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, August 11, 2011 in Board Room A of the Sophie Beaumont Building – 111 North Jefferson Street, Green Bay, WI

Present: Tom Lund-Chair, Paula Laundrie-Vice Chair
Bill Clancy, Susan Hyland, Helen Smits, JoAnn Graschberger, Carole Andrews, Alison Draheim, Craig Huxford

Excused: N/A

Also Present: Brian Shoup, Executive Director Human Services
Tim Schmitt, Budget and Finance Manager
Jean O'Leary, Director of Community Programs
Kevin Lunog, Clinical Services Manager
Ellie Jarvie, Community Programs Supervisor
Jay Christianson, Community Programs Supervisor
Dr. Laurie Schaumberg, APNP, Doctorate of Nursing Practice

Call Meeting to Order:

The meeting was called to order by Chair, Tom Lund at 5:15 pm.

2. Approve/Modify Agenda:

ANDREWS/LAUNDRIE moved to approve the agenda.
The motion was passed unanimously.

3. Approve Minutes of July 28, 2011 Human Services Board Meeting:

ANDREWS/SMITS moved to approve the minutes dated July 28, 2011.
The motion was passed unanimously.

4. Election of Officers

According to Chapter 5 (5.05 Structure of the Board) of the Brown County Code of Ordinances, it is necessary to elect officers for the following:

(1) The **chair** of the Board shall be elected from among the members by a majority vote.

(2) A **vice-chair** shall be elected from among the members of the Board and shall preside over the Board and perform the duties of the chair during the temporary absence or disqualification of the chair.

(3) A **secretary** shall be elected from among the members of the Board and shall certify the approved minutes of the Board.

Discussion took place and nominations were open.

Vice Chair Laundrie nominated Chairman Lund to continue in role of chair. Citizen Board Member Graschberger seconded the nomination and Chairman Lund accepted the nomination.

LAUNDRIE/GRASCHBERGER moved to approve the appointment of Chair Lund to continue in the role of chair.
The motion was passed unanimously.

Chairman Lund nominated Vice Chair Laundrie to continue in her role of vice chair. Supervisor Andrews seconded the nomination and Vice Chair Laundrie accepted the nomination.

LUND/ANDREWS moved to approve the appointment of Vice Chair Laundrie to continue in the role of vice chair.
The motion was passed unanimously.

Vice Chair Laundrie asked the members of the board if anyone was interested in the secretary role. Citizen Board Member Graschberger announced that she would like to fill this role. Supervisors Andrews nominated Citizen Board Member Graschberger for the role of secretary. This motion was seconded by Supervisor Clancy and Citizen Board Member Graschberger accepted the nomination.

ANDREWS/CLANCY moved to approve the appointment of Citizen Board Member Graschberger in the role of secretary.
The motion was passed unanimously.

5. Executive Director's Report:

Update on Economic Support / IM Consortium:

- We have five counties interested in forming a consortium with us.
- We have had several organizational meetings already due to the strict deadlines.
- The state has thrown us a few curve balls:
    - The state was previously outsourcing cases to a vendor who was under a corrective action plan by the USDA. As a result, counties were told that they would be taking over these state cases. The state wants to distribute these cases among counties. The first wave would be by October 1st and the rest of the cases by January 1st.
        - We took the position that we will take over the cases no sooner that the beginning of the year.
        - We also requested that the state would have to deliver us their telephone system which would be of no costs to us. This system would also have to interface with all of our devices.
- Brian stated that he is confident that as we move forward we will be able to negotiate the details the state is asking of us.

- Originally, the state was asking for a County Board resolution from all counties by October 1st (for each county, in each consortium) which would pass a resolution regarding the details of the consortium. However, our plans do not call for anything that formal – no resolution. We counter proposed that we would operate through letters of intent and it would be a cooperative adventure.

Q: Chairman Lund asked regarding Economic Support (ES), are we going to have to hire more staff?
A: Shoup answered we will not. We are going take on these responsibilities with current same staff. It would depend on how we deploy staff from all the counties involved in our consortium. It does not necessarily mean that the workers will be physically moved, but many of the responsibility can be done virtually, through technology.

Q: Supervisor Clancy asked if taking the additional responsibilities would add to the staff burnout. Are we expecting too much of our existing staff and piling more work onto them?
A: Shoup answered, he does not think so. Of course we will have to make some changes in our operation, but we feel that we can handle it. We will also negotiate those areas we feel are not applicable to the operation or not necessary for our consortium.

Citizen Board Member Smits stated that the bottom line is how is this change is going to affect our clients. She mentioned that there may be some more retirements up this year and worries that we still have enough staffing to be giving quality care.

Brian stated that all of the questions and comments are good. He reminded everyone that if the governor's original proposal had been passed, we would be talking about substantial reductions in quality services for clients, much more than what we are proposing and salvaging here. He thinks that we were able to salvage more than what was previously suggested and still be able to appropriately serve our clients.

Chairman Lund commented that under this revised proposal, the County is able to keep workers employed. If these services would be going to the state, we would be forced to eliminate jobs. We would have lost almost 50 jobs alone. However, in addition we would have also had to pay unemployment costs for those jobs as well. Chairman Lund also said that he thinks that we provide these services at a lower cost by keeping them local.

Shoup said that efficiencies we are going to shoot for are going to be a result of our call center. We may be able to use other staff through a virtual use and we would be able to gain efficiencies this way.

Shoup said that there is still a lot of planning work that must be complete. We have had to take the leadership in this; we are the largest county in our consortium and we are the best fit to lead it.

<u>Family Care:</u>
Shoup said that we are receiving some clarity of the status of Family Care. We are reasonably confident that Family Care will not roll out within the next two years and after the next two years; the future of Family Care is unknown.

Shoup said that there are really only two possibilities, either Family Care rolls out at some future date or that it will never role out. Shoup did comment that if Family Care would roll out, it would save Brown County dollars and we would certainly support it.

Q: Supervisor Andrews asked if Shoup was aware of any new information regarding if the federal government would allow freezing enrollment.
A: Shoup answered that he has not heard anything on it yet. He mentioned that most of the information he hears is second or third hand information. However, the Department of Health Services is confident about their plans.

Q: Citizen Board Member Smits asked if Family Care does not roll out, what are we going to do.
A: Shoup said that we are continuing with Community Options Program (COP) and Community Integration Program (CIP), waiver programs. Everything is still place as it has been. Jean O'Leary said that the waivers were renewed and their end dates have been extended out.

LEAN Efforts:
Shoup said that we invested 7 Human Services Employees into the LEAN initiative. Recently, those 7 employees went through training and are now LEAN Facilitators. This means that they are able to take their knowledge and skills and apply them to events/projects within the Human Services Department to find efficiencies. Shoup said that we already have a list of projects that we want to turn into LEAN events.

Shoup, as well as the Human Services Department, are strong advocates for LEAN and want to incorporate it into all aspects of how they do business.

Shoup also said that not only are the 7 facilitators able to help within their department, they are also available to contribute and lead other LEAN events throughout the county in all departments.

Q: Vice Chair Laundrie asked how the candidates were chosen to become LEAN Facilitators.
A: Shoup said that we had some idea of the candidates we thought would be a good fit for the program. We then asked staff if anyone was interested in this opportunity and we openly discussed possible candidates with supervisor and management staff. Then we presented the opportunity to a group of people and we eventually chose 7.

ANDREWS/LAUNDRIE made the motion to receive and place on file.
Motion was carried unanimously.

6. Study Topic: Outpatient Mental Health Services

A presentation was presented to the board members regarding Brown County Behavioral Health Community Programs, focusing on mental health by Ellie Jarvie, Community Programs Supervisor. The complete PowerPoint has been included with these minutes. Please refer to the slides for more detail.

There is a continuum of community of mental health services available to treat the full range of mental health issues and functional limitations for consumers/clients living within our community. A continuum of care matches specific services to the specific needs of a client and the goal of all the services is to increase functioning in the community and reduce the need for hospitalization.

The three major programs/services include:

1. Community Support Program (CSP)
    - Designed for those clients with the most severe, persistent mental illness and significant functional limitations who need intensive, comprehensive, ongoing treatment and support.
    - Brown County operates 2 CSP programs; one internal and the other contracted with Villa Hope.
2. Comprehensive Community Services (CCS)
    - Designed for those clients impaired by their mental illness than those requiring a CSP who need help arranging a comprehensive range of services to support a fuller recovery.
    - The goal is to provide for a maximum reduction of the effects of the disorder(s), to facilitate in their recover and to restore consumers to the best possible level of functioning.
    - Services all age groups – youth, adults and elderly.
    - CCS Provides: Service Facilitation, Community Skills Development, Employment Skills and Training, Medication Management and Psychosocial Residential Rehabilitation.
3. Targeted Case Management
    - Designed for those less functionally impaired than those requiring CCS or CSP who need help arranging support services.
    - Focuses on reducing the need for inpatient care while increasing the consumer level of independence within the community.

A presentation was presented to the board members regarding the Bridging Program Dr. Laurie Schaumberg, APNP, Doctorate of Nursing Practice. The complete PowerPoint has been included with these minutes. Please refer to the slides for more detail.

<u>Overview of Bridging Program</u>
The wait time for a client from their initial intake until the time they have the initial psychiatric evaluation (IPE) may be several months. Dr. Schaumberg formed a program where she will see clients with depression symptoms while they wait for their IPE. The purpose is to help clients during this wait and prepare them for attendance at the IPE.

Other benefits include:

- Immediate access to services.
- When they arrive for the IPE, the psychiatrist already has the medical history and background of the client, allowing them to help the client with their problems immediately.
- APNP is able to provide anti-depressant medication, if necessary.

Questions/Discussion:

Q: Vice Chair Laundrie asked where did you get your DNP (Doctorate of Nursing Practice).

A: Dr. Schaumberg said she received her degree through Minnesota Metropolitan State.

Q: Supervisor Clancy asked will using this program cut down on the psychiatrist time?
A: Dr. Schaumberg said yes, absolutely.

Q: This decreased the 4 month wait period?
A: Kevin said yes.

Using this bridging program would allow the psychiatrist to get background and details about the client before they went to go see the psychiatrists. This also gave the psychiatrist a leg up.

Q: Citizen Board Member Hyland said it seems that it would be much more cost effective to utilize the bridging program and the APNP's. She asked, do you know any of those figures?
A: Dr. Schaumberg said that it would take another project to get the data pulled together and to see what the complete cost analysis would be.

Shoup said that some people believe the future of healthcare is with those like APNP's and being able to combine behavioral health care with primary care.

Chairman Lund asked isn't it hard for primary physician to spend the time with the patient. In a mental health situation you can spend more time with the patient? It seems to be more cut and dry with primary care.

Dr. Schaumberg said that a follow up with a psychiatrist is only about 20 minutes and it is now pretty quick, similar to how quickly a primary care physician would see you.

Brian said that he thinks with the new wave of nurse practitioners and doctors arrive, they are more comfortable dealing with behavioral health. In fact, it is cheaper to utilize these professionals as opposed to a psychiatrist.

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

7. Financial Report:

Community Programs

Financial results through June 2011 show that expenses are lower than budget. We are forecasting a surplus in community programs for 2011 due to cost containment initiatives and lower program utilization. Purchased services are lower YTD through June primarily due to lower units of service being needed by clients. As a reminder, forecasted results can change quickly as client quantity and/or acuity change.

Community Treatment Center

Forecasted financial results improved from May 2011. Operating results through June show a forecasted deficit of $753,234 compared to a budgeted deficit of $513,310. These deficit numbers contain $507,810 of depreciation expense which does not affect levy requirements. Levy requirements were budgeted at $5,500 for 2011 and are forecasted to be $240,376. This is an improvement of $55,287 over the May levy requirement forecast of $295,663. The CTC is still experiencing lower hospital revenues than budgeted through June. At the end of June, the hospital provided 715 less days of service than budgeted.

Q: Supervisory Clancy asked should depreciation affect cash flow.
A: Tim Schmitt said, no, this does not affect it. Depreciation is a cost to Brown County; we break this out because it is a non-cash item, non-levy item. We want to show both the cost and levy impact when reporting financial information for the CTC

Depreciation does not affect the levy. We report both.

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

8. Community Treatment Center Statistical Update:
Please refer to the packet which includes this information.

9. Bellin Hospital Statistical Update:
Please refer to the packet which includes this information.

10. Contract Update:
Please refer to the packet which includes this information.

ANDREWS/HYLAND moved to receive and place on file Item No. 8 thru Item No. 10. Motion passed by unanimous vote.

11. Other Matters:

Next Meeting: Tuesday, September 13, 2011
5:15 p.m. – Sophie Beaumont Building, Board Room A
Topic: Outpatient Mental Health Services – AODA Services

12. Adjourn Business Meeting:
ANDREWS/LAUNDRIE moved to adjourn; motion passed unanimously. Chairman Lund adjourned the meeting at 6:33 p.m.

Respectfully Submitted,

Laura L. Chartier
Recording Secretary

Behavioral Health Community Programs

Mental Health Focus

Behavioral Health Community Programs

There is a continuum of community mental health services available to treat the full range of mental health issues and functional limitations for consumers living in the community

- **Community Support Program**
- **Comprehensive Community Services**
- **Targeted Case Management**

All above services are billed to Medical Assistance A mix of masters, bachelors and paraprofessional staff work in the above programs

Continuum of Care

- Services should be matched to the need of the individual
- Goal of **all** services is to increase functioning in the community and reduce the need for hospitalization
- First step to receiving services in any of the programs is an assessment
- In 2011:
- 46 clients total were assessed for services
- 22 clients were assigned a case manager
- 24 clients were screened out
- 36 clients were closed out of services

Community Support Program

- **Community Support Services (CSPs**): akin to mobile mental health inpatient hospital treatment for those with the most severe, persistent mental illness and significant functional limitations who need intensive, comprehensive, ongoing treatment and support.
- Governed by WI Administrative Rule HFS 63.
- Services for the Chronically Mentally Ill
- Brown County operates 2 CSP programs, one internal and one contracted through Villa Hope
  - 24 consumers served by in house CSP
  - 57 consumers served by Villa Hope CSP

CSP Medicaid "Billable Services"

- A CSP service must be under one of the following categories to be billed to Medicaid:
  - Assessments and Treatment Planning
  - Transition to Community Living
  - Medication Prescription and Administration
  - Symptom Management or Supportive Psychotherapy
  - Case Management
  - Employment Related Skill Training
  - Psychosocial Rehabilitation
  - Group Therapy
  - Psychosocial Rehabilitation

" CSP Billable Services" continued

- Has to be provided by appropriate staff that can provide that service
- Determined by DHS 63 & Medicaid Rule
- Majority of CSP services provided are billable
- Reimbursement amount is determined by Medicaid CSP Rate Schedule

Comprehensive Community Services

- **Comprehensive Community Services (CCS)**: for those less functionally impaired by their mental illness than those requiring a CSP who need help arranging a comprehensive range of services to support a fuller recovery.
- Governed by WI Administrative Rule DHS 36
- The intent of the services and supports is:
  - to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders
  - to restore consumers to the best possible level of functioning
  - To facilitate their recovery
  - There are currently about 75 consumers enrolled in CCS

Key points for CCS:

- CCS is a psychosocial rehabilitation program.
- This means that the program addresses medical, remedial and supportive services to assist individuals to achieve the highest possible level of independent functioning, stability and independence and to facilitate recovery.
- The statute is written to reinforce consumer choice and direction in treatment and focuses on recovery.
- CCS is a service designed to serve all age groups– youth, adults and elderly.
- The program is designed to serve those with mental illness, alcohol and other drug abuse problems or co-occurring disorders

  Services may be provided in house or contracted out

CCS Services Provided in Brown County

- Service Facilitation
  - assisting the consumer in self-advocacy.
  - Includes helping the consumer obtain necessary medical, dental, legal and financial services and living accommodations. Coordinating the provision of emergency services during crisis periods. Medication Management
- Community Skills Development
- Problem solving, support, training, assistance, and cuing related to functional living skills living to assist the consumer to gain and utilize skills related to personal hygiene, shopping, laundry, benefit education, household tasks, money management, how to access transportation, medication adherence, parenting, independent living problem solving, self-management, connection to community resources, social skill development, and other day to day requirements of living. May be provided in a one-to-one or group intervention, including supportive activities.

CCS services- continued

Employment Skills Training

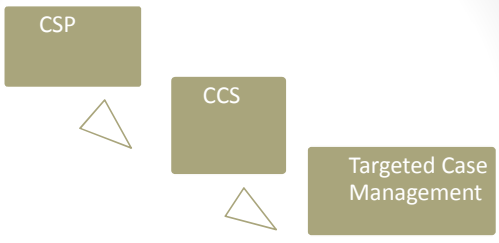
Services that address the person's illness or symptom-related problems in order to secure and keep a job. Services to assist in gaining and utilizing skills necessary to undertake employment

Medication Management

- *Prescription*
- *Medication monitoring*
- *Individual client education*
- Psychosocial Residential Rehabilitation
  - Problem solving, skill building, and support provided within an alternative licensed community living situation. Includes assisting the consumer to move towards independent living by gaining and utilizing skills related to personal hygiene, household tasks, community living, social and emotional support, psychosocial education

Targeted Case Management

- **Targeted Case Management Services**: for those less functionally impaired than those requiring CCS or CSP who need help arranging support services.
- Primary method for case managing adults under Chapter 51.20 civil commitments in Brown County.
- The service is designed to reduce the need for inpatient care while increasing the consumer level of independence in the community
- Less intensive than CSP or CCS programs.
- About 450 consumers currently receive case management services



A Continuum of Programs providing case management to adults with mental health concerns in Brown County

Psychiatric Advanced Practice Nurse Bridging Intervention to Increase Attendance Rate at Initial Psychiatric Evaluations

Laurie Schaumberg, APNP

Committee Chair: Suzanne Narayan PhD, RN
Members: Kevin Lunog LPC, LCSW
Tracy Wright, RN, PhD, RN, CNE

Preceptor: Steve Jansen MS, Psychologist

Capstone Project Introduction

- Depression is one of the most debilitating mental health conditions affecting 17.6 million Americans (AHRQ, 2010)
- Cost of treatment is $12 billion (AHRQ, 2010)
- Cost of lost productivity is $24 billion (AHRQ, 2010)

Capstone Project Introduction

- Depression is highly treatable and early treatment improves prognosis (Halfin, 2007).
- People with mental disorders, including depression, experience significant barriers in accessing care (Druss & Rosenheck, 1998; Goldman et al., 1999).

Capstone Project Introduction

Barriers to treatment include:

- limited or no insurance coverage
- shortage of mental health professionals
- lengthy waiting times for appointments

(Halfin, 2007)

Purpose of Capstone Project

- The purpose of this capstone project is to evaluate the effect of an APN Bridging Intervention on client attendance at IPE.

Literature Review and Synthesis

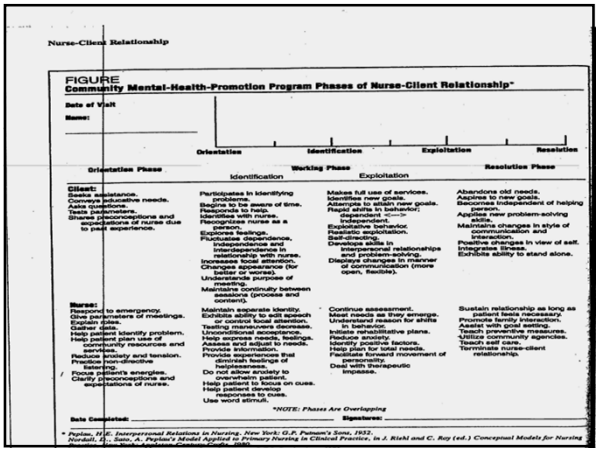
- Depression Nurse Specialists have worked with depressed patients successfully in primary care (Rubenstein et al., 1996).
- APNs have provided effective treatment of depression in primary care (Baradell, 1995; Baradell and Bordeaux,2001; Beeber & Charlie, 1998).
- Psychiatric nurses were among the first to practice in APN roles, descriptive cross-sectional survey (Campbell, Musil, & Zausznlewski,1998).
- Psychiatric APNs commonly treat depression, practice in all practice types and settings, and 75% prescribe on their own signature (Current Psychiatry, 2004).
- APNs have the skills to provide therapy and medication for the treatment of depression.

Components of APN Bridging Intervention

- Supportive, psycho-educational counseling based on Peplau's Theory of Interpersonal Relations
- Initiation and monitoring of psychotropic medication. Frequency of client contact was based on guideline recommendations and client need

Design

- The design for the pilot of the APN Bridging Intervention was a pretest and posttest with a nonequivalent comparison group design



Nurse-Client Relationship

FIGURE
Community Mental-Health-Promotion Program Phases of Nurse-Client Relationship*

Date of Visit
Name:

Orientation | Identification | Exploitation | Resolution

Orientation Phase | Identification | Working Phase | Exploitation | Resolution Phase

Client:
Seeks assistance.
Conveys situative needs.
Asks questions.
Gathers data/events.
Shares preconceptions and expectations of nurse due to past experience.

Participates in identifying problem.
Begins to be aware of time.
Responds to help.
Identifies with nurse.
Recognizes nurse as a person.
Explores feelings.
Fluctuates dependence, independence and interdependence in problem-solving process.
Increases focal attention.
Changes appearance (for better or worse).
Understands purpose of nursing.
Maintains continuity between sessions (process and content).

Makes full use of services.
Identifies new goals.
Attempts to attain new goals.
Rapid shifts in behavior: dependent <-> independent.
Exploitative behavior.
Realistic exploitation.
Self-directing.
Develops skills in interpersonal relationships and in problem-solving.
Displays changes in manner of communication (more open, flexible).

Abandons old needs.
Aspires to new goals.
Becomes independent of helping person.
Applies new problem-solving skills.
Maintains changes in style of communication and interaction.
Positive changes in view of self.
Integrates illness.
Exhibits ability to stand alone.

Nurse:
Respond to emergency.
Give parameters of meetings.
Explain roles.
Gather data.
Help patient identify problem.
Help patient identify community resources and services.
Reduce anxiety and tension.
Practice non-directive approach.
Focus patient's energies.
Clarify preconceptions and expectations of nurse.

Maintain separate identity.
Exhibits ability to edit speech or control focal attention.
Testing maneuvers decrease.
Unconditional acceptance.
Uses therapeutic techniques.
Assess and adjust to needs.
Provide information.
Provide experiences that diminish feelings of helplessness.
Do not allow anxiety to overwhelm patient.
Help patient to focus on cues.
Help patient develop responses to cues.
Use word stimuli.

Continue assessment.
Meet needs as they emerge.
Understand reason for shifts in behavior.
Intervene with alternative plans.
Reduce anxiety.
Identify positive factors.
Help plan for total needs.
Facilitate forward movement of personality.
Decrease therapeutic emphasis.

Sustain relationship as long as patient feels necessary.
Promote family interaction.
Help patient terminate.
Teach preventive measures.
Utilize community agencies.
Teach self care.
Terminate nurse-client relationship.

*NOTE: Phases Are Overlapping

Date Completed: _____ Signature: _____

* Peplau, H.E. Interpersonal Relations in Nursing. New York: G.P. Putnam's Sons, 1952.
Nurdall, E., Sato, A. Peplau's Model Applied to Primary Nursing in Clinical Practice. In J. Riehl and C. Roy (ed.) Conceptual Models for Nursing

IPE Attendance of APN Intervention Group Clients with High and Low NCR Ratings

Highest NCR rating (range = 1-5)	Attended IPE	Did not attend IPE
NCR rating below 3	3 (18%)	4 (24%)
NCR rating 3 or higher	9 (53%)	1 (5%)

•Fisher exact test One sided p-values: for p (O>=E): 0.06

IPE Attendance in APN Bridging Group and Comparison Group

	Attended IPE	Did not attend IPE
Treatment(17)	12 (71%)	5 (29%)
No TX (38)	17 (45%)	21(55%)

- Pearson's Chi square with 1 degree of freedom
- $\chi^2 = 3.149$, df = 1, p=0.08
- Result approaches significance, but does not meet the standard for significance.

Additional Result

- APN Bridging clients required only 30 minute rather than the customary 60 minutes for the IPE appointment