

**NORTH CENTRAL COMMUNITY SERVICES PROGRAM
HUMAN SERVICES OPERATIONS COMMITTEE
MEETING MINUTES**

March 6, 2013 12:00 p.m.

NCHC – Wausau Campus

X*	Nancy Bergstrom		Ray Bloomer	X	Jane Freitag
X	Linda Haney	X	Joanne Kelly	X	Holly Matucheski
X	Laura Yarie	X	Scott Parks	X	John Robinson
X	Gary Gisselman	X	Lee Shipway		

* Via teleconference

Also Present: Brenda Glodowski, Toni Simonson, Lori Koeppel, Becky Schultz, Paula Hawkins

The meeting was opened at 12:05p.m. Roll call was noted and a quorum declared.

Consent Agenda

Motion Kelly, 2nd Matucheski, to approve the consent agenda, which includes the minutes of the 1/2/13 meeting and the financial report. Motion carried.

Moments of Excellence

- All Human Services Operations programs underwent state surveys. It was a full week of intensive survey. The surveyor read 150 charts cover to cover, reviewed electronic and laser fiche documentation, and conducted interviews with staff and clients. We received no citations, and the surveyor, on leaving, said we are the exception.
- There were many advocacy efforts in the community to allow us to do involuntary admissions. Many efforts were provided for regulatory change. A formal notice will be out by Friday that we can now accept involuntary detox admissions. We will appeal the citations we received in the hospital survey. We continue to work on treatment planning.

Human Services Report

- The number of discharges from Wausau CSP (Community Support Program) were high. It was a thoughtful process; clients were transitioned from CSP into CCS (Comprehensive Community Services). It was a planned effort. Some staff also moved from CSP to CCS. The CCS program is a better payor source, with continued appropriate quality services.
- Lincoln and Langlade now provide CCS services, so we will be transitioning some clients in those counties from CSP to CCS as well.
- **Motion** Kelly, 2nd Haney, to approve the Human Services report. Motion carried.

Co-Location Update (CCS/CSP)

- We had a planned move to co-locate the CCS and CSP programs on the Wausau Campus.
- We are providing services to clients here and in the community.
- It has been a learning curve for staff to go to mobile service provision, i.e. laptops used in the community, no “permanent” office/desk.
- Staff believes they are increasing productivity with the changes.
- These programs are continuing to grow.
- It is helping clients to integrate into the community.

Prescription Medication Misuse/Abuse Grant

- We received a \$677,334 grant for Lincoln and Langlade Counties, because of their high risk. \$121,000 is committed to the evaluation piece; we will receive \$555,894 distributed over three years.
- Per the grant, there are specific areas we need to target; for example, safe disposal of prescription medications. Contracting with Marathon County's AOD Partnership Council for technical assistance was written into the grant budget.
- Staff will receive training March 19 and 20.
- Law enforcement and health departments will be involved, as well as the medical and dental community and the VA system.
- It includes prevention and intervention pieces.

State Integration and Health Home Learning Community

- DHS (Department of Health Services) invited NCHC to participate in this initiative to integrate primary care and mental health care.
- Four organizations were invited to participate to develop a model, targeting the MA population.
- We will be receiving training from the National Council of Behavioral Health Care.
- A pilot site will be selected to then be replicated throughout Wisconsin.
- There will be a series of educational sessions and individual coaching. State will then develop a RFP to develop a pilot program.

Marshfield Clinic Health Home Pilot Project

- We were approached by Marshfield Clinic to partner to develop a program on primary care. A group is meeting every three weeks.
- Deploying staff to Marshfield Clinic - number of hours per week, screening tools to be used, etc. are still being worked out.
- Their goal is to have it in place by mid-year and ready to replicate in all their clinics.
- There would be co-location so you could see your medical provider and mental health provider at the same time.
- We are also talking with Marshfield Clinic about partnering for primary care here, to address those with primarily mental health issues.

WI Perfect Depression Care Learning Community

- NCHC was selected for a RFP grant opportunity we responded to.
- It will include an opportunity for us to be trained at the Henry Ford Center in Detroit, to learn about and be able to present assessments in suicide screening and prevention. It will be started in Wausau, and then expanded to Merrill and Antigo.
- Support is given after training, too.
- The RFP stated this is for a population over age 18, but we will investigate using it also for a younger population.

Network for the Improvement of Addiction Treatment (NIATx)

- We have been involved for a few years in this quality initiative – a Statewide effort to reduce hospital readmission rates.
- A new initiative is introduced each year.
- The State has asked us to continue to be involved. We have five people being trained today (3/6/13).

Counseling in Schools Update

- We are working with the Wausau School District, and putting the last pieces in place. We hope to be ready to go by the end of March.
- Meetings are scheduled with D.C. Everest School District for later this month. It will be a different model in the two systems.
- Our capacity will depend on what the volumes are. We would need to recruit and hire additional staff as it grows. We anticipate it growing slowly.
- In the Wausau School District it will begin at Wausau East and the Alternative High School.

Mental Health Services Discussion

- Discussion continued from the previous meeting, as to how as a community we can respond to mental health issues and needs.
- We have many strategic goals this year, including addressing stigma, and the issue of guns. The Board retreat last week addressed strategic direction, and how we can capture funds to use in addressing the need.
- Schools is a big area; 1 in 6 students has a mental health need. At what age should we begin assessment, referral and providing services?
- County has a goal to reduce recidivism in the criminal justice system. How do these relate to each other?
- The schools do see issues early, but it is often hard to get parents agreeing to seek help.
- Having the resources available is a big start.
- Part of the capacity building for counseling in schools may be to start screening at earlier ages in the schools. We would need to determine with young children whether they have a mental health problem, or whether it is related to home environment (for example, physical and/or sexual abuse).
- Breaking down barriers (turf issues) between social services and mental health providers is a big area. How can they integrate services? How can parents know where to go for services, how do they get these services?
- Where do children first present into the system – truancy (schools/law enforcement), abuse (physician/social services)? It is different in each of our counties.
- Homeschooled children are increasing. We don't see this population with problems until they present in the criminal justice system, rather than the schools.

Future Agendas Items

- Discussion on barriers to providing/receiving effective treatment: identify what problem areas are, and resources available. We will use the PDCA method, and bring in an elementary school counselor and a Birth to 3 representative to begin the education/ learning process.
- Follow up to initiatives that came out of the board retreat on February 28th.

Motion Freitag, 2nd Matucheski, to adjourn at 1:42 p.m. Motion carried.

Pdh