

**Behavioral Health Redesign Steering Committee (BHRSC)**  
**May 21, 2015**

**Call to Order.** Chair Flanagan called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:01 P.M. in Rooms N1-N2, Fifth Floor, Rock County Courthouse-East.

**Committee Members Present:** Supervisor Billy Bob Grahn, Chair Kate Flanagan, Tricia Murray, Neil Deupree, Rebecca Rudolph (alt. for Linda Scott-Hoag), Dr. Ken Robbins, Lance Horozewski, Laura Neece, Deputy Chief John Olsen, Dan DeSloover, Cmdr. Erik Chellevoid, Tim Perry, Samantha Palan, and Faith Mattison.

**Committee Members Absent:** Pastor Mike Jackson, Sheila DeForest, Judge R. Alan Bates, Brian Gies, Jean Randles, Yolanda Cargile, and Tami Lalor.

**Staff Members Present:** Melissa Meboe, Rock County HSD Crisis Intervention Program Manager; Amanda Lake, Rock County HSD AODA; and Greg Winkler, Rock County HSD Supervisor II.

**Others Present:** Diane Hadsell, Colleen Wisch, Betty Conklin, and Lindsay Stevens, NAMI-Rock County; Louis Peer, County Board Supervisor; Steve Howland; Sue Conley and Traci Lindsey, Women's Fund; Stacey Struessel and Shawn Fredricks, School District of Beloit; and Yuri Rashkin.

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

**Approval of the Minutes of April 16, 2015.** Mr. Deupree moved approval of the minutes as presented, second by Mr. DeSloover. ADOPTED.

**Workgroup Updates**

**Data Workgroup:** Ms. Flanagan said there are no new updates.

**AODA Workgroup:** Ms. Lake said the group talked about gaps in services, especially relating to opiates. They also discussed transitional services.

**CCRG:** Mr. Horozewski said the group met yesterday and talked about group homes. Chair Flanagan said they also were looking at data on transports.

**Cultural Competency:** Mr. Deupree said there was nothing new to report.

**Kids Continuum of Care:** Mr. Horozewski said the group talked about trauma informed care assessments.

**Adult Continuum of Care:** Chair Flanagan said internally they are refining the intake unit.

**Consumer/Family:** Ms. Stevens said they are in the process of securing vendors and facilities for the Wellness Fair. She said they would also have a booth at Freedom Fest.

**Beloit Safe Schools Grant Presentation.** Ms. Mattison, Ms. Fredricks and Ms. Struessel went over a PowerPoint presentation on the Safe Schools Grant.

**Report on Prescription Drug Conference.** Ms. Lake went over a handout about the prescription drug conference a group from Rock County attended in April.

**Update regarding AODA Funding through the Rock County Human Services Department.** Chair Flanagan said they are continuing to authorize funding in the same way even though they are over budget. She said the primary barrier is community capacity. She said next meeting she would bring data on usage and the costs/budget.

**Review of Strategic Plan Outcome Dates and Discussion regarding Next Steps** Chair Flanagan said the heads of all the workgroups met and there is a new draft of the Smart Goals for 2015. She said she would email that out to everyone and this would be on the agenda at the next meeting.

**Update on Justice and Mental Health Collaboration Grant Activities** Ms. Flanagan said they continue to plug away at this and are looking at how to increase the number of people being served. She said HSD would be adding 16 hours of psych tech time to help clients out in the community.

**Success Stories/Positive Outcomes Related to Strategic Plan Goals** Chair Flanagan said there was a Facebook post related to a newly trained CIT officer on the Sheriff's Office website about how he used the skills learned through CIT training to help a family.


**Citizen Participation and Announcements.** Ms. Wisch asked for more information about Vivatrol.

**Time and Date for Future Meetings.** Neither Chair Flanagan nor Vice Chair Deupree will be able to attend the June meeting. The group decided they would skip the June meeting and meet on the next regularly scheduled meeting in July on Thursday, July 16, 2015, at Noon, in N1-N2, 5<sup>th</sup> 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.**



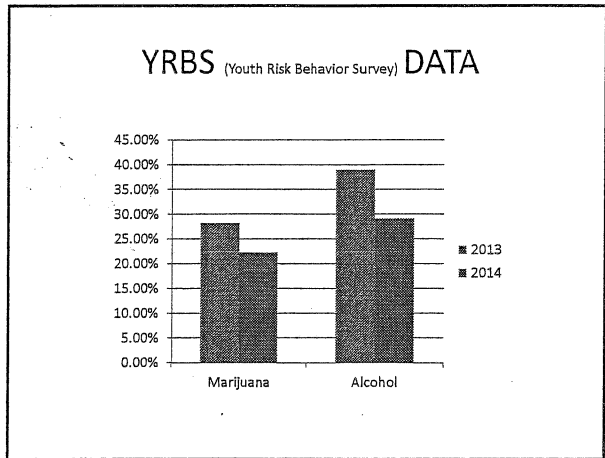

# Safe Schools Healthy Students

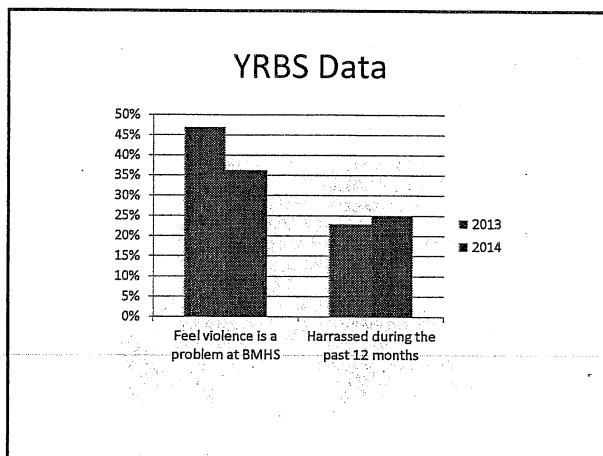
Tammy Flanders, Shawn Fredricks  
Faith Mattison, and Stacey Struessel

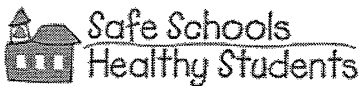
## Supporting Each Student The whole person

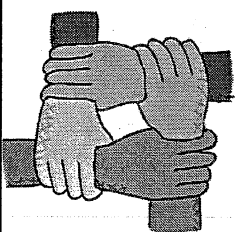


## Unique Individuals




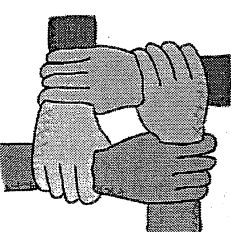








- CMT
  - June 9, 9:30-11:30, Beloit Library
- Therapist 5 days a week BMHS In School Clinic
- YES (Youth Emotional Stability) Conference
  - Increased attendance
- Child Development Day
  - Reestablishing
  - Screening
- Behavioral Specialists
  - Coaching Consultation Model





- Second Step
- Youth Driven Social Marketing Campaign
- Parent Peer Specialist
  - One is hired by Wisconsin Family Ties and is being trained
- Community Readiness Assessment
  - Student Equity Committee - Continued Action Planning set for May 28, 8:00-Noon
- Restorative Practice
  - May 20-21 and June 24-25





## Good to Great ACTIVATE

### Festival

Sunday, September 13, 2015  
11:00-3:00  
BMHS  
Free Community Event  
Lunch  
Supporting SS/HS

— Atlanta, GA • April 6-9, 2015 —

# NATIONAL RX DRUG ABUSE SUMMIT



## About the Rx Summit

The National Rx Drug Abuse Summit is the largest national collaboration of professionals from local, state and federal agencies, business, academia, clinicians, treatment providers, counselors, educators, state and national leaders, and advocates impacted by Rx drug abuse. Through this type of collaboration, your work can be more impactful in bringing solutions to this issue that the Centers for Disease Control and Prevention (CDC) declared a public health crisis in 2012.

## Summit Tracks

Sessions at the 2015 National Rx Drug Abuse Summit are organized into eight educational tracks tailored to provide stakeholders timely and relevant information for their particular field. (Updated 2-4-15)

Clinical Integration | Education & Advocacy | Law Enforcement | Prescription Drug Monitoring Programs

Pharmacy | Third-Party Payer | Treatment | Trending Topics

## Keynote Presenters



**Sylvia Mathews  
Burwell**  
Secretary, U.S. Dept. of  
Health & Human Services



**Hon. Harold "Hal"  
Rogers (KY-5th)**  
Chair, House Committee on  
Appropriations



**Michael  
Botticelli**  
Director, Office on National  
Drug Control Policy



**Dr. Francis S.  
Collins**  
Director, National Institutes  
of Health



**Dr. Stephen  
Ostroff**  
Acting Commissioner, U.S.  
Food & Drug Administration



**Dr. Tom  
Frieden**  
Director, Centers for Disease  
Control and Prevention



**Dr. Nora D.  
Volkow**  
Director, National Institute  
on Drug Abuse



**Mary Copeland  
Fallin**  
Governor  
State of Oklahoma



**Hon. Patrick J.  
Kennedy**  
Former U.S.  
Representative (RI-1st)

## Forum of Members of the U.S. Congress



**Hon. Joseph "Joe"  
Manchin (WV)**  
U.S. Senate



**Hon. Earl L. "Buddy"  
Carter (GA-1st)**  
U.S. House of  
Representatives



**Hon. Katherine M.  
Clark (MA-5th)**  
U.S. House of  
Representatives



**Hon. Dr. Andrew "Andy"  
Harris (MD-1st)**  
U.S. House of  
Representatives



**Hon. Evan  
Jenkins (WV-3rd)**  
U.S. House of  
Representatives



**Hon. William R. "Bill"  
Keating (MA-9th)**  
U.S. House of  
Representatives

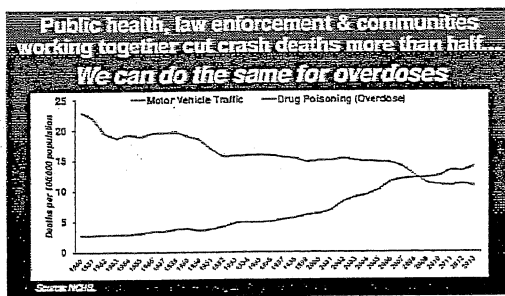
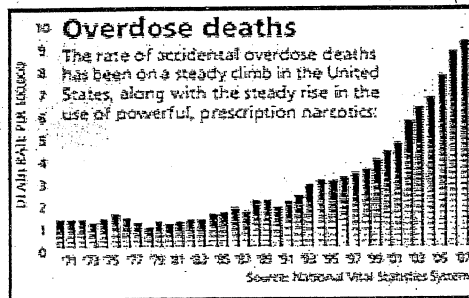


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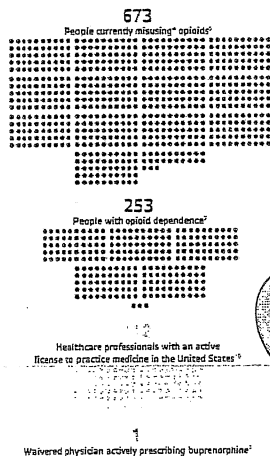
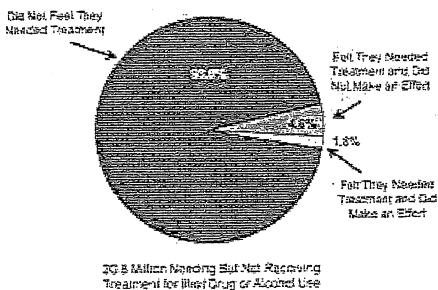


## Scope of the Epidemic

- ▶ Drug overdose death rates have been rising steadily since 1992, with a 102% increase from 1999 to 2010 alone. (CDC)
- ▶ Since 2010, drug overdose has outnumbered motor vehicle accidents as the leading cause of accidental death for adults. (NCHS)
- ▶ Approximately 120 people die each day from accidental drug overdose, with 1 overdose death occurring every 12 minutes. (CDC)



## Challenges for Treatment

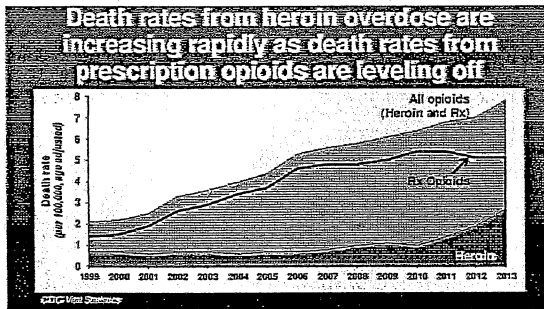
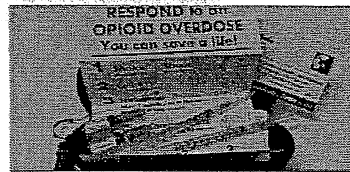
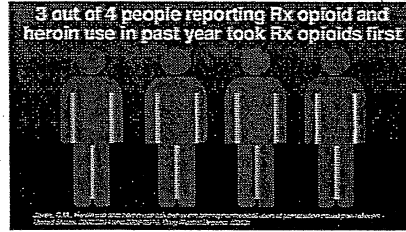


Relapse Rates: 70-80%

Access to Treatment and Cost:  
 Detox= \$500/ day  
 Residential= \$5,000-\$10,000/ month  
 IOP/ MAT= \$1,800/ month

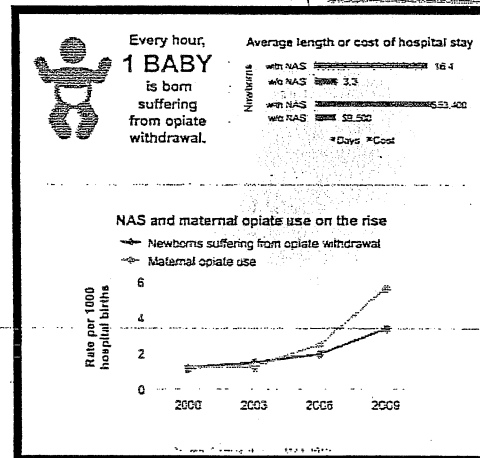
## Multi-Systemic Approach

- ▶ Reduce prescription drug abuse
  - Physician Education
  - Prescription Drug Monitoring
  - Safe Medication Disposal
- ▶ Prevent Overdose Deaths
  - Naloxone widely available
  - Good Samaritan Laws
- ▶ Improve Access to Treatment
  - Buprenorphine-waivered physicians
  - Reduce stigma regarding medication-assisted treatment
  - Insurance coverage (ACA)
- ▶ Comprehensive Treatment
  - Addressing psycho-social needs
  - AA/NA
  - Co-Occurring Care
- ▶ Enforcement
  - Drug Courts
  - Treatment interventions during incarceration



### Program Highlights:

- Casey Family Programs (OH & KY) - Collaboration between CPS and Treatment Providers
  - CPS referrals w/ AOD concerns receive assessment and referral w/in 48 hours
  - Reduce foster care admissions and increase successful family reunification
- Juvenile Detention Alternatives (NJ)
  - Hired full time social worker in JJ unit
  - Early intervention for low level offenses (runaway, bullying)
  - Parent support groups





DRAFT

BHRSC SMART GOALS - 2015

DRAFT

Month	SMART Goal	Performance Target	Updates	Completed or New Target Date?	Assigned To
	Criminal Justice/Behavioral Health Linkage and Data Sharing	a.) short term: Create a data dashboard reflecting 3 key measures related to BHRSC goals b) long term: Data dashboard will incorporate at least one key outcome for each workgroup area			
	Community Crisis Response Group	a) Increase by ___% the number of individuals with inpatient needs who are treated voluntarily vs. through an Emergency Detention Process. b) Complete targeted enhanced training to the Crisis intervention Unit regarding customer service orientation, welcoming and trauma informed care. c) Reduce medical clearance wait time through strategic engagement with ER Directors and staff			
	AODA Steering Committee	a) Initiate a pilot of the SBIRT (Screening Brief Referral for Treatment) through JM4C. b) Decrease wait time between assessment and treatment for high risk clients through reorganization of HSD AODA services. c) Complete Community based Heroin Town Hall meetings and provide recommended action steps for future activity related to opiate addiction impact d) Increase the number of dually certified MH/SA clinicians at HSD			
	Cultural Competence	a) Establish baseline data regarding cultural competence of community			

T-FASD

BHRSC SMART GOALS - 2015

T-FASD

		behavioral health providers through the use of an identified self or agency assessment tool b) Provide increased resource recommendations (trainers, videos etc.) to community providers and BHRSC stakeholders			
Consumer/Family Workgroup		a) Complete the scheduled Wellness Fair in September 2015 b) Expand membership by 20% with an emphasis on representation of diverse populations c) HSD will employ at least 2 peer specialists by 12/21/15 d) WREP to take concrete steps toward Not for profit status to support growth opportunities.			
Adult Continuum of Care		a) HSD intake unit to formalize via policy statement that the purpose of Access is to welcome people into service and connect to the right resource in the county as a whole. b) By 12/31 HSD will provide integrated walk-in services (MH and AODA) c) By 12/31/15, HSD intake unit will be available for intake and access services a minimum of 40 hours per week.			
Kids Continuum of Care		a) Members will complete a self-assessment using the Trauma Informed System of Care assessment to establish baseline data regarding welcoming, trauma informed, family centered care. b) Action plan will be developed to increase access to parent peer supports			