May 16, 2007

TO THE MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

The HUMAN SERVICES COMMITTEE met in regular session on May 2, 2007, and recommends the following motions:

1. Review minutes of:
   a) Veterans' Recognition Sub Committee (5/10/07).
   b) Children with Disabilities Education Board (3/14/07 & 4/11/07).
   c) Homeless Issues & Affordable Housing Subcommittee (4/17/07).
   d) Human Services Board (4/5/07).
   Receive & place on file items a-d.

2. Communication from Supervisor Fewell re: Update on the implementation of the Crisis Capacity Team and facility. This should include a report of the number of ICF-MR clients who have utilized this facility. (Referred from April 18, 2007 County Board meeting.) Receive & place on file.

3. Discussion of Mental Health Center Project:
   a) Communication from Supervisor Dantinne re: Construction Manager at Risk.
   b) Communication from Chair Evans re: Update from Horty Elving.
   Receive & place on file items a-b.

4. Veterans' Department - Budget Status Financial Report for March 31, 2007. Receive & place on file.

5. Veterans' Department - Director's report. Receive & place on file.

6. Human Services Dept. - Mental Health Center Admission of Consumers to Nursing Facility. (Held from previous meeting.) Receive & place on file.

7. Human Services Dept. - Contract Update. Receive & place on file.

8. Human Services Dept. - Approval of non-continuous service providers. Approve.

9. Human Services Dept. - Approval of new contract vendors. Approve.

10. Human Services Department - Funding Grant Approval & Financial Request Log. Approve.

11. Human Services Dept. - Mental Health Center Update & Statistics (March 2007). Receive & place on file.

12. Human Services Dept. - Bellin Psychiatric Update (March 2007). Receive & place on file.

13. Human Services Dept. - Items in preparation of 2008 budget.
    a) Notice for Human Services Department Public Hearing regarding the 2008 budget.
    b) Highlights from Governor's 2007-2009 Biennia Budget Bill.
    Receive & place on file.

14. Human Services Dept. - Other.
    a) Update on Long Term Care Consortium.
    Have someone from the Human Services Department become a member of the N.E.W. Stakeholder Committee.

16. Audit of bills. Pay the bills.

Approved by:

_____

COUNTY EXECUTIVE Date

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PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84, Wis, Stats, a meeting of the **Human Services Committee** was held on Wednesday, May 2, 2007 at 6:30 p.m. in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

PRESENT:	Patrick Evans, Guy Zima, Steve Fewell, Chris Zabel, Mary Scray, Joe VanDeurzen, Pat LaViolette.
EXCUSED:	
ALSO PRESENT:	County Executive Tom Hinz, Supervisors Jack Krueger, Norb Dantinne, Tom De Wane, Bill Clancy & Harold Kaye, Tom Eggebrecht, Diane Pivonka, Jill Rowland, Karen Recka, Jerry Polus, News Media and Other Interested Parties.

1. CALL MEETING TO ORDER.
   The meeting was called to order by Chair Evans at 6:35 p.m.

2. APPROVE/MODIFY AGENDA.
   Supervisor Fewell requested that items #8 and #9 be moved to come after item #5.

   A MOTION WAS MADE BY SUPERVISOR FEWELL AND SECONDED BY SUPERVISOR SCRAY TO APPROVE THE MODIFIED AGENDA. Vote taken. MOTION CARRIED UNANIMOUSLY.

3. APPROVE/MODIFY MINUTES OF APRIL 4, 2007

   A MOTION WAS MADE BY SUPERVISOR VAN DEURZEN AND SECONDED BY SUPERVISOR ZIMA TO APPROVE. Vote taken. MOTION CARRIED UNANIMOUSLY.

4. APPROVE/MODIFY MINUTES OF:
   a) Veterans' Recognition Subcommittee (5/10/07).
   b) Children with Disabilities Education Board (3/14/07 & 4/11/07).
   c) Homeless Issues & Affordable Housing Subcommittee (4/17/07).
   d) Human Services Board (4/5/07).

   A MOTION WAS MADE BY SUPERVISOR FEWELL AND SECONDED BY SUPERVISOR VAN DEURZEN TO RECEIVE AND PLACE ON FILE 4a – 4d. Vote taken. MOTION CARRIED UNANIMOUSLY.

Comments from the Public/Such other matters as authorized by law.

5. There were no comments from the Public.

   At this point, the committee addressed items #8 and #9.

Supervisor La Violette arrived at 6:45 p.m.

Communications

6. COMMUNICATION FROM SUPERVISOR FEWELL RE: UPDATE ON THE IMPLEMENTATION OF THE CRISIS CAPACITY TEAM AND FACILITY. THIS SHOULD INCLUDE A REPORT OF THE NUMBER OF ICF-MR CLIENTS WHO HAVE UTILIZED THIS FACILITY. (REFERRED FROM APRIL 18, 2007 COUNTY BOARD MEETING.)

Interim Human Services Director Tom Eggebrecht was present to discuss this item. Supervisor Fewell stated that the purpose for the communication was to learn where we are at in the process and see if there is anything the committee can do to help move things along. Mr Eggebrecht stated that they have not been able to secure a Crisis System Coordinator at this point in time. He said they re-opened the recruitment and will conduct interviews again shortly. Supervisor Fewell asked if we have had to relocate ICF-MR patients and Mr Eggebrecht explained what stabilization approaches have been taken with some patients. Supervisor Fewell requested continuous updates on this issue.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR VAN DEURZEN TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

7. DISCUSSION OF MENTAL HEALTH CENTER PROJECT:

a) Communication from Supervisor Dantinne re: Construction Manager at Risk.

Supervisor Norb Dantinne, Tom Tennessen (The Selmer Co.), Tim Rinn (The Selmer Co.) and Jerry Zuber (Horty Elving & Assoc.) came forward for discussion. Mr Tennessen distributed a handout (see attached) which is meant to be informational for the committee. He gave the committee a brief overview of the differences between the three project delivery processes; 1) General Contracting 2) Design/Build & 3) Construction Management. Mr Tennessen said that Construction Management is a great process for a project such as the Mental Health Center. He said that "at risk" means that the Construction Manager will hold the contracts for the contractors and is responsible for the final cost. Additionally it allows for controlled costs through all the phases of design and a controlled schedule. A lengthy discussion ensued and the speakers elaborated on the duties of the Construction Manager and responded to questions from the committee. In the course of discussion, it was suggested that Brown County hire a Construction Manager at the same time as an Architect for the project and stated that, with a Construction Manager, the County would be involved throughout the process.

b) Communication from Chair Evans re: Update from Horty Elving.

Jerry Zuber stated that, with fees, the Horty Elving proposal for the Mental Health Center came to $18.4 million. He explained that they had looked at the Eppstein Uhen program and adjusted the numbers in that program, based on their experience with similar projects. He said they reduced the square footage in the Administration side and added spaces in the mental health side. Mr Zuber explained that they added space to the Outpatient Clinic that was not in the Eppstein Uhen report, which would increase the project cost by $ .5 million. He said it is up to the committee to determine if they want that space added and they must confirm if the Eppstein Uhen program is right. Mr

Zuber pointed out the possibility of a payback from the program space that may be added and said that beds from some programs have a revenue stream attached to them that is beneficial to the County. Inpatient Services Director Diane Pivonka reported that the Psychiatric unit has an average daily census of 24. She said that is has been capped at 28 for out-of-county for staffing purposes. Supervisor Zima stated that the Psychiatric unit is a revenue-producer and a discussion ensued on the potential benefit of adding beds to the hospital and accepting more patients from other counties. Ms Pivonka offered that she and the Management Services Account Manager could look at the dollars associated with adding beds and report back to the committee.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR SCRAY TO RECEIVE AND PLACE ON FILE 7a & 7b. Vote taken. MOTION CARRIED UNANIMOUSLY.

Veterans' Department

8. BUDGET STATUS FINANCIAL REPORT FOR MARCH 31, 2007.
Veterans' Service Officer Jerry Polus stated that for the first quarter, the department is running about $17,000 positive.

9. DIRECTOR'S REPORT.
Mr Polus reported the following:

- They are implementing a new program in coordination with the Aging and Disability Resource Center. An informational session for veterans was held last month and it was very successful.
- Informational meetings for veterans about ADRC will be held on the first Friday of each month.
- The outreach program has been off to a good start. Two veterans visited area nursing homes to identify veterans and widows who may qualify for pensions, but have not been receiving those benefits.
- On Saturday, May 19th at 2:00 p.m., the POW/MIA flag and memorial will be relocated from the west side of the Sheriff's department to the southeast corner of the Courthouse. There will be a special ceremony for this. Mr Polus said the current location was blocked by a large tree and the new location will be more appropriate for ceremonies.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR FEWELL TO RECEIVE AND PLACE ON FILE ITEMS #8 AND #9. Vote taken. MOTION CARRIED UNANIMOUSLY.

At this point, the committee went back to item #6.

Human Services Dept.

10. MENTAL HEALTH CENTER ADMISSION OF CONSUMERS TO NURSING FACILITY. (HELD FROM PREVIOUS MEETING).
Tom Eggebrecht stated that, currently, we are licensed for 80 beds, the downsizing agreement had a target of only 40 beds by the end of August, 2007 and it is not realistic to reach that census by then. He said that they have agreed to allow admissions of up to 61 consumers this year and there is going to be a deficit accruing for nursing home

operations over the course of this year. He said they will report back next month with figures on this. Supervisor Fewell suggested capping the admissions at 65 or 67.

Ms Pivonka stated that she was given permission by County Executive Tom Hinz to announce that the Downsizing agreement has been terminated.

Supervisor Scray asked for the average cost per bed for patients in the nursing home. Ms Pivonka said it is according to level of care and Supervisor Scray asked her to bring figures for revenue and expenses in the nursing home to the next meeting. Supervisor Zima suggested the possibility of having private pay patients and Supervisor Fewell stated that taxpayers should have the option to go to a county-run home if that is what they prefer.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR VAN DEURZEN TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

11. CONTRACT UPDATE.
Contract and Provider Relations Unit Coordinator Jill Rowland was present to respond to questions from the committee.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR VAN DEURZEN TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

12. APPROVAL OF NON-CONTINUOUS SERVICE PROVIDERS.

A MOTION WAS MADE BY SUPERVISOR ZABEL AND SECONDED BY SUPERVISOR LA VIOLETTE TO APPROVE. Vote taken. MOTION CARRIED UNANIMOUSLY.

13. APPROVAL OF NEW CONTRACT VENDORS.

A MOTION WAS MADE BY SUPERVISOR ZIMA AND SECONDED BY SUPERVISOR VAN DEURZEN TO APPROVE. Vote taken. MOTION CARRIED UNANIMOUSLY.

14. HUMAN SERVICES DEPARTMENT FUNDING GRANT APPROVAL & FINANCIAL REQUEST LOG.
Karen Recka distributed a handout (see attached).

A MOTION WAS MADE BY SUPERVISOR SCRAY AND SECONDED BY SUPERVISOR VAN DEURZEN TO APPROVE. Vote taken. MOTION CARRIED UNANIMOUSLY.

15. MENTAL HEALTH CENTER UPDATE & STATISTICS (MARCH 2007).
Ms Pivonka responded to questions from the committee.

A MOTION WAS MADE BY SUPERVISOR LA VIOLETTE AND SECONDED BY SUPERVISOR ZIMA TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

16. BELLIN PSYCHIATRIC UPDATE (MARCH 2007).
Responding to a question from Chair Evans, Mr Eggebrecht said that our overflow has typically gone to Winnebago. Responding to a question from Supervisor Fewell, Mr Eggebrecht said there will be some impact when the Winnebago facility closes.

A MOTION WAS MADE BY SUPERVISOR VAN DEURZEN AND SECONDED BY SUPERVISOR SCRAY TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

17. ITEMS IN PREPARATION OF 2008 BUDGET.
a. Notice for Human Services Department Public Hearing regarding the 2008 budget.
Mr Eggebrecht pointed out the information pertaining to the public hearing to be held on May 3rd at ASPIRO.

b. Highlights from Governor's 2007-2009 Biennia Budget Bill.
Mr Eggebrecht stated that his staff is beginning to prepare a budget right now in advance of target levy limits. He said they will be requesting numerous positions, based on need. Supervisor Fewell stated that he is trusting that the Human Services Board will produce a budget document.

A MOTION WAS MADE BY SUPERVISOR LA VIOLETTE AND SECONDED BY SUPERVISOR VAN DEURZEN TO RECEIVE AND PLACE ON FILE. Vote taken. MOTION CARRIED UNANIMOUSLY.

18. OTHER.
a. Update on Long Term Care Consortium.
Mr Eggebrecht explained the regional consortium that is planning for the development of the Family Care initiative within the Governor's budget. He said twelve counties within the northeast region have been awarded a grant to begin collaborative planning. Supervisor Fewell pointed out that Brown County is not represented on the stakeholder committee.

A MOTION WAS MADE BY SUPERVISOR LA VIOLETTE AND SECONDED BY SUPERVISOR VAN DEURZEN TO HAVE SOMEONE FROM THE HUMAN SERVICES DEPARTMENT BECOME A MEMBER OF THE N.E.W. STAKEHOLDER COMMITTEE. Vote taken. MOTION CARRIED UNANIMOUSLY.

Supervisor La Violette expressed that she would appreciate a short presentation about Family Care to this committee at some point.

Health Department Budget Status Financial Report for March 31, 2007. No other agenda items.
Aging & Disability Resource Center Revenue & Expense Report for March 31, 2007. No other agenda items.
Syble Hopp School No agenda items

Other
19. AUDIT OF BILLS.

A MOTION WAS MADE BY SUPERVISOR SCRAY AND SECONDED BY SUPERVISOR VAN DEURZEN TO PAY THE BILLS. Vote Taken. MOTION CARRIED UNANIMOUSLY.

A MOTION WAS MADE BY SUPERVISOR LA VIOLETTE AND SECONDED BY SUPERVISOR ZABEL TO ADJOURN AT 8:50 P.M. Vote Taken. MOTION CARRIED UNANIMOUSLY.

Respectfully Submitted,

Jeanne Buzzell
Recording Secretary

HSD FUNDING REQUEST STATUS LOG

Updated 5/2/2007

SOURCE	PROJECT DESCRIPTION	TYPE	REQUEST AMOUNT	DATE SUBMITTED	GRANT LENGTH
Under Development					
WI Office of Justice Assistance - Disproportionate Minority Contact Byrne Grant	**Disproportionate Minority Contact (DMC) Reduction Project** - see attached	☐ Competitive ☐ New ☑ Non Competitive ☑ Renewal ☐ Donation	$60,000.00	Due May 16	1 year
WI Office of Justice Assistance - Juvenile Accountability Block Grant (JABG Direct)	**Project SAFE** - see attached	☐ Competitive ☐ New ☑ Non Competitive ☑ Renewal ☐ Donation	$16,866.00	Due May 30	1 year
Pending Requests					
WI DHFS Division of Children & Family Services & Disability & Elder Services	**Demonstration Funding for MH/AODA Screening in Child Welfare Agencies**- HSD is applying to be a pilot site for the implementation of the WI Mental Health Screening Tools (MHST) for children involved in the child welfare system.	☑ Competitive ☑ New ☐ Non Competitive ☐ Renewal ☐ Donation	$10,000.00	4-May-07	1 year
WI Department of Commerce	**ESG** - Improve services to individuals with a mental illness and/or co-occurring disorder that are homeless or at-risk of becoming homeless through the Outreach Program. Funds will support a 40-hour a week contracted position and purchase additional time from existing staff within Community Programs.	☑ Competitive ☑ New ☐ Non Competitive ☐ Renewal ☐ Donation	$46,080.00	1-Mar-07	1 year
WG&R	Furniture Donation Request for Shelter Care	☑ Competitive ☐ New ☐ Non Competitive ☑ Renewal ☑ Donation	In-Kind Furniture	16-Apr-07	N/A

SOURCE	PROJECT DESCRIPTION	TYPE	AWARD AMOUNT	NOTICE DATE	GRANT PERIOD
Funded Requests					
WI Department of Commerce	**Tenant Based Rental Assistance (TBRA)** - Provide rent, utility assistance, &/or security deposits to up to 7 consumers that have been identified as both homeless & disabled due to a mental &/or emotional impairment.	☑ Competitive ☐ New ☐ Non Competitive ☑ Renewal ☐ Donation	$50,600.00	28-Mar	2 year
WI DHFS	**Data Project** - Grant funds will be used to analyze current data collection systems for CCS, CSP and inpatient programs so improvements can be made and staff trained	☐ Competitive ☑ New ☑ Non Competitive ☐ Renewal ☐ Donation	$40,000.00	26-Mar-07	1 year
WI DHFS	**Quality Improvement for Existing CCS & CSP** - train staff in Motivational Interviewing & ROSA administration to develop enhanced consumer participation and compensation vehicles, & to engrain the ROSA process as a foundation for ongoing system evaluation efforts.	☐ Competitive ☐ New ☑ Non Competitive ☑ Renewal ☐ Donation	$59,318.00	26-Mar-07	1 year
WI Office of Justice Assistance - Disproportionate Minority Contact Byrne Grant	**Disproportionate Minority Contact (DMC) Reduction Project** - funds used to support Juvenile Prosecutor, diversity training, & support 3 area programs serving minority youth (My Brother's Keeper, YMCA, Oneida PeaceKeeper Program)	☐ Competitive ☑ New ☑ Non Competitive ☑ Renewal ☐ Donation	$60,000.00	6-Dec-07	1 year

Human Services Department

PROPOSED GRANT APPLICATION SUMMARY

Grant Title: Disproportionate Minority Contact Byrne Grant (DMC/Compliance)

Granting Agency: WI Office of Justice Assistance

Grant Period: July 1, 2007 – June 30, 2008

Type of Grant: ☐ Competitive ☐ New

☒ Non Competitive ☒ Renewal

Amount of Request: $60,000

Match Requirement: ☐ Yes

☒ No

On Going Costs: None

Project Overview: The WI Office of Justice Assistance has funds available through its Disproportionate Minority Contact (DMC) Byrne Grant program. This program is funded by federal dollars that the state receives. The funds are designed to address the disproportionate number of minority youth involved in the juvenile justice system. This is a continuation request. Based on state recommendations, we are seeking $60,000 in DMC funding. This money will be used to promote changes in the local juvenile justice system that will lead to reduction in minority contacts at various decisions points within the system. Current DMC funds are being used on the following: Juvenile Prosecutor ($13,000); contracted programs (i.e. MVP Program, Oneida Nation – Peacekeepers Program, My Brother's Keeper Mentoring Program, etc); training; and supplies/informational materials. The RFP was just released, so the proposal has not been started. A workgroup will be meeting on Thursday to discuss the project in more detail. (Attached are sections from last year's proposal).

Part I

2005 Disproportionate Minority Contact BYRNE Grant Application
GENERAL INFORMATION

Applicant County: Brown County

Descriptive Project Title: Disproportionate Minority Contact Reduction (DMC Reduction)

Budget Request: $44,000

FULL Address: 111 North Jefferson Street
Green Bay, WI 54305

Fax Number: (920) 448-6177

Project Director: Jim Hermans

Telephone: (920) 448 – 6176

E-mail: Hermans_JL@co.brown.wi.us

Activity Director: Scott Shackelford

Telephone: (920) 448 – 6131

E-mail: Shakelford_SD@co.brown.wi.us

FULL Address: 111 North Jefferson Street
Green Bay, WI 54305

Fiscal Officer: Joan Daniel

Telephone: (920) 448-6103

E-mail: Daniel_JP@co.brown.wi.us

FULL Address: 111 North Jefferson Street
Green Bay, WI 54305

Proposed funding period: July 1, 2006 to June 30, 2007

Person Completing the Application Name: Elizabeth Schaff

Telephone: (920) 448-6328 **E-mail:** Schaff_EA@co.brown.wi.us

Federal Congressional District(s) served by the project: Eighth (8)

Signing Official if Grant is Awarded (County Board Chair)

Please Print Name: Carol Kelso **Title:** County Executive

Please use this checklist to ensure that your application is complete:

X	**Part I**	General Information
X	**Part II**	Project Outcomes
X	**Part III**	18 Month Reduction Plan, Collaboration Statement
X	**Part VI**	Budget and Brief Budget Narrative
X	**Part V**	Required Forms

One original and three copies of the application and all signed forms are due no later than 4:30pm on March 1, 2006 to Donna Hahn at:

Office of Justice Assistance
131 W. Wilson, Suite 610
Madison, WI 53702-0001

And one electronic copy to ojaJuvenileJustice@wisconsin.gov

Part II: Project Abstract

A. Program Statement:

DMC Reduction funds will be used to promote changes in the local juvenile justice system that will lead to reduction in minority contacts at various decision points within the system. Funds will be used to maintain a full-time Juvenile Prosecutor, provide staff training, community outreach, and support three area programs serving minority youth.

B. Program Outcomes:

The Brown County Human Services Department will be using the following performance measures to determine the effectiveness of the DMC Reduction project:

1. **Number and percent of program staff trained**
2. **Number of hours of program staff training**
3. **Number of non-program personnel trained**
4. **Number of program youth served**
5. **Number and percent of program families satisfied with program**
6. **Number and percent of program youth satisfied with program**

C. 2005 DMC Data Submission and Discussion

1. Submit and describe your RRI data for the past year and identify a plan for further analysis of the data and or a plan to improve the data

   As indicated on the attached RRI Data covering January to December 2004, approximately 49 percent or 1,673 of the 3,441 at-risk minority youth living in Brown County were arrested compared to only 17 percent of at-risk white youth. Of the minorities arrested, 28 percent were referred to juvenile court compared to 19 percent of whites. HSD plans to share and discuss the analysis of this data, recently supplied by the Office of Justice Assistance with DMC Committee Members and other stakeholders.

2. What conclusions have you and your advisory committee drawn from your county's 2005 DMC data? Or from the trends found in the 2002-2005 data?

   The trend of juvenile arrests among black/African American groups in Brown County has been rising. One explanation for this phenomenon is that during the summer months black youth come to the area to stay with and/or visit relatives. Brown County plans to examine this dynamic further in the upcoming year, as well as facilitate discussions and problem solving at the neighborhood level.

3. Which trends are positive, which are concerning, and which trends do you intend to attempt to address with this year's funds?

   The RRI Values for Referrals to Juvenile Court in Brown County from 2002-2004 has shown a positive downward trend in which more minority youth are being diverted from court.

Human Services Department

PROPOSED GRANT APPLICATION SUMMARY

Grant Title: Demonstration Funding Available to Counties for Mental Health/AODA Screening in Child Welfare Agencies

Granting Agency: WI DHFS Division of Children and Families Services and Disability and Elder Services

Grant Period: June 1, 2007 – May 31, 2008

Type of Grant:
- ☒ Competitive
- ☐ Non Competitive
- ☒ New
- ☐ Renewal

Amount of Request: $10,000

Match Requirement:
- ☐ Yes
- ☒ No

On Going Costs: None

Project Overview: HSD is applying to be a pilot site for the implementation of the Wisconsin Mental Health Screening Tool (MHST) for children involved in the child welfare system. Grant funds will be used to purchase three computer tablets for Child Protection Staff to use and cover costs associated with MHST training.

MENTAL HEALTH AND SUBSTANCE ABUSE SCREENING PILOT PROJECT

PROJECT NARRATIVE

1. Agency Description/Statement of Need (15 Points)

A. Agency Structure, Number of Staff Participating In Project, Staff Experiences with Collaboration

Agency Structure

The Brown County Human Services Department (HSD) is organized into four divisions: 1) Community Services; 2) Inpatient Services; 3) Administrative Services; and 4) Planning, Evaluation and Quality Management. Community Services provides case management, clinical support, crisis intervention, psychiatric medication management, child and adult protective services, community treatment programs and psychosocial rehabilitation programs, programs for individuals with co-occurring mental heath and substance abuse disorders, and court-related juvenile justice programs and diversion services. The Child and Family Protective Services (Child Protection, Juvenile Justice and Shelter Care) and Child and Family Support (Birth to Three, Waiver Services, Assessment and Stabilization) Units are both located within the Community Services Division.

Number of Staff Participating in Project

There will be a total of 26 Child Welfare staff participating in this project. This number includes nine (9) Intake Workers, fifteen (15) On-Going Case Managers, and two (2) Child Protection Unit Supervisors.

Staff Experience with Collaboration

Collaboration and coordination are a central part of the work Child Protection Services (CPS) staff do on a daily basis. Staff must work with families, service providers and other interested parties to make sure needed services are provided. In 2006, Brown County was selected to be a Coordinated Services Team (CST) site. As part of this initiative, staff are being trained in the CST principles and service delivery model. CPS is also collaborating inter-departmentally with staff from the Child and Family Support Unit to co-case manage children with severe emotional disturbances that have been referred, screened, and meet waiver eligibility requirements. This includes coordination with the Child and Family Support Unit's Assessment and Stabilization Team which provides an emergent response to CPS children and families in crisis. The team conducts psychological and family assessments that are used by CPS staff in the planning of on-going services, as well as, provides court ordered follow-up to the 90 day Chapter 51 settlement agreements. HSD also holds weekly multi-disciplinary staffings (I-Team) that provide a forum for case managers to present difficult cases or pressing concerns to their peers from different units so they can develop solutions.

B. County's Experience with Cross-System Collaboration, etc.

Over the past two years, HSD has undertaken several initiatives (i.e. Children's Long Term Care System Redesign, Coordinated Services Team) that not only demonstrates a commitment to enhancing and improving services, but also the ability to successfully collaborate. Most recently the Department received a grant from the Wisconsin Office of Justice Assistance to implement Project SAFE (Supporting Adolescents

and Families Effectively). Project SAFE is designed to maximize resources by building on the CST initiative and strategies being funded through a Disproportionate Minority Youth Contact (DMC) grant. As part of this project, the Department is teaming up with four local agencies to expand the current service array to include AODA treatment options by providing training in the evidence based Assertive Community Reinforcement Approach (ACRA) and Assertive Continuing Care (ACC) model.

Agency Strengths
The implementation of the MHST would complement the initiatives the Department is already working on including CST, Project SAFE, and current use of the GAIN screener in the Juvenile Justice area. It would also build on training staff received in co-occurring disorders and "Case Planning with Children and Youth with Mental Health Issues."

Gaps and Barriers
Brown County has experienced an increase in younger children with severe emotional disturbance which has identified a gap in services available to assess, treat and care for children under the age of twelve (12). The Department also lacks a screening tool that can identify at the entry point of CPS and during on-going case management the presence of mental health or substance abuse related issues. During the Initial Assessment stage of a case, the worker describes the functioning of each child in the home. It is the worker's skill level, knowledge base, training, and experience that often determine whether recognition of mental health or substance abuse symptoms exist which may create a barrier for children receiving mental health and/or AODA services. It is believed that early identification of children with mental health and/or AODA needs through the MHST will result in better assessment and treatment.

2. Target Population (10 Points)

As part of this pilot project, HSD will be targeting new children entering Child Protection Services. Approximately 100 new families/cases are opened and assigned an On-Going worker annually. Data on the number of children screened for mental health and/or substance abuse, referred to services, and receiving treatment are not readily available because there is no formal screening and referral process.

3. Proposed Implementation Approach (25 Points)

Implementation Plan
Prior to being trained in the MHST, an initial meeting will be held with CPS workers to discuss the importance and planned direction for consumer indicators and outcome based planning. The meeting will be designed to get staff support. Following the initial meeting, the Department will select a team of six (6) staff to attend the one-day MHST training. Staff will be selected (i.e. two from Intake and four from On-going) based on background and expertise related to mental health and substance abuse, the thoroughness of report writing, and willingness to train their co-workers. Within a month of being trained, the team will offer two (2) different training sessions for the remainder of staff to choose from. Once trained in the use of the tool, staff will be expected to use the MHST.

Policies and Procedures will be also be developed by a small work group that address positive screens, documentation, and the referral process. Prior to approval, the entire CPS unit will have a chance to review and provide feedback on the proposed policies.

Integration of Screening Process into Child Welfare Practices
The MHST tool will become a standard part of the Initial Assessment and On-Going case process. A policy will be developed to determine how often and under what circumstance another screen will be required.

Project Timeline

Timeline	Activity	Responsible Staff
May/June	Informational Meeting will be held for all CPS unit workers	Child and Family Services Unit Coordinator and CPS Supervisors
	Team of Six Staff will be selected to participate in MHST Training	
July	Policy Workgroup Established	CSP Supervisors
TBD	MHST State Training	Team of 6 Staff
August	Policies Developed and finalized	Policy Workgroup
	Remaining staff trained in MHST	Team of 6 Staff
	Provider agencies informed at System Of Care Coordinating Committee (SOCCC) Meeting, Provider Meeting, and ACRA/ACC follow-up training about the MHST and process for referrals	Child and Family Services Unit Coordinator, CST Coordinator, and CPS Supervisors
	Contact state to see if a drop down box can be added to wisacwis to help track data	Office of Planning, Evaluation, and Quality Management (OPEQM)
September	MHST fully implemented	All Staff
	Database for tracking information developed	OPEQM
On-going	Data tracked and tool evaluated	CPS Workers and OPEQM

4. Collaboration (25 Points)

A. <u>How Agency will Engage in Collaborative Process</u>
HSD purchases nearly $46 million in contracted services annually, making it a major funding source for local providers. Purchase of Service (POS) contracts represent the formal agreements that exist between the Department and community providers. As part of this project and the CST initiative, the Department will build on existing relationships and develop new ones to enhance services available to children and adolescents with mental health and substance abuse needs.

Strategy to Provide Information to MH and SA Providers about the MHST Process
The Department plans to use the System of Care Coordinating Committee (SOCCC) that was established as part of the CST initiative to educate mental health providers about the MHST process. This pilot project will also be an agenda item at the Department's fall Provider Meeting. With regards to the substance abuse providers, HSD will notify them of the MHST process at the ACRA/ACC follow-up training scheduled for later this summer.

Strategy to Identify Providers that will Conduct MH and SA Assessment for Target Population
HSD plans to continue to work with the internal staff and external agencies currently conducting mental health and substance abuse assessments. Internally, psychological testing is conducted by the Department's Community Treatment Program Staff Psychologist before a child is referred to a Psychiatrist at the Brown County Mental Health Center. In emergency cases, the CPS Unit can refer children to the Assessment and Stabilization team in the Child and Family Support Unit. The Crisis Center also conducts assessments in emergency situations to determine what level of care a child needs. If necessary, children are referred to the

Bellin Psychiatric Hospital for further evaluation and treatment. Staff also work with a number or professionals in the mental health field at Family Services when additional assessments are needed. Oneida Behavioral Health serves all tribal children in need of assessment and referral.

Strategy to Develop and Implement a Referral Process for a Timely MH or SA Assessment
As part of the implementation process, HSD will develop a referral policy to assure assessments are done in a timely manner.

Strategy to Assure Effective Communication Methods Between Child Welfare Workers and MH/SA Staff
HSD has strong working relationships with its provider network which includes the Brown County Mental Health Center, Oneida Behavioral Clinic, Bellin Psychiatric Hospital, Family Services, Macht Village Programs, American Foundation of Counseling and NEW Curative. To enhance and improve existing lines of communication, the Department plans to outline expectations for staff in the referral policies and, when appropriate, clarify roles and responsibilities in service agreements with providers. Additionally, the CST SOCCC meeting will be used as a forum to communicate and build on existing partnerships. The SOCCC membership includes the Green Bay Public Schools.

B. Contracted Services

Clearly Explain the Extent of Services
As part of this project, the Department will continue to work with area providers and the Green Bay Public School System to refer children in need of mental health and/or AODA services. Current offerings include: Birth to Three referral through the Child Abuse and Prevention Treatment Act and subsequent, screening and referral for services; behavior management programs; day treatment; in-home therapy; counseling; wrap-around services; psychiatric services; and out-patient AODA treatment.

How Services will be Provided
Services will be provided through referrals and/or contract.

Plan for Monitoring Service Quality
For any service that is contracted and/or authorized by HSD, a quarterly report will be required that contains utilization numbers, quality indicators, and outcome attainment. It will also be expected that contracted providers conduct annual consumer satisfaction surveys and report those results to the Office of Planning, Evaluation, and Quality Management.

5. Evaluation Data (15 Points)

A. Data Collection System
Ideally, HSD would like to work with the state to add functionality in wisacwis that would allow the Department to track whether or not a screen has been completed in the medical window for each child. In the interim, the Department plans to create an Access database to track 1) total number of children screened; 2) ages of children screened; 3) the outcome of each MHST; 4) number of children who received further assessment for mental health or AODA issues; and 5) number of children identified by mental health as needing further treatment of mental health or AODA issues.

B. Process for Evaluating the Usefulness and Effectiveness of the MHST
HSD plans to evaluate the usefulness and effectiveness of the MHST process through staff surveys, focus groups, tracking of data, and trend information to explore usage and outcomes for consumers. Baseline

data will be collected prior to the implementation of the MHST to determine if the numbers of identified youth increase through the use of the tool.

C. Process for how the Success of the Project will be Evaluated using Data Collected

The success of the project will be evaluated based on the data collected. Prior to starting the project, all CPS workers will be asked to identify the children on their caseload who they believe have mental health and/or substance abuse issues. This number will be used as an initial baseline to compare against new children entering the system who are identified by the MHST. This data will help determine if the screen is effective at identifying children compared to past numbers. Additionally, data will be collected on the number of children referred for further evaluation and treatment. This information will be used to look at improved early diagnosis, better outcomes for children, knowledgeable families, and an improved referral system.

6. Budget (10 Points)

A. Funds Requested

ITEM	BUDGETED AMOUNT
Equipment (i.e. 3 computer tablets with wireless capability to screen in the field @ $2,550)	$7,650
Supplies for Internal Trainings and Informational Meetings related to MHST	$1,850
Travel Related Expenses (Mileage for 1 day training in Wausau and 2 meetings in Madison)	$500
Total	**$10,000**

B. Resources Brown County Will Contribute to Project

To ensure the success of this project, HSD will contribute the following resources: CPS staff time to attend project meetings and trainings; OPEQM staff time to establish a data base, coordinate data collection, and generate reports; and finally a CPS supervisor will be designated as the project leader to oversee the implementation of the MHST and serve as the state contact.

Human Services Department

PROPOSED GRANT APPLICATION SUMMARY

Grant Title: Juvenile Accountability Block Grant (JABG) Direct

Granting Agency: WI Office of Justice Assistance

Grant Period: October 1, 2007 – September 30, 2008

Type of Grant: ☐ Competitive ☐ New

☒ Non Competitive ☒ Renewal

Amount of Request: $16,866

Match Requirement: ☒ Yes - 10% match ($1,874) is required

☐ No

On Going Costs: None

Project Overview: HSD plans to continue to work with Family Services, Options Programs, Inc., Libertas and Oneida Behavioral Health to assure that the ACRA/ACC approach is being incorporated into current practices to assure AODA services purchased by the Department for children/youth are effective. The specifics of the project are not available because the application has not been started. (Attached are sections from last year's proposal)

WISCONSIN OFFICE OF JUSTICE ASSISTANCE

Applicant Hereby Applies to the OJA for Financial Support for the Within-Described Project:

SUBGRANT #: 1398

OJA USE ONLY

Reciept Date	Award Date	Subgrant Number(s)
		-- 1398

SHORT TITLE: Project SAFE

1. Type of Funds for which you are applying.				
2. Applicant	**Name Of Applicant:** Brown County Human Services Department		**Federal ID:** 999999999	
			County: Brown	
	Street Address Line 1: 111 N JEFFERSON ST			
	Address Line 2: P.O. Box 22188		**Address Line 3:**	
	City: GREEN BAY		**State:** WI	**Zip:** 54305-2188
3. Recipient Agencies	Brown County Human Services Department			
4 Signatory	**Name:** Ms. Beth Manning		**Title:** Executive Director **Agency:**	
	Address Line 1: P.O. Box 22188			
	Address Line 2:		**Addr Line 3:**	
	City: Green Bay		**State:** WI	**Zip:** 54305-2188
	Phone:	**Fax:**	**Email:** Manning_BA@co.brown.wi.us	
5 Financial Officer	**Name:** Mr. Tom Servais		**Title:** Financial Supervisor **Agency:**	
	Address Line 1: P.O. Box 22188			
	Address Line 2:		**Addr Line 3:**	
	City: Green Bay		**State:** WI	**Zip:** 54305-2188
	Phone: 920-448-6002	**Fax:**	**Email:** Servais_TL@co.brown.wi.us	
6 Project Director	**Name:** Mr. Jim Hermans		**Title:** Child and Family Services Unit Coordinator **Agency:**	
	Address Line 1: P.O. Box 22188			
	Address Line 2:		**Addr Line 3:**	
	City: Green Bay		**State:** WI	**Zip:** 54305-2188
	Phone: 920-448-6176	**Fax:**	**Email:** Hermans_JL@co.brown.wi.us	

7. Brief Summary of Project

(Do Not Exceed Space Provided)

Short Title (May not exceed 50 characters)

Project SAFE

Project SAFE (Supporting Adolescents & Families Effectively) will be a partnership between the Human Services Department, Family Services of Northeast Wisconsin, Options Treatment Programs, Inc. and Oneida Behavioral Health designed to provide an effective continuum of AODA services to at-risk youth, ages 12-16, using evidence based treatment models.

8. Subgrant Budget **TOTAL BUDGET BY CATEGORY**

BUDGET CATEGORY	AMOUNT
PERSONNEL	6,227.00
EMPLOYEE BENEFITS	3,266.00
TRAVEL (INCLUDING TRAINING)	1,119.00
MANDATORY TRAVEL	0.00
EQUIPMENT	0.00
SUPPLIES & OPERATING EXPENSES	0.00
CONSULTANTS	23,126.00
CONSTRUCTION	0.00
OTHER	23,668.00
TOTAL	57,406.00

9. TOTAL BUDGET BY FUND SOURCE

FUND SOURCE	AMOUNT	PERCENT
FEDERAL	47,913.00	83.46
STATE	0.00	0
PROJECT INCOME	0.00	0
INTEREST	0.00	0
STATE MATCH	0.00	0
CASH MATCH (NEW APPROP.)	9,493.00	16.54
IN-KIND MATCH	0.00	0
PROJECT INCOME MATCH	0.00	0
TOTAL	57,406.00	100

F REQUIRED ATTACHMENTS

Please attach your Ethnic and Cultural Competency Form here. The form will be e-mailed to you or can be received by e-mailing donna.hahn@wisconsin.gov

RESPONSE:

The Ethnic and Cultural Competency Form is Attached.

REQUIRED ATTACHMENTS - RELATED ATTACHMENTS:

File Name	File Description
Cultural-Ethnic Comp Form1.doc	Required Form

G PROJECT NARRATIVE

Please explain the major elements of your program here. Include your primary partners/collaborators and their roles, how many youth you expect to serve along with whether or not you expect to serve parents and/or whole families. Include which services will be provided to youth and which services will be provided to families. Include numbers of sessions/interactions, length of interactions as well as scope and intensity of services.

If you are using an evidence-based curriculum, does your intended implementation match the implementation suggested by the program's creators? If not, please explain.

RESPONSE:

GENERAL OVERVIEW

Project SAFE is designed to maximize resources by building on the Coordinated Services Team (CST) Initiative being launched locally this fall and strategies currently being funded through a Disproportionate Minority Youth Contract (DMC) grant also held by the Department. As part of the CST grant, the Department will be establishing a System of Care Coordinating Committee, interagency Memorandums of Understanding, as well as changing services by expanding family-centered, strength based approaches. The values and components of CST are all consistent with the Wraparound/Case Management model. Using this approach, Brown County will be adding AODA treatment not currently available to youth and their families and tapping into DMC funded programs to offer a comprehensive approach to help the youth being targeted.

The Human Services Department will be teaming up with Family Services of Northeast Wisconsin, Options Treatment Programs, Inc., and Oneida Behavioral Health to expand the current service array to offer the ACRA and ACC treatment programs (see attached for a sample of the Confirmation of Commitment to be a Project SAFE Partner form that was completed by Family Services, Options and Oneida Behavioral Health). As part of this partnership, the Department will provide the initial training to two line staff and one supervisor at each agency. The supervisor will be trained by Chestnut Health Systems to be a "local expert" capable of training additional staff within their agency. In return, the partners have agreed to implement the ACC and ACRA models irregardless of the number of referrals they receive from the Department.

Project SAFE will be targeting low-income youth, ages 12-16, who are involved in multiple systems (juvenile justice, child welfare, etc) with an alcohol and/or drug abuse problem and the highest number of multiple risk factors. Special consideration will be given to minority youth. Additionally, parents and/or guardians of youth referred to Project SAFE will be called upon to actively participate in achieving program outcomes. Approximately 8-10 youth will be served in year one; of which 35 percent will be minority.

PROGRAM DESIGN

Youth who are entering or have entered the system will be screened using the CAFAS initially until staff are trained in the POSIT (Note: Department staff are currently participating in training on the POSIT and GAIN approaches). Youth who have several risk factors identified during the screen will be assessed by the GAIN to determine the complexity of their needs and the level of risk factors. Once the assessment is complete, a determination will be made as to whether the youth is a good candidate for enrollment in Project SAFE. Factors that will play into whether the youth is diverted into the program include: involvement in system, the

likelihood of formal charges and future involvement in the system, substance abuse issues, and parent with substance abuse issues and/or mental illness.

Once enrolled in Project SAFE, the youth and his/her family will be assigned a Service Coordinator. The Coordinator will be responsible for service coordination and facilitating the family team which will consist of the youth, parent, natural supports, and service providers. The team will develop a Plan of Care based on the strengths of the family, court requirements, and needs of the youth. AODA treatment services will be a component of all Project SAFE care plans. Youth who have recently completed residential treatment will be referred to ACC program and the others to the ACRA.

The ACC involves 12-15 sessions typically offered over the course of three months. The sessions are held at home or in the community and generally last 1-2 hours. What happens during an ACC session is not determined by the session number, but rather it depends on what the adolescent presents during the home visit. The sessions are either with the youth, the caregiver/parent, or the two together. The goal is for the ACC case manager to have at least weekly face-to face contacts using the ACRA procedures during the course of the treatment.

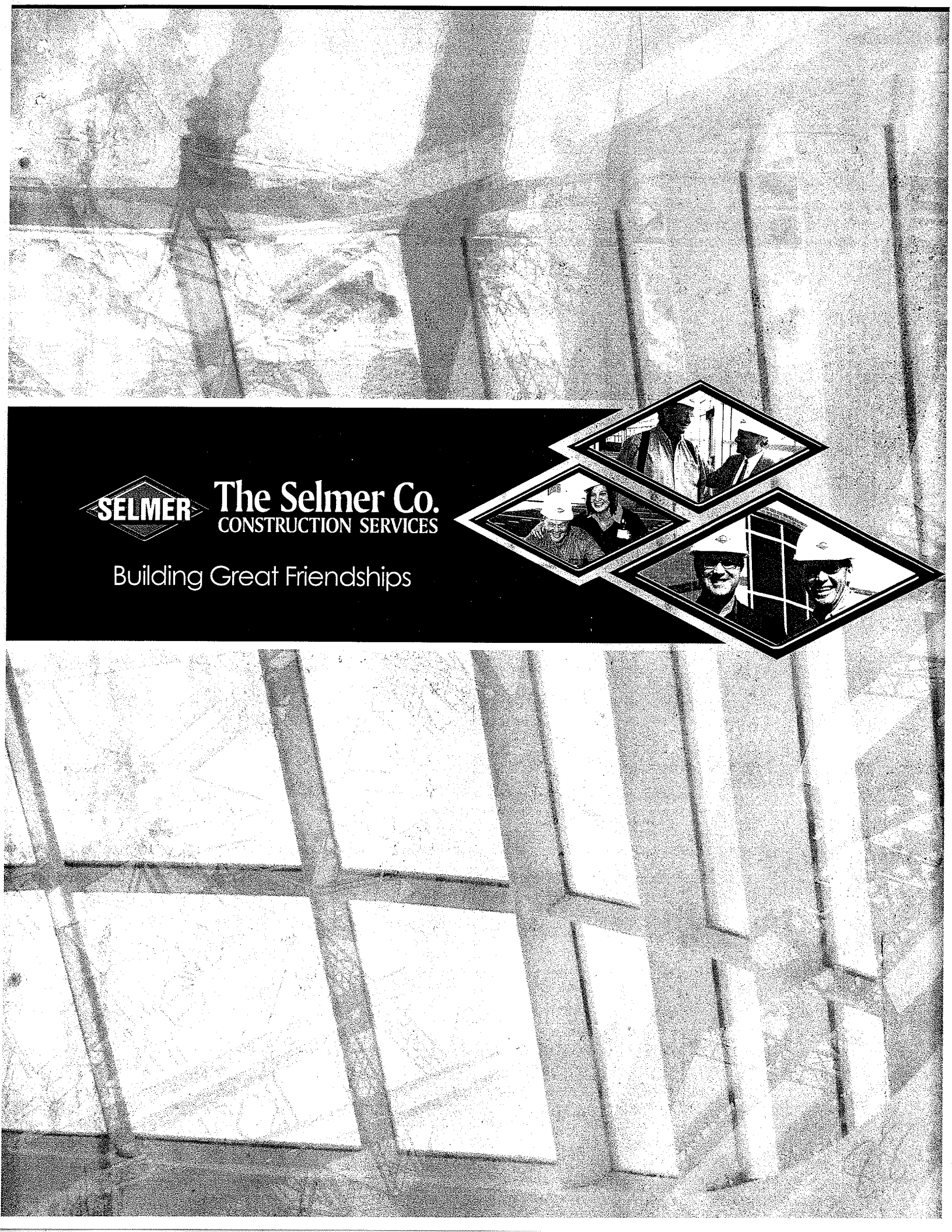
The ACRA is composed of ten (10) individual sessions with the adolescent and two (2) with the adolescent and caregiver over the course of a 12 – 14 week period. Sessions usually last 60 minutes. During the sessions, the ACRA therapist teaches they youth and his/her caregiver how to find/use reinforcers for staying substance free and how to use community resources to support positive change. This model involves a set of twelve core procedures which include: 1)Functional Analysis of Substance Use Behavior; 2) Functional Analysis of Prosocial Behaviors; 3) The Happiness Scale and the Goals of Counseling; 4) Increasing Prosocial Recreation; 5) Relapse Prevention Skills; 6) Communication Skills; 7) Problem-Solving Skill Training; 8) Urine Testing; 9) Caregiver Overview, Rapport Building, and Motivation; 10) Caregiver Communication Skill Training; 11) Caregiver-Adolescent Relationship Skills; and 12) Treatment Closure.

In addition to AODA treatment, participants and their family will be referred to other services through the Department and in the community as part of their Plan of Care and goals. Examples of services available will include: family counseling, intensive in-home therapy, mentoring, school/education/vocational services, restitutions, community services, independent living programs, and youth development and recreational programs.

As part of the CST model, service plans will be reviewed minimally every six (6) months to track the progress towards the goals.

PROJECT NARRATIVE - RELATED ATTACHMENTS:

File Name	File Description
Program Narrative Attachment.doc	Narrative Attachment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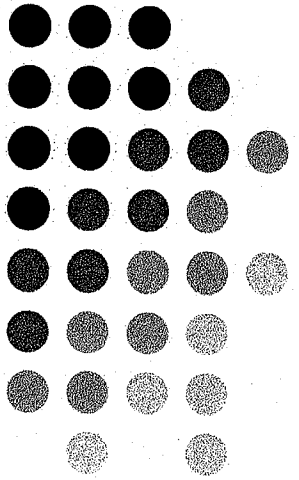
Construction Management Services

Presented to:

Brown County Facilities Committee

Presented By:

The Selmer Company
Green Bay, WI



May 2007

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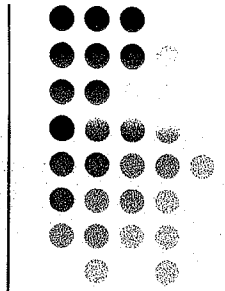
What is Construction Management?



- "Construction Management (CM) is a professional service that applies effective management techniques to the planning, design and construction of a project from inception to completion for the purpose of controlling time, cost and quality"

- By involving a professional Construction Manager you maximize your chances to achieve a smooth and trouble-free construction process and a facility that meets your needs.

" Construction Management includes a significant component often missing from project delivery systems-- a comprehensive management and control effort"

"Using a CM allows the Owner to make use of expert advice that is unaffected by potential conflict of interest"

Source: CMAA

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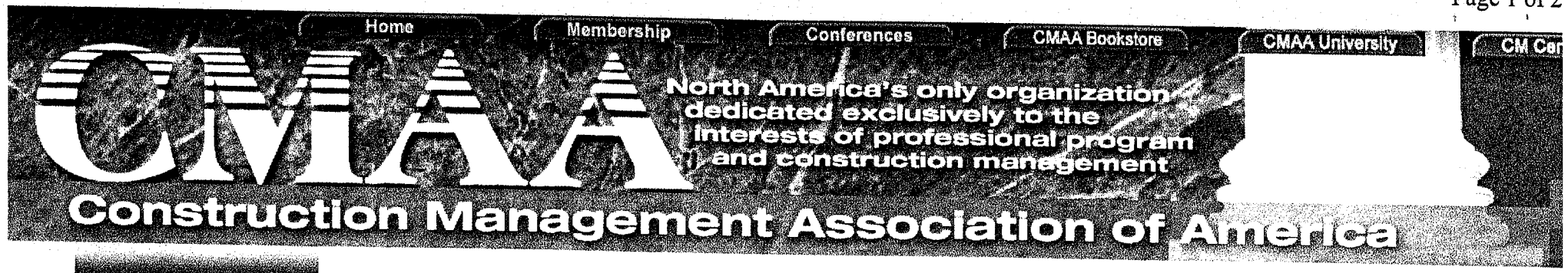

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How a CM Can Help You

America's professional Construction Managers can support Owners with a proven strategy to deliver the best possible projects, on time and within budget. Pressure is falling on Owners, who will confront complex issues in every area from site preparation to technology infrastructure, from builder selection to the finishing touches before "opening day." Handling these issues assures on-time delivery, within-budget projects that meet your needs. But it also puts huge demands on your time and requires skills and expertise few Owners possess.

The professional Construction Manager strives to give owners more effective control of complex construction, delivering high quality finished projects on time and within budget. The CM is *your* advocate, combining detailed technical knowledge with a commitment to meeting *your* needs. Not affected by any conflicting interest, the Construction Manager represents Owners in such crucial areas as:

- Release and use of funds throughout the project.
- Project scheduling.
- Control of the scope of work.
- Optimum use of other firms' talents and resources.
- Avoiding delays, changes, disputes and cost overruns.
- Optimum flexibility in contracting and procurement.
- Assuring the project is built to specification to meet your needs.

Construction Managers provide specific expertise for all facets of the delivery process (pre-bond, planning, design, construction, etc.) without having to retain individuals on the payroll for specific tasks. By involving a professional Construction Manager from the earliest stages of your project, you maximize your chances to achieve a smooth and trouble-free construction process and a facility that meets your needs.

When you determine a need for project, a Construction Manager can help you reach sound decisions in such areas as:

- General project characteristics and performance requirements.
- Site analysis and selection.
- Lead in forming a collaborative team of professionals.
- Coordination with ongoing activities and other public and community concerns to minimize interruptions.
- Development of a preliminary budget and comprehensive master schedule.
- Apportionment of general funding among a number of individual projects according to specific project needs.
- Establishment of a management information and reporting system to meet your requirements.
- Development of detailed and complete bid documents to assure timely, responsive and comparable bids, while avoiding questions and protests.
- Assistance in reviewing and analyzing bids and selecting contractors.

In the design phase, a qualified Construction Manager can help you:

- Ensure that design is both aesthetically successful and responsive to project goals.
- Perform life-cycle cost analyses and other reviews to maximize the return on your construction investment.
- Coordinate your technology implementation strategy with your construction plan to assure that your finished project will truly be equipped to support current and future needs.
- Develop a detailed design schedule and supervise its implementation.
- Review design in progress to assure constructibility with minimal changes and fewer problems in the field.

- Develop detailed component cost estimates at every design submittal.

During the bid process, your CM can:

- Conduct pre-bid conferences to clarify the project's needs and assure responsive bids.
- Assure that all bid documents are clear and all questions are answered.
- Help you evaluate and compare bids.
- Recommend bidders for contract award.

While the construction is underway, your Construction Manager will be your eyes and ears—and most of all, your advocate. A professional CM will:

- Assure that all contractors, subcontractors and other participants fully understand the project's design and requirements at every stage.
- Deliver timely and clear reports to you concerning construction progress, milestones, and other elements.
- Manage the change order process for maximum effectiveness while minimizing delay and costs.
- Monitor the construction process to anticipate difficulties, resolve issues early, and keep the work flowing.
- Administer progress payments to assure that work milestones are being met and that all current expenses are paid in a timely manner.
- Assure that the contractor provides a safe workplace, both for project workers and, in renovations, for individuals who continue to use the facility during construction.
- Eliminate the need to retain increased staff after the "burst" of construction activities; thereby reducing future operating and payroll costs when the construction has been completed.
- Coordinate the final stages of construction, including contractors' punch lists and similar tasks that must be completed, often in a very compressed time period, before your project is closed out.

Typical CM Scope of Work

- Pre-Construction/ Design Phase Services:
  - ✓ Cost estimates at every design submittal.
  - ✓ Constructability Reviews.
  - ✓ Bid alternatives.
  - ✓ Value-Engineering (VE) alternatives

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Typical CM Scope of Work

- Bidding Phase:
  - ✓ Produce the "front end" of the project manual
    - Work category scope of work descriptions established
    - Preliminary construction work schedule

"Well formulated and priced construction bid packages are the key to minimizing changes and avoiding disputes and delays during construction" source: CMAA Owner's guide

- ✓ Bid Advertisement
- ✓ Assure that all bid document questions are answered
- ✓ Post Bid reviews
- ✓ Recommend bidders for contract award

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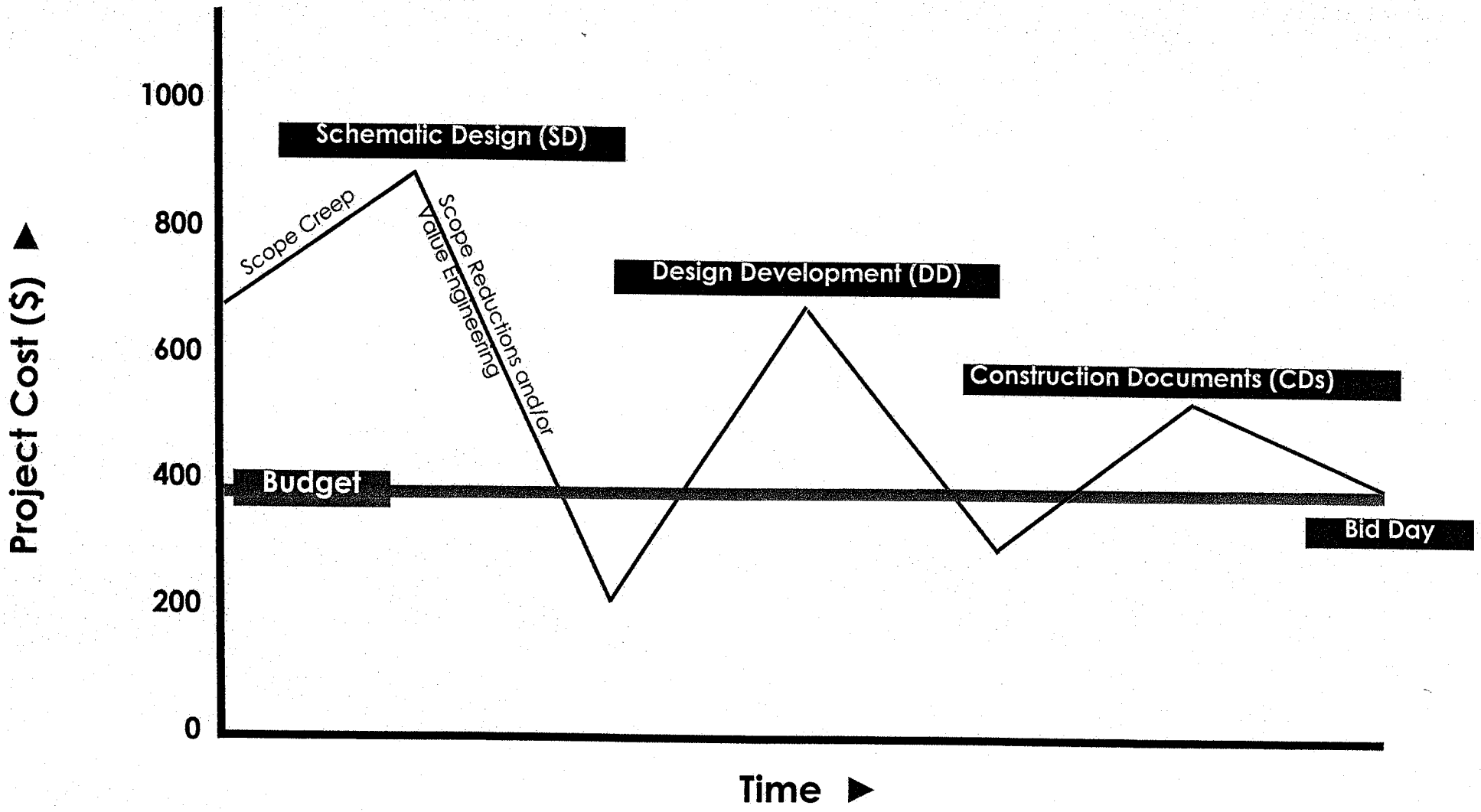
Preconstruction-Cost Influence Chart



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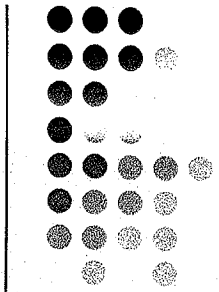
Typical CM Scope of Work



- Construction Phase Services:

Construction Specification Enforcement/ Quality Control

- ✓ CM Reports
  - Projected Construction Cost Cash Flow Report
  - Update Construction Progress Schedule
- ✓ Manage the change order process
- ✓ Anticipate difficulties and resolve issues early
- ✓ Ensure that the contractors provide a safe workplace environment.
- ✓ Administer progress payments manage and assemble owner direct purchase order invoices
- ✓ Coordinate the final stages of construction.

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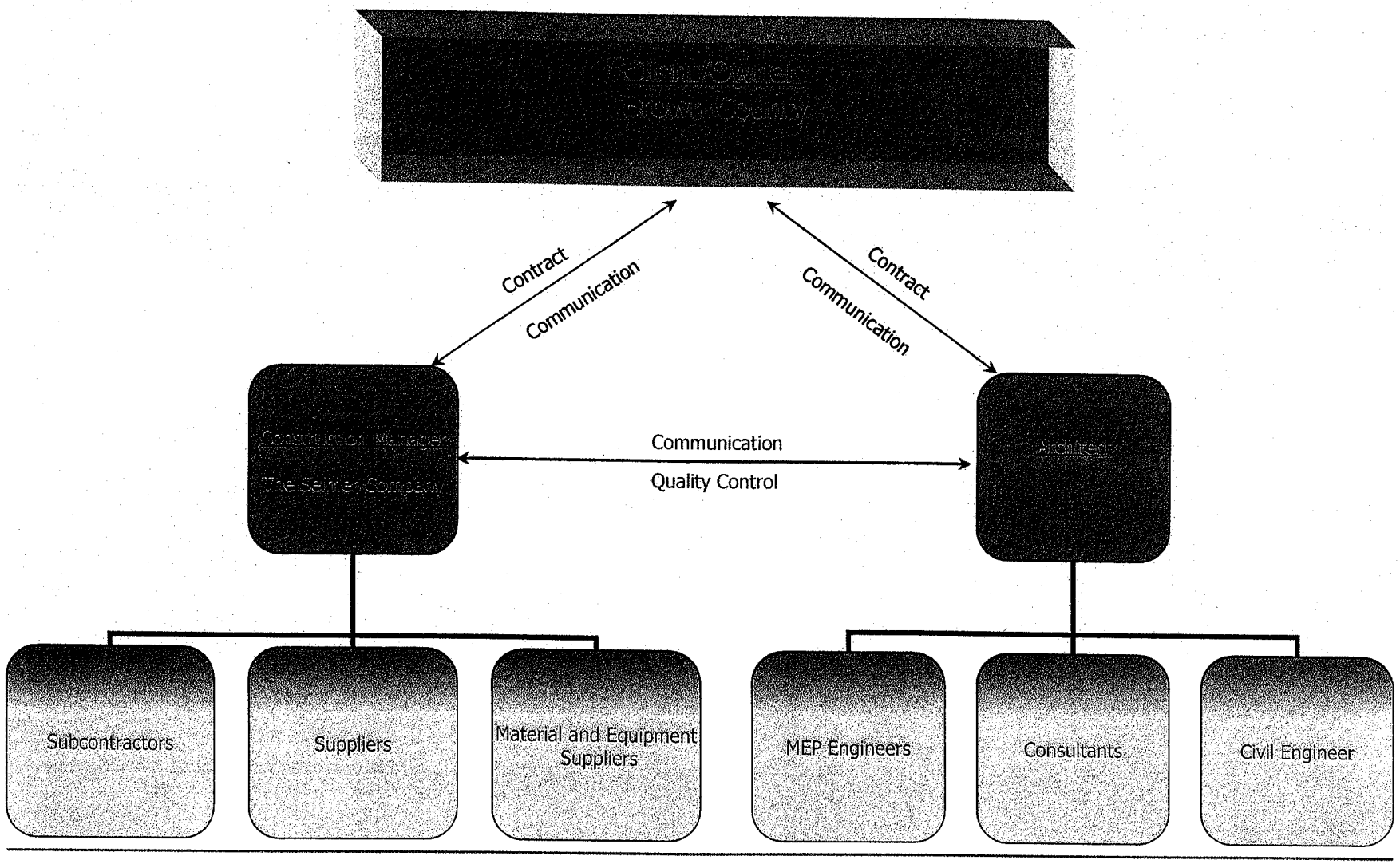
Recommended Contracting Method for your Program



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