

**CHILDREN AND FAMILY SERVICES ADVISORY COMMITTEE
MINUTES
JULY 20, 2017**

PRESENT: Sara Barron, Laura Cherone, Pam Groh, Lindsay Just, Mary Adele Revoy, Diane Ripple, Dianna Susitti, Mary Wittwer

STAFF PRESENT: Danielle Birdeau, Ron Pupp, Joan Sternweis

APPROVAL OF MINUTES OF THE JUNE 15, 2017 MEETING

A motion was made by Pam Groh, seconded by Mary Wittwer to approve the minutes from the June 15, 2017 CAFSAC meeting.

WAUKESHA 16TH STREET CLINIC (Kerri Ackerman/Sergio)

The 16th Street Community Health Center is a federal qualifying health center. They see everybody regardless of their financial situation. Patients that are uninsured are on sliding fee scale. Their fee can be as low as \$10 a visit. A well child visit can cost \$250.00-\$300.00 with immunizations. That visit including the immunization through the clinic will be \$10.00. The federal government subsidizes some of the staff but not everybody. With all of the changes going on with the health care bills, and heavily populated medicated patient population we receive a Wrap Around. At the end of the year we submit for the calendar year how many Medicaid patients were treated, how many uninsured, how many commercial. Based on this they subsidize the clinic a specific amount of dollars. It helps us filter money from several different areas so the revenue is based on a sliding fee scale. The patients that do pay have commercial insurance, the Medicaid, the Medicaid wrap and the remaining are donations from different areas. The clinic budgets the year based on the patients that they see. The clinic treats everybody from infants to end of life. The services offered are Medical, Dental, OB, Family Practice, and Psychiatry. There is a therapist for child and adolescents who also does family therapy. AODA treatment is also available and the clinic has added intensive outpatient treatment for AODA patient's 3-days per week. There are also group sessions for AODA. Currently the clinic is looking into having a dental hygienist that can work independently from the dentist. And it should be noted that most staff are bilingual to help assist all patients, and translators are also available.

Someone asked a question about accepting referrals specifically for medication evaluations and medication management from other clinics. Kerri responded that if you see one of our prescribers, you have to be in therapy with one of the therapists so that person can be monitored. Someone cannot rely solely on medication and not be receiving needed therapy.

Another question was asked about intensive outpatient services for adolescents. Kerri responded that it is only adult at this time but there has been discussion about adolescents however at this time the clinic has received few requests about Adolescents. She did state that at this time the clinic is working with approximately 180 juveniles in the Diversion program and complete the

Urine Drug Screens process for them. Kerri also mentioned that the clinic is looking at adding a peer specialist in 2018

Currently the clinic treats approximately 3,400 patients per month. The Waukesha clinic does not treat Milwaukee patients as there is enough federally qualified health centers in Milwaukee. Waukesha only has the 16th Street Clinic available. If the person from Milwaukee has a temporary residency here that is the only way they can be treated at the Waukesha clinic. The Waukesha clinic also will treat patients from Racine County, Washington County, and Jefferson County.

The clinic works closely with the Department of Health and Human Services on many different projects including AODA services. And also with Dr. Nancy Healey-Haney from the Waukesha County Public Health Department. One of our physicians supervises the STD clinic for Health and Human Services. The clinic is involved in a lot of Community efforts such as N.A.M.I., the Waukesha Business Alliance, and Pro Healthcare. Currently the clinic is looking into having a dental hygienist that can work independently from the dentist.

COLLABORATIVE CRISIS SERVICES (Danielle Birdeau)

It has a year since the State law changed that required our crisis team to be available 24/7 mobile and to be available to assess for potential emergency detentions. Over the last year the crisis team was required to increase that responsibility. Crisis services is a State certified program through DHS 34, which means there are State rules and policies to follow. That includes having relationships in the community with hospital providers, schools and law enforcement. The team is comprised of all licensed clinicians and anytime a crisis assessment is happening there are clinicians with master's level licenses. Our services can be provided by phone, walk-in clinic during our normal business hours, and through mobile services in the community. Crisis assessments, links to services and/or follow-up are provided. The services are voluntary unless they have been called out by law enforcement. If the person does not want to follow-up that request is honored. In an emergent situation services will be provided because law enforcement has been called. With the law change, anyone who is emergency detained needs to be evaluated by a qualified mental health professional. The crisis worker authorizes the emergency detention but they do not initiate it. Law enforcement needs an authorization from a qualified mental health professional. Law enforcement can detain someone under 51.45 which is the alcohol emergency detention.

The crisis team will receive a call, the call is connected to a crisis worker, and the crisis worker completes their assessment of immediate risk and plans, and helps develop a safety plan. We assist with safety planning for people and help families identify what the plan will be for the next 24 hours or the next 12 hours. When the workers are out there they are assessing for suicidal ideations from adults and children. With children there are other factors involved such as family or their caretakers, and how we are communicating with the child. With suicidal ideation we are assessing for self-harm behaviors. Homicidal ideations we are looking for an attempt to physically harm other people which is dangerously related to impaired judgement, psychotic or disorganized behaviors, inability to care for self-due to age, illness, or disability. That is more common with adults but they are also looking at that, and those factors with children. Also, can

the parents care for the child, all those factors are being assessed. The crisis workers in the field are making calls to all the different hospitals and helping families navigate that because it can be very difficult and overwhelming, and we know what and where the resources are.

If we authorize an emergency detention, law enforcement does place the person into protective custody and they are conveyed to a hospital. Usually they need a medical clearance. In an emergency detention with children they work with law enforcement to find a receiving facility. Some local hospitals will accept children on an emergency detention which is an important partnership for us in the community. We also have a relationship with CASE in Milwaukee County, and they work with our emergency detention children and adolescents as well.

Currently our team has 5 full time employees and 7 limited term employees,

From March 2016 to May 2017 we completed a total of 1,689 in person assessments and we took 4,585 crisis contacts. The impact of crisis services is that it adds an incredible value to the County service array for mental health and substance use services. We are able to connect people for mental health treatment whether it's with us or with private providers in the community. People who do not need an emergency detention are no longer being detained under an emergency detention which is a real value for the person because it can be traumatic. The assessment allows much higher quality service for the individual. The data collected between 2010 and 2007 regarding our commitments, our settlements, and our dismissals remains stable. There are not many juvenile commitments. People are being connected to outpatient treatment that they need, and there is follow through. Settlement Agreements are utilized. This is where a person who may have had an issue in the community and law enforcement became involved, the person was then emergency detained and went to the hospital. The hospital sets up a Settlement Agreement with that person, which states that for the next 60-90 days they will become established in services and that they will follow through with the services. Getting involved and staying involved the person can then be on a path to outpatient treatment that is needed.

BOARD LIAISON (TBD)

Darlene Johnson is our Board liaison, she had a conflicting meeting and will be at the next meeting in September.

ANNOUNCEMENTS AND ADJOURNMENT

Laura Cherone announced that they now have a contract with the Oconomowoc Area School District and will be having mental health therapy services on site starting in September at 4 schools in the Oconomowoc area school district, but the vision is to expand and have presence at all schools. Those are insurance services, just an extension of our outpatient services and probably in January we'll be working in the Kettle Moraine District. So, if you have students that are in these schools and you want to know if we're in those particular schools there are going to be resources.

Pam Groh moved to adjourn the meeting, seconded by Diane Ripple at 9:42 a.m.

NEXT MEETING

The next meeting is scheduled for September 21, 2017 at 8:30 a.m. in Room 271 at the Human Services Center, 514 Riverview Avenue.

September 21, 2017

APPROVED

*Respectfully submitted,
Mireya Casarrubias
Administrative Assistant*