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, November 9, 2017 at Health & Human Services; Community Treatment Center; 3150 Gershwin Drive; Green Bay, WI 54311

Present: Chairman Tom Lund
Carole Andrews, Jesse Brunette, JoAnn Graschberger, Craig Huxford, Susan Hyland

Excused: Bill Clancy, Paula Laundrie, Aaron Linssen

Also Present: Erik Pritzl, Executive Director
Eric Johnson, Finance Manager
Luke Schubert, Hospital & Nursing Home Administrator
Donna Stroik, Accountant, CTC

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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:
GRASCHBERGER / ANDREWS moved to approve the November 9, 2017 Agenda. The motion was passed unanimously.

3. Approve Minutes of October 12, 2017 Human Services Board Meeting:
HYLAND / GRASCHBERGER moved to approve the minutes dated October 12, 2017. The motion was passed unanimously.

4. Executive Director's Report:
Executive Director Erik Pritzl referred to his report included in the packet.

Community Services:
Child Protective Services
The Assembly Speaker's Task Force on Foster Care came to Green Bay on October 24, 2017. This group has been going around Wisconsin hearing about foster care but also the child welfare system in general. This started about the time the State bi-annual budget was being debated, and with some attention being put on an increase on the child and family allocation, the Assembly Speaker decided we should have an opportunity in the State to talk about child welfare at different locations. It was in Green Bay, Madison, Wausau, La Crosse, and a few more. Kevin Brennan (Manager of Children, Youth and Family), Marc Seidl (Social Work Supervisor), and Erik Pritzl spoke to the task force. A number of legislators were there and some that are on the children's caucus as well, so they've heard some of these issues before.

One of the things we talked about was the number of children in placement. Foster Care itself is an issue because we need foster parents and recruitment and retention of foster parents is an issue. We looked at the numbers of children in foster care over time, and the charts within the report show the month-by-month fluctuation of numbers and the average number of children in out-of-home care per month climbing every year. We are having situations where we need more foster parents with more children in need. Kinship care is a

big program for us — where relatives provide the care. When you have more kids in out-of-home care, it requires a lot more of our Social Workers too, because they have to spend more time in court on permanency plans, hearings, looking for relatives, finding alternatives, and then sometimes pursuing a termination of parental rights. It is a lot of pressure on the system. One of the best predictors of outcomes is having a small number of social workers (on the case). So if you can have one social worker (the duration of the case), your chance of permanency for the child — meaning reunification to their family, or a long-term foster family — is pretty high. If you have two workers, it drops significantly. If you have three or more, the chances go down to less than 10%.

LUND: So you are saying because they are not invested?

PRITZL: They don't have the connections; those relationships. One of the best predictors is the relationship. When you have a workforce that is stressed and turn over in the State when it comes to child welfare is an issue; Brown County is no exception. It starts to look like a tough situation.

We also spoke to the number of removals related to drug and alcohol abuse. Drugs, in particular, have increased rapidly as a removal reason in Brown County. Some of that could be due to better tracking, identification. But there is no denying in the future that line will go marching up rapidly.

LUND: We have an active drug task force; we do a lot of arrests.

PRITZL: So we have had some situations where at 5:00 AM, we have multiple staff involved on finding placements for kids at one house, but it actually 3 families. Sometimes we get ahead of it, and we will know some factors involved, but most of the time we are reacting and finding placements, making sure kids are taken care of. We spoke to the Task Force about this quite a bit. It was a long conversation. They gave us 10 minutes at the beginning, but let us go for about 25 (minutes) and they didn't cut us off.

Of course I told them that financial help would be appreciated. We did have an improvement in that for 2018. We are getting a slight increase – about 8% in our Child and Family allocation from the State.

Adult Behavioral Health
Residential treatment has increased rapidly. One of the initiative components from the Mental Health initiatives started in 2016. We had $81,000 recorded expenditures in October in just Residential Treatment. That month was 29% of the total residential expenditures for the year. That is a rapid rise. We had over 10 people in residential treatment at that time. We are still looking at about 10 people in residential treatment; which tells you people are using the service.

I heard a great success story today of a person, who went through detoxification, was assessed, went to residential treatment, and now transitioned to intensive outpatient. They are employed and they have been retained in treatment through all those steps. This is great and what we want to see. I believe this person had issues with heroin use; a pretty challenging situation. We are seeing successes, but it doesn't mean there aren't some challenges here and there.

Community Treatment Center:
Luke Schubert will share about the surveyors at the Community Treatment Center later in his report.

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

5. CTC Administrator Report including NPC Monthly Report:

Administrator Luke Schubert referred to his report included within the packet and highlighted the following:

We had the opportunity to test one grievance this month and got some ideas on the process. That particular grievance was from an outside county. We file any grievance on our grievance log, for the hospital, if a patient in treatment wants to file a grievance. So in some cases we refer to another county, because the patient is another county resident. Or we refer to another department because it might be a complaint about an event that happened in relation to law enforcement, crisis, or a case worker. We log each of those situations regardless because we received the complaint and to ensure the proper agency has been contacted and the client has the information on how to further that investigation. It shows we have resolution on the complaint.

Federal and State Survey — We did have a CMS follow up, 3-day recertification visit, and CMS recertified the hospital. It should be at least another year — barring a complaint — before we would be subject to another recertification survey period. I have seen that go anywhere from 1-7 years by regulation, but typically about 2 years on average for public hospitals.

Around staffing, the survey prompted CMS to make a referral to DHS on the Nursing Home side and DHS on the Assisted Living side saying to ensure proper policies and procedures of staffing and emergency preparedness are in line in those settings. That prompted special surveys in those areas in which all 3 surveys we were able to go through this month without citations or further issues.

In the end, it is a stressful process, but we had some good take-aways/good lessons. We improved some systems; so keeping that going and taking what we learned and continuing it, and monitoring it from a quality standpoint. It wasn't such a bad outcome in the end, but glad it is done. We received our official letter this week that we are recertified.

LUND: Congratulations.

SCHUBERT: The largest focus from my standpoint for the inpatient units is the large regulatory reform – Mega Rule – that has been put on nursing homes. We are fortunate we have been allowed to attend some trainings to be sure we have the education we need to move some processes, policies and procedures forward. I went to a day-training with the Director of Nursing yesterday where the Regional Field Operations Directors from DHS were educating us on the new survey checklist that they will follow (What their focus will be, the process change on how they select residents, what they observe, what they will collect upon admission and within 1-hour, 4-hour, 8-hours of entering the facility). The whole process that has been in place for years is changing. We are evolving to know what the process is going to be and then we make the necessary changes.

The two biggest ones this year: CMS said Nursing Homes need to be better with emergency preparedness; as you've seen in the news with recent events like the residents knee-deep in water during the hurricane. That prompted a lot of federal reform to mandate nursing homes to do a hazardous vulnerability assessment, and based on

the scoring of that assessment, take a look at developing policies and procedures in those high-risk areas, and make your emergency preparedness manual increase; which is a good thing. But it is a lot of work when you are a single entity to make sure you have all the policies and procedures in place, updated, and your people educated so they can speak to what those new procedures are.

So they took that process and wanted us to do the same assessment based on Operations. What population do you serve; based on that population, what is the minimum staffing plan you should have to meet those needs? For example -- At any one point in time, if you could have 3 people on oxygen support services, do you have 4-5 oxygen concentrators in-house. If you take someone who is a bariatric patient, are the doors wide enough to get that person out in case of a fire? If there is a tornado, what is the food supply in the building to meet the immediate needs? They are looking at the whole plan from a high level. We need this plan operationally and this plan from a safety standpoint; two different plans to be reviewed. DHS's message was to that they will be reviewing those for a systematic breakdown in the process. So if something happens here with a bad outcome, or a system breakdown, that what they will be looking at. Did you assess your population? Did you have equipment in place? What was your plan to have competency training with staff to adhere to it? It appears the large plans will be looked at annually.

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

6. Approval of Community Treatment Center Grievance Committee Policy:
Luke Schubert passed out copies of the policy.

This policy came to the Human Services Board a few months ago. The biggest change was in light of there not being an outside entity we could secure to participate in our grievance reviews within the 7-day meeting timeframe, we would appoint a Human Services Board representative. I believe we recommended Carole (Andrews) officially during the last meeting. At least three of the members would need to be present for quorum. We need to resolve grievances within 7 days permitting extenuating circumstances.

LUND: Would you have auxiliary members if somebody was gone? Say Carole (Andrews) is on vacation.

ANDREWS: We discussed appointing Paula (Laundrie) last time.

LUND: How often do you have grievances?

SCHUBERT: I would say we average 1-2 per month. Even though the one we had this month was for another county, we still filed it.

ANDREWS: It gave us an opportunity to look closely at what we were doing. The grievance was emailed to me; I didn't have to come out here (Community Treatment Center). But then I had questions about how much information can be shared with me because I am not an employee of the hospital, and what does HIPPA prevent me from knowing. We need to have things like that checked out.

SCHUBERT: I spoke with Erik (Pritzl) and our Health Information Privacy Manager, Dawn LaPlant. The suggestion was to ask if you would be willing to go through out

orientation process, and/or have you sign the confidentiality agreement that employees sign.

JOHNSON: Even though you are not an employee, you are acting in the capacity of one.

SCHUBERT: I could remove identifying information from the grievances.

LUND: You could redact names and stuff and just have what the scenario is.

ANDREWS: I suggested that. If you redacted it that would also take away the problem of any chance that I might know the individual. If I don't know the personal information, I wouldn't know if I knew them, so I wouldn't have to recuse myself from the grievance.

LUND: There wouldn't be a way to violate the HIPAA rights then.

SCHUBERT: Then we will go ahead and redact information for all members. It could be a Community Services member who is not connected and doesn't need that information for the case but they are participating. That information is not necessary.

LUND: You don't need to know the employees' names either because that could cloud your judgement.

SCHUBERT: Redacting is good for a number of reasons. We will redact the information, but I still think it would be good, in the event some information slips through, that if Carole (Andrews) did the one-day orientation or signed the confidentiality agreement.

ANDREWS: I would like to know what the orientation is.

PRITZL: Back to the question about a secondary to Carole (Andrews) on the Committee… it was talked about, but not formally voted on.

LUND: We will have to do that next month.

PRITZL: Per last month's Minutes, we were bringing back procedures (this) month, and it was a motion to refer.

LUND: We will put it on next month that we definitely have an alternate for the committee.

ANDREWS / HUXFORD moved to approve and place on file the Community Treatment Center Grievance Committee Policy.
Motion was carried unanimously.

7. Financial Report for Community Treatment Center and Community Services:
Finance Manager Eric Johnson referred to his report included within the packet and highlighted the following:

Johnson introduced Donna Stroik, the new General Accountant for the Community Treatment Center. Donna was formerly in charge of accounting and finance for the United Way of Marathon County and most recently was Deputy Finance Director with Westin Village near Wausau. We are very pleased to have her onboard.

Community Treatment Center
The proceeds from the insurance for the replacement of the Nurse Call System were finally recognized in September – approximately $176,000. It had been causing us to be a bit behind budget in revenues for the year, but with it being recognized now, with the system being fully operational, we can recognize that revenue. That, along with expenses right at the benchmark of 75% for the year, puts us slightly ahead of budget on the year – about $60,000 YTD compared to the prorated budget for 9 months. That is very good news for the CTC. We have not been in this position for a while, so I am very pleased to share this information.

PRITZL: It's probably been at least a couple of years.

LUND: I don't know if we have ever been ahead.

JOHNSON: We have properly recognized some costs that belong with Community Services like placing people at the CBRF, and of course the higher number of Brown County residents at the Nicolet Psychiatric Center which causes a certain amount per day that gets transferred from Community Services to the CTC for those Brown County residents at the hospital unit. Those two things have helped the CTC's financial statement, but hurt the Community Services' financial statement.

Community Services
So the above is one of the reasons Community Services is behind budget primarily due to purchase services and the largest purchase services variance are the first three listed on the report; they are placement related. State mental health facility stays for adults and children; and foster care placements (explained directly in the charts in Erik's (Pritzl) Director's Report). Foster care placements is approximately 19.5% higher number of cases on average in 2017 over 2016, and that is almost exactly the same percentage variance in dollars for foster care placement costs. The intra-department costs for time at the CBRF for the Adult Protective Service placements, and those additional days for Brown County residents at the NPC.

Wrap-around services with Children, Youth and Families, we are hoping changes in State funding for other programs like Children Long Term Support (CLTS) may lessen the need for some of the wrap-around services.

Family Care Maintenance of Effort Payment variance will decrease by $25,000 a month over the next few months until the end of the year when it will be a zero variance.

PRITZL: Nice job, Eric, tying the charts to the out-of-home care costs. From talking to other counties across the state, this is a common narrative right now; out-of-home care costs/institutional stays are 20-30% above budget. There are a lot of counties looking at this and seeing a similar picture. I've asked Eric in the next month to separate off… are we controlling things we can control – travel, training, personnel costs, things like that – knowing there are these other expenses where we cannot deny someone placement. Especially a child in a safety situation, a vulnerable adult, or a hospital stay -- we cannot deny that service. We are doing our best to manage it. In our monthly budget reviews we are not seeing those items that are controllable going out of control. It is emergencies. I think if we took steps, such as not filling positions, or reducing some costs that way, we would end up perpetuating some of the problem.

LUND: You need those positions.

PRITZL: We wouldn't be able to meet the community need. The wrap-around part in particular, we see the spending being over. And what we hear when we look at expenses, it is things being used to keep people in the community and divert people from out-of-home care which is a higher cost and a traumatic experience for some people.

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

8. Request for Exception to Requirement for Identification Markings on New Shelter Care (2017) and Community Services (2018) Vehicles.

Erik Pritzl explained this was put on the Human Services Board agenda, and it will also go to the Human Services Committee, as we are going to ask for an exception to the markings on our County vehicles. We have heard from staff about situations where clients and the public can identify the vehicles and say "this is the County doing something," which prompts speculation about what it could be. One example mentioned was they thought it was an issue with probation. We might go to a situation where we are responding to a law enforcement situation where there is a removal occurring due to drugs or drug trafficking in that house. Suddenly a County vehicle comes up, it has its markings on the side, we take children and put them into that vehicle, and then transport them. People are going to figure out the kids are in custody. If we use those vehicles to respond to situations, it is not protecting the confidentiality and privacy of the person.

This is why we are asking for an exception. I think it is warranted as we go into neighborhoods, respond to emergencies, go to schools. There really is no need for people (the public) to know that is what is happening at that moment.

JOHNSON: There are two vehicles. The first is the Shelter Care vehicle which was added in 2017. And there is another new vehicle that will be downtown primarily used for Child Protective Services. We are requesting an exception for both.

BRUNETTE: If I were to be contrarian, one argument I could find in opposition, is when an employee is in a County vehicle, knowing that eyes are on them, are they driving safer? Are they not texting while driving? You know what I saying? Not that I'm saying a County employee would do those things. So if I'm driving a County vehicle, I know that if I'm doing those things, people can report me very easily. That is one thing as you go to the full County Board, be prepared to answer that. It is a concern for me. When I am driving, and I see someone in a company car, they might be driving a bit safer.

JOHNSON: It is a requirement (to have vehicles marked) county-wide, that is why this would have to be a specific exception.

HUXFORD: County Sheriff's Department who works in conjunction with Child Protection, we always had plain cars with plain license plates on them. There was no identification whatsoever. And in many cases we would pick up the Child Protection Worker and they would come in that car. So I see no problem whatsoever with what you are asking.

SCHUBERT: Would these two vehicles not be identified and the license plates be different?

PRITZL: They'd still have municipal plates.

JOHNSON: I don't know what the process would be to get those; different license plates was not raised as major concern. They would still have the municipal plates on them.

LUND: You may want to look into that too.

HUXFORD / ANDREWS moved to grant this exception.
Motion was carried unanimously.

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

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

10. Request for New Non-Continuous Provider & New Provider Contract:
Please refer to the packet which includes this information.

HUXFORD / GRASCHBERGER moved to receive and place on file.
Motion was carried unanimously.

11. Other Matters:

BRUNETTE: How did the overall County budget go? Any additions/subtractions to the Human Services budget?

LUND: There really wasn't much into Human Services.

PRITZL: Health & Human Services kind of sailed through. The only discussion points were on rats with the Public Health Division.

LUND: We put $5,000 into rat abatement. We are going to give out traps to neighborhoods where the rat problems are the worst.

BRUNETTE: Is it primarily City of Green Bay…

LUND: Yeah, primarily but it could be into Ashwaubenon or Howard, because I think the rat problem is travelling.

BRUNETTE: When I was on the City Council from 2012-2014, the area I represented (had rat issues), that was the center area, so that's good the County identified that it is spreading. Rats don't know municipal boundaries.

LUND: I voted for the $5,000 and we are actually going to look to the Public Health Director on how to identify, and what progress is made, and if we have to do this over the course of a several years.

PRITZL: We need to have a plan.

HUXFORD: Can that $5,000 also be used from the Public Health Division's perspective because actually rats have a tendency to be drawn to things left in areas? They're not necessarily going to go to a well-kept yard, but they can; they will normally be attracted to something not well-kept. That's referring to someone who lives in the neighborhood who asked me about it. What would do different? You can't shoot them in the City of Green Bay. I had a neighbor that was a mess, and that's where they were coming from. Can any of that ($5,000) be applied to that also?

PRITZL: The Public Health Division has done a lot of education around this, as well as the City, has done education on making sure your garbage is contained, not providing a habitat for them. There has been a fair amount of education around this. That is something we will look at with the traps and how they get dispersed. Education will be a part of that too. I think PETA in their advertising spoke to steps people can take so the rats are not coming there or staying there. So I think everyone is on-board with the education piece but still is that control element.

LUND: But if you have a bunch of them, you do have to eliminate them, because they breed like crazy.

PRITZL: Another item toward the very end of the meeting -- $40,000 added to the budget identified as Partnership for Children, but it is really Welcome Baby. The County Board provided $40,000 for 2017, so that was renewed for 2018.

LUND: That's $40,000 that can save us a lot of money, just in foster care placements later.

PRITZL: That is what we hope. It is an early visiting program – it's a good program. So a County Board Supervisor made that motion toward the end.

LUND: Yes, that was (County Board Supervisor) Evans.

Next Meeting: Thursday, December 14, 2017 at 5:15 p.m.
Sophie Beaumont Building
111 N. Jefferson Street
Green Bay, WI 54301

11. Adjourn Business Meeting:
HYLAND / BRUNETTE moved to adjourn.
Motion passed unanimously.

Chairman Lund adjourned the meeting at 5:51 p.m.

Respectfully Submitted,
Catherine Foss
Office Manager

POLICY:

According to the Psychiatric Hospital Federal Conditions of Participation, the hospital must establish a process for prompt resolution of patient grievances and must inform each patient of whom to contact to file a grievance. The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. A committee is defined as two of more qualified members. The committee membership should have adequate numbers of qualified members to review and resolve the grievance the hospital receives (this includes providing written responses) in a manner that complies with the CMS grievance process requirements.

The Brown County Health and Human Services Board, the hospital's governing body, delegates authority for prompt grievance investigation and resolution to the Brown County Community Treatment Center Grievance Committee ("Grievance Committee").

PROCEDURE:

1. The Grievance Committee shall meet weekly (not to exceed 7 days) to review and resolve client grievances, unless there are justified circumstances permitting grievance resolution to occur in that period of time, which will be documented in the grievance file.
2. The qualified members of the Grievance Committee include:
    1. The Hospital & Nursing Home Administrator
    2. The Hospital & CBRF Director of Nursing
    3. The Nursing Home Director of Nursing
    4. Health Information Manager
    5. Community Services Representative
    6. Human Services Board Representative
3. The Nursing Home and Hospital Administrator, under the direction of the Health and Human Services Executive Director, will be responsible to ensure all client grievances are investigated and resolved in a timely manner for prompt resolution.
4. The average grievance resolution should be 7 days or less in duration, with exceptions as outlined in the Grievance Policy - Nicolet Psychiatric Center policy.
5. The Nursing Home and Hospital Administrator shall be responsible for ensuring that a quorum is present with a minimum of three total members (including himself/herself) in order to review and conduct client grievance formal resolutions on behalf of the hospital and governing body.
6. The Nursing Home and Hospital Administrator will be responsible to report on grievance activity and resolution information on a monthly basis as part of the CTC Administrator's Report agenda at the Health and Human Services Board meetings, noting any patterns or trends in grievance reporting and investigations conducted at the hospital.

REFERENCES:

42 CFR 482.13: Patient Rights

DRAFT