Behavioral Health Redesign Steering Committee (BHRSC)
March 19, 2015

Call to Order. Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:04 P.M. in Rooms N1-N2, Fifth Floor, Rock County Courthouse-East.

Committee Members Present: Supervisor Billy Bob Grahn, Kate Flanagan, Neil Deupree, Judge R. Alan Bates (alt. for Judge James Daley), Linda Scott-Hoag, Jessica Kranz (alt. for Brian Gies), Dr. Ken Robbins, Linda Garrett, Dan DeSloover, Lance Horozewski, Laura Neece, Cmdr. Erik Chellevold, Tim Perry, Samantha Palan, and Faith Mattison.

Committee Members Absent: Sheila DeForest, Deputy Chief John Olsen, Jean Randles, Tricia Murray, Pastor Mike Jackson, Yolanda Cargile, and Tami Lalor.

Staff Members Present: Lindsay Stevens, Rock County HSD MH/AODA Division Secretary; Rebecca Rudolph, Rock County HSD AODA Supervisor; Melissa Meboe, Rock County HSD Crisis Intervention Program Manager; Charmian Klyve, Rock County HSD Director.

Others Present: Louis Peer, County Board Supervisor; Kay Deupree, League of Women Voters Janesville; Diane Hadsell, Colleen Wisch, Kathy Kranz and Betty Conklin, NAMI Rock County; Lynda Owens, Moses; Ethel Below.

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

Approval of the Minutes of February 19, 2015 Judge Bates moved approval of the minutes as presented, second by Ms. Neece. ADOPTED.

Workgroup Updates

Data Workgroup: More to come on Dashboard information of progress and outcomes in key areas the groups are working on.

AODA Workgroup: Ms. Rudolph stated the group did not meet.

CCRG: Ms. Meboe said this group is focusing on transport changes for next year. Shifting responsibility when Crisis can't provide transports to the detaining agency. Group is looking at transport numbers and reasons for requests for assistance. CCRG is also working towards ER collaboration during intoxication periods for individuals that need a higher level of care. Data has also been put together for the dashboard.

Cultural Competency: Mr. Deupree said the group did not meet, but he brought a list of items for the Dashboard. Mr. Deupree stated that before the next meeting he will present this information to the CC/CI group and see how realistic these goals/ideas are.

Kids Continuum of Care: This will be the featured workgroup.

Adult Continuum of Care: Chair Flanagan said there is an internal, ongoing Intake & Assessment workgroup that continues to refine the HSD intake process. HSD is beginning an evidence based, co-occurring assessment (GAIN).

Consumer/Family: Ms. J. Kranz reports that details for the booth at Freedom Fest are being worked on. Chair Flanagan reported that the date for the Mental Wellness Fair has been changed to Thursday, September 17th. Hours are noon - 7 p.m. at the Job Center. Save the Date info will be provided at Freedom Fest. She also reminded the committee that the WREP group continues to welcome new group members of consumers, family members, advocates, and other individuals that are focused on improving consumer voice. Meetings are held the first Wednesday of the month at 11:30 at the Job Center.

Kids Continuum of Care Presentation Mr. Horozewski provided the group with revised SMART Goals with added information under the Updates and Completed or Target Date categories. Each category was reviewed.

It was decided that SOCAT was not the right fit for the program. In turn, the Trauma Informed System Change Instrument will be used to assess the system and how Trauma Informed they are. (A copy of this tool was provided to everyone at the meeting.)

The Outreach Workgroup is one of the major successes throughout the year. The goal was to do 6-10 presentations in 2014 and they did 10. They received a lot of positive about sharing the practice of wrap around and coordinating service teams.

Development of a Parent Peer Support was part of the Grassroots Empowerment Project. The Children's System Care Committee was largely invested in this project. The goal in 2015 is to increase the number of Parent Peer Specialists and to create a Youth Peer Specialist program.

Supervisor Grahn asked what Trauma Informed Care (TIC) is. Mr. Horozewski explained that when looking at kids' issues, it does not focus solely on what's wrong with them, but what happened to them to cause current behaviors. Ms. Flanagan added that TIC is for both kids and adults and thinking, at a system's level, about treatment choices while acknowledging that trauma is driving a lot of what the barriers are for them.

Ms. Owens asked for data showing the number of people of color involved in wrap around (including clients and providers) and how many Peer Specialists are people of color. Mr. Horozewski stated he would gather that data and bring it to the next meeting. Chair Flanagan noted that one of the 4 recently trained Peer Specialist is a person of color.

Presentation regarding AODA Funding through the Rock County Human Services Department Chair Flanagan presented a power point hand out to the group. There has been increased attention to and need for substance abuse treatment in Rock County. Particularly regarding the use and addiction of heroin, especially for those who don't have insurance or income to cover the cost of treatment. There have been questions directed to Rock County Human Services about shortage of treatment funding and how the current funding is organized. Chair Flanagan reviewed the hand out. Topics included: Overview of AODA programs (Human Services Programs), funding sources and how they are allocated, Accessing Treatment Funding (process a potential client would go through), Maximizing Access to Insurance, Current Status 2015, Moving Forward.

Chair Flanagan asked the group for feedback and input from the group.

A motion was made by Dr. Robbins to support advancing the effort towards additional funding in this budget year for treatment dollars in this area. Supervisor Grahn seconds the motion. All committee members present were in favor of the motion.

Discussion of High Utilizer Project Chair Flanagan deferred this topic and stated the committee members will receive an encrypted e-mail with the data that has been collected for this project.

Update regarding Collaboration with Criminal Justice Coordinating Council on Heroin Problem & SCAODA Report Kate presenting the AODA funding presentation this afternoon. Will bring information back to the next committee meeting.

Update on CIT Training in Rock County Another grant was received to provide CIT training. This will take place the week of April 13th. An additional 30 law enforcement officers will be trained. Smaller jurisdictions will be participating this time around, including: Milton, Evansville, and Edgerton.

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

Update on Justice and Mental Health Collaboration Grant Activities Ms. Meboe provided an update on the Jail Re-Entry program. For Quarter 1 of 2015, there have been 149 eligible participants, 70 of them were selected, and 22 of those 70 are open and being served by the case manager overseeing the program. Detailed data will be brought to the next meeting.

Success Stories/Positive Outcomes Related to Strategic Plan Goals Mr. Dupree asked Ms. Meboe to bring success stories from the Jail Re-Entry program to the next meeting.

Citizen Participation and Announcements Ms. Deupree reminded group of public discussion on the book Crazy by Pete Earley at the Hedberg Library, March 21st at 9:30 a.m. Ms. Flanagan handed out fliers on Heroin Town Hall Meetings. The BHRSC Newsletter was e-mailed to the committee, but Chair Flanagan had additional copies available.

Time and Date for Future Meetings Thursday, April 16, 2015, at Noon, in N1-N2, 5th Floor Courthouse East.

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

Respectfully submitted,
Lindsay Stevens
Division Secretary – Rock County HSD, MH/AODA Division

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

Trauma
Informed Child
Welfare Systems

TRAUMA INFORMED SYSTEM CHANGE INSTRUMENT

This assessment is intended to help your agency identify components of trauma-informed and responsive care for the development of an action plan. **Please provide an "x" in the text field box that most accurately reflects your experience/perceptions** of practice at your agency. Thank you for your time, your input is very valuable.

Item Number	**Statements regarding your agency as it currently operates**	Not at All True for My Agency	A Little True for My Agency	Somewhat True for My Agency	Mostly True for My Agency	Completely True for My Agency
		1	2	3	4	5
1.	Written policy is established committing to trauma informed practices; including:					
a.	▪ Universal trauma screening & assessment					
b.	▪ Agency mission/values					
c.	▪ Position Descriptions/Hiring standards					
d.	▪ Organization health & Secondary traumatic Stress prevention					
2.	The agency has a formal system for reviewing whether staff are using trauma informed practice; including:					
a.	▪ Staff orientation					
b.	▪ Supervision					
c.	▪ Case consultation/Case Review					
d.	▪ Employee reviews					
3.	There is a system of communication in place with other agencies working with the child/family for making trauma informed decisions					
4.	All areas of the agency are well lit, including common areas, bathrooms, stairwells, parking lot and entryways.					
5.	Families are given systematic opportunities to voice needs, concerns, and feedback; including:					
a.	▪ Surveys					
b.	▪ Committees or advisory committees					
c.	▪ Meetings or focus groups					
d.	▪ Suggestion box					
6.	The agency has a system in place to develop/sustain common trauma informed goals with other agencies					
7.	Understanding the impact of trauma is incorporated into daily decision-making practice					
8.	Supervision at my agency includes ways to manage personal and professional stress					

Thank you for taking the time to complete this assessment!

9.	Despite the work being intense and stressful at times, the organization is healthy and supportive					
10.	Secondary traumatic stress is viewed as a potential organizational "work hazard" rather than a sign of individual weakness					
11.	The agency understands the connection between organizational health and the ability to provide trauma-informed services					
12.	Staff generally feel "burned out"					
13.	Trauma informed safety plans are written/available for each child (i.e., triggers, behaviors when overstressed, strategies to lower stress, support people for child)					
14.	Staff receive trauma informed supervision					
15.	Timely trauma assessment is available and accessible to children served by my agency					
16.	A continuum of trauma focused intervention is available for children served by my agency.					
17.	A child's definition of emotional safety is included in safety and treatment plans at my agency					
	Current individual practice from a trauma informed perspective	Not at All True for Me	A Little True for Me	Somewhat True for Me	Mostly True for Me	Completely True for Me
		1	2	3	4	5
18.	I have a clear understanding of what trauma informed practice means in my professional role					
19.	I feel favorable in trying a new trauma concept or intervention with children and families					
20.	I administer trauma screening as part of my routine practice					
21.	I feel confident talking to children and families about trauma					
22.	I feel equipped to help children make meaning of their trauma history and current experiences from a trauma perspective					
23.	I am utilizing what I believe to be trauma informed interactions with children and families					
24.	I am willing to try a new intervention or approach even if I have to follow a manual or protocol.					
25.	I trust the decision-makers at my agency					
26.	I am treated with respect by others in my agency					

If you like, please provide additional comments (type in text box):

Thank you for taking the time to complete this assessment!

RCCSOC SMART Goals 2015

SMART Goal	Performance Target	Updates	Completed or Target Date?	Work group members
The RCCSOC will have an interagency agreement adopted by all partners, including parent partners that commits to the RCCSOC Model, and the specific implementation of a family-centered, trauma-informced RCCSOC	70% of RCCSOC partners will have singed the Interagency Agreement by February 28, 2014		completed	
RCCSOC partners will have performed a self-assessment using the SOCAT and developed individual and collective improvement targets.	50% Of RCCSOC stakeholders will have performed a self-assessment using the SOCAT and developed individual and collective improvement targets.	Will discuss using Trauma Informed Care system assessment in place of SOCAT	Apr-15	
RCCSOC partners will make measurable improvements in welcoming, trauma-informed, family-centered care.	RCCSOC will work with stakeholders to develop baseline measurement			
RCCSOC partners will make measurable improvements in engagement of youth and families who are in crisis.	RCCSOC will work with stakeholders to develop baseline measurement			
RCCSOC Outreach Workgroup will provide outreach presentations to system partners	RCCSOC Outreach Workgroup will provide presentations to 6-10 identified partners in 2014	10 outreach presentations completed during 2014	completed	Chair: Tina Day, Ben D, Lance H, Alicia O, Brie B., Angela B, Heather H., Julie H.
The development of parent and youth peer supports to provide peer support resources for youth and families requestings assistance	Develop a formal recruitment, training and support system for parent and youth peer supports	Was started in 2014, continues in 2015	31-Jul-14	
Develop a parent to peer support group			2015	

CULTURAL COMPETENCY / CULTURAL INTELLIGENCE

DASHBOARD – MEASURING PROGRESS

March 19, 2015

Neil Deupree

1. Increase the list of trainers for behavioral health providers.
    1. From 3 to 10.
2. Develop a list of helpful videos / YouTube presentations.
    1. At least 20
3. Individually solicit and interview behavioral health providers.
    1. How many?
4. Compile feedback on CC/CI efforts by providers.
    1. How many?
5. Develop evaluation of CC/CI results for providers.
    1. By what date? Assessment Tool –

AODA Treatment Programming and Funding

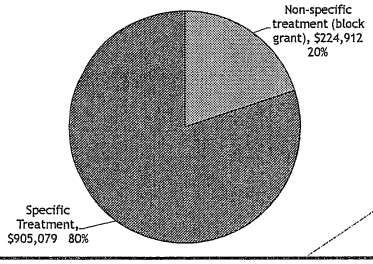
Rock County Human Services

Overview of AODA Programs

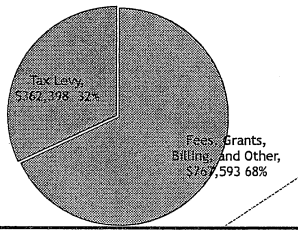
- AODA Block Grant Funding/AODA Walk-in Clinic
- Intoxicated Driver Program
- Detox Services
- Treatment Services for OWI Court and Drug Court
- Treatment Alternative Program
- CYF AODA Treatment Services
- Juvenile Justice AODA Grant
- Integrated Dual Disorder model in the Community Support Programs
- Co-occurring capacity development in the Outpatient Clinics

Highlighted Programs have been developed within the past 2-3 years as a result of strategic planning to improve access to care, target criminal justice populations , and promote co-occurring services

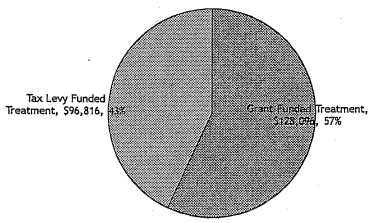
AODA Treatment Funds 2015 Budget -Total $1,129,991



Funding Sources 2015 AODA Treatment Budget Total $1,129,991



AODA Block Grant/Walk in Treatment 2015 Budget Total = $224,912



- Priority Population per federal guidelines : IV drug users and Pregnant Women
- Other HSD target populations: high utilizers of detox services

Accessing Treatment Funding

1. Assessment (walk in clinic)
2. Decision regarding financial eligibility and appropriate level of care
3. Authorization for specified funding with a selected contracted provider
4. Client engages in treatment
5. Provider bills HSD for services rendered
6. Client may be authorized for additional services at the recommendation of the provider and the approval of HSD
7. Continuous reconciliation at HSD between authorized funds and spent funds

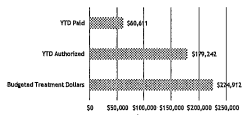
Maximizing Access to Insurance

- Uninsured clients are prompted to apply for Badgercare/Medicaid as appropriate as this will cover their Outpatient Services and medications, including Suboxone
- Clients are instructed regarding calling, accessing via internet, or visiting the Job Center.
- Coming soon: Computer kiosks at HSD clinics exclusively for online application for Badgercare

To complete an online application for Medicaid, visit
http://www.access.wisconsin.gov
or call 1-888-794-5780.

Current Status 2015

- Unprecedented volume of requests for services
- Budgeted Treatment dollars = $224,912
- YTD Authorized = $179, 242
- YTD paid = $60,611



- Projected to be significantly over budget if the pace of referrals continues.
- Why? increasing need, improved access, possible latent demand, increased treatment advocacy.

Moving Forward

- As demand continues to outpace resources, consider requesting additional funds in 2015 to meet the unprecedented need.
- Track data to quantify the growing need to inform potential future budget requests.
- Continue to fund strategic prevention efforts targeting opiate abuse
- Maximize access to non tax levy funding streams through streamlined Badger Care applications for eligible clients
- Expand Comprehensive Community Services (CCS) to provide wide-ranging psychosocial rehabilitation services to eligible clients with addictions
- Partner with stakeholder groups (BHRSC, CJCC) to engage in county wide problem solving to address the increasing need for treatment resources in Rock County.
- AODA Steering Committee continue to work to increase local provider resources in Rock County and advise on ways to prioritize use of limited treatment dollars for the uninsured.