALL #_____

_____

Motion made by Supervisor _____

Seconded by Supervisor _____

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
SIEBER	1				
DE WANE	2				
NICHOLSON	3				
HOYER	4				
GRUSZYNSKI	5				
HAEFS	6				
ERICKSON	7				
ZIMA	8				
EVANS	9				
KAYE	10				
BUCKLEY	11				
LANDWEHR	12				
DANTINNE, JR	13				

SUPERVISORS	DIST. #	AYES	NAYS	ABSTAIN	EXCUSED
LA VIOLETTE	14				
KATERS	15				
KASTER	16				
VAN DYCK	17				
JAMIR	18				
ROBINSON	19				
CLANCY	20				
CAMPBELL	21				
MOYNIHAN, JR.	22				
STEFFEN	23				
SCHADEWALD	24				
LUND	25				
FEWELL	26				

Total Votes Cast _____

Motion: **Adopted** _____ **Defeated** _____ **Tabled** _____

HUMAN RESOURCES DEPARTMENT

Brown County

305 E. WALNUT STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

WARREN P. KRAFT

PHONE (920) 448-4071 FAX (920) 448-6277 WEB: www.co.brown.wi.us

HUMAN RESOURCES DIRECTOR

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: 03/09/15

REQUEST TO: Human Services Committee

MEETING DATE: 03/25/15

REQUEST FROM: Warren Kraft
Human Resources Director

REQUEST TYPE: ☒ New resolution ☐ Revision to resolution
☐ New ordinance ☐ Revision to ordinance

TITLE: Resolution Regarding Change in Table of Organization for the Human Services Department (Social Services Aide I)

ISSUE/BACKGROUND INFORMATION:

The Social Worker/Case Managers in the Birth to Three and the Children's Long Term Support areas are currently performing many clerical and non-billable services that could be handled by support staff.

ACTION REQUESTED:

Increase the vacant Social Services Aide I position from 0.50 FTE to 1.00 FTE to perform clerical duties currently performed by the Social Worker/Case Managers allowing them to focus on their increased caseload which would increase billable services and offset the cost.

FISCAL IMPACT:

NOTE: *This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.*

1. Is there a fiscal impact? ☒ Yes ☐ No
   a. If yes, what is the amount of the impact? $20,221 Partial Year (5/01 -12/31/15)
   $30,332 Annualized
   b. If part of a bigger project, what is the total amount of the project? $_____
   c. Is it currently budgeted? ☐ Yes ☒ No
      1. If yes, in which account? _____
      2. If no, how will the impact be funded?
      The increase in billable services will offset the cost. Human Services will review after one year to ensure savings.

☒ **COPY OF RESOLUTION OR ORDINANCE IS ATTACHED**

BROWN COUNTY
POSITION DESCRIPTION

POSITION TITLE: SOCIAL SERVICES AIDE I

REPORTS TO: OFFICE MANAGER II

DEPARTMENT: HUMAN SERVICES

JOB SUMMARY:

Under general supervision performs clerical and support work of a varied nature, which calls for familiarity with basic agency and unit procedure and the ability to exercise independent judgment in carrying out assignments. This position supports the Birth to Three and Children's Long Term Support (CLTS) units.

ESSENTIAL DUTIES:

Maintains CLTS, intensive autism and family support wait lists.

Processes referrals and assigns out cases under supervision.

Maintains records, statistical data and/or controls for the Birth to Three and Children's Long Term Support Units.

Schedules outreach activities and orders relevant materials.

Completes and maintains clerical duties and accurate, timely documentation according to applicable requirements, codes, contracts and policies.

Compiles and maintains supply of unit logs and packets for the various program areas.

Facilitates communication and maintains positive working relationships with and between consumers, informal support systems, co-workers, health professionals, courts, legal representatives, contracted providers and the public at large.

Types reports, correspondence, and provides administrative support for the unit manager.

Tracks and coordinates unit training.

Responsible for updating operating procedures affecting the Birth to Three and CLTS units.

Completes and maintains necessary documentation according to applicable requirements and policies.

Performs general clerical duties including filing, photo-copying and routing of documents.

Distributes mail and maintains office supplies within the CLTS & Birth to Three Units.

Provides general program information to consumers and providers.

Identifies the need for and assists in the planning and development of new service resources as necessary and/or assigned.

Attends and contributes to staff meetings and overall unit performance.

NON-ESSENTIAL DUTIES:

Performs related functions as assigned.

MATERIALS AND EQUIPMENT USED:

General office equipment
Computer

MINIMUM QUALIFICATIONS REQUIRED:

Education and Experience:

High School Diploma required (Bachelor's degree in social work or related human services field preferred), plus a minimum of one year of office experience; or any equivalent combination of education, training and experience which provides the required knowledge, skills and abilities.

Licenses and Certifications:

None

Knowledge, Skills and Abilities:

Knowledge of departmental procedures.

Knowledge of general office procedures.

Knowledge of English, grammar and spelling.

Ability to perform varied and somewhat complex clerical tasks.

Ability to establish and maintain effective working relationships with staff and consumers.

Ability to understand and carry out fairly complex oral and written instructions.

Ability to work independently.

Ability to communicate effectively both orally and in writing.

Skilled in the operation of a variety of office machines (i.e. copy machine, fax machine, telephone, and personal computer).

Ability to work the required hours of the position.

PHYSICAL DEMANDS:

Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds.

Intermittent standing, walking and sitting; occasional driving.

Using hand(s)/feet for repetitive single grasping, fine manipulation, pushing and pulling, and operating controls.

Occasional bending, twisting, squatting, climbing, reaching, and grappling.

Communicating orally in a clear manner.

Distinguishing sounds at various frequencies and volumes.

Distinguishing people or objects at varied distances under a variety of light conditions.

This position description should not be interpreted as all inclusive. It is intended to identify the major responsibilities and requirements of this job. The incumbents may be requested to perform job-related responsibilities and tasks other than those stated in this description.

Revised: 2/5/15

BROWN COUNTY HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600

Phone (920) 448-6064 Fax (920) 448-6126

Tim Schmitt, Budget and Finance Director

To: Human Services Board, Human Services Committee

Date: March 1, 2015

Subject: January 2015 financial results for Community Programs and Community Treatment Center

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Community Programs is near budget for January 2015. Personnel expenses are slightly higher due to 3 payrolls being posted.

The Community Treatment Center is showing a deficit for January 2015. Revenues are lagging for both Bay Haven and Nicolet. Bay Haven was budgeted for an average of 6 clients and actually averaged 1 client in January. Nicolet averaged 2 fewer clients than budget and posted lower than expected revenue. Personnel costs were slightly higher due to higher than expected health insurance costs.

Community Programs

Through 01/31/15
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund **201 - CP**									
REVENUE									
Property taxes	15,060,752.00	.00	15,060,752.00	1,255,062.67	.00	1,255,062.67	13,805,689.33	8	15,246,722.00
Intergov Revenue	43,793,652.00	.00	43,793,652.00	772,431.41	.00	772,431.41	43,021,220.59	2	75,463,993.94
Public Charges	1,960,068.00	.00	1,960,068.00	98,234.04	.00	98,234.04	1,861,833.96	5	2,084,288.81
Miscellaneous Revenue	19,400.00	.00	19,400.00	1,198.40	.00	1,198.40	18,201.60	6	57,248.57
Other Financing Sources	30,700.00	.00	30,700.00	2,558.00	.00	2,558.00	28,142.00	8	53,090.04
REVENUE TOTALS	$60,864,572.00	$0.00	$60,864,572.00	$2,129,484.52	$0.00	$2,129,484.52	$58,735,087.48	3%	$92,905,343.36
EXPENSE									
Personnel Costs	18,252,054.00	.00	18,252,054.00	1,847,565.29	.00	1,847,565.29	16,404,488.71	10	20,478,657.25
Operating Expenses	44,450,998.00	.00	44,450,998.00	242,754.72	31,121.46	242,754.72	44,177,121.82	1	78,349,901.01
Outlay	69,507.00	.00	69,507.00	3,111.00	11,234.08	3,111.00	55,161.92	21	20,000.00
EXPENSE TOTALS	$62,772,559.00	$0.00	$62,772,559.00	$2,093,431.01	$42,355.54	$2,093,431.01	$60,636,772.45	3%	$98,848,558.26
Fund **201 - CP** Totals									
REVENUE TOTALS	60,864,572.00	.00	60,864,572.00	2,129,484.52	.00	2,129,484.52	58,735,087.48	3	92,905,343.36
EXPENSE TOTALS	62,772,559.00	.00	62,772,559.00	2,093,431.01	42,355.54	2,093,431.01	60,636,772.45	3	98,848,558.26
Fund **201 - CP** Totals	($1,907,987.00)	$0.00	($1,907,987.00)	$36,053.51	($42,355.54)	$36,053.51	($1,901,684.97)		($5,943,214.90)

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CTC adj

Through 01/31/15
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% used/ Rec'd	Prior Year Total
Fund **630 - CTC**									
REVENUE									
Property taxes	2,578,283.00	.00	2,578,283.00	214,856.92	.00	214,856.92	2,363,426.08	8	2,597,267.00
Intergov Revenue	3,893,727.00	.00	3,893,727.00	(82,836.88)	.00	354,833.12	3,976,563.88	9	4,131,030.13
Public Charges	4,914,426.00	.00	4,914,426.00	164,088.19	.00	164,088.19	4,750,337.81	3	3,983,782.38
Miscellaneous Revenue	1,534,626.00	.00	1,534,626.00	51,723.33	.00	51,723.33	1,482,902.67	3	1,631,241.47
Other Financing Sources	.00	.00	.00	.00	.00	.00	.00	+++	105,548.76
REVENUE TOTALS	$12,921,062.00	$0.00	$12,921,062.00	$347,831.56	$0.00	$785,501.56	$12,573,230.44	3%	$12,448,869.74
EXPENSE									
Personnel Costs	9,427,173.00	.00	9,427,173.00	846,271.30	.00	846,271.30	8,580,901.70	9	9,525,447.35
Operating Expenses	4,290,189.00	.00	4,290,189.00	153,315.43	10,003.36	153,315.43	4,126,870.21	4	4,437,378.09
Outlay	.00	.00	.00	.00	.00	.00	.00	+++	.00
EXPENSE TOTALS	$13,717,362.00	$0.00	$13,717,362.00	$999,586.73	$10,003.36	$999,586.73	$12,707,771.91	7%	$13,962,825.44
Fund **630 - CTC** Totals									
REVENUE TOTALS	12,921,062.00	.00	12,921,062.00	347,831.56	.00	785,501.56	12,573,230.44	6	12,448,869.74
EXPENSE TOTALS	13,717,362.00	.00	13,717,362.00	999,586.73	10,003.36	999,586.73	12,707,771.91	7	13,962,825.44
Fund **630 - CTC** Totals	($796,300.00)	$0.00	($796,300.00)	($651,755.17)	($10,003.36)	($214,085.17)	($134,541.47)		($1,513,955.70)

BROWN COUNTY COMMUNITY TREATMENT CENTER
FEBRUARY 2015 BAY HAVEN STATISTICS

ADMISSIONS	February	Year to Date 2015	Year to Date 2014
Voluntary - Mental Illness	9	29	69
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	0	0	1
Court Order Prelim. - Mental Illness	0	0	0
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	0	0
Commitment - Mental Illness	0	0	0
Return from Conditional Release	0	0	0
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	9	29	70

ADMISSIONS BY UNITS			
Nicolet	9	29	70
TOTAL	9	29	70

ADMISSIONS BY COUNTY			
Brown	7	23	58
Door	0	0	0
Kewaunee	0	2	2
Oconto	0	0	2
Marinette	0	0	0
Shawano	1	2	0
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	1	2
Manitowoc	1	1	5
Winnebago	0	0	0
Other	0	0	1
TOTAL	9	29	70

NEW ADMISSIONS			
Nicolet	6	25	20
TOTAL	6	25	20

READMIT WITHIN 30 DAYS			
From Nicolet or Bay Haven	0	1	7
TOTAL	0	1	7

AVERAGE DAILY CENSUS	February	Year to Date 2015	Year to Date 2014
Bay Haven	1	1	5
TOTAL	1	1	5

INPATIENT SERVICE DAYS			
Bay Haven	18	84	314
TOTAL	18	84	314

BED OCCUPANCY			
Bay Haven	4%	9%	35%
TOTAL (15 Beds)	4%	9%	35%

DISCHARGES			
Bay Haven	8	29	65
TOTAL	8	29	65

DISCHARGE DAYS			
Bay Haven	18	87	276
TOTAL	18	87	276

AVERAGE LENGTH OF STAY			
Bay Haven	2	3	4
TOTAL	2	3	4

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	2	3	4
Door	0	0	7
Kewaunee	0	2	11
Oconto	0	0	3
Marinette	0	0	0
Shawano	1	7	0
Waupaca	0	0	0
Menominee	0	0	0
Outagamie	0	3	3
Manitowoc	2	1	3
Winnebago	0	0	0
Other	0	1	13
TOTAL	2	3	4

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BROWN COUNTY COMMUNITY TREATMENT CENTER
FEBRUARY 2015 NICOLET PSYCHIATRIC CENTER STATISTICS

ADMISSIONS	February	Year to Date 2015	Year to Date 2014
Voluntary - Mental Illness	21	39	19
Voluntary - Alcohol	0	0	0
Voluntary - AODA/Drug	0	0	0
Police Protective Custody - Alcohol	0	0	0
Commitment - Alcohol	0	0	0
Commitment - Drug	0	0	0
Court-Ordered Evaluation	0	0	0
Emergency Commitment- Alcohol	0	0	0
Emergency Detention - Drug	0	0	0
Emergency Detention - Mental Illness	58	107	122
Court Order Prelim. - Mental Illness	0	0	1
Court Order Prelim. - Alcohol	0	0	0
Court Order for Final Hearing	0	1	1
Commitment - Mental Illness	0	0	0
Return from Conditional Release	6	19	17
Court Order Prelim. - Drug	0	0	0
Other	0	0	0
TOTAL	85	166	160

ADMISSIONS BY UNITS			
Nicolet	85	166	160
TOTAL	85	166	160

ADMISSIONS BY COUNTY			
Brown	54	115	97
Door	3	6	6
Kewaunee	2	4	8
Oconto	3	6	12
Marinette	5	8	4
Shawano	5	8	4
Waupaca	1	1	2
Menominee	1	2	1
Outagamie	1	2	5
Manitowoc	8	11	13
Winnebago	0	0	2
Other	2	3	6
TOTAL	85	166	160

NEW ADMISSIONS			
Nicolet	42	71	90
TOTAL	42	71	90

READMIT WITHIN 30 DAYS			
Nicolet	8	23	12
TOTAL	8	23	12

AVERAGE DAILY CENSUS	February	Year to Date 2015	Year to Date 2014
Nicolet	10	10	12
TOTAL	10	10	12

INPATIENT SERVICE DAYS			
Nicolet	284	577	682
TOTAL	284	577	682

BED OCCUPANCY			
Nicolet (16 beds)	63%	61%	72%
TOTAL (16 Beds)	63%	61%	72%

DISCHARGES			
Nicolet	86	167	157
TOTAL	86	167	157

DISCHARGE DAYS			
Nicolet	240	541	633
TOTAL	240	541	633

AVERAGE LENGTH OF STAY			
Nicolet	3	3	4
TOTAL	3	3	4

AVERAGE LENGTH OF STAY BY COUNTY			
Brown	3	4	4
Door	2	2	5
Kewaunee	3	4	4
Oconto	3	3	3
Marinette	3	2	2
Shawano	4	4	4
Waupaca	1	1	0
Menominee	3	3	1
Outagamie	5	5	4
Manitowoc	3	4	8
Winnebago	0	0	0
Other	3	4	3
TOTAL	3	4	4

In/Outs	Current	YTD 2015	2014
	5	9	3

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BELLIN PSYCHIATRIC CENTER
INVOLUNTARY AND VOLUNTARY ADOLESCENT ADMISSIONS
Month Ending: February 2015

Voluntary Admissions	17
Involuntary Admissions	5
Voluntary Inpatient Days	68.51
Involuntary Inpatient Days	30
Voluntary Avg Length of Stay	4.03
Involuntary Avg Length of Stay	6

Brown County Human Services

Report of Child Abuse/Neglect by Month

Month	2014	2015	% Change from 2014 to 2015
January	403	415	2.98%
February	433	403	-6.9%
March	427		
April	485		
May	474		
June	351		
July	308		
August	301		
September	437		
October	438		
November	413		
December	394		
Total	4864		

Reports Investigated by Month

Month	2014	2015	% Increase
January	152	135	-11.18%
February	140	120	-14.29%
March	157		
April	166		
May	157		
June	129		
July	136		
August	108		
September	154		
October	138		
November	113		
December	119		
Total	1669		

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
ADAMS AFH	12/11/14	1/6/15	$111,218	$111,218
ADAMS, R AFH	12/11/14	12/22/14	$27,049	$27,049
ADULT CARE LIVING OF NE WI	11/20/14	12/8/14	$205,640	$205,640
ADRC	11/20/14	12/1/14	$72,000	$72,000
ADVOCATES FOR HEALTHY TRANSITIONAL LIVING LLC	12/15/14	1/6/15	$15,000	$15,000
ADVOCATES, EXTENSION LLC	1/8/15	1/15/15	$120,000	$120,000
AGE WELL CENTRE FOR LIFE ENRICHMENT	1/26/15	1/29/15	$240,000	$240,000
AGNESIAN HEALTHCARE INC	12/11/14	2/2/15	$22,100	$22,100
ALL ABOUT KIDS, INC.	12/15/14	1/12/15	$130,800	$130,800
ANGELS ON ARCADIAN	11/20/14	12/1/14	$1,531,200	$2,347,125
ANGELS TOUCH ASSISTED LIVING	11/20/14	1/6/15	$175,000	$175,000
ANNA'S HEALTHCARE (COUNTRY LIVING)	11/20/14	12/18/14	$445,641	$445,641
ANU FAMILY SERVICES, INC. (FORMERLY PATH)	12/15/14	1/12/15	$180,000	$180,000
ARTISAN ASSISTED LIVING	11/20/14	12/22/14	$480,566	$480,566
ARTS AFH	11/20/14	11/24/14	$30,132	$30,132
ASPIRO INC	1/8/15	1/19/15	$3,396,518	$3,396,518
BELLIN HEALTH OCCUPATIONAL HEALTH SOLUTIONS	2/9/15		$40,000	$40,000
BELLIN PSYCHIATRIC CENTER	3/12/15		$10,000	$10,000
BENNIN, MARILYN	12/15/14	1/26/15	$9,000	$9,000
BERGER AFH	11/20/14	11/24/14	$67,120	$67,120
BETHESDA	12/11/14	1/6/15	$14,300	$14,300
BIRCH CREEK	11/20/14	1/8/15	$1,235,182	$1,235,182
BISHOPS COURT	11/20/14	1/8/15	$1,304,662	$1,304,662
BOLL ADULT CARE CONCEPTS	12/22/14	1/6/15	$825,000	$825,000
BOURASSA AFH	11/20/14	12/9/14	$18,720	$18,720
BORNEMANN CBRF	12/11/14	1/6/15	$282,919	$282,919
BROTOLOC HEALTH CARE SYSTEMS	12/12/14	1/6/15	$982,600	$982,600
BRUNETTE AFH	11/20/14	12/1/14	$52,152	$52,152
BRUSS SUPPORTIVE COMMUNITY LIVING	11/20/14	12/4/14	$273,214	$273,214
BUSSE AFH	11/20/14	12/1/14	$66,444	$66,444
CAPELLE AFH	1/26/15	2/2/15	$63,572	$63,572
CARE FOR ALL AGES	12/18/14	1/8/15	$156,000	$156,000
CARRINGTON MANOR ASSISTED LIVING	11/20/14	11/25/14	$92,628	$92,628
CATHOLIC CHARITIES	12/15/14	12/22/14	$173,406	$173,406
CENTERPIECE LLC	12/11/14	12/18/14	$150,000	$150,000
CENTURY RIDGE OF GREEN BAY, INC.	11/20/14	12/1/14	$387,932	$387,932
CEREBRAL PALSY INC.	1/8/15	1/15/15	$1,510,200	$1,510,200
CEREBRAL PALSY OF MIDEAST WI INC	11/20/14	12/9/14	$4,800	$4,800
CHILDRENS SERVICE SOCIETY	12/15/14	1/15/15	$25,000	$25,000
CHRISTENSEN AFH	11/20/14	12/1/14	$74,357	$74,357
CLARITY CARE INC	11/20/14	12/18/14	$1,838,347	$1,894,734
COGNITIVE CONCEPTS	11/20/14	1/13/15	$278,977	$278,977
COMFORT KEEPERS INC	11/20/14	12/1/14	$734,494	$734,494
COMPASS DEVELOPMENT	11/20/14	1/15/15	$1,198,927	$1,198,927
COMPASS DEVELOPMENT SHC INC	11/20/14	1/15/15	$500,000	$500,000
CONLEY AFH	11/20/14	11/24/14	$36,645	$36,645
CONNECTIONS LLC	12/15/14	12/22/14	$25,000	$25,000
CURO CARE LLC	12/11/14	1/6/15	$503,440	$503,440
DARNELL RECEIVING HOME	12/15/14	2/2/15	$13,140	$13,140
DEATHERAGE-VELEKE AFH	11/20/14	12/1/14	$20,759	$20,759
DEBAERE AFH	11/20/14	12/11/14	$69,240	$69,240
DEER PATH ASSISTED LIVING INC	12/11/14	1/8/15	$182,500	$188,815
DODGE COUNTY (DBA CLEARVIEW)	3/2/15		$285,795	$285,795
DORN AFH	11/20/14	12/2/14	$22,008	$22,008
DUNGARVIN WISCONSIN LLC	11/20/14	12/4/14	$686,931	$686,931
DYNAMIC FAMILY SOLUTIONS	12/15/14	1/6/15	$59,400	$59,400
EAST SHORE INDUSTRIES	11/20/14	12/1/14	$46,594	$46,594
ELSNER AFH	11/20/14	1/26/15	$14,348	$14,348
EMERALD SHORES			$35,000	
ENCOMPASS CHILD CARE	12/15/14	1/6/15	$15,000	$15,000
ENGBERG AFH	11/20/14	12/1/14	$39,216	$39,216
FAMILY SERVICE OF NORTHEAST WI, INC.	12/15/14	1/6/15	$2,173,415	$2,173,415
FAMILY TRAINING PROGRAM	12/15/14	2/2/15	$155,000	$155,000
FENLON AFH	11/20/14	12/1/14	$48,137	$48,137

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Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
G & I OCHS INC.	11/20/14	12/1/14	$1,936,174	$1,936,174
GAUGER AFH	11/20/14	12/1/14	$32,844	$32,844
GOLDEN HOUSE	12/18/14	1/6/15	$63,086	$63,086
GOLTZ J. AFH	11/20/14	12/8/14	$24,360	$24,360
GONZALEZ AFH	12/18/14	1/19/15	$79,062	$79,062
GOODWILL INDUSTRIES	11/20/14	12/1/14	$77,166	$77,166
GREEN BAY TRANSIT COMMISSION NO CONTRACT	---	---	$400,000	$400,000
GRONSETH AFH	11/20/14	11/25/14	$44,736	$44,736
HARMONY LIVING CENTERS LLC	11/20/14	1/6/15	$221,838	$221,838
HAUGEN AFH	2/17/15	2/24/15	$16,435	$16,435
HEAD AFH	11/20/14	12/1/14	$87,826	$87,826
HELPING HANDS CAREGIVERS	11/20/14	12/1/14	$350,000	$350,000
HIETPAS AFH	11/20/14	12/1/14	$24,992	$24,992
HOEFT AFH	11/24/14	12/2/14	$29,713	$29,713
HOME INSTEAD SENIOR CARE	11/20/14	12/8/14	$200,000	$200,000
HOMES FOR INDEPENDENT LIVING	11/20/14	12/8/14	$6,252,622	$6,461,278
IMPROVED LIVING SERVICES	12/22/14	1/6/15	$943,100	$943,100
INFINITY CARE INC	11/20/14	12/1/14	$380,128	$380,128
INNOVATIVE COUNSELING(AUTISM)	12/15/14	2/5/15	$50,000	$50,000
INNOVATIVE SERVICES	2/9/15	2/23/15	$13,430,200	$13,430,200
INTERIM HEALTHCARE STAFFING	11/20/14	2/9/15	$25,000	$25,000
J & DEE INC.	11/20/14	12/1/14	$1,821,000	$1,821,000
JASMER AFH	12/11/14	1/6/15	$13,608	$13,608
KAKUK AFH	11/20/14	12/4/14	$32,292	$32,292
KCC FISCAL AGENT SERVICES	1/8/15	1/15/15	$4,200,000	$4,200,000
KCC SERVICES INC	11/20/14	11/25/14	$2,000	$2,000
KINDRED HEARTS	11/20/14	12/8/14	$890,100	$890,100
KLARKOWSKI AFH	12/11/14	2/3/15	$22,932	$37,300
KLECZKA-VOGEL AFH	11/20/14	12/4/14	$77,376	$77,376
KLEIN, DR. (AUTISM)	12/15/14	12/22/14	$50,000	$50,000
KPI INC	11/20/14	12/1/14	$12,400	$12,400
KRUEGER RECEIVING HOME	12/15/14	1/6/15	$13,140	$13,140
KUSKE AFH	11/20/14	11/24/14	$25,692	$25,692
LAD LAKE	12/22/14	1/6/15	$40,000	$40,000
LAKEWOOD ASSISTED LIVING	11/20/14	12/22/14	$64,000	$64,000
LAMERS BUS LINES, INC.	1/22/15	1/29/15	$850,000	$850,000
LANCASTER GARDENS	1/27/15	2/2/15	$37,000	$37,000
LAURENT AFH	11/20/14	12/9/14	$50,352	$50,352
LISKA, JOANN	12/15/14	1/13/15	$5,000	$5,000
LUND VAN DYKE INC	12/18/14	1/6/15	$210,000	$210,000
LUTHERAN SOCIAL SERVICES	12/22/14	1/15/15	$900,000	$900,000
MACHT VILLAGE PROGRAMS INC	1/6/15	1/15/15	$600,000	$600,000
MARLA VIST MANOR ASSISTED LIVING	11/20/14	11/24/14	$129,404	$216,417
MARTIN AFH	11/20/14	12/8/14	$19,509	$19,509
MATTHEWS SENIOR LIVING	11/20/14	1/22/15	$202,380	$202,380
MCCORMICK MEMORIAL HOME	11/20/14	12/1/14	$198,484	$198,484
MEADOWLANDS	11/20/14	12/1/14	$39,871	$39,871
MELOHN AFH	11/20/14	1/6/15	$39,480	$39,480
MILQUETTE AFH	11/20/14	12/4/14	$22,344	$22,344
MORAINE RIDGE LLC	11/20/14	12/8/14	$200,000	$200,000
MYSTIC ACRES LLC	12/11/14	1/6/15	$70,812	$70,812
MYSTIC CREEK LLC	12/11/14	1/6/15	$105,000	$105,000
MYSTIC MEADOWS LLC	12/11/14	1/6/15	$149,400	$149,400
NEMETZ AFH	11/20/14	12/1/14	$71,744	$71,744
NEW COMMUNITY SHELTER INC	12/15/14	1/6/15	$40,000	$40,000
NEW CURATIVE REHABILITATION	2/5/15	2/12/15	$1,124,415	$1,124,415
NEW VISIONS TREATMENT HOMES OF WI, INC	1/29/15	3/2/15	$42,000	$42,000
NEW VIEW INDUSTRIES	11/20/14	1/13/15	$43,240	$43,240
NORTHWEST PASSAGE	12/15/14	2/9/15	$67,500	$67,500
ODD FELLOW REBEKAH HAVEN	11/20/14	11/25/14	$140,000	$140,000
OPTIONS LAB INC	1/27/15	2/5/15	$40,000	$40,000
OPTIONS TREATMENT PROGRAM	12/11/14	1/15/15	$100,000	$100,000
ORLICH AFH	11/20/14	12/15/14	$95,854	$95,854
OSTAPYUK AFH	11/20/14	1/6/15	$56,058	$56,058

14d

Agency	Contract Sent	Contract Returned	Original Contract Amount	Updated Contract Amount
PANTZLAFF AFH	11/20/14	12/4/14	$28,904	$28,904
PARAGON INDUSTRIES	12/15/14	1/22/15	$746,800	$746,800
PARENT TEAM	12/15/14	1/6/15	$227,300	$227,300
PARMENTIER AFH	11/20/14	12/1/14	$91,465	$91,465
PATIENT PINES	11/20/14	11/24/14	$284,000	$284,000
PHOENIX BEHAVIORAL HEALTH SERVICES	12/11/14	12/18/14	$25,000	$25,000
PNUMA HEALTH CARE	12/11/14	12/22/14	$358,600	$358,600
PRODUCTIVE LIVING SYSTEMS	11/20/14	1/15/15	$768,452	$768,452
RAVENWOOD BEHAVIORAL HEALTH	12/11/14	1/15/15	$70,600	$70,600
REHAB RESOURCES	12/11/14	1/6/15	$122,200	$122,200
REM-WISCONSIN II, INC.	11/20/14	12/1/14	$1,335,480	$1,335,480
RENNES ASSISTED LIVING CORP	11/20/14	12/1/14	$75,000	$75,000
RES-CARE WISCONSIN	11/20/14	12/11/14	$19,344	$19,344
ST. VINCENT HOSPITAL	12/11/14	1/20/15	$117,300	$117,300
SALDANA AFH	12/8/14	1/19/15	$43,360	$43,360
SCHAUMBURG, LAURIE	12/15/14	1/20/15	$25,000	$25,000
SCHULTZ AFH	11/20/14	1/13/15	$107,772	$107,772
SKORCZEWSKI AFH	11/20/14	1/6/15	$18,660	$18,660
SLAGHT AFH	11/20/14	12/8/14	$55,246	$55,246
SMET AFH	12/11/14	1/22/15	$54,257	$54,257
SOUTHERN HOME CARE SERVICES	11/20/14	12/11/14	$35,580	$35,580
STARR/DINGER AFH	11/20/14	12/8/14	$23,700	$23,700
STEVENS AFH	11/20/14	1/6/15	$30,905	$30,905
STILLING AFH	12/11/14	12/22/14	$32,802	$11,000
STIRLING PCW SERVICES	12/11/14	1/6/15	$20,000	$12,520
TALBOT AFH	12/15/14	1/6/15	$23,838	$23,838
TANZI AFH	11/20/14	12/1/14	$85,330	$85,330
TOMORROW'S CHILDREN INC	1/20/15	1/29/15	$100,000	$100,000
TREMPEALEAU	12/11/14	12/22/14	$1,487,700	$1,487,700
VALLEY PACKAGING INC.	11/20/14	12/22/14	$10,386	$10,386
VANLANEN RECEIVING HOME	12/15/14	1/20/15	$19,710	$19,710
VILLA HOPE	12/15/14	1/12/15	$1,730,700	$1,765,024
VISIONS OF N.E.W. LLC	12/15/14	12/22/14	$107,467	$107,467
WARREN, JOHN MD	12/22/14	1/6/15	$165,000	$165,000
WAUSAUKEE ENTERPRISES	11/20/14	12/4/14	$18,586	$18,586
WE ARE HOPE	12/8/14	12/15/14	$20,400	$20,400
WILLOWCREEK AFH	11/20/14	12/4/14	$445,136	$445,136
WISCONSIN EARLY AUTISM PROJECT	12/15/14	12/22/14	$300,000	$300,000
WISCONSIN FAMILY TIES	12/16/14	1/6/15	$26,000	$26,000
ZAMBON AFH	11/20/14	11/24/14	$25,334	$28,687
ZIESMER AFH	11/20/14	11/24/14	$79,716	$79,716
TOTAL			$70,931,084	$72,093,142

14d

Brown County Human Services

TO: Human Service Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: March 16, 2015

REQUEST FOR NEW NON-CONTINUOUS VENDOR			
VENDOR	SERVICES	DATE REQUESTED	DATE APPROVED
Elite Shuttle	Shuttle	3/2/15	
Braatz, Kayla	Respite	3/2/15	
Kalas, Karen	Respite	3/2/15	

Brown County Human Services

TO: Human Services Committee Members

FROM: Lori Gauthier
Administrative Secretary

DATE: March 16, 2015

REQUEST FOR NEW VENDOR CONTRACT				
VENDOR	SERVICES	CONTRACT AMOUNT	DATE REQUESTED	DATE APPROVED
Haugen, Donna	Adult Family Home	$16,435	2/17/15	
Bellin Psychiatric Center	Psychiatric Hospital	$10,000	3/9/15	
Emerald Shores	CBRF	$35,000	3/12/15	
Bellin Health Occupational	Lab Services	$40,000	2/9/15	