

Behavioral Health Redesign Steering Committee (BHRSC)
August 16, 2012

Call to Order. Chair Deupree called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:00 P.M. in the Courthouse Conference Center, second floor, Rock County Courthouse-East.

Committee Members Present: Chair Neil Deupree, Kate Flanagan, Denny Luster, Greg Ammon, Supervisor Billy Bob Grahn, Sheila Deforest, Marko Pease, Tom Gubbin, Dannie Evans, Faith Mattison, Judge James Daley, Deputy Chief John Olsen, Tim Perry, Cpt. Craig Strouse (alt. for Cmdr. Chellevoid), Linda Scott-Hoag, Lance Horozewski, Kristi Hayden (alt. for Brenda Clark), Brian Gies, and Laura Binkley.

Committee Members Absent: Julie Lenzendorf.

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

Others Present: None.

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

Approval of the Minutes of July 19, 2012. Supervisor Grahn moved approval of the minutes as presented, second by Mr. Gubbin. Ms. DeForest asked that it be noted she was dealing with her child's attachment disorder five years ago. Dr. Pease asked that future minutes reflect that his proper title is "Doctor." ADOPTED with the aforementioned changes.

Update on Statewide AODA/Mental Health Conference. Ms. Flanagan said the annual conference is in October and the afternoon of October 24th, Ken Minkoff will be leading a breakout session. Ms. Flanagan said she would be in attendance. Chair Deupree asked that anyone from the BHRSC that decides to go to please let Ms. Flanagan or Ms. Pohlman McQuillen know.

Mobile Crisis Report. Ms. Flanagan said she was presenting what was shared with the CJCC recently. She said Human Services was really making an effort with increasing mobile crisis. She went over a handout of mobile crisis data. She noted that there are over 30,000 contacts with Crisis per year and a great drop in 51.15 commitments since Crisis went mobile.

Work on System Mapping. Chair Deupree read over the notes from the workgroup's meeting. Dr. Pease said BACHC has changed some of its structure to address gaps in the system. He noted that the ability to follow-up with patients was something they could not do as they cannot force patients to do anything—clients use BACHC's services voluntarily. Mr. Perry said case management has always been a problem. Dr. Pease said he was not sure what to do about the wait time for services. He said at BACHC, counselors will see patients first which will free up a couple spots he has to see people. He added that BACHC's no-show rate is 23%.

Ms. Binkley asked how people come to use BACHC's services. Ms. Flanagan said the County and BACHC serve the same population are the only resource for the uninsured and those who have

burned all of their bridges. She said sometimes the County refers people to BACHC. Ms. Flanagan added that the County has zero capacity for anyone outside of §51.15 at this point.

Ms. Flanagan said if there is an acute crisis, BACHC can see the individual on the same day unless they go through Crisis for the County to see. However, if an individual is "at-risk" they are waiting about two months to be seen. Dr. Pease said if it looks like an individual will have criminal justice involvement or are a suicide risk, they can be seen sooner. Additionally, through BACHC, individuals can be put on medications the same day as their appointment.

Ms. DeForest asked about private providers variables for discharging patients. Mr. Perry said outpatient providers operate under DHS Chapt. 35. He said if clients do not adhere to their individualized treatment plan, they can be discharged. He said there is a huge liability for the outpatient providers if a noncompliant individual is not formally discharged. He said some people are also discharged for failure to pay for services. Ms. Binkley said discharging them is setting the up to fail. Mr. Perry said often individuals need a higher level of treatment but if that next level is full or unavailable, sometimes outpatient clinics will take on the risks of assisting this individual.

Mr. Ammon said when people are terminated at his clinic, it is usually for not following their treatment plan. He added there is potential liability in taking higher risk patients. Ms. Flanagan said the real gap is in case management and the gap between outpatient treatment and a community support program. She said the state established a CCS to address this mid-range gap and Rock County is applying to be a CCS provider in 2013.

Chair Deurpee said HealthNet was having a decrease in services and this could affect people on Probation and Parole from obtaining their mental health medication. Dr. Pease told the group about a volunteer clinic he works with in Madison.

Citizen Participation and Announcements. Ms. Binkley told the group there was a walk sponsored by YES to benefit people with mental illness.

Time and Date for Future Meetings. Thursday, September 20, 2012, at noon, in 2nd Floor Courthouse Conference Center.

Adjournment. The meeting adjourned at 1:00 P.M. by acclamation.

Respectfully submitted,

Elizabeth Pohlman McQuillen
Criminal Justice System Planner/Analyst

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