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, February 24, 2016 in Room 200 of the Northern Building, 305 E. Walnut Street, Green Bay, Wisconsin.

Present: Chair Evans, Supervisor Robinson, Supervisor La Violette, Supervisor Hoyer
Excused: Supervisor Haefs
Also Present: Judge Zuidmulder, Supervisors Schadewald, Campbell, Jamir and Zima; Erik Pritzl, Luke Schubert, Eric Johnson, Cressie Birder, news media and other interested parties.

I. **Call Meeting to Order.**

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

II. **Approve/Modify Agenda.**

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

III. **Approve/Modify Minutes of January 27, 2016.**

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

Comments from the Public None.

Report from Human Services Chair, Patrick Evans

Chair Evans congratulated Health Department Director Chua Xiong, as she received an award today at the United Way Annual meeting for her leadership. He also congratulated Health Educator Andrea Schultz from the Health Department who also received an award. He was very impressed that they won. La Violette informed that she liked the fact that Evans called out county employees that had been recognized; they were doing a good job but she would love for him to put something in writing congratulating them on behalf of the committee.

Evans announced that this was Supervisors La Violette last Human Services meeting and wanted to thank her for the time she had provided to the Human Services Committee.

Evans acknowledged that it was Supervisor Campbell's birthday today and congratulated her and wished her a wonderful birthday.

Treatment Court Presentation - Update on Treatment Courts by Judge Zuidmulder

Zuidmulder was proud to inform that they had four treatment courts operating in this county. They started with a Drug Court in 2009. They had since added a Veteran's Court, a Mental Health Court and a Heroine Court. The original Drug Court was designed for people who had been on probation, been in jail and been in prison and they repeated that offense. That was the hardest part of the population that you could identify because they had been through the system a lot and had been involved in treatment programs but still continued to commit crimes. They had a much longer time to build the numbers because they were identifying a smaller population.

Handouts re: Brown County Treatment Alternatives & Diversion Program were provided (attached).

They were up to 14 participants in the Mental Health Court and they had only been running in a real sense, less than a year. Zuidmulder was now the Mental Health Court Judge and it was the most delightful assignment he has had yet. The people in this court were not people who were there because they had criminal thinking and had a lot of problems. They were people

who basically had an illness and he felt they didn't understand that a mental health problem isn't really any different than a broken bone. It was a condition that a person had that they didn't invite to have but were suffering from. They had modalities of treatment but part of the problem was that if they don't maintain modality of treatment or medications, they could fall into the criminal justice system. They had been remised in not identifying that. The participants were everyday thanking the court and the County Board for the opportunity. They had regained stability in the community, they had their children returned to them, and they were able to function. He was going to have a transcript done of one of his mental health people that addressed the court stating the court had given his life back. He had run away and was sleeping under one of the bridges afraid of what this was going to be like. He had a cat called Myles, an apartment and was functioning well in the community.

In the 90 days before participants came into the Mental Health Court, they may have had their traffic or patrol officers to their homes 25 or 30 times. Law enforcement line officers informed that because of the Mental Health Court, they hadn't had to go once. Public safety officers were now able to protect the community against crime instead of being diverted off somewhere trying to deal with someone who didn't have their medications. Zuidmulder felt the quality of life had been enhanced.

Zuidmulder informed that Judge Walsh was handling the Heroine Court. It was startling; the number of people in the heroine court. That was part of the epidemic that had gone on in this region. Those individuals were people who could be your neighbors or neighbor's kids. These people started out on OxyContin or Vicodin prescriptions and then the medical community realized they were over prescribing and cut people off, all opiates. It was poorly described to the medical community about their addictive qualities. Now they had this population of people who were on these opiates and now cutoff. The pills sell out anywhere from $200-$250 but they can get the heroine for less so they make that transition.

The Veterans Court was operating under Judge Kelley.

Zuidmulder stated they should all be proud of this. Treatment courts operated on Fridays. If they had someone that needed to be sanction, potentially putting them in jail, they wanted to do that over a weekend so they didn't lose their jobs or housing or treatment regimen. He encouraged anyone interested in how a treatment court operated, to attend: 8:30 a.m. Veteran's Court, 9:30a.m. Heroine Court, 11:00 a.m. Mental Health Court, 1p.m. Drug Court; they would be delighted to have them.

Brown County Drug & Heroin/Opiate Court Programs participant handbooks were provided (attached). It described what these programs were all about. These courts belong to the people of Brown County. If anyone believed they had someone who should be considered for these courts, he encouraged anyone to refer those people to them.

La Violette held Zuidmulder in the highest esteem and she hoped the community was as grateful as can be for the work he was doing. She had lunch with NEW Community Shelter Executive Director Terri Refsguard and they were seeing a significant increase in the number of people who were mentally ill being housed at their shelter. La Violette believed they had a big job ahead and thanked him for the work he was doing.

Robinson thanked Zuidmulder for his work, not just on the Mental Health and Heroine Court but for getting this all going. It made a huge difference in the community. They wouldn't exist without his efforts. Fall of 2009 Robinson heard Supervisor Zima speak at a JOSHUA gathering in support of the Drug Court. Zima's support was significant for the start so he wanted to thank Zima and his efforts with the Mental Health Court. It had made an incredible difference and they appreciated it.

Zuidmulder informed he had gotten as much out of this as he had given. He added, when you are in the criminal justice system for over 40 years and you end up having to do very hard things by taking people away from their families and sending them to prison because that's what he had to do to protect the community. It was nothing that anyone left happy about. He appreciated everything that everyone was saying but it was his ability to be involved with these people and make a real positive difference which had made him stay on the bench. He thanked everyone back for the support he had gotten over the years and from Zima, who was County Board Chairman at the time. He was just glad to be here and will carry on.

Evans appreciated Zuidmulder coming to speak. When you take a look at the amount of people that were in these courts, they were people who were not in jail. When thinking about cost, figuring out per day to house someone in jail, this had been a greater success than he imagined. They were able to get some grant money which was great. As for the judges this was something extra they were taking on and weren't getting compensated and their duties weren't being diminished either, which Evans really appreciated, this was over and beyond.

Zima wanted to acknowledge Zuidmulder, stating that he had really done a fantastic job.

1. **Review Minutes of**:
   a. **Human Services Board (December 10, 2015, January 14, 2016 & February 11, 2016).**
   b. **Mental Health Ad Hoc Committee (December 3, 2015).**

   Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to approve Items 1 a & b. Vote taken. MOTION CARRIED UNANIMOUSLY

Communications

2. **Communication from Supervisor Zima re: That the County Board review the charges made to bars and restaurants for their licenses to determine if they're being charged inappropriately, if there are two beverage bars within the respective facility. Also, please notify the Brown County Tavern League as they have an interest in this matter.** ***Held for one month.***

Zima informed the Health Department had contacted him and informed that they were charging extra when people had more than one bar within their facility. They were being charged an extra $37 on top of the $145. He felt maybe they had gone a little too far and maybe they could keep it uniform, only charging once for coming to the facility. These facilities were not like the Packer Stadium, inspecting 40 facilities. He was told that it amounted to about $3,000 a year in extra charges. He felt they could make a motion that if there were two or three less that it would be included in the basic charge for them coming out there.

Sue Robinson 821 S. Broadway – Brown County Tavern League President
Ms. Robinson informed Larry Rand from Royal Scot Golf Club was unable to attend. Rand's place had not been inspected for 7 or 8 years. When someone did come they noticed his second bar and requested a check. She felt it was rather inappropriate for a field inspector to be discussing money at the site of inspection. This should be included in their licensing fee. She found it very uncomfortable, they didn't even understand how their licenses were comprised of and now they were being asked for another check at the time of inspection. They didn't know if it was proper, etc. Rand paid more than she did already; she assumed it was going by the size of their place, supposedly by income, which she didn't know how they got those numbers. Referring to reports from the Health Department, the average cost of inspection was $324 and it hadn't gone up since 2012, 13 or 14. It seemed like their prices were going up and they were never able to understand how the license fee was determined.

Rob Gollman, Health Department Environmental/Lab Manager provided a copy of an Application for License (attached). Gollman informed that everyone paid the same tavern fee if they had a bar; Ms. Robinson was referring to restaurant fees. Restaurant fees were determined on a different basis and based on the complexity of a restaurant, types of food they were serving, the level of processing. What they saw in the past, establishments were adding additional bar areas, basically freestanding bars that were operational on their own. They had their own set of beer taps, soda guns, washing sinks, and additional glass washer, additional ice machines, bins, hand wash sinks, coolers, etc. What his predecessor determined in 2009 was that in order to cover the additional time and labor it took to inspect another bar within the facility, was to institute a charge. The charge had been raised $1 since 2010. The tavern fee as set was $145 and each additional area was charged $37. A large golf course or supper club that might have three or four separate distinct freestanding bar areas would be charged the base rate $145 and each additional area $37.

Supervisor Robinson heard two issues, the unevenness of the fees and the process by which their members were being assessed those fees but Ms. Robinson didn't bring up the issue of the $37. Ms. Robinson informed they never had it explained to them what the $37 per extra bar was but it made sense now. She reiterated that it should be assessed at licensing time. Robinson interjected that it was a process question, legitimate but not the $37 fee. He was personally inclined to say it was only one fourth of the fee that they charged for a full inspection and if it took more time, $37 was reasonable if a bar was increasing their capacity. The uneven fees were a restaurant question which was a whole different thing and he encouraged Ms. Robinson and Gollman to get some clarity on that after the meeting. The process question, he would agree, all of it should be handled separately. Gollman responded that he had four new inspectors and they were doing a great job, fresh out of school and they were going through the training process with them. Typically, the operator would be notified and they would add that at renewal time. They

had been short staff for a long time so there was a big gap, they had 50% turnover in the last two years so some places had been falling through the cracks and they hadn't been meeting their objectives for their inspection schedules for quite some time and it may be a couple years hopefully if all these young inspectors stay with them. It was Supervisor Robinson's inclination to move to receive and place on file at this point.

A brief discussion ensued with regard to people being able to bargain or negotiate their fees down. Ms. Robsinon informed that that's what she had been told. Supervisor Robinson believed it was a process question that Gollman was going to clear up. Zima believed the county didn't want to have the reputation of nickel and diming businesses. Zima reiterated that it was a little bit too over the top. He questioned dropping the $37 and raising the fee to $150. People felt they were being put upon all the time; it was always one thing more. He thought this was a service to the community and theoretically this was here to protect the health of a community. The community was paying for that as part of their taxes. They were paying taxes as well as fees besides. Gollman informed that their Licensing and Inspection Division was 100% fee funded and he needed to make the $3,000 up somewhere to keep the program. Zima suggested Ms. Robinson take it back to their members and bring forward a suggestion later. Ms. Robinson invited Gollman to one of their meeting.

Evans informed he was in agreeance with Zima and liked the idea three or less at no additional charge. It was a way of being supportive of businesses, and taverns were large businesses in the community. He was familiar with the area at Royal Scot, they weren't running two bars all the time, he may have seen it twice at a golf outing and it was purely for the benefit of the customer. He believed the Health Department could find money somewhere. La Violette suggested bringing it up at budget time. Zima questioned why it had to be an enterprise thing; it should be part of the Health Department costs. These were things that helped defray it. These people were paying very large property taxes. Zima suggested having the Tavern League contact Evans if they wanted to bring it up again.

Motion made by Supervisor Robinson, seconded by Supervisor Hoyer to receive and place on file. Vote taken. Nay: Evans. MOTION CARRIED 3 to 1

3. **Communication from Supervisor Campbell re: To direct Health and Human Services Committee to look into possible ways to continue court-appointed, supervised visit program. That our Family Court Commissioners and Brown County Judges continue to refer families.** ***Referred from February County Board.***

Supervisor Campbell read a letter in regard to this communication from Judge Hammer (attached). Family Access Solution's (FAS) budget was $60,000 and it ended March, 2016. Campbell invited individuals from FAS and HELP of Door County, Inc. to speak more in depth to this.

Tami Walls, FAS Program Coordinator
Walls informed that they had a contract with Door County and Fond du Lac. Letters of support from Judge Hammer, Commissioner Collins from Oneida and Contract Guardian Ad Litem Debra Mancoske were provided to committee members. FAS had been around for four years, running on federal grant money. They had been trying everything to find funding but it was not happening. At the end of March, 27 children in the community will no longer be able to see their parents. HELP of Door County was who they were fiscally managed by. Evans questioned if they had contacted Door and Fond du Lac Counties for funding. Walls informed they had United Way funding and other county money to support their Door County program. Fond du Lac County also had a small contract with them. The $60,000 was used specifically for Brown County and budgeted to cover the rest of 2016. As far as Wells knew, Brown County United Way money had not been open to new programs for the last two years. Evans questioned if they had applied for grants such as Cornerstone Foundation, Wells responded that she did and that was one of them and she was waiting for that. She had applied to a lot of different grants. Their location in Brown County was on Packerland, but they had an MOU stating visits could take place at the KROC Center.

Campbell stated that when she heard about this she felt they should be addressing it as a county. She was sure they were overwhelmed with Child in Need of Protection or Services (CHIPS) actions right now and this was a way to prevent future CHIPS actions. Did they want to pay for more CHIPS actions or take preventive measure and continue a successful program in the county? La Violette stated that in order to do this they would have to transfer money from the general fund which would need a 2/3 vote of the County Board.

Walls explained that this program offered children, who lived with one parent while separated from a second, or living in a foster care situation separated from both parents', opportunities to be with parent/parents that they weren't living with. They only had been able to afford to do one visit a week for a parent and child and the visits were approximately two hours. There was a supervisor inside the room and a support staff outside to address safety issues with some of the parents. Not all participating families were appointed through the courts, most of them were. In Brown and Fond du Lac County, Social and Human Services referred families to them. They had some families volunteer to be in their program because they had heard good things from their friends. Wells put a freeze on families the last two months because her fear was to have a child start seeing their parent and then have to stop after March. They sometimes had waiting lists but generally were able to fit them in. Some families did every other week; it was about the least amount of time the parents wanted to be away from their child/children. Currently they had two mothers visiting with their children, they were relatives and both had severe mental health issues. One mother came to visit her 18 month old son. She heard voices. She absolutely loved her baby and her baby loved her but the court was afraid that if they let them go out in the public the voices would tell her to harm the child. That case was with them until mom got serious mental health help. She was in denial that she had serious issues or until they close. They had a gentleman with PTSD issues and the judge didn't know what his triggers were so he ordered him to their program to visit his two little boys.

When they started in 2013 they had 17 cases and were open three days a week from April to December, they were operating through some donations from Door County. In 2014, that number jumped to 26 families, still open three days a week until June when they then went to seven days a week. In 2015, they helped 37 families and as of February, 2016 they were already at 22 families.

Wells informed that these cases were referred from the court, they had not gotten a social worker at this point because FAS was involved. They were not serving Brown County involved in CHIPS because they don't have the contract with Brown County. Human Services Director Erik Pritzl informed that he was trying to sort that out because they also had supervised family interaction as a department, per their Chapter 48 requirements for safety of children that were visiting.

Robinson questioned if the county provided the same service? Pritzl responded that it was similar but their definitions of child safety were probably different and the situations were outside of what HS was doing. They were working on situations were a child had been found to be unsafe and they had to do supervised family interaction, providing those services with family support workers that they had on staff. Robinson felt this was a worthwhile thing but given there seemed to be some overlap, he wondered if there was any way both parties could talk, figure out a way to try and solve this problem before they took any action regarding the $60,000. Wells informed she had been trying to reach out many people in that area and they had not been able to meet to have that discussion.

<u>Doreen Goddard, Door County Child Welfare Supervisor</u>
Goddard informed that she was involved with the federal grant submission, through Door County, that helped open the program in Brown County. She was a resident of Brown County and fully supported the program due to the critical service needed in this community. She worked for Door County as the Manager of the Division of Children and Family, the Child Protection and Juvenile justice, she lived this every day. It saved counties money to have a contract with an agency like FAS instead of paying certified social workers, who weren't trained as extensively in the supervision part, to do a three hour visit plus transport and pay them higher wages with benefits. FAS staff were trained extensively, curriculum that was developed by the federal government. Safety was a big issue and as Director Pritzl stated, they had standards they had to comply with, requirements through the state statutes and state standards, they had to have weekly minimum parent child interactions face to face. It was really sad that they did not get the grant again; it was heart wrenching and sickening. It was felt in Brown County and in Door County where she worked even though Door County's services will continue. They were paying a contract through FAS of $10,000 a year. FAS had done 140 visits for their program, child protection specific. If they were doing 140 visits in Door County, Brown County would have five to 10 times that much with the larger population.

Ursula Bunnell Timreck, Executive Director of HELP of Door County, Inc.
Bunnell stated that timing was definitely the essence with this. They had come to a crossroads; they had tried several different ways to get the money to continue programming in Brown County and had failed. She had to make a decision by the end of March when this funding ran out whether or not to close down services. That was fair to the families that they had in the program now and to the Guardian Ad Litems and to the court system so they understood that they were no longer in existence as a programs.

La Violette was very moved by the stories told and thanked them. Timing was also of the essence for the committee to get $60,000 passed by the County Board with a two thirds vote. One of the things the County Board was going to ask was how this dovetailed with Human Services. She would like them to meet with Pritzl and explore ways they could work together. She was sorry they didn't come sooner.

Supervisor Robinson stated, "To follow-up on what Supervisor La Violette said, I would make a motion to direct staff to work with, to have a conversation about, and explore the possibilities of what might be able to move forward to continue some form of this work and I would be open to staff submitting a request through the Chair to be brought up at the March board meeting, because we can't approve the money tonight anyway it's got to go three weeks and so if something can be worked out in three weeks that can be brought before the full board, that's fine, but I do want to say this, as much as I am sympathetic and supportive of the work, $60,000 for this means $60,000 that could have been spent in a different visitation program, so I am very aware that wherever we put the money can do good so we have to figure out a way to work together so we're not sort of splintering off in directions that don't make sense and that's why I think it's important the two of you have a conversation. I am not saying that I am expecting that things will work out the way you want; I'm just saying that to me is the most natural direction." Evans question, "Will you be making a motion, Supervisor?" Robinson stated, "I just did." La Violette stated, "Second."

Evans understood the program; Supervisor Campbell had sent them information earlier, he reviewed it, it seemed like a program that had great benefit to families in Brown County. There were issues such as the $60,000, in reality, if they met with staff and if they say that this was something that would work well with them and not overlap, if they had the backing of Administration he felt it moved through pretty easily at the County Board but they had to get over some of those initial hurdles such as sell themselves and show how they can be a partner to Brown County, he felt it would work well. Campbell responded that that was satisfactory with her if it was satisfactory for them. She would like to be able to say that they could put that through at their March meeting but agreed with Supervisor La Violette in that it was going to be something that they had to prove that they could work corporately with, that they didn't have overlap of any services. As she understood it, they didn't. Apparently this was sort of a preventive so that they didn't get into CHIPS actions. A lot of their Family Court Commissioners and Judges were assigning these to them and now she believed they had to stop. She didn't know how they alert them to that. It seemed like right now it was an unfunded mandate and now they were having to pick up the pieces. She thought it could be cost preventative in the long run. Hiring Social Workers in their department right now was very difficult not only training level wise but also cost wise to them. Did they want to add three social workers to handle CHIPS actions that could have been prevented at this level or did they want to be prudent and look at it from the front end? She thanked the committee for their time.

Zima questioned if there were any carryover funds from last year that they could recommend to be used. He felt two-thirds was not impossible. He felt they should get something up to the board so they at least had another month to deal with it if there were questions or something. He felt that they could find this money. Pritzl informed that for their carryover from 2015, there would not be money in their fund balance to access for something like this. It was Robinsons understanding that they were running a deficit and there was not fund balance. Pritzl stated that they will see it later on the agenda; it will be exhausted after 2015 was closed out.

Campbell questioned in terms of their CHIPS actions, how many did they have and if there were waits on that and how much was being handled right now? The real costs were in those actions. If they could prevent future CHIPS actions by hitting it from the front end.

Zima's idea was to see if there was a possibility to put life to it by having a motion made to refer this to staff to find the money if possible and report to them at the County Board. Robinson responded that that was the spirit of the motion. He wasn't directing staff to find the money but asking them to have the conversation. The motion captured

was: to direct staff to have a conversation with Family Access Solutions and have them bring back a report at the March County Board. Robinson interjected, "That wasn't quite my motion, so let's clarify that. My motion was: *for them to talk to staff, have a conversation to see if something can be worked out for them to work together on this and to continue the program in some level if it makes sense for the county as well as your program and to be open to the possibility of bringing something to the March County Board meeting for discussion.*" La Violette stated she seconded it. Robinson continued, "Because again, timing wise, we don't have time to come back to the March Human Services Committee meeting.

Zima stated he knew there were carryover funds in the Public Safety budget. Robinson responded that that was not a conversation their staff and their committee could have, that was up to Public Safety which they could do at the County Board meeting. Weininger informed that the issue here was Human Services had zero money to carryover, Public Safety had dollars to carryover so what they'd be doing regardless if it was carryover funds or a transfer or if he knew where there was some money, it would still require a two-thirds vote. Zima wanted people to know that they were not adding but taking from funds that weren't used, it would be much easier to get approved. Robinson stated they needed to be clear; this was not a one-time expense. If they funded this program, they were dependent on them. It wasn't a matter of carryover funds; it was an ongoing budget item, he wasn't against that. Zima understood, they could look at it at their next budget session and make a decision at budget time about it. Robinson informed he won't be on the County Board then so it would be for them to deal with. He felt no one was going to vote, at least he wouldn't, to take this off the rolls once it was on so they had to be clear this wasn't a carryover issue for this year, it was an ongoing obligation if they decided to go down that road. Zima stated they never funded it before and they could give it a fair chance at budget time and if the program was worthwhile, which it sounded to him that it was, they could transfer it from a carryover from another fund it wouldn't be coming from the general fund and give it a chance to be vetting even future at next budget time. When they were talking $60,000, it wasn't a humongous amount of money, it didn't come anywhere near a penny per thousand, it was a very small fraction. They were trying to do things to strengthen the families and eliminate the problems and to him this seemed a worthwhile project. He would like to word the motion that they meet with staff to find the proper amount of money and make that presentation. Robinson was not making a recommendation to staff, he was not convinced that the $60,000 in this program couldn't just make just as much good in increasing services to home visitations to the county. That's why he wanted the conversation. Zima informed that he had spent many many years on Human Services and their contract services has been the vehicle that had allowed them to have as many services as they had. They saved them a lot of money. He wasn't for having people work for minimum wage or anything like that but if they had a way to continue the program, he questioned if it would be easier to take it the County Board and ask them for $100,000 to have the county continue it or $60,000 to have FAS do it and give it a good vetting next year.

Goddard responded that this service was bigger and went way beyond Human Services, this affected law enforcement, the Sheriff's Department and their response to domestic violence situations when there were exchanges of children going on. It saved them time and it was going to save the Sheriff's Department money and reducing their calls on domestic violence during exchange visit. Human Services was a small part. The child protection area was child protection. They were doing that service for that population. Family Access Solution went beyond that, they went to mental health, AODA, the courts made referrals to them for criminals that were being charged and pending, having restraining orders but had the right to see their child. This went beyond the services and it would save the county money. It was beyond child protection. La Violette responded that they were on their team but if they were going to sell it to the county board they were going to want to know how this fit into the big picture. The sooner they had the conversation, the sooner they could look for money if it was deemed. Campbell stated that maybe it should include Public Safety as well, Zima responded, that's why he brought it up. They also had this mental health initiative, maybe a little could come out of that.

Robinson encouraged Zima to put it on the Public Safety agenda and stated, "I'm going to amend my motion *to also refer it to Public Safety for consideration to fund it."* "And you all can make up your mind about what you want to do." Evans stated that maybe the courts had some dollars. Zima informed the Public Safety meeting was Wednesday, March 2nd at 11:00 a.m. Robinson informed that he won't be able to be there, but good luck.

Motion made by Supervisor Robinson, seconded by Supervisor La Violette, for Family Access Solution to talk to staff, have a conversation to see if something can be worked out for them to work together on this and to continue the program in some level if it makes sense for the county as well as your program and to be open to the possibility

of bringing something to the March County Board meeting for discussion and refer it to Public Safety for consideration to fund it. Vote taken. MOTION CARRIED UNANIMOUSLY

4. **Communication from Supervisor Campbell re: To look into an increase to nine members, the Brown County Board of Health to include another Brown County Board Supervisor, preferably from the rural area of Brown County.** ***Referred from February County Board.***

Evans informed that this was referred to the Board of Health at the January meeting.

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

5. **Communication from Supervisor Hoyer re: In light of Health Director's request for more assistance in researching the health impacts of wind turbines and due to the way that this single issue has dominated and perhaps overwhelmed the conversation, direction, and makeup of the Health Board, I propose that a separate task force be formed to study the health impacts of wind turbines; this task force would be composed of scientists, physicians, citizens, and supervisors. This will allow the Health Board to more comprehensively focus on the myriad of health issues faced by Brown County citizenry while this new group could specifically pursue answers to the health issues faced by the citizens most impacted by wind turbines.** ***Referred from February County Board.***

Hoyer informed he had some thoughts and concerns so he approached it and put together a PowerPoint presentation (attached). Traditionally the Board of Health met four times a year. There were opportunities for different issues as they came up to have special or extra meetings as needed. In the last couple years the trajectory was to have more meetings, last year there were 11 meetings that were given notice but one was offsite and not official so it was not included in his survey. One way to look at how long the meeting was going was the number of pages of minutes. There was a slight divergent in 2015/2016, at the December meeting it was decided instead of taking summative notes, the goal was to take comprehensive minutes to take all the different things said and done during the entire meeting. As result it represented another 30 pages of minutes from that one meeting. The 2016 minutes, the first meeting of the year created a document that was 75 pages long. It took a staff of six people 20 hours each to do that. While it was important, he recommended going to the January minutes and spend some time on the last few pages and look at the process of getting Board of Health leadership. Who would expect someone to remember that after 220 minutes, 3.5 hours plus of conversation of meeting-hood. Those two particular dates gave a lot of insight into how long different topics were being discussed throughout the whole thing.

Speaking under the Conclusion portion, Hoyer asked that they be very careful about agenda creation because there could be the perception that wind issues, if comparing the agenda to the minutes, it could be preserved that wind issues were teasing their way in and sneaking their way in through other matters. In every other place that he had looked at, when they had communications those communications were agenda items. He asked that in the future that they be more properly attentive to help meet the law of open meetings.

Hoyer informed that every other community that he had been to didn't have a Board of Health and a Human Services Board; they had a Health and Human Services Board. He wasn't suggesting that because everyone else did it but the fact of the matter was that sometimes when everyone did something it was because it was a good way of doing things. He didn't know but he felt they should be on the table. He spoke to a creation of a task force to allow them to focus on a single issue so the Health Board could do what they needed to do for the entirety of the population. His hope was that if they had a task force, they would allow for a much more open dialog. It was his perception, perhaps opinion, that the approach to this issue had been single-sided. It had not incorporated all the views that were necessary for true scientific discover and knowledge. The fact that scientists disagreed about things didn't diminish or weaken, it strengthened the scientific method and the arguments and the processes that went into it. Hoyer will spend more time personally with the blue binder but again, at the end of that, if it was his view or someone else's view that that doesn't really look at the entirety of the scientific evidence, that it seemed a little cherry picked, he didn't know but would see.

Supervisor La Violette stated she'd like to make a motion to support Supervisor Hoyer's proposal. She felt they had many meetings about the wind turbine, they heard heart wrenching stories, and she for one did not have the

background or knowledge to understand this completely. There were pieces definitely missing, scientists. She told them very honestly that she had a hard time supporting their proposals without the support of the physicians and health community. They had been absent in this discussion and they had spent a great deal of time on it as well as the people. They came to meeting after meeting and it was going nowhere. His proposal made sense, gave them a chance that it may be going somewhere. It bothered her that the state was not involved but if it had any chance in the future, it would have a chance with a well constituted task force.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to support Supervisor Hoyer's proposal.

Evans questioned what other issues the Board of Health neglected. Hoyer informed that he had tried to get some insight by visiting other counties. He noted E-cigarettes were addressed way too late, vaccines, child welfare, Ebola, influenza, environmental health, childhood lead poisoning in water, public health emergency preparedness, teen pregnancy, mental health, there were many issues. There were issues that they could promote awareness for, protecting the citizens of Brown County. There were diseases that at one point in their lives were fixed but due to a small insular group that were anti vaccines, they were dealing with it. Responding to Evans, Hoyer didn't think the Director was setting the agenda. To Supervisor La Violette's point, when someone comes to you and they want something, the first thing you could do, if possible, was give them what they want. If you can't do that, then you can listen to them. The other thing you could do was be honest with them and straight forward with them. They had listened and listened, it's not that this isn't important or that these weren't issues with real people, but there were other issues that were important and deserved their attention. They have been listening and got nowhere.

Evans stated that the Board of Health, from what he understood, had determined that the Shirley Wind was a human health hazard; so the Board of Health had done a great deal of work. If Hoyer wanted to lead a task force on this issue, it was his prerogative and he could do that. Hoyer suggested removing the Health Director from the equation and asked what was the board going to do for the people impacted by the wind turbines? They didn't need to always take anyone's advice, why weren't they doing anything? Evan's questioned if he was talking about shutting off the wind turbines? Evans was pretty sure the County Board didn't have the authority to shut down the wind turbines but if the Health Department Director felt they were a human health hazard, she had that authority. Hoyer was a little concerned with the one-sidedness of the way this issue had been approached. He felt there was a reason this wasn't in the textbooks, there was reason the doctors weren't coming. They had a doctor, they had a scientist, they had an article that was part of science but it was not how science was done in his view; as per someone with a PhD and a Master's degree in the Sciences. La Violette felt they were in a stalemate; these people kept coming and spending time hoping they would do something and they were not going to do anything. The only chance they had was through maybe a taskforce that would include scientists and physicians. She believed in telling the truth, as she saw it.

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to suspend the rules to allow interested parties to speak. Vote taken. <u>MOTION CARRIED UNANIMOUSLY</u>

<u>William Acker - 3217 Nicolet Drive, Green Bay</u>
Acker informed he was the President of his own consulting engineering firm here in Green Bay. One problem that had been occurring over the eight years he had been working on this issue was the highly political nature of the argument. All wanted clean electricity, without emissions, but because this was all part of the wind turbine issue it had severely divided the sides on where people stood and it resulted in many polluted studies that were people that had extreme conflicts of interest. Because of that, he had strongly supported from the beginning the need for documents that had to be pure reviewed and so many of the documents on the side of the issue that say wind turbines do not produce health problems, many of them were not pure reviewed. He was a pure reviewer for an engineering magazine, the pure review process was so extremely important in which he gave an example of the very strong importance for really good pure review. The best pure review processes that he knew of were medical journals. When you submit an article to a medical journal, only five percent make it through the whole process and get published in a year because there were problems with information that was being provided, mistakes, etc. In something like that that was so strongly political, they had to have a process. So if there was a group that was set up to investigate what the truths were, his suggestion was, don't do it like the Wind Siting Counsel, who originally set up a group that was two people that believed in the illnesses and all the rest that thought that wind turbines were fine. You set up a group, let them put together a document representing everything they came up with and submit it to SAGE which was one of the pure review groups that professors looked to publish their articles in and see if it gets published. If it got published then

the information should stand. He felt this would be the only way this could be done fairly because to even just to choose a group of people that weren't going to have strong interest on either sides of the issue, you had to had to have people that were willing to get to the truth of the matter and the only way he could see that that happened was with the pure review process. He felt they needed additional grant money for people like otolaryngology and neurologist, Professor Alec Salt, he was in his mind the most predominant person that had the most amount of experience at trying to figure out how this annoyance was getting to the brain. He would like to do some more intricate testing but his biggest problem was trying to get grants to do the necessary testing. Those were the people that were on the forefront of this whole issue, people who really understood it, not groups of people coming together and analyzing articles. Referring to the Massachusetts study, document in the black binder, a so-called expert that evaluated documents that were submitted in court cases and he put the study down in a 60-page analysis. In his eyes, they had all the information they needed. If the Board of Health doesn't take an issue against the wind turbines, this more than likely will result in a lawsuit by the individuals injured.

Hoyer had the upmost respect for Acker's career and what he did with regard to pure review; he appreciated what he was doing and honored it. Are the people on the Board of Health experts and would their findings be put in SAGE? Now they were trying to make a decision about this based on people who had spent hours and hours. Acker responded that there was no need for them to have to have that level of expertise or to publish articles, it was the responsibility of professors or doctors that were experienced in this that did the proper evaluations in laboratory analysis or at wind turbine sites and then submit it to SAGE for approval. It wasn't the responsibility of the Health Department, it was their responsibility to review the evidence that was supplied by those experts and then decided what the evidence suggested. Hoyer felt the literature he was talking about was pieces of a puzzle and they were putting it together a little faster than the rest, that being said, if they presume that the puzzle went together exactly this way and move forward with perhaps what the end game that had been hoped for in this process, the collective 297,000 will be sued. It wasn't because they didn't care, or that they didn't want to help them. Secondly, pure reviewed literature was rarely a negative finding. Scientists did numerous experiments and got lucky if they actually found something worth publishing. Speaking to Acker's comments of only 5% got through, that was a very high level of pure review. Hoyer exclaimed, although it didn't feel like it he was genuinely on their side, he was trying to apply the level of scientific critical thinking that was required for this. Ackers stated his major point was that this was a highly political issue and any kind of task force could easily become very polluted and very one sided. Hoyer stated, kind of like the Board of Health if they cherry-picked the membership of the Board of Health. He felt they were no closer to the end or the goal. Ackers felt they had all the medical evidence they needed in his opinion.

Jamir stated Ackers may not be an expert but a specialist as he knew what he was talking about. So if he was saying the evidence was there, was he recommending hiring this expert and what would it cost? Acker informed that he had discussions with Professor Alec Salt on how he could better the results so it would be a slam dunk proof of evidence that people were experiencing the symptoms they were explaining. Salt informed that such a test would take three years and the cost of that grant was higher than he was capable of getting. They never discussed amounts but from his familiarity of different types of studies he was sure they were talking about $1 million dollars or more. Jamir questioned if this person could definitively say it was one way or the other? Acker responded, no, he was only talking about conducting Salt's own additional laboratory analysis and what it would cost to get that type of evidence. People like Professor Alec Salt, an otolaryngology and neurologist, he had no doubt, if you read the research he had done, he's of a very strong opinion that the symptoms were real from the wind turbines; those were the type of experts they needed for this. The problem that they were dealing with was the honesty of the people who were involved in this issue, whether they were willing to tell the truth or whether they wanted to play with the information to go into their direction. If they were to hire professional Alec Salt, he already had his conclusions. But if they took the binder to SAGE and convinced them to review the binder and come up with their own analysis they could review the information and come to a conclusion, because they were a group of experts in their fields. However, he wasn't sure if they would ever be willing to do that because their job was to review articles and make sure that the articles were good and they suggested changes and if the authors make the necessary changes, then they approved it. They certainly were reviewing articles that were being submitted by these professors. Jamir questioned if the binder was a fair compilation of the data and information and evidence? Ackers responded, yes. Jamir stated now if they could get Sage or another party that would be acceptable to all parties and say look at this evidence because at this point, he knew people were hurting but unfortunately not one single doctor of a patient had come up and said there was a direct causal that when the turbines were on, they were sick and when it wasn't, they weren't. Ackers stated that he and Dr. Tibbets had worked very strongly to get doctors involved in this, not just medical doctors, but eye doctors,

etc. and nobody wanted to touch this or be involved. Jamir questioned what if they were to ask the state to give them money to do a medical study? Ackers responded they would end up with the same problems as far as trying to get a group that did not have conflicts of interest. Everyone was going to have bias. Jamir felt they would now have to get the wind industry, the scientists, the residents, the county and the state to agree that whatever SAGE or other entity would say was what they were going to accept. Let's move the needle on this as they had been dealing with it for seven years.

Bill Meindl, 125 W. Mission Road

Meindl informed he was an outside observer on this but what they had seen happen tonight was the kind of thing that had been going on at the Board of Health for quite some time. He had been attending most of their meetings for a year and a half and saw the same pattern being repeated tonight. He had gone to many public meetings, city and county, where they had set a time limit on speakers and it had been as little as three to five minutes, sometimes 10 minutes. In terms of reasonable action and in terms of trying to move items along, it's considered responsible and it was also considered democratic. Meindl appreciated Supervisor Hoyer's PowerPoint; he felt it excellently showed what was happening to the Board of Health in his opinion. In terms of the numbers he put up and the numbers of meetings they had been having increasing. The content of those meetings having to do with wind and the amount of time, as represented in the pages of meeting minutes. It was clearly what he called an obsession by the Board of Health with this topic as time had gone on. In his opinion, the Board of Health was out of control. It had been taken over by a special interest group. He saw to a much lesser degree the same process happening with the County Board and the Human Services Committee; the amount of time now that they were devoting to this issue because the same people were up here over and over again to press their case. The opponents of the Shirley Wind Power Project will only be satisfied if one thing happened and that was if the project was shut down. Most people in this room realized the county or the state was not going to do that. If the state did anything, it may pass a law prohibiting future wind farms from going into operation but it's not going to shut down something that had been legally and lawfully set up and been in operation for over seven years. The Board of Health had made its determination in 2014 that the Shirley Wind Power Project did pose a human health hazard. The new Director of the Health Department in December, 2015 made her ruling after her study that it did not pose a human health hazard. What more could they do? Where did they want this issue to go? As much as he appreciated Supervisor Hoyer's interests in pursuing this matter in a task force, in his opinion, he didn't think a task force would accomplish anything more than what had already hasn't been discussed in pursuit. It would just be another opportunity to delay the issue, to drag it out for more months, more years. There would be questions of who would appoint this task force, what kind of budget would it have and it would be an opportunity for the opponents to flood meetings again with their same repetitive testimony about the Shirley Wind Power Project, let it go. You had a professional Health Director study the issue, she made her determination, and there was nothing more that could be done other than to talk this issue to death. Robinson clarified that the Health Director did not find that there was sufficient evidence at this point to establish a link, not that she didn't find a link, those were two very different things and she had offered to reexamine the evidence and to continue to look at that issue. Meindl stated he was glad that Robinson pointed that out as that was exactly right and she said she'd be willing to review this matter on an annual basis to update her review.

Steve Deslauriers, 2888 Wayside Road, Greenleaf

Deslauriers wanted to state that in his emergency services volunteer work, the Treatment Court was one of the best things that Brown County had done and he was very proud to be a resident because of it. He had seen people stay out of criminal justice because of that court.

In regard to the suggestion of the task force, he felt this was getting way off track. He had been attending the Board of Health meetings for six plus years and wanted it noted how many meetings Hoyer attended. Hoyer realized he had never been, he was at other meetings, but he wanted to get a handle on it by looking back. Deslauriers informed the reason this had such an unbelievable weight on the minutes was because the Board of Health, the Health Director and the Health Department all invited input and that input, unfortunately this was a very complex issue, it had a lot of data and that data now was in the minutes. He was very thankful for when supervisors attend because he felt it was the only way to get past this, he appreciated that. Not once in the six years that he had been going to the Board of Health meetings had the board said that they could not address a public health issue because they were spending too much time on this one. The Board of Health took five years of careful deliberate thorough study of this issue. They came to the conclusion after five years of people suffering in Glenmore. Five years ago nobody would have ever accused the Board of Health as a political body, including a person on the County Board. They took all that time to do

that deliberation and came to the strongest conclusion they could possibly make. It was not an impulse or random political decision, a careful contemplation of the facts, of people's situation in Glenmore, their suffering, their affidavits, the medical records and the studies that were presented to them, which they welcomed from all interested parties. They may call the blue binder biased. They were very interested in getting all the best data in the record. Over the course of this whole session Duke submitted two studies to the record. Hoyer informed he was surprised at that. Deslauriers wasn't minimizing odor complaints but it was handled in a very professional, thorough, methodical way, a scientific way but when they got a complaint about turbines, the Health Department now stated that they made their final decision and will only accept further input on an annual basis, which was his interjection. If they wanted as a county to move on, the county Health Department had to take these complaints seriously like they did with other complaints, not create a taskforce. Address them, investigate and find root cause. If they did not do that, they will continue to bring this up at meetings, as they should, it was a dereliction of duty. Their duties were spelled out in Wisconsin Statute and administrative code. The county received more than $100,000 from Duke Energy for shared revenue for their participation in this project. He didn't see why this money wasn't being used in an effective way. They had seen appointed advisory task force created at the state level, which he felt was a joke. Responding to the process involved with odor complaints, Gollman informed they had a code that addressed nuisance odors, they also had a code that addressed noise, but it was audible noise. Their code did not address low frequency or ILFM, they can't respond to that. They had no instrumentation to measure it. They had no code to enforce so how could they respond to that? That was the dilemma that they face. Gollman took offense when it's stated that the board should make them do their job. They do respond to audible noise and complaints. They don't make the code. Further discussions ensued with regard to infrasound and the processes.

Robinson wanted it reflected in the record that he'd like to apologize for not calling out accusations during prior comments made, as he felt he should have said something at that time. When they got into accusations, just as they were talking about with the Health Department here, they needed to back it up with evidence.

Jim Vanden Boogart, 7463 Holly Mor Road, Greenleaf
Vanden Boogard spoke to the documents that were provided in the blue binder to provide clarity moving forward. He had it all put on a CD and would be happy to provide it to anyone interested.

Vanden Boogart suggested taking the whole collection of documents, send it on a CD to each author including the ones Duke had done and question based on their knowledge of literature that these documents demonstrate that there was a relationship and get an official response from each author. He felt it would be a much more scientific result.

Marty Adams – 1848 Mill Road, Greenleaf
Adams reiterated comments made by Gollman with regard to Health Department procedures. He also reiterated several comments he made at the January 27, 2016 meeting.

Responding to comments made and adding to Hoyer's concerns, Adams informed the Health Department had hundreds of things that they had condemned properties on in which people had abandoned their homes. Thousands of people died from cancer related to smoking. The Board of Health in the last seven years probably hadn't talked about smoking one single time. One issue that had been ignored, heart disease; 50% of the population died from heart disease in the county. There was zero that had died from wind turbines. He asked the committee to utilize their time appropriately and for issues that doctors supported. There were zero medical doctors supporting this, why? He could go to a lead poisoned child's home, each of those cases costed $60,000 in health care costs, teaching costs, Special ED costs, there were thousands of doctors that would back up and say they had to get lead out of peoples bodies. It was on national news the disaster in Michigan due to lead; it had not been talked about in Brown County in the last seven years. Those were the issues he felt should be talked about. Agreeing with Hoyer's point, there had to be evidence to support it, that's what science was about. Everything Adams did in his job was based on science. There were laws, rules, guidelines, statutes but nothing to support the Health Department to shut turbines down. He believed from a public health standpoint this was way overblown and he believed Hoyer was getting at getting this off the agenda table for the Board of Health and get them looking at real issues in Brown County that affect all of the population, that were statistically backed and supported by science; not saying these weren't legitimate complaints

but there had to be a direct link that was not there at this time.

Supervisor Hoyer informed that he would like to withdraw his second to the motion. He didn't think that anything that could be said one way or another would get them any closer to the answer. His goal was to find some common ground, and perhaps there was some? He appreciated a little bit more dialog and fully admitted where his knowledge was lacking and where he had his skills. The hope was to work together towards this but he didn't honestly think, beyond the inculcation of the sides on this, just because he was skeptical didn't mean they could label him part of the problem or mass conspiracy. He wanted what was best for the county, they all did. Maybe they go back on the same road and they were not closer to the answers.

Barbara Vanden Boogart – 7463 Holly Mor Road, Greenleaf

Vanden Boogart informed she was the Vice-President of the Brown County Citizens for Responsible Wind Energy. While it had been thrown around that there were no doctors, physicians who had put statements forward concerning this illness, there may not be local doctors concerning the Shirley Wind victims themselves, however worldwide there were numerous physicians that had done studies and had come to the conclusion that they believe there was not only a relationship but a link to wind turbines and hazardous health issues. She informed NASA did 10 years of study and determined people being exposed experience a certain set of symptoms. There had been an establishment by the naval agency that there was certain arrange of IFLN that caused nauseogenicity, that range was detected in the homes of the Shirley Wind victims. Where's the question left? They had evidence of emissions that government agencies established including their sworn statements.

La Violette questioned why doctors in Brown County weren't here with her? Vanden Boogart felt it was a combination of things, one they were not properly education in what the effects of emissions from ILFN would be. Another was when a patient went to see them, they were leaving the project area and many of those symptoms will leave the patient when they leave the area, some symptoms take weeks to go away but they can't measure that as easily when the patient left the area. Biologically it was very difficult to come up with an exact test that would prove exactly the mechanism that was causing these problems. It was known that ILFN caused vibrations in the bodily systems, like the organs, Vibroacoustic disease. It can thicken the collagen, heart, lungs and you can't see that with a test, it took postmortem to open someone up and check them but it was occurring. La Violette informed it would be helpful to her if doctors would appear. Hoyer stated that independently someone could experience exactly what she was talking about with stress and questioned if that's what doctors claimed it was? He questioned, other than the strength of her knowledge and her conviction, what did she tell that person who said those same things can happen with stress? Vanden Boogart stated that for these individuals, what was unique to this, the problems began when the project was erected. Hoyer interjected, which it could be stressful. Vanden Boogart reiterated that there were test results in these homes indicating that there were levels of ILFN in these houses where people were describing these symptoms that had been proven to be caused by this. She stated there were countries that had their governments using ILFN as a weapon to create some of the same set of symptoms. People tell her that their physicians will do a series of tests that will not prove any of these things because what's causing it was the exposure at the time to the ILFN. Hoyer stated that combined with all the different articles strengthened her convictions.

Responding to Jamir, Vanden Boogart would like for the Health Director to do what the state statute and the county ordinance gave her the authority to do which was to establish the potential. Vanden Boogart believed she had more than potential; however she believed the director took it further than what the ordinance and statutes demanded. Jamir questioned if they wanted her to shut down the wind turbines. Vanden Boogart stated there wasn't a barrier that could be erected between homes and turbines to stop ILFN from affecting them so the only solution was to stop them from operating. The director had the authority with the ordinance and statutes to stop what would be considered emissions which was causing a human health hazard. She believed it would take an Environmental Law Attorney to be able to provide the director with what she would need to move forward in taking that action to protect the citizens. Jamir questioned why not put a suit against Duke Energy; they were the ones that owned the turbines. He questioned what made Shirley Wind unique from the rest of wind turbines around the world? Vanden Boogart stated that when the Board of Health made its declaration that it was a human health hazard, they received numerous words of support from individuals across the world stating that they made the right decision and they would like that same thing happen for them. Shirley Wind had some of the tallest and largest wind turbines within the United States and creating larger levels of ILFN. Evans interjected and asked that Jamir not ask questions outside the communication and he could refer to the blue binder. Meindl exclaimed from the audience "Democracy."

Just for some history, Hoyer informed there was a lot of focus on the current Health Director but her predecessor said pretty much the same thing, he remembered being on the record as they wanted to help these people.

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

Evans stated that after hearing everything, it was unfortunate that Hoyer rescinded his second to La Violette's motion as he was very interested in supporting this task force. As Chairman of Human Services, this would be a board appointed task force and he would take it upon himself to name the members to this committee. He may pull this at the County Board and ask that they support creating this task force so he could move to see whoever he felt so fit to put on this committee, reiterating it was a great idea. It would be like any other task force, subject to open meeting laws and all the information done as a pure review as stated in which they would report back to this committee. If they were in disagreement with the Health Director's conclusion, as he was, he felt this was the perfect opportunity to move this forward. He felt it was a great idea to keep this in the public eye and to keep this issue alive for the people.

Motion made by Supervisor Robinson, seconded by Supervisor La Violette to receive and place on file. Vote taken. Nay: Evans. MOTION CARRIED 3 to 1.

6. **Communication from Chair Evans re: To review the holiday work schedule at the Community Treatment Center.** ***Referred from February County Board.***

La Violette questioned why they were getting involved as it was administrative and shouldn't be on the agenda. Evans informed this was something employees approached him on and he informed he would bring it up on their behalf as he supported the employees. La Violette responded she supported the employees as well and reiterated that it was administrative and they shouldn't be bargaining.

CTC Hospital & Nursing Home Administrator Lucas Schubert provided the committee with a template explaining the current holiday schedule that was in place for the nursing department and background information on it.

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

Health Department & Veterans Service Office

7. **2015-2016 Carryover Funds.**

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

Human Services Department

8. **2015-2016 Carryover Funds.**

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

9. **Budget Adjustment Request (#15-91): Any increase in expenses with an offsetting increase in revenue.**

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

10. **Executive Director's Report.**

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

11. **Financial Report for Community Treatment and Community Programs.**

Robinson questioned how they were addressing the shortfall they experienced in 2015 so it didn't happen in 2016? Human Services Finance Manager Eric Johnson responded, for CTC there had been significant operational changes and they were operating very close to the monthly average budget for the year. There were additional plans for changes to Bay Haven CBRF part of the facility to try and enhance the financial results in 2016.

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

12. **Statistical Reports.**
    - **a. CTC Staff – Double Shifts Worked.**
    - **b. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Hospital.**
    - **c. Monthly Inpatient Data – Bellin Psychiatric Center.**
    - **d. Child Protection – Child Abuse/Neglect Report.**
    - **e. Monthly Contract Update.**

Motion made by Supervisor Hoyer, seconded by Supervisor Robinson to suspend the rules and take Items 12a-3 together. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor La Violette, seconded by Supervisor Hoyer to receive and place on file Items 12a-e. Vote taken. MOTION CARRIED UNANIMOUSLY

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

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

Health Department

13a. Resolution re: Change in Table of Organization for the Health Department Public Health Educator.

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

13ai. Budget Adjustment Request (16-10): Any increase in expenses with an offsetting increase in revenue.

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

13b. Director's Report:

Evans reiterated his earlier sentiments and Congratulated Director Xiong on the award she received today which was very impressive.

13bi. What are the plans for the Brown County Health Department as it pertains to the Zika Virus for this upcoming spring and/or summer for Brown County?

Human Health Health Nurse Manager Debbie Armbruster presented to the committee in written format (attached) a comprehensive report on the Zika Virus. She informed the Health Department and the state were in constant daily contact as far as updates for the Zika virus. There were 11 people that were under surveillance in Brown County that had traveled and thought they may have symptoms and their physicians had done bloodwork as stated by the CDC and had been submitted to the state and CDC and those results were pending.

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

13bii. Per your decision as it relates to your decision regarding the wind turbines and that they do not affect people in Brown County (per your presentation at the last Human Services Committee). Please provide the written document(s)/report(s) you used for your disposition of each document submitted to you, including how it met or failed to meet each of the 8 criteria you used for selecting documents you felt either met or failed to meet your criteria. The public has asked for this and I feel it is warranted as we have a transparent government and it is important for people to see how you came to your conclusion.

A document was presented (attached) re: Shirley Wind Project, Town of Glenmore 2015.

La Violette stated that that she was the Director of the Library for many years and so often at committee meetings Directors or Department Heads were asked for report. They took those requests very seriously and they worked very hard on those reports and she can honestly tell them that in 99 cases out of 100 they got to the committee with the report and most of the committee had forgotten that they even requested the report and just went through it. Almost everyone here she had heard talk about saving taxpayers' dollars and when they were requesting reports they were using taxpayers' dollars because if someone was working on a report that you thought you might want but weren't sure why, they were not doing something else, so please bare that in mind. La Violette thanked Xiong for the report and she wondered what was going to happen with that report and what experts they were going to have review the report before they got into another long discussion. It kept going round and round and she hated wasting people's time.

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

14. **Audit of bills.**

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

15. **Adjourn.**

Motion made by Supervisor La Violette, seconded by Supervisor Robinson to adjourn at 9:05 p.m. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Alicia A. Loehlein
Recording Secretary

Brown County Treatment Alternatives & Diversion Program

HEROIN COURT:

Category	Number
Total Participants to Date	18
Current Participants	18
Additional Approved Participants (awaiting start date)	0
Individuals in Referral Process	7
Successful Graduates	0
Terminations within the first 60 days of acceptance	0
Terminations related to absconding (including those within 60 days of acceptance)	0
Total Number of Terminations	0

The Heroin Court began in March of last year. The purpose of this court is to specifically address the growing abuse of Heroin and Opiates in Brown County and to provide comprehensive treatment and supervision services to individuals within Brown County. In addition to serving the High Risk/High Need population that has exhausted conventional means of supervision and treatment, the Heroin Court also admits individuals with first time heroin/opiate crimes in order to preemptively provide the needed services to reduce risk of serious harm.

MENTAL HEALTH COURT:

Category	Number
Total Participants to Date	15
Current Participants	14
Additional Approved Participants (awaiting start date)	0
Individuals in Referral Process	13
Successful Graduates	1
Terminations within the first 60 days of acceptance	0
Terminations related to absconding (including those within 60 days of acceptance)	0
Total Number of Terminations	0

The Mental Health Court was also established in March of last year. The Mental Health Court looks to serve individuals within the community who have a diagnosed mental health need and that unmet need is the primary factor behind their ongoing criminal justice involvement. The Mental Health Court's goals are to re-establish participants with their providers, develop an obtainable independent living plan, and provide intensive case management and supervision services.

Brown County Treatment Alternatives & Diversion Program

Drug Court Participant Numbers

Category	Number
Total Participants to Date	77
Current Participants	17
Additional Approved Participants (awaiting start date)	1
Individuals in Referral Process	8
Successful Graduates	29
Graduates in Aftercare	5
Pending Graduations this Month	0
Terminations within the first 60 days of acceptance (5 of the 6 absconded and this was the basis for termination)	5
Terminations related to absconding (including those within 60 days of acceptance)	10
Total Number of Terminations	29

*The national average for terminations is between 25-40%; with 76 total participants served to date and 29 terminations, we are currently at 38%. If you exclude terminations that occurred due to the participants abandoning the program within the first 60 days of acceptance, our termination rate is 25%.

NEWVTC Participant Numbers

Category	Number
Total Participants to Date	51
Current Participants	18
Additional Approved Participants (awaiting start date)	1
Individuals in Referral Process	5
Successful Graduates	30
Terminations within the first 60 days of acceptance	0
Terminations related to absconding	0
Total Number of Terminations	3

The NEWVTC has been operational for approximately 3 years. The difference in total number of participants between the Drug Court and the NEWVTC is likely due to the following differing eligibility requirements: NEWVTC accepts referrals from all counties within the 8th judicial district, 1st time offenders, repeat offenders and violent offenders.

Confidentiality

Drug Court files are separate and distinct from Circuit Court files and District Attorney's office files. All Drug Court files are **confidential** and are not open to the general public. All such files are under the sole and exclusive control of the Drug Court Coordinator. Drug Court participants' confidentiality is protected under the Federal Drug and Alcohol Confidentiality Law, 42 C.F.R Part 2. For additional information, please also refer to the Consent for Disclosure and exchange of Confidential Substance Abuse Treatment Information you signed with your attorney when applying for acceptance into the Drug Court Program.

Important Contact Information

We recommend you keep the following contact information with you at all times:

DRUG COURT CASE MANAGER:
Joe Torres (920) 391-4849
Brown County Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54311

PROBATION & PAROLE AGENT:
Laura McDermott (920) 448-5424
State Office Building
200 North Jefferson Street, Suite 328
Green Bay, WI 54301

TESTING MESSAGE LINES: (920) 391-4646
(920) 448-7868

CRISIS CENTER:
300 Crooks St. (920) 436-8888
Green Bay, WI 54301

BROWN COUNTY DRUG & HEROIN/OPIATE COURT PROGRAMS

Participant Handbook

Participant's Name: _____

Date Received: _____ Staff Initials: _____

Table of Contents

Welcome ..... Page 1

Mission Statement ..... Page 1

Overview of the Program ..... Page 1

Benefits of the Program ..... Page 2

Costs of the Program ..... Page 2

The Drug Court Team ..... Page 3

Rules & Regulations ..... Page 4

Phases ..... Page 5

Phase Tables ..... Page 6

Achievements & Incentives ..... Page 12

Violations & Sanctions ..... Page 12

Supervision ..... Page 13

Drug Court Hearings ..... Page 13

Drug/Alcohol Testing ..... Page 14

Treatment & Other Services ..... Page 16

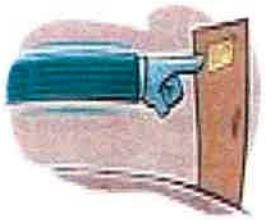
Graduation ..... Page 16

Alumni Association ..... Page 16

Termination ..... Page 17

Drug Court Files / Confidentiality ..... Page 18

Important Contact Information ..... Page 18



Termination

You may be terminated from the Drug Court Program for behaviors deemed by the Drug Court Team to be a threat to public safety or a threat to the integrity of the Drug Court Program, including:

- Failure to attend scheduled Drug Court Hearings
- Commission of a crime
- Drug/alcohol use
- Test tampering
- Violation of Drug Court rules
- Abandonment of the Drug Court Program
- Termination or withdrawal from required treatment
- Assaultive behavior

Upon request of two or more Drug Court Team members, the Team (without the presence of the Drug Court Judges) will meet to discuss the reasons for termination. Upon a majority vote for termination, a Motion to Terminate, which sets forth the reason for termination, will be made to a Drug Court Judge. After the Team meets with this Drug Court Judge and is in agreement, the Team will notify you of the decision. You will be given the option to have a "Termination Hearing" to be set before a different Drug Court Judge as soon as possible. If requested, the Termination Hearing will be on the record in open court and you are entitled to legal representation. *The rules of evidence do not apply in the "Termination Hearing."* If the Drug Court Judge finds to a reasonable certainty by the greater weight of credible evidence that you violated the Drug Court rules that constitute grounds for termination and there is no reasonable alternative to termination, you will be removed from the program. In the event that you abandon the program, a copy of the Motion to Terminate will be mailed to your last known address. If you do not turn yourself in within 7 calendar days from the mailing date, this will be considered a waiver of your right to attend a Termination Hearing. Drug Court participants do **not** have the option to quit the Drug Court Program. Graduation or termination from the Drug Court Program is the only acceptable way to leave the program.

Treatment & Other Services

Each participant is clinically screened and assessed by the Drug Court Coordinator for substance use disorders prior to acceptance into the Drug Court Program. Appropriate levels of care/treatment for substance use disorders will be recommended and required. In addition, referrals for mental health assessments/treatment or other ancillary services may be made and include, but are not limited to: employment counseling; education and literary assistance; health care services; alternative housing; social services; parenting classes; and anger management classes. You are required to comply with all recommendations of the Drug Court Coordinator and the Drug Court Team.

Graduation

Upon successful completion of all three phases, including payment of all assessed fees and upon recommendation of the Drug Court Coordinator, the Drug Court Judge will declare you a graduate of the Drug Court Program. The graduation ceremony will be a celebration of at least six months of absolute sobriety and abstinence and successful completion of the Drug Court Program.

Alumni Association

Upon graduation, all Drug Court Program graduates will be invited to join the Alumni Association. The rules of the Alumni Association will be established by the members of the Alumni Association with the approval of the Drug Court Judge.

Welcome

Welcome to the Brown County Drug Court Program. This handbook is designed to answer your questions and provide information about our program. As a participant of the Drug Court Program, you will be expected to follow the rules and regulations described in the participant contract and this handbook, as well as any directions or instructions given by the Drug Court Judge or any Drug Court Team member.

Mission Statement

The mission of the Brown County Drug Court is to improve the overall quality of life in our community by providing a court-supervised program for substance dependent offenders that will enhance public safety, reduce crime, hold offenders accountable, reduce costs to our community, and ultimately transform these offenders into positive, contributing members of our community.

Overview

The Brown County Drug Court Program is a court that is specifically designated and staffed to handle cases involving dependent adult offenders through an intensive, judicially-monitored program of drug and alcohol treatment, rehabilitation services, and strict community supervision. Drug Courts are built upon a unique partnership between the criminal justice system and drug treatment community, one that structures treatment intervention around the authority and personal involvement of a Drug Court Judge. The Drug Court Judge and the Drug Court Team work together with each participant toward a common goal of breaking the cycle of drug/alcohol abuse and criminal behavior.

Benefits of the Program

When you have successfully completed and graduated from the Drug Court Program, you will have obtained the following rewards and benefits:

- You will be clean and sober
- You will be crime-free
- You will have more job and education opportunities
- You will have better relationships with family and friends
- You will have a better understanding of yourself
- You will have a positive outlook on life

Costs of the Program

Each participant is required to pay $40 per month to participate in the Drug Court Program, as directed by the Brown County Board of Supervisors. It is expected that you will develop a payment plan and begin paying for Drug Court fees in Phase II, and continuing paying until paid in full. All Drug Court fees must be paid prior to graduation. Additional costs you may incur include, but are not limited to, the following:

- Positive drug/alcohol screening tests
- Positive drug/alcohol confirmation tests (ordered when you continue to deny substance use after a positive screening test)
- Alcohol monitoring bracelets
- Treatment (the amount to be paid to the treatment provider will be determined using an existing sliding scale procedure and your ability to pay)

Prior to delivering the sample, you will be asked whether or not the test will be positive. If you acknowledge that the test will be positive, it will be considered a positive test, and the test may not take place. If you indicate the test will be negative but the test is found to be positive, you will be informed of the positive result and assessed the test fee. You will be given an opportunity to request a confirming test. If the confirming test is positive, you will be assessed a fee for both tests. The cost of the tests must be paid within 30 days of when the confirming test was administered. Participants will be subject to sanctions for both the positive test results as well as for lying to the Drug Court staff. If the confirming test is negative, all fees associated with the first and confirming test will be waived.

You are responsible for what goes into your body that may affect drug or alcohol test results. Before taking medication of any kind, you must check with the pharmacist to ensure it is non-narcotic, non-addictive, and contains no alcohol. You must pre-register any and all medications, prescribed or over-the-counter, with your treatment provider(s) and with the Drug Court Coordinator. In addition, you cannot consume poppy seeds, mouthwash containing alcohol, non-alcoholic beer and/or wine while you are in the Drug Court Program.

You are required to inform all treating physicians, dentists, or other health providers that you are a recovering addict and that you may not take narcotic, addictive, or mind/mood-altering medications or drugs as a condition of this program. If a treating physician wishes to treat you with such medications or drugs, you must disclose this to your treatment provider(s) and get specific permission from the Drug Court Coordinator or your probation and parole agent.

Please also refer to the Participant Contract and Participant's Testing Instructions for additional requirements and instructions related to drug/alcohol testing.

Drug & Alcohol Testing

You are subject to random testing for the purpose of detecting the unauthorized use of alcohol or controlled substances. The minimum schedule of drug testing is outlined in each phase of the program.

The Drug Court Judge, the Drug Court Coordinator, the Department of Community Corrections, the treatment providers, the Brown County Department of Human Services, and any officer or deputy working with the authority of the Drug Court Program may request testing at any time. Upon request, you must immediately deliver the requested sample. If a sample is not produced or is not of sufficient quantity it will be treated as a positive sample for the presence of unauthorized drugs or alcohol. If you are late for a test or miss a test, it will be considered "dirty" or "positive" and you will be sanctioned. The collecting site will not allow you in the doors if you arrive more than 10 minutes after the testing start time. Substituting, altering, tampering with, or trying in anyway to change your body fluids for purposes of testing will be grounds for immediate termination from the Drug Court Program.

Testing may include urine, breath, sweat, saliva, blood, and/or hair testing. In order to validate the urine that is collected for urine testing is yours; urine collection requires removal and/or movement of certain clothing and exposure of certain body areas to allow for full observation by a collector of your same gender.

Random drug/alcohol testing by the Drug Court Program requires you to call the testing phone line on a daily basis to confirm if you are required to appear for testing that day. In addition, if you are not scheduled to work, volunteer, or attend school during the primary testing time on a required testing day, you will be required to appear for the primary testing time slot. You must be able to provide acceptable, written proof of your work, volunteer, and school schedule(s) if you claim to be unable to appear for the primary testing time slot. Alternative testing times must be pre-approved by the Drug Court Coordinator.

The Drug Court Team

The Drug Court Team will work with you to make long-term positive change in your life, helping you transform yourself into a positive, contributing member of our community. The Team meets weekly to discuss participant progress and to determine incentives, sanctions, interventions, needs, phase advancement, graduation, and termination. The Team includes:

- Drug Court Judge(s) –presides over your non-adversarial court appearances for Drug Court, makes all decisions regarding your participation in the Program, and leads the Team in creating a participant-focused recovery program.
- Drug Court Prosecutor –participates in team meetings and attends non-adversarial court proceedings.
- Drug Court Defense Attorney - advocates for fair and equal treatment and preserves legal rights of participants, participates in team meetings and attends non-adversarial court proceedings.
- Drug Court Probation & Parole Agent – monitors participants by conducting office, home and job visits and drug testing.
- Drug Court law enforcement officer –monitors participants by conducting home and job visits and drug testing.
- Drug Court Coordinator – develops your Program Plan with you; actively monitors you through office, home and job visits; conducts drug testing; prepares your progress reports; coordinates services among the Team, your providers and the local community.
- Drug Court evaluator - assists the Drug Court Team in developing, capturing, and communicating information for key stakeholders and other audiences.
- Drug Court treatment personnel –provides rehabilitative therapy sessions, drug screening, case management and monitoring for participants. Additionally, within the bounds of ethics and legalities, shares information regarding the progress of a participant to all Drug Court Team members.

Rules & Regulations

As a Drug Court Program participant, you are required to abide by the rules outlined in the Participant Contract, including but not limited to, the following:

1. Totally abstain from the use of illegal drugs, alcohol and substances not intended for human consumption. Do not misuse prescription or over-the-counter medications
2. Do not enter establishments where alcohol is primarily sold or sold for consumption on premises (such as taverns, bars, casinos and events with beer stands/tents)
3. Inform your treating physicians that you are a recovering addict and that you may not take narcotic or addictive medications or drugs
4. Attend and be on time for all court sessions, supervision sessions, and treatment sessions as scheduled
5. Submit to random alcohol and drug testing
6. Behave in a law abiding manner
7. Do not associate with people who use or possess drugs or abuse alcohol
8. Do not have any contact with other Drug Court participants outside of contact at recovery events (AODA support group meetings or sponsored gatherings) or Drug Court events
9. Do not possess any weapons
10. Inform the Drug Court Coordinator, your treatment provider, and probation and parole agent of your current address and phone number at all times
11. Inform the Drug Court Coordinator and your probation and parole agent if you are aware of another Drug Court participant violating rules of the program or supervision
12. Do not leave Brown County without the prior approval of your probation and parole agent or Drug Court Coordinator, subject for review by the Drug Court Team
13. Do not consume poppy seeds, mouthwash containing alcohol, or non-alcohol beer and/or wine
14. Abide by your individualized time management plan
15. Abide by all other rules and regulations imposed by the Drug Court Team and your probation and parole agent
16. Curfew is 10pm unless otherwise approved
17. No use of social media (for example, FaceBook, Twitter and so on)

Supervision

A critical component of successful Drug Court participation involves intense supervision to determine and ensure compliance with the rules of the Drug Court Program. Supervision is provided by various members of the Drug Court Team, including: the Drug Court Judge (in Drug Court hearings); your Probation and Parole Agent; the Drug Court Law Enforcement representative; and the Drug Court Coordinator. The minimum schedule of supervision is outlined in each phase of the program.

Drug Court Hearings

As a Drug Court Program participant, you are required to appear before the Drug Court Judge for hearings on a regular basis. The number of times per week/month you must appear depends on the phase you are in. Failure to appear will result in a warrant being issued for your arrest and detention in jail until you can appear before the Drug Court Judge.

All hearings will be held "on the record," including Termination Hearings. All Drug Court participants must be in the courtroom at 2:00 p.m., unless otherwise excused by the Drug Court Judge or the Drug Court Coordinator. Drug Court hearings are held in Branch 1 and Branch 5, depending on which Judge is covering that week. During each Drug Court hearing, the Drug Court Judge will call participants one at a time to stand before the bench. The Judge may discuss your case with you at this time. Sanctions will be imposed for violations and incentives will be awarded for achievements at this time. You are required to remain in the courtroom throughout the entire session, even after your case is called and finished.

Achievements & Incentives

The Drug Court Team will recognize your accomplishments in areas of your life that promote drug-free, pro-social, law-abiding, behavior by providing a variety of motivational incentives. Incentives are used to acknowledge your achievements and encourage your continued progress. Examples of incentives may include:

- Recognition/Praise
- Vouchers
- Low-cost items
- Prize drawings
- Modification to phase requirements
- Travel/time privileges
- Social/leisure activities or passes

Violations & Sanctions

The Drug Court Team will also recognize violations of the rules by utilizing a variety of sanctions to discourage negative and unhealthy behavior and to hold you accountable for your choices and actions. Examples of sanctions may include:

- Jail
- Electronic monitoring
- Increased supervision
- Day reporting
- Day in the jury box
- Warnings
- Increased support group attendance
- Curfew/check-in time
- Increased court appearances
- Increased drug/alcohol testing
- Team intervention/round table
- Community service work
- Forfeited clean time
- Increased time in phase/return to lower phase

Phases

The Brown County Drug Court Program consists of three phases. All phases require pro-social behavior, supervision by various team members, alcohol/drug testing, treatment or other services, and have expectations for obtaining and maintaining a positive support network. You are required to comply with the expectations of each phase in addition to the Rules & Regulations listed on page 4 and the rules outlined in the Participant Contract.

To promote positive change, each phase also has specific treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase. The tables on the next few pages outline a summary of what is expected of you during each phase and what is required of you to advance to the next phase. Please note: time in confinement or other controlled environments will NOT count towards clean time for phase advancement. Upon completion of the requirements of each phase, you can apply to the Drug Court Coordinator for phase advancement. Letters of support may be attached to the phase advancement application. The Drug Court Judge, upon recommendation of the Drug Court Team, will determine promotions to a higher phase.

The Drug Court Coordinator will meet with you to develop an individualized Drug Court Program Plan. Your Program Plan will identify problems and solutions, strengths and challenges, and include an individualized time management plan. As part of your time management plan, you are required to keep track of pro-social and healthy activities, such as: support group meeting attendance, AODA treatment, drug screens, employment, job searches, school, community service, Drug Court appointments, and Drug Court attendance. Additionally, once you are employed, you will be required to provide a copy of your paycheck to the Drug Court Coordinator to verify your continued employment and the number of hours you worked.

PHASE 1	
OBJECTIVES	Complete orientation, develop a Program Plan, enter treatment, and begin the process of change.
DURATION	At least 2 months
PRO-SOCIAL BEHAVIOR REQUIREMENTS	▪ Maintain total abstinence ▪ Avoid individuals who use, abuse or possess drugs and/or alcohol ▪ Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises ▪ Abide by your individualized time management plan ▪ Attend and be on time for all appointments and appearances ▪ Follow rules/conditions in the Participant Contract ▪ Follow your probation/parole rules
SUPERVISION REQUIREMENTS	▪ Appear weekly before the Drug Court Judge ▪ At least 1 office visit per week with treatment court case manager ▪ Home visits as directed ▪ Cooperate with job/school visits ▪ Office & home visits as directed by your agent ▪ Electronic monitoring as needed/ordered by the Drug Court Judge

DRUG & ALCOHOL TESTING REQUIREMENTS	▪ Drug Court: no less than 2 tests per week ▪ Probation & Parole: testing as directed by your agent ▪ Treatment Providers: testing as directed by your provider(s)
TREATMENT & OTHER SERVICES REQUIREMENTS	▪ Participate and attend a treatment program, as directed by the Team ▪ Participate in required educational components, such as job training or life skills
SUPPORT REQUIREMENTS	▪ Participate in at least 2 support groups per week, or as directed by the Drug Court Team ▪ Maintain contact with sponsor/mentor at least 1 time per week, or as directed by the Drug Court Team ▪ Participate in all assigned Alumni Association activities
REQUIREMENTS TO ADVANCE TO THE NEXT PHASE	▪ At least 180 consecutive days of total abstinence from all drugs and alcohol (Drug Court clean time) ▪ Be gainfully employed, enrolled in an educational program, and/or complete community service, as directed by the Drug Court Team ▪ Demonstrate continued ability to maintain budget ▪ Continue following payment plan and making payments for the costs of the Drug Court Program ▪ Complete all other conditions, as determined by the Team ▪ Develop an approved relapse prevention plan

PHASE 2	
OBJECTIVES	Utilize your recovery skills to maintain sobriety and work on your individualized Program Plan.
DURATION	At least 2 months
PRO-SOCIAL BEHAVIOR REQUIREMENTS	▪ Maintain total abstinence ▪ Avoid individuals who use, abuse or possess drugs and/or alcohol ▪ Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises ▪ Abide by your individualized time management plan ▪ Attend and be on time for all appointments and appearances ▪ Follow rules/conditions in the Participant Contract ▪ Follow your probation/parole rules
SUPERVISION REQUIREMENTS	▪ Appear every other week before the Drug Court Judge ▪ At least 1 office visits every 2 weeks with treatment court case manager ▪ Home visits as directed ▪ Cooperate with job/school visits ▪ Office & home visits as directed by your agent ▪ Electronic monitoring as needed/ordered by the Drug Court Judge

DRUG & ALCOHOL TESTING REQUIREMENTS	▪ Drug Court: no less than 3 tests per week ▪ Probation & Parole: testing as directed by your agent ▪ Treatment Providers: testing as directed by your provider(s)
TREATMENT & OTHER SERVICES REQUIREMENTS	▪ Participate and attend a treatment program, as directed by the Drug Court Team ▪ Participate in required educational components, such as job training or life skills
SUPPORT REQUIREMENTS	▪ Participate in at least 2 – 4 support groups per week, or as directed by the Drug Court Team ▪ Maintain contact with sponsor/mentor at least 1 time per week, or as directed by the Drug Court Team
REQUIREMENTS TO ADVANCE TO THE NEXT PHASE	▪ At least 120 consecutive days of total abstinence from all drugs and alcohol (Drug Court clean time) ▪ Be gainfully employed, enrolled in an educational program, and/or complete community service, as directed by the Drug Court Team ▪ Demonstrate an ability to maintain a budget ▪ Develop a payment plan and begin paying for the costs of the Drug Court Program ▪ Complete all other conditions, as determined by the Team

PHASE 3	
OBJECTIVES	Maintain sobriety and recovery in order to live a chemical-free and crime-free lifestyle.
DURATION	At least 2 months
PRO-SOCIAL BEHAVIOR REQUIREMENTS	▪ Maintain total abstinence ▪ Avoid individuals who use, abuse or possess drugs and/or alcohol ▪ Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises ▪ Abide by your individualized time management plan ▪ Attend and be on time for all appointments and appearances ▪ Follow rules/conditions in the Participant Contract ▪ Follow your probation/parole rules
SUPERVISION REQUIREMENTS	▪ Appear once a month before the Drug Court Judge ▪ At least 1 office visit every 3 weeks with treatment court case manager ▪ Home visits as directed ▪ Cooperate with job/school visits ▪ Office & home visits as directed by your agent ▪ Electronic monitoring as needed/ordered by the Drug Court Judge

DRUG & ALCOHOL TESTING REQUIREMENTS	▪ Drug Court: no less than 4 tests per week ▪ Probation & Parole: testing as directed by your agent ▪ Treatment Providers: testing as directed by your provider(s)
TREATMENT & OTHER SERVICES REQUIREMENTS	▪ Participate and attend a treatment program, as directed by the Drug Court Team ▪ Participate in required educational components, such as job training or life skills
SUPPORT REQUIREMENTS	▪ Participate in at least 4 – 7 support groups per week, or as directed by the Drug Court Team ▪ Obtain a sponsor/mentor and maintain contact at least 2 times per week, or at directed by the Drug Court Team
REQUIREMENTS TO ADVANCE TO THE NEXT PHASE	▪ At least 60 consecutive days of total abstinence from all drugs and alcohol (Drug Court clean time) ▪ Establish an employment and/oreducational plan and complete community service, as directed by the Drug Court Team ▪ Develop a realistic budget and/or obtain assistance with budget management ▪ Obtain a sponsor/mentor and maintain contact at least 2 times per week ▪ Complete all other conditions, as determined by the Team

Created on 06/04/09, Revised 11/04/14 effective until 11/2015 or when otherwise updated

Northeast Wisconsin Veteran's Treatment Court

Participant Handbook

Established 2011

Created: July 3, 2012
Updated July 31, 2014

TABLE OF CONTENTS

Welcome 3
Mission Statement 3
Introduction 3
Benefits of the Program 3
The Northeast Wisconsin Veteran's Treatment Court Team 4
Court Proceedings 4
Program Requirements 5
Program Rules 5
Sanctions & Violations 6
Achievements & Incentives 6
Supervision & Testing 6
Program Phases 6
- Phase I 8
- Phase II 9
- Phase III 10
- Phase IV: Continuing Care 11

Graduation 11
Mentoring 11
Alumni Association 11
Suspension 11
Termination/Expulsion Process 11
Voluntary Removal 12

WELCOME

Welcome to Northeast Wisconsin Veteran's Treatment Court Program. This handbook is designed to answer your questions and provide information about our program. As a participant of the Veteran's Court Program, you will be expected to follow the rules and regulations described in the participant contract and this handbook, as well as any directions of instructions given by the Veteran's Court Judge or any Veteran's Court Team member.

MISSION STATEMENT

The mission of the Northeast Wisconsin Veteran's Treatment Court (NEWVTC) is to aid our Veterans who have stumbled, and entered the justice system. We will help them get back on their feet by using resources available in our community, while constantly being aware of public safety needs. 'Leave No Veteran Behind.'

INTRODUCTION

The Northeast Wisconsin Veteran's Treatment Court (NEWVTC) is a court that is specifically designated and staffed to handle cases involving offenders (Participants) with veteran status through an intensive, judicially monitored program of alcohol, drug, mental health treatment, rehabilitation services, and strict community supervision. The NEWVTC concept is compared to other successful treatment court programs.

The NEWVTC is built upon a unique partnership among the criminal justice system, the Department of Veterans Affairs, and local providers which structures treatment and support intervention with the authority and personal involvement of the Veteran's Treatment Court Judge. The NEWVTC is dependent upon the creation of a non-adversarial courtroom atmosphere, where a judge and a dedicated team work together toward a common goal of breaking the cycle of drug and alcohol abuse, mental illness and/or criminal behavior. This goal is co-equal to a dedicated commitment to public safety.

Because of the unique problems and opportunities that present themselves in working with veterans involved in the criminal justice system, treatment and rehabilitation strategies are "reality-based" and recognize:

- Veterans are most vulnerable to successful intervention when they are in the crisis of initial arrest and incarceration, so intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring offender accountability are critically important. Therefore, NEWVTC supervision will be highly coordinated and very comprehensive.
- The importance of public safety

BENEFITS OF THE PROGRAM

When you have successfully completed and graduated from the Veteran's Court Program, you will have obtained the following rewards and benefits:

- You will be clean and sober
- You will be crime-free
- You will have more job or education opportunities

- You will better relationships with family and friends
- You will have a better understanding of yourself
- You will have a positive outlook on life
- You will be connected with the VA

THE NEWVTC TEAM

The Northeast Wisconsin Veteran's Treatment Court comprises of individuals from a variety of disciplines that come together to handle cases involving dependent offenders through an intensive, judicially-monitored program of drug and alcohol treatment, rehabilitation service, and mental health services. The following is a list of the Northeast Wisconsin Veteran's Treatment Court Team members and a summary of each individual's role:

- **Circuit Court Judge:** presides over your non-adversarial court appearances for Veteran's Court, makes all decisions regarding your participation in the Program, and leads the team in creating a participant-focused recovery program.
- **Veterans Treatment Court Coordinator:** maintains a confidential NEWVTC court file for each participant and attends team meetings and veteran's court sessions.
- **Probation and Parole Agent:** monitors participants, who are under the supervision of the Dept. of Corrections, by conducting office, home, and job visits and drug testing.
- **District Attorney Representative:** participates in team meetings and attends court sessions.
- **Public Defender's Office/Defense Attorney:** advocates for fair and equal treatment and preserves legal rights of participants, participates in team meeting and attends court sessions.
- **Law Enforcement Representative(s):** represents law enforcement at team staffing's and relays information about Veterans Court to local law enforcement.
- **Veterans' Justice Outreach (VJO):** services as a liaison between the veteran participant, Veteran's Court Program, and the VA Medical Center or Clinic. Conducts needs assessment and advocates for the special needs of the veteran population. Facilitates VA linkages for services, coordinate reports from VA entities, check and assist with determining eligibility for services, and assist with case management for VA services. Attends team meetings and veteran's court sessions.
- **County Veterans Service Officer:** determine benefit eligibility and refer appropriate veterans to VA Medical Center or Clinic for initial screening and subsequent evaluations, assessments, and/or treatment. Attend team meetings and veteran's court sessions
- **Mentor Coordinator:** recruit and train volunteer veteran court mentors and supervises and monitors mentors for accountability. Attends team meetings and veteran's court sessions.
- **Treatment Personnel:** provides rehabilitative therapy sessions, drug screening, case management and monitoring for participants. Additionally, within the bounds of ethics and legalities, shares information regarding the progress of a participant to all Veteran's Court team members.

COURT PROCEEDINGS

As a Veteran Court Program participant, you are required to appear before the Veteran's Court Judge for hearings on a regular basis. The number of time per/week month you must appear depends on the phase you are in. Failure to appear could result in a warrant being issued for your arrest and detention in jail until you can appear before the Veteran's Court Judge.

All court participants must be in the Brown County Circuit Court Branch 4 courtroom at 9:30 a.m., unless otherwise excused by the Veteran's Court Judge.

During each Veteran's Court hearing, the Veteran's Court Judge may discuss the case with each participant. Sanctions will be imposed for violations. All Veteran's Court participants must be in the courtroom at 9:30 a.m., unless otherwise excused by the Veteran's Court Judge or the Veteran's Court Team.

PROGRAM REQUIRMENTS

Program Rules

Veteran's Court participants are required to abide by the rules outlines in the participant contract, including, but not limited to, the following:

1. Totally abstain from the use of illegal drugs and alcohol, and do not misuse prescription or over-the-counter medications
2. Do not enter establishments where alcohol is primarily sold unless granted permission by the Judge (i.e. taverns, bars, and events with beer stands/tents)
3. Inform treating physicians that he/she is a recovering addict and may not take narcotic or addictive medications or drugs
4. Attend and be on time for all court, supervision, and treatment sessions as scheduled
5. Submit to random alcohol and drug testing if required by the court
6. Behave in a law abiding manner
7. Do not associate with people who use or possess drugs or abuse alcohol
8. Do not possess any firearms, (questions regarding firearms must be addressed in court)
9. Keep the Veteran's Court Team, treatment provider, and probation and parole agent informed of his/her current address and phone number at all times
10. Inform the Veteran's Court Team and probation and parole agent if aware of another Veteran's Court participant violating rules of the program or supervision
11. Do not consume poppy seeds, mouthwash containing alcohol, or non-alcohol beer and/or wine
12. Abide by their individualized time management plan*
13. Abide by all other rules and regulations imposed by the Veteran's Court Team and his/her probation and parole agent

** Veteran's Court participants are required to document that they have followed their assigned time management plan each week, including a combination of the following activities: support group meeting attendance, substance abuse treatment, drug screens, employment, job searches (30 minutes per job application), school, community service work, Veteran's Court appointments, or Veteran's Court attendance.*

SANCTIONS AND VIOLATIONS

Any violations of the rules of the Veteran's Court Program may result in the immediate imposition of sanctions, as determined by the Veteran's Court Judge. Sanction may include, but are not limited to, the following:

- Jail/weekend in jail (work detail)
- Curfew/check-in time
- Electronic monitoring
- Increased supervision
- Day reporting
- Increased drug testing
- Increased court appearances
- Increased support group attendance
- Warnings
- Team intervention/round table
- Community service work
- Verbal and/or written apologies to judge and group
- Forfeited clean time
- Increased time in phase/return to lower phase

ACHIEVEMENTS & INCENTIVES

The Veteran's Court Judge and the Veteran's Court Team will acknowledge and reinforce compliance by Veteran's Court participants by providing a variety of motivational incentives. Incentives can include, but are not limited to, the following: recognition, modification to phase requirements, financial gift cards, praise from the bench, medallion or coin, and bus or gas card.

SUPERVISION & TESTING

A critical component of successful NEWVTC participation involves intensive supervision to determine compliance with the rules of the NEWVTC program. Supervision is provided by various members of the Veteran's Court Team. The minimum schedule of supervision is outlined in each phase of the program

Each client is subject to random testing for the purpose of detecting the unauthorized use of alcohol or controlled substances. Any participant is subject to testing at any time. Upon request, the Veteran's Court participant shall immediately deliver the requested sample. If a sample is not produced, is not of sufficient quantity, or is adulterated in any way, it will be treated as a positive sample for the presence of unauthorized drugs or alcohol.

PROGRAM PHASES

Phases are the steps identified by the Northeast Wisconsin Veteran's Treatment Court Team through which clients must progress in order to complete the program. The expected length of the program is approximately 18 months. An application must be made to the Court and be approved by the NEWVTC team for phase advancement.

The Northeast Wisconsin Veteran's Treatment Court program shall consist of four phases with the final phase being a Continuing Care Phase. The NEWVTC team shall determine when promotion to a higher phase is appropriate. When the participant is accepted into the NEWVTC program, he/she will complete a comprehensive AODA and or mental health assessment. After the assessment is completed, the NEWVTC team will determine the level and location of each participant's treatment.

PHASE I

Duration:	**Approximately 3 to 4 months**
Pro-Social Behavior Requirements	• Maintain total abstinence • Avoid individuals who use or possess drugs and/or alcohol • Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises • Abide by individualized time management plan • Attend and be on time for all required appointments and appearances • Follow the rules and conditions set forth in the Participant Contract • Follow the rules set forth by the probation and parole agent
Supervision Requirements	• Make weekly, or as ordered, appearances before the Veteran's Court Judge • Office and home visits as directed by your probation rules/agent • Electronic monitoring as needed, and as ordered by the Veteran's Court
Drug & Alcohol Testing Requirements	• Probation and Parole: drug and/or alcohol testing as directed by the probation and parole agent • Treatment providers: drug and/or alcohol testing as requested by the treatment provider(s)
Treatment & Testing Requirements	• Participate in an outpatient or inpatient treatment program, as determined by the Veteran's Court Team • Comply with all conditions of the treatment plan • Participate in required educational components, such as job training or life skills
Support Requirements	• Obtain a sponsor and/or mentor and maintain at least once weekly contact (s) • Participate in support groups, as established in the treatment plan
Requirements to Advance to the Next Phase	• Maintain at least 90 consecutive days of total abstinence from all drugs and alcohol with no illegal activity • Establish a vocational and/or educational plan and complete community service, as directed by the Veteran's Court Team • Develop a realistic budget and/or obtain assistance with budget management • Obtain a sponsor/mentor and maintain contact at least once a week • No missed or unexcused drug test, appointment, or treatment sessions • Participation in the development of a treatment plan • Complete Phase Advancement Application • Complete all other conditions, as determined by the Team

PHASE II

Duration:	**Approximately 4 to 5 months**
Pro-Social Behavior Requirements	• Maintain total abstinence • Avoid individuals who use or possess drugs and/or alcohol • Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises • Abide by individualized time management plan • Attend and be on time for all required appointments and appearances • Follow the rules and conditions set forth in the Participant Contract • Follow the rules set forth by the probation and parole agent
Supervision Requirements	• Make biweekly, or as ordered, appearances before the Veteran's Court Judge • Office and home visits as directed by your probation rules/agent • Electronic monitoring as needed, and as ordered by the Veteran's Court
Drug & Alcohol Testing Requirements	• Probation and Parole: drug and/or alcohol testing as directed by the probation and parole agent • Treatment providers: drug and/or alcohol testing as requested by the treatment provider(s)
Treatment & Testing Requirements	• Participate in an outpatient or inpatient treatment program, as determined by the Veteran's Court Team • Comply with all conditions of the treatment plan • Participate in required educational components, such as job training or life skills
Support Requirements	• Obtain a sponsor and/or mentor and maintain at least once weekly contact (s) • Participate in support groups, as established in the treatment plan
Requirements to Advance to the Next Phase	• Maintain at least 120 consecutive days of total abstinence from all drugs and alcohol with no illegal activity with no illegal activity • Comply with conditions of the educational/vocational plan and leisure activity plan, as directed by the Veteran's Court Team • Demonstrate ability to maintain a budget • Develop a payment plan and begin paying for any revocations • Maintain contact at least once a week with sponsor/mentor • No missed or unexcused drug test, appointment, or treatment sessions • Comply with conditions of the treatment plan • Complete Phase Advancement Application • Complete all other conditions, as determined by the Team

PHASE III

Duration:	**Approximately 4 to 5 months**
Pro-Social Behavior Requirements	• Maintain total abstinence • Avoid individuals who use or possess drugs and/or alcohol • Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises • Abide by individualized time management plan • Attend and be on time for all required appointments and appearances • Follow the rules and conditions set forth in the Participant Contract • Follow the rules set forth by the probation and parole agent
Supervision Requirements	• Make appearances before the Veteran's Court Judge every three weeks • Office and home visits as directed by your probation rules/agent • Electronic monitoring as needed, and as ordered by the Veteran's Court
Drug & Alcohol Testing Requirements	• Probation and Parole: drug and/or alcohol testing as directed by the probation and parole agent • Treatment providers: drug and/or alcohol testing as requested by the treatment provider(s)
Treatment & Testing Requirements	• Participate in an outpatient or inpatient treatment program, as determined by the Veteran's Court Team • Comply with all conditions of the treatment plan • Participate in required educational components, such as job training or life skills
Support Requirements	• Obtain a sponsor and/or mentor and maintain at least once weekly contact • Participate in support groups, as established in the treatment plan
Requirements to Advance to the Next Phase	• Maintain at least 150 consecutive days of total abstinence from all drugs and alcohol with no illegal activity • Comply with conditions of the vocational/educational plan and leisure activity plan, as directed by the Veteran's Court Team • Maintain contact at least once a week with sponsor/mentor • No missed or unexcused drug test, appointment, or treatment sessions • Comply with conditions of the treatment plan • Continue to follow the payment plan for revocation • Complete Phase Advancement Application • Develop an approved aftercare and relapse plan: including on-going treatment for mental and physical health, financial stability, support system, and leisure structure

PHASE IV: Continuing Care

Duration:	**Approximately 4 to 5 months**
Pro-Social Behavior Requirements	• Maintain total abstinence • Avoid individuals who use or possess drugs and/or alcohol • Do not enter establishments where alcohol is primarily sold and avoid any premises where alcohol is sold for consumption on the premises • Abide by individualized time management plan • Attend and be on time for all required appointments and appearances • Follow the rules and conditions set forth in the Participant Contract • Follow the rules set forth by the probation and parole agent
Supervision Requirements	• Make monthly, or as ordered, appearances before the Veteran's Court Judge • Office and home visits as directed by your probation rules/agent • Electronic monitoring as needed, and as ordered by the Veteran's Court
Drug & Alcohol Testing Requirements	• Probation and Parole: drug and/or alcohol testing as directed by the probation and parole agent • Treatment providers: drug and/or alcohol testing as requested by the treatment provider(s)
Treatment & Testing Requirements	• Participate in an outpatient or inpatient treatment program, as determined by the Veteran's Court Team • Comply with all conditions of the treatment plan • Participate in required educational components, such as job training or life skills
Support Requirements	• Obtain a sponsor and/or mentor and maintain at least once weekly contact • Participate in support groups, as established in the treatment plan
Requirements to Advance to the Next Phase	• Maintain at least 180 consecutive days of total abstinence from all drugs and alcohol with no illegal activity • Maintain employment or comply with vocational/educational plan and leisure activity plan, as directed by the Veteran's Court Team • Fully paid for revocation • Maintain contact at least once a week with sponsor/mentor • No missed or unexcused drug test, appointment, or treatment sessions • Comply with conditions of the treatment plan • Maintain an approved aftercare and relapse plan • Complete Application for Graduation • Complete all other conditions, as determined by the Team

GRADUATION

Upon successful completion of all four phases and with the recommendation of the NEWVTC team, the Veteran's Court Judge shall declare the Veteran's Court participant a graduate of the Veteran's Court Program. A graduation ceremony will be held in celebration of the participant completing all of the established guidelines of the NEWVTC program.

MENTORING

Northeast Wisconsin Veteran's Treatment Court participants in the continuing care phase will be given an opportunity to assist Phase I participants in their adjustment to the NEWVTC program. Upon recommendation of the NEWVTC team, the participant can be assigned to a new Phase I participant. They will then be given the opportunity to assist the Phase I participant with transportation and or any other areas of the ongoing rehabilitation as needed.

ALUMNI ASSOCIATION

Upon completion of Northeast Wisconsin Veteran's Treatment Court Program, all participants will become members of the Northeast Wisconsin Veteran's Court Alumni Association.

SUSPENSION

A Northeast Wisconsin Veteran's Treatment Court participant may be suspended from the NEWVTC due to continued relapses or the emergence of new legal charges. If the treatment team recommends a participant be suspended for new legal charges, the NEWVTC participant may still attend the NEWVTC until their legal charges are resolved. If the NEWVTC participant is referred to an institutional treatment facility by the NEWVTC team, their progress or lack of progress will be monitored by the probation agent liaison. Their return to the NEWVTC program will be based upon their discharge status from the institutional treatment center.

TERMINATION/EXPULSION PROCESS

A participant in the Northeast Wisconsin Veteran's Treatment Court can be terminated from the program for any of the following reasons:

1. Partake in the commission of a violent crime

2. Abandonment of the NEWVTC program for four (4) weeks

3. Clear evidence present that a participant is dealing drugs or driving while under the influence of an intoxicant

4. Clear evidence present that a participant has been involved in any threatening, abusive, or violent verbal/physical behavior towards anyone

5. Any other grounds that the NEWVTC team finds sufficient for termination

6. Revocation of probation/parole/extended supervision

Any member of the Northeast Wisconsin Veteran's Treatment Court team may make a motion for expulsion. The motion for expulsion will be discussed at the team meeting, Upon a majority vote, a recommendation for expulsion will be made to the NEWVTC Judge. The matter will then be set for a hearing before the NEWVTC Judge the following week. The Motion for Expulsion hearing will be on

the record in open court. If the NEWVTC Judge agrees that there is a basis to grant the Motion for Expulsion, findings and conclusions will be made on the record, and the NEWVTC participant will be removed from the program and returned to the sentencing Judge for imposition of sentence in accordance with the previously negotiated plea. If a participant has absconded for a total of four weeks, they are automatically terminated from the program and there is no process for appeal.

VOLUNTARY REMOVAL

A Northeast Wisconsin Veteran's Treatment Court participant will have the option to leave the NEWVTC program; however in choosing to do so the participant will be subject to the same consequences or penalties as a participant who is terminated from the court. Successful completion of the program or expulsion from the NEWVTC, are the only two acceptable ways to leave the Northeast Wisconsin Veteran's Treatment Court Program.

APPLICATION FOR LICENSE - BROWN COUNTY HEALTH DEPARTMENT

In accordance with Chapter 37 of the Brown County Code of Ordinances, I the undersigned do hereby apply to the Board of Health of Brown County for a license for the year ending June 30, 2016

I hereby certify that I am familiar with the laws, ordinances, and regulations pertaining to the conditions of said establishment in the County of Brown, and I hereby agree, if granted said license, to obey all provisions of said laws, ordinances and regulations.

PLEASE *PRINT CLEARLY* THE FOLLOWING INFORMATION:

ESTABLISHMENT NAME _____ PHONE _____

ESTABLISHMENT ADDRESS _____ CITY _____ ZIP CODE _____

LEGAL LICENSEE _____ E-MAIL _____

(List the name of the Individual, Partnership, or Corporation)

LICENSEE ADDRESS _____

PRINTED NAME OF APPLICANT: _____ SIGNATURE OF APPLICANT: _____

MAIL LICENSE TO: _____

(Please indicate where correspondence should be mailed to – if NOT indicated it will be mailed to the establishment)

THIS APPLICATION MUST BE SIGNED TO OBTAIN A LICENSE – Please Refer To Back of Application For Mailing Instructions.

01	Pre-inspection			
	NEW = 40% of License Total (Total Fees X .40)			$ _____
	EXISTING = 30% of License Total (Total Fees X .30)			$ _____
	PERMANENT RESTAURANT AND MOBILE BASE			
02	Prepackaged food only			$157
	Food Prep on Site – Risk Categories			
05A	*Simple	< $50,000	Gross sales	$484
05B	*Simple	$50,000-$200,000	Gross sales	$548
05C	*Simple	>$200,000	Gross sales	$617
06A	*Moderate	< $100,000	Gross sales	$662
06B	*Moderate	$100,000-$400,000	Gross sales	$722
06C	*Moderate	> $400,000	Gross sales	$781
07A	*Complex	< $150,000	Gross sales	$830
07B	*Complex	$150,000-$600,000	Gross sales	$891
07C	*Complex	> $600,000	Gross sales	$947
08A	*Mobile Unit (Prep)			n/c
08B	*Mobile Unit (Prep)			$365
09A	Mobile Unit (Pre-pack)			n/c
09B	Mobile Unit (Pre-pack)			$157
10	Satellite unit			$103
13	Tavern			$145
13A	Additional Tavern Area			$ 37
14	Soft drink stand			$145
15	Frozen confection			$145
	Retail Food – Risk Categories			
16	***Ag Code 55			$157
17	***Ag Code 44			$484
	A. Limited Processing			$193
18	***Ag Code 33			$534
19	***Ag Code 22			
	A. < $250,000 Gross sales			$617
	B. $250,000-$600,000 Gross sales			$781
	C. $600,000 - $1,000,000 Gross sales			$947
20	***Ag Code 11			
	> $1,000,000 Gross sales			$1439
21A	***Ag Mobile Unit (Prep)			n/c
21B	***Ag Mobile Unit (Prep)			$365
22A	***Ag Mobile Unit (Pre-pack)			n/c
22B	***Ag Mobile Unit (Pre-pack)			$157
	Specials			
23	Special Advisory Inspection			$181
24	Bed & Breakfast (2 year license)			$350
25	Tourist Rooming House			$145

Hotel/Motel		
26	5-30 rooms	$387
27	31-99 rooms	$556
28A	100 - 199 rooms	$691
28B	200 + rooms	$796
Swimming Pools		
29	Outdoors pool	$245
29A	Additional pool (outdoor)	$ 79
30	Indoors pool	$574
30A	Additional pool (indoor)	$181
31	Pool Slide OR Water Slide	$127
Manufactured Homes Community		
33	1-25 sites	$450
34	26-50 sites	$495
35	51-100 sites	$569
36A	101-175 sites	$631
36B	176 + sites	$682
Campgrounds		
37	1-25 sites	$241
38	26-50 sites	$293
39	51-100 sites	$339
40A	101-199 sites	$387
40B	200 + sites	$435
41	Recreational/educational camp	$241
Tattoo/Body Piercing		
42	Tattoo	$241
43	Body piercing	$241
44	Combined tattoo & body piercing	$365
Schools		
48	Schools – limited service	$227
49	Schools – prep on site	$520
Temporary Events		
50	**Restaurant	$185
51	**Food Stand	$185
52	Temporary tattoo or body piercing booth	$103
53	Special Event Campground 1-25 sites	$175
54	Special Event Campground 26-50 sites	$230
55	Special Event Campground 51-100 sites	$285
56	Special Event Campground 101-199 sites	$330
57	Special Event Campground 200+ sites	$380
Fees		
	Re-inspection Fee (See Reverse)	
	Other Permit Inspection Fee	$ 45
	Closure/Reopen Fee	$107
	Operating Without A Permit	$127

THIS LICENSE IS NOT TRANSFERABLE

You *MUST* have a valid license *BEFORE* operating. All licenses expire on June 30th annually.

TOTAL DUE:	STAFF INITIALS:	REPLACING:

APPROVED: _____ **DATE:** _____

FOR OFFICE USE ONLY:: AS400 ID# _____ Amount _____ Check # _____

HEALTH DEPARTMENT
Brown County

610 S. BROADWAY STREET
P.O. BOX 23600
GREEN BAY, WI 54305-3600

CHUA XIONG, R.N., MS
DIRECTOR

PHONE (920) 448-6400 FAX (920) 448-6479 WEB: www.co.brown.wi.us

Brown County
Tavern Inspections/Violations Data
2015

2015 Tavern Data:

	Number		Fiscal Impact
Taverns Closed/Changed Operator	20		2,900.00
Additional Taverns Closed/Changed Operator	3		111.00
Active Taverns	317		45,965.00
Active Additional Taverns	52		1,924.00
Lambeau Additional Taverns	33		1,221.00
Total:	**425**		**$52,121.00**
Taverns Inspected Requiring a Follow-Up Visit	77		
Total Tavern Violations Noted	513		
Violations Noted Requiring a Follow-Up Visit	296	58%	

Visit us on Facebook

@BrownCountyHealthDept

Turning Brown County Green

MARC A. HAMMER
Circuit Judge

Sheri L. Piontek
Court Reporter
(920) 448-4119

Julia M. Hornburg
Court Coordinator
(920) 448-4168

Nancy A. Briski
Judicial Assistant
(920) 448-4118

CIRCUIT COURT BRANCH V

BROWN COUNTY COURTHOUSE
100 SOUTH JEFFERSON STREET
P.O. BOX 23600
GREEN BAY, WISCONSIN 54305-3600

February 4, 2016

To Whom It May Concern:

This letter serves as a recommendation in support of the Family Access Solution Program here in Brown County, Wisconsin. I have worked with this program since its inception. It performs a vital service in facilitating court-ordered visitations between minor children and their parents in a safe and supervised setting.

It is an unfortunately reality in our country that in certain parent-child situations, there is a need to ensure a degree of safety, stability, and security for both parent and child. This need typically comes at a significant financial cost, often difficult to maintain by the child's parents and/or the county. It is the child who ultimately suffers from these concerns, as Wisconsin state statutes and common law consistently admonish the courts to foster positive relationships between children and their parents in the belief that such contact serves in the minor child's best interest.

Family Access Solutions fills a critical void in providing a safe place for children to interact with a parent. Trained professionals ensure that both words and actions are conducive to positive parenting. The program allows a substantial decrease in parental and/or child anxiety which inures to the short term and long term benefit of the child-parent relationship.

This program is much more than a simple "exchange program." Family Access Solutions allows the court critical information and/or observations regarding an individual's ability to parent and a child's response to parenting which is of critical importance in creating a custody and placement order that will affect a child throughout his/her minority. There is no other monitoring program in the county that is of similar quality and is as cost efficient as Family Access Solutions.

As a former family law attorney for 20 years, a former family court judge, and a current member of the Domestic Violence Inter Agency Committee, Family Access Solutions' resources have been invaluable.

Very truly yours,

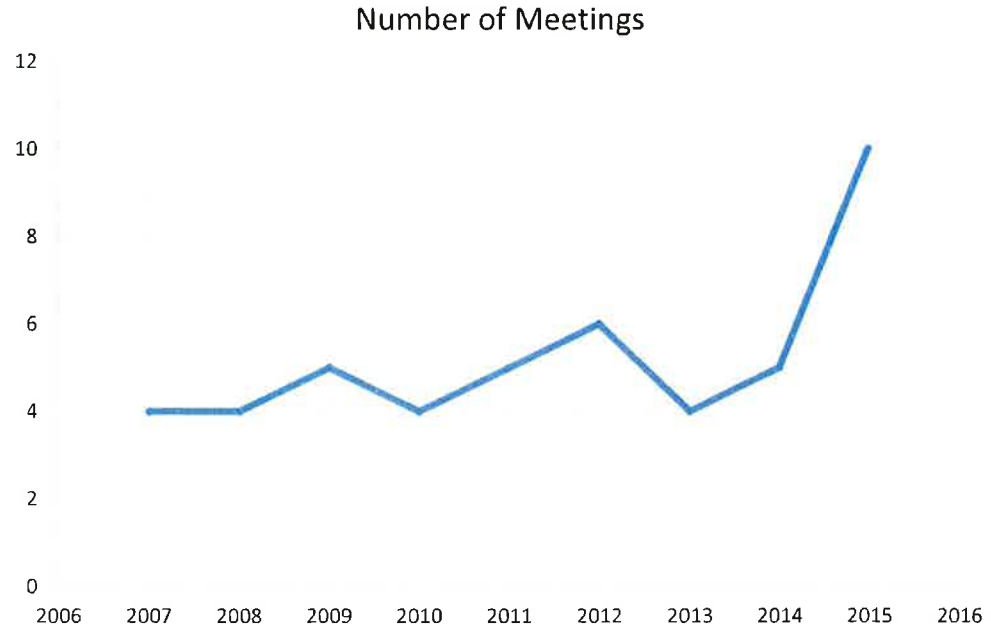
Marc A. Hammer, Circuit Judge

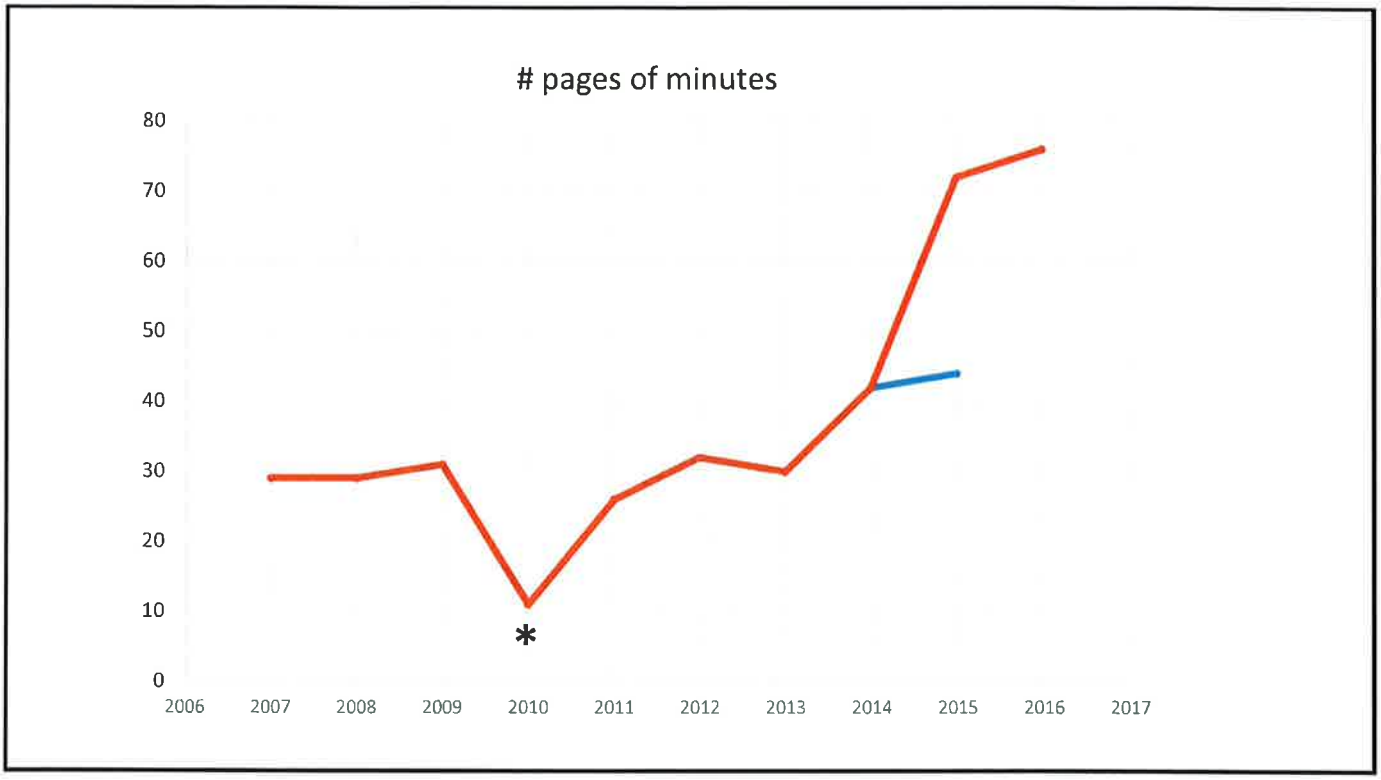
MAH/nb

Proposal – Creation of a separate task force to specifically address health-related wind turbine issues

Rationale – Topic is overburdening Board of Health meetings

Assessment
- review of BOH minutes and agendas
- Consider the number of meetings, number of pages in minutes, duration of meetings
- Look at certain years for topics – percentage of the minutes which were devoted to each topic




pages of minutes
80
70
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50
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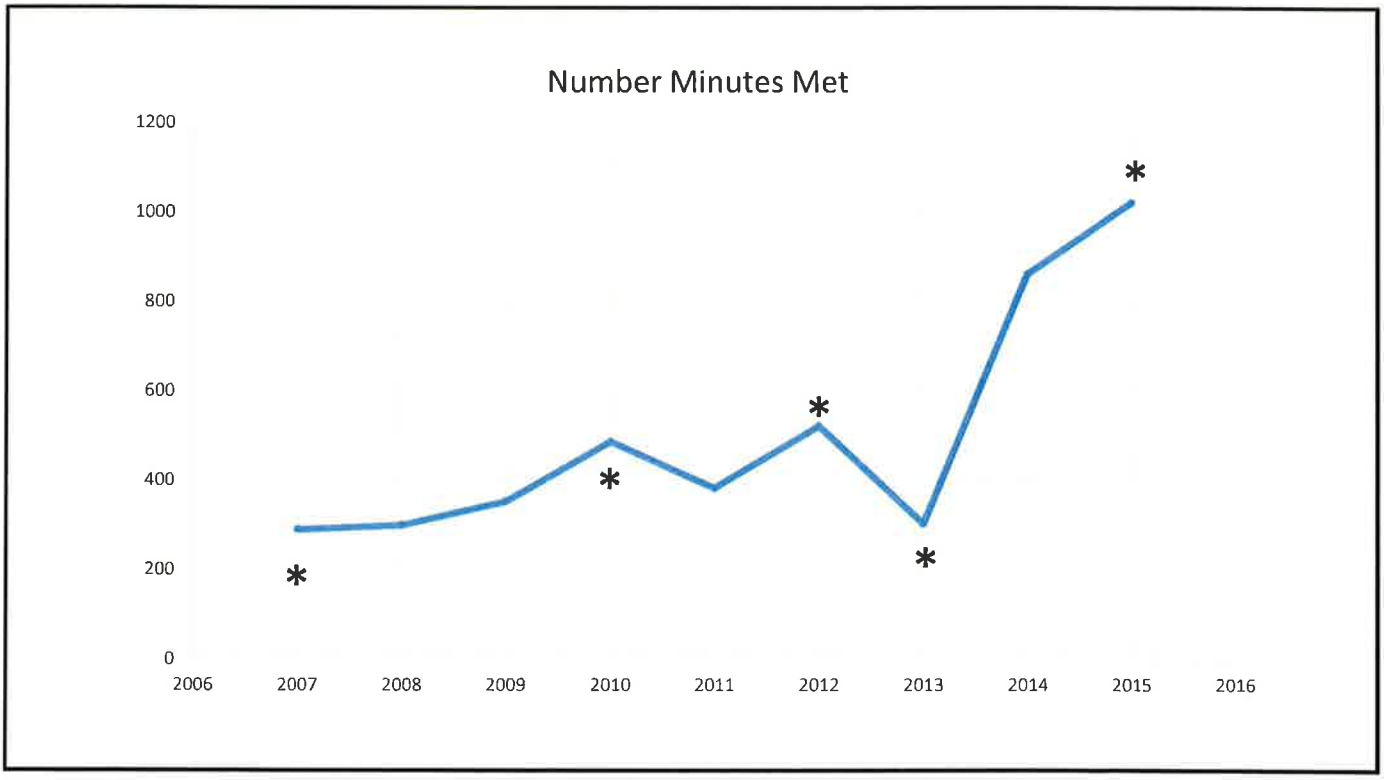
Number Minutes Met
1200
1000
800
600
400
200
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2007
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2010
2011
2012
2013
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2015
2016
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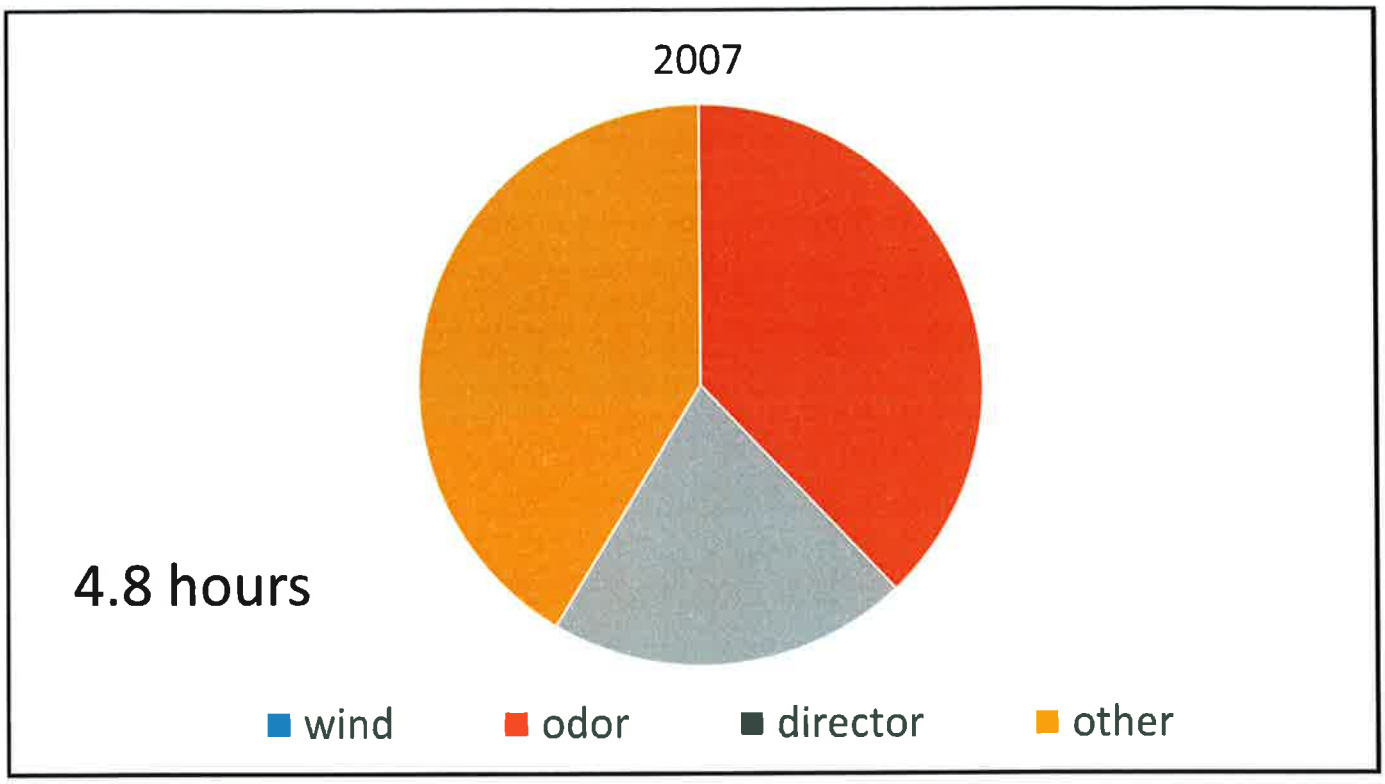
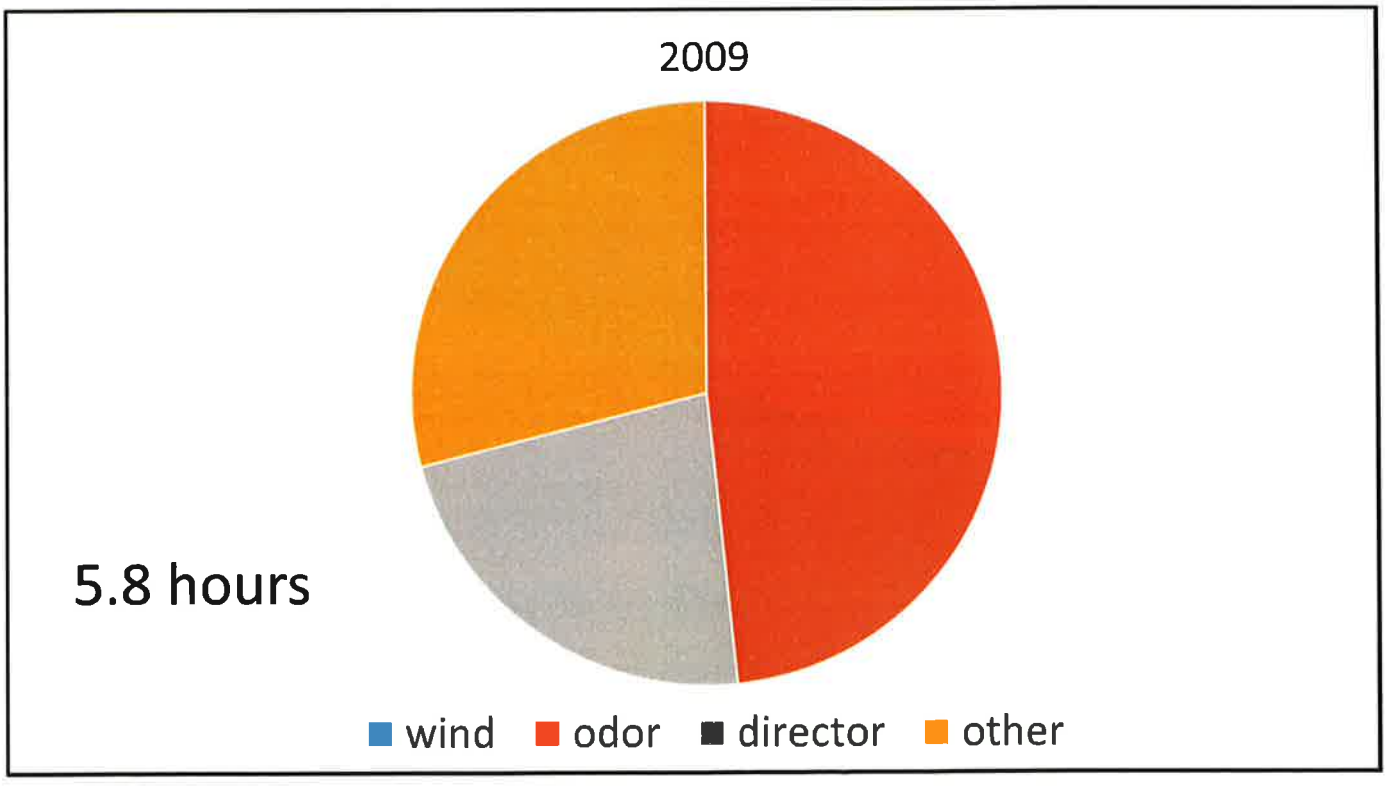

2007
4.8 hours
wind
odor
director
other


2009
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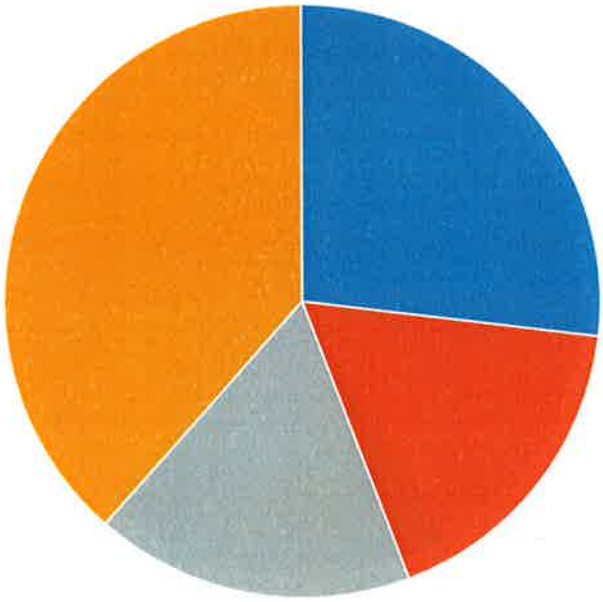
other

(5)

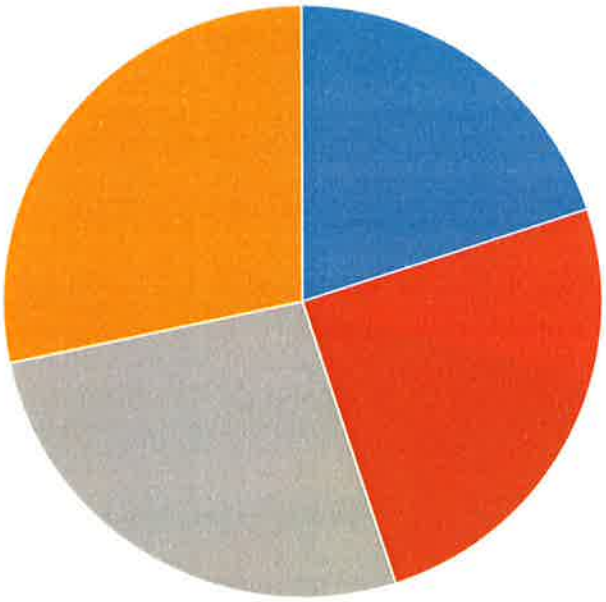
2011



6.4 hours

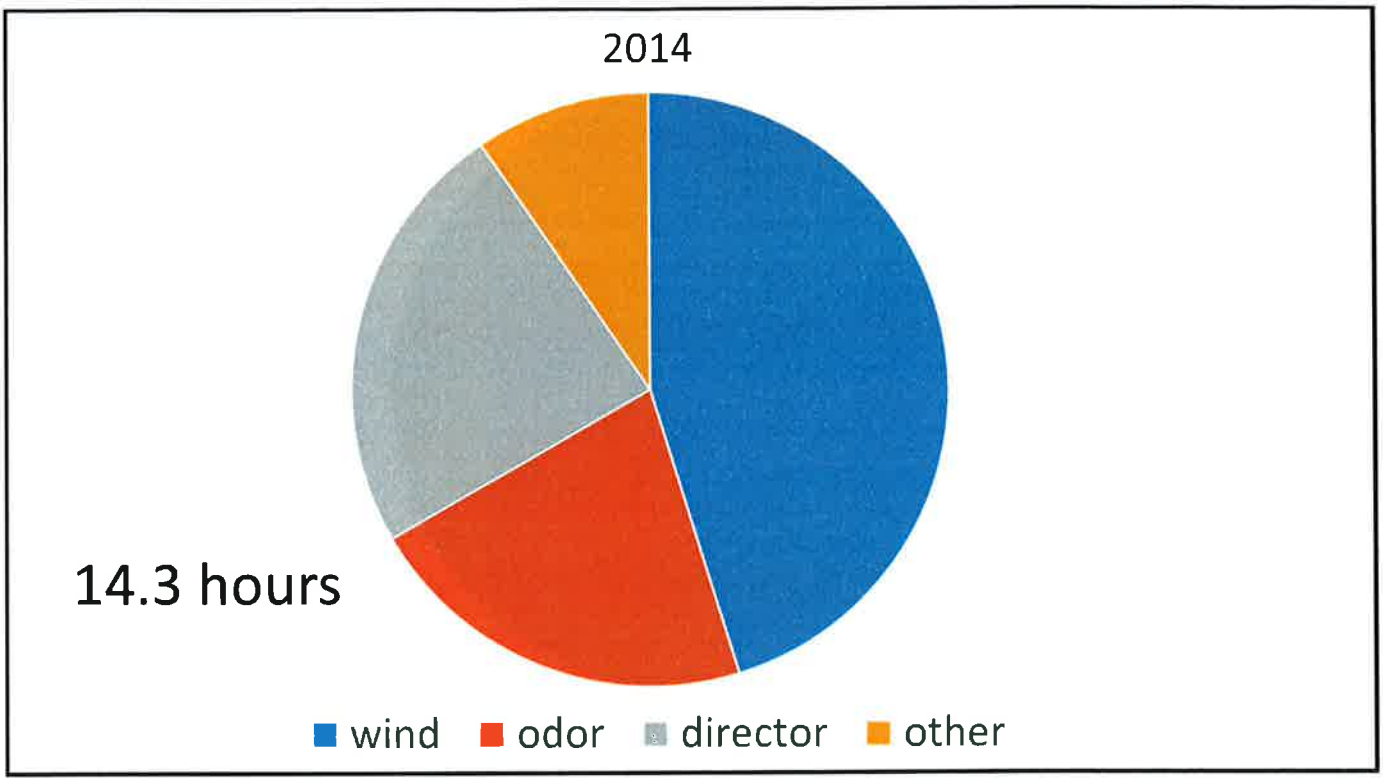
wind odor director other

2013



5.1 hours

wind odor director other


2014
14.3 hours
wind
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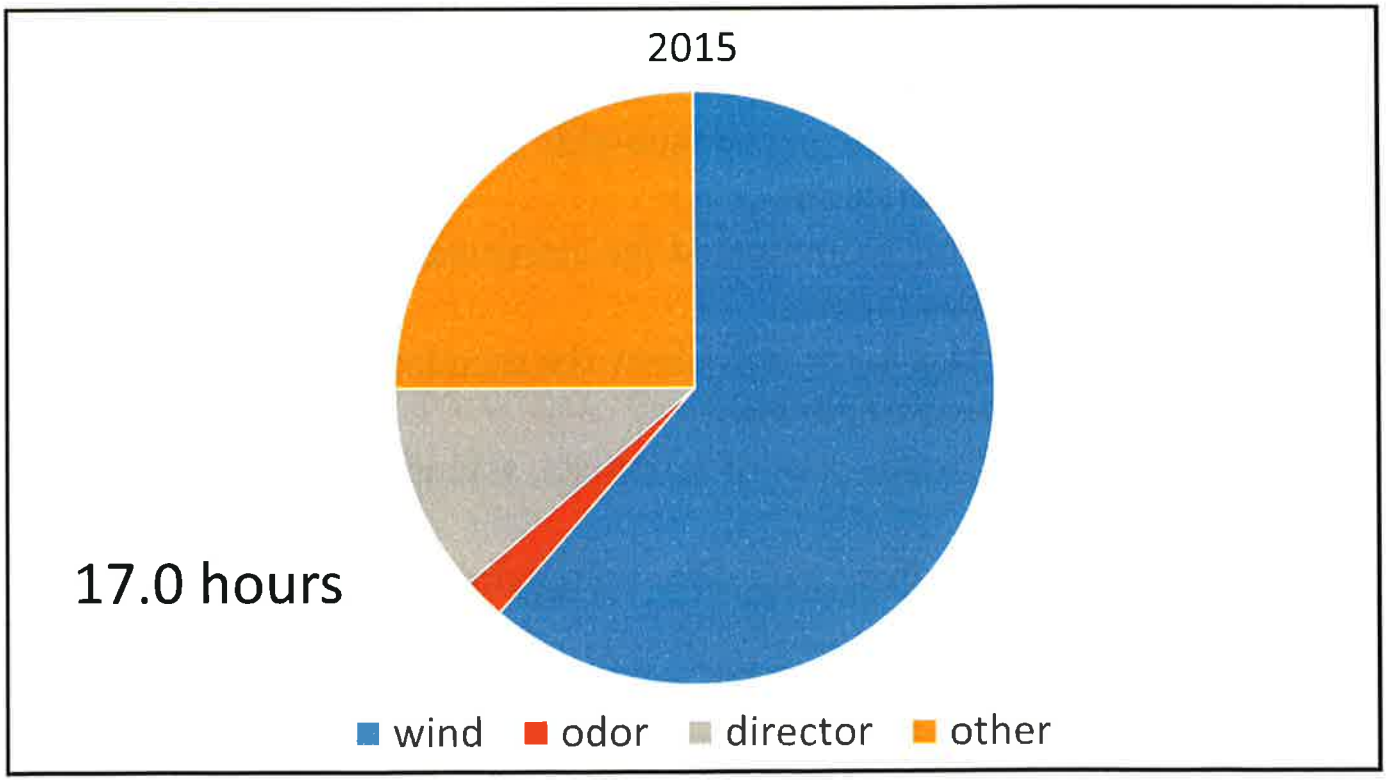
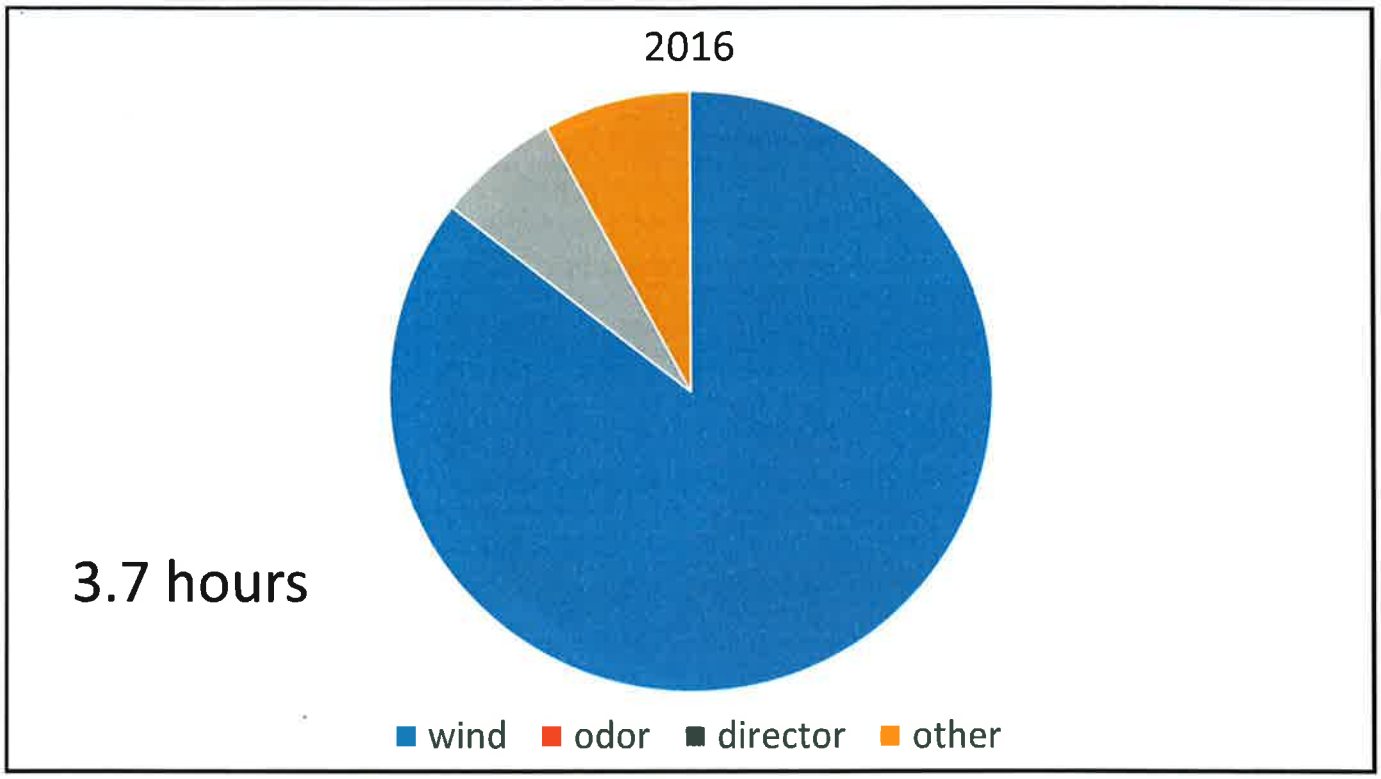
director
other


2015
17.0 hours
wind
odor
director
other



Conclusions:

- Board meetings have grown unwieldy in number and duration
- Careful Agenda creation
- Wind turbines have dominated the conversation at the expense of other important topics
- Creation of a task force will allow the members of the task force to focus on single issue;
- Integration of larger pool of scientists, scientific studies, physicians
- This was done before with odor complaints

Thoughts, questions, comments, concerns?

Zika Virus

- Zika virus is a mosquito borne virus which is closely related to dengue, yellow fever, Japanese encephalitis and West Nile virus.
- The mosquitos that could be a potential host to the Zika virus currently is not found in WI. WI DHS and UW Madison is conducting mosquito surveillance in southern WI.

Key: Prevention

- No vaccine available at this time
- Avoid exposure to mosquitoes: use air condition or window/door screens: wear long sleeves and pants; use permethrin-treated clothing and gear and EPA registered repellants when outdoors
- Pregnant women should consider postponing travel to any area where Zika virus transmission is ongoing
- Person infected with Zika, dengue or chikungunya viruses should be protected from further exposure to mosquitoes during illness to reduce risk of local transmission to WI mosquitos

BCHD Response

- Zika virus is arbovirual infections which is a Category II disease is reportable to public health with 72 hours.
- Surveillance on all specimens submitted for testing in Brown County Citizens. Will provide follow up and case investigation in any positive results
- Communicating with medical providers including OB and infectious disease current WI DHS and CDC information
- Assisting and facilitating WI DHS and providers requesting fee exempt testing as per CDC guidelines (Currently the tests are performed at CDC. WSLH will have testing capabilities in the near future)
- Answering phone calls from providers and public regarding Zika Virus.
- BCHD website has been updated under "hot topics" with a WI DHS and CDC link. Information is changing daily and we are encouraging providers and the public to utilized these web sites for current information.
- Digital display board, slide on Zika Virus, and was made available county wide.
- Facebook postings 1/26/16 and 2/18/16. Will continue to post general information and prevention.
- Planning a general tick/mosquito display in Northern Building display. Key is prevention

Shirley Wind Project, Town of Glenmore 2015

Public Health
Prevent. Promote. Protect.
Brown County Health Department

13bii

Summary Log

Title, Author	Included	Excluded
1. The Pattern of Complaints about Australian Wind Farms Does Not Match the Establishment and Distribution of Turbines: Support for the Psychogenic, 'Communicated Disease' Hypothesis Chapman, A., Waller and Cakic	X	
2. Systematic Review of the Human Health Effects of Wind Farms Merlin et.al.	X	
3. Wisconsin Wind Siting Council Wind Turbine Siting-Health Review and Wind Siting Policy Update Wisconsin Wind Siting Council	X	
4. Wind Turbine Health Impact Study: Report of Independent Expert Panel Massachusetts Department of Environmental Protection (MassDEP) and Massachusetts Department of Public Health (MDPH) independent expert panel	X	
5. An assessment of quality of life using the WHOQOL-BREF among participants living in the vicinity of wind turbines Feder et.al.	X	
1. Systematic Review 2013: Association between wind turbines and human distress. I Arra, H Lynn, K Barker, C Ogbuneke, S Regalado		X
2. Low-frequency Sound Affects Active Micromechanics in the Human Inner Ear Kathrin Kugler et.al.		X
3. Wind Turbines: A Different Breed of Noise? Nate Seltenrich		X
4. Health effects and wind turbines: A review of the literature Loren D Knopper and Christopher A Ollson		X
5. Wind Turbine Infra and Low-Frequency Sound : Warning Signs That Were Not Heard James, Richard R.		X
6. 166th Meeting of the Acoustical Society of America Schomer, P. and Pamidighantam, P.		X
7. Draft Review of Health Canada HC Wind Turbine Noise Study Wolfe, D.		X

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

Title, Author	Included	Excluded
8. A theory to explain some physiological effects of the infrasonic emissions at some wind farm sites Schomer et.al.		X
9. WindVOiCe, a Self-Reporting Survey: Adverse Health Effects, Industrial Wind Turbines, and the Need for Vigilance Monitoring Carmen M.E. Krogh et.al.		X
10. Industrial Wind Turbine Development and Loss of Social Justice? Krogh, Carmen		X
11. Wind Turbines can be Hazardous to Human Health. Salt, Alec PhD		X
12. Health-Based Audible Noise Guidelines Account for Infrasound and Low-Frequency Noise Produced by Wind Turbines Robert G. Berger		X
13. Multi-municipal Wind Turbine Working Group Stelling, Keith, and Krogh, Carmen		X
14. Analysis of Aerodynamic Sound Noise Generated by a Large-scale Wind Turbine and its Physiological Evaluation Inagaki, T., Li, Y., Nishi, Y.		X
15. Investigation of Perception at Infrasound Frequencies by Functional Magnetic Resonance Imaging and Magnetoencephalography Bauer, M. et.al.		X
16. Properly Interpreting the Epidemiologic Evidence About the Health Effects of Industrial Wind Turbines on Nearby Residents Phillips, C.		X
17. Impact of Wind Turbine and Sound on Annoyance, Self-reported Sleep Disturbance and Psychological Distress Baker, RH, E. et.al.		X
18. ICBEN Review of Research on the Biological Effects of Noise Basner, M. et.al.		X
19. Outcome of Systematic Research on Wind Turbine Noise in Japan Tachibana, H.		X

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

13b.i

Title, Author	Included	Excluded
20. Perception of Low Frequency Components in Wind Turbine Noise Yokoyama, S. et.al.		X
21. The Link Between Health Complaints and Wind Turbines: Support for the Nacebo Expectations Hypothesis Crichton, F. et.al.		X
22. Fomenting Sickness: Nocebo Priming of Residents about Expected Wind Turbine Health Harms Chapman, S. et.al.		X
23. Possible Psychological Mechanisms for "Wind Turbine Syndrome" Rubin, G. James et.al.		X
24. The Pattern of Complaints about Australian Wind Farms Does Not Match the Establishment and Distribution of Turbines: Support for the Psychogenic, "Communicated Disease Hypothesis" Chapman, S. et.al.	X	
25. The Power of Positive and Negative Expectations to Influence Reported Symptoms and Mood During Exposure to Wind Farm Sound Crichton, F. et.al.		X
26. On the Overlap Region between Wind Turbine Infrasound and Infrasound from Other Sources and its Relation to Criteria Leventhall, Geoff		X
27. Wind Turbine Noise and Health Study Michaud, David S. (Health Canada)		X
28. Legal Requirements for Human-health based Appeals of Wind Energy Projects in Ontario Engel, Albert M. LLP		X
29a. Health-based Audible Noise Guidelines Account for Infrasound and Low-frequency Noise Produced by Wind Turbines. Berger, Robert G. et.al.		X
29b. Health-based Audible Noise Guidelines Account for Infrasound and Low-frequency Noise Produced by Wind Turbines. Berger, Robert G. et.al.		X
30. Proposed Criteria for the Assessment of Low-frequency Noise Disturbance Moorhouse, Andy PhD. et.al.		X

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

Title, Author	Included	Excluded
31. Trials of a protocol to support LFN sufferers in the UK Moorhouse, A. et.al		X
32. Low Frequency Noise-Induced Pathology: Contributions Provided by the Portuguese Wind Turbine Case Nuno, A.A. et.al.		X
33. Wind Turbine Infrasound and Low Frequency Noise Timeline, "What the wind industry knew and when" Brown County Citizens for Responsible Wind Energy		X
34. Victorian Civil and Administrative Appeals Tribunal Statement Laurie, Sara		X
35. Acoustic Engineering Investigation into Airborne and Ground-Borne Pressure Pulses from Pacific Hydro's Wind Turbines at Cape Bridgewater A Simplified Explanation of the Findings, Previous Research and the Consequences Waubra Foundation		X
36. Wind Turbines and Proximity to Homes: The Impact of Wind Turbine Noise on Health Frey, Barbara J. and Hadden, Peter J.		X
37. Adverse Health Impacts of Industrial Wind Turbines: A Scientific Response to "it's all in your head" Hartman, Raymond S.		X
38. Low Frequency Noise and Annoyance Leventhall, H.G.		X
39. A Study of Annoyance Due to Low Frequency Noise in the Home Vasudevan R.N. and Leventhall, H.G.		X
40. Improper Collusion Between Environmental Pressure Groups and the EPA as Revealed by Freedom of Information Act Requests, Interim Report Horner, Chris and Schnare, David		X
41. Legal Liability for Electricity in the USA: Products Liability Standler, Ronald B.		X
42. Minority Response: Wind Turbine Siting-Health Review, Wind Siting Policy Update (2014) Wisconsin Wind Siting Council, Minority		X

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

13bii

Title, Author	Included	Excluded
43. A theory to explain some physiological effects on the infrasonic emissions at some wind farm sites Schomer, Paul D. et.al		X
44. Effects of Motion at Sea on Crew Performances: A Survey Stevens, Samson C. and Parsons, Michael G.		X
45. A Proposed Metric for Assessing the Potential of Community Annoyance from Wind Turbine Kelley, N.D		X
46. Background Research for Pittsburgh ASA Presentation McMurtry, Robert Y.		X
47. Perception of low frequency components in wind turbine noise Yokoyama, S. et.al.		X
48. Can Expectations Produce Symptoms From Infrasound Associated with Wind Turbines? Crichton, F. et.al.		X
49. Possible psychological mechanisms for "wind turbine syndrome" on the windmills of your mind Rubin, James G. et.al.		X
50. Wind Turbine Options Analysis Process Final Report to the Falmouth Board of Selectmen, Falmouth, MA Amsler, et.al.		X

Title, Author	Included	Excluded
Testimonies and letters, while informative do not measure exposures and health outcomes, cannot report on risk, relative risk or odds ratios, and are not in themselves scientific evidence.		X
News articles, do not measure exposures and health outcomes, nor are they able to report risk, relative risk, odds ratios, or other relevant results. They are not scientific evidence and are designed to draw attention to a topic of interest.		X
Acoustic / Sound studies provide evidence and information on exposure relevant to the study of wind turbine noise emissions. The sound studies reviewed, however, contain only exposure data and as such cannot report on potential health outcomes. A collaborative study, with credible health outcome authorship, methods and measurement is needed.		X

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

Brown County Health Department
Town of Glenmore,
Shirley Wind Project

Documents Presented or Cited as Research Articles

1. Systematic Review 2013: Association between wind turbines and human distress.
I. Arra, H. Lynn, K. Barker, C. Ogbuneke, S. Regalado
Cureus, 2014 - cureus.com

- Literature Review
- Inclusion and Exclusion criteria clearly stated
- Evaluation Tool and subsequent evidence scores reported
- Authors conclude reasonable evidence of distress, dose-response, and consistency across studies.
- Author further concludes more study is needed.
- No available impact factor
- Does not follow traditional review process, not peer-reviewed

2. Low-frequency Sound Affects Active Micromechanics in the Human Inner Ear
Kathrin Kugler, Lutz Wiegrebe, Benedikt Grothe, Manfred Kössl, Robert Gürkov, Eike Krause, Markus Drexl
Royal Society Open Science, Published 1 October 2014.DOI: 10.1098/rsos.140166

- Article proposes a mechanism of action for low-frequency and inner ear disturbance
- Uses frequencies higher than those associated with Wind Turbine
- Appears in a pay-for-publication online journal
- Pay for publish journal

3. Wind Turbines: A Different Breed of Noise?
Nate Seltenrich, Environ Health Perspect. 2014 Jan 1; 122(1): A20–A25.
Published online 2014 Jan 1. doi: 10.1289/ehp.122-A20

- Literature Review
- Evidence supports and negates health impacts relevant to wind turbine emissions
- Authors conclude "investigators do not know the exact relationship between noise and health impacts or why noise affects some people differently than others."
- Lack scientific rigor

4. Health effects and wind turbines: A review of the literature
Loren D Knopper and Christopher A Ollson, Environ Health. 2011; 10: 78
Published online 2011 Sep 14. doi: 10.1186/1476-069X-10-78

- Literature Review
- Methodology clearly reported
- No inclusion or exclusion criteria reported
- Results include "no peer review articles demonstrate a direct causal link," health impacts are likely environmental stressors and exist in a "segment" of the population.
- Lack scientific rigor

5. Wind Turbine Infra and Low-Frequency Sound : Warning Signs That Were Not Heard
James, Richard R.
Bulletin of Science Technology & Society 2012 32: 108 originally published online 15 December 2011.

- Literature Review
- Uses both current and very old science

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

13bii

• Notes opposing opinions of other acousticians • Indicates a potential mechanism of action and moves directly to causation without reporting evidence. • Relevant finds are notable for "some people" • Impact factor 0.23
6. 166th Meeting of the Acoustical Society of America Schomer, P. and Pamidighantam, P. (2013)
• This is a critique of a single study referred to as "the Massachusetts study" • Not a systematic review • Does not meet the criteria used for this process • Conference paper, not peer-reviewed
7. Draft Review of Health Canada HC Wind Turbine Noise Study Wolfe, D. (2014)
• This is a draft review of the Health Canada Wind Turbine Noise Study • Not a systematic review • Not peer reviewed • Not a solicited review by an independent expert • Not a systematic review • Not peer reviewed
8. A theory to explain some physiological effects of the infrasonic emissions at some wind farm sites Schomer PD1, Erdreich J2, Pamidighantam PK1, Boyle JH1, J Acoust Soc Am. 2015 Mar;137(3):1356-65. doi: 10.1121/1.4913775.
• This study uses the Shirley Windfarm Report conducted by Hessler, Hessler and Schomer to propose a possible mechanism of action. • Schomer holds a PhD in acoustical engineering and is not a physiologist, anatomist, clinician or MD. • Credentials of authors (field)
9. WindVOiCe, a Self-Reporting Survey: Adverse Health Effects, Industrial Wind Turbines, and the Need for Vigilance Monitoring Carmen M.E. Krogh, Lorrie Gillis, Nicholas Kouwen, and Jeff Aramini Bulletin of Science, Technology & Society August 2011 31: 334-345, doi:10.1177/0270467611412551
• Community based initiative in Ontario, Canada • Cross sectional survey • Respondents self-report, mail in survey • Lacks scientific rigor • Impact factor 0.23
10. Industrial Wind Turbine Development and Loss of Social Justice? Krogh, Carmen Bulletin of Science and Technology, 2011 31: 321
• Literature Review • No report of Methods or Materials • No appendices of survey/interview results • No tables, graphs, or statistical analysis • Lack scientific rigor • Impact factor 0.23

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

11. Wind Turbines can be Hazardous to Human Health. Salt, Alec PhD. Washington University Cochlear Fluids Research Laboratory, April 2014.
• This article proposes a mechanism of action and points toward biologic plausibility • Author concludes more study and knowledge are needed • Author reports no risk, relative risk or odds ratio. • Not peer-reviewed
12. Health-Based Audible Noise Guidelines Account for Infrasound and Low-Frequency Noise Produced by Wind Turbines Robert G. Berger,1 Payam Ashtiani,2 Christopher A. Ollson,3 Melissa Whitfield Aslund,3 Lindsay C. McCallum,3,4 Geoff Leventhall,5 and Loren D. Knopper 3 Frontiers in Public Health. 2015; 3: 31
• Authors conclude that wind turbines produce broad-band noise including infra and low-frequency sound. • There is no evidence suggesting the levels in this study effect human health • Subjective variables (expectations, perceptions, etc) are a more likely etiology • Impact Factor 0.00
13. Multi-municipal Wind Turbine Working Group Stelling, Keith, and Krogh, Carmen Palmer, William (reviewed by) Literature Review for the Municipal Counselors of Grey, Bruce, Huron Counties, Ontario, Canada.
• Literature Review • Keith Stelling is a Master of Arts and Certified Herbalist • He draws conclusions about sound measurements, but is not an acoustician • Does not report inclusion or exclusion criteria • Does not report methods • Not peer-reviewed
14. Analysis of Aerodynamic Sound Noise Generated by a Large-scale Wind Turbine and its Physiological Evaluation Inagaki, T., Li, Y., Nishi, Y. International Journal of Environmental Science and Technology. 2015; 12:1933-1944
• n=15 • subjects were exposed to varying sound frequencies • neuro-stimulus as brain waves was measured using EEG • Brain waves are not a health outcome • Connection to sound and wind turbines is unclear
15. Investigation of Perception at Infrasound Frequencies by Functional Magnetic Resonance Imaging and Magnetoencephalography Bauer, M. et.al. 22nd International Congress on Sound and Vibration. 2015
• subjects exposed to vary frequencies between 250hz and 8hz • measure neuro-stimulus and brain regions using MEG and fMRI • German institute of human development • Conference paper
16. Properly Interpreting the Epidemiologic Evidence About the Health Effects of Industrial Wind Turbines on Nearby Residents

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

13bii

Phillips, C.
Bulletin of Science, Technology & Society. 2011

- Literature Review
- Too few citations, 8 for a lit review (many we have scored low for rigor)
- No actual conclusions outside of his opinion
- Not a study
- Impact Factor 0.23

17. Impact of Wind Turbine and Sound on Annoyance, Self-reported Sleep Disturbance and Psychological Distress

Baker, RH, E. et.al.
Science of the Total Environment. 2012

- Cross sectional survey
- Respondents self-report
- Authors conclude "Wind turbine noise and psychological distress were not directly related."
- Authors conclude that "exposure to wind turbine and annoyance are positively related."
- Lacks scientific rigor

18. ICBEN Review of Research on the Biological Effects of Noise

Basner, M. et.al.
Noise Health. 2015

- Literature Review
- Focus data between 2011 and 2014
- Focus on noise and hearing loss, performance and behavior, sleep and community response
- International Commission on Biological Effects of Noise (ICBEN)
- Conclusions: more study is needed.
- Occupational exposures only

19. Outcome of Systematic Research on Wind Turbine Noise in Japan

Tachibana, H.
Proceedings of Inter-Noise. 2014, 1-10

- Reports thorough materials and methods
- Uses statistical analysis
- N=29 points for sound measurement
- Decibel levels confirmed by laboratory analysis
- Conclusions:
  - A-scale is an accurate measure of sound relating to Wind Turbine
  - Noise effects are between 25-50 decibels
  - Wind turbine should be assessed as "audible noise"
- Conference paper

20. Perception of Low Frequency Components in Wind Turbine Noise

Yokoyama, S. et.al.
Noise Control Engineering Journal 62. 2015

- S. Yokoyama is a Research Assistant at the University of Tokyo
  MS or PhD candidate, engineering and acoustics
- 3 Laboratory experiment
- Assess low frequency sound and human audible perceptions
- "Based on the results of these experimental investigations, the suitability of single-number indices for the assessment of wind turbine noise is discussed."

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

13bii

• Exposure only
21. The Link Between Health Complaints and Wind Turbines: Support for the Nacebo Expectations Hypothesis Crichton, F. et.al. Frontiers in Public Health. 2014
• Literature Review • Includes 78 studies • Examines: Reporting, Annoyance and Distress, Positive and Negative Psychosocial Exposures, Symptomology • Conclusions: Wind turbines are not unlike other historical responses to new technology. • "increased symptom reporting has occurred in locations where there has been targeted dissemination of negative health information" • Impact factor 0.00
22. Fomenting Sickness: Nocebo Priming of Residents about Expected Wind Turbine Health Harms Chapman, S. et.al. Frontiers in Public Health. 2014
• Case Study: The effects of negative information on health and perception related to wind turbines. • Internet Search/Media Search, following a presentation by an Anti-wind Foundation. • Count of articles, websites, and statements • Resulting Impacts • Conclusions: Confirmation bias, where people "search for, interpret, prioritize information, in ways that confirm their beliefs." • Impact factor 0.00
23. Possible Psychological Mechanisms for "Wind Turbine Syndrome" Rubin, G. James et.al. Noise and Health.
• Literature Review of 69 articles • Psychosocial response as a basis for wind turbine health reports • Conclusions: "Nocebo effects, misattribution and increased symptom monitoring triggered by worry or annoyance can all help to increase symptom reports." • "These effects can be exacerbated by social context...new technology, sensationalist media reports, activist literature, interaction with others," and conflicting scientific opinion. • Not a study
24. The Pattern of Complaints about Australian Wind Farms Does Not Match the Establishment and Distribution of Turbines: Support for the Psychogenic, "Communicated Disease Hypothesis" Chapman, S. et.al. PloS One 8 (10): e76584. Doi:10.1371/journal.pone.0076584
• This is a primary, retrospective, translational research article. • Uses records of complaints for 51 Australian Windfarms, operating from 1993-2012. • Complainants lived within 3.1 miles or 5 kilometers of the windfarm. • 18/34 windfarms (53%) with turbines >1 MW have operated complaint free. -These represent 21,633 residents within 3.1 miles of operation. -These represent an accumulative 267 complaint free years.

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

*note the total in person years would be far greater

- For all 51 windfarms, about 1 in 254, or .004% have ever complained
- 116/129, or 89.9% of complaints were filed after 2009, which coincides with anti-windfarm groups adding health concerns to other oppositions.
- Meets Inclusion Criteria

25. The Power of Positive and Negative Expectations to Influence Reported Symptoms and Mood During Exposure to Wind Farm Sound

Crichton, F. et.al.

Health Psychology: Journal of the Division of Health Psychology, American Psychological Association

- **RCT** (the gold standard for scientific rigor)
- 60 participants were randomly selected to be in one of two groups: Negative Expectations vs Positive Expectations.
- One groups received negative messages about wind energy and health, while the other received a message about therapeutic benefit prior to noise exposures.
- **Results**: Exposure to negative expectations lead to "increase in symptoms and a significant deterioration in mood." Exposure to positive expectations leads to "significant decrease in symptoms and a significant improvement in mood."
- **Conclusions**: "Expectations can influence symptom and mood reports in both positive and negative directions."
- Not a measureable health outcome

26. On the Overlap Region between Wind Turbine Infrasound and Infrasound from Other Sources and its Relation to Criteria

Leventhall, Geoff

Sixth International Meeting on Wind Turbine Noise. 2015

- Conference paper
- Not peer-reviewed

27. Wind Turbine Noise and Health Study

Michaud, David S. (Health Canada)

Sixth International Meeting on Wind Turbine Noise. 2015

- A study commissioned by Health Canada (www.hc-sc.gc.ca)
- "1570 were found to be valid dwellings of which a total of 1238 households with similar demographics participated, resulting in an overall participation rate of 78.9%. Participation rate was similar regardless of one's proximity to wind turbines and equally high in both provinces.
- "Results of self-reported measures of sleep, that relate to aspects including, but not limited to general disturbance, use of sleep medication, diagnosed sleep disorders and scores on the PSQI, did not support an association between sleep quality and WTN levels."
- "Self-reports of having been diagnosed with a number of health conditions were not found to be associated with exposure to WTN levels. These conditions included, but were not limited to chronic pain, high blood pressure, diabetes, heart disease, dizziness, migraines, and ringing, buzzing or whistling sounds in the ear (i.e., tinnitus)."
- "Self-reported stress, as measured by scores on the Perceived Stress Scale, was not found to be related to exposure to WTN levels."
- "Exposure to WTN was not found to be associated with any significant changes in reported quality of life for any of the four domains, nor with overall quality of life and satisfaction with health."
- Conference paper

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

28. Legal Requirements for Human-health based Appeals of Wind Energy Projects in Ontario Engel, Albert M. LLP Frontiers in Public Health. 2014
• This is not a research article • The purpose of this article is to describe the legal grounds for appeal and adjudication pertaining to windfarms and Canadian law. • "To date, the evidence has been insufficient to support the revocation of a wind facility approval. This article reviews the legal basis for the dismissal of human-health based appeals." • Legal paper
29a. Health-based Audible Noise Guidelines Account for Infrasound and Low-frequency Noise Produced by Wind Turbines. Berger, Robert G. et.al. Frontiers in Public Health. 2015
• It is considered unethical to publish the same paper in more than one journal publication • Purpose of this study is to assess current siting regulations for safety. • Sound measurements were conducted in three residences. -two at 450 m and one at 900 m from the nearest wind turbine -These turbines were part of an operating wind farm with over 40 turbines, each with a power of 1.5 MW. • Low-frequency and infrasound levels were not significantly different than background or normal levels. • Conclusions: current siting guidelines "provide an effective means to evaluate, monitor, and protect potential receptors from audible noise as well as IS and LFN." • Exposure only
29b. Health-based Audible Noise Guidelines Account for Infrasound and Low-frequency Noise Produced by Wind Turbines. Berger, Robert G. et.al. Environmental Research. 2015
• It is considered unethical to publish the same paper in more than one journal publication • Uses information gathered from the Health Canada study (D. Michaud) • Clearly reports materials, methods and statistical analysis • Uses multiple regression models to assess variables • Reports, SD, Range and p values • Uses the WHO QOL-BREF to assess quality of life • Conclusions: "results do not support an association between exposure to WTN up to 46 dBA and QOL assessed using the WHOQOL-BREF questionnaire." • Exposure only
30. Proposed Criteria for the Assessment of Low-frequency Noise Disturbance Moorhouse, Andy PhD. et.al. Acoustic Research Center, Salford University. 2005
• This is not a research article. • It is a set of suggested guidelines to assess if low-frequency sound is present at a location. • Its intended purpose is to give public health practitioners and engineers who may be assessing the situation guidance in their assessment. • Not a study
31. Trials of a protocol to support LFN sufferers in the UK

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

Moorhouse, A. et.al (2015)
• Critique of a possible intervention for LFN • Conference paper and not peer reviewed • Uses a validated health survey but not a validated test for perception of low frequency noise • Data only
32. Low Frequency Noise-Induced Pathology: Contributions Provided by the Portuguese Wind Turbine Case Nuno, A.A. et.al. (2015)
• Conference papers are not peer reviewed • This is a case study • Sample size is one family • There is no control case presented • Lacking scientific rigor
33. Wind Turbine Infrasound and Low Frequency Noise Timeline, "What the wind industry knew and when" Brown County Citizens for Responsible Wind Energy (2015)
• Not a study • Not a systematic review • Does not measure exposures or outcomes • Cannot provide information on risk, RR, or OR
34. Victorian Civil and Administrative Appeals Tribunal Statement Laurie, Sara (2012)
• Testimony given by Sara Laurie to the Appeals Tribunal--Victoria, Australia • Testimonies / interviews do not contain: methods, results, risk, RR, or OR • It may generate questions for further review but is not itself scientific evidence • Not a study
35. Acoustic Engineering Investigation into Airborne and Ground-Borne Pressure Pulses from Pacific Hydro's Wind Turbines at Cape Bridgewater A Simplified Explanation of the Findings, Previous Research and the Consequences Waubra Foundation (2015)
• This is a synopsis of the Cape Bridgewater study • It is itself not a study
36. Wind Turbines and Proximity to Homes: The Impact of Wind Turbine Noise on Health Frey, Barbara J. and Hadden, Peter J. (2012)
• Does not report methods • Does not report inclusion / exclusion criteria • Does not meet standards of practice for a systematic review • Is inconsistent with the author's field: Master of Arts • Not a study
37. The Adverse Health Impacts of Industrial Wind Turbines: A Scientific Response to "it's all in your head" Hartman, Raymond S. (2013)
• Does not report methods • Does not report inclusion / exclusion criteria • Reviews 2 papers in an area outside his field of Economics • Not a systematic review

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

38. Low Frequency Noise and Annoyance Leventhall, H.G. (2004)
• Does not follow standards of practice for systematic review • This is a literature review • Not a systematic review
39. A Study of Annoyance Due to Low Frequency Noise in the Home Vasudevan R.N. and Leventhall, H.G. (1982)
• Across sectional survey of 40 individuals • Self-rate hearing sensitivity, daily variation, and noise, followed by a secondary interview • Subject to reporting bias, recall bias, investigator bias • Not a study
40. Improper Collusion Between Environmental Pressure Groups and the EPA as Revealed by Freedom of Information Act Requests, Interim Report Horner, Chris and Schnare, David (2014)
• This is a legal paper regarding possible corruption at the Environmental Protection Agency • It is not scientific evidence regarding exposures and outcomes • Not a study
41. Legal Liability for Electricity in the USA: Products Liability Standler, Ronald B. (2011)
• This is a product liability reference • This case regards electricity/stray voltage, not sound • Does not measure exposures and outcomes • Not a study
42. Minority Response: Wind Turbine Siting-Health Review, Wind Siting Policy Update (2014) Wisconsin Wind Siting Council, Minority (2014)
• When a committee conducts a collaborative review such as this, the minority --meaning the members who were not in agreement with the committee's majority finding, may present their contrary view as a minority report. • It does not overturn, but adds to the readers understanding of the committee's function • Not a study
43. A theory to explain some physiological effects on the infrasonic emissions at some wind farm sites Schomer, Paul D. et.al (2015)
• Does not follow standard scientific research process • Does not report inclusion/exclusion criteria • Does not include physiological measurements • Does not report risk, RR, or OR • does not report medical qualifications or training of those conducting health survey component • Not a study
44. Effects of Motion at Sea on Crew Performances: A Survey Stevens, Samson C. and Parsons, Michael G. (2002)
• Study explores Sopite Syndrome and other possible mechanisms of inducing motions sickness • Examines susceptibility • Does not connect motion sickness to sound/noise
45. A Proposed Metric for Assessing the Potential of Community Annoyance from Wind Turbine Kelley, N.D. (1987)

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

• Does not report methods • Does not report sample size • Does not report risk, RR, or OR • Does not follow standard scientific research process • No measureable health outcome
46. Background Research for Pittsburgh ASA Presentation McMurtry, Robert Y. (2015)
• Does not follow standard integrative review process • Does not report methods • Does not report inclusion and exclusion criteria • Does not report integrated results • Is not published or peer-reviewed • Testimony
47. Perception of low frequency components in wind turbine noise Yokoyama, S. et.al. (2014)
• 3 experiments on audible thresholds and loudness using human subjects • No health outcomes measured • Exposure only
48. Can Expectations Produce Symptoms From Infrasound Associated with Wind Turbines? Crichton, F. et.al. (2013)
• Expectation is not a health outcome • Exposure is not generalizable to the sound experienced by residing in a wind farm
49. Possible psychological mechanisms for "wind turbine syndrome" on the windmills of your mind Rubin, James G. et.al. (2014)
• Does not report inclusion or exclusion criteria • Does not follow the standard of systematic review • Not a study
50. Wind Turbine Options Analysis Process Final Report to the Falmouth Board of Selectmen, Falmouth, MA Amsler, et.al. Falmouth Board of Selectmen (2013)
• Is not a review of scientific research • Does not report inclusion or exclusion criteria • Testimony can be valid, but is not research and cannot report results • Not peer-reviewed. Not a systematic review.
News/Non-Research Articles
1. Dairy cattle getting Wind Turbine Syndrome? Stray voltage? (Japan) Tsuruta, Yuki, Jan 2010
2. States Tallest Wind turbines to be Operated Near Green Bay. Journal Sentinel April 8, 2014
3. Wind farms and Birth Defects. Duchamp Mark

*Included: meets the criteria for review. *Excluded: does not meet the criteria for review.

World Council for Nature, 2014
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4. Measurement and Level of Infrasound From Wind Farms and Other Sources Turnbull, Chris et.al. (2012)
5. Infrasound Measurements of Falmouth Wind Turbines Wind #1 and Wind #2 Bahtiarian, Michael and Beaudry, Allan (2015)
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13bii

Civic Leaders, Letters, and Testimonies
1. Submission of Dr. Christopher Hanning, to the Australian Senate Select Committee on Wind Turbines Hanning, Christopher MB, BS, MRCS, LRCP (anesthetist, sleep specialist)
2. Letter to the Public Service Commission Lynne Knuth, PhD. (2010)
3. Australian Senate Select Committee on Wind Turbines Laurie, Sara Waubra Foundation, CEO
4. Victorian Civil and Administrative Appeals Tribunal Laurie, Sara Waubra Foundation, CEO (2012)
5. Provisions of Expert Opinion Concerning the Adverse Impacts of Wind Turbine Noise TruEnergy Renewable Developments vs Goyder Regional Council, A.W. Coffrey & H. Dunn Laurie, Sara (2014)
6. Rebuttal for Information Submitted by Duke Energy to the BCHD (letter) Vanden Boogart, Jim (2015)
7. Letter Regarding Salt and Lichtenhan Dobie, Robert (2014)
8. Letter to Prime Minister Stephen Harper, Hon. Ron Amberose: Contradictions and biases affect the credibility of the Health Canada Wind Turbine Noise Study Multi-Municipal Wind Turbine Working Group (2014)
9. RE: Your Letter of 24, June, 2015 to Ms. Virginia Stewart-Love Multi-Municipal Wind Turbine Working Group (2015)
10. Letter to Brown County Board of Health and Health Officer Brown County Citizens for Responsible Wind Energy (2015)
11. Statement related to Health Canada's flawed wind turbine and health study summary, Dr. Robert Y. McMurtry McMurtry, Robert (2014)
12. Summary of Research Submitted, Received 9-29-2015 Stelling, Keith (2015)
13. Notes on the Health Canada Wind Turbine Noise and Health Study Morris, Joan (2014)

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14. In a letter received 9-30-15: Resolutions from Wisconsin Municipalities Regarding Wisconsin Wind Siting Rules Brown County Citizens for Responsible Wind Energy (2015)
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16. Senate Select Committee on Wind Turbines 29/06/2015 Laurie, Sara (2015)
17. Letter received 7-1-2015: Rebuttal for information submitted by Duke Energy Brown County Citizens for Responsible Wind Energy (2015)
18. Peer Review of NCE Report "Infrasound Measurements of Falmouth Wind Turbines Wind #1 and Wind #2, and Kapsambelis, "Pressure Wave from Wind Turbines" James, Richard R. (2015)
19. Letter received 9-30-15: Rand, Robert W. (2015)
20. Senate Select Committee on Wind Turbines 29/06/2015 Mc Murtry, Robert (2015
21. Response to the Health Canada Wind Turbine Noise and Health Study Harrison, John (2014)
22. Abstracts and References Letter received 5-5-2015, Duke Energy
PDF submission of Documents, Reports, Presentations: **Additional copies of materials submitted on cd.**

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