Behavioral Health Redesign Steering Committee (BHRSC)
July 11, 2013

Call to Order. Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:01 P.M. in the Courthouse Conference Center, second floor, Rock County Courthouse-East.

Committee Members Present: Supervisor Billy Bob Grahn, Tim Perry, Lance Horozewski, Cmdr. Erik Chellevold, Kate Flanagan, Neil Deupree, Tom Gubbin, Brian Gies, Julie Lenzendorf, Rebecca Rudolph (alt. for Linda Scott-Hoag), Deputy Chief John Olsen, Jean Randles, Lisa Usgaard, Linda Garrett, and Lynn Larsen (alt. for Sue Sebastian),

Committee Members Absent: Dannie Evans, Judge James Daley, Sheila Deforest, Faith Mattison, Greg Ammon, Kim Kempken, Yolanda Cargile, and Denny Luster.

Staff Members Present: Elizabeth Pohlman McQuillen, Criminal Justice System Planner/Analyst

Others Present: Supervisor Steve Howland; Colleen Wisch, Betty Conklin, and Kathy Stephenson, NAMI-Rock County; Lori Stottler, County Clerk; and Greg Winkler, Mercy Health System.

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

Approval of the Minutes of June 20, 2013. Mr. Gubbin moved approval of the minutes as presented, second by Ms. Larsen. ADOPTED.

Chair Flanagan asked that everyone introduce themselves.

Report on Phone Conference with Zia Partners. Chair Flanagan said there was a phone conference with Zia yesterday and the time was used to update Zia on the homework activities, discuss the data project, and talk about next steps. Chair Flanagan went over the summary list from Dr. Minkoff after the phone conference. Ms. Garrett asked where cultural competence fit into the process. Chair Flanagan said she would relay to Zia that cultural competence and trauma informed care should be reflected in the Smart Goals.

Chair Flanagan asked the BHRSC to confirm the workgroups to be included in the Smart Goals. The group affirmed them. Ms. Pohlman McQuillen asked the new members get their "homework" to her via email as soon as they are able.

Chair Flanagan inquired as to whether there needed to be a separate workgroup focusing on the criminal justice system piece. The BHRSC decided pieces of the criminal justice system would be represented in the Data Work Group, CCRG, and the Adult Continuum of Care workgroup. Chair Flanagan also said the Adult Continuum of Care group would expand to be more than just county employees.

The BHRSC decided they wanted Zia's last site visit to take place on September 23rd.

Discussion regarding COMPASS-EZ & SOCAT. Chair Flanagan gave basic information regarding the assessment tools. She said Zia has offered to do a teleconference on the use of the tools if we wanted them to do that. The group agreed they would like a teleconference about the tools. Supervisor Grahn (Red Road House), Crossroads, and Human Services all agreed to have their assessments completed by mid-September.

Data Group Update. Chair Flanagan handed out the data summary and went over the data. HealthNet, BACHC, and Mercy also agreed to come up with this information and will email Ms. Pohlman McQuillen with their findings. Ms. Flanagan discussed Zia's comments regarding the preliminary data report. Vice Chair Deupree asked what the data tells us so far. Ms. Flanagan said it tells her Human Services isn't serving 23% of this population at all and she wants to know more about these people. She added that most people using Human Services are using the most expensive and restrictive service (Crisis) and the evidence-based practice CSP program is used the least (4%). Mr. Perry said these people are touched by some entity in the system but through a lack of coordination they get lost. He said there needs to be better communication and coordination. Mr. Gubbin said we need to get releases so we can look at these individuals more closely. Mr. Perry added that information sharing is the hurdle.

Discussion regarding Next Steps. Chair Flanagan gave a summary of next steps as discussed during the meeting: the BHRSC will propose September 23rd as the next Zia site visit; we will get dates for the SOCAT/COMPASS teleconference; information from Mercy, BACHC, and HealthNet will be included with the current data; we will follow-up on homework assignments; and the information discussed at this meting will be conveyed to Zia Partners.

Citizen Participation and Announcements. Mr. Perrry said Crossroads obtained a Transmagnetic Stimulation Machine and will start using it shortly. Ms. Garrett said NAMI meeting will be taking place at the Job Center on the second Tuesday of the month at 6:30 p.m. Ms. Conklin said NAMI is excited Ms. Garrett is the new NAMI president and they are looking for a vice president. Ms. Wisch said it would be nice if something happens to a mentally ill individual, that the family be contacted to help.

Time and Date for Future Meetings. Thursday, August 15th, 2013, at Noon, Courthouse Conference Center, Second Floor, Courthouse East.

Adjournment. The meeting adjourned at 1:00 p.m. by acclamation.

Respectfully submitted,
Elizabeth Pohlman McQuillen
Criminal Justice System Planner/Analyst

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

Summary of People in Rock County Jail identified as Difficult to Maintain because of Behavioral Health Needs Served

N = 270 People Identified by Rock County Jail Staff

Time Frame: CY 2012

Question How many people in the list list received services from your organization(s)?

		Rocky Co Human Services Dept	DOC - Probation	Beloit Memorial *	Crossroads
	Levels/Types of Service	% Served	% Served	% Served	% Served
Mental Health Services	Outpatient Mental Health Clinics	42%			
	General Outpatient - Adult			7%	7%
	General Outpatient - Children/Youth			1%	4%
	Community Support Program	4%			
	Crisis Intervention	46%			
	Inpatient Residential	27%			
	Psych. Testing- Adult			8%	3%
	Psych. Testing- Children/Youth			1%	0.4%
AODA Services	Intoxicated Driver Program / AODA	26%			
	Crisis Detoxification Services	24%			
	General AODA - Adult			3%	4%
	General AODA - Children/Youth			0.5%	0.3%
	Intensive Outpatient			1.1%	
	AODA Day Treatment - Children/Youth				0.7%
Juvenile Justice Services	Juvenile Supervision and Diversion Services	32%			
	Secure Detention	27%			
	Shelter Care	26%			
	DOC Probation (Adults)		71%		
	Total	**Not provided**	**71%**	**12%**	**18%**

*4 of 32 served were children/youth

*8 of 32 served had co-occurring MH/AOD

Jim and Tonya

Thanks for doing such a great job putting this initial map together....(just one note....a typo on "Rocky" County, unless you're thinkng about the small county that will get stronger and stronger to overcome all odds - grin)

I think it's a good start on general goals (labelled objectives here). I also have some ideas for specific next steps (objectives, or strategies..whatever term you prefer)...

The issue I am thinking about is to translate this map into actionable data, and then use that data to take some initial improvement steps.

Step 1: In the same way, that you have mapped services against the jail list, I would suggest that you do the same for the adult parole list (which covers 71% of the high utilizers).

Step 2: Once this is done, you should have an identifiable map of how many people are high utilizers in adult parole in a particular service...like adult outpatient and hopefully, in which adult outpatient settings. It might help to sort Parole by assigned parole officer as well....

Step 3: The general objective of the next steps is to investigate whether better coordination between parole/probation and outpatient services for high utilizers can produce better results

a. Can we look at the cases and see where there are already releases available for POs to talk to treaters. What can be done to improve the percentage of releases available. (this is an improvement activity for probation, now tht we know that such a high pct of high utilizers have MH involvement somewhere...)

b. Where releases are available, is information being shared and joint planning occurring? Can we map where that is occurring and going well, and where it is not going so well...

c. Can we consider arranging for regular involvement of parole/probation officer in outpatient team meetings for regular care coordination of involved clients, and if we pilot this arrangement does it improve results (and should not have increased cost).

Step 4: The general objective of the next steps is to investigate whether earlier identification and linkage of high risk individuals with NO current connection will produce better outcmes.

a. Look at the cases where no service has been provided (or only crisis)....

b. Identify a pilot group for early and rapid engagement out of jail, with probation and MH/AODA services (within 72 hours is the recommended window).

c. See whether piloting more rapid engagement reduces MH crisis and jail recidivism

There are of course lots of other options for this kind of next step activity, but I thought I would throw some ideas out for you all to consider...

Ken