PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding mental health treatment on Wednesday, May 17, 2017 at the Aging and Disability Resource Center, 300 S. Adams Street, Green Bay, Wisconsin.

Present: Chair Guy Zima, Vice Chair Erik Hoyer, Behavioral Health Manager Ian Agar, JOSHUA Representative Cheryl Weber, Assistant Corporation Counsel Rebecca Lindner, Security Lieutenant Scott Brisbane, Director of Nursing Samantha Behling, Deputy Executive Jeff Flynt, Human Services Director Erik Pritzl, Judge Zuidmulder, Green Bay Police Officers Allen and Le Pine, Hospital Administrator Luke Schubert, Medical Director Dr. John Warren, APNP Stacy Luedeman, Citizen Representative Pat La Violette

Excused: Sheriff John Gossage, District Attorney Dave Lasee

I. Call meeting to order.

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

II. Approve/modify agenda.

Motion made by Erik Hoyer, seconded by Judge Zuidmulder to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of April 18, 2017.

Motion made by Judge Zuidmulder, seconded by Erik Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

1. Communication from Chair Zima and Judge Zuidmulder re: Have staff provide a breakdown and explanation of the expenditures made from the $1.15 million dollars allocated for mental health services during the County budget process for 2016 and 2017.

Judge Zuidmulder said when these funds were advocated for by himself and Zima, the interest was in programming, including mobile crisis, day report center, detox and transitional residential treatment. At this time he and Zima are looking for information regarding if we are doing what we planned to do or if this is over budgeted. Human Services Director Erik Pritzl provided the group with a handout, a copy of which is attached, that breaks some of this information down. Zima said it is the general practice of the other County Board committees to review the financials on a monthly basis and he would like to do that at this committee as well.

Pritzl outlined the four areas of the initiative and noted that these initiatives came on at different points in the year so the 2016 expenditures will look different than the 2017 numbers. The second page of the handout includes charges which are based on information obtained from the finance department which track the expenditures on each of the initiatives.

Pritzl noted that detox services, residential treatment and day report center had later start dates in 2016 and that is why the expenditures are so much lower than the budget. The 2017 chart shows mobile crisis and day report being very close to budget, while detox and residential treatment are quite a bit lower than budget. Those are services that are not being used at the level that was anticipated; it is not saying they are not being used, but those are rough estimates based on very old numbers from when the CTC was doing some of these services. Different strategies are being tried to get these numbers up and Pritzl noted the County guarantees payment and therefore there are not barriers to detox.

Zima said it was noted a number of months ago that there was very little utilization of the Bellin contract and he feels this is somewhat the fault of this group because no outreach has been done to let people know that there is help available. This is something that has been talked about for over a year, but nothing has been done. Pritzl said a PSA has been requested through the NEWEYE process. Zima questioned the status of NEWEYE because he has heard a lot of complaints that work is not getting done and he has also heard complaints from some of the communities who participate in NEWEYE. Deputy Executive Jeff Flynt said he will follow-up with NEWEYE on this.

be addressed. Judge Zuidmulder said law enforcement is saying that they deal with the same people over and over who are taken to the hospital where they are there so long they sober up and get medically cleared and then they let them go. Dr. Warren responded that there is always the possibility of there being a medical problem and the observation of someone who is drunk and someone who has a medical problem can be the same.

Judge Zuidmulder said the County Board has limited resources but has put $500,000 into addressing this problem, but now we find that institutionally the way things are set up are defeating this and he finds this ridiculous. Le Pine said he does not know what people think happens in medical clearance, but the hospital is not doing a long battery of tests. There is typically not a lot of diagnoses of long-term disability and injury for these people and a lot of times the doctors just let them sober up.

Zima went back to what Pritzl said earlier that Bellin may not have capacity to take our people and noted that the County made a contract with them. Pritzl said that on a day to day basis, there could be capacity issues, but this is something that is not known until they are called. Zima said if Bellin does not have capacity, the County needs to take the contract elsewhere. He feels this is a lot of foot dragging and we need to drain the jail of people who do not need to be there. He thought having mobile crisis would be a step in the right direction in getting people out of the jail and into detox, but Pritzl pointed out that crisis does not get involved with the alcohol people.

Pritzl said there are other models we can look at. Zima thought this group was going to get proactive in letting people with drug addictions know that there is help available if they want it. He does not feel we have done anything to let people know there is help and he said it is time to start doing something. He is not interested in strictly alcoholics; he is talking about all types of drugs. He said we have been funded for $300,000 for this yet we are on place to do only $50,000.

Hoyer asked if anyone disagreed that we should try to see if there is a better way to address these issues. Judge Zuidmulder said we all understand what the problem is and what we need to do to improve the quality of life in the community. The money is in place to improve the quality of life, but there are all these institutional problems that apparently impede the ability to get from where we think we should be to the program we have created. We need to look at what we are trying to accomplish and his focus is going to be how to get people into the program that was created. If the program is not working, the reality is that it needs to be redesigned. We seem to know where we want to be, but there are things happening that are preventing the needs getting to the resources.

Pritzl agreed and said the numbers show that something is not working and we have to look at what else we can do. We have the money and know what we want to address. Detox services flow through outpatient behavioral health at the CTC. He said that they do assessments, provide residential treatment and intensive outpatient programming and this is what the PSA is supposed to bring forward so people understand that the CTC is the gateway. Pritzl does not believe people are going to voluntarily avail themselves to treatment at the level we expected, but he does definitely think there is a need.

Lindner noted Bellin is only designed to handle the medical detox and then people are supposed to go into residential. The residential is voluntary and Pritzl said the County contracts for residential with a number of providers. Agar added that they have increased the number of providers over the last few years. Judge Zuidmulder said that law enforcement and jailers are still telling us there are all these frequent flyers that repetitively have this behavior, and you can have all programs, but if there is no impact being made, we are not accomplishing anything. Pritzl said there is nothing that can make someone go to treatment. Judge Zuidmulder feels a program has to be designed and all of the systems need to be engaged. He suggested something like an alcohol abuse treatment court that required treatment to avoid going to jail. He does not want to hear that we cannot do this because people cannot be ordered to do it. Judge Zuidmulder feels all of the stakeholders have to come together and decide if this is something that needs to be done, and if it is, there are tools available in a democratic society with due process safeguards that can address this problem.

Security Lieutenant Scott Brisbane said it is really easy to put a disorderly conduct on someone, bring them for medical clearance, which is also easy and then bring them to the jail and the jail is now taking care of them and becomes the detox area for the alcohol and drug holds. Zima asked why these people cannot be taken to Bellin and Brisbane responded that they cannot be taken to Bellin because there are charges on them. He said they handle people who cannot function out on the street, they get cited for disorderly conduct, come into the jail, the jail detoxes them and they are there less than 24 hours and should be released, but they cannot be released because

emerge as Supervisors request information. The fact is that the Supervisors have the final say as to how the funds get spent. Zima said that before the jail gets built, he wants to be sure there is a mental health piece included in the plan. If the jail gets built without a mental health component, we might as well disband this committee. Zima feels now is the ideal time to get this done and the sales tax passing or not is irrelevant. The jail is going to be expanded and a mental health aspect is vital to reducing the jail population. He noted that the County Board bought into the idea very largely of treating people rather than incarcerating them.

Hoyer said that in terms of the new proposed pod, there are a few things to keep in mind. The new pod would be a pod for female inmates because the number of female inmates has risen. In addition, there are beds specifically for mental health issues for those in jail. Those two pieces are what make up the proposed addition. Zima thought the initiative of this group was not to mix the mental health and jail population together. He wants something built near the jail that will take the people out of the jail to take some pressure off and also get them the treatment they need. Regardless if the sales tax passes or not, the goal of this group needs to be by the time the jail gets built, we are ready to move and know what we want so we can get part of the funds for mental health needs. Zima pointed out the County used to have treatment for juveniles and more beds to treat people. This was sliced out of the budget and these people are now ending up in jail. This group needs to present a united front on this.

Hoyer said if we are talking about new beds, we have an established population that is currently in the jail that could use those beds. Brisbane said the portion of the jail for females and the mental health portion is for people they already have. Having a step down program for those people and getting them from intensive care to the direct pods is the portion for the jail; it is not for new people coming in off the street. Zima feels a facility needs to be built and that should be part of the capital improvements. La Violette agrees with Zima and said if the sales tax is passed she would rather be in line for that money. She feels Zima could play a major role in this and Zima said he intends to. Zima said the sales tax is not the only way to get this done; the County Board has given direction and approved this committee and put funds in place for the committee to get started.

Brisbane feels it may be a little preliminary to be discussing money at this point as there has only been one study of the jail to date. The study concluded that space was needed for females and mental health. There is still another study that is going to happen and Brisbane pointed out there is not even an architect yet. The actual specific needs will not be known for some time. Zima understood but said that we just have to be sure that the jail issues and mental health issues are dealt with in conjunction at the same time. Judge Zuidmulder said that until the sales tax is adopted, there is not money available for this. Zima reiterated that we have to keep the jail piece and the mental health piece together, even if it is not done right at the jail. The County Board has bought into the idea that we should be treating people rather than incarcerating them.

Pritzl said the needs that have been identified are the one stop shop model for crisis and the issue of sending people to Trempealeau County for long term care. These are the things that are known, but the number of people we cannot send to jail and send somewhere else is largely unknown. Pritzl said we need to key in on these two things. Human Services did some checking on these things and Agar and Schubert have more to share on this.

Schubert indicated that he and Director of Nursing Samantha Behling recently toured the Trempealeau operation to find out how it works. In 1970 Trempealeau got a number of waivers that they have maintained since that time to operate as a skilled nursing facility but be able to do things like restraint and seclusion, room lock outs and some different hospital-like measures. To the best of his ability, Schubert estimated the total operational costs for a Trempealeau-type facility would be around $3.27 million dollars. Part of this would be startup costs and he noted that the average market rate for skilled nursing facility beds is $25,000 per bed, assuming beds can be found. To get more skilled nursing facility beds we would either have to find a nursing home willing to sell the beds and create a partnership and then dissolve the partnership after we become operational or we would have to buy the beds from a facility that is going out of business. Hoyer asked if we could ask the State for the beds and Schubert responded that the State will say we already have enough occupancy in the area. The State will say that the existing beds in northeast Wisconsin are 80% occupied and we would need to find the 20% of beds that are not filled. Judge Zuidmulder said the State consists of the legislature and the Governor and maybe Brown County needs to go to the legislators and say that because of the monopolistic deal it will cost our taxpayers a million dollars to buy these beds and ask for legislation to be introduced and signed by the Governor. Schubert said that his figure was estimated on a 21 bed facility, so another additional neighborhood household pod like are in the current nursing home. Currently there are three neighborhoods in the nursing home with a total of 63 beds.

Judge Zuidmulder was excused at 1:04 pm.

Agar talked about what it would look like if Brown County staff took on the crisis role in terms of dealing with the acute crisis calls, emergency detentions and related follow-ups. Using Crisis Center statistics and to staff the crisis services at 3.6 positions per shift which replicates what Crisis does currently, the cost would be $634,000. Pritzl said we currently have contracted for these services with Family Services. Public Safety Committee has asked for a drill down of what is spent on emergency detentions versus the other crisis things they do that are not related to emergency mental health services, but this is hard to do because it is co-mingled. Family Services estimated that $500,000 - $550,000 of their contract is dedicated to that work.

Pritzl continued that crisis services could be co-located with medical clearance at CTC to have a one stop shop model. The question would be if we would still want Family Services doing it and bring in all of the other things they do or if we just focus on the emergency detention process and staff it ourselves and have Family Services do the rest of the community crisis basic needs issues. Pritzl said there would have to be an expansion at CTC to add offices for crisis staff and exam rooms. Facilities has looked at a 3600 square foot expansion of office space and the estimate was between $1.25 and $1.5 million dollars.

Le Pine said that much of the discussion has been around long term needs, but he would like to see the immediate needs addressed as well. The GBPD is dealing with this every day in real time. Pritzl responded that we are dealing with a provider shortage and there are physical beds in Brown County, but there are not enough providers to staff the beds.

5. **Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.**

Although not discussed specifically, this subject matter was incorporated in prior discussions in this meeting.

6. **Discussion re: Recertifying County operations to return to previous services providing long-term care.**

Although not discussed specifically, this subject matter was incorporated in prior discussions in this meeting.

7. **Update re: Outreach efforts.**

This item was discussed briefly in Item 1.

8. **Regional Utilization of Trempealeau County Health Care Center.**

Although not discussed specifically, this subject matter was incorporated in prior discussions in this meeting.

9. **Discussion re: Juvenile justice/school system representation on this committee.**

This item was not discussed.

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

The next meeting date was discussed and June 21 at 12:00 pm was selected.

11. **Adjourn.**

Motion made by Erik Hoyer, seconded by Erik Pritzl to adjourn at 1:27 pm. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

Respectfully submitted,

Therese Giannunzio
Recording Secretary

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To: ad-hoc Mental Health Treatment Committee
Human Services Committee

From: Erik Pritzl, Executive Director

Date: May 17, 2017

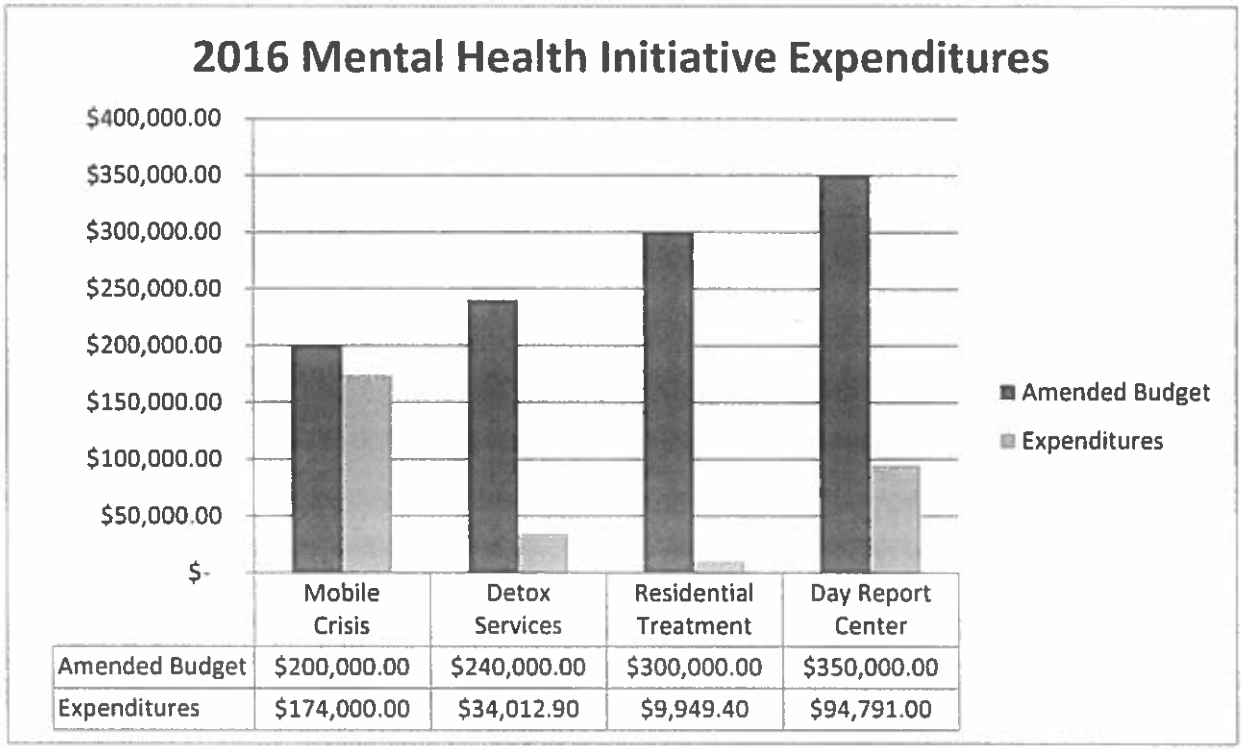
Re: Mental Health Initiative Expenditures 2016-2017

The following summary of expenditures related to the Mental Health Initiatives in 2016 and the first quarter of 2017 is submitted in response to a request from members of the ad-hoc Mental Health Treatment Committee.

There are four components to the Mental Health Initiative, and these include:

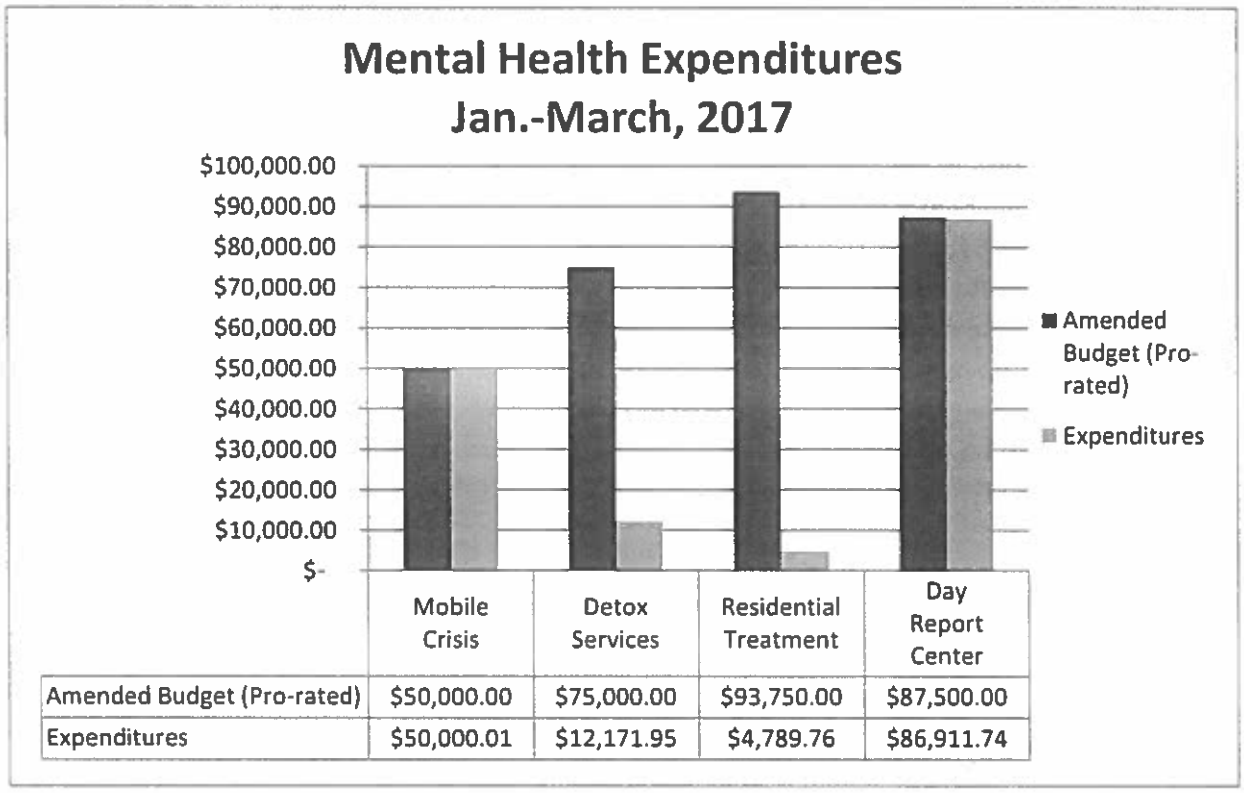
- Mobile Crisis Services Expansion: Increased staffing to provide more onsite, in-person interventions for individuals experiencing a mental health crisis. This service expanded in June, 2016.
- Detoxification Services: Funding for medically managed inpatient detoxification services in a hospital setting. This service started in August, 2016.
- Day Report Center: Create a Day Report Center to serve as an alternative to incarceration for non-violent adult offenders. This service started in November, 2016.
- Transitional Residential Treatment: Support residential substance use services for people whose needs go beyond detoxification and outpatient services. This service started in November, 2016.

The chart that follows on the next page represents the 2016 expenditures on the various initiative components. The total available budget for the initiatives was $1,090,000.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center
Amended Budget	$200,000.00	$240,000.00	$300,000.00	$350,000.00
Expenditures	$174,000.00	$34,012.90	$9,949.40	$94,791.00

The second chart below represents the 2017 expenditures for the first quarter. The total available budget for the initiatives is $1,225,000.



	Mobile Crisis	Detox Services	Residential Treatment	Day Report Center
Amended Budget (Pro-rated)	$50,000.00	$75,000.00	$93,750.00	$87,500.00
Expenditures	$50,000.01	$12,171.95	$4,789.76	$86,911.74

After reviewing the expenditures in these areas, change opportunities for the four areas have been identified:

- Mobile Crisis: Consistent access to all hospital emergency departments, routine orientations and exposure to law enforcement agencies, and timely notification to Crisis Center staff for joint response.
- Detoxification Services: Increase voluntary access to services, and contract with multiple providers to increase capacity to serve people with detoxification needs.
- Day Report Center: Improve screening and identification of appropriate Day Report Center participants, and increase substance use screening availability.
- Residential Substance Use Services: Community Outreach to raise awareness of the availability of this service, and enhanced tracking and interface with clients while in residential treatment to improve aftercare and outcomes. This requires more of our case manager time to be allocated to this then has been the case to date.