

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, April 25, 2012 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

Present: Chair Patrick Evans, Bradley Hopp, Pat La Violette, Dan Robinson, Dan Haefs
Also Present: Barbara Natelle, Brian Shoup, Tim Schmitt, Mary Johnson, Jill Rowland, Jean O’Leary

I. Call Meeting to Order.

The meeting was called to order by Dan Haefs at 6:00 p.m.

II. Approve/Modify Agenda.

Motion made by Supervisor Hopp, seconded by Supervisor Evans to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

III. Election of Chair.

Motion made by Supervisor La Violette, seconded by Supervisor Hopp to nominate Pat Evans as Chairman of the Brown County Human Services Committee.

Nominations closed.

Pat Evans elected as Chairman of the Human Services Committee by unanimous ballot.

IV. Election of Vice Chair.

Motion made by Supervisor La Violette, seconded by Supervisor Hopp to nominate Dan Robinson as Vice Chair of the Brown County Human Services Committee.

Nominations closed.

Dan Robinson elected as Vice Chair of the Human Services Committee by unanimous ballot.

V. Set date and time for regular meetings.

A discussion was held regarding meeting dates and times.

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to hold Human Services Committee meetings at 6:00 p.m. on the fourth Wednesday of the month. Vote taken. MOTION CARRIED UNANIMOUSLY

VI. **Approve/Modify Minutes of March 28, 2012.**

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

Comments from the Public

No public present.

Report from Human Services Chair

Chair Evans stated that this Committee will deal with many issues and will get a feel for the number of people's lives touched by the services in Brown County. He stated that one of the issues that will be coming up is the issue of child abuse and neglect cases. This Committee will be exploring many things that the County will be doing in this area. He discussed Chapter 51 which the County is bound by and states that the County must do everything they possibly can to protect our citizens.

Evans also encouraged the Supervisors to visit the CTC and Syble Hopp to get an understanding of the operations in those facilities. He also felt it was very important for Supervisors to meet with the provider partners such as ASPIRO, NEW Curative, Family Services and the Child Advocacy Center. He reminded the Committee to be mindful of confidentiality and HIPPA laws.

Supervisor Robinson asked if there were resources for Committee members such as organizational charts with contact information for Human Services agencies. Evans stated that Human Services Director Brian Shoup would be able to provide Robinson and anyone else who needed or wanted it with information as to the agencies and services the County works with.

1. **Review Minutes of:**

- a. Aging & Disability Resource Center of Brown County Board (March 22, 2012).
- b. Children With Disabilities Education Board (March 7, 2012).
- c. Community Options Program Planning Committee (April 16, 2012).
- d. Human Services Board (April 12, 2012).
- e. Veterans' Recognition Subcommittee (March 20, 2012).

Motion made by Supervisor Hopp, seconded by Supervisor Haefs to take Items 1a through 1e together and receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Supervisor Hopp wished to make special recognition of Mike Nichols for the Golden Apple award he received at Syble Hopp as reported in the Children With Disabilities Education Board minutes.

Human Services Dept.

2. **Executive Director's Report.**

Human Services Director Brian Shoup introduced his top leadership team to the Committee as follows:

-**Tim Schmitt**, Finance Manager

-**Mary Johnson**, Administrator of CTC and licensed nursing home administrator. Mary is responsible for the operation of the CTC and Nicolet Psychiatric Center as well as the County nursing home.

-**Jill Rowland**, Manager of Provider Relations. Jill is responsible for third party beneficiary contracts. These are contracts that have to do with purchasing agreements that the Human Services Department has with a variety of providers, some of which are for profit, but many are not for profit. Shoup continued that out of the \$105 million dollar annual budget for the Human Services Department, the County purchases about 2/3 of the services that are provided.

-**Jean O'Leary**, Director of Community Programs. Jean oversees all services that are located at the Sophie Beaumont building which range from juvenile justice to protective services to long term care and Foodshare. Shoup continued that Jean has recently resigned to accept a position with the Wisconsin Department of Health Services in their office of Family Care expansion and stated that she will be greatly missed at Brown County. The process of recruitment for the Director of Community Programs position will be beginning soon.

At this time, Barb Natelle, Administrator of Syble Hopp School, introduced herself to the Committee and congratulated them all on their successful elections. She stated that all Committee members are very welcome to come to Syble Hopp for tours at any time and she urged them to visit. She stated that miracles happen every day at Syble Hopp and their goal is to have their kids become successful, productive, contributing members of the community.

Natelle continued by explaining that their budget is different than other County departments in that their budget runs from July 1 through June 30. She will be coming back to the Committee next month to present their budget which will start on July 1.

Haefs stated that some other Committees hold meetings at various locations and he questioned if there would be a possibility of holding a Human Services Committee meeting at Syble Hopp. Natelle said they would be welcome at Syble Hopp at any time.

Shoup continued his portion of the meeting and stated that there were three issues he intended to report on.

First was the issue of protective services, child abuse and neglect. He stated that data that had been received recently showed a substantial increase in child abuse and child neglect cases. In comparing January of this year to January of last year, there was an increase of 17%. February reports showed a spike of 45% and March reports showed an increase of 19% from the prior year. This data took Shoup by surprise and was discomfoting in that for the budget year of 2012, they made some major investments to increase the capacity for child protective services by adding four protective service social workers and one supervisor. This was done with the hope that the County would be ahead of the curve by building caseload capacity.

Shoup continued that they have taken some quick measures while getting a better read on this situation. They are bringing on two temporary child protective services workers to give some time to deal with the increase while evaluating whether this trend is going to continue over the

remainder of the year. They have also drawn from social worker capacity from another unit to help out. Shoup has recently met with Brown County United Way leadership and talked strategically about prevention efforts and what they are committed to and whether the United Way along with Brown County Human Services and perhaps some other partners would engage with the school districts to see what can be done together quickly. He continued that protecting children is much larger than the Human Services Department. To be effective we need to work with the rest of the community and look at ways to coordinate services. Brown County is statutorily responsible by the Children's Code for investigation, follow up and alternative placement. The County is not statutorily responsible for prevention, although the County does fund those efforts. Shoup felt that what we really need to work towards is a community effort and we need to look to the rest of the community to help us in this area.

Shoup continued that one of the things he wanted to make clear is that who is responsible for child abuse are the abusers. Responsibility needs to be placed on adults that hurt or neglect children. After this is acknowledged, we need to examine where the family pressures are coming from and what kinds of things can be looked at to attempt to alleviate in the community that could provide long term results in that area.

In that regard, Shoup is already in the process of preparing the 2013 budget plan, and it is not known yet whether the data of the increases in abuse will be a trend that continues. Sometime during the summer a budget will have to be put together based on the best available information which will then be handed over to the County Executive who will then present a budget to the County Board and decisions will have to be made based on available information. Shoup did state that County Executive Troy Streckenbach has expressed solid commitment to support strong child protection efforts in Brown County.

Robinson asked if the increases were a steady trend over all of 2011 or if it was a jump in the first of the year. Shoup stated that it was a spike in the first of the year. Robinson asked if there had been other similar spikes over the years and Shoup stated that he had looked at data for several years and the increases they saw were in the neighborhood of 3 – 6%. Shoup added that he had also looked at some surrounding counties and found there was a mix and for example, Outagamie did not see the same increase that Brown County did, but Winnebago County did. Overall the State has seen a similar spike, but not to the extent that was seen in Brown County in February. Shoup stated he did not want to make too many decisions, judgments and conclusions based on three months of data, but it does look like there is a parallel increase when you look at the aggregate numbers across the State.

The second issue that Shoup wished to address was adult mental health services. He stated that there are several issues the County is currently facing. Currently there is a 3 – 5 month wait for new clients to get in to see a psychiatrist to prescribe them. He explained that they treat a largely chronically mentally ill population who are often the poorest of the community and often the most marginalized in the community. Occasionally they do get clients who have commercial insurance, however most of the time they treat clients who may have Medicaid at best and no insurance at worst. This is a chronic population that will likely need services off and on to be managed to some degree of reasonable mental health for the rest of their lives. These clients need psychotropic medication to deal with serious mental illness and are not a population that can be handed off to the private sector. Brown County is lucky to have a wealth of non-profit assistance, but these agencies have limits as to how much community care they can provide and

therefore Brown County is called upon to treat this population. This places enormous challenges on the County to get clients in to see a prescriber so that their illness can be managed. A lot of case management is done with these clients; however, it is very difficult to keep them from relapsing without proper medication. This has been a long standing problem and a way needs to be found to increase the capacity for access to psychotropic drugs. Shoup continued that some solutions will be proposed in the 2013 budget, if not sooner. The Human Services Board is currently studying this and will be making recommendations for a solution.

Shoup went on to say that the CTC provides acute psychiatric care and it is a challenge to sustain that operation. Again, the payer mix is very unfavorable and the County is committed to that population which will cost the community even more if there is not access to treatment. Shoup stated that the field of inpatient treatment is changing and has been downsized over time. At one time, the treatment of choice was to stay in an inpatient program at a psychiatric hospital for months and sometimes years. This has changed over the decades to a point where more effective treatment can be provided in an outpatient or residential setting rather than in a hospital.

That being said, one of the things being explored is downsizing hospital beds at the CTC and converting approximately half of them to diversion beds. Diversion beds would not be staffed with RNs, but would be staffed more with paraprofessionals and would still provide access to appropriate drugs, but it would be a less costly way to manage that population of clients who do not need a hospital regime. There is currently an off campus diversion facility with 20 beds that the County contracts with and it has been very successful in diverting clients who might otherwise have been in the hospital. There is also a regional facility for all the small counties in the region, but these other counties have been continuing to say if we had some sort of diversion beds, we could give you more business. We are at a point where because of finances we cannot purchase as many inpatient beds as we used to do. Further, diversion is preferred when appropriate. Meetings have been held with some of the surrounding counties and Shoup proposed a concept to them and they seem interested, however, it will need to be determined how to put this together and get State approval if it looks like it would cash flow.

Shoup stated that one key thing he wished to mention is that the CTC, because it has over 16 beds is considered by the feds as an institution for mental disease. This is of importance because institutions for mental disease are not allowed to receive Medicaid payments. The County does not receive any money from Medicaid for patients who are between the ages of 18 – 64, which constitutes upwards of 95% of admissions. By downsizing to 16 beds or less, we would become eligible for Medicaid. Further, if diversion beds are created under the same roof, there is a State waiver that allows reimbursements for Medicaid. This concept has the possibility of bringing in more revenue, savings some dollars and providing a more appropriate treatment for some of the population currently treated at the hospital. The study needs to be completed with regard to this concept, but at this time Shoup felt it was promising. Shoup continued that this concept would require one other thing and that would be outlay to divide off the area that is presently Nicolet Psychiatric Center and put a wall halfway through it to segregate the two patient areas. The County architect has looked at this and a very rough estimate was in the area of \$750,000 to \$1 million dollars for renovation and the idea would be that this could be amortized over time with savings. Shoup wanted to make it clear that he is not in a position to propose this at this time, but he wanted to share the concept with the

Committee as he felt it was a concept to really be looked at closely. He continued that this concept has already been put to use in Wausau with some success.

The third issue Shoup wished to report on is the Bay Lake Economic Support Consortium. This is the economic support unit that makes eligibility determinations for people applying for Medicaid, Foodshare and child care. He stated that what happened this past year was that the State proposed to take over all these programs with the intention of privatizing them and giving them over to a for profit provider that had a very checkered performance record. This would have resulted in revenue sharing in reverse. The County would have had to turn over levy dollars to the State and this would have also resulted in the loss of approximately 50 jobs in Brown County. As an alternative, Brown County formed a consortium with Shawano, Marinette, Door and Oconto counties. Brown County is the lead county and the consortium has been functioning for three months after being in the planning stages for two months. Shoup stated that they are required to process applications within a certain amount of time and if this is not done, penalties can be imposed. Shoup stated that Brown County has an excellently run management team that put this together and the metrics are the highest in the State and he is very proud of that.

Hopp went back to the issue of child abuse and neglect as referenced earlier, and he wanted Shoup to know that he was interested in this and will be getting involved.

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

3. Financial Report for Community Treatment Center and Community Programs.

Finance Manager Tim Schmitt provided the Committee with financial updates, a copy of which is attached.

Schmitt explained that these documents show a fund balance analysis. He stated that community programs ended the year with a \$4.8 million dollar surplus, primarily due to lower purchase of services in the children and families area as well as foster care treating children in lower cost settings. The long term care unit posted a favorable variance of \$2.9 million dollars, some of which is due to the State of Wisconsin implementing a third party administrator for the children's long term support unit. The revenues and expenses for this program are no longer recorded in the Brown County financials and in addition the long term support unit posted a favorable \$1.5 million dollar variance due to lower costs for our kip and cop units which are long term care clients, personal care and stabilization.

With regard to the CTC year end, there was a favorable variance in revenue of \$8,000, most of which was due to a transfer in from the Department of Administration because Phase I of the EMR project was capitalized and went live at the end of January, 2012. The year was finished with an unfavorable operating revenue variance of \$627,000, primarily due to lower revenues received in our hospital for out of county clients. There were fewer clients and the hospital provided about 1,131 fewer days of service than were budgeted. The CTC expenses posted a favorable variance of \$411,000 due to lower fringe benefit costs, lower chargebacks from Facilities, lower operations and maintenance, lower medical supply expenses due to lower census in the hospital, and lower contracted services.

Schmitt continued his report by explaining the community programs fund balance analysis and stated that Human Services had met recently with the Department of Administration and will be returning \$3,987,062 to the general fund. After that transfer is made, community programs will have a fund balance of \$5.8 million dollars and the recommendation is that the \$5.8 million stay with community programs to be held in reserve for various items as outlined on the report he distributed and explained as follows:

- \$400,000 for the development of interfaces for Phase III of the EMR project which is the managed services organization module of Avatar and will be interfaced with the EMR project to allow for contract management and authorizations and will essentially replace the AS400 contract administration and authorization system as well as the vendor payment system
- \$1,000,000 for renovations to the CTC to downsize the number of inpatient beds and convert them to diversion beds as described earlier.
- \$1,000,000 for Family Care conversion which is expected to roll out in 2014. There will be some redundancy costs associated with wrapping up the current long term care area and it will be necessary to retain some staff for a period of time to report final results to the State for the long term care unit.
- \$1,300,000 for post Family Care reserve because in the first year after Family Care is implemented, a loss is expected, primarily due to the maintenance of effort that the State requires us to pay.
- \$600,000 for existing high cost clients in the long term care unit. This relates to high cost clients and this can vary from day to day in terms of their acuity and medical needs. There are currently clients in the long term care that will be high cost clients and this reserve would be used for future needs for those clients.
- \$500,000 for existing high cost clients in the adult behavioral health unit. This relates to several clients that require high medical costs in the adult behavioral health unit and this reserve would be used for future needs of those clients.
- \$1,000,000 for a contingency for agency wide high cost clients. This would establish a contingency for clients that are unknown at this point but could create or require high acuity or high medical costs.

Shoup explained the high cost clients and stated that every county experiences this. He provided an example of a high cost client that the County serviced and stated that high cost cases are random and cannot be predicted or budgeted for. Shoup continued that these high cost cases vary tremendously and there is not a large volume of them. He added that these are not criminals, but are typically people who have some sort of organicity and do not have full control over their behavior. The County has a responsibility by law to take care of these clients and the proposed contingency would be a step towards a more formal measure financially to set aside funds for the care of these clients.

With regard to the post Family Care reserve, Shoup stated that a fund has been maintained and this was part of the balance that was carried over. He would like to put a more finite dollar amount on it to be more transparent. Shoup briefly explained that the County will be getting out of the long term care business and this will be taken over by a new regional entity called Northeast Wisconsin Family Care. The Family Care district is a new quasi-governmental district that will be funded by the State and will use managed care principals similar to an HMO to manage the population of frail elderly, developmentally disabled and physically disabled persons. Brown County will be exiting that business around the first quarter of 2014. Thereafter, for the first five years, there will be what the State refers to as a buy down. There will be a maintenance and protective requirement for the levy dollars used to support this population. For every \$40 spent on long term care clients, the State and feds will kick in \$60 so what needs to be maintained is the 40% for the first year. This will then be reduced by 20% for the next four years at which time the projection is to break even. The County will start realizing savings by the fifth year and the savings will continue and any transition costs will be amortized over that savings.

Evans stated that the Committee will need to come up to speed on Family Care and he will ask Rolf Hansen of Family Care to come to the next meeting to explain the program and answer questions. This will impact the way Brown County does business and could also affect a large number of employees.

Shoup stated that the message he would like to give to the Committee is that this has been some years in the planning and steps have been taken to plan financially as well as in a service sense. Cash reserves have been set aside specifically for this and funds will not come out of operating nor will it affect the tax levy.

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

4. Monthly Inpatient Data – Community Treatment Center and Bellin Psychiatric Center.

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

5. Approval for New Non-Continuous Vendor.

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

6. Request for New Vendor Contract.

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

7. Monthly Contract Update.

Motion made by Supervisor Hopp, seconded by Supervisor Haefs to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Aging & Disability Resource Center – No agenda items.

Health Department – No agenda items.

Syble Hopp – No agenda items.

Veterans Services – No agenda items.

Other

8. **Audit of bills.**

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

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

Motion made by Supervisor Hopp, seconded by Supervisor Haefs to adjourn at 7:11 p.m. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Brown County Human Services
Community Programs Fund balance Preliminary Year End 2011 report

Special Revenue Fund: Funds used to account for the proceeds of specific revenue sources that are restricted or committed to expenditure for specified purposes other than debt service or capital projects. Fund balance is defined by Governmental Accounting, Auditing, and Financial Reporting as the difference between assets and liabilities reported in a governmental fund

	3300.100/200 Desig Subseq Yr: Exp	3300.700 Desig Cap Proj	3300.400 Reserve for Prepaid	Total
Balance as of 11/1/2011	\$ 3,888,789	\$ 1,100,000	\$ 167,725	\$ 5,156,514
Actual net surplus 2011	\$ 4,873,788			\$ 4,873,788
Transfer out for Phase III EMR Project costs		\$ (220,331)		\$ (220,331)
Transfer to General Fund	\$ (3,987,062)			\$ (3,987,062)
*Preliminary balance as of 12/31/11	<u>\$ 4,775,516</u>	<u>\$ 879,669</u>	<u>\$ 167,725</u>	<u>\$ 5,822,910</u>

*Note: Fund balance does not represent cash on hand
Cash is consumed by working capital requirements (i.e. Accounts Receivable)

Fund Balance Reserves Detail (rounded to nearest \$100K)

Develop Interfaces for Phase III of EMR	\$ 400,000.00
CTC Renovation	\$ 1,000,000.00
Family Care Conversion	\$ 1,000,000.00
Post Family Care Reserve	\$ 1,300,000.00
LTC Unit - existing high cost clients	\$ 600,000.00
Adult Behavioral Health Unit-existing high cost clients	\$ 500,000.00
Agency wide high cost clients - Contingency	\$ 1,000,000.00
Total Fund Balance Reserve 12/31/11	<u>\$ 5,800,000.00</u>

Brian Shoup
Executive Director Human Services

Carolyn Maricque
Finance Director

Tim Schmitt
Finance Manager