

## **Behavioral Health Redesign Steering Committee (BHRSC)**

**April 27, 2012**

**Call to Order.** Chair Deupree called the meeting of the Behavioral Health Redesign Steering Committee to order at 1:30 P.M. in Rooms N1 & N2, fifth floor, Rock County Courthouse-East.

**Committee Members Present:** Neil Deupree, Kate Flanagan, Linda Scott-Hoag, Denny Luster, Brian Gies, Julie Lenzendorf, Lance Horozewski, Supervisor Billy Bob Grahn, Commander Erik Chellevoid, John Humphries, Sheila Deforest, Brenda Clark, Dannie Evans, Marko Pease, Tim Perry, and Laura Binkley.

**Committee Members Absent:** Tom Gubbin, Deputy Chief John Olsen, Judge James Daley, and Greg Ammon.

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

**Others Present:** Supervisor Steve Howland.

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

**Introductions.** The group went around the room introducing themselves and why they were interested in being on this committee.

**Review of Justice and Mental Health Ad Hoc Committee Actions & Review of Key Concepts.** Chair Deupree pointed out who on the BHRSC was on the Justice and Mental Health Ad Hoc Committee. He stated that the job of the Ad Hoc Committee was to manage the Justice and Mental Health Collaboration Grant by (1) hiring a consultant to perform a needs and resource assessment and (2) conducting site visits to best practice sites. Chair Deupree asked the members of the Ad Hoc Committee that attended the site visits in Kansas to tell the group about their trip.

Ms. Flanagan handed out a summary of things they learned during the trip and went over the handout. She said systems mapping was very helpful in looking at the systems. The group visited Johnson and Sedgwick Counties. Mr. Horozewski said he toured the detention centers in both of the counties and highlighted some of the CPS/Juvenile Justice collaborations being done there. Ms. Scott-Hoag said that these counties wanted to stay away from a mental health court and get to people earlier on the Sequential Intercept Model. Mr. Luster said CIT was a beneficial program in both of the counties.

Chair Deupree went over the 12 recommendations from Zia Partners:

1. Team establishment
2. Shared vision
3. System of quality improvement
4. Collect data
5. Crisis system

6. Adult mental health services
7. Adult AODA
8. Children's system of care
9. Diversion services-adults
10. Diversion services-juveniles
11. Jail and juvenile detention
12. Housing, employment, and peer support

Mr. Perry said that 5-6 years ago there was a gaps study done with regard to juveniles.

Supervisor Grahn said it would be helpful if people came in to tell their stories.

Mr. Pease said that when he read the Zia report he realized his organization did not have the capacity for co-occurring capability and they have now set this up for both juveniles and adults at BACHC. He said their problem is space and the need to find more counselors to provide the service. He added that BACHC just has to make enough money to stay open and the Behavioral Health division broke even there last year.

Ms. Deforest said that systems mapping is good but it does not necessarily address cultural competency or quality of care. Mr. Perry said he was concerned that some people couldn't think about services because they were worried about how they were going to provide food and basic necessities for their families. Supervisor Grahn said that some people commit crimes just to get services and their basic needs met. Ms. Lenzendorf agreed with Supervisor Grahn and said she has seen that in her job several times. She said she's had clients that intentionally re-offend to get mental health services.

Chair Deupree said the system is very complex and the needs are great. He wrote the eight principles of Comprehensive, Continuous, Integrated System of Care (CCISC) on the board.

1. Co-occurring is expected
2. Relationship is the foundation
3. People are different
4. Each issue is primary
5. Recovery=stages
6. Progress=learning for each issue
7. Plans are individualized
8. Whole system-each part is: welcoming, recovery oriented, co-occurring capable and trauma informed

Mr. Pease said it is going to take time to implement these suggestions. He suggested the group focus on where to get the best bang for the buck as a system. Mr. Perry said he thinks #1-7 are usually done pretty well but #8 is where there needs to be work. Ms. Deforest said that the services are not comprehensive enough and the group needs to focus on more services. She said there have to be alternatives to Juvenile Detention and Jail for people that need mental health treatment. Mr. Pease noted that there is a problem with people not showing up for appointments, thus wasting resources. Ms. Flanagan said the group needs to work on a strategic plan and how to measure outcomes to make sure the group is accomplishing something. She said collecting and integrating data should be one of the top priorities.

**Citizen Participation and Announcements.** Ms. Flanagan said that there will be a training on integrated dual diagnosis treatment as no cost on Monday, May 7<sup>th</sup> and Tuesday May 8<sup>th</sup> from 1-4 pm for committee members who are interested in attending.

**Time and Date for Future Meetings.** Ms. Pohlman McQuillen will send out a “Doodle” to ascertain committee members’ availability for the next meeting in May.

**Adjournment.** The meeting adjourned at 2:55 P.M. by acclamation.

Respectfully submitted,

Elizabeth Pohlman McQuillen  
Criminal Justice System Planner/Analyst

**NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.**