

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 Thursday, January 5, 2017 at Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Hoyer, Supervisor Schadewald, Supervisor Brusky, Supervisor Linssen
Excused: Supervisor De Wane
Also Present: Human Services Director Erik Pritzl, Nursing Home Administrator Luke Schubert, Human Services Finance Manager Eric Johnson, Director of Community Programs Nancy Fennema and other interested parties

Audio of this meeting is available by contacting the County Board Office at (920) 448-4015

I. **Call Meeting to Order.**

The meeting was called to order by Chair Hoyer at 5:30 p.m.

II. **Approve/Modify Agenda.**

Motion made by Supervisor Brusky, seconded by Supervisor Schadewald to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

III. **Approve/Modify Minutes of November 16, 2016.**

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Comments from the Public: None.

Report from Human Services Chair, Erik Hoyer: No report.

1. **Review Minutes of:**

- a. Aging & Disability Resource Center Board of Directors (September 22, 2016).
- b. Board of Health (September 13, 2016).
- c. Human Services Board (November 10 & December 8, 2016).
- d. Mental Health Ad Hoc Committee (October 19, 2016).
- e. Veterans' Recognition Subcommittee (October 18 & November 15, 2016).

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to suspend the rules to take Items 1a – e together. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to approve Items 1a - e. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Communications: None.

Wind Turbine Update

2. **Receive new information – Standing Item.**

Resolutions/Ordinances

3. **Resolution Approving Funding to Provide Safe and Secure Transitional Housing in Brown County.**

Chair Hoyer noted that this was discussed at the November meeting and a motion was made to send to Corporation Counsel to draft a resolution noting the intent: Therefore the County Board of Supervisors approve a budget carryover of 2016 funds from the money allocated for Mental Health initiative funds in the amount up to \$75,000 for a study of programming and housing needed for transitional housing in Brown County. To follow proper protocol, the resolution

was brought back to committee for approval before moving it on to the full County Board.

Motion made by Supervisor Linssen, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Human Services Department

- 4. Update re: County policies re: visiting hours for relatives, court appointed guardians, and other professional services personnel at the Community Treatment Center.**

Nursing Home Administrator Luke Schubert provided a written response to the visitation policy, exceptions policy and front desk policy that were discussed at the November Human Services meeting (attached).

Hoyer thanked Schubert for going through all the different venues to seek out where they were at. Linssen also thanked Schubert, it addressed a lot of the concerns he had about setting up a clear policy and clarified the exceptions and did expand the visiting hours addressing the initial concerns they had.

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

- 5. Budget Adjustment Request (16-112): Any increase in expenses with an offsetting increase in revenue.**

Justification for Budget Change (2016): Overall annual budget adjustment needed because additional wages required due to one to one Nursing Home cases and high Hospital census. Higher revenue will offset this additional expense.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

- 5a Budget Adjustment Request (16-116): Any allocation from a department's fund balance.**

Justification for Budget Change: Budget adjustment needed because of equipment failure and replacement not anticipated in 2016 budget. Purchase of second failed ice machine during 2016 for one of four nursing home units to replace existing equipment which would cost a significant amount to repair and in this case would have no warranty. Equipment to be replaced was purchased in 2008 and has exceeded estimated useful life.

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

- 5b Budget Adjustment Request (16-117): Any increase in expenses with an offsetting increase in revenue.**

Pritzl informed this was broken in two different pieces: 5b and 5c went together. Justification for Budget Change: Increased ADRC Transportation Grant funding of \$33,000 recently made available for 2016 purchase of wheelchair accessible van primarily for client appointments at CTC outpatient clinic.

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

- 5c Budget Adjustment Request (17-03): Reallocation of more than 10% of the funds original appropriated between any of the levels of appropriation.**

Justification for Budget Change: Change in ADRC Transportation Grant expenditure to purchase custom equipment for wheelchair accessible van primarily for client appointments at CTC outpatient clinic.

Motion made by Supervisor Linssen, seconded by Supervisor Schadewald to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

6. Executive Director's Report.

Pritzl referred to the report in the agenda packet and informed his report was an end-of-year summary of all the things that were done in the department. It highlighted their initiatives and SMART goals for 2016, which were created in the beginning of the year, and provided updates. SMART goals for 2017 were set earlier in the budget process; Pritzl will bring those forward so the committee can see some of the work that was ahead of them this year.

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

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

Motion made by Supervisor Schadewald, seconded by Supervisor Linssen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Statistical Reports.

- a. **Monthly CTC Data - Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
- b. **Child Protection - Child Abuse/Neglect Report.**
- c. **Monthly Contract Update.**

Pritzl informed that these reports passed through the Human Services Board first per the board's request. He noted that they will, on a quarterly basis, make adjustments to a few to provide more information like Child Protection Referrals and continue highlighting the census reports because it spoke to utilization they had, etc.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to suspend the rules to take Items 8 a - c together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to receive and place on file Items 8 a - c together. Vote taken. MOTION CARRIED UNANIMOUSLY

9. Request for New Non-Continuous and Contract Providers and New Provider Contract.

Pritzl informed they had all their provider contracts for residential treatment services so that they had the residential treatment options for people who were determined by assessment to need residential substance abuse treatment. They could match programming to people and they had the resources. Responding to Schadewald, Pritzl informed that the Family Services Welcome Baby Program will appear when the next report comes or it would be a contract increase through Family Services as, along with other community partners, they did increase funding to sustain the program for 2017.

Linssen was curious as to what program the reimbursement to client's mother for special needs gymnastics class was through. Director of Community Programs Nancy Fennema responded that it had to be Birth to Three or Community Long-Term Support for Children. To help with mobility, strengthening and/or along with physical therapy. They could check with insurance but most won't cover. Pritzl added that if it was part of Children Long-Term Support it would be an allowable cost to do through the funding they had available through that program which was state and federal. Schadewald would like a report back on which program it was through as it was good policy.

Fennema reported on the rent payments for CPS clients.

Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Other

10. Audit of bills.

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

11. Such other matters as authorized by law.

Supervisor Zima informed that he showed up after the discussion for Item 3, he reiterated his concerns that were brought forward at the November meeting. The committee briefly explained what had been discussed and how they came to their decision to receive and place on file the item.

12. Adjourn.

**Motion made by Supervisor Schadewald, seconded by Supervisor Brusky to adjourn at 6:09 p.m. Vote taken.
MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,

Alicia A. Loehlein
Recording Secretary

BROWN COUNTY HUMAN SERVICES



111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600

PHONE (920) 448-6000 FAX (920) 448-6126 WEB: www.co.brown.wi.us

RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE: 01/03/2017
REQUEST TO: Human Services Committee
MEETING DATE: 01/05/2017
REQUEST FROM: Erik Pritzl
Human Services Executive Director

REQUEST TYPE: New resolution Revision to resolution
 New ordinance Revision to ordinance

TITLE: Resolution Approving Funding to Study Safe and Secure Transitional Housing in Brown County

ISSUE/BACKGROUND INFORMATION:

The Human Services Committee and the ad-hoc Mental Health Treatment Committee support a study to assess the current needs, and provide consulting services for the initiation of providing safe, stable and secure housing for specific target populations. This includes people involved with the established treatment courts, people receiving case management through Human Services under a commitment, and people under supervision of Probation and Parole. Addressing housing issues for people with mental health and substance abuse needs has been identified by community members through involvement with a mapping exercise, and other community meetings. What needs to be explored in more detail is the specific populations that could be served, how many people could be served, what model to use for delivering services, and what funding options exist.

ACTION REQUESTED:

Approve the resolution allowing for a budget carryover of 2016 funds from the money allocated for Mental Health initiative funds in the amount up to \$75,000 for a study of programming and housing needed for transitional housing in Brown County.

FISCAL IMPACT:

NOTE: This fiscal impact portion is initially completed by requestor, but verified by the DOA and updated if necessary.

1. Is there a fiscal impact? Yes No
 - a. If yes, what is the amount of the impact? \$75,000
 - b. If part of a bigger project, what is the total amount of the project? \$ _____
 - c. Is it currently budgeted? Yes No
 1. If yes, in which account? _____
 2. If no, how will the impact be funded: This resolution carries forward \$75,000 from the Human Services 2016 budget to the 2017 budget for conducting a study and providing consultation services regarding transitional housing. The Human Services 2016 budget is projecting a shortfall, which will likely exceed their fund balance.

COPY OF RESOLUTION OR ORDINANCE IS ATTACHED



Origination:	08/1986
Last Approved:	01/2017
Last Revised:	01/2017
Next Review:	01/2019
Owner:	<i>Dawn A. Harris: DON</i>
Policy Area:	<i>Nicolet Psychiatric Center</i>
References:	

Visiting – Nicolet Psychiatric Center

POLICY:

It is the policy of the Nicolet Psychiatric Center not to deny visitation privileges on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, or disability. Client visiting hours are from 1130-1230 and 1700-2000 daily, including weekends and holidays.

SPECIAL INSTRUCTIONS:

1. Every client shall be permitted to see visitors each day.
2. Visitors arriving during visiting hours shall be permitted to visit, unless the client refuses to see the visitor. Clients have the right to refuse a visitor, regardless of competency status.
3. Requests for an exception to visit outside of the scheduled visitation hours, due to a personal conflict, will be directed to the Charge Nurse for approval. Approvals will generally be granted for an equal alternative visitation time period, with the Psychiatrist's approval that this would not be detrimental to the client's therapy treatment program.
4. The visiting hours are scheduled to avoid conflict with schedule group therapy programming.

PROCEDURE:

1. All visitors are expected to register at the reception desk prior coming onto the hospital unit. Visitors will receive information on visiting and a visitor's badge. The front desk receptionist will notify the hospital staff of the visitor request. The hospital nurse will obtain client consent for visitation prior to permitting the visitor onto the hospital unit. Visitors with children under the age of 12 will be directed to visit in a private visiting area only for safety.
2. Nursing staff will check the client consent form and notify the client of the visitor. Forms are in the consent book located by the desk phone. Every visitor is permitted to visit unless the client refuses to see them.
3. Clients may visit in the client lounge. Visitors are generally not allowed in client's room. **Exception:** Visitors may be allowed in a client's room or alternative location through request and granted permission from the staff nurse.
4. Visitors are not allowed to smoke within the facility. Visitors' smoking restrictions include outside areas.
5. If visitor presence on the unit is not deemed safe, visitors may be asked to wait in the lobby until it is safe to visit. Staff will notify the front desk receptionist when it is deemed safe to return to normal visitation.

6. Clients in seclusion may have limited visiting privileges. Visiting privileges are restricted per a physician order. Client rights are restricted per Wisconsin Client Rights Limitation and Denial (CRLD) standards.
7. Visitors are required to remove coats, purses, bags, etc., and place them in lockers provided outside the hospital unit or they may return these items to their personal vehicle. Items **not allowed** on the unit include: Illicit drugs, alcohol, purses, baggage of any size or kind, food, beverages, matches, lighters, medications (prescription or over-the-counter), strollers, cell phones, or hats. Any item brought onto the unit must be checked in at the nurse's station. To ensure safety and accuracy, items brought in for a client must be recorded onto the client's possession form. This form must be signed and witnessed.
8. Visitors are responsible for their behaviors and for abiding by visiting rules and procedures. Any visitor disturbing other clients or refusing to comply with this policy or deemed to be acting inappropriately may be asked to leave by the RN on duty. This should be explained to the client and visitor. Visitors suspected of intoxication, drug use, or concealing a weapon may be asked to leave the hospital at the discretion of the nurse on duty. If a visitor refuses to leave, law enforcement may be contacted.
9. All questions about client care/status are to be directed to the nurse on duty. Requests to the physician or social worker will be communicated through the staff nurse.
10. Former clients who were recently discharged will not be allowed to visit clients at Nicolet Psychiatric Center for a period of 6 months post discharge, unless they are legally related to the client on the unit. An exception can be made at the RN's discretion for those individuals who have been in a long-term relationship with the hospitalized client prior to his/her own hospitalization.

REFERENCES:

HFS 51.61; HFS 94.21; Wisconsin Client Rights Limitation and Denial; Nursing Care Standard: Client /Employee/Visitor Safety

FORMS/ATTACHMENTS:

None

Attachments:

No Attachments

Approval Signatures

Approver	Date
Luke J. Schubert: ADMINISTRATOR	01/2017
Dawn A. Harris: DON	01/2017

BROWN COUNTY HEALTH AND HUMAN SERVICES

Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54311



Phone (920) 391-4700 Fax (920) 391-4870

Erik Pritzl Executive Director

To: Human Services Committee
From: Luke Schubert, Hospital and Nursing Home Administrator
Date: January 5, 2017
Re: Visitation Policy Inquiry

The purpose of this memo is to provide information regarding the updated visitation policy for the Nicolet Psychiatric Center unit at the Community Treatment Center. After reviewing the three main areas from the Human Services Committee minutes from November 16, 2016 are outlined in the paragraphs that follow.

Provide an explanation as why the visitation policy cannot be changed or why the Nicolet Hospital would not want to change the weekend visitation policy.

The main reason that visiting hours are limited on the hospital is to ensure that clients are receiving their needed mental health therapy services, as indicated in the client's mental health treatment plan. Our accreditation body, CMS, routinely re-certifies our hospital after reviewing client records and treatment plans to ensure clients are both offered and engaging in a high level of therapy treatment that correlates with the client's specific diagnosis and psychiatrist recommendation for a hospitalized level of treatment. CMS's client treatment expectations remain the same, seven days a week, including holidays.

Nicolet Hospital was cited for deficient practice in the area of client therapy programming participation during the last recertification survey. The plan of correction submitted and accepted by CMS for us to be recertified included our commitment to expanding weekday therapy programming and staffing models to Saturday, Sunday, and holidays, so that client treatment programs were the same seven days a week. As a result of increasing our clinical programming for clients, scheduled visitation hours were altered to times in which client therapy treatment was not being offered in the hospital, so that social visitation did not affect acute mental treatment in the hospital.

That being said, we duly understand the value and benefit of family involvement in the treatment process in appropriate situations where this is clinically beneficial. We have re-reviewed our current 6:00 PM – 8:00 PM, seven day a week visitation policy and have made the decision to expand the visitation hours to include 11:30 AM – 12:30 PM and 5:00 PM – 8:00 PM, Monday – Sunday. This will double our



current offered visitation hours for clients, and not significantly disrupt therapy programming. Special accommodations could be made to offer alternative visitation times to a client's visitor, if approved by a member of the client's therapy team and with the consent of the Psychiatrist, if the visitation is believed to have a potential impact on the client's therapy treatment schedule.

Provide the policy on exceptions, the number of requests, and how they are granted.

In speaking with each of the inpatient social workers, charge nurses, and Psychiatrists, I could decipher that accommodation requests to provide an alternative visitation time are pretty rare. It was estimated that we receive a request for an alternative visitation time approximately 1-2 times per month, most commonly due to a work conflict with the PM visiting time and a visitor wanting to come to visit during the day time period. Staff have offered alternative visitation times as those situations have been identified without any noted issues.

I also reviewed the 2016 grievance logs of client and visitor complaints that clients or visitors can fill out and leave confidentially on the hospital unit at any time. There were no noted complaints or grievances filed in relation to visitation access. In addition, I reviewed our client experience survey data from 2016, and there were no customer satisfaction results or comments and identified visitation as an issue. The data would support that this concern noted to the Human Services Committee appears to be an isolated complaint.

In respect to accommodations being made for attorneys and clergy, we allow these individuals to visit clients outside of visitation hours and have removed clients from a therapy session to accommodate these client needs. We have also allowed Guardian visitation outside of the visitation hours in emergent situations or in cases where an alternative visitation time has been requested due to a schedule conflict of the visitor.

Provide the policy at the front desk for when someone comes at non-visiting hours.

The policy for someone requesting to visit at non-visiting hours would be for the front desk to notify the hospital unit that there is a visitor requesting to visit with a client at a non-routine time. The Charge Nurse would check the client's individualized treatment plan to see if there are clinical notes regarding visitation. The visitor would be asked to wait in the lobby until the charge nurse is able to come and see him or her from the unit. The visitor would be taken to a private location (hallway meeting room) so that the Charge Nurse can decipher the nature of his/her visit. If the visitation would be deemed emergent, or would not be deemed contradictory to the client's therapy or treatment plan needs, an accommodation would be made for the visitor. Long-term needs for routine alternative visiting hours to be arranged, would be processed and approved by the client's treatment team in the client's individualized treatment plan.

Respectfully submitted,

Luke Schubert, NHA Hospital and Nursing Home Administrator

