



THE HUMAN SERVICE CENTER

(HUMAN SERVICES BOARD 51.42/51.437)

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MINUTES OF THE HUMAN SERVICES BOARD

☐ Regular Board Meeting ☐ Special Board Meeting ☒ Committee Meeting

Type of Committee: Behavioral Health

Date and Time of Meeting: Thursday, August 15, 2019 at 2:00 P.M.

Person Taking Minutes: Jessica Kaul

**Minutes reflect the recorder's notations of actions taken and are subject to approval of the appropriate committee and/or Board.*

Members Present: Jenny Henkel, Dick Johns, Ron Kressin, Paul Spencer, Jr., Nancy Tauer, Alan VanRaalte, Charlie Rayala, Tom Rudolph, Maggie Peterson

Members Excused: None

Members Absent: None

Staff Present: Tamara Feest, Donna Shimeck, Keith Haselton, Chuck Lechmaier

Others Present: Carl Tauer

I. MEETING CONVENED

Chairman Kressin called the meeting to order at 2:00 P.M. It was noted that the agenda had been distributed to all members and that the meeting had been announced in accordance with the Wisconsin Open Meeting Law.

II. APPROVE PREVIOUS MEETING MINUTES

Motion by Rudolph, second by Rayala to:

APPROVE THE MINUTES AS PRESENTED FROM JUNE 13, 2019.

All ayes, motion carried.

III. VACANCIES UPDATE

Shimeck informed the Committee that interviews for the Mental Health Therapist position are wrapping up and an offer is expected to be made. Shimeck noted that a CSP Professional and an ESP Service Facilitator have resigned. An internal candidate that had been in a split role between CLTS and CCS was hired into a full-time role with the Developmental Disabilities department. Shimeck relayed that she is monitoring staff shortages and praised the current staff for their hard work.

IV. PROVIDER RECRUITMENT UPDATE

A. Residential Providers

Lechmaier updated the committee regarding barriers to finding residential providers. He explained the importance of ensuring that providers are documenting their services according to Medicaid's specific requirements.

Some providers have expressed that CRS's documentation requirements are presenting difficulties for staff. For example, there is not one consistent form that is used statewide, so providers might need to provide documentation in various formats for each county. Residential providers also do not need to provide the same level/type of documentation for Managed Care Organizations/Family Care. This, combined with staff shortages, can take away their incentive to provide CRS.

Until documentation requirements are standardized across all funding streams, this will present an issue and might cause some providers to not accept individuals with mental health or substance use issues.

Lechmaier noted the suggestion that the State develop one form that could be utilized by all counties as a residential provider progress note to meet CRS requirements.

B. Contracted Psychiatry Update

Shimeck discussed the end of the contract between Mendota/Dr. Witkovsky and HSC for child psychiatry services. Shimeck reported that at this time, HSC does not have plans to recruit another psychiatrist that will specialize in children. Dr. Witkovsky's child and adolescent clients were referred to other psychiatrists or their primary care physicians. Dr. Mannem is taking on Dr. Witkovsky's adult clients.

V. COMMUNITY RECOVERY SERVICES PROGRAM UPDATE

A. CRS & Provider Barriers

Lechmaier discussed the decrease in CRS numbers due to the limited number of group homes that will provide the necessary services. He presented ways that HSC is working with these homes to help them understand the benefits of providing CRS, including meeting with their staff to provide additional training on

documentation, and creating a provider handbook. HSC has also communicated these concerns to the State.

VI. COMPREHENSIVE COMMUNITY SERVICES PROGRAM UPDATE

A. Early Serious Mental Illness Grant

Lechmaier provided the committee with an update with Hailey Sankey's progress working with the ESP and CCS program. She has completed her training and currently has a caseload of 12 clients.

VII. IMD LENGTH OF STAY UPDATE

A. IMD Length of Stay Meeting Update

Lechmaier informed the committee about the collaborative meeting held with the State in June 2019 to review placements at Trempealeau County Health Care Center. Tools were shared that could help decrease length of stays at TCHCC, including a consultation service offered by the Division of Care and Treatment. The goal of this initiative is to improve outcomes for individuals placed in an Institute for Mental Disease. HSC has also implemented a tool to help with an individual's discharge plan from the beginning, which can help with monitoring of services/progress towards goals and re-integration back into the community.

VIII. OUTPATIENT CLINIC UPDATE

Shimeck provided an update to the committee regarding H. Mikkelson's license. She has received her license and is taking the clients previously seen by L. Buesing, who has now resigned. Mikkelson will be seeing CSP, CCS, and ESP clients. She currently has 25 clients and will slowly increase her caseload.

IX. EMERGENCY SERVICES PROGRAM UPDATE

A. Crisis Bed/Emergency Services Report

The Crisis Bed utilization report for May was distributed and discussed.

B. Crisis Bed Update

Shimeck informed the committee that crisis bed availability is increasing as KOINONIA has resolved some staffing issues they were facing.

C. ESP Quality Improvement Grant Update

Shimeck shared what HSC is doing with the ESP Quality Improvement Grant funds. Meetings with schools will soon start back up ahead of the 2019-2020 school year. 500 additional intake resource packets have been put together for clients.

D. Office of Children's Mental Health Access Workgroup Pilot Project

Shimeck told the committee about her role with the Office of Children's Mental Health Access workgroup. Shimeck has been asked by the workgroup to pilot a "crisis card" program in the northern part of the state, beginning with Northland Pines school. Shimeck will meet with the school soon to discuss specifics of the card program. The cards will carry useful, individualized information that a student could use in the event of a crisis.

X. 2020 BEHAVIORAL HEALTH BUDGET

Haselton discussed the proposed 2020 Behavioral Health budget. The 2020 budget as proposed is slightly less than the approved 2019 budget, in partial due

to staffing changes and the Women's Grant position. Haselton also discussed the change in county levies due to Family Care. He noted the importance of trying to reduce long-term care costs.

Feest noted that the budget was calculated using a new methodology that makes it more accurate. Haselton discussed that while the budget is accurate as proposed, there is variability in some aspects like hospitalization costs that are difficult to foresee. Motion by Tauer, seconded by Spencer to:

APPROVE AND FORWARD TO FINANCE THE 2020 BEHAVIORAL HEALTH BUDGET IN THE AMOUNT OF \$8,950,022.00.

All ayes, motion carried.

XI. HOPE CONSORTIUM UPDATE

Shimeck informed the committee about the HOPE Consortium's progress. The consortium is made of 10 partners that provide services across five counties and three tribal communities. The consortium uses Care Coordinators and wrap meetings that are modeled after our Women's Outreach Program. The consortium has seen great success with this model. The state recently sent out an email to report that there has been a 10% reduction in opioid-related deaths.

XII. CRISIS DIVERSIONS – POTENTIAL SAVINGS UPDATE

A handout was provided to the committee that indicated the cost savings of adult and youth crisis diversions from January through June 2019. Shimeck discussed the numbers and highlighted the potential cost savings from crisis diversions.

XIII. NEXT MEETING DATE

Thursday, September 12, 2019 at 2:00 P.M

XIV. ADJOURNMENT

Motion by Tauer, seconded by Henkel to:

ADJOURN THE MEETING.

Meeting adjourned at 3:16 P.M.

Respectfully submitted,

Jessica Kaul, Administrative Assistant