PROCEEDINGS OF THE MENTAL HEALTH TREATMENT SUBCOMMITTEE

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the Mental Health Treatment Subcommittee was held on Wednesday, October 17, 2018 at 12:00 pm in Conference Room A (E03) of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Chair Hoyer, Citizen Representative Cheryl Weber, Health and Human Services Director Erik Pritzl, Behavioral Health Manager Ian Agar, Community Services Administrator Jenny Hoffman, Citizen Representative Stephanie Birmingham, Jail Lieutenant John Mitchell, Supervisor Megan Borchardt, Judge Zuidmulder

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I. Call to Order.

The meeting was called to order by Chair Erik Hoyer at 12:00 pm.

Hoyer introduced and welcomed Stephanie Birmingham to this Subcommittee. Membership now consists of seven official members; three Supervisors and four members of the public.

II. Approve/Modify Agenda.

Motion made by Megan Borchardt, seconded by Cheryl Weber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of August 22, 2018.

Motion made by Megan Borchardt, seconded by Cheryl Weber to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

1. Report – Spending of the 2018 $1.15 million mental health dollars, to date.

Health and Human Services Director Erik Pritzl provided a handout, a copy of which is attached, which outlines the expenditures through September, 2018. The pro-rated budget and expenditures are trending fairly close, as compared to prior years where there were some bigger gaps. Most areas are trending where they should be and should not be over at the end of the year. Residential treatment is trending higher and Pritzl expects that to continue through the end of the year. Detox services are also trending higher and Pritzl also expects that to continue through the end of the year.

Pritzl continued that comparing dollars expended to service provided is not the best measure to use for comparison and noted that in one month Bellin had four detox admissions, but all of them were funded by private insurance. Bellin does everything they can to get someone other than the County to support the services. He said that residential treatment and detox services should be looked at together collectively as substance abuse services and he noted that there are people that do not go to detox, but they do go to residential treatment which is being used more than was expected, but that is not necessarily a bad thing.

Hoyer informed there was a proposed allocation made for the detox gap to start an officer/clinician team model initiative. This has gone through the Human Services Committee and will be voted on later today by the full County Board. The amount for this pilot is $70,000 - $80,000 and Pritzl informed the Green Bay Police Department has two dedicated mental health officers and this model is being used in Milwaukee and Madison and he feels it will help reduce police contacts and emergency detentions. The officer/clinician team model will also be included in the 2019 budget.

Cheryl Weber asked how the detox is currently being handled. Behavioral Health Manager Ian Agar said the only people who can be detoxed at the CTC are those with a dual diagnosis. St. Elizabeth in Appleton and Tellurian in Madison are also available, however, local law enforcement jurisdictions will not transport out of the county so people are defaulting to emergency rooms for detox. Weber recalled this was one of the

things that we were going to try to resolve by having a contracted service. Pritzl said this has not been solved yet and we need to understand better what is happening. Bellin is trying to get bed count capacity up which would help, but we still have to understand the situations where someone was not serviced and why. It could be a capacity issue or it could be something else and we need to spend some time with Bellin to go through this further.

In terms of looking ahead to 2019, Hoyer asked Pritzl to talk about the budget and, in particular, the day report center. Pritzl responded that the day report center is currently a contracted service. What is being looked at for 2019 is using the budgeted dollars to support the Criminal Justice Division which would include not only the day report center functions, but also pretrial and diversion services all pulled together with the treatment court programs and the jail liaison re-entry program.

2. **Discussion – Short-term and long-term mental health needs that could be funded by the half-percent sales tax.**

Hoyer noted there is over a half million dollars set aside in 2019 for development, design and perhaps breaking ground to expand the CTC to include a crisis assessment center. Pritzl said there were concerns if this would result in more admissions or people going multiple places while they are in custody, but the creation of the one stop shop model is intended to reduce that. The intention is that the crisis assessment can be done along with some limited medical screenings. It is more common that people do not go to inpatient settings than do, so there still may be a fair number of people who need to be transported. Pritzl said they have seen this model operate in Milwaukee and there are also other jurisdictions that use this model. The general concept is for someone to be brought in, be assessed and then move onto the next step of the process. Some of the models have security present.

Stephanie Birmingham asked if there would still be a dual diagnosis requirement to receive services at the CTC. Pritzl said the dual diagnosis requirement would still need to be met. He continued that most people who present with substance abuse as their primary presenting issue are likely tilting towards an incapacitated state and their primary presenting issue is almost a medical need. For people who come in under the influence, staff would have to sort out the substance abuse and the mental health issues and determine which of those is the primary issue.

Judge Zuidmulder said his experience at the CTC is that what is being manifested are psychotic symptoms so the issue is determining if the things being reported are a result of some type of drug abuse issue or a mental health issue. Usually it is because of the episode or the nature of what is being displayed or how the person is conducting themselves that brings them to the CTC and those things have to be sorted out.

Hoyer said one of the issues brought up with regard to the sales tax and the capital investments being made in the community, is the fact that the county may have the potential to be building rich but staff poor. On one hand we talk about putting all the pieces together in a one stop shop, but we also need to be honest when looking at staffing. He would like to see what it means to have a fully staffed crisis facility for 2020 explored. Pritzl said we have talked about the crisis assessment piece and we have also talked about the longer term other unit concept we could do at the nursing home side of the CTC. The operational analysis by Schenck pointed out exactly what Hoyer just brought up; we could probably construct things, but staffing is likely to be very difficult with the overall healthcare staff crisis going on.

Judge Zuidmulder feels the rationale when looking at the patient population at Trempealeau is that arguably there may be less cost to the county to replicate that here rather than send people to Trempealeau. He said that the people he sees do not necessary require nurses or skilled nursing care because they are basically behavior problems and their illnesses are such that they manifest very aggressive behaviors and they are at Trempealeau for that reason. He questions the staffing needs for that type of population. Pritzl said the Schenck analysis said we need to figure out what those people need, and then start looking at what to build in response to those needs.

Hoyer added that it would be of interest to this group, the parent committee and the full Board where the expenditures are at for Trempealeau so we know how much we could possibly spend here instead. Agar informed that over the past year, the County has reduced placements at Trempealeau from around 13 to about 8. There is a process in place to do reviews every 3 months and those that can be moved to a less restrictive setting have been moved. People that tend to be at Trempealeau are those that need a secure place to be and the specialized licenses at Trempealeau allow them to provide that service. Part of the challenge in replicating those services here would be trying to get the appropriate licenses.

3. **Discussion – Human Services Director and Brown County Sheriff work together to develop a plan to provide treatment for the inmates with mental health and addiction issues.**

With regard to the jail liaison position, Pritzl reported the position has been filled full time for a few months; the person is shifting time between the jail and CTC and has also picked up some of the outreach function which relates to corrections re-entry. The homeless outreach person had been working with that population but that has shifted to the jail liaison. From June through September, there were 119 referrals to the liaison position and the total number of people seen was 104. The biggest need in terms of what they are being referred to after meeting with the liaison is AODA services. The second biggest category is treatment court referrals. Referrals for housing are the third largest category and mental health is the fourth largest area of referral. Jail Lieutenant John Mitchell said he has been working on getting an area set up for the liaison and they have a temporary location currently and will be moving her to a more permanent location shortly.

Hoyer said the Board is always interested in what they can do to help with the mental health services in the jail and asked Lt. Mitchell for his thoughts or suggestions. Mitchell responded that typically Lt. Scott Brisbane handles these types of things, but he did note that he does a lot of AODA referrals to the liaison. He said that lately things have been running pretty well and some of the areas that typically cause headaches have been pretty quiet. Judge Zuidmulder added that the judges have had tremendous cooperation and relations with all of the law enforcement people and people at the CTC and the judges are now working very closely with the jail and everyone else to move the people and get them to the place they really need to be. He is excited to see this happening because everyone now knows about all of the different resources and that we need to be aggressive in getting people who are mentally ill out of the criminal justice system and out of the jail and into programs that are worthwhile. Judge Zuidmulder is especially appreciative of the fact that when they get people into the mental health court that have been on commitments, they work very hard to get them case managers and other resources they need so when they leave the treatment courts they already have a safety net in place. In the last 14 or 15 months the amount of time it takes to get someone out of the jail and into the appropriate programming has really been reduced. He estimated that typically this can be done in 48 – 72 hours. Mitchell agreed with Judge Zuidmulder that this is working well and said one of the best things that has come about from this effort is the collaboration between all the interested parties. The system used to be very cumbersome but barriers have now been broken down and things are working much better. Agar added that there was recently a grant opportunity for jail medical assisted treatment that the County applied for. He will keep this subcommittee advised on this as the announcement of those who received the grant has been delayed. Hoyer said it may be a good idea to invite the jail liaison to come to a meeting next year to get her perspective on the program.

Weber said one of the things this group was formed for was to work on the collaboration and she was happy to hear things are going better. She asked Judge Zuidmulder where things stand on the housing model he has been talking about. Judge Zuidmulder responded that he continues to be optimistic about this and will continue to work as hard as he can to make it work, but he is very frustrated with the amount of time this is taking. There is money included in the budget for this for 2019. Judge Zuidmulder said this continues to be a work in progress and Hoyer asked if working with the media could help get the word out and create awareness. Pritzl deferred this to the County Executive's office.

4. **Discussion – Recertifying county operations to provide long-term care, along with other mental health needs of the community.**

Hoyer noted this was talked about above to some extent. Pritzl added that last time we met he mentioned he had a call scheduled with the state to talk about licensing and beds. He said it is very difficult to get nursing home beds; typically you have to buy the beds. The state also gets to weigh in on the process of transferring beds so it is not as simple as buying beds and picking up licenses. The state is generally trying to push down the number of beds overall because they are not all being used. Hoyer asked if there are different types of detox licenses or if there are other ways to approach the issue with other options. Agar responded that there are two main levels of care: medically managed which is a hospital service and very expensive and then there is medically monitored which is typically operationalized in a CBRF and this is about half the cost of the medically managed model. Pritzl noted that operating a CBRF would be much less expensive than operating a hospital and he feels the CBRF would be something we would want to push towards and added that currently there is no provider of a CBRF detox in Brown County. Agar said there has not been any firm communication from the state that licensing a CBRF cannot be done, but the issue with alcohol and drug treatment is is there a provider out there willing to do it because usually they are not going to make money doing it. Pritzl said the County obviously has money to contract for this service and we would be interested in a CBRF level of detox care, and if there is only one facility, it would be a sole source situation which would alleviate some of the stuff he has been working through with Judge Zuidmulder. As an outreach effort, Pritzl said we would likely need to talk to our substance abuse partners to find out if there is any interest in something like this.

5. **Update – Outreach Efforts.**

Weber asked about the money in the 2018 budget for the treatment facilitation specialist – clinical social worker for discharge and asked if that position is filled. Pritzl said that was talked about when there was significant underspending, but a table of organization change was never done to get the position filled. Mitchell said at this time having one liaison in the jail appears to be enough.

6. **Such other matters as authorized by law.**

The next meeting date was discussed and it was indicated that unless there is a reason to meet in December, Hoyer would like to hold the next meeting in January. January 16, 2019 at 12:00 was selected for the next meeting. Judge Zuidmulder questioned if Hoyer wanted him to come to each meeting now that the Subcommittee has been restructured and he is not a formal committee member. Hoyer said this was addressed briefly at the last meeting and the goal of the membership is to try to avoid issues like there were with the visit to Milwaukee; it is not to isolate or make any valued participants feel any less part of the practice. Hoyer would like to have as many people around the table as possible and said we can all work together to make everyone feel part of the group whether they are an official member or not. Judge Zuidmulder said he will be going to the Public Safety Committee to ask that a treatment court judge be made a member of the Criminal Justice Coordinating Board. He said sometimes he tends to get way too involved but he does not want to be overly aggressive. He would be happy to do whatever this group wants him to do. Borchardt feels that if there are important things going on in mental health court or any of the other treatment courts, Judge Zuidmulder should definitely attend these meetings to let us know. Weber agreed and urged Judge Zuidmulder to continue coming as did Chair Hoyer.

7. **Adjourn.**

Motion made by Erik Hoyer, seconded by Megan Borchardt to adjourn at 12:47 pm. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

Respectfully submitted,

Therese Giannunzio
Administrative Specialist

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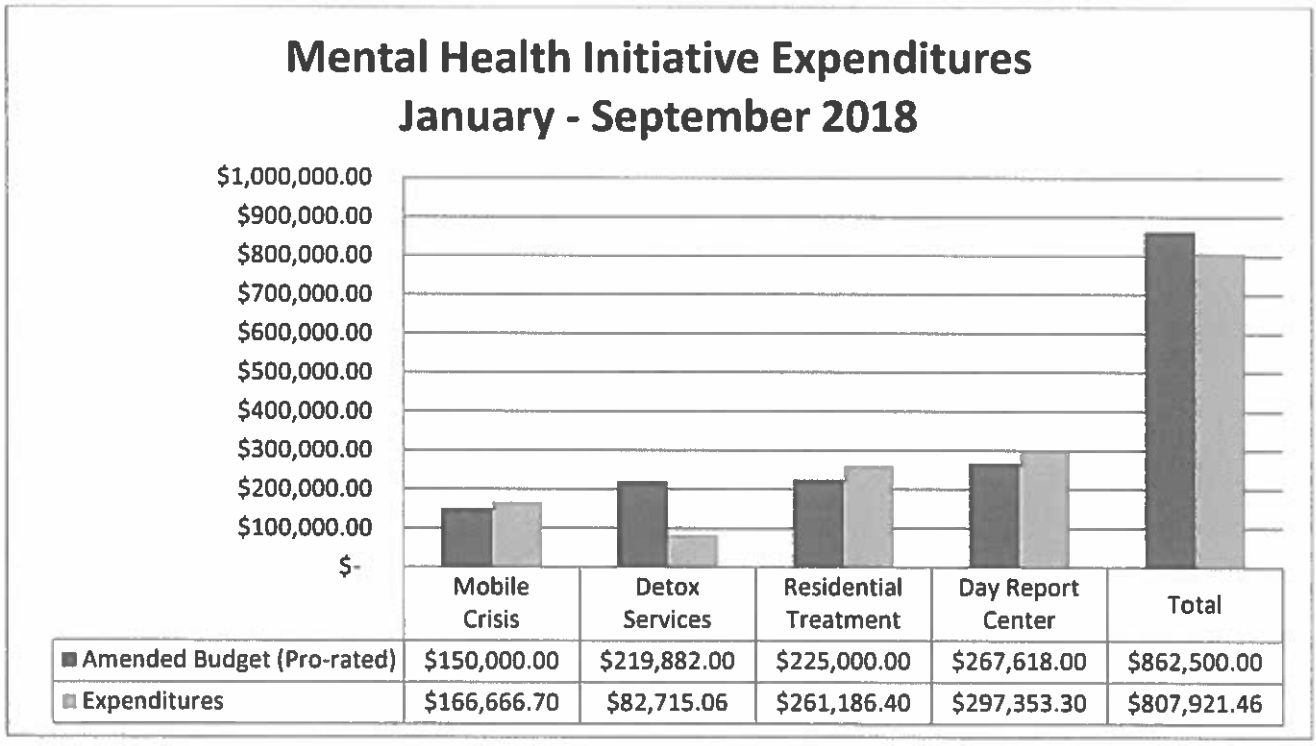
To: Mental Health Treatment Sub-Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: October 17, 2018

Re: Mental Health Initiative Expenditures January-September, 2018

The chart below provides an update on the 2018 expenditures related to the four mental health initiatives for the period of January-September, 2018.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center	Total
Amended Budget (Pro-rated)	$150,000.00	$219,882.00	$225,000.00	$267,618.00	$862,500.00
Expenditures	$166,666.70	$82,715.06	$261,186.40	$297,353.30	$807,921.46