Behavioral Health Redesign Steering Committee (BHRSC)
June 19, 2014

Call to Order. Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:04 P.M. in the Courthouse Conference Center, Second Floor, Rock County Courthouse-East.

Committee Members Present: Supervisor Billy Bob Grahn, Tricia Murray (alt. for Tom Gubbin), Melissa Meboe (alt. for Kate Flanagan), Pastor Mike Jackson, Neil Deupree, Jean Randles, Linda Scott-Hoag, Dan DeSloover, Laura Neece, Claude Gilmore, Linda Garrett, Deputy Chief John Olsen, and Tim Perry.

Committee Members Absent: Brian Gies, Dr. Ken Robbins, Cindy Zaharias, Yolanda Cargile, Judge James Daley, Justin Marko, Tami Lalor, Cmdr. Erik Chellevold, Lance Horozewski, and Faith Mattison.

Staff Members Present: Elizabeth Pohlman McQuillen, Criminal Justice System Planner/Analyst; Greg Winkler, Human Services Department Outpatient Clinics Supervisor; Mary Wolf, HSD Crisis Stabilization Supervisor; Brett Padjen, HSD Crisis Supervisor; and Melissa Meboe, HSD Crisis Intervention & Stabilization Program Manager.

Others Present: Louis Peer, County Board Supervisor; Kathy, Stefanie, and Jessica Kranz, GEP members; Maggie Carden and Adam Smith, ICA-Service Point, Kathy Stephenson, Betty Conklin, and Colleen Wisch, NAMI Rock County; Ethel Below; Sheila DeForest; Lynda Owens, Moses; Gina Caltagerone and Jenny Kleinert, Mercy Options; and Steve Howland.

Approval of the Agenda. Supervisor Grahn moved approval of the agenda, second by Mr. Gilmore. ADOPTED.

Approval of the Minutes of May 22, 2014. Pastor Jackson moved approval of the minutes as presented, second by Ms. Neece. ADOPTED.

Workgroup Updates.

Data Workgroup: There is nothing new to report at this time.

AODA Workgroup: Ms. Neece said there was a presentation on June 17th regarding the statewide prescription drug monitoring program.

CCRG: Ms. Meboe said there were changes in the law recently and the group talked about the new mandates. She said they were focusing on the consumer experience during the medical clearance process.

Cultural Competency: Mr. Deupree said this group has not met since the last meeting, but they will have a report at the next BHRSC meeting.

Kids Continuum of Care: Nothing new to report.

Adult Continuum of Care: Nothing new to report.

Consumer/Family: Ms. Garrett said the Grassroots Empowerment Project (GEP) meets monthly. She said they are looking to work on a project and would have more information at future meetings.

CCRG Workgroup Presentation. Ms. Meboe said the group looks at emergency detentions and has representation by law enforcement, hospitals, Crisis/HSD, and corporation counsel on the group. A smaller, liaison group has been formed out of the group comprised of Crisis staff and law enforcement. It was started to improve communication, make the crisis experience more welcoming and voluntary, and help Crisis understand the law enforcement perspective. Out of the work, the relationships have been better between law enforcement and Crisis. Now they are talking about after hours resources. Mr. Gilmore asked if Rock County had a mobile crisis team and Ms. Meboe said yes they did.

Service Point Presentation. Supervisor Grahn introduced Ms. Carden and Mr. Smith from Service Point. Mr. Smith told the group Service Point is a database of service management for homeless service organizations. Some groups that receive federal money are statutorily mandated by Congress to use this system. Ms. Carden went over a presentation she handed out.

Update on Justice and Mental Health Collaboration Grant Activities. Ms. Pohlman McQuillen said a social worker was hired and started on the jail reentry initiative. Ms. Meboe said she is currently in training and will start taking referrals in July.

Presentation on Criminogenic Risks and Needs. Ms. Pohlman McQuillen quickly went over a presentation on criminogenic risks and needs. Pastor Jackson asked that we spend more time on this at the next meeting. The group agreed.

Review of Strategic Plan Outcome Dates and Discussion regarding Next Steps. This will be discussed at the next meeting.

Success Stories/Positive Outcomes Related to Strategic Plan Goals. This will be discussed at the next meeting.

Citizen Participation and Announcements. Pastor Jackson reminded everyone Freedom Fest would be held next weekend at the New Life Assembly of God Church. This year they are making a major humanitarian effort by having a food/clothing giveaway, eye screening, dental services, and some medical screening. He encouraged people to attend.

Time and Date for Future Meetings. Thursday, July 17, 2014, at Noon, in N1-N2, 5th Floor Courthouse East.

Adjournment. The meeting adjourned at 1:05 p.m. by acclamation.

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

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

Wisconsin ServicePoint

Adam Smith – adam.smith@icalliances.org

Maggie Carden – Maggie.carden@icalliances.org

Client Demographic Information

SERVICEpoint
Connecting Your Community.

ica

Institute for Community Alliances - Wisconsin
Wisconsin Homeless Management Information System

ClientPoint> Client Profile

Type here for Global Search

Client – (804) Tellman, Wendell T

(804) Tellman, Wendell T

Release of Information: None

-Switch to Another Household Member- ▼   Submit

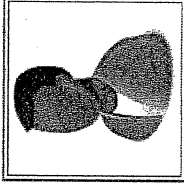**Client Information**

| Summary | Client Profile | Households | ROI | Entry / Exit | Service Transactions | Case Managers | Case Plans | SSOM | Activities | Assessments |

✎ **Client Record**

Issue ID Card

Change   Clear

Name	Tellman, Wendell T
Alias	
Social Security	123-45-6789
SSN Data Quality	Full SSN Reported (HUD)
Age	30

✎ **Client Demographics**

Date of Birth	06/21/1983
Date of Birth Type	Full DOB Reported (HUD)
Gender	Male
Race	White (HUD)
Secondary Race (leave blank if none indicated)	Black or African American (HUD)
Ethnicity	Hispanic/Latino (HUD)

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Client Assessment

HUD Universal Data Elements

Answer All Questions in Red

Date of Birth	06 / 21 / 1983	G
Date of Birth Type	Full DOB Reported (HUD) ▼	G
Gender	Male ▼	G
Ethnicity	Hispanic/Latino (HUD) ▼	G
Race	White (HUD) ▼	G
Secondary Race (leave blank if none indicated)	Black or African American (HUD) ▼	G
Is Client U S Military Veteran?	Yes (HUD) ▼	G

If Client is a Veteran:

Does Veteran Have DD Form 214?	Yes ▼	G
Receiving Veterans Services?	No ▼	G

To appear on HUD APR report, disability start date must be prior to program start date.

Do you have a disability of long duration?	Yes (HUD) ▼	G

Disabilities

Disability Type	Start Date *	End Date
🖋 Mental Health Problem (HUD 40118)	05/04/2014	
Add		

Showing 1-1 of 1

To appear on HUD APR report, income start date must be prior to program start date.

Income received from any source in past 30 days?	Yes (HUD) ▼	G

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Client
Assessment

Housing Status   Imminently losing their housing (HUD) ▾ | G

Type of Living Situation   Emergency shelter, including hotel or motel paid for with emergency shelter voucher(HUD) ▾ | G

Length of Stay   More than one week, but less than one month (HUD) ▾ | G

Is Client Homeless?   Yes ▾ | G

Is Client Chronically Homeless?   Yes ▾ | G

Zip Code of Last Permanent Address   54301 | G

Zip data quality   Full or Partial Zip Code Reported (HUD) ▾ | G

Household County Median Income (CMI) Percentage   0 to 30% CMI ▾ | G

Domestic violence victim/survivor   Yes (HUD) ▾ | G

Extent of Domestic Violence   More than a year ago (HUD) ▾ | G

Required of Parents Under Age 18:

Is Juvenile Parent?   No ▾ | G

For Adults in Emergency Shelter Under Age 25:

Ever Had Placement in a Foster Care System   Yes ▾ | G

If Yes, in Which State Was Foster Care System?   Wisconsin ▾ | G

Age You Left Foster Care System   18 | G

Cancel

Call Records

Start Date	Call ID	Call Time	Call Type	Call Status	Follow Up Needed	Call Notes
				No matches.		

Client Notes

Provider	Note Date	Note Preview	Full Note

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Client Income Information

To appear on HUD APR report, income start date must be prior to program start date.

Income received from any source in past 30 days? [Yes (HUD) ▼] G

Monthly Income

	Last 30 Day Income	Source of Income	Start Date *	End Date
✎	US$1,000.00	Earned Income (HUD)	05/07/2014	
✎	US$200.00	Veteran's Disability Payment (HUD)	05/04/2014	
✎	US$600.00	Earned Income (HUD)	05/04/2014	05/06/2014
Add				

View Gross Income

Showing 1-3 of 3

Required of all clients:

Non-cash benefit received in past 30 days? [Yes (HUD) ▼] G

Non-Cash Benefits

	Amount of Non-Cash Benefit	Source of Non-Cash Benefit	Receiving Benefit?	Start Date *	End Date
✎		SCHIP (HUD)	Yes	05/05/2014	
✎	US$250.00	Supplemental Nutrition Assistance Program (Food Stamps) (HUD)	Yes	05/04/2014	
Add					

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Household Record

Client - (804) Tellman, Wendell T

(804) Tellman, Wendell T

Release of Information: None

-Switch to Another Household Member- ▼ | Submit

Client Information

Service Transactions

| Summary | Client Profile | Households | ROI | Entry / Exit | Case Managers | Case Plans | SSOM | Activities | Assessments |

▼ (285) Couple with Child(ren)

Name	Age	Head of Household	Relationship to Head of Household	Joined Household	Previous Household Associations	Household Count
(804) Tellman, Wendell T	30	Yes	Self	05/05/2014	0	1
(805) Tellman, Marcia	27	No	wife	05/05/2014	0	1
(806) Tellman, Patty	0	No	daughter	05/05/2014	1	1

Manage Household

▲ Previous Households

Search Existing Households | Start New Household

Exit

Service Record

(804) Tellman, Wendell T

Release of Information: None

-Switch to Another Household Member- ▾ | Submit

Client Information

Needs	Services	Referrals	Service Transactions	Shelter Stays	Entire Service History

All Service Transactions

Select Dates: -Select- ▾   Start Date: [ ] 📅🕐❌   End Date: [ ] 📅🕐❌   Search

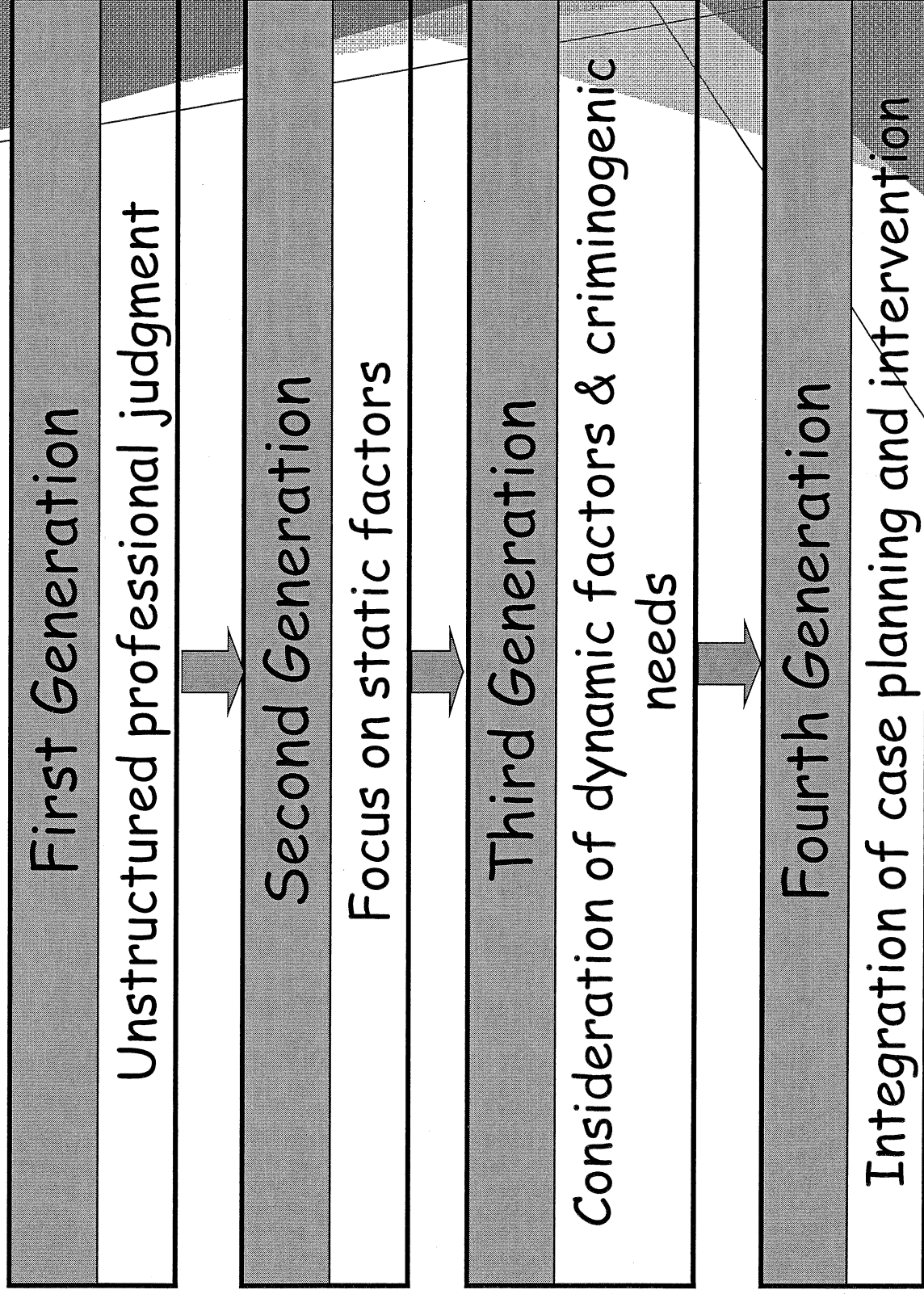|	Transaction Type	Date	Provider	Type	Need Status / Outcome	Need Goal
	Need	06/18/2014	Institute for Community Alliances	Peer to Peer Networking	Closed / Fully Met	
	Service	06/18/2014	Institute for Community Alliances	Peer to Peer Networking		
	Need	06/18/2014	Institute for Community Alliances	Counseling Services	Closed / Fully Met	
	Service	06/18/2014	Institute for Community Alliances	Counseling Services		
	Need	06/18/2014	Institute for Community Alliances	Substance Abuse Treatment Programs	Closed / Fully Met	
	Service	06/18/2014	Institute for Community Alliances	Substance Abuse Treatment Programs		
	Need	05/05/2014	Institute for Community Alliances	Emergency Shelter	Closed / Fully Met	
	Shelter Stay	05/05/2014	Institute for Community Alliances	Emergency Shelter		
	Need	05/05/2014	Institute for Community Alliances	Rent Payment Assistance	Identified / Not Met	
	Need	05/05/2014	Institute for Community Alliances	Rent Payment Assistance	Closed / Fully Met	
	Service	05/05/2014	Institute for Community Alliances	Rent Payment Assistance		

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Criminogenic Risk Assessment

Risk-Need-Responsivity

Risk Assessment

- Process of evaluating and managing likelihood of future offending

- To decrease recidivism requires an assessment of <u>individual</u> offender risks, needs, and strengths

- Must be implemented with fidelity, communicated with others, integrated into a comprehensive case plan and reviewed and amended over time

Evolution of Risk Assessment

First Generation

Unstructured professional judgment

Second Generation

Focus on static factors

Third Generation

Consideration of dynamic factors & criminogenic needs

Fourth Generation

Integration of case planning and intervention

Principles of Effective Intervention

▲ **Risk Principle:** match the level of service to the offender's risk to re-offend. Risk is likelihood of re-offending, _not_ dangerousness

▲ **Need Principle:** if you target those factors (needs) that are most closely associated with criminal behavior, you have better effects in reducing recidivism

▲ **Responsivity Principle:** styles and modes of service must be matched to the learning styles, abilities, and characteristics of the offenders

Static vs. Dynamic Risk Factors

Static—unchangeable

▲ Criminal history (# arrests, # convictions, types of offenses, current charges, age at first arrest, current age, gender)

Dynamic—conditions that can change over time and *are amenable to treatment interventions* ("Central 8")

Criminogenic Risk Factors ("Central 8")

"Big 4"

- ▲ History of antisocial behavior
- ▲ Antisocial personality pattern
- ▲ Antisocial cognition
- ▲ Antisocial associates

"Moderate 4"

- ▲ Family and/or marital
- ▲ School and/or work
- ▲ Leisure and/or recreation
- ▲ Substance abuse

Andrews and Bonta (2010)

Dynamic Risk Factors and Associated Needs

Dynamic Risk Factor	Need
History of antisocial behavior	Build alternative behaviors
Antisocial personality pattern	Problem solving skills, anger management
Antisocial cognition	Develop less risky thinking
Antisocial associates	Reduce association with criminal others
Family and/or marital discord	Reduce conflict, build positive relationships
Poor school and/or work performance	Enhance performance, rewards
Few leisure or recreation activities	Enhance outside involvement
Substance Abuse	Reduce use through integrated treatment

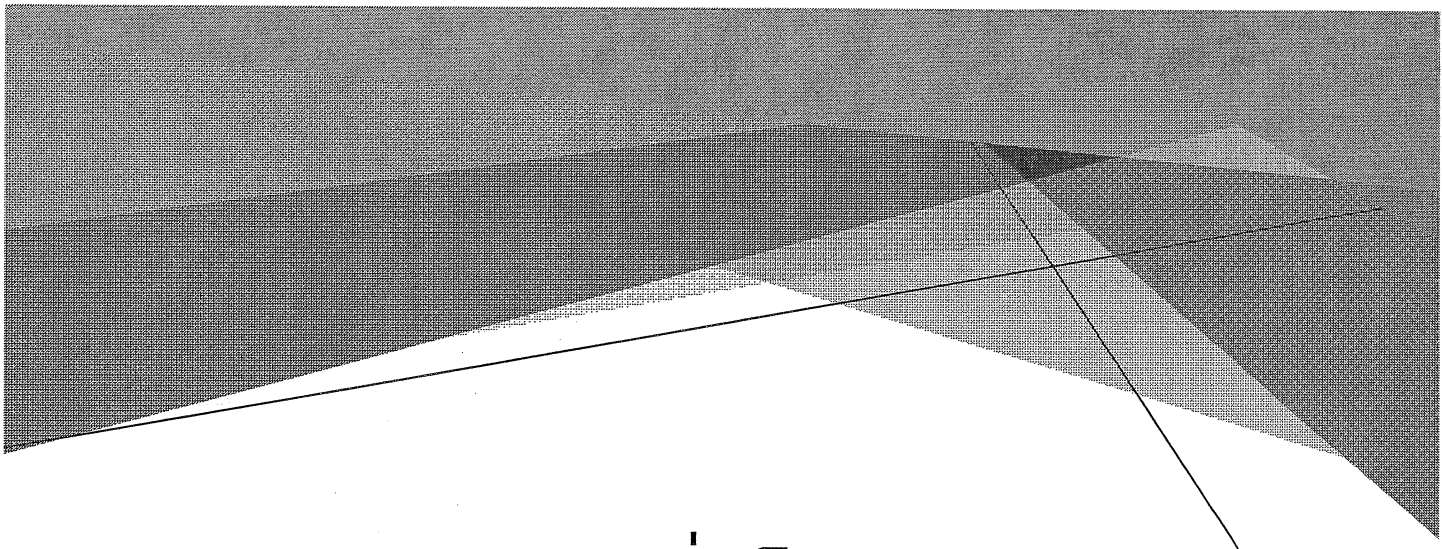# Risk-Need-Responsivity (RNR) Model as Guide to Best Practice

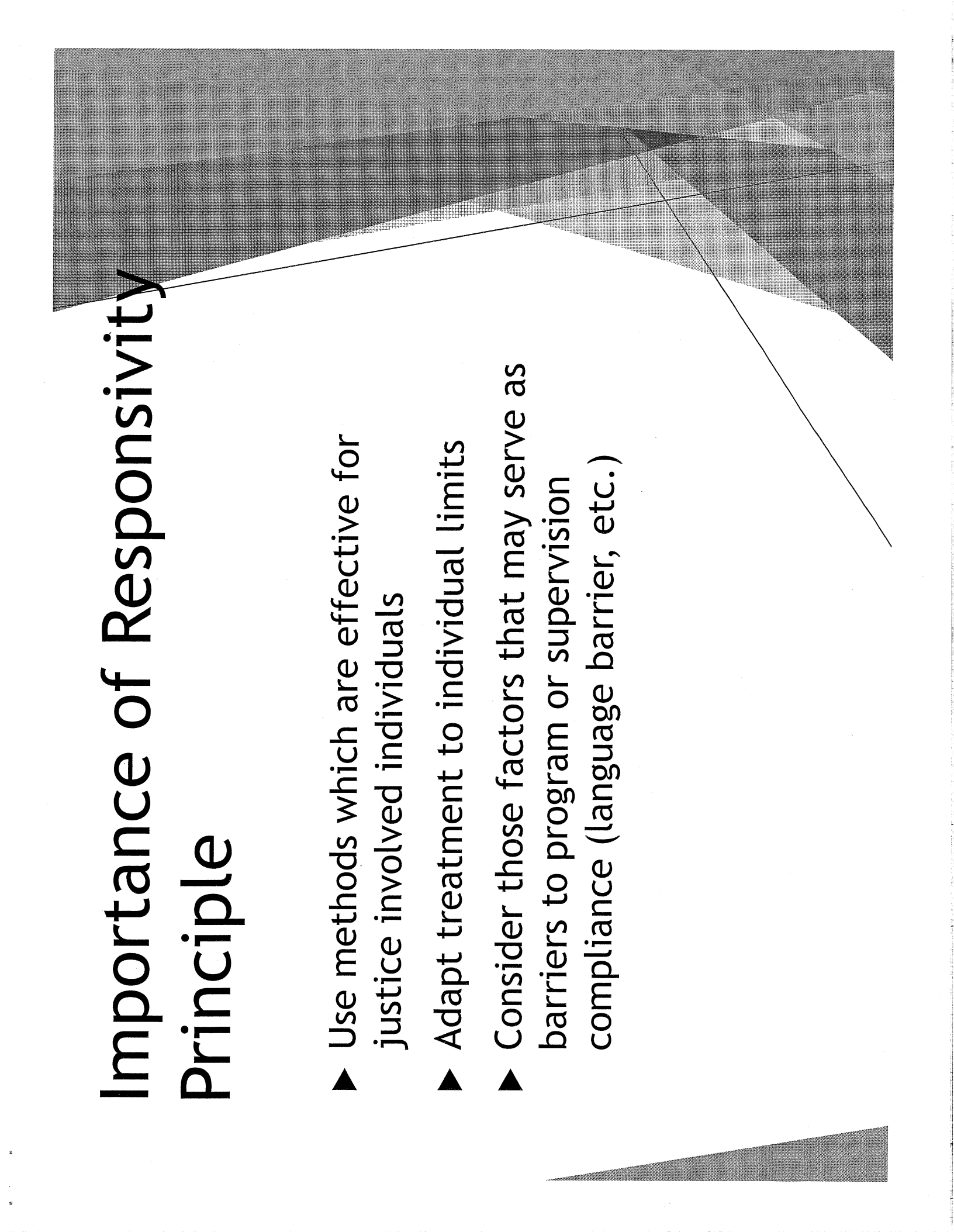| Principle		Impact on Practice
Risk Principle	Match the intensity of the individuals' intervention to their risk of reoffending (WHO to target)	Focus resources on high RISK cases
Needs Principle	Target criminogenic needs, such as antisocial behavior, antisocial attitudes, etc. (WHAT to target)	Target criminogenic NEEDS, such as antisocial behavior, antisocial attitudes, etc.
Responsivity Principle	Tailor the intervention to the learning style, motivation, culture, demographics, and abilities of the offender (HOW to best target)	Address the issues that affect RESPONSIVITY

Importance of the Risk Principle

▲ Failing to adhere to the risk principle can increase recidivism

▲ Assessing for risk puts individuals in appropriate levels of program/interventions

▲ Given scarce resources, prioritize people most likely to reoffend

Importance of the Needs Principle

▲ Reduce recidivism by targeting multiple criminogenic needs

▲ Focusing on more criminogenic than non-criminogenic needs decreases recidivism

Importance of Responsivity Principle

▲ Use methods which are effective for justice involved individuals

▲ Adapt treatment to individual limits

▲ Consider those factors that may serve as barriers to program or supervision compliance (language barrier, etc.)

Protective Factors

▲ Protective Factors: Any characteristic that reduces the risk of offending (more than just the absence of a risk factor)

▲ "Treatment is not just fixing what is broken; it is nurturing what is best." (Seligman & Cxikszentmihalya)

▲ Why integrate protective factors into risk assessment: balanced view of the offender, predictive validity, therapeutic alliance, and professional mandate