



CELEBRATING FIFTY-FIVE YEARS

The Mission of the Mental Health Center of Dane County, Inc. is to provide individuals and families with high quality, community based, recovery oriented, mental health, substance abuse, and advocacy services that respect cultural differences and foster hope, strength, and self determination. We will give priority to individuals and families with high needs and low resources.

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DIRECTOR'S MESSAGE

"Ultimately, the value of work will come as much from what the community learns about applying principles of mental hygiene as from what is done for individuals in trouble."

Eugenia S. Cameron, MD, Psychiatric Director, 1948

"During the past year, we have made important progress. Clinical and educational services are more closely knit. All services are better understood. But much more needs to be done in coordinating Center educational and clinical work with other community activities. There should be developed more projects involving the county areas. Corporate members should be drawn into more active participation. Such community cooperation is necessary if we are to educate for prevention. Both individual and group insight are of major importance. Ultimately, the value of work will come as much from what the community learns about applying principles of mental hygiene as from what is done for individuals in trouble."

*– Eugenia S. Cameron, MD
Psychiatric Director, 1948*

Our roots date back to a demonstration project in 1944, the first year statutes allowed local governmental units to support child guidance clinics from tax funds. Staffed by one part-time psychiatrist, the clinic was seen as an early attempt "to prevent the onset or progression of mental illness." In 1948 we incorporated as a private, non profit agency, and staff grew to include a psychiatrist, psychologist and two social workers, all of whom were part-time.

Throughout the years, the Mental Health Center has provided Dane County with innovative and cost-effective community-based services to meet the changing mental health and substance abuse needs of Dane County's growing diverse population. We have a history of forming valuable partnerships with community groups, other agencies, funders, and individuals/families who receive MHC services. In addition, the Mental Health Center has been, for years, a valuable training resource for many students, interns, and residents during their undergrad, graduate, and postgraduate years and is recognized as a national and international resource for learning.

One of the agency's greatest strengths has been, and continues to be, the hard work and dedication of its staff. Clinical, supervisory, administrative, and program support staff have created an environment where each person's contributions are valued, building a foundation for excellent services.

The following page shares Executive Director messages from earlier years.

"Our '89 initiatives have increased competency, addressed efficiency, and reinforced culturally and racially diverse services throughout the Mental Health Center. Our step towards increased consumer involvement in the planning and evaluation of our services has provided valuable feedback and has enhanced our programming."

– Robert Mohelnitzky, MSSW
Executive Director, '89

"By estimates, federal and state funding for mental health and AoDA services will decline anywhere from 10-15% over the coming years. When you combine this prediction with the fact that, in Dane County, we spend less than the national average per citizen on publicly supported mental health/drug and alcohol services and that our staff and programs already exist in a crisis of demand over supply, it is hard not to fear the worst.

This means, as an agency, we will continue to walk a tightrope. We fully intend to stretch our clinical service dollars so that we will be able to offer consumers as many clinical services as we possibly can. We must, however, balance this with our pledge to offer high quality, competent, and diverse mental health and AoDA treatment services to Dane County residents."

– Robert Mohelnitzky, MSSW
Executive Director, '94

"We are developing broader relationships with consumers, family members, and advocates as we examine our definitions and implementation of "treatment." We are beginning to address the role of trauma and recovery in the treatment process. The quality of our staff and the range of services we provide continue to be at the highest levels.

It is clear that, as part of our mission over the coming years, we need to better inform our communities about mental health and alcohol and drug issues and the interventions that are effective in dealing with these issues. Until we do this, blame and stigmatization will continue to govern the attitudes and actions of the larger community, and public support for adequate services will continue to be marginal. We must strive to be effective treaters, and also to educate our community about the facts concerning mental illness and alcohol and drug abuse to dispel the myths and erase the blame and stigma associated with them."

– Timothy D. Otis, MS
Executive Director, '00



I have had the distinct privilege of working at the Mental Health Center for more than twenty-eight years, the last nine as the Executive Director. During that period I have been fortunate to be associated with an outstanding staff and an organization that has committed itself to the highest standards of service. Of particular importance has been our journey toward cultural competence and a consumer directed recovery system of care.

I feel confident that this organization will continue to prosper and grow in the future because of the strong mix of a highly competent staff, a committed board of directors, and a strong value based system of services. Certainly, there will be difficulties and challenges, but this organization is well grounded to make the necessary changes without losing its soul.

As you read this 'historical report' I am sure you will be impressed by the impact that this agency has had on our community over the past 55+ years. Beginning with the early emphasis on serving children and families (1940s), through the landmark changes and innovations in adult mental health services (1970s), to the development of culturally competent and recovery directed services (1990s), the Center has always been a national leader in providing innovative and effective mental health and substance abuse services. The quality of the staff and the value based service system they've created over the years has provided the environment for the innovations and contributions that are summarized in the following report.

It is important to note that these innovations and contributions also strongly reflect the uniqueness of the culture that is nourished in Madison and Dane County. This community has long had a strong social conscience, has cooperative working relationships between law enforcement, human services and advocates, has local systems of government that promote humane and inclusive environments, and actively supports creativity and change. This report is really about the contributions of the Mental Health Center, within the context of this unique community.

– Timothy D. Otis, MS
Executive Director, '04



VISION & VALUES

“The Mental Health Center of Dane County is distinguished by a commitment to customer-oriented quality service, cultural competence, and community partnerships. Thank you!”

– Helene Nelson, Secretary, Department of Health and Family Services, 2003

The agency’s early vision of community services, education, and partnerships has been a cornerstone throughout the Mental Health Center’s evolution and laid the foundation for the current vision and values relating to cultural competence and recovery. An underlying belief of cultural competence is that services tailored to, and respectful of, cultural differences are more inviting, accessible, and foster recovery. A recovery perspective focuses on the life, values, and strengths of the individual and/or family versus illness or deficit. It enhances growth and promotes a sense of hope and empowerment. These two concepts, ‘cultural competence’ and ‘recovery,’ have had a profound effect upon the planning and provision of Mental Health Center of Dane County, Inc. services. They have guided the agency’s vision in implementing a broad range of initiatives. Below are the beginning paragraphs of agency vision and values statements.

Cultural Competence

“The Mental Health Center (MHC) believes that cultural competence is fundamental to providing quality services that promote individual and family strengths, dignity and self reliance. Cultural competence broadens and enriches the delivery of mental health and substance abuse services by providing a more holistic, relevant view of the world and the helping process. Cultural competence does not stand apart from, but is intrinsic to good clinical practice. Its threads are woven into the tapestry of effective assessment, treatment planning, intervention, advocacy and support. In addition, cultural

competence is intrinsic to effective staff relationships and business practices.

Cultural competence promotes relationships based on understanding and knowledge of how one’s own cultural beliefs and values influence the organization of information, perceptions, feelings, experiences, and coping strategies. It involves being able to identify, learn from, and incorporate these into the helping process. When cultural competence is an integral part of personal competence, there is the maximum opportunity to increase the amount and quality of information and the speed with which that information can be shared and processed, and to form healthy alliances.

In order to support its supervisors and staff, the Mental Health Center will be guided by five values: inclusiveness, cultural allies, self-awareness, diversity, and involvement.”

Recovery

“Services of the Mental Health Center of Dane County, Inc. are based on culturally competent service delivery, community-based treatment, strengths-based skill development, and hope and recovery. Individuals’/families’ perspectives are key to positive treatment experiences and outcomes. Consumers of service are active partners in treatment, not passive users of it. Because staff/client and consumer/agency partnerships are crucial to success for both individuals and the agency as a whole, consumer participation in both clinical and administrative planning and decision making will not only be sought but will be a requirement.”

CULTURAL COMPETENCY/RECOVERY INITIATIVES

Mid-80s

- Agency launches a number of service initiatives and agency-wide trainings to address the needs of Dane County's increasingly diverse community.
- Mental Health Center consumer of services is appointed, for the first time, to the agency's Board of Directors.

Late-80s

- Agency Executive Director and Board endorse the need to pursue cultural competence and outline agency's goals. Strong message sent throughout agency.
- Associate Program Director is hired to oversee the agency's efforts to diversify staff and an agency Diversity Consultant is hired.
- Agency-wide Cultural Diversity Committee is formed to help develop policies, generate ideas, review agency strategic plans, etc.

Early-1990s

- Board of Directors adopts agency's first 'Cultural Diversity Plan' and a 'Cultural Diversity Internship' Program is initiated.
- The MHC contracts with nationally recognized educators to receive diversity, cultural competence, and recovery focused trainings, including supervisor training in managing diversity.

Mid-1990s

- Cultural competence clinical standards are developed and implemented.
- Initial vision and principles for agency cultural competence are developed, along with a statement of respect and vision for consumer participation.
- Significant and ongoing supervisor training on cultural competence is initiated.
- Policy Review Committee is established to oversee all agency policies to ensure that they promote a culturally inclusive environment.
- All agency job descriptions must include skills and responsibilities to promote cultural competence. All hiring must assess these skills as part of selection.
- The first agency cultural assessment is conducted through staff/consumer focus groups.

- The first agency strategic plan for cultural competence is developed.
- Cultural competence principles are incorporated into all clinical reviews.
- Agency begins to explore common principles and values relating to recovery/cultural competence.

Late-90s

- Individuals and families who receive MHC services are now involved in focus groups, staff hirings, orientations, and trainings.
- Agency leadership develops an organizational strategic plan focusing on the delivery of culturally competent services. Cultural competence becomes integral to all MHC sponsored trainings.
- Consumer recovery principles are integrated into agency strategic plan.
- Consumer Alliance Office is established and staffed by MHC clients to offer advocacy and education.
- Partnerships with other agencies to promote community wide cultural competence are more strongly encouraged.
- A curriculum to train all staff in the foundations of cultural competence is developed and implemented.

2000s

- MHC becomes an integral part of the 'System Redesign Project', working towards a State-wide recovery focused system of care.
- Across the agency, clinical and administrative programs engage in cultural competence review and goal setting.
- The agency's mission is redefined to formally acknowledge the MHC's values of respect for cultural differences, consumer recovery, and advocacy.



LANDMARK YEARS

"I truly value the partnership between county government and the Mental Health Center of Dane County, Inc. MHC is vital to the emotional health of Dane County."

– Robert C. Fyrst, Dane County Supervisor, District 8, 2003

Agency incorporates as a private, nonprofit agency on November 16, 1948, at 22 N. Hancock; one of the first government-funded child guidance clinics in the State of Wisconsin and the first in Dane County.

- Joint undertaking of WI's Department of Mental Health and a board representing the area served by the clinic, with financial support from the State, Community Welfare Council, and Community Chest (thus a "Red Feather" agency). In 1950, start to see County Board funding and state matching grants.

1960s

- Elimination of intake restrictions in '64 changes demographics significantly. Adults become 33% of population receiving services by '65 and services are expanded to include: education and screening for alcohol abuse ('67); organized response to psychiatric emergencies ('68); and an "aftercare" program for adults returning to the community from long term hospitalization or institutionalization ('68).

1970s

- Services expand to three general areas: Treatment Services, Community Services, and Professional Training Services. Staff teams provide outreach to Dane County's four quadrants.
- In '72, a panel of three federal judges held Wisconsin's commitment laws to be unconstitutional, necessitating a broad revision in procedures and commitment related services. As the designated

point of screening, information, and referral in Dane County, the agency is a major coordinator of this effort.

- The Dane County system reorganizes in '75 to establish a 51.42 Board (Unified Services Board) to oversee county service delivery and funding and contracts with the agency to provide comprehensive, community-based services – including a 24-hour mobile crisis intervention service and on-site services for individuals in the county jail.

- Agency reorganizes in '76 into five treatment services (Adult Clinical, Alcohol/Drug, Emergency, Child, Adolescent, Family, and Day Treatment Services), a training, and an assessment service.

1980s

- Additional community-based programming in the early '80s allows for an array of comprehensive services for adults with serious and persistent mental illness. The National Institute of Mental Health identifies "Dane County Service System" as a model community support program and designates the agency as the "National CSP Training Resource Center" for the United States ('82 thru June '84).

- In '82, Wisconsin's OWI statutes undergo a major overhaul with the passage of Chapter 20. Judges are required to refer convicted intoxicated drivers for mandatory, court-ordered, AoDA assessments. These actions have significant impact on agency assessment and treatment services.

- The mid-80s see an increase in child/family services, which had seriously declined (along with adult psychotherapy services) during the late 70s and early 80s due to reduction in funding. Several new initiatives are developed to meet the changing and often complex needs of youth and families. This expansion of youth/family services continues into the '90s.

- E. Fuller Torrey, M.D. & Sidney M. Wolfe, M.D., leaders of the Public Citizen Health Research Group, rate Wisconsin as being number one in its care of adults with serious mental illness ('86). This is achieved primarily on the basis of comprehensive community-based mental health programs in Dane County, and because Dane County spends far less per person on mental health than most states. In their publication, they refer to the agency as "a model community mental health center." The report also acknowledges the "waiting lists for services."

- The agency is recognized by the National Institute of Mental Health as a leader in providing innovative outreach services to Dane County seniors and in '86 is chosen to be a national training site.

- The MHC's Board of Directors, administration, and staff collectively develop a set of "principles" to reflect the agency's values and purpose. These include: serving those in high need; providing community-based service in the most natural setting possible; offering high-quality services; being a family-oriented organization which is sensitive to cultural and economic backgrounds; identifying and promoting client/family strengths; respecting client's choice; and learning from others ('86).

- A consumer of agency services is appointed to the MHC Board of Directors in '87, and in '89 a Consumer Advisory Council is established and meets regularly with the Executive Director to provide consultation, feedback, etc.

- A \$2.5 million grant from the Robert Wood Johnson Foundation allows the child/family services to create a nationally recognized, and duplicated, "wrap around" system of care for youth with serious emotional disabilities ('89) – a system that promotes the natural resources and strengths of families.

- Agency-wide HIV/AIDS Committee is established in '89 and creates guidelines to make services more accessible and to educate staff/clients. This action leads to many community partnerships, such as the "adoption" of Camp Heartland, a summer camp for youth living with HIV/AIDS. Money is raised annually by staff, students, and volunteers for youth scholarships ('98 to present).

1990s

- In '89, the Executive Director sends strong message throughout organization (and community) starting a process aimed at significantly enhancing the racial and ethnic diversity of MHC staff. This "call to action" leads to many initiatives in the '90s, including an agency-wide Cultural Diversity Committee established to explore, promote, and support cultural diversity in service delivery, employee recruitment, and in the entire organizational climate. Through a decade of learning/development, the agency begins to integrate the principles of "cultural competence" into all services.

- Agency works closely with various community leaders and work-groups throughout the '90s, advocating for jail diversion programs. In addition, Dane County sees an influx of refugees from Southeast Asia, and the agency designs specialized initiatives to make mental health services more accessible and acceptable.

- Decade ends with a strengthened commitment to client/agency partnerships. Consumers of MHC services are involved in focus groups, staff hirings, orientations, and trainings. In '99 a Consumer Alliance Office is established and staffed by MHC clients to offer advocacy and education services.

2000s

- Through continuous pursuit, the agency obtains and offers domestic partner coverage in all MHC employee benefits that have partner/spouse coverage available ('02). Health care insurance and dental had been offered since late '90s.

- Joining with a number of coalitions, the MHC lends strong support to "Consortia United," a group that organizes unified actions across disability areas to advocate for individuals and families in need. In addition, the System Redesign Project builds a framework for movement toward a Culturally Competent Recovery System.

- Agency joins a new coalition of treatment centers across the country dedicated to addressing the profound, destructive, and widespread impact of trauma on the lives of youth through a \$1.6 million, four year federal grant to improve treatment services for children and adolescents who have experienced trauma ('03).



YOUTH/FAMILY SERVICES

"Today we believe as strongly as we did in '48 that families have natural strengths and resources. It is our goal to continue to enhance these resources."

—James Van Den Brandt, Manager, Child, Adolescent, and Family Services Program, 1998

The field of "children's mental health" has undergone a radical transformation in the past 55 years, and the Mental Health Center, from its origin, challenged many of the notions that were prevalent from the 1920s through 1940s.

During these early years, many professionals, teachers, and even parents shared beliefs that: children's mental health and emotional disorders were always (and simply) the result of inadequate, inappropriate, or malignant parenting; parental involvement interfered with treatment; and intervention called for long-term residential or hospital based treatment of children, away from their parents and families. Large numbers of children were institutionalized without any effective treatment.

We, however, provided child/family counseling and educational services both at the agency and in the community, working closely with parents, schools, medical, and social service organizations. In addition, clinicians rotated through Visiting Nurse's Well-baby Centers, talking with mothers about concerns related to infant care and providing diagnostic studies and infant testing to aid in the suitable placement of children eligible for adoption.

Services to youth and families flourished in the '50s and '60s and again we led the way by producing innovative community education/prevention initiatives along with well established family therapy services.

In 1969 the Joint Commission on the Mental Health of Children acknowledged that, throughout the country, large numbers of children with serious emotional disturbances were not receiving appropriate care. In addition, important research in the 70s

demonstrated the limitations of theories that held parents directly responsible for creating all of children's emotional disorders. However, with a growing emphasis on "deinstitutionalization" for adults with severe and persistent mental illness, the '70s became a time of dwindling resources for youth and family services.

The mid '80s and '90s saw the development of an array of innovative services, including in home and community based services, multi-disciplinary treatment teams, assertive case management, development of a youth crisis response, family preservation and safety programs, culturally specific programming, integrated school initiatives, increased utilization of psychiatrists and psychopharmacology, a strong focus on cultural competence, and the involvement of the parent and family in assessment, planning and treatment. Many of our current youth and family treatment programs began in the mid to late '80s as special pilot projects or initiatives, often through federal, state, or foundation grants.

In '89, the State of Wisconsin, in partnership with Dane County and the Mental Health Center, received a grant to develop, organize, administer, finance, and implement a system of care for children with severe emotional disturbances and their families. One of eight sites nationally comprising mental health service programs for youth, the MHC quickly established a national reputation for innovative child and family services.

One of the most important results of these combined efforts is the understanding that children with emotional disturbances and their families need

a system of care to address the challenges they face. Furthermore, this system of care represents a philosophy about the way services are delivered rather than a network of individual service components. The core values of the philosophy require a child centered, family focused system of care with a commitment to serve the child in the context of the family. There is a strong and explicit commitment to preserve the integrity of the family whenever possible and a commitment to community based care with less dependence on residential or institutional placements. The system of care philosophy requires that the control and management of the system be at the community level and with the full participation of the parents and families involved. The core values also assert the need for culturally competent services and emphasize that one's culture (ethnicity, gender, race, class, sexual orientation, age, religious beliefs, etc.) shapes beliefs about what constitutes mental illness, symptoms, coping, help-seeking, and response to treatment.

Today, we strive to provide services that are individualized and cut across the old traditional categories of mental health, substance abuse, child welfare, special education, developmental disabilities, and the like. The focus is on individualized assessments and treatment planning with great flexibility as to the location, intensity, scheduling, and approaches used in treatment. This ecological, multilevel approach to assessment and treatment requires strong partnerships between parents, schools, and community agencies, and endeavors to respond effectively to the needs of our increasingly culturally diverse population.

Most recently in 2003, the MHC was awarded a federal grant to improve identification, assessment and treatment services for children and adolescents who have experienced significant trauma. As a partner of the National Child Traumatic Stress Network, we will help develop and disseminate effective, evidence-based treatments, collect data for systematic study, and help to educate professionals and the public about the effects of trauma on children.

CHILD, ADOLESCENT, & FAMILY SERVICES 1948

See agency "Landmark Years" for more history.

- Counseling and educational services offered to children and youth under the age of 18 and their parents in both the clinic and the community. Staff work closely with schools and social organizations. Primary goal of clinic – "to make what is known about children and development as widespread as possible."

- Number of children and parents seen for services in first year – 588.

1960s

- Great emphasis on community education. Agency's televised educational program, "Guiding Your Child Towards Maturity," is considered second most popular series on Wisconsin Educational TV. Series ran for twenty years.

1970s

- First year in agency's history in which the number of children served declined (by 20%); trend remains in effect until the mid-80s.

- Family Life Education Program expands its information, education, and consultation services in '70 with two new TV series: "Married Bliss," and the "Drug Problem Problem."

- Agency initiates CEPA (Comprehensive Evaluation Program for Adolescents), a multidisciplinary evaluation program that combines foster care, psychiatric, and school evaluations. These assessments are offered from '79 to '81.

1980s

- DELTA (Directing Energies for Life Transitions through Adolescence) Family Program, initially a combined pilot of AoDA and CAF Services, offers 90 days of intensive family therapy to families with adolescent(s) who, because of multiple problems (alcohol and drug abuse, mental health, family and school problems, and delinquency) are "at risk" of out-of-home placement ('86).

- Also in '86, the agency, in collaboration with the Madison Metropolitan School District, launches a one-year demonstration project called Teen Depression Project. Ninth grade students are screened for depression as a means to identify and refer those who are assessed as being depressed and/or at risk for suicide.

- Beginnings of an initiative called Black and Others Outreach Team (later UJIMA) is a joint effort with Mt. Zion Baptist Church ('86). *See UJIMA.*

- Child, Adolescent, and Family Services (CAF) starts to offer mental health services specific to the needs of youth and adults with developmental disabilities ('87).
- Partners in Prevention (PIP), an intensive, time-limited program, is designed to work with children under twelve who are identified by the school system as needing multiple interventions in order to grow academically, socially, behaviorally, and emotionally ('87).
- Treatment Coordination of Severely Disturbed Kids is developed in '87 to coordinate, for the county, referrals to Mendota Mental Health Institute.
- In '88, through a one year Robert Wood Johnson (RWJ) Foundation grant, Treatment Coordination and parts of DELTA evolve into COMPASS (Communities Organized to Maintain Parents and Adolescents in Safe/Secure Surroundings), offering families with youth who have serious emotional disabilities long-term, multi-resource advocacy and support to respond to the challenges facing them. It is one of twelve national demonstration projects.
- In '89, COMPASS is awarded a \$2.5 million RWJ grant and expands into its own unit of service ('90). *See Youth Crisis/Compass*

1900s

- Teen Depression screening, assessment, and referral services expand and are offered to every school district in Dane County ('92) and continue to the present.
- The Family Preservation Program, launched in '94, integrates child welfare, mental health, and AoDA services in situations where child neglect and maltreatment issues create unsafe situations for children ages 0-12 and where children are at risk for out-of-home (foster home) placement.
- State evaluators conduct a detailed site review of Family Preservation Program in '95, rating the program as "excellent" in all respects.
- CAF staff design a treatment group experience in '94 to respond to the often complex bicultural needs of Southeast Asian youth (later evolving into the Southeast Asian Teen Village).
- Three programs (DELTA, PIP, and outpatient mental health and AoDA therapy services) are replaced with one, more inclusive, and more flexible program called Family Based Services ('96), still allowing for in-home, in-community, and office-based, mental health and AoDA therapy services.

- In '97, Southeast Asian Teen Village receives an award from the By-Youth-For-Youth program to help fund the services of cultural brokers/translators. This initiative also expands in the '90s by offering groups in area middle schools.
- Mental Health Services for Persons with Developmental Disabilities expands services ('97) as part of a hospital diversion plan developed and funded by Dane County Department of Human Services.
- CAF initiates a joint venture with Project Bootstrap (a community agency providing services to youth) in which CAF staff provided mental health services to individuals and groups at Bootstrap's location ('99).

2000s

- Family Based Services responds to a wide range of mental health, medication management, and general health care issues challenging families in '00 by adding a part-time Certified Pediatric Nurse Practitioner/Advanced Practice Nurse Prescriber; followed by the addition of a part-time Marriage and Family Therapist who is also a certified Physician's Assistant ('03).
- In '02, FACE for Kids (Four Agency Coordination Effort) joins the interagency collaboration, providing youth support and treatment groups.
- Family Based Services strengthens its commitment to providing accessible services to Hispanic/Latino families by increasing bilingual staff and community outreach ('02).
- MHC receives a \$1.6 million four year grant in late '03 to improve treatment services for children/adolescents who have experienced trauma. Grant award is a part of the National Child Traumatic Stress Initiative of the Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA).

YOUTH CRISIS/COMPASS

1987

For early history see CAF.

- In '89, COMPASS is selected as one of eight sites nationally and awarded a \$2.5 million Robert Woods Johnson grant to develop, organize, administer, finance, and implement a "wrap around" system of care for youth with serious emotional disabilities.

1990s

- COMPASS expands into its own unit of service, including case management and crisis intervention (Youth Crisis); later adding a Youth Mentor program.

- In '93, MHC enters into contract with Children Come First; major funding source for COMPASS.

- Youth Transition Initiative is developed to help adolescents (ages 17-21) with serious emotional disabilities maximize their potential to live as independently as possible, participate in an educational/work program, and to receive mental health treatment and ancillary services necessary for a successful transition to adulthood ('93).

- In '95, Youth Crisis becomes its own unit of service and includes the Mentor Program ('96) and CATALYST, an intensive in-home family assessment and stabilization program ('97)

- Youth Crisis applies for, and receives, provisional, one-year certification under HFS 34 Emergency Mental Health Services Programs, Sub Ch.III. This certification requires meeting rigorous standards of practice in a variety of areas which were codified and approved as part of the newly developed WI Administrative Code ('97).

- The Mental Health Center and CAP (Community Adolescent Program) form a joint venture, Community Partnerships, LLC, to run the newly formed Children Come First Initiative. COMPASS staff becomes part of this initiative The Youth Transition Initiative is transferred to SOAR, a community case management program ('99).

2000s

- Youth Crisis fully launches the mental health component of the joint venture between the agency and the Madison Metropolitan School District, funded by a Federal grant. Youth Crisis' role is to develop Positive Behavior Support Teams (PBST), with the focus on youth in kindergarten through middle school (later including high school) who exhibit physically and/or sexually aggressive behaviors at school and who are at risk of multiple suspensions and/or expulsion.

- In 2001, Youth Crisis Program creates an initiative called Stabilization Oversight to work closely with the county social services and youth group homes in the provision of infrastructure oversight, support, and training.

UJIMA

1986

For early history see CAF.

A joint effort with Mt. Zion Baptist Church, Black and Others Outreach Team, is initiated to make mental health and support services more accessible

and ethnoculturally sensitive in order to prevent unnecessary out-of-home or correctional placement of African American youth

1990

- Black & Others Outreach Support Team reorganizes to further its goal of promoting the long-term strengths and coping skills of African American families and identifies itself as UJIMA – meaning collective work and responsibility. It becomes its own service unit separate from CAF.

- In '98, UJIMA receives State certification as a mental health and AoDA treatment site (as opposed to its previous "branch" status of the MHC).

- UJIMA transfers to the Genesis Corporation, a private, nonprofit organization developed by Mt. Zion Baptist Church ('99). Community transition was planned from the onset of the MHC and Mt. Zion partnership.



ADULT MENTAL HEALTH TREATMENT

"Twenty seven years ago two MHC crisis workers joined AMI (Alliance for the Mentally Ill) folks at their meeting. Since then we have advocated together. Thank you, dear friends."

– Bev Young, Former Board Member, NAMI Activist, 2003

The '70s witnessed a tremendous change in the adult mental health system in Dane County and at the MHC, and adult services thrived. The values surrounding deinstitutionalization challenged the agency to become a partner in developing a community system of care for persons with serious, long-term mental illness. This system of care maximized community service integration, expanded treatment alternatives, and worked to educate the community about mental illness.

The following decade (the '80s) saw a strengthening of community-based mental health services for Dane County adults – in particular services for adults with serious long-term mental illness and those who were age 55 and older with special mental health needs. It also saw the origins of education and advocacy for jail diversion programs. At the same time however, there was a significant funding reduction in the area of psychotherapy services.

Throughout the '90s we moved towards providing a wide range of services to an increasingly diverse population. During this period, we also increased our accessibility through outreach services and our cross cultural proficiency through staff diversification, training and community partnerships.

Over time we employed an "ask the consumer" philosophy that has gained broad acceptance at the Mental Health Center based upon successful outcomes in every area of service. This philosophy holds that the best way to find out what will benefit the consumer is to ask her/him and design one's interventions accordingly. This philosophy pushed us to define community based services as services that

are located wherever a diverse consumer population needs them to be. Consequently, we work in the homes of consumers, neighborhood centers, places of worship, rural and urban senior centers, family practice clinics, etc.

This consumer focused philosophy mandated that we make consumer rights and informed consent a meaningful part of the services we offer and that we routinely add the consumer's language, beliefs and values about healing and recovery to our own knowledge base when formulating treatment plans. This effort, in turn, led to partnerships with indigenous community healers and with a variety of agencies who serve diverse consumer groups. Our competence as helping professionals has grown as a result of these and other critical alliances.

When we have asked, consumers have made us aware of the stigma that accompanies mental illness and the ways that we perpetuate that stigma. We are attempting to establish partnerships with consumers that empower and teach mutually. This requires fundamental changes in our view of ourselves, as professionals, and of our mission as an agency.

As we continue to grow in our understanding of the mental health needs of an increasingly knowledgeable and diverse community, we realize that our learning must come from a variety of sources, some familiar and some new. The enduring lesson, however, seems to be the importance of listening with an open mind and an open spirit to those we serve.

ADULT CLINICAL SERVICES

1964

See agency "Landmark Years" for more history.

- Intake restrictions eliminated. Services available to adults irrespective of whether or not there is a child involved. Beginning of "Adult Services."
- Children – 93% of clients receiving services; Adults – 7%.

1965

- Agency name is changed to reflect expanding treatment services and remains in effect until the mid-'80s – Dane County Mental Health Center, Inc.

1970s

- Onset of mental health and substance abuse assessment and treatment services to individuals incarcerated in the county jail ('75). See *Forensic*
- In '77, Adult Services merges with the agency's clinical assessment function to become Adult Clinical Services (ACS).
- Specialized services to elders are initiated with a part-time clinician working through community senior networks ('77).
- ACS's bilingual, bicultural specialist reaches out to the Hispanic/Latino community through a newsletter, "VIDA: Luces y Sombras" and a radio program, "La Voz de La Raza." For the next four years, this provides the Hispanic/Latino community mental health resources in a nonstigmatizing format ('77).

1980s

- In early 80s, ACS experiences decreased funding to psychotherapy services, resulting in significant staff layoffs and reductions in clinical services.
- ACS creates a model program for elder services by expanding a small, but highly successful, 'Elderly Triage Team' in '85 and oversees these services until '96 when MOST (Mobile Outreach to Seniors Team) becomes its own unit of service. See *MOST*
- Staggering numbers on the waiting list lead to reorganization of ACS psychotherapy into two clinical tracks – Focused Brief Psychotherapy, and Long-term Support/Stabilization – with intake based on a rigorous procedure. ACS continues to address the needs of Spanish-speaking adults ('87).
- With the concept originating in ACS – Meds Plus, a medication management service, transfers from Emergency Services to ACS for one year ('88), later returning to ACS from '96 to '00. See *Medication Ser.*

- Responding to needs of growing refugee population, agency is first in state to design culturally specific mental health programs for Southeast Asian individuals/families ('89). ACS continues to refine the 'Southeast Asian Outreach Services' (and later Kajsiab House) over the next thirteen years, forming valuable partnerships with Southeast Asian elders and leaders and offering services from various locations (neighborhood centers, temple, homes, etc.). See *Southeast Asian Outreach/Kajsiab House*

1990s

- An interagency coordinated treatment group, Project FACE (Four Agency Cooperative Effort), is established, allowing Dane County residents better access to treatment group opportunities ('90).

See *Southeast Asian Outreach, Mobile Outreach to Seniors Team and Medication Services for ACS '90s highlights.*

2000s

- ACS reorganizes: Jail Mental Health Treatment Team joins with the Community Treatment Alternatives Program and the Southeast Asian Program/Kajsiab House become an independent program of the MHC ('02).
- Two consultation groups for MHC clinicians are coordinated through ACS – Sexual Abuse Treatment Consultation Group ('02) and a group for clinicians working with Latino/Hispanic clients ('03).

COMMUNITY SUPPORT PROGRAMS

1980s

See Agency 'Landmark Years' for more history.

- In '80, MCT – Mobile Community Treatment (modeled after the experimental PACT program) is established to provide a community support system for persons with serious, long-term mental illness.
- Mobile Community Treatment adds Supportive Employment services for clients ('88).

1990s

- In '91, Mobile Community Treatment becomes one of the first CSPs in the state to be awarded a two-year certification under HSS 63.
- Community Treatment Alternatives (CTA) is created in '91 and reaches out to persons in the Dane County Jail who have severe mental illness and who are unconnected to the mental health system. That same year, it achieves State CSP Certification for one year ('91) and is recognized by the Dane County Alliance for the Mentally Ill as "one of the most important programs in Dane County."

- Mobile Community Treatment divides into two CSPs – Cornerstone & Blacksmith House; agency takes over Gateway CSP services ('93). With the addition of CTA, the agency now has four CSPs.

- CTA submits (and receives) a joint proposal with Tellurian U-CAN, Inc. to serve individuals who are “conditionally released” from jail to appropriate psychiatric services ('95).

2000s

- In '00, Gateway assists two additional staff in learning American Sign Language, thus, increasing culturally competent services to deaf CSP consumers (by '03 this grows to six staff).

- Gateway and Blacksmith House acquire state grants allowing for expanded services; CTA writes a successful RFP to acquire renewed funding for the Conditional Release Program; and Cornerstone maintains full services to consumers in spite of significant staff turnover ('02).

- In the fall of '03, consumers, family members, and CSP experts join to testify in strong support of Gateway and CSP services in general.

EMERGENCY SERVICES

1968

See Agency 'Landmark Years' for more history.

- Agency's first organized response to psychiatric emergencies. Face-to-face emergency contact is available during business hours with night and weekend telephone coverage from designated clinician's home.

- Program provides suicide prevention and crisis intervention trainings to Madison Police, Dane County Sheriff's Department, mental health professionals, graduate students, etc.

1975

- The hiring of Crisis Clinical Specialists and Emergency Telephone Service Workers fulfills a Mental Health Center and County 51.42 Board vision for 24-hour, mobile availability of mental health professionals. Emergency Services now has three components: Crisis Intervention, Emergency Walk-in Service, 24-hour Emergency Telephone Service.

1980s

- Survivors of Suicide (SOS) Support group is initiated for those who have lost someone to suicide. This group is co-facilitated by a volunteer survivor and an Emergency Services clinician.

- Emergency Service's Crisis Intervention Service (CIS) becomes gatekeeper for all county-funded voluntary and all involuntary hospitalizations ('83).

- An initiative called Meds Plus provides medication services for clients who need minimal case management and psychotherapy services ('86).

See Medication Services

- In '87, Emergency Services opens the first Crisis Home in Wisconsin, providing a safe and supportive environment for people who might otherwise be placed in a hospital psychiatric unit, or who could be discharged from such a unit earlier.

- In response to shortages of community treatment programs and staffing level reductions, Emergency Services becomes more office-based ('88).

- ESU provides outreach to community drop-in shelters, offering adults who are homeless assessment and linkage to mental health services ('89).

1990s

- Throughout the '90s, Emergency Services experiences increased demand for services, with same or reduced levels of funding.

- Program creates liaison with Meriter Hospital to facilitate community treatment for persons unconnected to mental health services ('91) and offers additional support to Survivors of Suicide by initiating a quarterly newsletter ('94).

- Emergency Services completes the final phase for full two-year certification as an Emergency Mental Health Service Program, Level III, under Ch 51 of WI Statutes – being one of the first programs in the state to accomplish this ('98).

2000s

- Crisis Stabilization is established, including an array of wraparound services intended to help individuals avoid a psychiatric hospitalization, reduce the length of a hospital stay, or help with transition to a less restrictive setting ('00).

- Recovery House, an innovative hospitalization alternative operated by Crisis Stabilization, opens its doors in early '03 and offers adults experiencing a mental health crisis a safe place to recover.

- The Crisis Home Program and Recovery House jointly save approximately \$198,000 by providing an alternative for individuals whose hospital stay would have been county funded.

FORENSIC SERVICES

1975

See ACS for history of Jail Mental Health Treatment Team.

1980s

• In '86, ACS's Jail Mental Health Treatment Team and State Office of Mental Health cosponsor a two-day symposium to promote public awareness of the criminalization of individuals with mental illness. The focus of the symposium is to identify alternative options to the detention, arrest, and incarceration of persons with mental illness during phases of severe incapacitation.

1990s

- Jail Mental Health Treatment Team is instrumental in working with Human Services and law enforcement to lay the ground work for the creation of community treatment alternatives to persons with serious mental illness who are inappropriately incarcerated in jail. *See CSPs*
- Adult Clinical Service's Jail Treatment Team is recognized as a "model program" in '92 by National Office of AMI (Alliance for the Mentally Ill).

See CSP for origins of Conditional Release Program.

2002

• Jail Mental Health Team is successful in continuing its presence as the mental health provider in the jail through a new contract with Prison Health Services.

KAJSIAB HOUSE/SOUTHEAST ASIAN PROGRAM

1989

See ACS for history of Southeast Asian Program.

1990s

- ACS receives a one year federal grant in '90 to increase staff working with Southeast Asian refugees and initiates the Southeast Asian Program (designed to make mental health services more accessible and acceptable). Services are provided at Allied Drive Community Center, Bayview Apartment Complex and Northeast Family Medical Center.
- Southeast Asian Program is awarded the WI Community Development Society's "Community Program Award" ('91).
- Clinicians begin offering support to Cambodian veterans in '91 and learn of benefits of spiritual leader to the healing process. Mental Health Center assists Cambodian community in securing a land contract grant for a temple ('92) and in the relocation of a Cambodian Monk to Dane County ('93).

- ACS forms a partnership with United Refugee Services and leaders from the Southeast Asian Community and facilitates regional trainings ('93 - '96) for mental health clinicians, law enforcement, human service workers, and primary health care providers – exploring community interventions to support the strengths of Southeast Asian families.

- Federal 'TANF' funding for Kajsab House (day treatment service for Hmong elders) is routed through the County to the MHC in '99. Kajsab means – "the feeling of relief one gets knowing that a relative or member of the family is safe and getting better from a serious illness."

See ACS for history of Kajsab House.

2000s

- In '00 the Federal Government designates Kajsab House as a "model program" for others to follow. This is primarily because of the use of cultural brokers – advocates who understand the language and cultures of Hmong and Western communities.
- In '02, Kajsab House secures a federal grant to expand services to Hmong elders and better coordinate outreach services with MOST.
- Over half of Kajsab House participants complete the United States Naturalization process becoming U.S. citizens through their own resiliency and with the assistance of program staff/volunteers.

MEDICATION SERVICES PROGRAM

1986

See Emergency Services and ACS for history.

- In '88, becomes a program of the MHC and is named Medical Services Unit (MSU).

1990s

- MSU nurses are instrumental in developing the agency's first medication informed consents ('91).
- Program reorganizes and rejoins ACS as Medication Services Program (MSP) from '96 to '00.
- In '99, Medication Services Program (MSP) staff assisted other programs in accessing the "Indigent Medication Program" which contributes \$300,000 towards the cost of psychotropic medications.

2000s

- MSP returns to independent unit of service in '01.
- MSP assists other programs in applying for, and receiving, \$553,725 worth of medications, at no

cost, from the Patient Assistance Program (a joint venture of drug companies) – continuing strong advocacy efforts to assist MHC clients who have need for psychiatric medication but cannot afford the cost.

MOBILE OUTREACH TO SENIORS TEAM **1986**

See ACS for origin and history.

- Jointly funded by the National Institute of Mental Health, & the County's Office of Aging and Unified Services Board, the Elderly Triage Team becomes known as Mobile Outreach to Seniors Team ('86).
- MOST is the first mobile outreach program to elders in the state, and is chosen as a national training site for mental health treatment services for the elderly.
- MOST becomes an independent program of the MHC ('96).

2000s

- In 2001, MOST teams with Community Options Program to identify and serve COP-eligible older adults with extensive mental health and functional needs. Intensive COP case management and MOST mental health services help elders move from more restrictive/costly institutions and hospitals to the least restrictive setting feasible. This collaborative effort also allows for crisis stabilization in these settings.

YAHARA HOUSE **1968**

See Agency 'Landmark Years' for more history.

- Aftercare Program initiated to support clients in their return to the community from long term hospitalizations and institutionalization. Program operates two evenings per week and focuses on supportive counseling and recreation.

1970s

- Relocates to 148 E. Johnson Street in its own building, separate from main agency ('78).
- In '76, Day Treatment Services is the first community psychosocial rehabilitation program established in the county to work specifically with persons who have serious long-term mental illness.

1980s

- In '80 changes name to Support Network and moves toward a Fountain House Model; '83

secures a HUD grant to build and manage an apartment building housing Support Network members.

- In '85, moves completely to a Fountain House Model and is the first in the state to employ this model for day treatment services. In addition, offers Transitional Employment Position (TEP) services through community businesses – Gorden Flesch Company, Isthmus Newspaper, Modern Design, and Pet Fair.

- TEPs grow to 15 and Support Network opens its second HUD apartment ('88).

- Name changes to Yahara House, program launches a Friends Group, and opens a resale store called Hidden Treasures ('89).

1990s

- In '92, clubhouse reorganizes and adds Yahara Employment Services (YES) to expand the range and number of vocational opportunities.
- Capital campaign fundraising efforts in '94 lead to the purchase and renovation of new clubhouse at 802 E. Gorham Street.
- Yahara House is recognized by the State of Wisconsin Assembly as "one of the most successful psychiatric rehabilitation programs ('96).
- Hidden Treasures closes after eight years of business ('98).
- YH's Transitional Employment was acknowledged in "US Today" in '99, as the newspaper gave an award to Madison's Wilson Street Grill.

2000s

- In 2003, YH is certified for first time by the International Center for Clubhouse Development and emphasis on Wellness continues to expand with group YMCA membership, yoga, tai chi and two softball teams.
- As a Pathways to Independence 5-year grant comes to an end, Yahara House is cited by Department of Vocational Rehabilitation as a "model program of excellence."



ADULT ALCOHOL/DRUG TREATMENT SERVICES

"Relapse is an issue most of us repeatedly deal with. The AoDA program does not punish people if they relapse. Too many of us get lost in a system that expects immediate success."

– Consumer of Alcohol/Drug Treatment Services, 1989

Along with child/family and adult mental health treatment services, formal substance abuse treatment has evolved significantly since its inception.

Early AoDA specific treatment was designed to help individuals stop using alcohol and other drugs by focusing primarily on the substance involvement and helping people, mostly men, become acquainted with and connected to Alcoholics Anonymous. Success was measured by how many people became sober and joined AA.

Treatment participants who wanted to focus on family problems, personal problems, mental health issues, past experiences of abuse, etc. (any issue not involved directly with alcohol/drug use) were seen as trying to defocus from their "real" problem – their use of alcohol/drugs. Additionally, most AoDA treatment was provided on an inpatient or residential basis, requiring participants to suspend all work and family activities to focus on treatment.

Treatment professionals believed their primary role was to "break through the denial" and force the participants to accept their addiction. This often resulted in clients feeling degraded and not listened to and few, even those who were successful, experienced treatment as a coordinated effort between treater and client. Nonetheless, all of the pain was thought to be worthwhile because the belief was that, once the person accepted the addiction, stopped using alcohol/drugs and became committed to life long abstinence, all of the other problems would dissipate and the treatment participant's life would be fine.

Although the aforementioned treatment was successful with some (always less than one third), most people with alcohol and other drug problems returned to use and/or experienced other major life problems shortly after completing treatment.

As more evidence-based information became available, treatment changed remarkably. Although substance abuse issues remained primary to treatment, the focus expanded.

The Mental Health Center has been on the cutting edge of treatment since its first response to alcohol abuse in the late 60s. We recognized early on that issues such as parenting, history of abuse, mental illness, hopelessness, poverty, oppression, racism, etc. were not, "attempts to defocus from the primary alcohol/drug problem," but rather they were issues which needed to be addressed in order for the person to effectively participate in treatment and to achieve sobriety and recovery.

Also early for its time was the incorporation of individualized AoDA treatment planning into service delivery. Recognizing that mere compliance was not sufficient for recovery and that individuals need the opportunity to use and practice newly acquired knowledge and skills in a real world environment, we began designing programs to meet the needs of clients – not the program.

We initiated gender specific services in '85, long before this became recognized in the overall treatment field, through "in home," treatment services to women with children, emphasizing the unique needs that many AoDA dependent women have in treatment.

During this same period of time, we joined partnerships with agencies such as Centro Hispano and the Madison Inner City Council on Substance Abuse to help us extend our services to various ethnic groups and to grow in our understanding of cultural competence.

We continued our tradition of outreach to diverse populations through partnership with the Rodney Scheel House. Shortly after the residence opened its doors, we started to provide on-site AoDA treatment and supportive services and continue to do so today. Alcohol/Drug staff also joined the County Human Service's efforts to establish more localized, community based social services by providing substance abuse services at various Joining Forces for Families locations. More recently, we are working with the Dane County Drug Treatment Court Program, providing outpatient treatment to individuals who are part of a diversion program run by the Dane County Court system.

Today, the Alcohol/Drug Treatment Program continues its efforts to reach as many individuals as possible by providing an array of services. The diversity amongst staff remains strong, and there are now five clinicians who can offer services in Spanish. In addition, acupuncture and forgiveness services have been added which provide alternative and expanded opportunities for clients to deal with spirituality as well as alcohol/drug use.

ALCOHOL/DRUG TREATMENT

1967

- Agency's first response to alcohol abuse is through the Alcoholism Information and Referral Center (AIRC). Housed in Madison's City-County Building, the program provides referral services, public information, counseling, and research.

- Agency increases services to clients with alcohol or drug concerns, however, these services are still separate. One staff position provides alcohol information and intervention services, another offers drug intervention and counseling ('68).

1970s

- An LEAA Grant (Law Enforcement Assistance Act) is awarded to the agency to develop an innovative drug treatment program, combining the efforts of law enforcement and counseling staff ('72).

- In '73, the Drug Program receives the National Coordinating Council on Drug Education's Pacesetter Award for its pioneering effort in diverting offenders and in offering community treatment alternatives.

- Agency reorganization; merger of alcohol and drug services gives agency the first combined AoDA treatment program in the state ('76).

- Adolescent AoDA treatment service begins in '78 and continues as part of the program until staff/ services are transferred to CAF ('86).

1980s

- AoDA services expand as the agency takes over operation of the county funded Alcohol Detox Program (and continues to do so until '83).

- Service now offers five treatment tracks: General Abstinence, Dual Diagnosis, Women's, Relapse Prevention, Early Intervention ('88).

- In '89, receives grant to provide treatment services to individuals who use IV drugs and intensifies women's programming. The program also developed a response to cocaine abusers by developing a treatment group to educate and support persons whose primary drug of abuse was cocaine.

1990s

- Clinicians are hired to provide culturally specific and sensitive AoDA treatment services, both at the MHC and agencies within the African American and Hispanic/Latino community. In addition, clinicians join with MOST and the aging network to focus on the special needs of elders ('90).

- First program in state to offer in-home, substance abuse treatment to mothers with children. (90)

- Program obtains state grant in '91 and initiates Recovery Options for Mothers and Children (ROMC). This community-based (operating out of St. Marks Lutheran Church) and in-home service focuses on pregnant women and women with young, dependent children.

- In '91, two staff travel to Madison's Sister City, Managua, Nicaragua, to assist a developing nation in organizing its AoDA services. Staff also participate in hosting a return visit to this country.

- Staff continue to develop expertise and services in the areas of: solution-focused therapy, IV drug abuse, HIV issues, dual-diagnosis treatment, men-specific treatment, and issues/treatment specific to special populations with unique needs.

- In '92, ROMC staff facilitate women's support groups in the Broadway-Simpson, Somerset, Truax, Allied, and Vera Court neighborhoods. In addition, AoDA Treatment Program continues to diversify by increasing the number of African American, Hispanic, and Southeast Asian staff.

- Program initiates a joint project with Madison AIDS Support Network and City Public Health in '94 to reach out to individuals who use IV drugs. The program also continues to work closely with Centro Hispano and MICCSA (Madison Inner City Council on Substance Abuse) and to have a presence in the County's employment and training program and at the Dane County Jail.

- Clinicians become involved in programming at the Rodney Scheel House, an apartment complex for persons who have an AIDS diagnosis and limited income ('95 to present).

- ROMC expands services in '97 to assist fathers, and renames itself Recovery Options for Families. In '98, reorganization occurs and is integrated into larger AoDA Treatment Program, allowing staff to offer more in-home service opportunities for women (occasionally men) and their children.

2000s

- Program increases ability to provide dual diagnosis services (substance abuse/mental health) and, in '01, expands services to off-site locations such as: Joining Forces For Families, Rodney Scheel House, and in-home sites throughout the community.

- In '02, onset of Auricular Acupuncture Service, used throughout the county and found to be helpful in reducing withdrawal symptoms, reducing

cravings, reducing/relieving anxiety, and increasing the individual's ability to focus on treatment goals.

- In '03, Staff of Alcohol/Drug Program are awarded the Juneteenth Harambee Award given to "outstanding persons or organizations who have demonstrated unyielding commitment to the empowerment and well being of the African American community."



CLINICAL ASSESSMENT SERVICES

"I have been involved with the MHCDC for over 30 years. I remain impressed with the dedication, commitment, and compassion demonstrated by the organization."

– Stuart A. Schwartz, Judge, Circuit Court Branch 15, 2003

Assessment services have been a function of the Mental Health Center from the onset. As early as the '40s, we provided infant screenings for adoption placement as well as community education screenings for alcohol abuse.

In the '50s, we added "Institutional Placement Services," which in later years evolved into – Protective Services and Adult Guardianship Evaluations as ordered by Probate Court under Chapters 55 and 880. In addition we facilitated Juvenile Court and Family Court-ordered psychological, psychiatric or alcohol/drug assessments under Chapter 48.

The '70s saw the origins of Intoxicated Driver Assessments as authorized under Wisconsin's "old" drunk driving laws (Chapter-193), and the Mental Health Center gained the county's contract to provide these court-ordered assessments. At this time however, it was up to a judge's discretion whether or not to refer a convicted "Operating While Intoxicated (OWI) driver for an alcohol/drug (AoDA) assessment.

With the passage of the landmark Chapter-20, Laws of 1981, Wisconsin's intoxicated driving statutes (affecting everything from arrest to rehabilitation) took a number of dramatic turns. One was that judges were now required to refer all convicted OWI drivers (each and every time convicted) for mandatory court-ordered AoDA assessments and driver-safety plans.

The purpose of the assessment was to determine whether each offender drove intoxicated because s/he has a serious drinking, drug, or medication

abuse problem, or because of poor judgment or carelessness. In addition to completing a clinical assessment, all intoxicated drivers are required by Chapter-20 to complete a "Driver Safety Plan" as a condition of licensure. If a serious alcohol or other drug problem is assessed, individuals are referred to counseling in state certified, county approved treatment facilities. When the problem is assessed to be attitudinal or lack of information (vs. a significant alcohol or other drug problem), intoxicated drivers are referred to an educational program called Group Dynamics.

This change in OWI law (coupled with the growing demand for court-ordered and other requested mental health evaluations) significantly increased the need for a comprehensive unit of service. Thus, the mid-80's saw the origins of the Clinical Assessment Unit – assessment services that provide professional evaluations of individuals who are experiencing difficulties related to psychological functioning, substance abuse, or age-related or developmental disabilities.

In addition, the Clinical Assessment Program became a strong advocate and collaborative partner in the development of "community-based alternatives" to help divert Dane County offenders from the criminal justice system to a more appropriate AoDA treatment system.

Through the '90s and to the present, Clinical Assessment services continued to be highly competent and flexible, thus, responding to the changing needs of the community.

CLINICAL ASSESSMENT

1950

- Institutional Placement Services becomes a function of the clinic to assist Dane County Courts in screening individuals for institutional treatment of alcoholism and mental illness.

1970

- Agency provides diagnostic evaluation services to service agencies, courts, and professionals. Requests include psychological testing and evaluations, psycho-social-medical workups, consultation, and court testimony services. In mid-'70s, this function becomes housed in Adult Clinical Services.

- In '79 a clinician is hired to specifically provide alcohol and drug abuse assessment under Ch.-193 (WI's "old" drunk driving law). Position is housed in the Alcohol/Drug Unit as an independent entity under direct supervision of the agency's program director.

1980

- Referrals drastically increased as Wisconsin's OWI statutes undergo a major overhaul. With the passage of Chapter-20, the template for all of Wisconsin's current OWI laws, judges are now required to refer all convicted drunk drivers for mandatory, court-ordered AoDA assessments. In '82 the agency establishes the 'Alcohol Assessment Unit' to provide the growing number of required OWI assessments.

- In 1983, the Alcohol Assessment Unit moves to its own location, in part due to an expanding staff, but also because the County's Unified Services Board requires that centralized assessment services be separate from any treatment agency.

- Evaluators from Alcohol Assessment and Adult Clinical Services merge to form Clinical Assessment Unit (CAU) in '85, offering AoDA assessments, court-ordered protective service/adult guardianship evaluations, juvenile and family court ordered evaluations, and psychiatric assessments under state commitment laws.

- In the same year, CAU begins to provide alcohol-drug and broad-brush mental status assessments to individuals receiving General Assistance and who are experiencing severe difficulties securing employment due to possible psychological or substance abuse-related difficulties. Referrals are made through Dane County Social Services.

- In '89, CAU takes on the administration of the Treatment Alternatives Program (TAP) – a major new multi-agency initiative of comprehensive, community-

based alternatives to help divert Dane County offenders from the criminal justice system to a more appropriate AoDA treatment system.

1990

- TAP receives additional funding to enhance its existing treatment services with the inclusion of domestic violence counseling services.

- Clinical Assessment Unit provides Employee Assistance Program services for Dane County employees (beginning in '92 and continuing to present).

- TAP receives a positive evaluation from CHPPE, a 3 year evaluation program conducted by UW-Madison. CHPPE viewed TAP consumers who completed the program as less likely to be rearrested and more likely to stay out of legal trouble longer than non-completers ('95).

- In '97, Dane County Drug Treatment Court, a pretrial, pre-adjudication, multisystem diversion program for persons who are drug abusing or dependent, is nested in, and supervised by CAU. This is Wisconsin's first drug court program; it has subsequently been replicated in several other Wisconsin counties.

2000

- Clinical Assessment Unit works with the Dane County Job Center to provide assessment services to participants in the W2 Program. The purpose of these assessments is to delineate mental health/substance abuse issues that may be contributing to someone's poor work history and to develop optimal plans of care. Because of the value of these assessments, referrals grew from a handful in the beginning to over 100 a year, and have proven useful in supporting clients' applications for SSI and for documenting the need for treatment services funded by HMOs.

- Also in 2000, MHC joins with a county-established jail diversion work group which subsequently results in increased funding for jail diversion.

- CAU assumes responsibility for administration of Dane County Court's Adult Forensic Competency Evaluation Program ('01). This is part of a new state initiative to conduct these evaluations on an outpatient basis in the hope that clients will be seen more quickly and have speedier access to treatment when needed.

HISTORY SNAPSHOTS



CONSUMERS

1948	Youth/Parents	75/25%
1960	Youth/Adults	07/93%
2003	Youth/Adults	15/85%

1948	Heritage	
	Euro American	100%
1985	African American	04%
	Euro American	94%
	Hispanic Org/Latin Am	02%
2003	African American	19%
	American Indian	01%
	Asian Am/Pacific Islander ..	05%
	Bi-Racial Heritage	04%
	Euro American	65%
	Hispanic Org/Latin Am	06%

NUMBER OF CLIENTS

1948	Treatment/Assessment	588
1960	Treatment/Assessment	247
1965	Treatment/Assessment	597
1975	Treatment/Assessment	3,460
1982	Treatment/Assessment	3,442
1989	Treatment	3,608
	Assessment	2,564
2003	Treatment	6,995
	Assessment	3,814

AGENCY NAMES

1948	Dane County Child Guidance Center
1960	Dane County Guidance Center
1965	Dane County Mental Health Center, Inc.
1985	Mental Health Center of Dane County, Inc.

FINANCIAL

1948	Annual Budget	\$17,047
	Expenses	
	Total Personnel	\$15,156
	Operating	1,374
	Occupancy	513
2003	Annual Budget	\$16,600,000
	Expenses	
	Total Personnel ...	\$13,694,822
	Operating	2,472,347
	Occupancy	559,424

MHC EMPLOYEES

1948	Five Employees (all part time)	
	100%	Euro American
1985	100 Employees (full/half time, hrly)	
	02%	African American
	96%	Euro American
	02%	Hispanic Org/Latin Am
2003	267 Employees (full/half time)	
	06%	African American
	08%	Asian Am/Pacific Islander
	78%	Euro American
	03%	Hispanic Org/Latin Am
	05%	Multi Racial/Other
	92 Employees (provisional/hrly)	
	12%	African American
	03%	Asian Am/Pacific Islander
	81%	Euro American
	03%	Hispanic Org/Latin Am
	01%	Multi Racial/Other

MISSION STATEMENTS

1948	The goal of the Dane County Child Guidance Center is to make what is known about children and their development as widespread as possible.
1984	To Improve the quality of life of people by helping them prevent, eliminate, and cope with mental stresses and disabilities through a variety of therapeutic, educational, and advocacy interventions.

1989	The mission of the Mental Health Center of Dane County, Inc., is to improve the quality of life in our community by providing a variety of health care and supportive services to people who have serious mental health and alcohol and other drug abuse problems. Particular emphasis is on people who, for a variety of reasons, are unable to get the help they need for those problems.
	The primary goal of the organization is to maximize the opportunities of people that we serve to lead productive and independent lives in the community.

1994	The Mental Health Center of Dane County, Inc. exists so that individuals and families with mental health issues, alcohol and other drug problems, or conditions of severe stress can live their lives in ways that are productive, healthy, meaningful, and satisfying to them. We believe it is our mission to give priority to those individuals and families with high needs and low resources.
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Services will be judged by the degree to which they: promote people's strengths, dignity, and self-reliance, respecting the exercise of individual/family choice whenever possible; nurture and support the strengths of care-givers (families and others) to be a force for positive change on behalf of the person(s) being served; are culturally competent, as described in our published principles; use resources in ways which provide the greatest good to the greatest number of persons, while maintaining high quality for those we do serve; promote a system of care as part of a community of providers.

2003	The Mission of the Mental Health Center of Dane County, Inc. is to provide individuals and families with high quality, community based, recovery oriented, mental health, substance abuse, and advocacy services that respect cultural differences and foster hope, strength, and self determination. We will give priority to individuals and families with high needs and low resources.
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LOCATIONS

1948 22 North Hancock

1950 Moved to State Street

Mid-60s ... Moved to 2059 Atwood,
31 S. Mills, City County Building

1969 Consolidated into 31 S. Mills

1972 Moved to 31 So Henry
Additional sites:

1977 Dane County Jail

1979 148 E. Johnson

1983 122 W. Washington

1986 2017 Fisher

1987 16 N. Carroll

1988 Moved to 625 W. Washington
Additional sites:

1988 Dane County Jail
148 E. Johnson
2017 Fisher
16 N. Carroll

1991 124 W. Mifflin

1991 605 Spruce

1993 923 Williamson
1960 Atwood
600 Williamson

1994 802 E. Gorham
702 W. Main

1996 1118 S. Park

1999 3434 Memorial

2001 1020 Regent

2002 3518 Memorial

2004 Locations

Adult Clinical Services 625 W. Washington

Alcohol/Drug Treatment 625 W. Washington

Blacksmith House 923 Williamson

Clinical Assessment Program 702 W. Main

Child, Adol, Family 625 W. Washington

Community Tx Alternatives 124 W. Mifflin

Cornerstone 1960 Atwood

Emergency Services 625 W. Washington

Family Preservation 625 W. Washington

Gateway 1020 Regent

Kajsiab House 3518 Memorial

Jail Mental Health Services Dane Co. Jail

Medication Services 625 W. Washington

MOST 625 W. Washington

Positive Behavior Support Team 3802 Regent

Recovery House 848 E. Gorham

Southeast Asian 625 W. Washington

Yahara House 802 E. Gorham

Youth Crisis 625 W. Washington

In 2005...

Blacksmith House 2000 Fordem

Cornerstone 2000 Fordem

ADULT SERVICES

'50 Institutional Placement Services

'60 Adult Services

'60 Family Life Education Program

'67 Alcoholism Information & Referral Center

'68 Emergency Response

'68 Aftercare Services

'72 Drug Treatment Program

'75 Adult Clinical Services*

'76 Emergency Services*

'76 Crisis Intervention & Emergency Phone*

'76 Day Treatment Services (Yahara House)*

'76 Alcohol/Drug Treatment Services*

'77 Jail Services (Jail Mental Health)*

'77 Services to the Elderly (now MOST)*

'78 AoDA Program Adolescent Focus

'80 AoDA Women's Treatment Program*

'80 AoDA Detox

'80 Mobile Community Treatment (CSPs)*

'80 Survivors of Suicide Support Group*

'80 Support Network (Yahara House)

'82 Alcohol Assessment Unit

'85 Elderly Triage Team

'85 Clinical Assessment Services*

'85 Protective Services/Court Ordered Eval.*

'85 Support Network to Fountain House Model

'86 Mobile Outreach to Seniors Team*

'86 Transitional Employment (YH Emp Ser)*

'86 Meds Plus (Medication Services Prog)*

'87 Crisis Homes*

'89 Treatment Alternatives Program *

'89 Yahara House/Club House*

'89 Hidden Treasures Resale Store

'90 Southeast Asian Outreach Program*

'90 Four Agency Cooperative Effort *

'90 AoDA African Am/Latino & Latina Outreach*

'91 Community Treatment Alternatives*

'91 Recovery Options Mothers/Children

'92 Dane County Employee Assistance*

'92 YH Employment Services*

'93 Cornerstone*

'93 Blacksmith House*

'93 Gateway*

'94 AoDA – Rodney Scheel House*

'96 Medication Services Program*

'97 Jail Diversion/Dane County Drug Court*

'98 Recovery Options for Families

'99 Consumer Alliance Office*

'99 Kajsiab House*

'00 Crisis Stabilization*

'01 AoDA Auricular Acupuncture*

'01 MOST/COP (partnership)

'01 CAU/Adult Forensic Competency

'01 System Redesign Project*

'01 Jail Diversion/Conditional Release Program*

'03 Recovery House*

* Current services as known today ('04)

YOUTH/FAMILY SERVICES

'48 Dane County Child Guidance Center

'60 Family Life Education Program

'76 Child, Adolescent, and Family Program*

'79 Comprehensive Ed. Program for Adolescents

'86 Black & Others Outreach Team (UJIMA)

'86 Delta Family Project

'86 Teen Depression Program*

'86 Youth AoDA Counseling*

'87 Program for Persons w/Dev Disabilities*

'87 Treatment Coord for Severely Disturbed Kids

'88 CAF's COMPASS Pilot Project

'89 Project UJIMA

'90 COMPASS Coordination/Youth Crisis

'93 Youth Transition Initiative

'94 Family Preservation Program*

'94 Southeast Asian Teen Village*

'96 Family Based Services*

'96 MH/Developmental Disabilities*

'96 Youth Crisis Program*

'97 CATALYST

'99 UJIMA transfers to Genesis

'99 CAF/Bootstrap (joint project)

'99 COMPASS to Community Partnerships

'99 Consumer Alliance Office*

'00 Positive Behavior Support Team*

'01 Crisis Stabilization Oversight*

'02 FACE for Kids*

'03 Adolescent Trauma Treatment Program*

* Current services as known today ('04)





TO THE FUTURE

The past accomplishments of the Mental Health Center have been the result of the combined efforts of dedicated, creative staff and consumers. The challenge for the future is to find ways that continue to nurture those efforts. I consider myself fortunate in my role as Executive Director to help develop teams, programs, and partnerships that will further our values of inclusion, advocacy, cultural competence, and recovery.

The Mental Health Center looks to the future while honoring the past through its advocacy efforts, through its efforts to diversify its staff, and through meaningful involvement of staff and consumers in program and policy development. We must continue to involve ourselves in the community in ways that reflect our broad interest in improving the quality of life of all its citizens. We must strive to discover and articulate the physical, psychological, and spiritual dimensions of health for ourselves and with our consumers.

We are an increasingly diverse and resource rich community. At the same time we face alarming deficits in our supply of services vis à vis demands. In the coming years, we are challenged with bringing the former reality to bear upon the latter. I am confident that our staff, consumers, and allies in collaboration will successfully meet this challenge. I am honored to assume a leadership role during these exciting times.

– William Greer, LCSW

Executive Director, 12/15/04