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, September 8, 2016 in Room 365 of the Community Treatment Center – 3165 Gershwin Drive Green Bay, WI

Present: Chairman Tom Lund
Carole Andrews, Craig Huxford, Jesse Brunette, Bill Clancy, Susan Hyland, Aaron Linssen

Excused: Paula Laundrie, JoAnn Graschberger

Also Present:
Erik Pritzl, Executive Director
Nancy Fennema, Deputy Director
Eric Johnson, Finance Manager
Luke Schubert, Hospital & Nursing Home Administrator
Jenny Hoffman, Economic Support Manager
Ian Agar, Behavioral Health Manager
Kevin Brennan, Interim Children Youth & Families Manager
Molly Hillmann, Contract & Provider Relations Manager
Mark Johnson, Social Services & Rehab Manager
Samantha Behling, Nurse Educator
Richard Schadewald, County Board Supervisor
Joan Brusky, County Board Supervisor

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1. Call Meeting to Order:
The meeting was called to order by Chairman Lund at 5:28 pm.

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

3. Approve Minutes of July 14, 2016 Human Services Board Meeting:

HUXFORD / ANDREWS moved to approve the minutes dated July 14, 2016.
The motion was passed unanimously.

4. Presentation re: The Importance of Nonviolent Crisis Intervention:

Nurse Educator Samantha Behling gave a Power Point presentation to the board (attached).

Q: County Supervisor Schadewald asked if we have talked to NWTC about offering some of these crisis prevention classes to students to allow them to have more specialization in the field.
A: Behling stated we haven't, but it would be a possibility. We have been approached by other agencies to train their staff but unfortunately, we are unable to train anyone outside of our agency per CPI policy.

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

5. Review and Endorsement of Proposed 2017 Budget.

Director Pritzl passed out a copy of his director's report that he submitted to HS Committee in August (attached).

The board members were mailed out draft budget packets prior to the meeting. Director Pritzl went through the highlights of the budget.

Q: Chairman Lund asked about the Economic Support graph and where the savings are with adding positions.
A: Johnson stated that administrative allocations are included in the 1st and 3rd columns but not it the 2nd and 4th columns.

Q: Chairman Lund asked why Children Youth & Families is decreasing by $400,000.
A: Pritzl stated that is likely due to reduced costs in some out of home care areas as well as personnel costs as new staff coming in do not tend to make as much as those who are retiring.

Q: Supervisor Linssen asked if there are reductions to contracted services through Family Services.
A: Pritzl stated that contracts with Family Services have not been reduced.

Q: Chairman Lund asked if other contracted areas had been reduced.
A: Pritzl stated that other contracted areas were kept intact, with the exception of Catholic Charities who indicated that a $20,000 reduction to the Teen Parenting program is possible. Chairman Lund asked if there was a letter regarding this. Pritzl stated there was an e-mail. Chairman Lund requested that the e-mail be shared.

ANDREWS / HUXFORD moved to approve the 2017 Human Services budget.
Motion was carried unanimously.

6. CTC Administrator Report including NPC Monthly Report:

Schubert handed out the NPC August Monthly Report (attached). Executive Director Pritzl stated that people eloping from our facility is a very rare occurrence and out of 587 admissions, we have had only 1 elopement.

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

7. Financial Report for Community Treatment Center and Community Programs:

A financial summary was included in the board agenda. Financial Manager Eric Johnson went through the numbers.

HUXFORD / BRUNETTE 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 Provider & New Provider Contract:
Please refer to the packet which includes this information.

CLANCY / HYLAND moved to receive items 8 – 9 and place on file.
Motion was carried unanimously.

10. Other Matters:

Q: Citizen Board Member Huxford asked for an update on the Day Report Center as it will possibly affect veteran's treatment court.
A: Pritzl stated that the award notice has been sent to Family Services and once we get the signed acceptance, we can ask specific questions to get the program started.

Next Meeting: Thursday, October 13, 2016
5:15 p.m. – Sophie Beaumont, Board Room A

11. Adjourn Business Meeting:
HUXFORD / ANDREWS moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 6:49 p.m.

Respectfully Submitted,

Kara Navin
Office Manager

The Importance of Nonviolent Crisis Intervention

Created By: Samantha Behling, RN
Infection Control/ Nurse Educator

Objectives

- Define C.P.I.
- Recognize the Issue: Violence in Healthcare.
- Understand Ways to Reduce Risk by Providing Education.

About C.P.I.

"C.P.I. is an international training organization committed to training professionals in safe ways to respond to crises at the earliest possible stage with confidence and competence."- *Crisis Prevention Institute*

More then **8 million** participate in the training program
(healthcare professionals, educators, human service professionals, mental health providers).

Recognizing the Issue

June 2010, Joint Commission Sentinel Event Alert #45- "Preventing Violence in the Healthcare Setting."

"Once considered safe havens, health care institutions today are confronting steadily increasing rates of violent crimes... As criminal activity spills over from the streets in through the doors, providing for the safety and security of all patients, visitors and staff within the walls of a health care institution requires increasing vigilant attention and action by safety and security personnel as well as all health care staff and providers."

The Joint Commission. (2010, June 3). Sentinel Event Alert, Issue 45 Retrieved from: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_45.htm

Recognizing the Issue

September 2011, OSHA reported injuries resulting from assaults and violent acts with an incidence rate of:

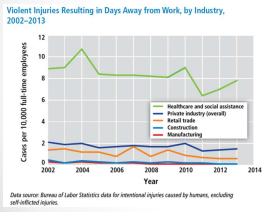
9.3/10,000 Health Service Workers

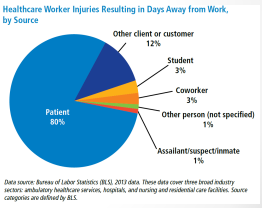
15/10,000 for Social Service Workers

25/10,000 for Nursing and Personal Care Facility Workers

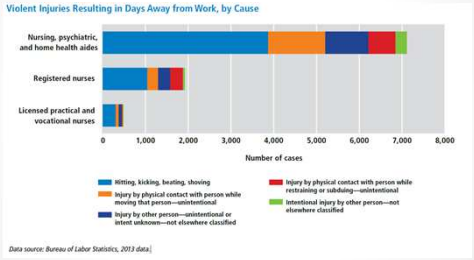
OSHA.(2013, September). Caring for Our Caregivers: Facts about Hospital Workers' Safety.

Bureau of Labor Statistics





Bureau of Labor Statistics



Contributing Factors

According to the **Joint Commission** Contributing Factors to Injury Are:

- **62% Leadership**: areas of policy and procedure development and implementation
- **60% Human Resources**: areas of education and competency assessment
- **58% Assessment**: inadequate or flawed patient observation procedures
- **53% Communication Failures**
- **36% Physical Environment:** environment and security procedures

The Joint Commission. (2010, June 3). *Sentinel Event Alert, Issue 45* Retrieved from: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_45.htm

Moments of Crisis

"A crisis is the moment in time when an individual loses rational or physical control over his/her own behavior."

What might crisis a moment look like at Brown County Community Treatment Center (Nursing Home, Outpatient Clinic, Psychiatric Center, C.B.R.F.)?

What Can We Control?

We cannot control the behavior of others in a moment of crisis or what led to the crisis. However, with proper training, we may be able to control our own behavior and responses to the actions of others.

Emphasis on Early Intervention

Crisis Prevention Training Teaches Personnel:

- How to identify behaviors that could lead to a crisis.
- How to most effectively respond to each behavior, preventing escalation.
- How to use verbal/nonverbal techniques to defuse hostile behavior.
- How to cope with personal fears.
- How to assess risk levels.
- How to use disengagement skills to avoid injury if behavior becomes physical.

The Impact of Nonverbal Behavior

Personal Space

Education on personal space helps us be aware of our preferences and respect those of others and also to recognize how invading personal space may escalate a person in crisis.

Body Language

Education on body language helps us be aware of how body movement can escalate or de-escalate a person in crisis. C.P.I. teaches us to read nonverbal communication accurately in others and be aware of our own nonverbal communication (eye contact, gestures, facial expressions, posture, stance).

Vocal Part of Speech

Tone. VOLUME. *Cadence*.

Managing Our Emotions

- Practice rational detachment and professionalism.
- Be realistic about expectations.
- Remind yourself that it's not about you.
- Be aware of the roots of power struggles.
- Reflect on what the behaviors could be communicating.
- Understand what makes us afraid and what drives our decisions.

Risk Assessment Tools

The C.P.I. Crisis Development Model

Crisis Development/Behavior Level	Staff Attitudes/Approaches
1. Anxiety	1. Supportive
2. Defensive	2. Directive
3. Risk Behavior	3. Physical Intervention
4. Tension Reduction	4. Therapeutic Rapport

Physical Intervention- Holding Skills

The Practice of Holding Skills

Crisis Prevention Training Teaches Personnel:

- When it's appropriate to physically intervene.
- How to develop team intervention strategies.
- How to assess the physical and psychological well-being of those involved.
- A progression of holding skills to manage aggressive behavior in the **least restrictive**, safest manner.
- How to maintain rapport with aggressive clients.
- The importance of debriefing.

Holding Skills

Wrist/Arm Hold

Neck Grab

Holding Skills

Clothing Grab

Body Hug

Holding Skills

Hair Pull

Bite

Team Control and "Team 5"

C.P.I. advocates that, whenever possible, a minimum of two staff are involved in the use of physical interventions.

Shared Knowledge
Physical Skills
Experiences
Communication Styles

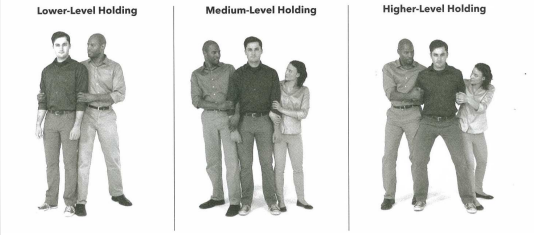
"Team 5": A Brown County Community Treatment Center emergency code to notify staff in a timely manner that a behavior has arisen and help is needed immediately.

Policystat (2015, February). ***Team 5.*** **Retrieved from:** https://pstat-live-media.s3.amazonaws.com/pdf_cache/policy/178160/team5pdf?signature=YY2CPWTHRCSTTY5N44qZLzKSM%3D&Expires=1474636914&AWSAccessKeyId=AKIAIR7CUSS72DOCIELA

Key Principles

✓Position
✓Posture
✓Proximity

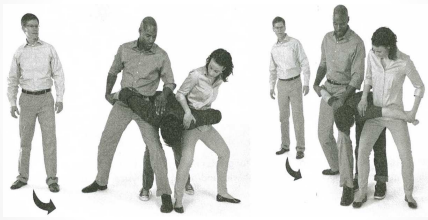
Standing Position Holds



Control Dynamics

✓Manage the arms
✓Manage the incline
✓Manage mobility

Team Control Position



Benefits to Healthcare Personnel

- **Reduce the risk of injury** by decreasing the number of physical interventions.
- **Improve communication** by establishing a common language.
- **Boost personnel confidence** to intervene both verbally and physically.
- **Alleviate the stress and anxiety** associated with confusion or uncertainty in crisis moments.
- **Feel safe** at work.

Community Treatment Center Statistics: Year 2015

- Nicolet Psychiatric Center Admissions: **962**
  - Of 962 Admissions, 730 were qualified under "Emergency Detention- Mental Illness"
- Average Daily Census: 10 clients
- Restraint and Seclusions: **68**
- Employee Incident Reports *Resulting from Crises*: **13**

All Bay Haven, C.B.R.F. admissions were voluntary status relating to mental illness.

Community Treatment Center Statistics: Year 2016

Number of Minutes in Restraints	Number of Minutes in Seclusion
January-July = **415 minutes**	January-July = **4,241 minutes**
Total: **7 hours in Restraints**	Total: **71 hours in Seclusion**

Employee Incident Reports *Resulting from Crises in 2016*: **1**

Benefits to Consumers

- Live, learn, and thrive in a **safe and respectful environment**.
- Interact with positive role models who are **well equipped to manage difficult situations**.
- Participate in the debriefing process and **learn new coping skills**.
- Receive guidance about making **positive behavior choices** in the future.
- **Feel supported** by personnel who are empathic, compassionate, and respectful.

Benefits to Brown County Community Treatment Center

- **Minimize the risk** of potential liability.
- **Improve staff retention** by providing the skills necessary to manage difficult situations.
- **Comply with legislative mandates** and regulatory/accreditation guidelines.
- Create and maintain a **safe, caring, and respectful environment** for personnel and those we serve.
- Demonstrate Brown County's commitment and contribution to a **safer community.**

Crisis Education at the B.C.C.T.C.

- In February 2016, trained educators facilitated 8 hours of Crisis Prevention Training for N.P.C. full-time personnel (19 personnel).
  - C.P.I. Trainers are required to complete a 3 day classroom experience and recertify every two years.
  - The B.C.C.T.C. has two trained facilitators.

Crisis Education at the B.C.C.T.C.

- New Hire Orientation provides personnel with 30 minutes of video on restraint application and physical intervention.
- Annual Education:
  - 30 Minutes: Workplace Violence
  - 30 Minutes: Handling Aggressive Behaviors
  - 30 Minutes: Anger Management

Crisis Education in Other Facilities: Bellin Psychiatric Center

According to the Educator, Karen Tobin, **Bellin Psychiatric Center** trains ALL new direct care staff with 8 hours of C.P.I. This 8 hours is followed by additional training on seclusion and restraints for a total of approximately **12 hours** of new hire education. Bellin Psych offers a refresher course annually. Their policy states that C.P.I. refresher courses will be completed a minimum of every 15 months.

Bellin Psychiatric Center additionally educates non-direct care staff (Housekeeping, Front Desk personnel and Maintenance) as appropriate. The content for these individuals does not include team holding skills.

Bellin Psychiatric New Hire Orientation is 30 days in length.

Crisis Education in Other Facilities: Mendota Mental Health

According to Martha Crawford, Staff Educator at **Mendota Mental Health,** Mendota trains ALL new direct care staff with **24 hours** of verbal de-escalation training. There are an additional six orientation days going over psychiatric unit policies/procedures, seclusion rules, restraint use and client escorting.

Mendota Mental Health New Hire Orientation is 10 weeks in length.

C.M.S. Regulations

§482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.

§482.13(f)(1) Training Intervals - Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion --

(i) Before performing any of the actions specified in this paragraph;

(ii) As part of orientation; and

(iii) Subsequently on a periodic basis consistent with hospital policy.

§482.13(f)(2) Training Content. - The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:

- ***(i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.***
- ***ii) - The use of nonphysical intervention skills.***
- ***(iii) - Choosing the least restrictive intervention based on an individualized assessment of the patient's medical, or behavioral status or condition***
- ***iv) - The safe application and use of all types of restraint or seclusion used in the hospital, including training in how to recognize and respond to signs of physical and psychological distress.***
- ***(v) - Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary.***

Department of Health & Human Services (DHS) Centers for Medicare & Medicaid Services (CMS). (2008, October). *CMS Manual System Pub. 100-07 State Operations Provider Certification: Transmittal 37*

Chapter DHS 34: Emergency Mental Health Service Programs

(7) Clinical supervision.

DHS 34.21(7)(a)3. 3. Professional staff have the training and experience needed to carry out the roles for which they have been retained, and receive the ongoing support, supervision and consultation they need in order to provide effective services for clients.

(8) Orientation and ongoing training.

a) *Orientation program.* Each program shall develop and implement an orientation program for all new staff and regularly scheduled volunteers. The orientation shall be designed to ensure that staff and volunteers know and understand all of the following:

- **DHS 34.21(8)(a)10. 10. Techniques and procedures for providing non-violent crisis management for clients, including verbal de-escalation, methods for obtaining backup, and acceptable methods for self-protection and protection of the client and others in emergency situations.**

(b) *Orientation training requirement.*

- **DHS 34.21(8)(b)1. 1. Each newly hired staff person who has had less than 6 months of experience in providing emergency mental health services shall complete a minimum of 40 hours of documented orientation training within 3 months after beginning work with the program.**
- **DHS 34.21(8)(b)2. 2. Each newly hired staff person who has had 6 months or more of prior experience in providing emergency mental health service shall complete a minimum of 20 hours of documented orientation training within 3 months after beginning work with the program.**

(c) *Ongoing training program.* Each program shall develop and implement an ongoing training program for all staff.

Department of Health & Human Services (DHS). Chapter DHS 34: Emergency Mental Health Service Programs. Retrieved from: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/34

The Cost of Prevention

- Four-Day Instructor Certification Program: $2,810.00
- Two-Day Foundation Course: $1,399.00

(Trainer recertification required every 2 years. Reduces "training drift". To maintain credentials, trained facilitators must teach a minimum of two CPI Certification Courses annually)

- Participant Workbook and Skills Card: $18.49/each
- Refresher Workbook: $14.29/each

All Inpatient Personnel: 244

Nursing Personnel: 153

- C.N.A.s- 85
- L.P.N.s- 20
- R.N.s- 30

Average Nursing Wages:

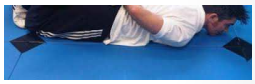
- C.N.A. $16.19-$17.42/hour
- L.P.N. $17.81- $19.62
- R.N. $25.07-$28.29/hour

(Data retrieved from 2015 wages Brown County Community Treatment Center. Data does not include "On Call" wages or overtime)

The Cost of Prevention

- **20 C.N.A.s** (Nicolet Psychiatric Center and Bay Haven) Which Still Require Crisis Prevention Intervention

Estimated Total Cost to Train (Hourly Rate and Material): $3,200



- **11 R.N.s** (Nicolet Psychiatric Center) Require Crisis Prevention Intervention

Estimated Total Cost to Train (Hourly Rate and Material): $2,700

Annual Refresher Courses

4 Hour Refresher Course & Course Material for ALL Nicolet Psychiatric and Bay Haven Personnel:

$4,300 Annually

Proposed Crisis Education 2017

- Train all new direct care hires with a minimum of 8 hours of formal crisis prevention training. *Personnel will have certification registered through the institute.*
- Train all personnel currently working on Nicolet Psychiatric Center or Bayhaven regardless of posting.
- Train all new non-direct care hires with 1-2 hours of verbal/non-verbal de-escalation techniques.
- Complete refresher course annually for both direct and indirect personnel.

cpi nonviolent crisis intervention

Cutting Costs in Other Areas

$ Brown County Community Treatment Center Historical 8 Hour Annual Education Day for all personnel is now completed through web-based Relias Learning, education modules.

$ Courses are completed during scheduled hours throughout the year to avoid additional hourly compensation

Values and Principles Support Crisis Prevention Training

- **Personnel will be appropriately trained and demonstrate competence** in understanding the population.
- **Personnel will better understand, accept and promote client recovery.**
- Personnel will be equipped to identify and defuse challenging behavior, allowing more time to **develop therapeutic rapport** with the clients we serve
- There will be an improved ability to individualize treatment plans.
- **Personnel will be empowered to work in collaboration with clients.**
- **Performance improvement plans** will have the ability to use data to improve programs.

The Brown County Vision

"The Brown County Community Treatment Center will distinguish itself as a leader in redefining healthcare by providing quality care so residents/clients can maintain their dignity, independence and develop to their full potential."

CARE. WELFARE. SAFETY. SECURITY.

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Tobin, K. (2016, August). Phone Interview [Karen.Tobin@bellin.org, 920-433-3761]

BROWN COUNTY HUMAN SERVICES

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Phone (920) 448-6000 Fax (920) 448-6126

Erik Pritzl *Executive Director*

To: Human Services Committee

From: Erik Pritzl, Executive Director

Date: August 24, 2016

Re: Executive Director's Report

Activities since the last time the Human Services Board and Committee are summarized below by the primary division area of the department.

Community Programs

Behavioral Health

Mental Health Initiatives:

- The Request for Proposals (RFP) related to the Day Report Center has been closed, and proposals have been received. All reference checks have been completed, but there was a delay in finishing those by the end of July. An award notice should be issued by Purchasing soon.
- A guide and information associated with detoxification services has been distributed to community partners. One of the concepts includes utilizing our outpatient orientation group, substance abuse assessment, and Bay Haven Community Based Residential Facility for continued assessment and support for high relapse risk individuals.
- Mobile Crisis Expansion was approved previously, and the contracted provider, Family Services, filled all positions by the middle of July. Comparing June to July, there was an increase in mobile crisis contacts (21%) and diversion stays (non-hospital placements). Mobile crisis response in less than 30 minutes was achieved in 88% of the mobile crisis calls.
- Department staff have completed a review of different options for residential treatment, and will be bringing a proposal forward in September for this component of the initiative.

Children, Youth and Families (CYF)

CYF Manager:

We have completed an initial round of interviews for the Children, Youth and Families Manager position. Additional interviews will be scheduled based on the results of the first round of interviews. The duties of the CYF Manager continue to be handled by an interim Manager for Child Protective Services, Kevin Brennan, and the Deputy Director, Nancy Fennema.

Collaborative Crisis Planning:

The CYF Division started working with the UW-Green Bay Behavioral Health Training Partnership on a collaborative crisis planning project. The purpose of the project is to improve coordination of crisis planning and response for children and adolescents. The project includes training and support for county staff, training for school personnel, and training for foster parents. The first part of the work with county staff kicked off in August with a role mapping exercise to promote a shared understanding of the different roles and responsibilities each distinct program area has with children.

Community Treatment Center

The utilization of the three units of the Community Treatment Center continues to be higher than 2015:

- The Nicolet Psychiatric Center unit has seen a continued increase in the average daily population to 11.6 for the year, with July's utilization higher at 13.1. We continue to see higher utilization by Brown County residents compared to other counties in 2016 (78%) vs. 2015 (68 %.) Community Treatment Center staff have been managing admissions to balance the needs of the community with available capacity. There have been a number of times in the past few months when NPC has reached capacity, and Bellin was not able to fully address the inpatient needs by providing overflow capacity. We have used Winnebago Mental Health Institute for these situations.
- The Bay Haven CBRF unit had an average daily population of 7.1 in July, bringing the year to date average daily population to 4.2 which is over the budgeted average of 3.6. This is a significant improvement over 2015, when the year to date average was 1.0 as of the end of July.

General Department Updates

Department staff are working collaboratively to ensure that billing for services is taking place, and assessing consumer fees for services, when appropriate, by basing the fee on the person's ability to pay as outlined in administrative code (DHS 1.) The department is ensuring there is communication between different program areas and Economic Support regarding a person's health insurance coverage, and if a person is without coverage, encouragement and direction to apply for Medical Assistance is provided. Economic Support staff have been out stationed at St. Vincent's Hospital and the Brown County Jail to improve access to benefits.

BROWN COUNTY
HUMAN SERVICES

2017 DRAFT BUDGET

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BROWN COUNTY HUMAN SERVICES

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Erik Pritzl, *Executive Director*

September 8, 2016

Mr. Tom Lund
Human Services Board Chair and Brown County Supervisor
111 North Jefferson Street
Green Bay, WI 54305

Dear Chairman Lund:

It is exciting to have just over a year of experience with the department, and the opportunity to present a second preliminary budget to the Human Services Board. Over the past few months, members of the management team have worked collaboratively to present a preliminary budget that satisfies the mission of the department, while being responsible stewards of public financial and human resources. We take seriously the mission of the department which is rooted in protecting vulnerable persons, providing effective services, and providing a safety net of financial supports for people in distress.

This packet contains the preliminary budget that been prepared by the management team. Going into this process for the 2017 budget, we had less ambiguity than the prior year. The transition to Family Care was completed in 2015, and we could begin to see what the end of that meant for the department with respect to service demands, contracts and available financial resources. Some of the challenges we have managed with respect to budgeting include the loss of administrative funds that were received when the department administered long term care programs and the full payments to the State of Wisconsin for the Family Care program.

There are some areas of the preliminary budget that I believe are noteworthy. These include:

- The Family Care payment to the State of Wisconsin is included in the budget, with a decrease that is part of the step-down plan through 2020. While the decrease in the total amount is a positive change, as a department we have to manage an overall loss of revenue that not only supported program operations, but also administrative functions.
- We have a shift in the costs of our electronic health records system, Avatar. Up to this point, some of the costs of the program have been covered by non-operational funds. In 2017, these software maintenance costs now become part of our operating budget with a full cost that is approximately $300,000.
- We recognize that there are program audit risks associated with Comprehensive Community Services that require a Quality Assurance/Compliance position to ensure

that program operations meet State guidelines. We have requested a position to monitor this program, as well as other revenue generating programs.

- Our Economic Support program area has experienced turnover in the past year that is of concern, and we have noted that our caseload sizes are higher than other counties in our consortium. To better manage caseloads and training needs, we have requested two Economic Support Specialists and one Economic Support Lead worker.
- With service expansion in mental health and substance abuse, we require staff to support to meet the needs of people presenting with these issues. We added mental health clinician staff in 2016, which we believe has helped us significantly reduce the waiting list for psychiatry. In 2017, we have requested the addition of a Substance Abuse Counselor.
- The Treatment Courts have shown continued success, which is encouraging as we seek effective services to address the needs of people with mental health and substance abuse issues who come into contact with the criminal justice system. We are seeing a limit in the capacity of existing case management staff associated with the Treatment Courts, which can cause delays in getting a person the needed services. We have requested an additional case manager for the Treatment Courts in 2017.
- We have also seen revenue increases in our residential units (Bay Haven in particular) as well as outpatient services, which are a sign of improvements in billing and collections. We have included reasonable projections when we had historical information to support this.

We look forward to the Human Services Board's review and discussion of this budget during the September 8, 2016 meeting. As always, we are grateful for the Board's support and its dedication to the mission of the Brown County Human Services Department.

Sincerely,

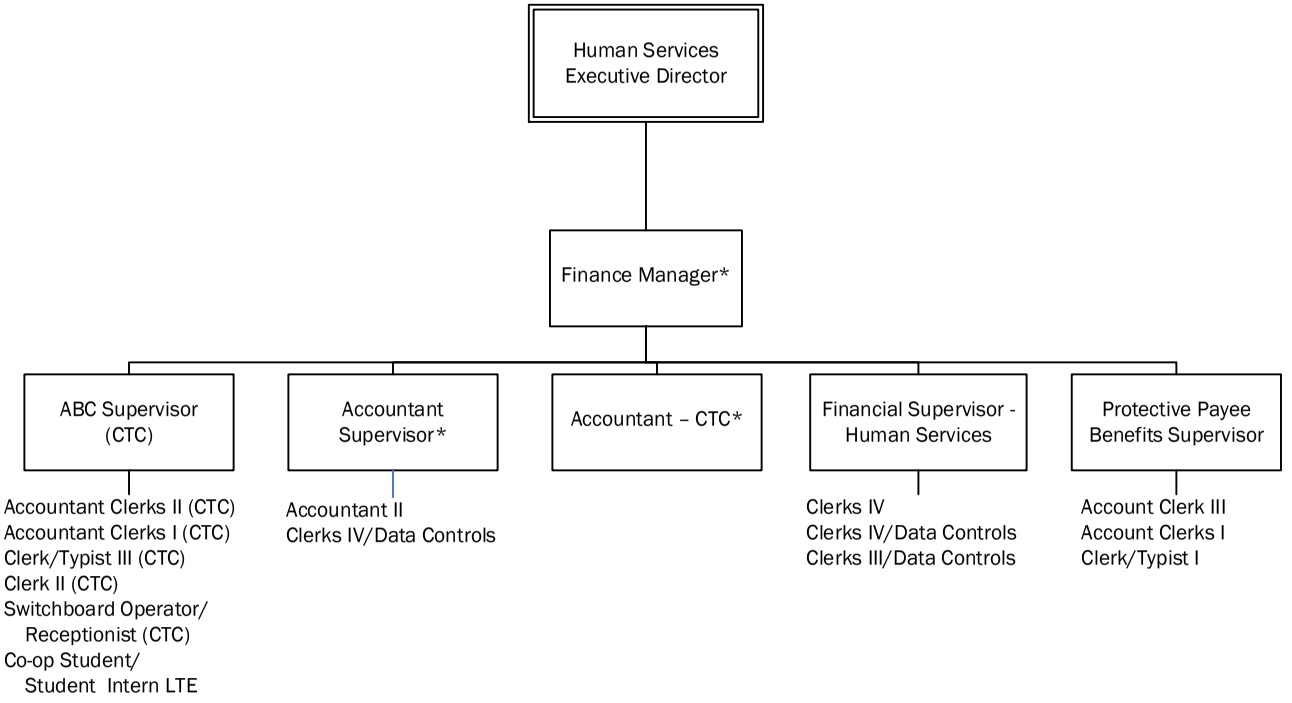
Erik Pritzl, Director
Brown County Human Services

2017 BUDGET
HUMAN SERVICES INITIATIVES & SMART GOALS

NEW INITIATIVE	DESCRIPTION
Establish benchmarks for productivity for outpatient clinic providers	This will assist the department in more accurately estimating revenues and to capture additional revenue through direct service provision or State reimbursement based on the costs of providing services.
Continued evaluation of mental health expansion services	We will continue to evaluate the 2016 mental health expansion services utilizing available data from internal systems and providers. This will determine if the services are provided according to plans submitted.
Improve discharge coordination and planning associated with the Nicolet Psychiatric Center	We will do this in order to reduce readmission rates.
Promote services on a regional level	We will promote the use of Brown County services on a regional level to utilize capacity that exists.
Creation of a services index	Creating an index of services provided by, and through, the department including the mandate or requirement for each service and funding services.
Pilot remote work environments	Our plan is to pilot two units utilizing remote work environments by December 31, 2017. This will help the department assess the capability in this area to better use alternate work sites and promote flexibility in meeting our consumer and workforce needs.

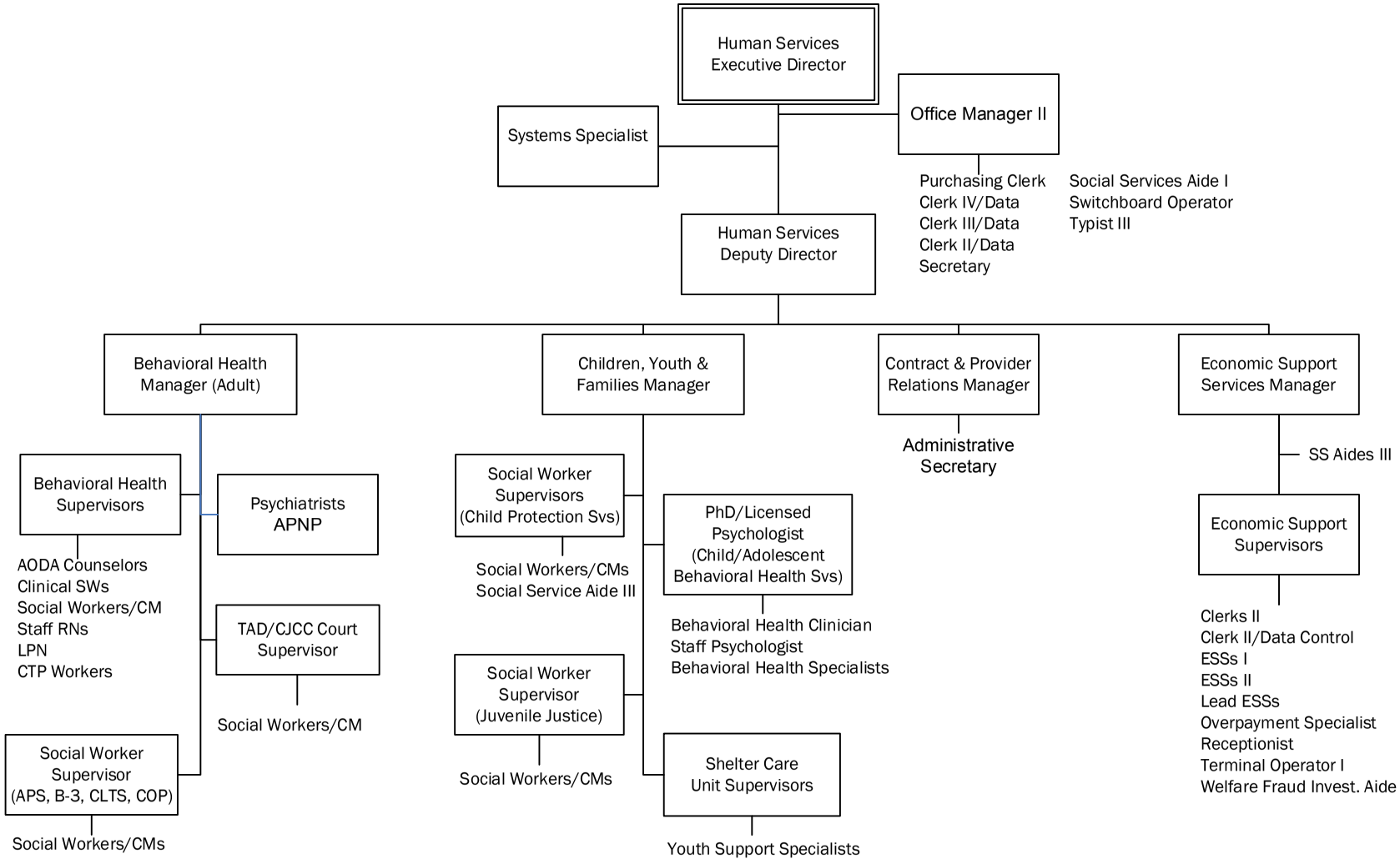
SMART GOAL	DESCRIPTION
Participation in IPFQR Program	Nicolet Hospital plans to meet the conditions for full CMS payment for services by participating in the Inpatient Psychiatric Facility Quality Reporting (IPFQR) program in 2017.
Standardized trauma-focused assessment in CABHU intake process	CABHU staff will incorporate a standardized trauma-focused assessment into their intake process.
Implementation of risk and needs assessment model in Juvenile Justice intake process	Brown County Juvenile Justice unit will review risk and needs assessment models that can be implemented as part of our intake and ongoing disposition as a service to determine both level of care and needs to accurately and consistently assess youth's needs.
Reduction of Serious Incidents Reports (SIR)	Our Shelter Care staff will reduce the number of Serious Incident Reports (SIR) that is filed with the State of Wisconsin by 25%.

HUMAN SERVICES / BUSINESS OPERATIONS DIVISION

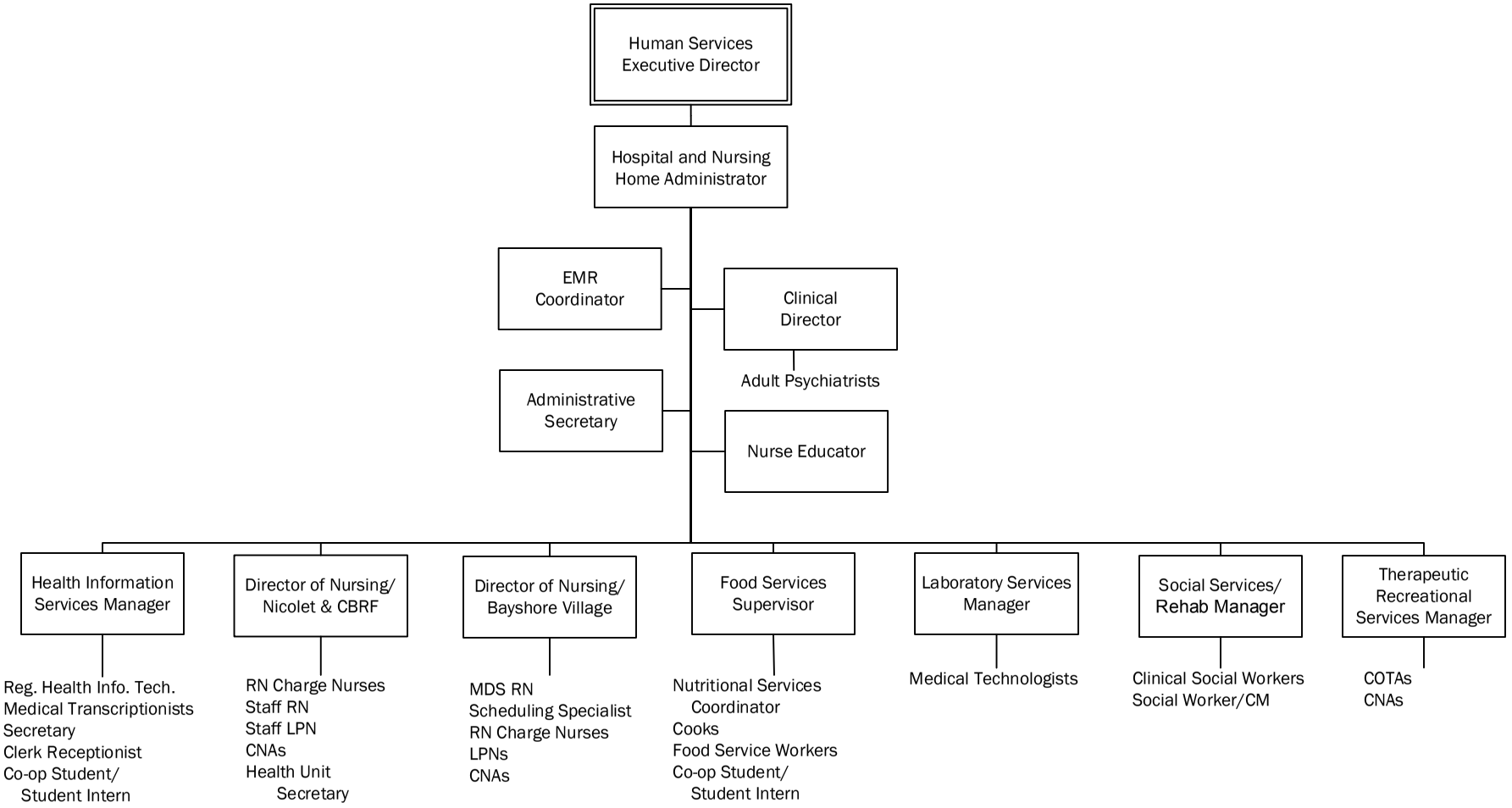


* Denotes positions that report to the Director of Administration.

HUMAN SERVICES / COMMUNITY PROGRAMS DIVISION



HUMAN SERVICES / COMMUNITY TREATMENT CENTER



2017 Program Summary
Adult Behavioral Health Unit

PROGRAM OVERVIEW:

Brown County Human Services Behavioral Health Unit Outpatient Program provides community based services for Mental Health Care and Substance Abuse/Dependency Services. Outpatient Behavioral Health Programs operate under five individual state certified programs. The five state certified programs consist of the Community Support Program, Comprehensive Community Services, Outpatient Psychiatric Clinic, CSAS Outpatient Treatment (AODA), and Crisis Services. The Community Mental Health Program, the Adult Protective Services unit, The Children's Long Term Support Unit and the Birth to Three Program are also under the Behavioral Health Unit.

Community Support Program

The Community Support Program (CSP) is designed to provide services to Brown County residents who require treatment for Chronic Mental Illness. The Community Support Program complies with the Department of Human Services (DHS) WI Administrative rule HFS 63. The Community Support Program is staffed with the professional services of psychiatrists and Master level social service professionals.

Comprehensive Community Services

The Comprehensive Community Service (CCS) program is a Medicaid eligible program. The Brown County Human Services program received the state CCS Regional Shared Services model certification in September 2014. This program is designed to utilize a support system identified by the consumer. Programming consists of recovery oriented psychosocial rehabilitation services for persons with mental health and substance abuse disorders. This program is compliant with the WI Department of Health Services Administrative Code DHS 36 regulations. This program is growing, with more children and adults being enrolled into this program.

Outpatient Psychiatric Clinic

The Outpatient Psychiatric Clinic is located on the Brown County Community Treatment Center (CTC) Campus. The Brown County Human Services Outpatient Psychiatric Clinic is committed to providing quality medication management services to the residents of Brown County. Our clinic is staffed with a variety of providers including Psychiatrists, Advance Practice Nurse Prescribers and licensed nursing professionals. The Psychiatric Outpatient clinic complies with the DHS 35 regulations for services being provided.

The Outpatient Psychiatric Clinic offers services for adult Brown County residents who are generally unable to be served elsewhere. This includes individuals without insurance and/or ability to pay that may require a sliding scale fee and individuals enrolled under some Medicaid HMO plans. The Clinic provides an initial assessment and diagnostic sessions and follow-up medication management sessions. Our licensed nursing staff is available to assist with administering psychiatric injectable medications for clients that require assistance. In addition, the clinic has a medication program to assist with providing medications to qualified individuals unable to afford available formulary prescriptions. The ability to provide this service

to community members has been possible due to samples from pharmaceutical companies, and helping consumers to apply for, and maintain enrollment in, the various medication assistance programs provided by the pharmaceutical companies to obtain free or reduced cost medications.

CSAS-Outpatient Treatment (AODA)

The CSAS- Outpatient Treatment (AODA) provides comprehensive programming for adults with substance abuse difficulties who lack the resources to obtain services elsewhere in the community. Our mission is to assist individuals in addressing their substance abuse and improve their quality of life. We strive to meet the clients individual needs in a respectful and empowering manner. The CSAS-Outpatient Treatment (AODA) program complies with WI Administrative chapter DHS 75 regulations. Other program abilities are to provide Intoxicated Driver Program assessments for Brown County, developing and overseeing Driver Safety Plans in coordination with the Department of Transportation. The Residential Intoxication Monitoring Services (RIMS) program consists of two beds located at the Brown County crisis diversion facility. These beds that are specifically used for Brown County residents under the influence of alcohol and not needing medical detoxification services. Services are provided by professionally trained and licensed professionals. Detoxification Services recommenced in 2016, and are being provided under contract at Bellin Psychiatric Center.

Crisis Services

Crisis Services provided under DHS 34 regulations provide services to community members in mental health crisis situations, with response/safety plans to assist with their current crisis needs. Crisis Services are provided 24 hours/day, 7 days/week predominantly by Crisis Center staff and by other county staff trained to assess and assist with client crisis needs. Mobile crisis capacity was expanded in 2016 using a combination of county and one time state grant crisis funds.

Community Mental Health Program

The Community Mental Health Program (CMHP) is an additional support to adults with Chronic Mental Illness and co-occurring disabilities, not qualifying for Federal/State-funded Long Term Care Waiver Programs. CMHP is solely funded by state dollars. In the past year, funding has supported case management and services for approximately 70 Brown County consumers. The two case managers also maintain responsibility for other mandated services for Brown County, including completing assessments for SSI-E supplements, coordinating PASAAR screens for individuals with intellectual disabilities in need of nursing home placement and organizing dental care appointments for individuals with complex behavioral health needs.

2016 Program Summary
Adult Behavioral Health Unit (continued)

Birth to Three

Brown County's Birth to 3 Program is an entitlement-based program with a long-standing history and commitment to high quality service provision to infants and toddlers with developmental delays and their families.

Since January 1 2014, the program began full implementation of an evidence-based treatment approach, Primary Coach Approach to Teaming. Direct services are being provided through Federal, State, and mandated county funds to an ever-growing number of Brown County families. The goal in working with infants, toddlers and their families to age three is to maximize the child's potential within the parameters developed in partnership with parents.

Children's Long Term Support

The Children's Long Term Support (CLTS) unit provides case management and services within the Medicaid waiver funding provision to children living at home or in the community and who have substantial limitations in multiple daily activities as a result of one or more of the following disabilities: intellectual/developmental disabilities, severe emotional disturbances and physical disabilities. Funding can be used to support a range of different services that are identified based on an individualized assessment completed by the CLTS case manager.

Since 2015, CLTS staff has also been leading the way in providing service coordination/facilitation to Brown County children under the age of 18 who are eligible for Comprehensive Community Services. Effective January 1 2016, the team has supported 40 children and families in providing recovery oriented psychosocial rehabilitation services.

Adult Protective Services

The Adult Protective Services unit is mandated and authorized under Wisconsin Statutes Chapters 46, 51, 54, and 55 to provide services to protect elderly and vulnerable adults from abuse and neglect. Services provided include short term case management, determination of competence, court petitioning and testimony related to the need for guardianship and/or protective placement.

2017 PROGRAM SUMMARY
CHILDREN AND FAMILY SERVICES

PROGRAM OVERVIEW:

This unit consists of Child Protection Services, Juvenile Justice Services, Shelter Care Services, Volunteer Services and Child and Adolescent Behavioral Health.

Child Protection Services (CPS)

- Governed by Chapter 48 of the Wisconsin Statutes to protect children and preserve the unity of the family.
- Child Protection Services staff provide three main functions:

  1. Provide 24/7 emergency response coverage and investigate community referrals of child abuse or neglect allegations.
  2. Provide on-going case management services to children and parents who are either voluntary, informal disposition or court ordered.
  3. Arrange for and monitor the care of children placed outside their homes, primarily in kinship homes and licensed foster homes while striving for permanency.

Juvenile Justice Services (JJ)

- Governed by Chapter 938 of the Wisconsin Statutes to promote a juvenile justice system capable of dealing with the problem of juvenile delinquency.
- Juvenile Justice staff provide three main functions:

  1. Provide 24/7 emergency response coverage and investigates all law enforcement referrals of delinquent behavior.
  2. Provide on-going case management services to youth and their families in voluntary, consent decrees or full juvenile court orders for delinquencies and juveniles in need of protection or services (JIPS).
  3. Arrange for and monitor youth placed in corrections, foster homes, group homes or residential treatment facilities. Juvenile Justice will serve 42 in the Juvenile Electronic Monitoring Program diverting 82% of youth from going on to out of home care placements.

Foster Care / Kinship Care

- Governed by HFS 56 and HFS 58
- Out of home care staff provide five main functions:

  1. Licensing of foster homes.
  2. Certification of Kinship care homes (both voluntary and court ordered).
  3. Ongoing preservation and support of placements and foster care parents.
  4. Provision of mandatory initial and ongoing training.
  5. Recruitment and retention of foster homes.

Shelter Care

- Shelter Care is licensed under DCF 59 of the Wisconsin Statutes, and also follows statutes 48 and 938 in the day to day operations.
- Shelter Care has the ability to meet the needs of up to 20 youth between the ages of 10-17.

- Shelter Care is a non-secure, short-term facility used by Juvenile Justice and Child Protection to provide short term stabilization for youth that are in need of assistance.
- Shelter Care utilizes a daily schedule that is designed to assist the youth that we serve with social, recreational, and independent living skills in a structured setting to allow personal growth.
- Shelter Care provides a safe environment that is monitored 24 hours a day to ensure the health, safety, and well-being of all youth that enter the facility.

Child and Adolescent Behavioral Health Unit Services (CABHU)

- Provides intensive services to children and youth with needs that exceed what can be met through traditional outpatient services in the community.
- Referrals are primarily focused on serving families involved with Child Protection, Juvenile Justice, and emergency psychiatric hospitalizations. Priority referrals include children and youth with severe emotional or behavioral disturbances, particularly when they are at risk for harm to themselves or others, or at risk for out of home placement or loss of their current placement.
- Services offered include individual and family therapy, assessments, case management, AODA counseling, facilitation of Coordinated Service Teams, and clinical consultation to other teams serving children youth and families.
- With families who need assistance in overcoming barriers to participating in or fully benefitting from services, emphasis is placed on assertive outreach and engagement efforts, with flexible service provision often taking place in families' homes or other community settings.
- Depending on the type of service offered to a particular family, the work of this unit may be governed under DHS chapters 34 (Emergency Mental Health Services), 35 (Outpatient Mental Health Clinics), 36 (Comprehensive Community Services), or 46.56 (Coordinated Services Teams).

Volunteer Services (directed to child protection and juvenile court cases)

- Transportation
- Supervised Visitations
- PALS matches
- Parent PALS and Community PALS

2017 PROGRAM SUMMARY
ECONOMIC SUPPORT SERVICES

PROGRAM OVERVIEW:

Economic Support Services provide assistance to vulnerable and low-income households in meeting their basic needs for food, healthcare, heating and electric expenses as well as child care costs. Economic Support Services includes the following programs: FoodShare, Medicaid, Badgercare Plus, Caretaker Supplement, Wisconsin Shares Child Care Assistance Program and the Wisconsin Home Energy Assistance Program. These programs are governed under Chapter 16 and 49 of the Wisconsin State Statutes.

The Economic Support staff work with customers to determine their eligibility for the programs outlined above. Each program has its own set of financial and non-financial eligibility criteria. Applications must be completed within 30 days; however, we are required to contact Foodshare applicants within the first 2 days of applying. Eligibility reviews are conducted on a 6 month or annual basis, depending on programs received by the consumer. Changes must also be processed by the Economic Support staff within 10 days of being reported by the customer. The Economic Support staff ensures that customers not only receive their benefits in a timely and accurate manner, but they also assist the consumer with referrals to other services within the community that can assist them in meeting their basic needs.

Economic Support is required to meet several performance standards outlined by the following state departments: Department of Health Services, Department of Children and Families, and the Division of Energy Services. These performance standards include application timeliness, payment accuracy/quality measurements, customer service and call center standards, identification of client overpayments standards, fraud investigation timeliness, and fraud program cost effectiveness.

2017 PROGRAM SUMMARY
COMMUNITY TREATMENT CENTER

PROGRAM OVERVIEW:

The Brown County Community Treatment Center prides itself on being a leader in the community for Psychiatric Mental Health Care Services. Brown County Community Treatment Center aims to provide clients with individualized quality of care to promote independence and improved quality of life. The Community Treatment Center (CTC) campus consists of three licensed in-patient facilities that provide Psychiatric Mental Health and Behavior Management services to adults that meet the admission criteria for in-patient services. The CTC also provides Psychiatric Mental Health services to ten other surrounding county community members under a contractual agreement. The facility was built in 2009, designed to provide a safe environment for clients throughout the duration of stay.

Bay Haven Crisis Stabilization Unit (Community Based Residential Facility)

Bay Haven is licensed as a Community Based Residential Facility (CBRF). Bay Haven operates 24 hours/day, 7 days/week and provides protective, supportive, and supervised residential services to individuals in need of monitoring and a temporary separation from their current living environment due to an acute crisis. This program is designed to provide crisis stabilization services to adults with mental illness and crisis stabilization needs. Bay Haven consists of 15 private rooms that accommodate both ambulatory and semi-ambulatory male and female adults with chronic mental illness, as well as co-occurring developmental disability, emotional instability and/or AODA challenges.

Bay Haven CBRF facility complies with the Department of Human Services (DHS) chapter 83 and 34 regulatory standards. Programing is designed to increase and decrease supervision needs by reducing suicidal ideation, coping skill challenges, and behavior complexities. The outcome goal for all clients of Bay Haven is aimed to promote and enhance their ability to be an active self-sustaining member of the community in which they reside.

Bay Shore Village (Skilled Nursing Facility)

Bay Shore Village is licensed as a Skilled Nursing Facility for Medicare A and Medical Assistance reimbursement services. Bay Shore Village operates 24 hours/day, 7 days/week. Bay Shore Village consists of a 63 private suite design layout into three home-like setting neighborhoods; encompassing a community environment with access to various services. Services include dietary, laboratory, social services, activity program, occupation, speech and physical therapy program. Daily operations are developed and managed by the Administrative multidisciplinary team with a collaborative approach to client care.

Bay Shore Village also develops specialized services programming in an effort to return the resident to the least restrictive placement. Bay Shore Village is also the designated county facility for Chapter 55 emergency protective placements. The nursing home is regulated by CMS and DHS 132 of Wisconsin Administrative Code. The primary mission of Bay Shore Village is to provide care to Brown County residents that are difficult or unable to be served in other provider settings in the

community. Referrals to Bay Shore Village are received from local area hospitals, local skilled nursing facilities, local Crisis Center, Adult Protective Service Department and members of the community. The target population includes adult and geriatric clients with psychiatric mental illness needs and individuals with dementia diagnosis that may suffer from behavioral disorders.

Nicolet Psychiatric Center (Hospital)

Nicolet Psychiatric Center (NPC) is a 16 bed private room stand-alone hospital. Nicolet Psychiatric Center operates 24 hours/day, 7 days/week. Nicolet program services are aimed to provide Brown County community members with psychiatric mental health services that are not able to be well managed in the community setting. Nicolet Psychiatric Center provides services to clients under the provisions of Chapter 51 of the State Mental Health Act. This provision assures a full range of treatment and rehabilitation services are provided for all individuals with mental health disorders, developmental disabilities, mental illness and co-occurring substance abuse concerns.

Nicolet Psychiatric Center is staffed with the professional services of psychiatrists, social workers, registered nurses, occupational and recreational therapists. Our target population to serve consists of assessment and stabilization of individuals with mental illness, alcohol or drug abuse that are in need of short-term stabilization before returning to the community with supportive needs and case management, when applicable. Services are coordinated with the court system, community treatment program, community support program and the outpatient department. All listed services are conveniently located at the Community Treatment Center for an ongoing continuum of care.

Brown County
Adult Behavioral Health
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
IGVR - Intergov Revenue	$4,144,066.84	$5,327,110.00	$5,711,856.00	$5,886,395.00
PBCC - Public Charges	$1,018,918.41	$1,289,368.00	$1,039,223.00	$1,125,000.00
MISC - Miscellaneous Revenue	$11,002.45	$9,400.00	$23,976.00	$168,600.00
OTFS - Other Financing Sources	$0.00	$0.00	$0.00	$0.00
Revenue Totals	$5,173,987.70	$6,625,878.00	$6,775,055.00	$7,179,995.00
Expenditures				
PERS - Personnel Costs	$3,856,972.90	$3,990,139.00	$4,040,250.00	$4,318,933.00
OPEX - Operating Expenses	$8,471,808.37	$10,186,971.00	$10,002,397.00	$10,665,365.00
OUTL - Outlay	$3,340.60	$0.00	$0.00	$21,861.00
Expenditure Totals	$12,332,121.87	$14,177,110.00	$14,042,647.00	$15,006,159.00
Net Totals	**($7,158,134.17)**	**($7,551,232.00)**	**($7,267,592.00)**	**($7,826,164.00)**

Brown County
Children Youth & Families
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
IGVR - Intergov Revenue	$12,509,772.50	$13,294,196.00	$13,490,624.00	$13,404,740.00
PBCC - Public Charges	$462,667.23	$571,538.00	$626,264.00	$537,307.00
MISC - Miscellaneous Revenue	$1,600.00	$0.00	$470.00	$0.00
OTFS - Other Financing Sources	$116,255.09	$5,544.00	$0.00	$0.00
Revenue Totals	$13,090,294.82	$13,871,278.00	$14,117,358.00	$13,942,047.00
Expenditures				
PERS - Personnel Costs	$8,015,849.93	$8,023,737.00	$8,402,603.00	$7,976,867.00
OPEX - Operating Expenses	$12,094,908.81	$12,062,890.00	$12,105,177.00	$11,879,947.00
OUTL - Outlay	$9,927.30	$0.00	$0.00	$22,600.00
Revenue Totals:	$13,090,294.82	$13,871,278.00	$14,117,358.00	$13,942,047.00
Expenditure Totals	$20,120,686.04	$20,086,627.00	$20,507,780.00	$19,879,414.00
Net Totals	**($7,030,391.22)**	**($6,215,349.00)**	**($6,390,422.00)**	**($5,937,367.00)**

Brown County
Economic Support
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
IGVR - Intergov Revenue	$6,293,857.87	$6,021,535.00	$5,931,812.00	$6,132,573.00
PBCC - Public Charges	$62,174.75	$62,215.00	$61,519.00	$60,215.00
OTFS - Other Financing Sources	$0.00	$0.00	$0.00	$0.00
Revenue Totals	$6,356,032.62	$6,083,750.00	$5,993,331.00	$6,192,788.00
Expenditures				
PERS - Personnel Costs	$3,565,248.40	$3,709,740.00	$3,724,319.00	$3,803,571.00
OPEX - Operating Expenses	$2,586,724.44	$3,012,304.00	$2,088,298.00	$2,889,853.00
OUTL - Outlay	$0.00	$0.00	$0.00	$0.00
Expenditure Totals	$6,151,972.84	$6,722,044.00	$5,812,617.00	$6,693,424.00
Net Totals	**$204,059.78**	**($638,294.00)**	**$180,714.00**	**($500,636.00)**

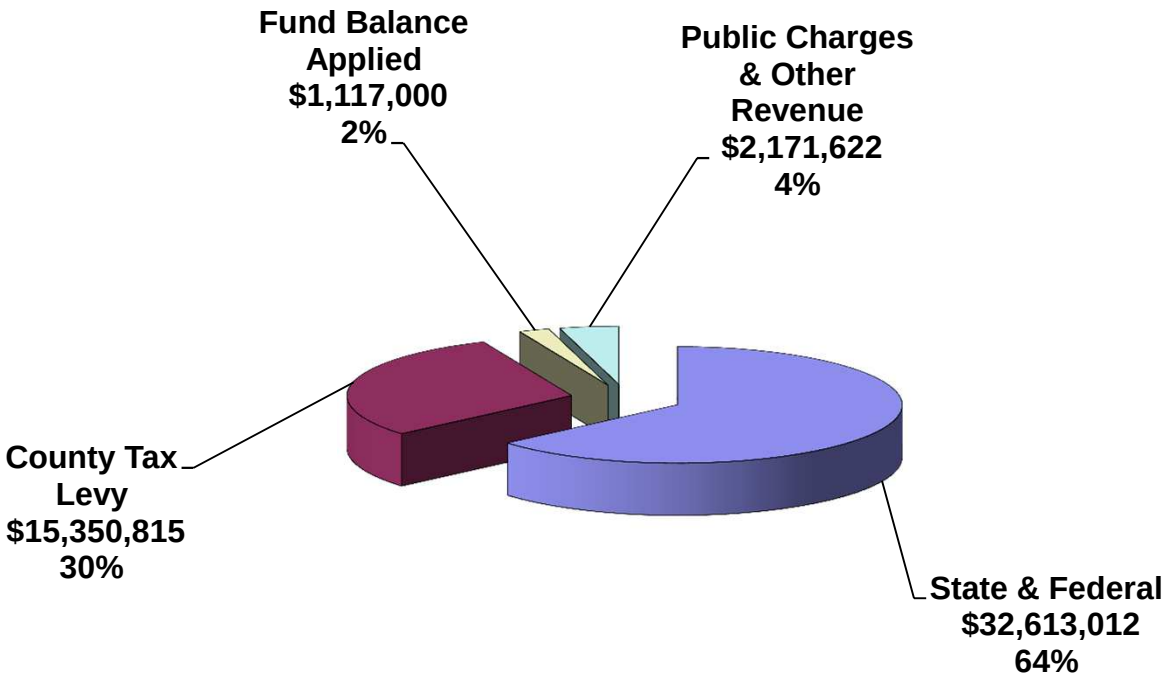
Brown County
Long-Term Care
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
IGVR - Intergov Revenue	$30,829,014.43	$62,039.00	$250,674.00	$250,728.00
PBCC - Public Charges	$0.00	$0.00	$0.00	$0.00
MISC - Miscellaneous Revenue	$896.26	$0.00	$0.00	$0.00
OTFS - Other Financing Sources	$3,002.00	$0.00	$0.00	$0.00
Revenue Totals	$30,832,912.69	$62,039.00	$250,674.00	$250,728.00
Expenditures				
PERS - Personnel Costs	$2,527,304.88	$692,181.00	$471,726.00	$549,863.00
OPEX - Operating Expenses	$34,309,008.87	$4,387,736.00	$4,345,156.00	$3,774,172.00
Revenue Totals:	$30,832,912.69	$62,039.00	$250,674.00	$250,728.00
Expenditure Totals	$36,836,313.75	$5,079,917.00	$4,816,882.00	$4,324,035.00
Net Totals	**($6,003,401.06)**	**($5,017,878.00)**	**($4,566,208.00)**	**($4,073,307.00)**

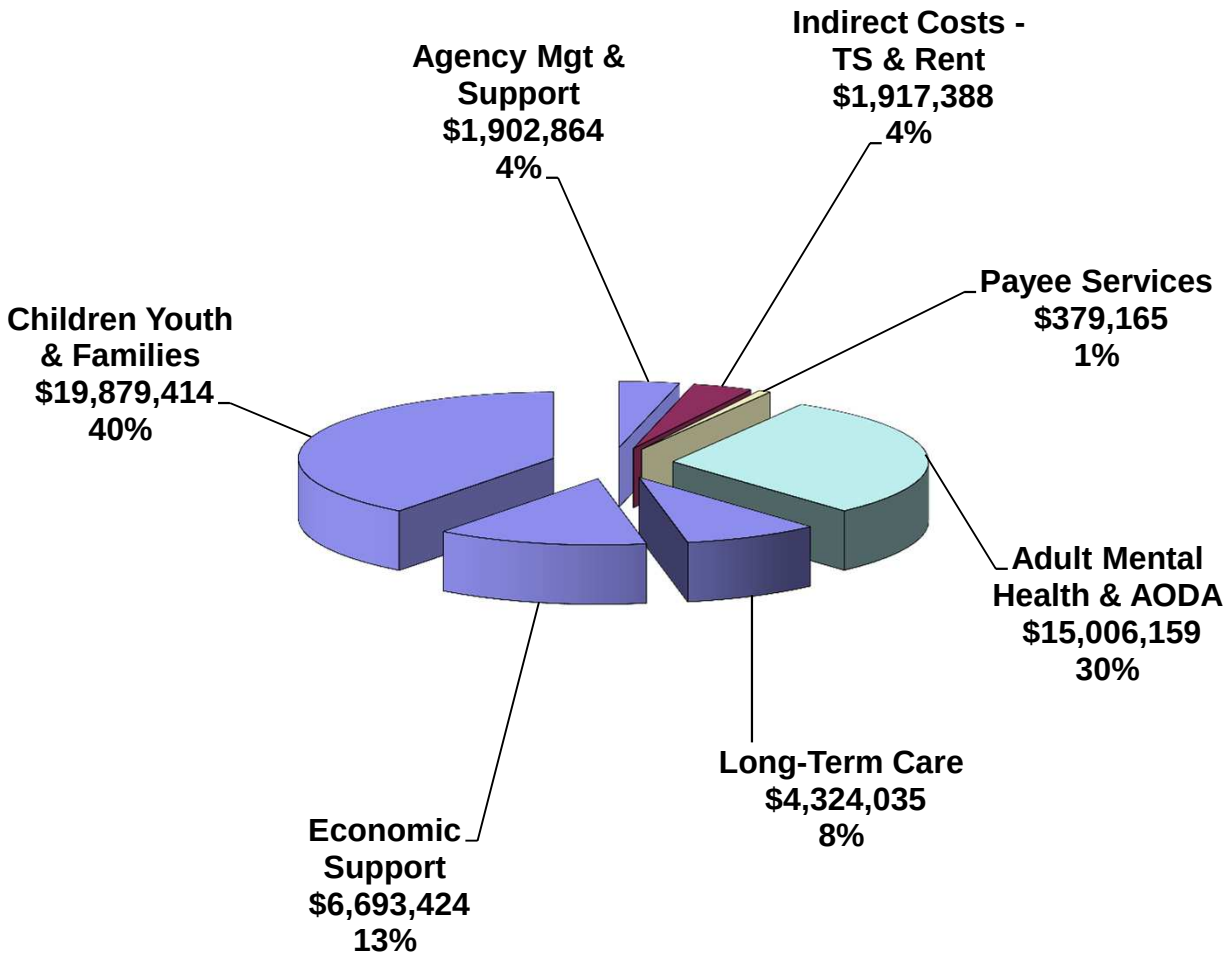
Brown County
Community Programs
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
PRTX - Property taxes	$15,060,752.00	$16,249,887.00	$16,249,887.00	$15,350,815.00
IGVR - Intergov Revenue	$60,516,414.07	$31,478,270.00	$32,140,212.00	$32,613,012.00
PBCC - Public Charges	$1,836,581.07	$2,213,521.00	$1,996,029.00	$2,002,522.00
MISC - Miscellaneous Revenue	$69,624.28	$49,400.00	$90,886.00	$169,100.00
OTFS - Other Financing Sources	$338,247.24	$505,544.00	$500,000.00	$1,117,000.00
Revenue Totals	$77,821,618.66	$50,496,622.00	$50,977,014.00	$51,252,449.00
Expenditures				
PERS - Personnel Costs	$19,566,253.08	$18,209,940.00	$18,375,080.00	$18,394,037.00
OPEX - Operating Expenses	$61,333,965.08	$33,380,766.00	$33,508,134.00	$32,813,951.00
OUTL - Outlay	$48,448.90	$0.00	($330.00)	$44,461.00
Expenditure Totals	$80,948,667.06	$51,590,706.00	$51,882,884.00	$51,252,449.00
Net Totals	**($3,127,048.40)**	**($1,094,084.00)**	**($905,870.00)**	**$0.00**

2017 Draft Budget
Community Programs & Economic Support - Revenue



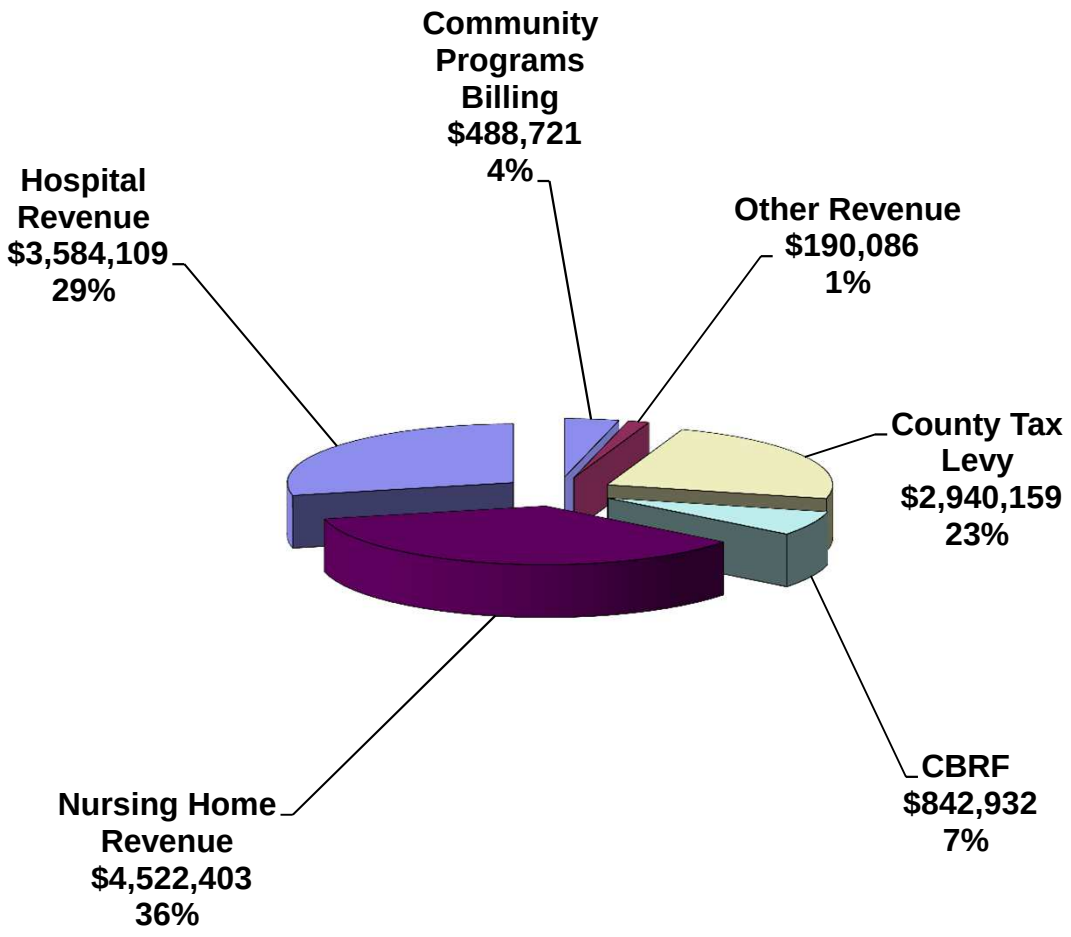
2017 Draft Budget
Community Programs & Economic Support - Expenditures



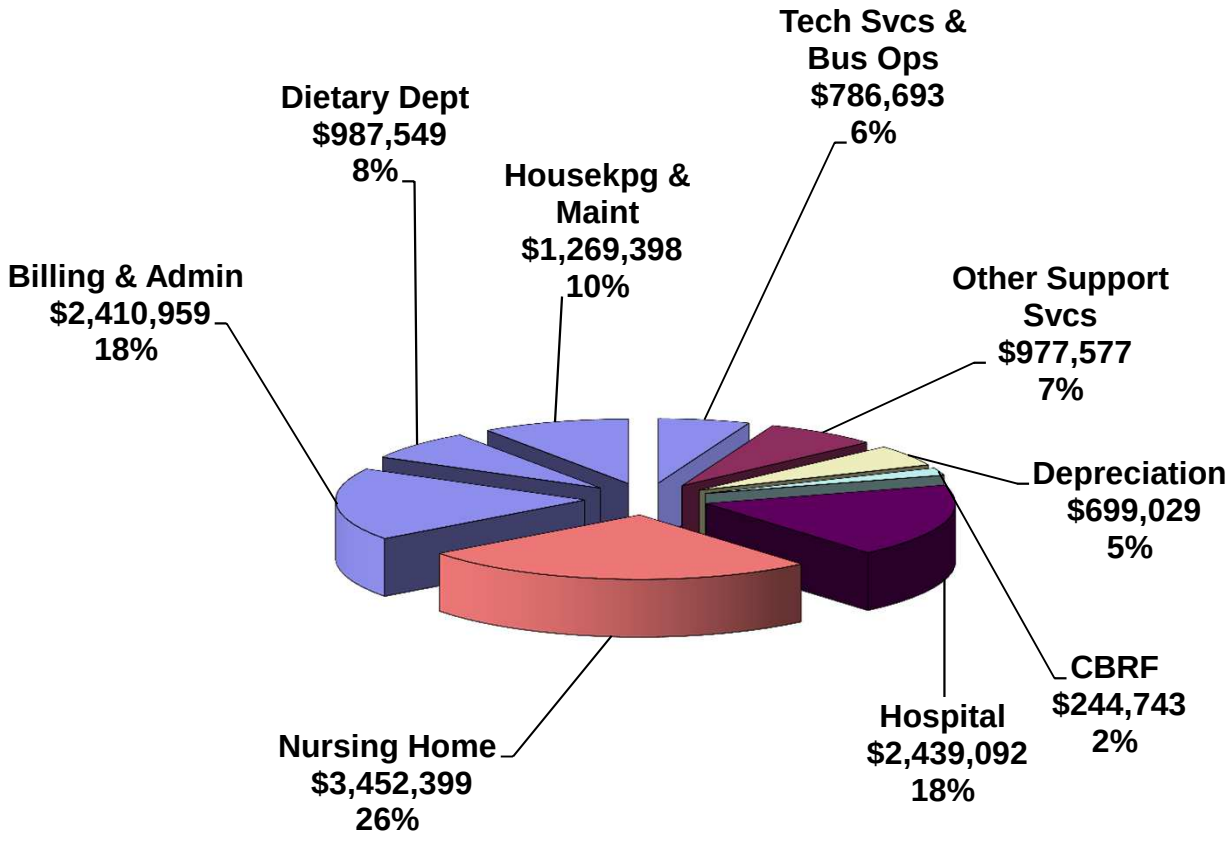
Brown County
Community Treatment Center
Summary

	2015 Actual Amount	2016 Amended Budget	2016 Estimated Amount	2017 Department
Revenue				
PRTX - Property taxes	$2,578,283.00	$2,797,019.00	$2,797,019.00	$2,940,159.00
IGVR - Intergov Revenue	$3,539,208.07	$4,006,480.00	$4,075,934.00	$4,147,785.00
PBCC - Public Charges	$2,972,805.81	$3,826,594.00	$3,845,723.00	$3,873,005.00
MISC - Miscellaneous Revenue	$1,456,406.04	$1,569,820.00	$1,846,761.00	$1,607,461.00
OTFS - Other Financing Sources	$724,144.30	$9,818.00	$9,818.00	$0.00
Revenue Totals	$11,270,847.22	$12,209,731.00	$12,575,255.00	$12,568,410.00
Expenditures				
PERS - Personnel Costs	$9,209,193.79	$8,835,380.00	$9,395,795.00	$8,881,312.00
OPEX - Operating Expenses	$4,342,743.69	$4,178,122.00	$4,258,223.00	$4,380,127.00
OUTL - Outlay	$633.67	$0.00	$0.00	$6,000.00
Revenue Totals:	$11,270,847.22	$12,209,731.00	$12,575,255.00	$12,568,410.00
Expenditure Totals	$13,552,571.15	$13,013,502.00	$13,654,018.00	$13,267,439.00
Net Totals	**($2,281,723.93)**	**($803,771.00)**	**($1,078,763.00)**	**($699,029.00)**

2017 Draft Budget
Community Treatment Center - Revenue



2017 Draft Budget
Community Treatment Center - Expenditures



2017 BUDGET
GRANT DETAIL

Department: Human Services Dept. #: 201.076 Sub Dept. #: 160.161

Grantor Agency: Greater Wisconsin Agency on Aging

Grant Title: Elder Abuse

Grant Amount: $62,039 Total Grant Amount: $62,039

Grant Period:: Jan. 1, 2017 – Dec. 31, 2017

Target Group: Elderly

Brief Description of activities/items proposed under grant: Funds granted to serve elder adults at risk (aged 60 and over) to meet short term needs that otherwise have no funding source available. Services may include advocacy and legal services, day care services, transportation, medical services, transportation, community based aids, emergency response services, service coordination or victim services.

BUDGET SUMMARY BY CATEGORY	TOTAL DOLLAR AMOUNT
Salaries and Wages	$0.00
Fringe Benefits	$0.00
Operation and Maintenance	$0.00
Travel/Conference/Training	$6,000.00
Utilities	$0.00
Contracted Services □ AODA Services – Provider TBD @ $14,000 □ DA's Office – Juvenile Prosecutor @ $13,000 □ Mentoring – Provider TBD @ $25,000 □ Girls' Programming – Provider TBD @ $3,000 □ Early Diversion programming – Provider TBD @ $10,000	$00,000.00
Other (list) Misc supplies & expenses related to outreach & project	$56,039.00
Outlay	$0.00
Total Expenditures	$62,039.00
Total Revenues: Account Name: Local Grant Rev – Elder Abuse Account #: 201.076.160.161.4303.0313	$62,039.00
Required County Levy	$0.00

2017 BUDGET
GRANT DETAIL

Department: Human Services

Grant Title: TAD Grant Grantor Agency: DOJ

Grant Period: January 2017 to December 2017 Total Grant Amount: $ $199,785

Brief description of activities/items proposed under grant:

TAD grant funds will be used by the Brown County Criminal Justice Coordinating Committee (CJCC) and all of our criminal justice partners to create an integrated treatment alternative and diversion program that will individually meet the specific treatment needs of non-violent offenders in Brown County charged with criminal actions related to their drug and alcohol abuse. By treating and educating these individuals rather than simply charging them through our traditional criminal justice process, they will be less likely to re-offend and more likely to become productive citizens of our community. Over time, this program will reduce recidivism, decrease incarceration costs to our community, strengthen unification of the affected families, and increase overall public safety in Brown County.

Is this a new grant or a continuation of an existing grant? ☐ New X Continuation

If a continuation, how long have we received? 2 years

Are the activities proposed under the grant mandated or statutorily required? ☐ Yes X No

Will the grant fund new or existing positions? X Yes No If yes, explain below:
The TAD coordinator position and Treatment Court Case Manager will be funded provided there are enough state wages to use as match from the judges and DAs

Are matching resources required? X Yes No If so, what is the amount of the match $ $66975

How will it be met? With Judges, DA, ADA, public defender – State Employees time - allowed by grant

Explain any ongoing cost to be assumed by the County (ie, maintenance costs, software licenses, etc.):

Explain any maintenance of efforts once the grant ends: If the courts continue the costs would be as stated In the below budget

Budget Summary:			
	Salaries and Fringe Benefits:		$155,771
	Operation and Maintenance:		$48,492
	Travel/Conference/Training:		750
	Contracted Services:		
	Outlay:		
	Other *(list):*		
	Van equipment		
	Total Expenditures:		**$199,785**
	Total Revenues:	-	**$199,785**
	Required County Funds/Levy:	=	**$0**

2017 BUDGET
GRANT DETAIL

Department: Human Services

Grant Title: Transportation Grant Grantor Agency: ADRC

Grant Period: January 2017 to December 2017 Total Grant Amount: $ 36,639

Brief description of activities/items proposed under grant:

Using the grant money we have purchased a modified and handicap accessible van and two other cars that the staff are able to use to transport consumers on their caseloads to appointments which help to reduce the mileage costs of the staff. We contract for drivers via NEW Curative and provide transportation services Monday through Friday, with occasional special trips on the weekends to camp for developmentally disabled consumers. Using the contracted drivers also saves the staff time so instead of driving back and forth they are able to see more people on their caseloads during that time.

Is this a new grant or a continuation of an existing grant? ☐ New X Continuation

If a continuation, how long have we received? 8 years

Are the activities proposed under the grant mandated or statutorily required? ☐ Yes X No

Will the grant fund new or existing positions? ☐ Yes X No If yes, explain below:
We do use funds to contract for a driver from NEW Curative, but there are no county positions funded with this money.

Are matching resources required? ☐ Yes X No If so, what is the amount of the match $

How will it be met?

Explain any ongoing cost to be assumed by the County (ie, maintenance costs, software licenses, etc.):
The grant money covers all the associated costs at this time.

Explain any maintenance of efforts once the grant ends: No. We own the vehicles and will continue to provide Transportation to our consumers with them.

Budget Summary:

Salaries:		
Fringe Benefits:		
Operation and Maintenance:		$20,151
Travel/Conference/Training:		
Contracted Services:		$16,488
Outlay:		
Other *(list):*		
Total Expenditures:		**$36,639**
Total Revenues:	**-**	**$36,639**
Required County Funds/Levy:	**=**	**$0**

HUMAN SERVICES CONTRACT INFORMATION

Agency	Service(s) Description	Target Client	2016 Contract Amount	YTD Payments through 6/30/16	2016 Contract Based on YTD
Adult Family Homes					
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	$111,218	$55,608	$111,216
Boll Adult Care Concepts	Corporate adult famiy home (assisted living) with CCS services for high needs behavioral health	MH/AODA	$825,000	$300,679	$721,629
Curo Care LLC	Corporate adult family homes (assisted living)	PD with MH issues	$200,000	$66,729	$133,459
Elsner AFH	1-2 bed traditional adult family home	MH	$15,826	$5,272	$12,652
Engberg AFH	1-2 bed traditional adult family home	PD with MH issues	$15,852	$7,926	$15,852
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	$50,300	$23,653	$47,307
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	$338,500	$67,594	$202,782
Mystic Meadows LLC	Corporate AFH (assisted living)	MH/AODA	$200,000	$96,975	$193,949
Parmentier AFH	3-4 bed traditional adult family home	MH	$44,217	$21,535	$43,069
Slaght AFH	3-4 bed traditional adult family home	MH	$48,452	$24,225	$48,450
Smet AFH	1-2 bed traditional adult family home	MH	$59,371	$25,455	$50,909
Talbot AFH	1-2 bed traditional adult family home and respite provider	MH	$6,000	$10,509	$21,018
Autism					
Agnesian Healthcare Inc.	Autism services	Children	$22,100	$22,745	$45,490
Caravel Autism Services	Autism services	Children	$375,000	$127,850	$255,699
Centerpiece LLC	Autism services	Children	$190,000	$125,722	$251,444
Innovative Counseling	Autism services	Children	$10,000	$31,020	$62,041
Klein, Steven Dr.	Autism services	Children	$535,000	$268,045	$536,090
Phoenix Behavioral Health	Autism services	Children	$40,000	$14,689	$29,377
Wisconsin Early Autism Project	Autism services	Children	$370,000	$251,451	$370,000
CBRF					
Angels on Arcadian	CBRF (assisted living)	DD, PD	$150,000	$17,204	$34,409
Anna's Healthcare	CBRF (assisted living)	MH/AODA	$180,000	$43,116	$86,232
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	$558,000	$240,758	$481,516
Care for All Ages (CFAA)	CBRF (assisted living), child day care	Children	$50,000	$14,711	$29,423
Clarity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	$53,000	$6,224	$12,448
Compass Development	CBRF (assisted living)	PD with MH issues	$45,000	$0	$35,861
Deer Path Assisted Living Inc.	CBRF, corporte adult family homes (assisted living)	MH/AODA	$315,500	$79,195	$158,391
Homes for Independent Living	CBRF (assisted living)	MH	$260,000	$64,656	$193,968
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	$130,000	$31,675	$63,349
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	$100,000	$18,178	$36,355
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	$162,500	$11,667	$23,334
Pnuma Health Care	CBRF (assisted living)	PD with MH issues	$200,000	$33,215	$132,860
Villa Hope	CBRF (assisted living), supportive apartment program	MH/AODA	$1,589,472	$804,172	$1,608,343
Children					
Advocates Extension LLC	Counseling, daily living skills, summer programming, respite care, CCS services	High behavioral needs children	$707,500	$249,358	$490,049
Better Days Mentoring	Youth mentoring services, daily living skills	Youth	$25,000	$13,052	$24,268

HUMAN SERVICES CONTRACT INFORMATION

Agency	Service(s) Description	Target Client	2016 Contract Amount	YTD Payments through 6/30/16	2016 Contract Based on YTD
Chileda Institute	Children high-needs residential care center	Children	$175,000	$59,634	$119,268
Dynamic Family Solutions	Family counseling/treatment programs	Families of juvenile delinquent	$155,000	$33,556	$100,667
Encompass Child Care	Child day care	Children	$70,000	$33,846	$67,691
Expressive Therapies LLC	Music therapy for children	Children	$15,000	$0	$12,250
Family Training Program	Parenting/family skills training	CSP parents, parents of juvenile delinquent	$155,000	$55,595	$133,428
Lad Lake	Youth high-needs residential care center	Youth boys ages 9-21	$40,000	$0	$18,000
Macht Village Programs Inc. (MVP)	Respite care, counseling, daily living skills, CCS services	High behavioral needs children	$800,000	$386,199	$746,447
Northwest Passage	Children high-needs residential care center	Children	$125,000	$24,939	$49,878
Paragon Industries	Daily respite care	Children with long-term care needs	$125,000	$99,334	$167,378
Parent Team - **CLOSED 2/13/16**	Parenting/family skills training	CSP parents, parents of juvenile delinquent/ MH	$200,000	$13,034	$13,034
Spectrum Behavioral Health	CCS services	Children	$50,000	$992	$9,922
Tomorrow's Children Inc.	Children high-needs residential care center	High behavioral needs children	$100,000	$0	$0
Wisconsin Family Ties	Family support and advocacy services	Parents of MH/juvenile delinquent	$26,000	$15,167	$26,000
Foster Care					
Advocates for Healthy Transitional Living LLC	Foster and respite care	High behavioral needs children	$275,000	$99,542	$199,084
American Foundation of Counseling	Foster care services	Children	$100,000	$82,600	$165,201
Childrens Service Society	Foster care services	Children	$25,000	$32,132	$64,264
Home Health Care					
Helping Hands Caregivers	Supportive home care	PD with MH issues	$10,000	$2,448	$4,896
Home Instead Senior Care	Supportive home care	PD with MH issues	$10,000	$3,683	$7,365
Res-Care Wisconsin	Home health care	PD with MH issues	$10,000	$0	$0
Southern Home Care Services	Home health care	PD with MH issues	$10,000	$0	$0
Receiving Home					
Darnell Receiving Home	Receiving home for emergency placements	Children	$19,710	$11,498	$19,710

HUMAN SERVICES CONTRACT INFORMATION

Agency	Service(s) Description	Target Client	2016 Contract Amount	YTD Payments through 6/30/16	2016 Contract Based on YTD
Krueger Receiving Home	Receiving home for emergency placements	Children	$13,140	$2,190	$2,190
VanLanen Receiving Home	Receiving home for emergency placements	Children	$19,710	$11,498	$19,710
Transportation					
Green Bay Transit Commission	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	$15,000	$10,390	$20,780
Lamers Bus Lines Inc.	Specialized transportation	DD youth transitioning to adults	$25,000	$3,959	$7,918
Other					
Acceptional Minds LLC	Living skills for behaviorally-challenged children/families	Children	$75,000	$13,660	$40,980
Anderson, Campell Educational Teaching (ACE)	Daily living skills training	Children	$24,000	$6,760	$20,280
ASPIRO Inc.	Birth to 3 services, respite, prevocational training, adult day programming	DD youth/children	$429,500	$215,862	$424,889
Bellin Health Occupational Health	Drug screenings	Adult parents	$25,000	$3,080	$9,240
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	$235,000	$0	$0
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services	Teens	$169,406	$99,302	$170,233
Cerebral Palsy Inc.	Birth to 3 services, respite, adult day programming	DD youth/children	$314,500	$133,382	$266,764
Curative Connections (formerly NEW Curative)	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA	$257,000	$86,994	$173,989
Dodge County (DBA Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	$285,000	$0	$0
East Shore Industries	Day programming for PD/DD disabled	PD with MH issues	$10,000	$0	$0
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	$2,614,015	$1,258,737	$2,517,473
Golden House	Domestic abuse services	Adults in need	$63,086	$36,800	$63,086
Goodwill Industries	Prevocational services	PD with MH issues	$6,000	$401	$1,202
Greenfield Rehabilitation Agency	Birth to 3 services	DD children	$100,000	$0	$96,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	$1,814,200	$686,328	$1,578,554
KCC Fiscal Agent Services	Payor of client-hired personal care workers	Children with long-term care needs	$800,000	$326,094	$615,818
Lac Du Flambeau Lake Superior Chippewa Indians	Gookomis Endaad AODA residential treatment	Native American AODA	$50,000	$0	$0
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	$765,000	$406,694	$813,388
NEW Community Shelter Inc.	Homeless sheltering services	MH	$40,000	$23,333	$40,000
Options for Independent Living Inc.	CCS services, home modification assessments	MH/AODA	$15,000	$440	$1,760

HUMAN SERVICES CONTRACT INFORMATION

Agency	Service(s) Description	Target Client	2016 Contract Amount	YTD Payments through 6/30/16	2016 Contract Based on YTD
Options Lab Inc.	Drug screenings	AODA, CPS parents	$40,000	$9,632	$28,896
Options Treatment Program	AODA treatment, CCS services	AODA	$199,680	$56,467	$169,402
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	$325,000	$128,998	$257,996
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	$100,000	$27,345	$54,690
Rehab Resources	Birth to 3 services	DD children	$200,000	$70,727	$82,515
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	$286,535	$117,435	$281,844
St. Vincent Hospital	Birth to 3 services, home delivered meals	DD children, PD with MH issues	$100,000	$48,011	$96,023
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Very high-needs MH	$1,166,000	$844,367	$1,428,734
United Translators	Interpreter/translation services	Non-english speaking	$20,000	$0	$4,000
TOTAL			**$21,080,290**	**$8,757,948**	**$17,776,076**

NPC August Monthly Report

1. **Patient Care Issues**- There are no new concerns to report.

2. **Contracted Services Issues**- Health Direct Pharmacy Services was awarded our pharmacy services RFP effective 10/01/2016. Our current pharmacy services contract includes the hospital utilizing an Automated Medication Dispensing System to ensure patients receive timely initial dose medication and contingency medication doses upon admission to our hospital. This quality initiative was targeted to ensure compliance with CMS hospital regulatory standards for the quality and timely treatment for clients admitted under our care.

   We are currently working with our purchase services department to accept bids on some noted enhancement to the security of our hospital fencing on Nicolet's psychiatric hospital.

3. **Summary of patient complaints**- There were 4 total patient complaints during the month of August, none were substantiated.

4. **Federal/State Regulatory Concerns**- There were no hospital health inspections conducted during the month of August.

5. **Approval of Medical Staff appointments**- There are no new medical staff appointment requests this month.

6. **Other Business**- The EM-1 committee has formed a sub-committee to work on patient-flow barriers and to streamline access to our inpatient psychiatric hospital. The sub-committee is also targeting a decrease in the diversion of clients needing to go outside of Brown County to access inpatient psychiatric hospital treatment. This committee has representation from county and city law enforcement agencies, local medical hospitals, the Crisis Center, and local psychiatric hospitals coming together to work on solutions to improve the system and patient flow in our services.

Respectfully submitted by:
Luke Schubert, NHA
Hospital and Nursing Home Administrator