



**BEHAVIORAL HEALTH REDESIGN STEERING COMMITTEE (BHRSC)
Minutes – September 19, 2019**

Committee Members Present: Judge Michael Haakenson (alt. for Judge Hanson), Chair Kate Luster, Supervisor Louis Peer, Tricia Murray, Mike Kelly, Deputy Chief John Olsen, Greg Winkler, Patty Slatter, Michelle Rose-Barajas, Dr. Ken Robbins, Tim Perry, and Commander Craig Strouse.

Committee Members Absent: Linda Scott Hoag, Laura Neece, Billy Bob Grahn, Ian Hedges, Samantha Palan, Tami Ellis, and Lindsay Stevens.

Staff Members Present: Dr. Kendra Schiffman, HSD Analyst; Jodi Surber, Analyst; and Elizabeth Pohlman McQuillen, Justice System Manager.

Others Present: Ethel Below, Barb Werfal (WREP), Melanie Swanson (COMPAS Behavioral Health), Steve Howland, Mike Sheridan, Erin Davis (JM4C).

Chair Luster had everyone do introductions.

Call to Order. Chair Luster called the meeting of the Behavioral Health Redesign Steering Committee to order at 12:33 P.M. in Rooms N1-N2, Fifth floor, Rock County Courthouse-East.

Approval of Agenda. Supervisor Peer moved approval of the agenda, second by Mr. Winkler. ADOPTED.

Approval of Minutes of July 18, 2019. Supervisor Peer moved approval of the minutes as presented, second by Mr. Winkler. ADOPTED.

Elect Behavioral Health Redesign Steering Committee Vice Chair. There were no nominations.

Presentation and Discussion of Report on Rock County Heroin Epidemic-Strategies & Responses. Ms. Davis gave an overview of the report and recommendations.

Update on Behavioral Health Providers Meeting. Mr. Winkler said this group has merged substance abuse and mental health providers. This group will meet every other month and the next meeting will be on November 19th.

Update on Using AHEC Funds for Medication Assisted Treatment Education and Discussion of Next Steps. There is a focus on Peer Specialists now. Initially there was a focus to engage health systems and primary care providers, but there was no concrete interest from the systems.

Review of EBDM Behavioral Health Information Sharing Outcomes. Chair Luster shared slides created by Dr. Schiffman showing outcomes on the mental health flagging program and crisis strategy information sheets.

Discussion Regarding Committee Membership and Vacancies. Chair Luster informed they can send recommendations to her via email.

Success Stories/Positive Outcomes Related to Strategic Plan Goals. Ms. Slatter was featured on the Prevent Suicide Blog.

Citizen Participation and Announcements. Rock for Recovery will be on October 9th. WREP is doing outreach. NAMI's annual Paint the Town Yellow will be on September 28th.

Future Meeting Date: Thursday, November 21, 2019, 12:00 P.M., N1-N2, 5th Floor, Courthouse East.

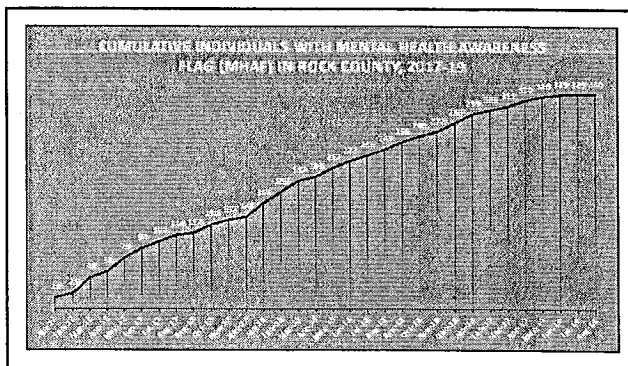
Adjournment. Mr. Winkler moved to adjourn at 12:59 P.M., second by Ms. Rose-Barajas
ADJOURNED.

Respectfully submitted,

Elizabeth Pohlman McQuillen
Justice System Manager

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE.

Use of Mental Health Awareness Flag in Rock County, WI

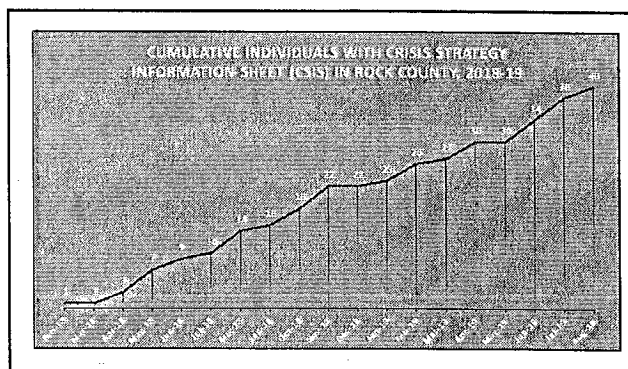


Individuals with Mental Health Awareness Flag (MHAF) in Rock County (as of 6/12/2019)

Numbers Represent Distinct Clients

Rock County Human Services	Number Individuals
Currently OPEN as client	88
NOT open as client	239
Total Individuals with MHAF	327

Rock County Human Services	Number Individuals
Client AT SOME POINT	205
NEVER a client	122
Total Individuals with MHAF	327



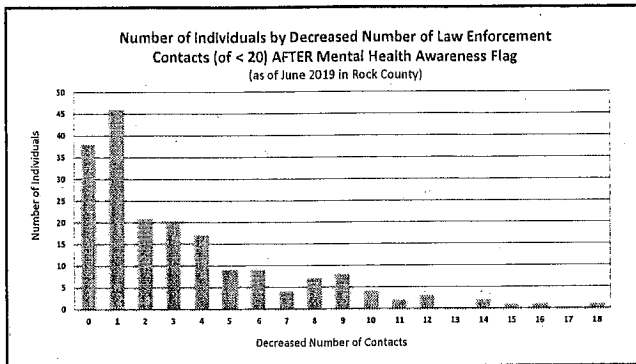
Crisis Strategy Information Sheet (CSIS) by Provider Rock County, August 2019

Provider	Number CSIS Originated
Rock County Human Services	27
Crossroads Counseling Center	5
Genesis Counseling	6
Mercy Behavioral Health	2
Total	40

DECREASE in Law Enforcement Contacts AFTER Entering Mental Health Awareness Flag (MHAF) (as of June 2019 in Rock County)

203 (62%) individuals remained the same or experienced a decrease in number of law enforcement contacts after MHAF entered.

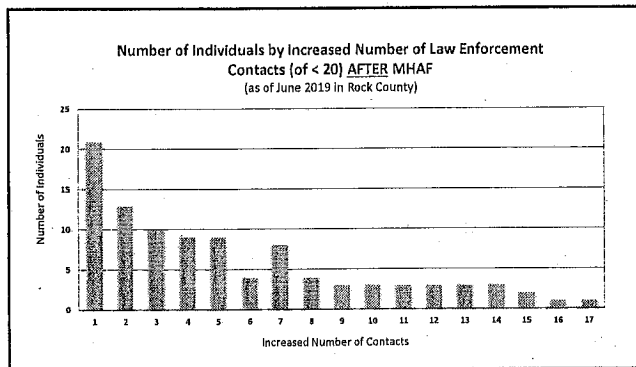
# Individuals	# Contacts Decreased
38	No difference
46	Decreased by 1 contact
21	Decreased by 2 contacts
20	Decreased by 3 contacts
78	Decreased by 4 - 45 contacts
1	Decreased by 95 contacts
1	Decreased by 109 contacts



INCREASE in Law Enforcement Contacts AFTER Entering Mental Health Awareness Flag (MHAF) (as of June 2019 in Rock County)

126 (38%) Individuals experienced an increase in number of law enforcement contacts after MHAF entered.

Number of Individuals	Description
21	Increased by 1 contact
13	Increased by 2 contacts
10	Increased by 3 contacts
76	Increased by 4 – 47 contacts
6	Increased by 50 or more contacts



Recommendations

Addiction is recognized as a chronic but treatable brain disorder. "Researchers have identified neurobiological abnormalities that can be targeted with therapeutic interventions."⁴

Punishment is an ineffective and inappropriate tool to address an individual's addiction disorder. In fact, individuals who detox from opioids in jail are most at risk for overdose upon their release if they attempt to use opioids at the same dosage level as they had prior to incarceration.

Treatment for opiate addiction requires long-term management. Medication assisted treatment, drug counseling, and support groups have successfully help people into recovery and maintenance.

Environmental and social influences can raise the risk of addiction for people who may be genetically or psychologically predisposed to it. Prevention plays a crucial element in addressing environmental factors that put people at risk for addiction disorders.

Recognizing addiction as a public health problem lessens the stigma around addiction and focuses on a medical response for effective treatment and recovery.

Since the publication of the SCAODA Heroin Report in 2014 Rock County has made great strides towards completing the recommended activities under each of the pillars, with the exception of the Workplace Pillar. The following recommendations are a continuance of previous activities to sustain progress made, an increase to previous responses or suggested action that has not previously been made or attempted.

Prevention

- Continue to raise public awareness that addiction is a medical condition that requires medical intervention
- Awareness campaigns
- Incorporate SBIRT into routine medical check ups
- Increase recognition that trauma can be a risk factor for addiction: increase trauma informed strategies used
- Continue to restrict access to opioids
- Distribute free lock boxes to high risk populations
- Continue to increase options for safely disposing of unwanted medications
 - ◆ Promote drop boxes
 - ◆ Hold Drug Round-ups
 - ◆ Provide Drug Take Back envelopes

Harm Reduction

- Widely promote the use of fentanyl test strips
- Continue to promote the use of Narcan within the community

Law Enforcement

- Increase the number of first responders that carry Narcan
- Increase county-wide police assisted diversion programs

Treatment

- Increase the number of service providers that provide Medication Assisted Treatment
- Increase the number of recovery coaches

Workplace

- Survey businesses to identify the percentage that have workplace drug policies
- Survey businesses to identify the percentage that have Narcan on site
- Offer training to businesses to identify drug misuse

Recommendations, continued

A theoretical perspective of a drug epidemics suggests that there are four distinct phases within the epidemic⁵:

- Incubation: The first appearance of use of a substance
- Expansion: An increase in use is seen. In this phase and the previous phase primary intervention initiatives such as education, interdictions to decrease supply and prescribing guidelines are necessary. Prevention and Law Enforcement can play a great role, and Harm Reduction can be used
- Plateau: The number of people experiencing a use disorder for the substance begins to level out. During the plateau phase Treatment and Harm Reduction strategies are required
- Decline: Use of the substance begins to reduce. Responses should continue to include Harm Reduction, as well as Treatment and Offender Re-Entry

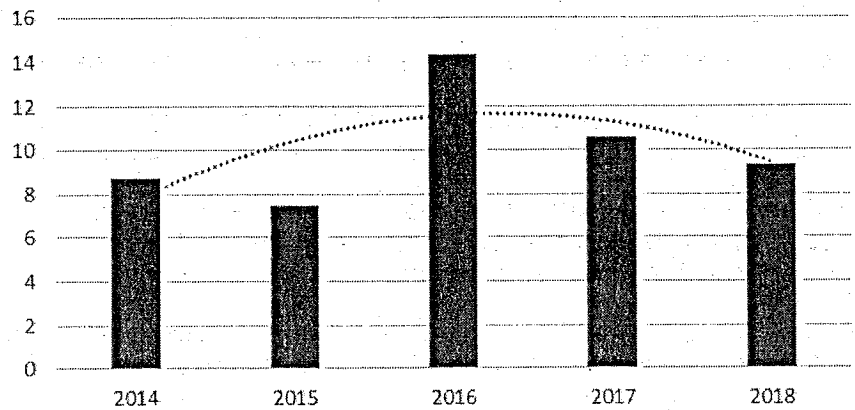
Dr. Mishka Terplan from VCU Health suggests that nationally there are currently three drug epidemics in different phases⁶:

- Prescription Opioid Misuse- Decline
- Heroin - Plateau
- Synthetic - Expansion

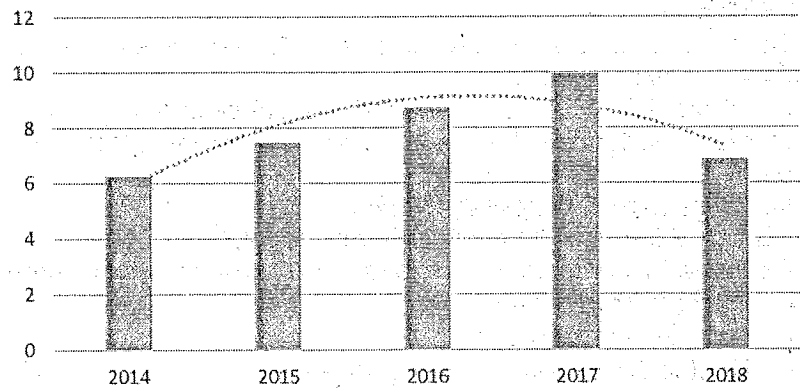
The trend data for Rock County follows the same pattern as seen nationally and the Pillar strategies implemented should align with the epidemic phase of each substance.

In particular, Prevention and Law Enforcement agencies should increase education, interdiction and other primary prevention strategies specific to Synthetic Opioids.

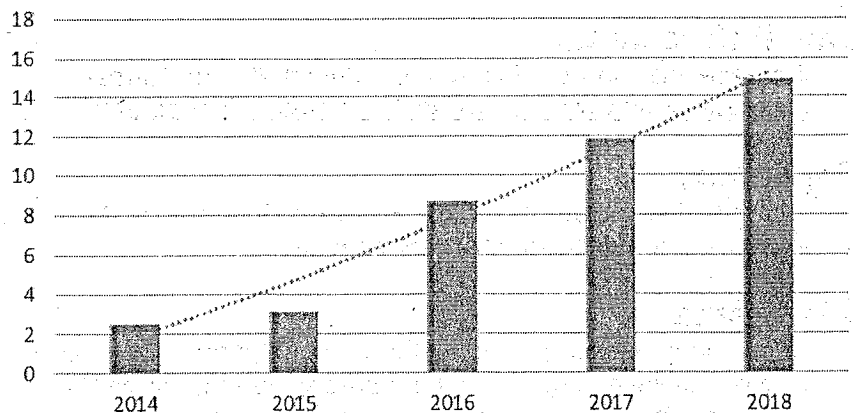
Rock County Rx Opioid Deaths
Per 100,000



Rock County Heroin Deaths
Per 100,000



Rock County Synthetic Opioid Deaths
Per 100,000



Wisconsin Department of Health Services. Data Direct, Opioid Death Module (web query). Data last updated 8/15/19 4:00:47 AM.