BOARD OF SUPERVISORS

Brown County

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Guy Zima, Chairman
Erik Hoyer, Vice Chairman

MENTAL HEALTH TREATMENT COMMITTEE: AD HOC
Wednesday, October 19, 2016
12:00 p.m.
1st Floor Conference Room, Board Room A
Sophie Beaumont Building
111 N. Jefferson Street, Green Bay, Wisconsin

I. Call to Order.
II. Approve/Modify Agenda.
III. Approve/Modify Minutes of September 14, 2016.

1. Report re: Sequential Intercept Mapping.

2. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.

3. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.

4. Such other matters as authorized by law.

Guy Zima, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda. Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE AD HOC
MENTAL HEALTH TREATMENT COMMITTEE

Pursuant to Section 19.84, Wis. Stats., notice is hereby given to the public that an Ad Hoc Committee of the County Board of Supervisors met regarding Mental Health Treatment on Wednesday, September 14, 2016 in the 1st Floor Conference Room, Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

Present: Security Lieutenant Phil Steffen, Sheriff Gossage, Human Services Director Erik Pritzl, Pat La Violette, Cheryl Weber, Supervisor Hoyer, Jail Liaison Neko Elizondo, Assistant Corporation Counsel Rebecca Lindner, Behavioral Health Manager Ian Agar, Supervisor Zima, Judge Zuidmulder, Hospital Administrator Luke Schubert, members of the public

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I. Call meeting to order.

The meeting was called to order by Chair Zima at 12:02 pm.

II. Approve/modify agenda.

Motion made by Erik Hoyer, seconded by Pat La Violette to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

III. Approve/Modify Minutes of August 24, 2016.

Motion made by John Gossage, seconded by Erik Pritzl to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

1. Discussion, review and possible action: Request that Brown County review its past and present mental health services and develop a more comprehensive plan to treat both short and long-term mental health patients including but not limited to 1) alcohol and drug abuse detox and treatment; and 2) children, adolescent and adult mental health treatment.

2. Discussion, review and possible action: Request that the Human Services Director and Brown County Sheriff work together to develop a plan to provide a treatment plan for prisoners who presently make up a third of our jail population.

Human Services Director Erik Pritzl updated the group on the mental health initiatives. He informed that the notice of award for the day report center has gone out and Family Services was the selected vendor. Family Services will now accept the contract and do their start up to get the day report center operational. They believe they can be up and running in the first part of November. Judge Zuidmulder suggested a meeting be held in mid-October for the treatment court judges, Sheriff's Department, and other stakeholders to advise them how the program works. Pritzl is working on selecting a liaison from the Human Services Department to shepherd this program and once the liaison is selected a meeting can be set up. Judge Zuidmulder said all of the stakeholders seem to have different ideas of how the day report center will assist them in their different programs and also noted that the expectations are not actually what always go into place. Pritzl said pulling people together and including the vendor is a great idea. The location of the day report center was also discussed and Pritzl said the location is downtown, but he did not think it is in the Family Services building.

Pritzl continued that the proposal with regard to residential treatment is ready to go to the Human Services Committee this month and then on to the full County Board in October. The proposal is to use community providers.

Pritzl talked next about the jail liaison position and said that it was somewhat overshadowed with everything else going on. The idea of the jail liaison is to help people with mental health and AODA issues transition more smoothly and successfully to a community setting upon their release from jail. Successful transition is an issue in a lot of communities. Pritzl noted the jail does an excellent job while people are in the jail, but there is nobody there for the transition. Some of the hang-ups become who is the case manager and what is the reimbursement. Human Services asked for a position to work on this and put aside the reimbursement part because if transitioning back into the community is not done successfully, the person will most likely end up in the system again which is not good for the person, the community, the jail, law enforcement officers, etc.

At this time Pritzl provided several handouts, copies of which are attached, and introduced Jail Liaison Neko Elizondo to the group. Elizondo said she started in the position in March and the goal is to reduce recidivism of individuals with mental health and AODA issues. This is a new position and Elizondo is still working to build community connections so that when inmates are released there is somewhere for her to send them for assistance. She explained that she gets a request for services and then meets with the inmate to assess their needs for such thing as psychiatric assistance, housing, AODA issues, etc. She gets releases signed to allow her to contact outside agencies to help coordinate services for when the inmate is released. Typically the people she works with are 30 days or less from their release date. After Elizondo assesses an inmate and gets releases signed, she requests records from agencies the inmate has worked with in the past to get an idea of what the needs are. As the release date approaches, Elizondo schedules appointments for the inmate as soon as possible after the release so there is no lapse in medication. The majority of the inmates she works with need to be stable with their medication because when they are off the medication they cycle in an out of the system. A lot of the people she works with seem to have more nuisance charges such as disorderly conduct, public intoxication and trespassing rather than very serious criminal acts. Elizondo continued that there are also a number of inmates who have theft charges to support their habit, but that does not stop her from helping them. If an inmate does not have a psychiatrist, she works with County providers to be sure they continue on with their medications without lapse. A lot of referrals are made to outside agencies for very basic needs such as housing and clothing. Elizondo makes a lot of referrals to the Micah Center and then the Micah staff determines what programs the person is eligible for and what is needed to meet their needs. There are a lot of different programs that referrals are made to and Elizondo has made contact with quite a few agencies to let them know that she is here and what her role is in working with individuals with mental health and AODA issues so the providers know what the challenges are if they are referred. She continued that she can schedule appointments, but she cannot force anyone to follow through and she does not have a way to track follow through.

Pat La Violette recalled hearing in the past that there is a shortage of psychiatrists and asked Elizondo how successful she is in getting inmates an appointment within two weeks. Elizondo responded that she is very successful. She acknowledged that there is a shortage of psychiatrists in the community and there are difficulties at times if people have not had a psychiatrist in the area. She noted that in order for someone to see one of Brown County's psychiatrists they need to have some sort of history to know what the diagnosis is and what medications are involved so Elizondo requests records as soon as she can so they are available for when the person is released from jail. She also noted that Brown County is very good about getting people in for appointments. La Violette asked if the County is working with the Wisconsin Medical College since their focus is going to be on psychiatry. Pritzl said that as an agency Human Services is working with the Wisconsin Medical College to be an elective placement for residents and that will occur in 2018.

Zima asked if everyone Elizondo works with needs prescriptions of some sort. Elizondo responded that that not all need medications; some have AODA issues as their main diagnosis. She continued that if someone has been seen and treated, they can be referred to a therapist so they can get into the psychiatrist to do the initial assessment. Pritzl said that if people are unfunded, the County clinic is a place they can go for services. Behavioral Health Manager Ian Agar added that many of the people in jail need to be connected with Medicaid and part of the jail liaison job is to get inmates to complete the application and contact Economic Support so their Medicaid benefits are active the day they leave jail. That then allows these people to see the therapist or psychiatrist because there is a funding source and the payment issue becomes a non-issue. Pritzl noted that Economic Support also is going out to the jail now to provide support and get people connected with benefits which is working well.

Judge Zuidmulder said there are two types of people coming out of the jail: there are the people that have been sentenced and served their time and are being released and then then are the people who are leaving the jail who have been sentenced and have been placed on probation and have an identifiable AODA, mental health or drug issue. He sees the jail liaison position as someone who is familiar with the individual so when it became time to hand them off to probation or the treatment courts, that some of this stuff would have already been accomplished. Elizondo said she has met with people who have probation officers to help connect them with services. She has also worked with people who are applying for the

treatment courts. Judge Zuidmulder asked if she is working together with Joe Torres and the probation agents and other social workers. Elizondo responded that she has made contact with Torres and he is aware of her position and what she is doing. She also has contact with probation officers to get a better idea of when the PO is planning to release someone so she can get appointments set up.

Judge Zuidmulder referenced the handout where it says half of all inmates will be discharged in 72 hours. Steffen said that refers to inmates that are arrested, go to court, get a signature bond and get out. Elizondo does not have time to see those inmates. Steffen continued that that they book in far more book and release inmates than ones who stay in custody. La Violette said it sounds like Elizondo is doing a great job. Steffen said she is doing a phenomenal job and he continually meets with her to go over things and try to clear any hurdles that come up. One of the things they discuss a lot is the lack of housing because that is a critical problem. If someone does not have a place to live, everything else starts to break down. Judge Zuidmulder said it is also a problem in the treatment courts as many of the shelters have strict rules that disqualify people from the housing. Putting them out in the community is counterproductive because there is not a decent, safe place to go. He would like to see some statistics of those people coming out of the jail that do not qualify for any of the shelters or other placement. Steffen noted the inmates who see Elizondo do so voluntarily and have requested her services. There are posts all over the jail explaining the process and the services available so the inmates know that they can request help. Elizondo said sometimes inmates are released before she can see them for various reasons such as an appeal hold being lifted, some could have been sent back to prison, some could be released on signature bond, etc. Cheryl Weber asked if Elizondo has trouble seeing everyone who requests to see her. Elizondo said she makes sure she has time to see everyone who requests her and noted that she has seen up to 24 people in a day.

Zima recalled in one of the first meetings of this group, one of the needs that was identified was that there needs to be some type of shelter care or some sort of facility where people can live. He asked if this is something the County wants to build or contract or address at all. He feels that if people are going to be released with no place to go, they will not have any roots. He acknowledged there would have to be rules and consequences, but feels that people do need a place to stay to get some roots. He feels part of the mental health initiative funds should be used for a long term treatment facility with an adequate number of transitional housing units for people to live in and said the community can afford this one way or another. He would rather see funds spent this way than building a new jail. Zima realizes the Sheriff and his staff have done everything they can to keep the jail numbers down. The population in Green Bay is growing and becoming more troublesome but Zima wants to figure out what things can be done to get to the end we want to get to. From a judicial point of view, there are some programs in place, and some of the judges are working on other things, but we need to have the tools to implement t things. He would like to see a facility where we know where these people are and can keep an eye on them.

Pritzl agreed people need to have their basic needs met but said there seems to be a problem in the community getting basic needs met. He is not hearing lack of treatment resources as an issue. There are treatment resources; it is the basic need issues people get tripped up on and he does not feel a County facility to house people is the way to get the basic needs met. Zima said the Board is the policy making body and he is looking for Pritzl's recommendation. He reiterated he feels there needs to be a facility where we can keep track of people. Pritzl responded he can do that without a County facility. He feels this is something that could be provided on a contract basis and said that someone who has expertise at this and has experience at this can provide the supportive housing option Zima is talking about. He does not see the County operating a facility, but he can see the County supporting something along these lines. Judge Zuidmulder disagreed with Pritzl that this is not part of the treatment program. He feels it is absolutely essential and said that resources are not well spent when money is spent to get people clean and sober, and then we throw them out into the community to go back to the same people that landed them in trouble in the first place. He said the treatment goal of maintaining sobriety includes these people having a safe and sober place to be where they are not surrounded by negative influences. When Judge Zuidmulder does sentencing, he looks at a person's peers and one of the biggest features of repeated criminology is the peer group. Part of the treatment should be to disturb and destabilize the peer group that contributed to the problems.

Judge Zuidmulder does not feel treatment can be successful if you open the door and push the people out only to go back to their peers and end up in trouble again. Pritzl reiterated that there are people that can do this really well and we have to find out who that is. He agrees that people have to go to a supportive environment; he is just not in agreement that it should be a County facility. Zima would like to see some sort of facility similar to the Fort Howard apartments with AODA staff on site to provide an easy transition. Weber said that what Zima is explaining is something we used to have called halfway houses. Zima feels that a residential facility would take a number of people out of the jail population which is something we need to do.

Steffen asked if the reason private businesses are not providing these services is because there is no money in it. Pritzl said that that could be part of it. He said the closest thing he can think of are adult family homes with just a few beds but that would be somewhat decentralized. He added that no matter what is done, there will be license issues. Judge Zuidmulder said what we are talking about are the chronic mentally ill, chronic drug users and chronic alcoholics who have burned all of their bridges and there is nobody opening their door to take these people in. Zima said we have to get focused on figuring out what is going to meet the need. He would like to see something with treatment built into the living arrangement with staff to keep people on the right track with making the right friends and communicating with the important people. He does not want these people scattered around waiting to fall back into the system. Zima thinks we need a group to make a recommendation to the County Board that we need to contract with an agency or build a County facility to provide these services. He said he and the judge and others get frustrated when they always run up against bureaucratic resistance and not wanting to get things done. Zima does not have a problem with this being a contracted service; what he wants to hear is that Pritzl feels it is something we need and will work on figuring out on a way to do it.

Pritzl talked about something he had seen in Madison. It was a 4 or 5 story student housing private dorm that an organization purchased and turned into small, studio apartments. A community support program occupied a portion of the first floor along with a peer-led recovery service that included art therapy. The people who lived there paid rent; it was not a reimbursed treatment service or anything like that. The residents were then connected to the case management in the building or they were going to appointments on their own independently. The building housed a collective group of people living together that could access services and also have safe housing. There was a building manager on site and some other support, but nothing like CNAs or anything like that. It was for people living somewhat independently but still under a fair amount of supervision. Zima said he really thinks we need to make a plan to do something like this. Weber asked if there was any thought of any of the medical facilities coming on board with something like this but Zima did not think that was realistic. La Violette liked the model Pritzl talked about. Judge Zuidmulder also said it was a model that should be explored because it could be done on a sliding scale and noted that many people in the mental health court are already on SSI. People who have nothing could still get in there and the rent could be waived on the grounds that this is what the facility is meant for, but the people who do have income could be supporting the facility. Zima added that as residents recover they can start working and start paying rent. Pritzl did not think the facility was in operation any longer, but he will call the organization that was running it to see if he can get more details. Zima would like to see a facility like this be a mission for this year.

Weber informed NAMI and The Gathering Place approached JOSHUA and said they needed more space to do more peer support and more family to family and they asked about the building across the street that used to be part of Bellin. She thinks this may be a good option if NAMI and The Gathering Place had space in the building and there were also some apartments. Weber thought the non-profits could help run a funding campaign for something like this and she offered to help. Jim Crawford was in attendance at the meeting and said that he would be happy to help on this as well.

Zima asked if the hospitals were invited to attend this meeting as was discussed at the last meeting. Hospital Administrator Luke Schubert said there is an EM1 committee that meets every other month and they started a subcommittee around the same time as the conversation came up at this group. Each hospital designated a member of their organization to participate in that along with the Sheriff's Department, the GBPD and the Crisis Center. Common goals were discussed at

the first meeting. The concerns of this group were also discussed and the main action point that they talked about was that everyone on the committee agreed that keeping the clients they come in contact with in Brown County would be the largest opportunity for success. Schubert noted there are instances where clients are taken to Winnebago or Madison because of overflow situations. Agar added that most of the discussion centered around strategies to reduce medical clearance. Several doctors will meet to try to come up with an algorithm to determine the standard criteria used by each of the hospitals for medical clearance. Zima noted there is resistance from two of the hospitals and asked if they are showing more willingness to talk about this. Schubert responded the hospitals are represented on the committee and have talked about some of the barriers with their legal counsel's interpretation of the Crisis Center coming on their site. Schubert said the opinion is that the liability comes when crisis workers get involved and then if the patient is under their care if the hospital is liable for the crisis worker's required training and actions, especially if there is a bad outcome while crisis is treating within the hospital facility. Zima asked if there are hold harmless agreements or a Good Samaritan law. Pritzl said there is a shield of sorts for crisis staff as long as they operate with the correct training and guidance of the statutes and the program. Schubert added the other example mentioned was with regard to credentialing such as if something is missed on a background check and the crisis worker has something substantially criminal in their background and whether the hospital would be liable for the background check and the pre-employment requirements of the individual that operated within the hospital. Judge Zuidmulder said when these things exacerbate the ability for public agencies to render service to the public we should be talking to the legislature about an immunity law. Zima feels a resolution should be put together to this effect to go before the Board. Schubert said that for the first time he feels like the right stakeholders are getting together to get some action. Zima asked if they would be willing to come to a meeting of this group. Schubert said that he will bring it up at the next meeting, however, when he talked to the hospitals about this in the past they did not want to create a duplication of effort going in two directions on two committees. Pritzl noted the Hospital Association tried to deal with this too and it did not come out the way they wanted it to. He feels if the hospitals could be asked what would help in this situation so they could tell us what they need, the Judge could then look at this and decide how to advocate for it.

La Violette said she does not believe we always have to invent everything; she believes in copying other successful models and asked if this is also an issue in hospitals in other Counties. Pritzl said he has talked about this in other areas and generally he does not hear that it is an issue. Lindner added that in Outagamie County people go to St. Elizabeth's for medical clearance, but then they go to a different area in the same building where the psychiatric wing is and the law is distinguished a little differently in those situations. In Brown County people go to a separate facility for medical clearance, but this is not the way it is in all counties. Zima asked if members of this group could attend the next EM1 meeting and Schubert said that they would definitely be welcome to attend. Zima said we need to find out what the problem is and what has to be done to get a solution. He said this group is here to make these efforts and he wants to keep pushing to meet our goals.

3. Report re: Sequential Intercept Mapping.

Sequential intercept mapping was discussed next. Weber said the housing problem was the first gap identified and there is now a committee working on it. Better accounting and procedures for the jail liaison was another recommendation and Elizondo is working on that. The peer to peer and recovery coaching is also being worked on. La Violette asked if all of the necessary positions are currently filled. Pritzl responded that the only vacant position right now is the advanced practice nurse prescriber (APNP). They have tried to recruit for that position but have not been successful and Pritzl feels that they probably will have to look to a recruiting firm for assistance. He said an APNP is hard to find because it is a high demand position and it will take more to make it work.

Zima asked why the contract for detox with Bellin has not gotten off the ground. Pritzl said there were some detoxes done and Agar added that there have been 6 in the last month. Zima asked what people are currently getting into the facility and Pritzl said it is incapacitated individuals as well as some voluntary situations. Zima asked if the people are then funneled into some sort of program. Agar said the intention is to provide detox to people who are incapacitated by alcohol. For

those who have the voluntary need for post detox services, they try to get people connected to treatment by trying to link them with outpatient AODA programming. If they need a higher level of care once they have an assessment, then they determine what level of care they need and they are sent for residential treatment.

Judge Zuidmulder asked who the gatekeeper for all of this is. Pritzl said that it would be law enforcement. Agar said law enforcement can present someone to the emergency room for medical clearance and if a person is incapacitated then they can do an alcohol hold. Incapacitation is an officer judgment. The police officer fills out a form that holds a person for medical clearance. Once the person sobers up, they cannot be forced to stay. Zima asked if there have been any heroin cases. Agar did not think so. Judge Zuidmulder recalled hearing there were 700 people at the jail who really should be in detox and that would average out to 50 per month, but now he is hearing that only 6 have been served and he asked if there is anything else that can be done. Sheriff Gossage reminded that the people in the jail have criminal charges. If someone is brought in on a crime and they are also intoxicated, once they are detoxed they are still under arrest for the criminal act. Steffen added there are people who come into the jail at levels of .35 to .40 but are still functioning and they still can have criminal charges. Judge Zuidmulder would like to see some sort of mechanism set up between the jail and the judge handling the case in which the jail communicates to the judge what is going on and that the jail asks that the person be released as a condition of bond and the release is conditioned on being transported by a deputy to the detox center immediately. Then upon being discharged from detox, the matter will be brought back before the Court. Gossage thought that there may be a way to simplify this through the 4511 form so when the officer fills it out a notification is sent to the judge. Judge Zuidmulder feels this should be talked about a little further and then the judges can meet to discuss how they think this can be done. He feels this is something that can be worked out but will take a little communication. He wants to be sure these people are getting out of the jail and to the detox center.

Judge Zuidmulder and Supervisor Hoyer were dismissed at 1:15 pm.

Pritzl wanted to see sequential intercept mapping moved up on the agenda so there is ample time to discuss it. Zima reiterated he would like to see a big housing facility that has services in the building as well as housing that provides a home- like atmosphere to help the people who need it. He also feels we need to reach out to people who have drug problems to get the help they need if they want it. Zima said that that is one very important big piece that will help fill in the gaps. He wants to see the County Board approve something like that and get going on it as soon as possible.

4. Such other matters as authorized by law.

The next meeting date was discussed and October 19, 2016 at 12:00 pm was selected.

Motion made by Phil Steffen, seconded by Cheryl Weber to adjourn at 1:18 pm. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Therese Giannunzio
Recording Secretary

Brown County Human Services
Outpatient: Homeless Crisis Outreach Program
Jail Liaison Project

Agencies and organizations sought out for collaborative partnership

- BC CTC Outpatient Therapists, IOP Groups, Psychiatrists, IDP Assessors
- BC Nicolet Psychiatric Center
- BC Vet Court, Heroin Court
- BC Assistant Corp Counsel (R. Linder)
- Brown County Public Defenders
- BC Human Services Economic Support (Food-share and medical assistance)
- Integrated Community Solutions
- BC Jail CCS-Correction Care Solutions
- BC Jail Chaplain Karen Konrad
- WI Probation and Parole
- Green Bay CIT Officers
- Family Services CRISIS CENTER
- LSS Diversion
- Bellin Psych
- NEW Shelter
- NEW Outreach Health
- St. Johns Shelter
- Golden House
- House of Hope
- Freedom House
- Micah Center
- St Vincent De Paul
- Salvation Army- Men's Closet
- Mana 4 Life
- YWCA Women's Closet
- ADRC
- NEWCAP/Soars
- Catholic Charities
- Options Counseling
- Jackie Nitschke Center
- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Recovery Coaching- Darjune
- Gathering Place
- JOSHUA (information & Resources)
- NAMI- Green Bay
- 211 Resource guide for Inmates project
- Oneida Behavioral Health AODA, MH, psychiatrists, pharmacy
- Oneida Health Center-Optical- dental
- Oneida Social Services Parenting Program, Men's DV Group, Center for Self-Sufficiency, Anger Management
- Oneida Cultural Heritage
- Oneida Housing Authority
- Green Bay Vet Center
- WI Job Center- Forward Services
- Remedy Staffing
- Seek Employment
- Temployment
- Express Employment
- Labor Ready

Neko Elizondo MSW, LCSW, SAC-IT
Jail Liaison/Outreach Worker

BROWN COUNTY HUMAN SERVICES & BROWN COUNTY JAIL

Outreach-Crisis Jail Liaison Project

Purpose & Process

To keep in mind:

- On any given day the BC Jail population is around 807.
- ½ of all inmates will discharge within 72 hours and 18% are estimated to be Co-Occurring disordered.
- The potential population of Co-Occurring disordered inmates seeking Jail Liaison services? 145
- Because this position, and the project, is still in its infancy, and there was no baseline established prior to this, at least a year will be needed to demonstrate any factual results or to give an accurate picture of efficacy.

Outreach-Crisis Jail Liaison Services

Referrals Sources:

- Brown County Main Jail and Work Release Center: Self Referrals from Jail Inmate Request Cards (AODA & MH)
- Brown County Outreach Crisis Program (AODA & MH)
- Outside Agencies

Referral Process:

- Inmate submits a request card to see Jail Liaison (JL).
- Jail Liaison receives request and meets with inmate at the BC Jail or Work Release Center.
- JL assesses unmet needs and obtain signed releases from the inmate.
- JL researches Inmates history on CCAP, OMS (Offender Management System), and AVATAR (Electronic Health Records). Also sends out record requests.
- JL identifies matching resources in the community (Micah Center, NEW Shelter, SSDI/SSI, Health Insurance) Based on Inmates predisposition variables.
- JL will assist in scheduling appointments or making referrals to programs/agencies (Brown County Economic Support, Psychiatrist, St Vincent)
- JL provide the Inmate with appointment dates, times, special instructions

Jail Liaison Indicators and Progress:

Indicator:	**TOTAL:**	**AODA Only:**
Total number of individuals who requested services	153	49
Total number of individuals who were served to date	98	22
Total number of individuals currently being served:	38	0
Total number of individuals scheduled	9	2
Average hours of service (if available)	4-6	0
Didn't Meet or Declined	52	25

Bench Marks & Outcome Measures

These are some of the areas that have been in discussion; however, post release tracking of inmates is impractical due to volume of cases and confidentiality barriers. No extensive concrete measures are anticipated.

- Numbers of Inmates who were connected and received basic need services?
- Number of Inmates who followed through and received Brown County Mental Health services? See AVATAR
- Number of Inmates who did not follow through because of gaps or obstacles:
- Number of inmates served who have returned to Jail: See OMS
- Number of Inmates served who have been admitted to NPC after release: See AVATAR

Changes to Support Outcome Measures and Data Collection:

- New AVATAR Jail Liaison Episode (to be implemented after training)
- Departments are working together to create a New AVATAR Jail Liaison Episode to allow for shared documentation and updates on inmates.

Obstacles

1. Economic services request forms not processed prior to unexpected release (Jenny & Theresa)
2. "Too many questions/fears around confidentiality reducing the necessary flow of information between the jail providers and resource entities."
3. "Short episodes of incarceration (less than 72 hours)," unpredictable nature of jail discharges and the inaccuracy of release dates in the computer system is prohibiting some inmates from applying for benefits in a timely manner.
4. There are limited measures of effectiveness/outcome as Jail liaison cannot track or follow all inmates after release.

Suggestions:

- Could use resource ROIs and ask the resource provider to let us know.
- Could send list of names to the resource provider at the end of the year before the ROI runs out.)