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, July 25, 2018 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, WI.

Present: Chair Hoyer, Supervisor Linssen, Supervisor Evans and Supervisor De Wane
Excused: Supervisor Brusky
Also Present: Supervisor Tran, Supervisor Borchardt, Health and Human Services Director Erik Pritzl, Judge Zuidmulder, Brian Zaletel (Schenk), Lisa Horn (Schenk), Interim Nursing Home Administrator - CTC Samantha Behling, Public Health Officer Anna Destree, Community Services Administrator Jennifer Hoffman, Aging & Disability Director Devon Christianson and other interested parties.

I. **Call Meeting to Order.**

The meeting was called to order by Chair Hoyer at 6:00 pm.

II. **Approve/Modify Agenda.**

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

III. **Approve/Modify Minutes of June 27, 2018.**

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

IV. **Approve Modify Minutes of July 12, 2018 Joint Meeting w/Public Safety Committee.**

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

Comments from the Public – None.

Report from Human Services Chair
Hoyer stated it was good to see many employees at the employee picnic the night before. The board appreciates all that they do and he complimented Anna Destree on her popcorn making.

1. **Review Minutes of:**
   a. **Children With Disabilities Education Board (May 8 & June 19, 2018).**
   b. **Criminal Justice Coordinating Board (May 10, 2018).**
   c. **Human Services Board (May 10 & June 14, 2018).**
   d. **Veterans' Recognition Subcommittee (June 19, 2018).**

Motion made by Supervisor Evans, seconded by Supervisor De Wane to suspend the rules to take Items 1a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file Items 1a-d. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications – None.

Request from Chairman
2. **Mental Health Sub-Committee Update.**

Hoyer informed they went through a process and were going to call a meeting of that group back in order. They will be well aware of the members moving forward which will include members from the public as well as supervisors and staff. Pritzl stated from a department perspective, staff would provide resources to the committee but would advise against making them formal members. Have them attend, provide information and provide the staffing support.

Wind Turbine Update

3. **Receive new information – Standing Item.** *No new updates.*

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Health & Human Services Department

4. **Budget Adjustment Request (18-85): Any increase in expenses with an offsetting increase in revenue.**

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

5. **Safe and Stable Housing Pilot RFQ (Draft).** ***Motion at June meeting: To send back to staff with direction to consult with court staff of the various treatment courts and to add language to the RFQ to ensure it meets the needs of the treatment courts.***

Judge Zuidmulder stated he appreciated Director Pritzl meeting with him, they had very good communication. Zuidmulder had several meetings with the treatment court judges, going over drafts, met with treatment court staff and then went back and met with Pritzl. They had a really thought out, highly focused proposal that was specifically designed to permit the treatment court to have an additional tool by engaging in drug testing, mental health work and a number of services. One thing that had been missing was they had participants who were in toxic housing situation where they had a mental illness and the only place to go back to was to live with relatives who had the same mental illness. The housing situation was counter indicated but was a factor that impeded their success. This allowed them to target those members of the treatment court who either had unstable or unsafe housing, not a homeless measure but allowed the treatment courts to place people in these residences. It's very clear that the vendor was subject to the wishes and control of the treatment court so they got places and cooperation to place people in situations that were going to be helpful.

Pritzl briefly spoke to the modifications made since the prior discussions with the committee. In response, Linssen questioned if they were only soliciting this from large rental companies that had many units. Pritzl stated they had to meet the requirements of having units available. If they had 20 landlords and had to extend 20 contracts to 20 individuals it could be cumbersome to manage and problematic. There could be an entity that could have access to or relationships with 10 landlords and be the broker, which would be preferred. Zuidmulder stated they were a work in process and his concept was more along the lines of if someone had a contract, they would go out and get places for them. He did not see this as a single landlord. When they send it out they will have to see what the responses were. If it's not developing the way they want they may have to come back and redesign it. Linssen's only concern was the way it was written and may only get a handful of big management companies.

Evans liked the concept and questioned if the responsible party for the rental unit was Brown County. Zuidmulder's position was the renter was the vendor. If they entered into a contract with someone to provide this, then that person will sign the lease. They will have a commitment with the county that once they do that they turn the apartments over and the county can occupy them. Pritzl stated there was an intermediary.

Evan stated they had to look into if a tenant was on the voucher program and how to recoup housing dollars. Zuidmulder stated if that were the case, they either stay in his treatment court by getting rid of all the bad people in their place or they were out of his treatment court. The whole idea was purging the negative surroundings of these people. Pritzl stated they had control over that situation more than any other program they currently interact with. Zuidmulder stated when talking to landlords, that was the big attraction they had.

Evans felt there should be some buy-in from the participant. It was easy to give someone everything for free. Zuidmulder stated if they had someone who had some money, he would order them to contribute but he didn't want to build something in when he didn't know what it was. Pritzl stated they could order them to contribute to the cost of their housing like they ordered them costs for treatment courts.

Zuidmulder added they were being permitted to live in these locations; they were on probation and strictly understood this was a privilege, not a right, like his courts and if they had any problems, they were gone. Treatment court staff (HS staff, Probation and Parole and law enforcement) will have home visits twice a week. He told landlords they had a right to know who was there to be fully informed. In addition, he had talked with law enforcement about having these premises on their computers showing that the occupant of this premise was with the treatment court so law enforcement would contact them immediately and they will act.

Evans went on to say that he felt it was a good program but other communities needed to be involved in all sorts of these issues. Zuidmulder responded they were dealing with private landlords and didn't have the obstacle of asking for a zoning change. This is exactly what they wanted, this permitted them to enter into a contract and a landlord had a free right to rent to whoever they wanted to.

Motion made by Supervisor De Wane, seconded by Supervisor Hoyer to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

6. 2019 Capital Project 5-Year Outlook Summary.

An updated copy of the 5-year Outlook Summary was provided (attached) and briefly spoken to. Pritzl informed the Crisis Assessment Center would take some of the function of the Crisis Center by bringing it on their campus at the Community Treatment Center (CTC) so it's a one-stop-shop that's been talked about for a long time with some medical screening. This would be adding on to the CTC totaling $935,000. The remaining portion was when they were looking at potentially building out at CTC for an expansion of the skilled nursing side but he believed that needed a little more consideration based on what they will hear from consultants.

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

7. Executive Director's Report.

Pritzl briefly highlighted activity on the first page of his written report.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

8. Presentation of CTC Internal Operational Analysis Overview by Schenck.

Brian Zaletel and Lisa Horn from Schenck provided an overview of a presentation re: Brown County Community Treatment Center (attached).

With regard to the Bayshore Village Skilled Nursing Facility shift change overlap, Interim Nursing Home Administrator - CTC Samantha Behling explained the reason why there was extended time for communication at shift change was because their employees were paid for their lunch breaks and there was absolutely no time factored in for communication. Any time spent communicating at that shift change was all overtime for their full time positions. If they eliminated the paid lunches, employees would be expected to tack an extra half hour on to their day which would cover time for communication and not cost the county anything additional. There was no overlap between the shifts. This was changed during Act 10. Pritzl stated this had been something they had been struggling with, no overlap, but there were probably ways to accomplish that and help achieve the same goal of reducing overtime and the staff shift. Zaletel stated what he saw in the industry was if the facility omits that the employee will not be expected to perform any duty or task during a lunchbreak, they would have

an unpaid lunchbreak. A lot of times staff are pulled and then you get into labor issues so some had gone to paying a lunch because they can't get away from pulling staff and the history here may be different and you can't get away from doing a shift change. Evans goes back to this being a management issue as in the private sector it was paid time and they were getting it done pretty fast, there was efficiency. He felt it was a valid point they needed to look at.

Responding to questions raised by Evans, Behling informed there were a couple different communication tools in place so they can communicate the entirety of the report before they left for the day and didn't need to be present for that report to be given. There were also a number of paper tools that were used. They were not able to limit overtime with those systems. There might be different tools to try but from her experience with other skilled care facilities most used similar methods of communicating at shift change. The issue that they were seeing was literally any time spent communicating, whatever it was three minutes or five minutes and it was multiplied by the number of staff and the number of shifts. It builds and showed a tremendous overtime amount regardless of the time significance of the time spent on a daily basis. Evans felt nowadays everything was communicated and got done by dealing with creative and technical stuff and everything seemed to get communicated and turned out well. One legal requirement was narcotic counting at the change of shift; they had to count their controlled medication schedule too. Right now there was no time factored in for that narcotic count. You need two nurses, one from each shift that was passing off to each other, to count those controlled drugs together. It took 10-15 minutes. So 3xs a day on five separate units, spending 15 minutes of essentially overtime on that one task. Evans stated he didn't have a problem with it if it was justified.

De Wane explained the process he was familiar with at three different facilities, it was all computerized and there wasn't much communication, everyone was updated when they came in. Behling felt it was probably not best practice and it could be six patients' verses 30. For nursing staff they had one person for 21.

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

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

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

10. **Statistical Reports.**
    a) **Monthly CTC Data.**
        i. **Bay Haven Crisis Diversion.**
        ii. **Nicolet Psychiatric Center.**
        iii. **CTC Double Shifts.**
    b) **Child Protection – Child Abuse/Neglect Report.**
    c) **Monthly Contract Update.**

Motion made by Supervisor De Wane, seconded by Supervisor Evans to suspend the rules to take 10a, 10ai, 10aii, 10aiii, b, c. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor De Wane, seconded by Supervisor Evans to receive and place on file Items 10a, 10ai, 10aii, 10aiii, b, c. Vote taken. MOTION CARRIED UNANIMOUSLY

11. **Request for New Non-Continuous and Contract Providers and New Provider Contract.**

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

Other

12. Audit of bills.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to acknowledge receipt of the bills. Vote taken. MOTION CARRIED UNANIMOUSLY

13. Such other Matters as Authorized by Law.

Hoyer suggested having the August Meeting at the ADRC.

14. Adjourn.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to adjourn at 7:31 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

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2018 Brown County Safe and Stable Housing Pilot Program
Request for Quotes

The purpose of this Request for Quotes (RFQ) is to obtain housing units for a Pilot Program utilizing funds set aside in the 2018 Brown County budget. These funds were identified for a placement initiative which will allow Treatment Court Judges to provide safe refuge in the form of short-term community-based apartments to individuals who go through the Treatment Court system to get the help they need to become productive members of our community.

Target Population:

The target population for the pilot includes Treatment Court Participants (TCPs) that are currently involved with the Brown County Treatment Courts (Heroin Court, Drug Court, Veterans Treatment Court, OWI Treatment Court and Mental Health Court). These TCPs have a well-documented histories of either AODA or Mental Health issues that contribute to their involvement in the criminal justice system. TCPs work to address their problem areas in an effort to become stable, productive members of the community. However, throughout the recovery process many barriers present themselves. One of the most challenging obstacles TCPs encounter is the ability to obtain safe and stable housing.

Pilot Program Overview:

The proposed model is designed with Brown County Health and Human Services as the funder of community-based apartments located throughout the county. Examples of situations in which the apartments would be utilized for TCPs include, but are not limited to: A lack housing options between leases, a change in family dynamics, removal from an unhealthy environment, and transition from a sober-living facility. This model is for short-term stabilization rather than permanent housing. It is estimated that the general time frame an apartment would be occupied by a TCP would be approximately 30-180 days.

These apartments would primarily be one bedroom units with utilities included. TCPs placed in these units would be in good standing with the Treatment Courts. Placement in an apartment would be a condition of their Probation and would require approval by the appointed Brown County Circuit Court Judge and/or designee. If a condition of Probation is violated, then this process would allow for the immediate removal of the TCP from the apartment by order of the Treatment Court, without the use of the standard eviction process.

Individuals residing in these apartments would have home visits conducted by Treatment Court personnel. Residents would also be required to demonstrate compliance with their treatment programming which is typically a condition of their Probation. Additionally, all Brown County TCPs are subject to frequent, random drug testing (2-3 times per week on average) to ensure abstinence from all illegal drugs and/or medication compliance.

The Brown County Rental Association was approached with the above information by Judge Zuidmulder, who emphasized the disparity in housing options for this specific population. The response that he received was "gratifying," with ten local landlords demonstrating interest. The landlords indicated they had differing numbers of units available; however, the level of interest in the proposal was promising. Other organizations in the community have also expressed interest in providing housing under this Pilot Program. By agreement of the Treatment Court Judges, the Mental Health Court will have the initial first right to place TCPs in these apartments.

Maximum Funding Available:

The maximum funding available for this pilot is $5,416 per month for calendar year 2018. This reimbursement amount must include the unit, utilities, and any and all costs, administrative or otherwise, required by the vendor.

Vendor Requirements:

Vendors interested in providing units must meet the following standards:

- The ability to inspect units and provide documentation that each unit provided meets or exceeds the attached HUD Inspection Checklist. Documentation shall be submitted using the HUD Inspection Checklist or a similar form that provides the same information to the County.
- The units should be spread throughout the Brown County area and not within close proximity of other units.
- The units must be on or near an established bus line.
- At minimum, one of the units will need to be a lower level unit to allow for handicapped occupancy or there will need to be appropriate accommodations made allowing for handicapped access to the unit.
- At minimum, one of the units should be a two-bedroom unit to allow for family members (as approved by the Court).
- Regarding placements, the appointed Treatment Court Judge and/or designee will have final approval of the location of the rental units prior to the contract being awarded, and prior to any future unit changes.
- The vendor will allow the Treatment Courts unlimited use/entrance into these units subject to that unit having an occupant.

Quote Submissions:

Submissions must include the following:

- A narrative describing the vendor's willingness to provide housing that meets Housing and Urban Development Standards, and the vendor's ability to inspect units using a HUD Inspection Checklist or similar document.
- A copy of the inspection checklist that will be used.
- A budget that indicates the specific number of units provided at or below the monthly rate indicated below. The base cost per unit cannot exceed the Housing and Urban Development Fair Market Rent (FMR) for Brown County in 2018 which is identified in the table below. The submitted quote must include the number and type (1-BR, 2-BR,

etc.) of units proposed, the base cost for the units proposed, and any and all administrative fees, inspection fees and/or other expenses, charges, fees and/or costs. These amounts must be broken out and submitted in an identifiable manner as part of the quote submission.

Final FY 2018 FMRs By Unit Bedrooms					
Year	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
FY 2018 FMR	$531	$591	$786	$1,113	$1,121
FY 2017 FMR	$474	$557	$738	$1,035	$1,039

2019 Capital Project 5-Year Outlook Summary

Projects Proposed

As of 7/24/18

Key for Funding Source:
ST = Sales Tax G=Grants and Aides O = Operating Revenues M = Municipal Funds P = Property Tax GF = General Fund Fund Balance TIF = TIF District S = Stadium District Sales Tax Refund CD = Charitable Donations

2019 EXECUTIVE CAPITAL IMPROVEMENTS PROGRAM (CIP) - TO BE FUNDED BY SALES TAX

DIVISION/ DEPARTMENT	FUNDING SOURCE	DEPT PRIORITY	PROJECT DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
HUMAN SERVICES:									
Human Services	ST	1	Crisis Assessment Center	529,360	5,715,101	-	-	-	6,244,461
			Health and Human Services Total	529,360	5,715,101	-	-	-	6,244,461
			Less: Non-Sales Tax funding sources	-	-	-	-	-	-
			Health and Human Services Sales Tax Request Total	529,360	5,715,101	-	-	-	6,244,461

Brown County Community Treatment Center

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Schenck

Final Report

- Includes a lot of informational and operational analysis content that will not be covered today
- Should be available by end of week

Status Quo Projections

- Based on 2018 annualized trial balances
  - May need to increase general property tax levy by approximately 6% annually to maintain net loss around $900,000
    - Assumes 3% increase in annual supplemental payment
    - Assumes 1% growth in operating revenues
    - Assumes 2% growth in labor related expenses
    - Assumes 3% growth in non-labor related expenses
      - Except for depreciation expense

SHORT TERM ASSESSMENT AREAS

Schenck

Nicolet Psychiatric Center

- Medicaid Reimbursement
  - Psychiatric hospitals are reimbursed at rates per diem based on Medicare cost report
    - Reported costs and reimbursement rates have been increasing each year for past two years
    - Gap between other state psychiatric hospitals has been decreasing or eliminated
    - Continue to focus on cost allocation on annual cost reports for hospital and skilled nursing facility

Bayshore Village Skilled Nursing Facility

- Emergency Protective Placement Processes
  - The annual number of EPPs at Bayshore Village appears to be much higher than what other Counties are experiencing.
  - Ensure policies, procedures, and tools such as flow charts are consistent with state regulations and best practices.
  - Provide training through state and local resources that support compliance and best practices.

Bayshore Village Skilled Nursing Facility

- Medicaid Reimbursement
  - Direct care component of reimbursement rate is most important driver
    - Resident case mix index is most important driver
      - Currently no formal, billable restorative program
        - » Implementation with only 50% participation could increase reimbursement rate by $1.781ppd

Bayshore Village Skilled Nursing Facility

- Overtime/Agency Reduction
  - Hiring/Onboarding Process
    - Applicant flow does not allow for inefficient process
      - Healthcare facilities should have latitude to act quickly on qualified candidates
      - Staffing for healthcare facilities should not be considered static
        - » Needs can change between budget periods
          - Delays can cause increase in overtime and agency utilization

Bayshore Village Skilled Nursing Facility

- Overtime/Agency Reduction
  - Scheduling FTEs
    - Facility is experiencing challenges filling 0.2 and 0.4 FTE job positions
      - These appear to have been implemented in recent past
      - Scheduling and fillings shifts has been more of a challenge since this approach was implemented
    - Scheduling and FTE utilization should be analyzed further
      - This is not the same as staffing model analysis
  - Differentials/Incentives
    - Differentials should be competitive in the market
    - Incentives should reconcile with what motivates current staff to cover more shifts

Bayshore Village Skilled Nursing Facility

- Overtime/Agency Reduction
  - Shift Change Overlap
    - It is best practice to share information at shift change
      - Nursing staff need to be very efficient
        - » Should have standardized method of sharing important information
          - INTERACT tools can be utilized
    - Watch for nurses staying after shift change to complete tasks
      - Need to track and trend nurses why nurses are extending their shifts to complete tasks
        - » Should not be punitive in nature unless there is a deliberate attempt to incur overtime

Bayshore Village Skilled Nursing Facility

- Expense Variances (compared to other County SNFs)
  - Staffing
    - Nursing Department
      - Hours per patient day
        - » Preferred staffing model is below County facility average at a census of 63
        - » Per patient day levels above average on cost report
          - Staffing unable to be adjusted due to facility layout and resident behaviors
      - Dollars per patient day
        - » Inflated by agency and overtime utilization

Bayshore Village Skilled Nursing Facility

- Expense Variances (compared to other County SNFs)
  - Physician Services
    - Dollars per patient day
      - » Significantly above most other County SNFs
    - Recommendation
      - » Frequent dialogue with Medical Director and Nurse Practitioner
        - Resident needs
        - Staff responsibilities

Bayshore Village Skilled Nursing Facility

- Expense Variances (compared to other County SNFs)
  - Dietary Department
    - Labor hours per patient day
      - Are below County facility average
    - Dollars per patient day
      - Both labor dollars and total dollars are above average
    - Recommendations
      - Continue to try to develop on-call roster to reduce overtime utilization

Bayshore Village Skilled Nursing Facility

- Expense Variances (compared to other County SNFs)
  - Maintenance/Housekeeping Departments
    - Expenses are combined on the cost reports
    - Combined dollars per patient day
      - » Are significantly above the County facility average
    - Recommendation
      - » Analyze the maintenance charges to the facility from Public Works
  - Total Expenses
    - Dollars
    - Recommendation

Bayshore Village Skilled Nursing Facility

- Expense Variances (compared to other County SNFs)
  - Total Expenses (with and without depreciation expense)
    - Dollars per patient day
      - Are higher than County average
      - The ability to significantly reduce expenses is limited
        - » Facility layout
        - » Type of clientele
          - Necessary staffing model
    - Recommendation
      - Must become very efficient in recruitment & retention processes to reduce overtime and agency utilization
      - Look to change SNF payer mix from 96% Medicaid

LONG TERM ASSESSMENT AREAS

Schenck

Bay Haven Community Based Residential Facility

- Service line change/addition
  - Bay Haven and Diversion combined average occupancy low enough to allow for addition of services
  - Outsourced detoxification services
    - » County pays set daily rate to vendor for each client
    - » Still need to determine if County could charge for lease of CBRF space

Bayshore Village Skilled Nursing Facility

- SNF Stabilization Unit
  - Service line addition to reduce expenditures to Trempealeau County Health Care Center ($1.6 million in 2017)
    - Start with conversion of one household (10-11 beds)
      - Four out of five Brown County clients currently residing at TCHCC IMD could qualify for this unit
        - » Look to reduce annual expenditures to TCHCC by at least 80%
      - Undetermined if IMD or state licensure beds would be best approach
        - » Continue dialogue with Trempealeau and Dodge Counties to learn about their models
          - Both appear to be in the black without tax levy due to ability to charge higher rates for mental health services

Bayshore Village Skilled Nursing Facility

- SNF Stabilization Unit
  - Service line addition to reduce expenditures to Trempealeau County Health Care Center ($1.6 million in 2017)
    - Still to be determined
      - Licensure/certification requirements
      - Physical plant modifications
        - » Additional security
      - Staffing model

THANK YOU!

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