

## **Minutes of Langlade County Social Service Committee Meeting**

### **Call meeting to order.**

The meeting was called to order in the board room of the Health Services Center at 2:00 pm on Monday, June 22, 2015 by Richard Hurlbert.

The Pledge of Allegiance was recited.

Members present: Richard Hurlbert, Vern Cahak, Holly Matucheski, Richard Burby, and Bob Benishek.

Others present: Kim Van Hoof, Scott Jensema, Craig Hotchkiss, Gary Olsen, Ron Barger, Kari Lazars, Carlene Nagel, and Liane Blahnik. Toni Simonson, Erica Huffman, Michelle Gleason, Ateka Dassow, Shelia Weix, Pete Pennington, Drew Kelly, Jill Laufenberg, and Robin Stowe attended part of meeting.

### **Approval of agenda.**

Motion by Cahak to approve the agenda as mailed. Motion second by Matucheski. All ayes. Motion carried.

### **Approve minutes from previous meeting.**

Motion by Burby to approve minutes from the previous meeting. Motion second by Benishek. All ayes. Motion carried.

### **Presentation from North Central Health Care.**

Toni Simonson reported she has met with Van Hoof a couple of times to discuss the programs offered by North Central Health Care (NCHC) and Langlade County Social Services and the needs for Langlade County. Toni reported she knows the focus here today is on the number of out-of-home placements, and the cost of those placements, and what NCHC can do to help mitigate those costs.

Erica Huffman, Director of Community Treatment, shared information on the three programs that serve youth in Langlade County. The CCS (Comprehensive Community Services) program offers intensive case management for children who have some type of mental health and/or substance use disorder. Services provided attempt to rehabilitate them or help them live independently and successfully as possible in the community. The CST (Coordinated Services Team) program provides wraparound services. We develop a team to help families with children who have complex needs. This team helps them do better, function better, and feel better in the community. The CLTS and FSP (Children's Long Term Support and Family Support Program) make funds available to support children who have signification limitations due to development, emotional and/or physical disabilities. Each of these programs has different eligibility criteria. For CCS, the youth needs to have a diagnosis of mental health or substance use disorder and have an impairment of functioning. For CST, kids have to be involved in two systems of care. For CTLS/FSP, the youth needs a

documented physical disability, developmental disability or emotional disability and found eligible on the CLTS Functional Screen. Michelle Gleason, Youth Services Manager, reported that all youth programs require a willing parent or guardian to be involved as programs are voluntary.

Aketa Dassow, Director of Outpatient Services, reported the mental health services they provide are individual therapy and group therapy. The ages for mental health care are age 5 and older. All therapists in the Antigo office serve all ages, and are specialized in substance abuse. Aketa shared brochures for Outpatient Substance Abuse and Addiction Treatment and Outpatient Mental Health. Aketa reported residents of Langlade, Marathon, and Lincoln counties can utilize "Telehealth" to facilitate care between clients, nurses and doctors through a secured video conferencing connection. Benishek questioned if there is a shortage of professionals. Toni reported there is a shortage for psychiatrists, mental health therapists and substance abuse counselors and it is challenging to recruit for those specialties. Toni reported they recruit for dual credentials as the majority of population served in Langlade, Lincoln and Marathon counties have dual diagnoses. Benishek questioned if they have a wait list. Aekta reported there is not wait list for adults in Antigo, but the challenge for children is finding them a provider and getting them psychiatric care. Aekta reported they work through primary care providers in the community and utilize the Child and Adolescent Psychiatrist through Children's Hospital as a consultant. Kari Lazars asked if there is a wait list for any community treatment youth services. Toni reported there currently is a wait for services for the CCS program, until they get new person onboard and trained. There is about a two-week wait time to get into counseling services.

Sheila Weix, Inpatient Crisis Services, reported the other thing in place was if a child came through crisis services or did result in an emergency detention, they were given priority for getting into those services. We also prioritize based on conversations with Social Service workers who identified children with high needs or at high risk who for continued out-of-home placements or entering an out-of-home placements.

Sheila Weix shared information on Inpatient and Crisis Services and reported that Jim Blazer, Mobile Crisis Services, is here Monday to Friday during daytime hours. The crisis phone line is available 24 hours a day. Jim sees kids at school or other places he is called and he can do crisis stabilization and come up with coping skills until the child can be seen. Another service is the crisis area at the Wausau Campus, where they can spend up to 24 hours with a crisis worker, as this will provide an opportunity for the child to settle, a kind of time out for the child. Sheila reported that Michelle will make contact with the child to see if additional services are needed. Sheila reported on the inpatient unit they do admit kids age 13 to 17, as they are certified for adolescent psychiatric services. This service is available for children who need acute hospitalization and coming out of there are referrals to other programs and counseling services.

Sheila reported in July at the Wausau campus there will be a free program offered through Children's Hospital of Wisconsin which will offer groups to adolescents and parents of kids with challenging behaviors.

Robin Stowe asked about AODA treatment for children. Toni reported they could be served in the CCS or counseling, as all counselors in Antigo have dual licenses as substance abuse and mental health counselors.

Craig identified a need between community based, intensive services and in-patient services. Michelle reported that Horses Treat in Marshfield is starting a youth AODA day treatment program.

Kari Lazars asked when an adolescent is brought in for counseling or other services and there is clearly a family connection, how do you bring in the family component? Michelle reported when they assess that they are spending more time on the parents or other family members, they bring it up and may assign the parents or a sibling a case manager and they usually see better results.

Kari Lazars asked about communication going back if the family is working with Social Services. Michelle reported they have close collaboration in all three counties and are in regular contact with any social worker working with the family. Teams meet or there are individual case staffings and there are bi-weekly meetings with out-patient staff.

#### **Discuss Parent Capacity Evaluation need.**

Jensema reported on the need for Parent Capacity Evaluations. It is a formal process that entails a full psychological evaluation, which will measure if the person is able to parent their children. For court purposes these evaluations are considered forensic, and these evaluations can be a key factor by providing the required expert testimony for termination of parental rights cases. Insurance will not cover costs associated with evaluations that are considered forensic and other counties bill for them. The evaluations could be essential for the Social Worker to address parent's ability to parent child, or parent's attachment to the child in order to make reunification successful, or to move the case down an alternative path as recommendations from evaluation could be built into case management planning and services. Motion by Burby to authorize up to a total of \$5,000 from the budget to finalize a parent capacity evaluation for one case. Motion second by Matucheski. All ayes. Motion carried.

Benishek requested that information be presented at next month's meeting regarding the parenting classes that are being provided in Langlade County: why are they only provided twice a year, who is teaching them and what the curriculum is. Van Hoof reported parenting classes are being provided through Family Resource Center by Children's Hospital of Wisconsin – Community Services and plans are to have Debra McGregor attend next month's meeting to discuss their programming in Langlade County.

#### **Review Comparable County Data.**

Van Hoof shared data from comparable counties that responded. Many counties use 3-year look backs to calculate budgets. Costs are hard to predict when a residential placement can cost over \$100,000 a year per child. Van Hoof will update this

spreadsheet as she receives additional data. Benishek asked if the population and the number of staff in each comparable county could be added. Van Hoof reported several counties have a "Risk Reserve" account.

**Discuss possible recommendations.**

Van Hoof asked for discussion about possible recommendations based on data presented. Some things being done in other counties: have specific staff to expand focus on child welfare, build additional funding into budget to provide a wrap-around approach. Some counties are billing for this service. Families would have a team wrapped around them. Reach out to community partners as we move forward, as the child welfare system is a community. The number of people we have that do child welfare and juvenile justice cannot do it alone. It takes partnerships and collaboration with community partners to work on the same goal for any particular family. Ron Barger suggested having monthly parenting classes or hiring the person who could do the evaluation. Van Hoof reported we have discussed having the Masters Level Social Worker do those forensic evaluations, but if she did, she would not be able to provide any services later on for that case. Matucheski asked about attendance at the parenting classes provided by the Resource Center. Kari Lazars reported the parenting classes that occur twice a year at the Resource Center has programming that is targeted for the general public. Group programs are needed for prevention to keep families out of a crisis mode and prevention programs are more cost effective. High-risk, at risk families with children who have direct links with alternative care need more of an intensive one-on-one parenting program which targets their needs. Olsen asked who provides this one-on-one parenting. Van Hoof reported that all screened out referrals go to the Resource Center for Community Response; because they receive funds from the county for the parenting classes and play groups, they can write for grants from the Children's Trust fund to do Community Response, which is intensive case management for short periods of time for all of our screened out referrals. Community Response is an evidence-based emerging practice. This is a good way to offer services to families in a crisis for up to 90 days.

**Date for next month's meeting.**

The next monthly committee meeting will be held on Monday, July 13, at 2:30 pm in the Health Service Center board room.

The next Special Session to discuss Out of Care Home costs will be held on Monday, July 27, 2015 at 2:00 pm in the Health Service Center board room.

Motion by Matucheski to pay Per Diems for Richard Hurlbert for Economic Support interviews. Motion second by Benishek. All ayes. Motion carried.

Motion by Cahak to adjourn the meeting. Motion second by Burby. All ayes. Motion carried. The meeting was adjourned at 3:35 pm.

Submitted by,  
Liane Blahnik, Administrative Assistant