

**PROCEEDINGS OF THE BROWN COUNTY**  
**HUMAN SERVICES COMMITTEE**

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, January 28, 2015 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin

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**Present:** Chair Evans, Supervisor Robinson, Supervisor La Violette, Supervisor Hoyer

**Excused:** Supervisor Haefs

**Also Present:** Nancy Fennema, Tim Schmitt, Roberta Morschauer, Lori Weaver, Eliza Killian, Judy Friederichs, Chua Xiong, Chad Weininger, other interested parties

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I. **Call Meeting to Order.**

The meeting was called to order by Chairman Patrick Evans at 5:31 p.m.

II. **Approve/Modify Agenda.**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

III. **Approve/Modify Minutes of October 21, 2014.**

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Comments from the Public:** None.

**Report from Human Services Chair, Patrick Evans**

Chair Pat Evans indicated that interviews for the Health Department Director have been held and interviews for the Human Services Director will be held next week. Evans met with the MCOs who are coming in for Family Care as well as the IRIS organization. He has also had numerous meetings with Devon Christianson of the ADRC and she will be giving a presentation at the next Human Services meeting regarding the transition to Family Care. Evans continued that the State was here on Wednesday, however, not a lot of information was provided to the ADRCs. He indicated that Brown County will have an enrollment into Family Care of about 872 people by July 1 and thereafter there will be about 220 people per month transitioning over from July through October to bring the total to almost 1,600 people.

La Violette asked if people need to apply for Family Care. Evans responded that they do apply and then they transition over and the ADRC will be doing group, phone and office meetings as well as individual meetings to transition people. They will also be going to the CBRFs to enroll people. The State has not provided any additional funding to the ADRCs to increase staff for the transition and Evans felt that this would result in ADRC workers being swamped during the transition process.

1. **Review Minutes of:**

- a. **Ageing & Disability Resource Center Nominating & Human Resources (October 17, 2014).**
- b. **Ageing & Disability Resource Center Board Meeting (October 23, 2014 and December 9, 2014).**
- c. **Board of Health (August 12, 2014, October 14, 2014 and November 11, 2014).**
- d. **Community Options Program Planning Committee (November 24, 2014).**
- e. **Human Services Board (October 9, 2014, November 13, 2014 and December 11, 2014).**
- f. **Veterans Recognition Subcommittee (November 18, 2014).**

**Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 1 a-f together. Vote taken. MOTION CARRIED UNANIMOUSLY**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Items 1 a-f. Vote taken. MOTION CARRIED UNANIMOUSLY**

### Communications

2. **Communication from Supervisor Zima re: From Bob Koury regarding to consider and discuss getting some type of programs for our community for opiates and mental health.**

Bob Koury, 3636 Shawano Avenue, Green Bay, Wisconsin addressed the Committee with regard to the problem of addiction in Brown County and surrounding areas. He indicated that he has a family member who is addicted to heroin and opiates. Koury stated that he had attended an awareness program at the Arena and was impressed with the literature presented and the speakers, but noted that not one of the organizations that were there, including the hospitals, Bellin Health or Libertas can help a heroin addict. He is not aware of any help for addicts in Brown County if they are not detoxed. Koury noted that there are facilities such as the Jackie Nitschke Center and hospitals, but these organizations do not help until someone is detoxed. He has contacted at least 20 agencies but none will help. The hospitals will take an addict, provide them with fluids and make sure their pulse is okay, but then they send them home. Koury was advised that a person will not die from detox, but that is false. He stated that if an addict relapses and takes more heroin and/or pills, a fatal overdose can result.

Koury continued that he called all over the state and found help was available in Milwaukee, Marinette and Madison but in order to receive help, the addict has to be a resident of the county. Koury found a place in Madison that was funded by the county and someone with little or no insurance could go there to be detoxed and provided with follow-up treatment, but only if they were a resident of the county.

Koury continued that he finally took his family member to Chippewa Falls for treatment and paid out-of-pocket. This family member tried several times to detox but was not successful. Koury indicated that there was help in the county five or six years ago for detox, but this has been cut out. He stated that addicts out in the community are committing crimes which require more resources from a public safety standpoint. Koury felt there really needs to be services for addicts in Brown County.

Evans stated that Koury's points were valid. He indicated that there is a Heroin Task Force and a Heroin Court will be starting soon, however this would not be of value to someone until they are detoxed. Evans stated that the Committee can start taking a look at this as it is important. He will look into models that other counties use to see if it is possible to emulate them in Brown County.

Supervisor Robinson thanked Koury for bringing this forward and asked staff from the CTC if the decision to end detox services for heroin and opiate addicts was the same decision that ended emergency detox for alcohol. Interim Human Services Director Nancy Fennema stated that she would like to consult with Behavioral Health Manager Ian Agar before she spoke too much on this but noted that the process to detox from heroin and opiates is different than detoxing from other substances.

Robinson continued that the Committee has been talking about alcohol detox for a number of months and is looking at what can be done to solve the problem. Robinson felt that Koury's questions were very good and need to be addressed and he wondered if the issues with regard to alcohol detox can be discussed in conjunction with the issues regarding heroin and opiate detox. Fennema opined that the conversation would absolutely be the same because in talking about the big picture in Brown County, you have to look at the various areas of addiction and the various areas of treatment and what is currently in place and what is not currently in place and how to work on these areas. Robinson stated that there are a lot of services in the County for people once they are ready for treatment, but there are not services for the detox portion of the problem and this seems to be consistent with all types of addictions.

Evans asked if the Health Department would like to weigh in and Health Department Director Judy Friederichs responded that the Health Department is involved more with prevention services than treatment services.

It was indicated that Representative Nygren was involved in some legislation where a recommendation was made that a regional heroin detox center be formed, but that would likely be in Marinette County and not Brown, however Brown County residents would be eligible to use it.

Supervisor La Violette felt everyone knew that heroin is a serious problem that needs to be addressed, and she would like to see this addressed in the 2015 budget. Evans agreed that more needs to be done in this regard as well.

Robinson stated that the community group looking at this issue is looking to come to the Human Services Committee for a presentation and recommendations and it is his hope that the Committee would be amenable to hearing what they have to say. He also agreed with La Violette that he would like to see this translated into budgetary numbers as it will take a commitment from the County to address these issues.

Supervisor Hoyer thanked Koury for coming and raising awareness for the Committee. Hoyer stated that this Committee is a team that wants to respond and will do what they can. Koury indicated that he appreciated that and thanked the Committee for hearing him.

Fennema stated that the history of detox in the County was due to a change of funding. The Committee understood this but Evans indicated that the heroin problem has become great and needs to be addressed. Fennema indicated that Ian Agar has been in contact with Marinette County with regard to their program.

Koury said that the name of the program in Dane County is Tellurian and they take care of 15 counties. Non-residents can still go there, but at a cost of \$2,700 - \$3,200 per day for detox. Most of the people with heroin problems do not have insurance or other funds to cover this.

**Motion made by Supervisor Robinson, seconded by Supervisor La Violette to send to Human Services staff to come up with background/history as to when and why detox funding stopped and do research on the detox programs in other counties, including Dane County and present to the Human Services Committee and further to direct staff to participate in community group activities to come up with a solution for detox for alcohol and heroin. Vote taken. MOTION CARRIED UNANIMOUSLY**

#### Health Department

3. **Budget Adjustment Request (14-103): Any increase in expenses with offsetting increase in revenue.**

The Brown County Health Department has been approached to provide tobacco control services to Brown County and Stockbridge-Munsee Tribe jurisdiction under agreement with the Tobacco Multi-Jurisdictional Coalition, Communication Action for Healthy Living (CAHL). All program services for CAHL will be funded by the agreement. Services include acting as a community resource related to tobacco control concerns in the area, providing educational presentations, advocating for tobacco control policies, and conducting compliance checks to assure minors cannot purchase tobacco products illegally.

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

4. **Resolution re: Regarding Change in Table of Organization for the Health Department Public Health Educator.**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

La Violette wanted to be sure that Judy Friederichs was recognized and thanked by the Committee for all of her years of dedication, caring and commitment to the County. La Violette stated she was grateful for Friederichs' work over the years. The rest of the Committee also thanked Friederichs and wished her well in her retirement.

**Human Services Department**

5. **Resolution re: On helping families move from homelessness to self-sufficiency. *Standing Item until such time that there is action to be taken.***

No action was taken.

- 5a. **Resolution re: Change in Table of Organization for the Human Services Department – Clerk Receptionist.**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY.**

6. **Budget Adjustment Request (15-01): Any increase in expenses with an offsetting increase in revenue.**

The TAD grant was awarded through the Department of Justice and later amended. A budget adjustment was not previously completed; therefore this one has been prepared on the current budget provided to the Department of Justice.

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

7. **Executive Director's Report.**

Interim Executive Director Nancy Fennema stated that the report included in the agenda packet was started by former Director Jeremy Kral and finished by herself and includes the recommendations to fill vacancies in the Human Services Department.

Robinson referenced the survey conducted at Nicolet Psychiatric Hospital as contained in the report. Robinson felt that the conversation with Mr. Koury earlier highlights the fact that there are a lot of issues going on in the community concerning mental health services and addiction services. The issues with detox services as discussed earlier are one example. Robinson continued that he has had a number of conversations in the past few weeks with people who are unhappy with the provision of mental health services in the community. He felt that some of these issues stem from community partners and some also are a result of lack of funding. Robinson noted that he is part of the group that will be interviewing Human Services Director candidates and he felt that mental health and addiction services will be a big priority when candidates are considered as well as their ability to improve what the County is currently doing. He would like to see a six month assessment starting from the day that the new Human Services Director starts with a comprehensive report given to this Committee about the state of mental health and assessment services in the County, including recommendations for improvements as well as what needs to be done from a budgetary standpoint to make the recommendations happen. This also needs to be systematic and the entire spectrum needs to be examined as to how the County collaborates with its community partners. Evans felt that this request would best be handled in the form of a communication put forth at the next County Board meeting. Robinson would like to see this move along quickly and would like to do this in the form of a motion at this meeting. The timeframe was discussed, as it relates to the budget process and Robinson felt that some of the recommendations that would be made would be or could be incorporated in the next year's budget.

Fennema stated that her existing staff could give a skeletal outline of what Robinson is looking for and noted that they do not have a start date yet for a new Human Services Director. She also noted that the new Director will be starting in the middle of the Family Care transition process as well as a major computer upgrade. Fennema felt that it was unrealistic to have the type of report Robinson is requesting in six months, but she felt that current staff could do a preliminary report in the next several months and bring it back to this Committee. Robinson was agreeable to that, but did wish to press the six month timeframe as there are people suffering in the community due to the services which should be there but are not. Fennema agreed with Robinson and noted that historically mental health is behind, partially due to the stigma of mental health and partially due to funding. She continued that she applauded Robinson's efforts to help this process along and Robinson stated that he is willing to do what he can to help the process and noted that if there was an appropriate role in the process for a Supervisor he would be willing to fill that

role. Fennema will bring something back in the next month or so and Robinson will also be crafting a communication for the next Board meeting.

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY**

**8. Family Care Transition Clients Considered At Large.**

Long Term Care Manager Lori Weaver indicated that a search had been done and it was determined that there are 23 clients considered to be at large. Weaver explained that they looked back in records and found a ruling in 1955 by the County Board which referenced the at large poor relief fund and this may have been in response to the uniform fee system which is the HS1 and says that all clients need to pay a portion of their fee and if they are unable, the County should respond based on income. Evans explained that at large means that they do not fall under any sort of specific program but the County has been paying for their care. Fennema noted that these clients were funded somewhere back in history and Brown County is helping these people. Weaver continued that these individuals are currently being case managed and a number of them will be eligible for Family Care. The monthly cost of the 23 at large clients ranges from \$2.50 per month to \$715 per month. La Violette asked where these people are living and Weaver responded that most of them are on their own and living in the community. Weaver continued that the total cost for all of the individuals is \$67,000.

Weaver continued that the goal of long-term care is to provide the necessary services to constituents in the County but also utilize guidelines set forth by State programs and remain fiscally responsible to the taxpayers. Hoyer asked Weaver if there was something from the Committee that she was looking for with regard to those at large clients and Weaver responded that this information was provided for informational purposes.

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

**9. Financial Report for Community Treatment Center and Community Programs.**

Finance Manager Tim Schmitt indicated that the financial report was included in the agenda packet. He noted that the CTC is most likely going to post a levy deficit in the area of \$500,000 for 2014 and this is largely due to lower revenues than was budgeted for the CBRF. Schmitt continued that the Community Programs budget should come right at budget for 2014.

Robinson asked if the \$500,000 levy deficit was in addition to what was already projected for the deficit of the operating expenses. Schmitt stated that that was accurate and noted that for the CTC they originally budgeted about a \$700,000 deficit, which was all depreciation which is non-levy. On top of that, there is projected to be an additional \$500,000 levy deficit, which brings the total deficit to about \$1.2 million dollars. Robinson asked how this deficit will be addressed and Schmitt stated that the 2015 budget for the CTC is balanced other than for the depreciation. Schmitt stated that some expenses will be reduced in 2015 and the number of clients for the CBRF was also reduced to five clients per day versus eight clients per day in 2014.

Robinson asked how the \$500,00 deficit for 2014 will be made up and Schmitt responded that historically budget deficits have been taken out of the Community Programs reserve and this is how the 2014 deficit will be handled. Robinson noted that when doing the 2014 budget, there were questions with regard to the reserve fund and it seemed like the reserve had been spoken for. Robinson is wondering how now the reserve can cover the deficit. Schmitt stated that the reserve that is spoken for are estimates for high cost clients in certain areas throughout the agency and some of these reserves have not been utilized for high cost clients and therefore can be utilized for the CTC deficit.

Robinson asked how much was targeted for high cost clients and although Schmitt did not have figures in front of him, he thought there was \$1 million dollars for high cost clients in various areas of Community Programs. Robinson stated that instead of having \$1 million dollars reserved for high cost clients in 2015, the reserve would be \$500,000

once the deficit is taken out. Schmitt agreed. Robinson stated that from his perspective, when he asked about the reserve for this year, it was indicated that they could not take anything out of the reserve because the reserve funds were earmarked, but as soon as there is a deficit, there is excess in the reserve account. Schmitt understood where Robinson was coming from, but noted that if the deficit at CTC is \$500,000 as expected, the deficit is typically covered out of a portion of the reserve account. Evans stated that deficits have been taken out of the general fund in the past and Schmitt responded that that is something that is up to the Committee and the Board.

Robinson stated that it strikes him as odd that the Committee was told in the past that funds could not be taken from the reserve as they were earmarked for something else, but as soon as there is a deficit funds are available to cover it out of the reserve. Schmitt stated that this is what the reserve is for. Robinson disagreed, saying that the reserve was designated for high cost clients and noted that the deficit at CTC has nothing to do with high cost clients. The fact that the balance of the reserve account has not changed indicates that none of the funds were used in 2014 for high cost clients. Robinson stated he is simply trying to understand the situation as at the next budget meeting there will be people asking for funds for other things and a suggestion will be made that we cannot use the reserve fund balance because it is earmarked for other things, but yet, when there is a deficit several months later suddenly funds can come out of the reserve.

Evans stated that he could see where Robinson was coming from, but when situations like this deficit come up, dollars have to be found to cover it. Hoyer asked Robinson what he was hoping to be done with the reserve fund. Robinson stated that he would look at the fund balance to be used for different programs, but the message he got was that money could not be taken out of the reserve because it was earmarked for other purposes. Robinson stated it looks like a slush fund that funds can just be pulled out of when needed. He continued that from his perspective this does not look good and at the next budget meeting when the reserve fund is brought up and it is indicated that funds cannot be taken from the reserve for other programs, he will not believe that to be true. Evans agreed.

Weininger stated the CTC has been running at a deficit and it was known that there would likely be a deficit in 2014 so they needed an amount available to cover the losses because the client payee was not set at a self-sustaining rate. The County Board made a decision to not levy additional dollars to cover that, but will cover the shortfall using the fund balance. In the 2015 budget, the payee amounts have been lowered so this should not be an issue moving forward.

Schmitt stated that he believes there is a line item in the reserve fund for CTC losses. Weininger stated that as long as the CTC comes in where they think it will, then there will probably be more flexibility. Robinson stated that this is not addressing his concerns. He noted that the CTC operates at a deficit and he also knows that the deficit has to be paid off and that it makes the most sense to come out of the reserve. What he wants to know is why reserve funds are suddenly available to pay of the deficit when three months ago during the budget process it was stated that those funds were not available for any other purpose than what it was designated for. Schmitt reiterated that there is a line item for CTC deficit in the reserves. Robinson stated that he would like to see additional information on this and Weininger stated that he would have more information available once he had figures in front of him.

**Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file. Vote taken.  
MOTION CARRIED UNANIMOUSLY**

10. **Statistical Reports.**

a. **Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**

Robinson referenced the decreases at Nicolet Psychiatric Center across the board and he would like to know the reason for this and stated that that is different than the numbers of the CBRF being not what was expected. Fennema stated that Nicolet Psychiatric Hospital is different than the CBRF. Morschauer stated that the census at Nicolet Psychiatric Hospital was extremely low for a week and Bay Haven has also been low on census. She noted that there were two days at Nicolet that had no clients. This is not the normal situation and it caused several weeks to be rough.

Robinson stated that he has talked to some people in the community who are frustrated in that they think there is a need for people to be admitted for services but they are not being admitted. He is not suggesting that the bottleneck

is at the County end, or even that one exists, but he does find it interesting that the numbers are down so significantly. Morschauer replied that they have had a number of clients come through with medical complexities and they have had to seek other servicers for those clients. She continued that they have worked with the medical director and the psychiatrist to better meet the needs that are presented. Morschauer continued that weekends are often near or at capacity, but come Monday evening and into Tuesday, most of the clients are discharged and they are down to four clients.

- b. **Monthly Inpatient Data – Bellin Psychiatric Center.**
- c. **Child Protection – Child Abuse/Neglect Report.**
- d. **Monthly Contract Update.**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to suspend the rules and take Items 10 a – d together. Vote taken. MOTION CARRIED UNANIMOUSLY.**

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to receive and place on file Items 10 a – d. Vote taken. MOTION CARRIED UNANIMOUSLY**

11. **Request for New Non-Continuous Vendor.**

**Motion made by Supervisor Hoyer, seconded by Supervisor La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY**

12. **Open Session: Discussion and possible action regarding personnel issues which have arisen in the Human Services Department regarding a specific employee.**

**Closed Session: Notice is hereby given that the above governmental body will adjourn into closed session on the above Item Number 7a pursuant to Wis. Stat. §19.85(1)(f) which authorizes a closed session to consider financial, medical, social or personal histories or disciplinary data of specific persons, preliminary consideration of specific personnel problems or the investigation of charges against specific persons...if discussed in public, would be likely to have a substantial adverse effect upon the reputation of any person referred to in such histories, or data, or involved in such problems or investigations.**

**Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to enter into closed session. Roll Call Vote Taken; Ayes: Evans, Robinson, Hoyer, La Violette MOTION CARRIED UNANIMOUSLY**

**Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to return to open session. Roll Call Vote Taken; Ayes: Evans, Robinson, Hoyer, La Violette MOTION CARRIED UNANIMOUSLY**

**Reconvene in Open Session: Discussion and possible action regarding personnel issues which have arisen in the Human Services Department regarding a specific employee.**

No action taken.

- Aging & Disability Resource – No agenda items.**
- Syble Hopp – No agenda items.**
- Veterans Services – No agenda items.**

**Other**

13. **Audit of bills.**

**Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to pay the bills. Vote taken. MOTION CARRIED UNANIMOUSLY**

14. **Such other Matters as Authorized by Law.**

**Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to adjourn at 6:54 p.m. Vote taken. MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Therese Giannunzio  
Recording Secretary