

SPECIAL SERVICES ADVISORY COMMITTEE MINUTES

May 19, 2016

Waukesha County DHHS – Room 114

12:00 – 1:30 PM

Members Present: Sara Barron, Kim Coronado, Wendy Heyn, Mureene Payten, and Jennifer Siderits

Members Absent: Jennifer Bertram, Eden Christman, Amy Elfner, Emily Enockson, Lisa Fusco, Jason Gahan, Patrick Jauquet, Benhi Khabeb, Missy Kueht-Becker, Julie Kunath, Amy Shurte, and Bonnie Siegel

DHHS Liasons Present: Chelsee Bates, Jen Cera, Jane DeGeorge, Emily Klunick, Caitlin Lang, Courtney McIntosh, Eryn Petersen, Diane Scheerer, Casey Vullings, and Amy Weast

Guests Present: Mary Madden, Julie Martinson, and Mike Potter

Agenda Item #1: Introductions

Members introduced themselves and their roles (parent or professional).

Agenda Item #2: Approval of Minutes from 2-18-16 and Agenda Items

Sara Barron moved to approve the minutes. Seconded by Emily Klunick and approved.

Agenda Item #3: National Alliance on Mental Illness (NAMI) Overview

Mary Madden

NAMI was started in Dane County in 1979 by mothers looking to help their children with mental illness. The organization is primarily run by people either living with mental illness or whom have a family member with mental illness. Their programs are run by people with their own lived experiences. NAMI does not provide treatment services (such as psychiatry or psychology services), but rather, provides facilitated education experiences. NAMI's goal is to address the stigma affecting people getting treatment, and then educating and advocating. There is an intense need to deal with how society treats brain illnesses verses illnesses of the other parts of the body. NAMI receives referrals from partner agencies, word-of-mouth, 2-1-1, school districts, etc.

When a citizen contacts NAMI, a Certified Peer Specialist answers the phone and triages the call. Certified Peer Specialists have had the illness or are going through it and at a point in their recovery that they can help others, that are then trained in handling others with the illness, and ultimately, passing a certification test. After the call is triaged, there is a lot of one-on-one or in-person support. If clients cannot come to certain classes (perhaps they cannot commit to the length of time of the class or are not ready to attend a support group), the staff will help the person to understand what is happening, and then refer them to available resources.

Mary Madden distributed brochures on various programs NAMI offers.

Basics: This is a 6-week free education course for parents and family caregivers of people younger than 22 who are experiencing mental health challenges, and helps them understand that they are not alone.

The facilitators also have or had children that experience mental health challenges. This course has also helped families understand if the challenges are not mental health, but rather, something more like brain trauma. The Basics course has been a part of NAMI for 5-6 years, however came to Waukesha 2 years ago.

Family-to-Family: This is a 12-week free education course for adult family members and friends of people who live with mental illness. The facilitators are also family members of people living with mental illness. This course includes presentations, interactive exercises, and group discussions. The Family-to-Family course has been around since the 1980's.

QPR (Question, Persuade, Refer): Education is provided in the form of the QPR program. A new program was started at Oconomowoc High School called "Ending the Silence." The program sends 2 speakers into high school health classes, consisting mostly of sophomores and juniors, to talk about signs, symptoms, suicide prevention, and how to get help (for themselves or their friends). Recognizing that kids are aware when their friends have problems, NAMI hopes to utilize the information to get them help. Mary commented that they found the students extremely interested and looking for follow-up meetings to discuss the topic further and help one another. There has been some resistance from parents that are afraid the meetings are putting the idea of suicide in the heads of the students, however NAMI feels that is not the case. There is a sister program to "Ending the Silence" that is a 30-minute version geared towards grade school students.

Crisis Intervention Training: The Crisis Intervention Training (CIT) is for law enforcement to assist them in recognizing and understanding the signs and symptoms of mental illness, as well as other associated illnesses including development and cognitive disorders and dementia. NAMI is working with the Evidence Based Decision Making Committee of Waukesha County to increase the number of CIT participants by 25%. CIT uses grant money, so it is at no cost to the participants. There is also a 2-day training for parents and educators called Crisis Intervention Partners.

SOAR (SSI/SSDI, Outreach, Access, and Recovery): This is a project designed to aid homeless adults affected by mental illness apply for disability. NAMI has been able to get disability determinations in 9-12 months, versus up to 2 years and the added expense of have the case sent to a judge and needing to secure an attorney. NAMI had a 70% success rate last year, down due to changes at the Disability Determination Board (DDB). Now that applications are no longer being sent to Boston and more staff is being brought into the DDB, they hope to see this rate increase.

Chapter 51/55 Court Support and Advocacy: This successful program helps individuals experiencing involuntary commitment proceedings, providing the family resources on education.

Peer to Peer: This is a 10-week course for adults living with a mental illness. It is a recovery class that offers education and support through a combination of lecture, discussion, interactive exercises, and stress-management techniques. Participants have to be at a point that they can talk about the disease and how to live with it.

Stories of Hope: This program used to be called "Interim Voice," and is a recovery education presentation given by those affected by mental illness and are in recovery, to help others dealing with the illness. This is an evidence-based program because it uses the participant's personal stories to reduce a stigma. The Stories of Hope program has been an effective way to get out in the community and help others understand that mental illness affects everyone in some way.

In addition to the programs and courses mentioned, NAMI provides support groups throughout the month at various locations within Waukesha County. There are currently no support groups specific for caregivers for those under 18 years, but NAMI is looking at starting one. NAMI is also planning on starting a group geared towards children under the age of 18.

One of the support groups that NAMI provides is the Survivors of Suicide Support Group. This support group is provided for those who have lost someone to suicide. It has been found that often, others did not recognize that the person that committed suicide had mental health issues because it was not diagnosed.

If someone has suicidal plans and means to carry out the plans, they need help immediately.

Mary can be contacted directly at Mary@namiwaukesha.org for more information or for additional brochures.

Agenda Item #4: 2015 Survey Results and Moving Forward

Jennifer Cera

Jennifer Cera distributed and reviewed the findings of the 2015 survey, as well as the 2016 survey and letter drafts. 581 surveys went out and 82 were returned. This resulted in a response rate of 14.1%, higher than the industry standard for a mailed, paper survey at a 10% response rate. Jennifer utilized UW-Milwaukee as a resource on surveys to get the best results.

An area that needs improvement stems from the question of "If your child has completed the program, did you feel that you and your family were prepared for the transition?" Both CLTS and FSP participants felt that they could use more support. While the question was intended to imply the transition to adult services, it was not clear, so that may have been some of the reason as to the responses received.

There have been conversations regarding various methods of delivering the survey. An issue with having the survey be electronic is that not all families have access to computers. If the survey is provided in both paper and electronic versions, there is a risk of participants responding to both versions and the results being skewed. Wendy Heyn commented that even if participants do not have computers, they do often have cell phones that could allow them to access the survey.

The surveys are set up as an anonymous survey, unless someone wants to give their name for follow-up, in hopes of obtaining valid, honest responses. There is a concern that if the surveys are given directly to the worker, participants will not be as honest because they do not want to hurt feelings or get anyone in trouble. Providing the surveys using a neutral source, such as the mail, also provides consistency in any explanation about the survey, versus each staff member explaining it differently.

Wendy stated that the state had send out a confusing, related survey about the same time, and that the simpler survey was appreciated. It would be beneficial if the county could find out if/when the state is going to do that again this year.

2015 was the first year for the surveys, however it is intended to continue doing the surveys each year.

Changes for the 2016 survey were kept to a minimum so that the programs and perception can be measured easier. The questions were changed from a yes/no format to a scaled 1-5 format, allowing

more sensitive information to be gathered, as well as seeing if opinions change from one year to the next so that changes could be made accordingly. 2015 surveys were sent as one per family. It would make sense to send out future surveys as one per child, since the answers may vary between children.

The 2016 survey includes “I don’t know” as an option for the program the child is in. This will help determine if the participants are not answering because they do not know the program the child is in, or because the participant did not see the question.

Added questions to the survey were numbers 3, 7, 8, and 9a. These questions were added based on the responses from the 2015 survey.

The committee reviewed the wording of each survey question and discussed wording changes.

Jennifer will be responding to those that have concerns and leave their name and number on the bottom of the survey.

In the accompanying letter, the line “This survey is completely voluntary” will be replaced with a statement along the lines of “Your feedback is valuable.” It is hopeful that this change will result in more surveys being returned.

The committee discussed the options of incentives. However, it will be difficult to do while still attempting to keep the surveys anonymous.

The goal for the survey is to target all open cases that are receiving services between January 1 and October 31, 2016. The number of surveys sent will be similar to the number sent for 2015, and will be sent out the beginning of November.

Agenda Item #5: Children’s Community Options Program Updates

Casey Vullings

Casey Vullings distributed the draft plan, requested by DHS, that is due September 30th, as well as the 2013 plan for reference. Casey stated that the biggest change is that Lutheran Social Services is now running the program, verses the county. Everything out remains the same.

Casey will attach a draft with the next agenda so it can be reviewed ahead of time and discussed at the next meeting.

Agenda Item #6: Agenda Items

- Journey Mental Health
- Kids in Crisis (Spotlight on mental health)
- Paper Tigers (would have to be shown on county premises)

Chelsee Bates motioned to adjourn, seconded by Diane Scheerer. Meeting adjourned at 1:37 pm.

The next meeting is September 15, 2016 from 12:00 – 1:30 PM.