

**CHILDREN AND FAMILY SERVICES ADVISORY COMMITTEE
SEPTEMBER 17, 2015
MINUTES**

PRESENT: Michelle Anderson, Wendy Banicki, Sarah Barron, Laura Cherone, Eden Christman, Kathy Duffek, Pam Groh, Barbara Holtz, Lindsay Just (Addiction Resource Council), Missy Kuecht-Becker, Maura McMahon, Ron Pupp, Diane Ripple, Karen Villarreal, Mary Wittwer

STAFF PRESENT: Tracy Allman, Esther Jensen, Laurie Kohler, Kathy Mullooly, Peter Slesar, Sarah Vargas

APPROVAL OF MINUTES OF THE JULY 16, 2015 MEETING

Ron Pupp called the meeting to order at 8:39 a.m.

A motion was made by Karen Villarreal, seconded by Diane Ripple, to approve the minutes of the July 17, 2015 meeting.

MENTAL HEALTH SERVICES, CST/CCS MOBILE CRISIS

Laurie Kohler gave an overview of the Collaborative Crisis Intervention Services to Youth Grant. Waukesha is one of five counties receiving this grant from the State and the grant is in the second year. The PowerPoint is attached. Tracy Allman is a clinical therapist working in the Comprehensive Community Services Program (CCS). CCS provides services over a lifespan and Waukesha County is currently seeking to expand services to children and adolescents.

Kohler explained the data on page 2 showing juvenile emergency detentions and the case for expanded crisis services. Part of the downward trend corresponds with things Waukesha is doing differently – collaborating more with law enforcement through Crisis Intervention Team trainings; having the clinical staff assist law enforcement in determining the need for an emergency detention (ED) or if there's a less restrictive alternative for the juvenile in crisis. In 2014, 223 juvenile calls came to Waukesha crisis services, and in 60% of those cases the crisis team was able to create a safety plan and divert an ED hospitalization. In 17% of those situations, Waukesha crisis staff helped to initiate a voluntary admission. There are some high-risk cases when an involuntary admission (ED) is necessary, but only 51 youth out of the 223 cases were emergency detained. Getting more clinical services and thoroughly assessing youth in crisis makes a difference, therefore Waukesha wants to expand hours of availability for the crisis team and expand availability of community programs.

Kohler reviewed the activities completed by Waukesha County through the grant, as outlined in the PowerPoint. The peer specialists are starting a new pilot program on September 22 called the R&R Group (recreation and recovery). The program will provide youth an opportunity to connect with peer specialists in the community, outside of treatment, and do something healthy and constructive. The R&R group will have a monthly outing/meeting and the group is connecting on Facebook in a closed setting by invitation only. There is also a Wellness and

Recovery Action Plan (WRAP) for youth, creating self-wellness with the support of the peer specialists. Peer Specialists are doing outreach to the schools.

The grant activities also included CIT training. Through various grant funded trainings, there are now about 197 CIT trained officers in Waukesha County. The Waukesha County crisis team is seeking to increase their engagement of law enforcement. Kohler also talked about the 20 hour Crisis Intervention Partners (CIP) training available free for community members. Through a one-day training using a national model, there are now staff trained in youth mental health first aide.

Kohler reviewed the grant activities planned for year two (see the PowerPoint). The focus is on engaging youth to help understand their mental health issues, overcome the stigmatism associated with mental health issues and encourage reaching out for help. The county continues to build their own community based crisis resources. Finding a crisis bed, respite, or diversion to inpatient hospitalization would be valuable, and the county continues to investigate details on these options. They are working with a consultant to look at same day psychiatric services, a type of mental health urgent care facility at the county.

Laura Cherone asked about trauma informed initiatives and how this is related. Kohler stated that access to better quality community services and less utilization of hospitalization is trauma informed. It is consistent. There was discussion about people outside of human services being confused about the language used around these services and a need for further community education to gain acceptance of these services. Wendy Banicki expressed enthusiasm over a gap being filled, because a couple of years ago her daughter needed services and nothing like this was out there for youth/adolescents in a group environment. Banicki's daughter is currently working with National Alliance for the Mentally Ill (NAMI) on Break the Silence and wants to be a Peer Specialist. Kohler stated that NAMI and Lutheran Social Services (LSS) are the two agencies that provide the supervision and employment for the peer specialists in Waukesha County. Pam Groh relayed a compliment for the crisis intervention team who came to her school district and responded to a student and family in need. The right people with the expertise to know the next steps were very much appreciated. Maura McMahon stated we still need options between the hospital and shelter care. Taking a vulnerable child and placing them in shelter care with persons who are there for other reasons can be upsetting. Kohler explained several state rules that make it difficult to create that kind of intermediary possibility. Youth with mental health issues need treatment, not consequences. Slesar agreed and said that many youth end up in the juvenile justice system by default. Uncontrollable behavior can stem from mental health issues and can lead to family conflict. It's labeled as acting out behavior and so the system responds by putting them in with youth acting out for other reasons. Kohler stated that there is an MOU and Waukesha County does a lot of crisis intervention with Lad Lake. Hospitals and shelters are being used as respite because viable alternatives do not exist.

Kohler reported that the county is developing community supports for youth that have more than an outpatient level of care but less than an inpatient level of care. Comprehensive Community Services is a model program that supports youth with symptoms that require more frequent follow up. Tracy Allman shared the attached flyer. CCS is a community based psycho-social rehabilitative program that is voluntary and focuses on the strengths of the consumer to achieve

goals and overcome barriers. The program serves individuals across a lifespan. Work is done both one-on-one and in groups. The process is through a functional screen done annually. A comprehensive assessment is done initially and annually to review the domains the client may need to address; activities of daily living, getting a job, mental health issues, medication management, etc. A recovery plan is developed by a treatment team of workers and natural supports (friends, family). The plan is updated as needed and reviewed every six months. The youngest current consumer is age 6 and goes up to age 17. Recently there was a decision to transition the 16/17 year olds to the mental health center to improve the transition to the adult service programs. The younger population will continue to be served through Health and Human Services. There are 121 consumers so far; 111 adults and 10 adolescents. This is a voluntary program. CCS is working with the Partnerships for Mental Health Committee to work on the transition age, from adolescent to adult. They are working on helping youth recognize when they have a mental health issue, identifying barriers and establishing goals to achieve.

A question was asked about substance abuse issues. Allman answered that they have no adolescents, only adult consumers with substance abuse issues at this time. There are three certified substance abuse counselors. There is an AODA group that meets once per week to discuss recovery, harm reduction, and offer support to meet their goals. They try to refer them to the best level of care available. Random drug testing is included in the service plan for some of the adults. They can guide and encourage, but it is voluntary and no one can be forced into treatment. Is there any type of compliance agreement? Again, there are program treatment options and goals set, but they are voluntary. It seems to make participants more comfortable, but some prefer a Community Support Program where they get more services and it's not as consumer driven.

The brochure indicates the CCS Program is Medicaid funded. What about private insurance and income limits? CCS is a Medicaid benefit program, just like Family Support Program, CLTS Waiver program, and others. There are requirements for eligibility. They must have a rehabilitative mental health need that is higher than just outpatient. That means people who have autism, something that is permanent, are not candidates for this program. There are services that Medicaid will pay for that will support eligible consumers in their recovery. For the adolescent, there is psychosocial education, for their parents and for the school district, how can they work with the child with this diagnosis? It's different from the waiver because the waiver considers how to maintain the child in the community, while CCS is not maintenance, but will pay for the services that will enhance the education and the management of mental health symptoms. If someone presents and doesn't have Medicaid, and they're trying to get into CCS, they would have to go through private insurance and/or ability to pay. There would have to be creative ways to fund some of the services that could benefit their recovery. The CCS program, through the functional screen, the comprehensive assessment, and a doctor's order for CCS, everything is medically necessary, and it's easier if one is on Medicaid. The functional screen must be met and all services paid for through CCS are assessed through the initial comprehensive assessment, going down the eleven domains of life. Everything Medicaid pays for in CCS is assessed up front and medically necessary. There was discussion about children covered by their parent's private insurance that would not be eligible for Medicaid. What are the criteria to meet the functional screen? Compass does the functional screens for the state and sends it to the county. When they do their functional screens, they assess for all Medicaid programs, so Waukesha

County receives many cases that come screened in appropriate for CCS. But, the functional screen alone does not determine eligibility for CCS; it's that comprehensive community services assessment of needs. What types of services are really going to benefit the individual, and does the adolescent or adult want to work on their recovery goals. The state is looking at how to use things like motivational interviewing and other evidence based techniques to help motivate people when there is some resistance. There was discussion about difficulties in substance abuse treatment and individuals being able and willing to move forward.

Diane Ripple stated that she heard Waukesha County has signed an agreement with Meta House in Milwaukee to take Waukesha County residents. Who do we contact with the county? Kohler stated that contract is through the Waukesha County Outpatient Clinic, but there must be an absolute need for that. Funding evaluations for group home placement will involve looking at what other things have been tried, what's the necessity, and what are other alternatives. The phone number is 262-548-7666.

NOMINATING COMMITTEE REPORT

Pam Groh reported that the committee reviewed the current membership list. They made contact with some individuals depending on number of meetings met and with unofficial members to ask if they want to become official members. They clarified who would be actively participating in 2016. They also talked about who would be potential members to outreach. They made contact with Judge Katherine Foster and Judge Domina. The committee will continue to outreach to law enforcement via a letter, per the request of the sheriff's department. Christine Howard is potentially interested in being the HHS Board Liaison. The committee will follow up with her.

The CAFSAC by-laws state the following:

- A. **Members:** The Nominating Committee of the Children and Family Services Advisory Committee consists of three members elected from CAFSAC with CAFSAC Chairperson, Health and Human Services staff liaison and the H&HS Board Liaison as ex-officio members of the Nominating Committee without the right to vote. Its members are representative of Waukesha County and represent the diversity makeup of the County.
- B. **Election, Term of Office, Vacancies:** All members of the Nominating Committee are elected annually by CAFSAC and serve until the next annual election. The chairperson is chosen by the Nominating Committee in the interim between annual elections are filled by the Nominating Committee with the approval of the Chairperson of CAFSAC.
- C. **Duties:** The Nominating Committee is responsible for securing and keeping a list of potential candidates, selected from and representative of Waukesha County, who are qualified by skill and experience for membership on CAFSAC. A slate of candidates is submitted at the CAFSAC meeting for vote in September and submitted to the County Executive in October. The Nominating Committee also presents candidates for vacancies occurring in CAFSAC during the interim between regular elections. The Nominating Committee is responsible for submitting the slate of

candidates for Chairperson and Vice-chairperson to the membership for election at the September meeting.

Sharon Thiede will replace Sarah Drzwiecki with the Waukesha School District. Joe Muchka will replace Margaret Bayer for Addiction Resource Council. Carl Vitense will replace Glynis Underwood for St. Charles Youth and Family Services. Theresa Imp, Public Health, will be added under HHS Staff. Judge Katherine Foster will be added. Mardi Freeman, CESA, will be removed. There will be a final reach out to the Sheriff's Department and follow up with Christine Howard for HHS Board Liaison. Everyone else on the list will continue. Missy Kueht-Becker made a motion to approve the membership list, seconded by Laura Cherone. All in favor and the motion is passed.

The nomination of Karen Villarreal as 2016 Chair was discussed. Missy Kueht-Becker moved to nominate Karen Villarreal, seconded by Pam Groh. All in favor and the motion is passed.

The nomination of Pam Groh as 2016 Co-Chair was discussed. Missy Kueht-Becker moved to nominate, seconded by Diane Ripple. All in favor and the motion is passed.

The 2016 Nominating Committee nominees were Diane Ripple, Laura Cherone, and Wendy Banicki. Missy moved, seconded by Pam Groh to approve these three nominees. All in favor. The motion is passed.

ANNOUNCEMENTS

Barb Holtz's last day at Parent's Place is today. She will be part time at Lutheran Social Services. Kathy Duffek stated that Barb did a great job getting Born Learning out and has done many wonderful presentations. The Born Learning program will continue under community education and Kathy Duffek will be the contact. Barb Holtz will be missed at Parent's Place.

Barb Holtz talked about the Baby Fast Program, funded by the Department of Children and Families, which begins on September 29. The program is for new mothers, their babies, and a third generation support person.

Wendy Banicki, Sienna House is strictly a men's shelter as of August 1. It will house eighteen single men. They also moved the first two tenants into the Summit House on Friday.

Zachariah's Acres, October 10, is the 5K Run, walk or roll and Harvest Fest is that afternoon. The Fundraiser Charitable Hops is October 17, 7:00 to 10:00 at the Dousman Community Center.

Laurie Kohler passed out cards from the Hope helpline.

ADJOURNMENT

Pam Groh motioned to adjourn, seconded by Diane Ripple at 10:02 a.m.

NEXT MEETING

The next meeting is scheduled for October 15, 2015 in Room 271 of the Health and Human Services Center Building, 514 Riverview Ave.

10-15-15
APPROVED