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 13, 2018 at Health & Human Services; Community Treatment Center; 3150 Gershwin Drive; Room 365; Green Bay, WI 54311

Present: Supervisor Tom Lund, Chair
Carole Andrews, Craig Huxford, Susan Hyland, Paula Laundrie, Supervisor Aaron Linssen

Excused: Jesse Brunette, JoAnn Graschberger, Supervisor Alex Tran

Also Present: Erik Pritzl, Executive Director
Samantha Behling, Interim Nursing Home Administrator
Jenny Hoffman, Community Services Administrator
Eric Johnson, Finance Manager
Kevin Brennan, CYF Manager
Erin Mader, UWGB Student

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

2. Approve / Modify Agenda:
LINSSEN / LAUNDRIE moved to approve the September 13, 2018 Agenda.
The motion passed unanimously.

3. Approve Minutes of August 9, 2018 Human Services Board Meeting:
HYLAND / ANDREWS moved to approve the minutes dated August 9, 2018.
The motion passed unanimously.

4. Executive Director's Report:
Executive Director Erik Pritzl did not prepare a written report; instead deferring to the Annual Report and Draft Budget being presented this evening.

5. Distribution of 2017 Annual Report for Health & Human Services:
Executive Director Pritzl distributed copies of the 2017 Annual Report for Health & Human Services.

While the department is Health & Human Services (HHS), this report focuses on Community Services (CS) and Community Treatment Center (CTC) only.

2017 is when the department expanded to include Public Health. Members of the Public Health staff have said it has been a very positive move; especially in the area of substance use prevention education. By combining efforts of Public Health's Community Health Education Section and our Substance Use Services over at the Community Treatment Center, we are working collaboratively to get some small funding/grants to do opiate education, purchase lock boxes, sharps disposal units, Drug Take Back programs, etc. They are putting us in a state of readiness to potentially apply for bigger grants down the road.

Another area of collaborative work is Emergency Preparedness. We have worked on our preparedness plans, and have an exercise planned for this month. We have also had some joint responses which have been positive.

We have increased our Voluntary Services in the Child and Adolescent Behavioral Health Unit (CABHU). It is always better to do voluntary services over mandated, more restrictive interventions. On the CTC side, we have also seen an increase over the past year in voluntary admissions; which typically means we have a motivated person looking for assistance.

We continue to have really good performance in our Economic Support division. We are the lead agency for the Bay Lake Consortium and that performance level has been rock solid for a long time, and continues to be. Jenny Hoffman was the Economic Support Services Manager during 2017, and has now moved on to the Community Services Administrator position.

We increased enrollment in Comprehensive Community Services (CCS), which is a cost due to being a case management program; however, it is a well-funded program. CCS is recovery-based and person-centered. People with mental health or substance use issues develop a recovery plan, there is a service facilitator, supports, and then good funding of the services so we can make sure the person stays out of more restrictive placements like hospitals or jails.

In Substance Use Services in the Outpatient Clinic at CTC, we saw treatment retention hit 80%; however, we want to set that benchmark even higher. The reason treatment retention is important — if you can get people to stay in treatment past their 4th session, there is a very good chance of retaining them longer and seeing them through to full recovery. These numbers at 80% or higher are a very good marker that we are engaged with people, and they are motivated for treatment; we cannot guarantee there won't be setbacks, but it is a very good benchmark for successful treatment.

No questions were presented by Board Members this evening, but it was asked to be put on the October Human Services Board Agenda to allow Members time to prepare questions.

LINSSEN / LAUNDRIE moved to refer the receipt of the 2017 Annual Report for Health & Human Services to October 11, 2018. Motion carried unanimously.

6. Youth Corrections Overview:

Per communication at the August Human Services Board Meeting, Erik Pritzl and Kevin Brennan were requested to be available to answer any questions from the Supplemental report submitted in August.

LAUNDRIE: I read through the report and having been involved in residential treatment for 1-1/2 years, it was interesting to read through this and see how many of our people are going to Lincoln Hills and Copper Lake. The question I have is regarding Type 2. Under residential care centers, I think LAUNCH is great and helpful, and I see Rawhide and Homey Home, but are we using Macht Village and Family Services Residential as a step to reuniting our residents into the County? Treating them there and then letting them go wherever?

BRENNAN: The Type 2 designation, as iterated in this report, is a diversion from corrections; so kids go to a Type 2 facility. Type 2 is a licensing designation through the State of Wisconsin where facilities must qualify to be a Type 2 Facility. So that is why those two specific programs were listed. Family Services Residential does not have the Type 2 licensure from the State of Wisconsin, so they cannot act in that role. We do use Family Services Residential because they are in our "backyard;" we have a very good relationship with them—we just had a child placed there this week. We try to place children as close as

we can in the best programming fit. The Type 2 kids, think of them as a combination of corrections and residential care. Kids under a Type 2 status, if things do not go well, they can be sent to corrections for a sanction or a shorter period of time, and then come back to the Type 2 Facility. It is much preferred over a straight placement to Lincoln Hills or Copper Lake, because it gives us more flexibility; but there are only a handful of facilities that have the Type 2 designation and licensure.

LAUNDRIE: So we are utilizing the Family Services Residential as well as Ethan House?

BRENNAN: Ethan House closed. There used to be two Ethan Houses—they were group homes—a step-down from residential care, but a step-up from foster care/treatment foster care. About 6-7 years ago they closed one, and they were purchased by Family Services, and then Family Services made the decision to close the second one as well, maybe in 2018?

LAUNDRIE: A lot of the kids from "res" went to Ethan House.

BRENNAN: It was a decent "step-down" too — residential to group home to foster care then home; or home as soon as possible. I do not know why they made that decision. We continued to send kids there; they had an average resident census of at least 4-5 kids, but I don't know how many kids they needed to make their "mortgage payment" per se.

LAUNDRIE: This is news to me. So what about Macht? I know we give monies to Macht.

BRENNAN: Macht Village is an in-town, pseudo-residential. They are not licensed as a residential facility, they are not really licensed at all as a place to place kids. Kids get day programming; sometimes that day is 18 hours of programming. Kids rest their heads back at home, but they get programming there; usually for our very high-end kids in Youth Justice (YJ) and Child Protection (CPS). It is an effort to maintain kids in the community instead of placing them in a residential setting.

LAUNDRIE: I have not been real fond of Macht Village for quite a while; however, recently I have been working a lot with students in the Ashwaubenon School district in the high-needs program. If they (the students) mess up? Phone call to Macht Village and someone is there to talk them down.

BRENNAN: Their business model is contracting with different school districts to take kids. So instead of a school district having a stand-alone alternative program for high-needs kids in a separate section of the building or a separate building altogether, they contract that through Macht. And that could involve our CPS or YJ kids, or kids outside our system. That has been their business model – contracting with school districts.

LAUNDRIE: That is good to know.

BRENNAN: And the option for "Johnny" to leave the school and go to the Macht Village facility, but that is handled through the school district and paid by school district.

LAUNDRIE: We do give County monies to Macht, don't we?

BRENNAN: It is on an hourly basis. Different services are provided on a per hour basis, and that funding source is levy; and some CLTS and some CCS. Both CLTS and CCS have documentation requirements, and Macht needs to have that documentation for us to pay them. We always have discussions around that to maximize the money from CCS and CLTS versus levy dollars.

LAUNDRIE: I would be very interested in someone speaking to the (Human Services) Board on LAUNCH at a future meeting.

ANDREWS / LAUNDRIE moved to receive the Youth Corrections Overview Supplemental Report and place on file. Motion carried unanimously.

7. CTC Administrator Report including NPC Monthly Report:

Erik Pritzl handed out and referred to the September report prepared by himself and Interim Nursing Home Administrator Samantha Behling.

Patient Care Issues:

There were no patient care issues during the month of August.

Contracted Service Issues:

Nurse Call Light System Replacement: We tried numerous solutions; talking to vendor about returning the phones and going to kiosk or stationary phone. Vendor is willing to work with us to find a solution because they want us to be pleased with the outcome. They understand we do not want the hand-held devices. It is a continuing issue, but it is not a safety or patient care issue.

Patient Grievance:

One patient complaint/grievance filed in the month of July at the NPC. There was prompt resolution. Thank you, to Carole Andrews, for her participation on the Grievance Committee; it is very helpful to have you there, you have given good insights into things.

Federal/State Regulatory Concerns:

The Bayshore Village Nursing Home had their Survey at the end of July/early August. Samantha Behling shared the Plan of Correction was accepted by the State on August 27, 2018. We are in compliance. We also did a self-report to the State and we are waiting on their response.

Medical Appointments and Re-Appointments:

The appointments will be addressed later this meeting.

Hospital and Nursing Home Administrator Recruitment:

Recruitment is continuing for the Hospital and Nursing Home Administrator position. Some interviews happened this week. The interim plan has been extended through September 30, 2018. Pritzl shared he has been very pleased with Samantha Behling and Amanda Woodward in their interim positions. They have both done a great job, especially going through the Survey and Plan of Correction. They have been great assets in this process.

HUXFORD / LINSSEN moved to receive the CTC Administrator Report and place on file. Motion carried unanimously.

8. Financial Report for Community Treatment Center and Community Services:

Finance Manager, Eric Johnson distributed his September report.

Community Treatment Center:

CTC is doing quite well compared to budget. The main drivers are favorable Medicaid rates which are better than expected for both the nursing home and the hospital. Expenses are somewhat below budget. A pension liability adjustment will be reversed in the August financial statements because there is some question as whether the pension reserve will be needed at the current level. There will be a favorable adjustment to the August financial statements. The census is doing rather well at the CBRF – Bay Haven — and we are seeing favorable MCO client payments.

Community Services:
There have been significant challenges this year with Community Services. Four of the main purchase services areas are significantly over budget with unanticipated costs. These areas were budgeted similar to last year, but this year, the Residential Care Center (RCC) placements for delinquent status offenders and abused and neglected children are significantly higher the first seven months of the year. Some costs will continue through the rest of the year, and Kevin Brennan and his team are actively looking at how to control those costs possibly through alternative placements or fewer days of stay at the RCC.

We are anticipating some favorable cost report settlement from WIMCR and CCS programs. Those settlements should offset this unfavorable condition.

In doing the budget for 2019, the hospital rates are much better in 2018; so we have adjusted a "subsidy" that has occurred between Community Services and CTC for hospital days for Brown County residents served at NPC. In 2018 there was a transfer of $275/day to help the hospital make ends meet. For 2019, we are reducing that rate to $200/day. We are considering making the adjustment retroactive for all of 2018, which would more create a more favorable adjustment for Community Services and accurately reflect the difference in hospital revenue and expense.

HYLAND / LAUNDRIE moved to receive the Financial Report and place on file.
Motion carried unanimously.

9. Re-appointments of Dr. Marshall Bales, Psychiatrist; and Laurie Schaumberg, APNP; and Appointment of Brittany Walczyk, APNP to the Medical Staff of the Community Treatment Center:
Erik Pritzl and Samantha Behling presented the credentials for Dr. Bales; Ms. Schaumberg and Ms. Walczyk to the Board and made the recommendation to re-appoint them to the Medical Staff at the CTC.

LINSSEN / ANDREWS moved to approve Dr. Bales, Ms. Schaumberg and Ms. Walczyk to the Medical Staff at the CTC. Motion carried unanimously.

10. Receipt of Forms Management Performance Improvement Project
Please refer to the Forms Management Performance Improvement Project within the Agenda Packet.

This is our newest Performance Improvement Charter which is a medical record paper forms management. As we transition to electronic records, there are still paper forms within use throughout residential units, and it is important we know which ones are still current and being used, and which ones we are no longer using. We need to be sure we have this recorded correctly. This is something out Medical Records staff started identifying and then brought in other staff to bring everything up-to-date; making sure the correct forms are cataloged and indexed. We bring the Charters here so everyone can see them and if there are questions, concerns, input in terms of the project. Since the Human Services Board is the governing board for CTC, we need the Board to approve this project.

ANDREWS / LAUNDRIE moved to approve the project. Motion passed unanimously.

11. 2019 Draft Budget for Health & Human Services

Copies of the 2019 Health & Human Services Draft Budget were distributed to Board Members.

Pritzl mentioned we have been working with lots adjustments and moving parts, coming right up to the wire with the Draft Budget; part of it is knowing what funding is available and what services we are offering of mandated versus non-mandated services especially if we need to change anything programmatically.

There is not a lot of room to work with in this budget, so we had to get pretty creative in terms of trying to do new initiatives. There are things we had hoped to get to, but will need to be added in future years. There are some indications – down the road – that we might be able to do those things. Some of this is due to the State and Federal picture being unclear with rules. For example, one initiative is drug testing which could be challenging as we don't know what it will look like – the funding, program changes in Economic Support, etc. – and it impacts us. We don't know what the allocations could be; the State budget is up next year.

LUND: So if we have to administer the drug testing, will we get paid for that?

PRITZL: We would not have to administer the drug testing itself. It is the screening we would have to focus on. Jenny (Hoffman) could answer that…

HOFFMAN: The screening is a 10-question, self-declaration, nothing verified; it is 10 questions the Economic Support worker would ask the consumer. They are "yes" or "no" type questions, and if they answer one "yes" they go to testing; but those rules keep changing, too.

LUND: So they would have to self-report?

HOFFMAN: It is self-reported; at least the rules are as I look at them now.

LUND: What does it look like if they get in trouble with drugs later on? If they have a problem, they have to go into a rehabilitation program?

PRITZL: That's where it gets unclear – because you can screen and you can test, and then you have to comply with treatment – that is part of it to maintain benefits. The counties' position – and by that I mean the Human Services Association – has been if you are going to funnel that many more people into treatment, who is going to fund that? Finding Medicaid providers for substance use, is not easy; we are one of them obviously.

LUND: What types of substances are they talking about?

PRITZL: Could be any illegal substance.

LUND: So all illegal substances; ok.

ANDREWS: Do you know what the questions are that people would have to answer?

HOFFMAN: I think it is called the DAS10 questionnaire.

LAUNDRIE: Is there a website to look at for that?

HOFFMAN: DHS might have some information on their website about the drug testing, but as far as the tool, this DAS10, I think that is still up for...

LAUNDRIE: What does DAS stand for?

PRITZL: Drug Abuse Screen. DHS had to maintain a website because they had to apply for a waiver on this. So there is some public information, they had to do public comments.

LUND: They had to get a waiver from the federal government on it.

PRITZL: So you can see the challenges in this -- we don't know the rules, we don't know these things. They are good ideas potentially, but how to implement? We just don't know.

LUND: So the big thing is -- are there any programs in here having their funding cut, or are there any new initiatives? What are we looking at? There is always going to be a cost of continuation, there's always whether you are cutting a program or adding staff, or…

PRITZL: There is a staff add, and there is a cut that will go along with it. Some good things we are trying to do – We are looking at crisis services improvements with the "one stop shop" here (CTC). So that is a capital project in 2019; we have a lot of planning around this – What is the design? Where does it go? We know that it can physically go here.

LUND: We set aside money in the half-percent for that.

PRITZL: The money is there for that; and would spill over into 2020 for completion, but that is part of the 2019 budget.

HUXFORD: Is that doing away with the Crisis Center downtown?

PRITZL: No, that's what we will need to figure out. What stays there; what would be here. Lobby Services, for example -- What lobby services are there, what lobby services are here. I think we want to emphasize the crisis assessment being here -- that when people are in an acute need, they come here. We also want to do some mobile crisis, as much as possible, and that's why that expanded. So what the lobby looks like downtown, with Family Services, and how they can bring their staff here.

LUND: Have you talked to law enforcement about what we are doing?

PRITZL: We have an EM1 Committee. We have discussed this at every meeting and law enforcement likes the idea of being able to potentially bring someone for crisis assessment followed by admission here. Or they may discharge with a safety plan to the community. We have a lot to work off of as far as what the medical component looks like; we saw in the Milwaukee model. They do medical screening, but some of the rigorous testing, lab work, clearance – that would still be done somewhere else. But we also don't know if a lot of people need rigorous medical clearance. We are looking at that and what can our model be; to have some of that occur here simultaneous.

HUXFORD: I think it's time to review the Crisis Center operation; it has been in effect for a long time, and maybe there are some improvements we can make to it. We don't know until we look at it.

PRITZL: We also have a Crisis Coordinator now; we just hired him this year. It has been a big plus to have someone dedicated to coordinating those services, assessing, gathering data and helping us through the process.

LAUNDRIE: I think what I really like seeing (in the 2019 initiatives) is "review and incorporate additional quality metrics into the Crisis Center contract." The Crisis Center, I agree with Craig, has been around forever. And I think it is time to have some things to validate, to have some quality metrics, some ways to measure effectiveness, and ways to dovetail here with what we offer at the County. There's not always wondrous things being said about the Crisis Center -- that's just from working with people that have gone

there through the schools and families. Certainly, it can become better through quality measures, in my opinion, so I am happy to see that.

PRITZL: The Officer/Clinician Team Pilot is another element we heard about in Milwaukee. We went there to look at their crisis assessment services and their inpatient services, and the thing we heard about before we even saw their units, was "we have to talk to you about our CART Teams" – Clinician Teams – because they said they believe this is what has really helped them with Emergency Detentions. It's having an Officer or Mental Health Officer with a Mental Health Clinician out in the community seeing people for follow-ups on Emergency Detentions and Commitments or it could be they have been called to a house because of a mental health concern; so it is a joint response. Milwaukee is doing it. They have gone from two teams to five teams over the course of a few years. Madison has done it, and there is some information posted on Madison PD's website about what they see as the effectiveness of it. We had Green Bay PD there with us, and we had talked with them about this before, too. The Chief in Green Bay has experience with this in LA (Los Angeles).

LUND: Are we thinking about having a County one? Because it not just a Green Bay problem.

PRITZL: The bulk of our Emergency Detentions though… the numbers are in Green Bay.

LUND: I get that, but DePere doesn't have one. So if only Green Bay has one, you are not covering the whole County. If we get the buy in from the other communities that say we want to have an officer that when there are mental health situations, crisis situations we have somebody versed in it for the County and would be available.

PRITZL: It is different than the crisis response that the Crisis Center does. Where Green Bay has something other departments don't, is the dedicated Mental Health Officers, and that is their assignment. So that's where it makes for a more natural connection first, because this person could do crisis work, but by and large, it is going to be more routine follow up, and more engagement with consumers that way. Green Bay is probably positioned well because of their investment in the two (Mental Health) Officers they have currently assigned to it. The Sheriff's office has always been a good partner with us for everything.

HOFFMAN: It is a pilot.

LUND: Yes, it is a pilot, and you could expand it.

PRITZL: A smaller (initiative) we are looking at is how we do visitation between families and Child Protection. Currently we use a strip mall – the Beacon Center which is where people go. We think we can do better with a more homelike environment. If we could get a home with a kitchen so they could do more family activities that would be more normal, natural and potentially independent living could piggyback on it as well.

LUND: Why don't you rent part of the duplex for this?

PRITZL: We have options. The landlord at the Beacon Center has other properties, they've talked to us about; so there is a better direction with this than what we are doing. It is something we've wanted to do.

The adding and cutting relates to the Criminal Justice Division. So this has been talked about at the Criminal Justice Court Board, joint Human Services Committee and Public Safety meeting. This is creating a new part to the (Human Services) Department that you can see on the Org chart on page 6. Currently we have a TAD and Criminal Justice Court Supervisor as well as treatment court case managers under Behavioral Health. What this is going toward is a more comprehensive, pre-trial services model where we would use a standardized assessment to look at all offenders and then figure out if

diversion is an option and watch them on a pre-trial or diversion basis, as well as the treatment court case managers, the jail liaison position and bundle it all together in a new Criminal Justice Division. This has been seen in other communities to have a positive impact with more people served on a pre-trial basis or people not going back into the criminal justice system. The recidivism is pretty low in the communities that have done this.

The exchange for that is the Day Report Center – to make this levy-neutral, basically – we have to look at the Day Report Center operations. Family Services has done a good job jumping into a pretty ambiguous situation in many ways. They had to create programming, work with partners, get people on board. They have 140 people in the Day Report Center; so they have done a good job jumping on board with that. But if we are going to take on pieces of that, we felt we should just incorporate the Day Report Center as well, and roll that in. We would work with Family Services to transition, so that contract would be reduced by 50%. They would have operations for six months, and then we would assume the Day Report Center after July 1 approximately. That is a bigger piece.

HUXFORD: As a mentor in the Veterans Treatment Court since it started, I have seen the treatment courts grow with Brown County, and my estimation is they have been extremely successful; not 100% successful. Right now some models are changing and the staffing is changing, and I think it is for the better. I think the Criminal Justice Division Coordinator is very much needed to oversee all of them. Judge Zuidmulder isn't going to be around forever. But I see a coordinated effort because on one hand you have some treatment courts going one way, some doing things another way, and to try and get them all on the same page, with the same guidance, and get people into that system faster. That has always been the problem – getting people into those alternative programs. If that can be addressed, it is a huge step forward to making them even more successful than what they have been. I'm all for it.

PRITZL: We are too. Try to work a little smarter; and put somebody to take all the treatment court, as well as those other functions, and be able to have that higher level view with what's going on with all the diversion programs and pull them together. They are fragmented right now, so this would bundle it. So that is a bigger undertaking for next year.

We already talked about drug test compliance which is another thing we need to recognize. That will be a big change Economic Support that we will need to deal with.

HYLAND: I have a question regarding the specialized foster care placement. It looks interesting to me; it was an area of concern back when I was working, before I was retired. Having worked with foster parents, some were very good, and some were very bad. So it just sounds very exciting that you will have people better trained to take in these kids. Could you talk a little bit about that?

PRITZL: Our intention is to develop homes that will work with more difficult youth, some challenging situations. We have been trying to work on this for a while. It is very hard to recruit, so we are looking at what support we can provide those foster homes too. If Kevin (Brennan) was here, he would speak more to connecting them with experienced foster parents; how we can provide support from our staff to those foster homes so they know it is not just them and the child; that they can depend on us to support and help them and be available as a resource. He has talked about creating some on-call systems to support them; to improve their training. There are different levels of care to look at higher levels of care; so that's something to work on.

HYLAND: Is screening part of that? Screening for the people interested in wanting to be foster parents.

PRITZL: We have done some promotional efforts, but the best advertising is word of mouth; treating our foster parents right, so they tell other people to be foster parents. Our recruiting classes are doing pretty well. Something you see now, it has become more competitive too. We are recruiting, as well as you will see signs for Foundations recruiting, other organizations…Children's Hospital has done a pretty big push. We are all trying to get the same pool; but we are saying we will offer more support. Every foster parent that presents goes through a very rigorous process – the application, the screening, the background checks, the home visits; all of that is very prescribed.

HYLAND: It has gotten better over the years. I had some really difficult situations, years back, dealing with some foster parents I thought were not looking out for the best interest of these vulnerable kids. So I thought this was exciting, and just getting better.

LAUNDRIE: A few months ago when we had the foster care presentation, it still resonates with me. It was a very good presentation and an overview of what we are looking for in foster parents and the screening that goes into it. I think the County has made some huge strides in the direction. It is very competitive out there.

PRITZL: I'd like to point out one more thing, there is a difference in how this is presented in your packet. Starting on page 14 through 17, one thing Eric Johnson and his team did which is a slight difference (from previous years) is we are showing property taxes in every single area now. I don't think we had done that in prior years. Now you get to actually see where things are.

JOHNSON: Related to that, AMSO Allocations (Administrative, Management, Support and Overhead Allocations) those were all in the Administrative unit. So all of the Administrative costs stayed in the Administrative Unit even though we would allocate out those expenses to different grants. So the revenues would be in the individual cost centers but revenues related to this Administrative cost that they were being allocated, would not show in that cost center. So we also moved the AMSO allocations to the proper cost center. So you will see expenses quite a bit higher, but you will also see the levy line which is labeled property taxes on the top that each cost center has its own property tax line. The bottom line then is zero; they all zero out, which is helpful for tracking later on. You can see how each individual cost center performs much more easily going forward.

PRITZL: The CTC does not zero out.

JOHNSON: It does not zero out due to depreciation expense as a deficit.

LUND: This will help the Supervisors understand.

HUXFORD / ANDREWS moved to accept the 2019 Draft Budget and forward to the Human Services Committee. Motion passed unanimously.

LAUNDRIE: Tom, I would like the record to reflect that it is really nice to see our Administration so caring, compassionate and fiscally-oriented and still present a decent budget. It is kudos for Brown County, so thank you management.

12. Statistical Reports: a, b & c

Statistical Reports **a** and **c** were included within the Agenda Packet. Report **b** was distributed to Board Members.

LINSSEN / HYLAND moved to suspend the rules and receive Statistical Reports a, b & c together. Motion passed unanimously.

LINSSEN / HYLAND moved to receive the reports and place on file. Motion passed unanimously.

13. Request for New Non-Continuous Provider & New Provider Contract:
Please refer to the Agenda Packet which includes this information for September.

ANDREWS / LAUNDRIE moved to receive the New Non-Continuous Provider and New Provider Contract Report and place on file. Motion carried unanimously.

14. Other Matters:
Nothing discussed.

Next Meeting: Thursday, October 11, 2018 at 5:15 p.m.
Sophie Beaumont Building
111 N. Jefferson Street
Boardroom A
Green Bay, WI 54301

15. Adjourn Business Meeting:
LAUNDRIE / HUXFORD moved to adjourn. Motion passed unanimously.

Supervisor Tom Lund adjourned the meeting at 6:09 p.m.

Respectfully Submitted,
Catherine Foss
Office Manager

BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54305-2188

Erik Pritzl, Hospital Home Administrator & Samantha Behling, Nursing Home Administrator

Phone (920) 391-4701 Fax (920) 391-4872

September NPC Monthly Report

1. **Patient Care Issues**- There were no new patient care concerns noted in August.

2. **Contracted Services Issues** –Replacement mobile phones were supplied for B.C.C.T.C.'s inpatient call-light system. However, mobile device issues continued with new device. New resolution is to return all alerting mobile phones. B.C.C.T.C. and contracted service are now evaluating alternative system approaches such as the placement fixed alarm system kiosks, instead of mobile devices.

3. **Summary of patient complaints**- There was one patient grievance filed in the month of July on NPC. There was prompt resolution which was accepted by the patient. There were no patient complaints received in August.

4. **Federal/State Regulatory Concerns**- Bayshore Village Nursing Home had their annual CMS State Survey July 30th-August 1st, 2018. The Plan of Corrections was accepted by the State on August 27th, 2018. Bayshore Village submitted a self-report on August 27th, 2018.

5. **Approval of Medical Staff appointments**- There are two medical staff reappointments for September—Dr. Marshall Bales, Psychiatrist and Laurie Schaumberg, APNP. There is one medical staff appointment for September—Brittany Walczyk, APNP.

6. Hospital and Nursing Home Administrator Recruitment: The recruitment for the Hospital and Nursing Home Administrator is continuing with interviews scheduled the week of September 10th. The interim coverage plan has been extended through September 30th to allow for more time for the recruitment.

7. **Other Business**- None

Respectfully submitted by: Erik Pritzl and Samantha Behling

BROWN COUNTY HEALTH & HUMAN SERVICES

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

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

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: September 13, 2018

Subject: YTD 7/31/18 Financial Results for Community Treatment Center and Community Programs

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Community Treatment Center

CTC shows an overall favorable YTD budget variance of $47,619 including the significant unfavorable variance related to unbudgeted Pension Liability adjustments which totals $316,897 for the first 7 months of 2018. Because of uncertainty regarding the continued need for the current level of Pension Liability reserve, an entry is planned in August to reverse this unbudgeted adjustment amount without which the 7/31/17 YTD variance would be $364,516.

This overall variance is mainly from a favorable YTD revenue variance of $302,879 largely due to higher than anticipated increases in Medicaid rates for both the Nursing Home and Hospital. CBRF census has also been higher than expected including days for MCO clients at favorable rates. Expenses without the Pension Liability adjustment also show a favorable variance of $61,637 through July.

2018 YTD census compared to budget is as follows:

Average Daily Census	YTD	Budget
Bayshore Village	61.1	61.4
Nicolet Psychiatric Center	11.1	12.4
Bay Haven CBRF	8.5	6.3

Community Services

Year to date 7/31/18 financial results for Community Services are unfavorable compared to budget by $1,381,218. This is due primarily to significantly higher than anticipated Purchased Services expense with YTD budget variances in the following areas including high cost Residential Care Center placements:

RCC – Delinquent Status Offender	$ 510,233
Foster Home – Abused & Neglected	171,373
RCC – Abused & Neglected	153,387
Wrap Around Services – Child Protection	162,577
	$ 997,570

Before year end significant favorable prior year settlements are anticipated for WIMCR and CCS programs, which are expected to offset a large part of the current YTD 2018 unfavorable variance. An adjustment is also being considered for all of 2018 to restate the daily CTC to Community Services charge for Brown County residents served at Nicolet Psychiatric Center. This charge has traditionally acted as an intra-departmental subsidy for NPC to cover deficits between revenue and expense, but these losses are now less because of higher hospital reimbursement rates as noted above.

Respectfully Submitted,

Eric Johnson, Finance Manager

Community Treatment Center

Through 07/31/18
Prior Fiscal Year Activity Included
Summary Listing

Account Classification		Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund **630 - Community Treatment Center**										
REVENUE										
Property taxes		3,199,210.00	.00	3,199,210.00	266,600.83	.00	1,866,205.81	1,333,004.19	58	1,750,889.56
Intergov Revenue		4,054,366.00	.00	4,054,366.00	1,173,090.85	.00	2,554,899.85	1,499,466.15	63	2,255,945.47
Public Charges		3,855,542.00	.00	3,855,542.00	(427,253.90)	.00	2,368,505.94	1,487,036.06	61	2,312,388.08
Miscellaneous Revenue		1,824,401.00	3,191.00	1,827,592.00	138,489.86	.00	1,028,326.16	799,265.84	56	1,134,285.45
Other Financing Sources		.00	58,565.00	58,565.00	6,953.03	.00	65,518.03	(6,953.03)	112	.00
	REVENUE TOTALS	$12,933,519.00	$61,756.00	$12,995,275.00	$1,157,880.67	$0.00	$7,883,455.79	$5,111,819.21	61%	$7,453,508.56
EXPENSE										
Personnel Costs		9,221,503.00	50,529.00	9,272,032.00	846,731.21	.00	5,700,112.25	3,571,919.75	61	5,311,792.37
Operating Expenses		4,336,323.00	11,227.00	4,347,550.00	326,235.50	74,091.43	2,513,950.20	1,759,508.37	60	2,559,805.56
Outlay		25,100.00	.00	25,100.00	595.25	.00	595.25	24,504.75	2	36,538.62
	EXPENSE TOTALS	$13,582,926.00	$61,756.00	$13,644,682.00	$1,173,561.96	$74,091.43	$8,214,657.70	$5,355,932.87	61%	$7,908,136.55
	REVENUE TOTALS	12,933,519.00	61,756.00	12,995,275.00	1,157,880.67	.00	7,883,455.79	5,111,819.21	61%	7,453,508.56
	EXPENSE TOTALS	13,582,926.00	61,756.00	13,644,682.00	1,173,561.96	74,091.43	8,214,657.70	5,355,932.87	61%	7,908,136.55
	Grand Totals	($649,407.00)	$0.00	($649,407.00)	($15,681.29)	($74,091.43)	($331,201.91)	($244,113.66)		($454,627.99)

Community Services

Through 07/31/18
Prior Fiscal Year Activity Included
Summary Listing

Account Classification		Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund **201 - Community Services**										
REVENUE										
Property taxes		16,172,778.00	.00	16,172,778.00	1,347,731.50	.00	9,434,120.50	6,738,657.50	58	9,066,866.06
Intergov Revenue		33,121,654.00	(166,137.00)	32,955,517.00	2,636,616.95	.00	18,242,068.25	14,713,448.75	55	19,150,148.18
Public Charges		1,883,072.00	275,000.00	2,158,072.00	155,177.77	.00	1,278,267.33	879,804.67	59	1,003,849.23
Miscellaneous Revenue		167,000.00	(10,020.00)	156,980.00	327.00	.00	167,952.01	(10,972.01)	107	113,226.56
Other Financing Sources		.00	276,882.00	276,882.00	1,163.46	.00	255,093.13	21,788.87	92	673,327.06
	REVENUE TOTALS	$51,344,504.00	$375,725.00	$51,720,229.00	$4,141,016.68	$0.00	$29,377,501.22	$22,342,727.78	57%	$30,007,417.09
EXPENSE										
Personnel Costs		19,274,128.00	282,800.00	19,556,928.00	1,680,981.61	.00	11,438,483.93	8,118,444.07	58	10,759,376.22
Operating Expenses		32,046,376.00	85,517.00	32,131,893.00	2,627,473.45	52,393.22	19,237,304.55	12,842,195.23	60	20,308,339.04
Outlay		24,000.00	7,408.00	31,408.00	7,407.53	.00	30,537.03	870.97	97	47,380.60
	EXPENSE TOTALS	$51,344,504.00	$375,725.00	$51,720,229.00	$4,315,862.59	$52,393.22	$30,706,325.51	$20,961,510.27	59%	$31,115,095.86
	REVENUE TOTALS	51,344,504.00	375,725.00	51,720,229.00	4,141,016.68	.00	29,377,501.22	22,342,727.78	57%	30,007,417.09
	EXPENSE TOTALS	51,344,504.00	375,725.00	51,720,229.00	4,315,862.59	52,393.22	30,706,325.51	20,961,510.27	59%	31,115,095.86
	Grand Totals	$0.00	$0.00	$0.00	($174,845.91)	($52,393.22)	($1,328,824.29)	$1,381,217.51		($1,107,678.77)

Brown County Health and Human Services

Report of Child Abuse/Neglect or Service Request by Month

Month	2017	2018	% Change 2017 to 2018
January	456	507	11.18%
February	456	421	-7.68%
March	423	428	1.18%
April	449	429	-4.45%
May	535	497	-7.10%
June	364	316	-13.19%
July	266	270	1.5%
August	347	292	-15.85%
September	419		
October	495		
November	431		
December	406		
Total	5047		

Reports Investigated/Services Offered by Month

Month	2017	2018	% Change 2017 to 2018
January	141	169	19.86%
February	135	126	-6.67%
March	145	152	4.83%
April	147	156	6.12%
May	156	170	8.97%
June	123	136	10.57%
July	90	114	26.67%
August	117	129	10.26%
September	125		
October	141		
November	126		
December	98		
Total	1544		