

Behavioral Health Redesign Steering Committee (BHRSC)
December 4, 2012

Call to Order. Vice Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 8:05 A.M. in the Courthouse Conference Center, second floor, Rock County Courthouse-East.

Committee Members Present: Vice Chair Flanagan, Greg Ammon, Commander Chellevoid, Brian Gies, Supervisor Billy Bob Grahn, Tom Gubbin, Linda Scott Hoag, Ryan Trautsch (alt. for Lance Horozewski), Julie Lenzendorf, Denny Luster, Faith Mattison, Deputy Chief John Olsen, and Tim Perry.

Committee Members Absent: Neil Deupree, Laura Binkley, Brenda Clark, Judge James Daley, Sheila Deforest, Dannie Evans and Dr. Marko Pease.

Staff Members Present: Elizabeth Pohlman McQuillen, Criminal Justice System Planner/Analyst (at 9:30 A.M.); Phil Boutwell, Deputy Director (Human Services); Sue Maurer, Human Services Supervisor II (Crisis Stabilization); Kathy Zakarias, Human Services Supervisor II (Janesville CSP); Charmian Klyve, Human Services Director; Tera O'Connor, Human Services Supervisor II (Children & Family Services); Rebecca Rudolph, AODA Coordinator; Melissa Meboe, Human Services Supervisor II (Crisis); and Jeremy Brown, Human Services Supervisor I (Juvenile Justice).

Others Present: Supervisor Steve Howland; Dr. Ken Minkoff and Dr. Chris Cline, Zia Partners; and Dr. Jim Zahniser, TriWest.

Approval of Agenda. Supervisor Grahn moved approval of the agenda as presented, second by Mr. Gubbin. ADOPTED.

Approval of the Minutes of November 15, 2012. Supervisor Grahn moved approval of the minutes as presented, second by Mr. Luster. ADOPTED.

Welcome and Discussion with Behavioral Health Consultants. Vice Chair Flanagan introduced and welcomed Dr. Ken Minkoff, Dr. Chris Cline and Dr. Jim Zahniser. Dr. Minkoff said they are pleased to be back and commented on the good job the committee is doing. Dr. Minkoff suggested everyone share his or her major accomplishments with the BHRSC.

Vice Chair Flanagan commented on the success of this committee, said the members attend regularly and they care. She said Ms. Pohlman McQuillen gets the credit for working hard to get grant money so we can have the privilege to work with Zia Partners and TriWest. She also said they have started to do some basic systems mapping and are working on a better welcoming system for people.

Ms. Klyve mentioned the addition of the AODA Coordinator, Rebecca Rudolph, as well as Sue Maurer and Melissa Meboe to the Department and that Human Services is working on the process of shifting the Crisis Stabilization facility from Tellurian to a new contract with Rock Valley Community Programs. Tera O'Connor is doing a lot of work with the integration of the Children's Long Term Support Waivers from the D.D. Board side. Jeremy Brown is not here at this time but he has been working with crossover cases – children involved in Juvenile Justice and Child Protective Services. Melissa Meboe continues working hard amidst an increasing volume of need in Crisis Intervention. In 2013, we will have CCS (Comprehensive Community Service) and

FFT (Family Functional Therapy). She said everyone around this table has worked hard and things are in play.

Ms. Lenzendorf said Rock Valley is moving forward with obtaining their license for outpatient behavioral health and are looking at developing a program for sex offender treatment.

Ms. O'Connor said the Family Crisis unit continues with many referrals but has no waiting list at this time. The kids continuum of care committee has been implementing a roundtable staffing structure to plan for children involving multiple systems. The Coordinating Services Team program has 3 staff with each staff member having 8 families. The kids system is working on the concept of welcoming and how do we become a welcoming system.

Ms. Scott Hoag mentioned the clients in 51.15 mental health are presenting with much more complex needs. We now contract with Mercy Hospital for inpatient care which is helpful for patients since it is local. Court services has been increasing its use of video hearings. Overall, detentions are down.

Ms. Meboe said Mercy Hospital tends to admit more clients who are suicidal and under the influence of alcohol than Aurora Psychiatric Hospital. Crisis Mobility is moving along, but we do need to do additional training with suicide/alcohol assessments. We have had some staffing changes within the unit, which is a cultural change. We want to work with Ms. O'Connor on the welcoming piece, to see a difference with the staff and clients.

Commander Chellevoid said the new jail expansion project provides an open booking concept and a new medical suite, which is beneficial to the inmates and the staff. Dr. Minkoff asked if the Sheriff's Office was tracking mental health inmates and Commander Chellevoid replied they are, however, it is not 100% accurate procedure. Ms. Scott-Hoag mentioned the referrals received from the jail have been appropriate.

Mr. Perry mentioned how the alcohol and drug day treatment process can agitate people due to accessing the systems. Psychiatry care is hard to find, as there are not many psychiatrists out there. Crossroads is fortunate to have two psychiatrists.

Ms. Mattison mentioned there are two therapists in the Beloit School system and the students do not receive the care they need. She also mentioned the severe students do not get services in Beloit.

Mr. Luster left at 8:45 A.M.

Supervisor Grahn said he is honored to be a part of this committee, which gives 150%. He mentioned that the clients he sees have mentioned that no one cares at that building (meaning the Human Services). Supervisor Grahn tries to convince them how much they (Human Services) do care. He works with chronic alcoholics, substance abusers, mental health consumers, and many more. Some of his clients get out from Badger Care and have no meds. He has to convince them to stay in treatment and receive treatment.

Mr. Gubbin stated they rely on their relationship with the County for psychiatric care, as DOC does not provide this service. He wishes they had more capacity than they currently have.

Ms. Zakarias said there has been a positive change in the relationship with Department of Corrections as it relates to collaboration. They have good communication with each other and the agents.

Mr. Trautsch said they are working with the Janesville and Beloit school systems and their goal is to help the kids early on, working with them on a 1 on 1 basis, which will prevent them from entering the Juvenile Justice system.. He said there is a new social worker at YSC working in the ACTIONS Program. This is a 180-day program that allows kids to stay in Rock County vs. being sent away.

Deputy Chief Olsen said the City of Janesville Police Department participated in the CIT training. This was very helpful and we will be able to send another group to the next training. Law enforcement signs off with Crisis for detention. Mobility from Crisis can be an issue. The hospitals don't have emergency safety set-up and the officers can be there for up to 3 ½ to 4 hours.

Ms. Meboe said Crisis can't always be there and timing is everything. This is a complicated situation and the Mobile Crisis does their best to respond.

Ms. Rudolph said they just hired a new case manager for the AODA unit. The AODA unit now has walk in times available twice a week and this is working out well. We have quite a few walk in clients and they all leave with an appointment with a provider. We are working on a customer care welcoming concept.

Ms. Maurer said they have four case managers, two working with adults and two working with kids. Some of the 18 year olds aging out of the kids system are not functioning as 18 year olds and will work with the two groups.

Mr. Gies shared some of his past experiences as a client in the county's system. He is able to understand the frustrations the clients experience and also understands the other side. He mentioned the Health Care Center was a great facility in the past and was sorry it had to close. He said people need help from other people who have been down that road, but they have to want the help.

Mr. Ammon stated that Beloit Memorial Hospital is in a holding pattern. They currently have 4 full-time psychiatrists and 15 therapists. They are focusing on serving those they can help. There is a huge cut in the coming year for Medicare recipients. He said the meetings are outstanding here and the attendance is great.

Dr. Minkoff said the group has done an incredible amount of work in the last year. He said the group wants to work on system mapping, data collecting, strategic planning, and welcoming. He told the group they are helping each other and they are farther ahead than a year ago. The group is able to lie out what is happening and where they want to go. The system operates by itself and the group wants to improve in areas. Dr. Minkoff said the data collecting is better, the detentions are going down; we need to help you to knit together the stuff you are working on and how to build better relationships and to build it deeper. You need a connection to the front line people and to build a better connection with the doctors.

Dr. Cline spoke of the decision points—there are people out there we need to help, but they are way out there. There is no infrastructure and now you have your hands around something and are acutely aware of what immediate needs need to be done. People are with you and it will flow together, you are preventing problems and taking care of the immediacy. You are doing a lot of things and some are disconnected, you can't solve all your problems. Look for the objective and strategy for change.

Dr. Zahniser said a more organized approach to the data would provide improvements with smaller waiting lists and tracking results. How is data linking together and how can it be used to make things happen.

Dr. Minkoff mentioned several suggestions to the group. 1) Part of your strategy plan is working and the common language used was welcoming. You need to articulate that vision; you are 90% there. 2) Widening the partnership. The more removed from the HSD group, the more you feel like visitors. How well are you connected to the different divisions/departments? 3) Find the next steps to go deeper by trying to improve the capabilities of the staff, the front line staff, peer support and family members and bring together. Build a team of front line people and create opportunities. 4) The data and map system is getting close. How many of these people are coming to our door? How many come in with a crisis routinely and what happens to them—do they get lost, are they attached to psychiatry, etc. 5) Whole issue of building the partnership, how to make it stronger, lots of people involved and how to organize your team.

Dr. Cline talked about the flow steps, a shared vision, setting markers, such as 6 months, and what kind of things can you do in that time, set another marker and be thinking of your vision. Everyone should be working on one marker and make sure everyone knows you are working on it.

Ms. Flanagan said her Division is rewriting their vision. How do we measure ourselves -- “well that wasn’t very welcoming”...what was the outsiders impression of our welcoming. Ms. Meboe said the partnership between Beloit Memorial Hospital and Crisis is important and how it affects the clients. The police are welcoming for the client.

Dr. Minkoff mentioned the marker value and how can we measure progress. Dr. Zahniser spoke of trauma-informed care and to fight for the perfect program to make it better for the client. The marker of progress - be very careful in the way you describe your language. If the client is not doing well, what can we do differently? Dr. Cline said literally help in working on the markers, we are building the machine, getting the information to flow and how is it impacting the flow and the experience of that person. It is much better to build the markers as you go. Your data has to show you are moving forward. Mr. Ammon asked if the data could show you should move in another direction. Dr. Minkoff said we want you as a system to change into a deeper area. When you look at the data, it will help you see how far you have come. Ms. Flanagan said it has been a year since BHRSC was formed and CCRG is the informal subcommittee of this group. We will need to formally add and formalize groups, perhaps a peer support for family voice and a behavioral advisory improvement group with prescribers. Dr. Cline suggested a small collection of the BHRSC to work as a group to be in contact with the consultants. Dr. Minkoff asked if the committee has a chair and Ms. Flanagan responded that Neil Deupree is the Chair and she is the Vice Chair.

Adjournment. Meeting adjourned at 10:00 A.M. by acclamation.

Respectfully submitted,

Sue Zastoupil
Human Resources Secretary

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.