



State of Wisconsin

Wisconsin Council on Mental Health

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**COMMITTEES of the
Wisconsin Council on Mental Health (WCMH)**

(As Approved at 7/19/17 WCMH Meeting)

WCMH Authority

The Council is created in the Department of Health Services (DHS) pursuant to sec. 15.197(1), Wis. Stats. Its responsibilities are specified under sec. 51.02, Wis. Stats. and 42 U.S.C. Subchapter XVII, Part B, Subpart i.)

Standing Committees

The following are standing committees of the WCMH:

- Executive Committee (as outlined in WCMH By-Laws)
- Adult Quality Committee
- Legislative and Policy Committee
- Criminal Justice Committee
- Children and Youth Committee
- Nominating Committee

Committee Authority (from WCMH By-Laws)

Standing committees or task forces may make recommendations to the Council and perform such other duties as designated by the Council. These committees or task forces may not act on behalf of the Council except when given such authority with respect to a specific matter and within specific limitations designated by the full Council.

Committee Function (from WCMH By-Laws)

Standing committees provide assistances to the Council in regard to the following Council Roles/responsibilities:

- a. Advise the DHS, the Legislature and the Governor on the use of state and federal resources and on the provision and administration of programs for persons who are mentally ill or who have other mental health problems, for groups who are not adequately served by the mental health system, for the prevention of mental health problems and for other mental health related purposes.
- b. Provide recommendations to the DHS on the expenditure of federal funds received under the Mental Health Block Grant under 42 United State Code (USC) 300x-300x-9 and participate in developing, monitoring, and evaluating the implementation of the Mental Health Block Grant Plan.

- c. Review all DHS plans for services affecting persons with mental illness, monitor the implementation of the plans, and provide its recommendations concerning the plans to the Secretary of the Department of Health Services within such time as the Secretary may require.
- d. Serve as an advocate for individuals with a serious mental illness (SMI), and for children and youth with severe emotional disturbance (SED), and other individuals with mental illness or mental health issues.
- e. Promote the development and administration of a delivery system for community mental health that is sensitive to the needs of recipients of the services.
- f. Report to the public concerning needs of persons with mental illness or other mental health problems and the issues that affect persons of all ages.
- g. Form committees for consideration of policies or programs for persons of all ages who have mental illness or other mental health problems.

Guiding Principles

- a. Committee policy and strategy recommendations should reflect and strive to address the following priorities of the WCMH (not listed by priority):
 - Improving outcomes for individuals and their families; including:
 - By promoting evidence-based practices, practice-based evidence, emerging promising practices and continuous quality improvement.
 - Through the strategic use of credible data that is meaningful to key stakeholders to guide decisions.
- b. Promoting a system driven by individuals and families receiving services; including:
 - By modeling and promoting meaningful involvement of individuals of diverse communities in mental health policy making
- c. Reducing mental health disparities related to age, ethnicity, disability status and other factors; including:
 - By improving access to mental health services and supports for individuals across the lifespan.
 - Increasing cultural and linguistic humility, responsiveness, and skills.
 - Reducing stigma and discrimination.
- d. Promoting total health integration; including:
 - By increasing system collaboration among mental health substance use, primary and acute care, public health and other disability sectors.
 - By promoting recovery, resilience and wellness.
 - By infusing trauma-informed practices into all of the identified service systems.

Committee Composition

Committees will consist of no more than 15 members appointed by the Council Chair, should strive to mirror full Council membership categories, and will consist of individuals who seem to be a good fit in terms of the purpose, guiding principles, and scope of each standing committee. A Committee may be approved by the Executive Committee to exceed 15 members if extenuating/compelling circumstances warrant a larger size.

Committee members may have designated alternates who will be appointed by the Council Chairperson. Alternates shall represent the same stakeholder group as the committee member. Alternates may participate in committee discussions but may only vote in the absence of the committee member. Alternates are counted for purposes of quorum. Use of alternates does not excuse committee members from the participation requirements. Committees may invite others outside of appointed Council members to consult and participate in the activities of this Committee.

Committee Member Roles and Responsibilities

All Committee members are expected to attend all meetings of the Committee or task force. Attendance means presence at the meeting for more than half of the meeting. Committee members who are sick, hospitalized or who have some other important reason for not attending should notify the Chairperson or the Chairperson's designee at least a week before the meeting. If that is not possible, notice should be given as soon as possible.

Any committee member who is absent from two meetings within a year will be contacted by the committee chairperson to discuss the reasons for absence and whether the member will be able to continue serving. Members who do not believe that they can continue should tender their resignation in writing to the Chairperson of the Council. Any resignations will be announced to the Council Chairperson and to the committee.

At any time the Committee Chairperson believes that a member will not be able to fulfill the duties of membership, he or she should bring the matter to the Council Chairperson. The Council Chairperson may remove Committee members, other than Executive Committee members, after notice of proposed removal to and an opportunity to be heard by the member.

Members are expected to serve as advocates for the committee's charge, and as such, could include, but are not limited to:

- a. Attend meetings
- a. Speak - when authorized – on behalf of the committee or Council
- b. Participate in the development and distribution of products such as white papers, opinion papers, and other documents
- c. Assist in identifying speakers for presentations

Materials will be distributed as far in advance as possible in order to allow time for review before the meetings. Members are expected to come prepared in order to ensure effective meeting outcomes.

Technical assistance/support can be requested from the Council Chair, Vice-Chair as needed.

Adult Quality Committee Charter

Authority

The Adult Quality Committee is a standing committee of the Wisconsin Council on Mental Health.

Purpose

The purpose of the Adult Quality Committee is to:

- a. Monitor, review, and evaluate adult service delivery in the public mental health system in Wisconsin.
- b. Focus on adult quality of care issues, client satisfaction, access to care, and service outcomes.
- c. Recommended improvements and highlight exemplary adult services and best practice as appropriate.

Committee Objectives

- a. Mental Health Block Grant
- b. Quality Monitoring of Adult Mental Health Programs
- c. Budget Initiatives
- d. Council Strategic Plan Elements

Committee Meeting Schedule

The Committee will meet every other month in person at DHS and allow members to participate via phone or teleconference.

Legislative and Policy Committee Charter

Authority

The Legislative and Policy Committee is a standing committee of the Wisconsin Council on Mental Health.

Purpose

The purpose of the Legislative and Policy Committee is to enhance the ability of the Wisconsin Council on Mental Health (WCMH) to effectively promote its priorities and see them become practice. To accomplish this the Legislative and Policy Committee provides expertise, continuity and focus on mental health budget and policy by engaging consumer, family, advocacy and provider organizations that are actively involved in state level mental health budget and policy advocacy. The committee seeks to enhance the ability of other standing committees to address policy that is within the scope of those committees.

Committee Objectives

- I. The Legislative and Policy Committee will monitor state budget and bills introduced into the legislature or other issues that may not yet have become bills. The Committee will inform other standing committees of legislative issues that fall into their scope and determine whether those committees wish to take the lead on developing the WCMH policy response.
- II. The Legislative and Policy Committee will disseminate information about legislative and policy actions, in coordination with other committees that may be the policy lead in a given area.

- III. The Legislative and Policy Committee will work to strengthen the ability of other standing committees to act as policy lead for bills in their scope through:
 - a. Joint meetings with the other standing committees.
 - b. Trainings, either individually with other committees or jointly, to educate other committee members on policy and advocacy processes and strategy.
 - c. Mentoring of individuals from other committees by including them in policy meetings, legislative visits and meetings with decision-makers.
 - d. Cross-representation on committees where feasible and where individuals have the ability to do so.
- IV. The Legislative and Policy Committee will take the lead on the following:
 - a. Creating a coherent and balanced package of budget priorities with input from the other standing committees.
 - b. Items that do not fall into the scope of other committees or that other committees do not wish to be the lead on.
 - c. Items that involve multiple committees if there is a need to coordinate a response or mediate differences.
- V. The Legislative and Policy Committee will seek to identify ways to best engage with legislators and other decision-makers and provider groups whose interests may intersect with those of the WCMH.
- VI. The Legislative and Policy Committee will make recommendations to the WCMH with regard to positions on legislative matters, including matters that might not yet be introduced.
- VII. The Legislative and Policy Committee will monitor federal policy and laws that might impact state policy or are related to values identified as important to the WCMH (e.g., consumer rights, access to services).

Committee Meeting Schedule

The Legislative and Policy Committee meets on the 2nd Thursday of each month at 1 W. Wilson St. Teleconferencing is available.

Criminal Justice Committee Charter

Authority

The Criminal Justice Committee is a standing committee of the Wisconsin Council on Mental Health.

Purpose

The purpose and mission of the Criminal Justice Committee is dedicated to promoting best practices and systems collaboration on a broad scale to ensure that folks involved in the criminal justice systems are receiving the quality of care in efforts to achieving an integrated a whole health care approach. The committee is dedicated to increased services within the Department of Corrections as well as folks reintegrating into their communities successfully with the best supports for an improved quality of life for individuals and their families impacted by incarceration.

Guiding Principles

Committee policy and strategy recommendations should reflect and strive to address the following priorities of the WCMH:

- a. Improving outcomes for individuals and their families.

- b. Increasing system collaboration
- c. Reducing stigma and discrimination
- b. Promoting recovery and resilience
- c. Promoting best practices and continuous quality improvement
- d. Increasing cultural and linguistic responsiveness
- e. Promoting a system driven by individuals and families receiving services
- f. Reducing mental health disparities
- g. Promoting total health integration
- h. Modeling meaningful involvement of individuals of diverse communities in mental health policy making.
- i. Improving access to mental health services and supports across the lifespan
- j. Promoting the use of data to guide decisions

Committee Objectives

RE-ENTRY FROM PRISON AND JAIL. Adopt a variety of strategies to improve the successful re-entry of prison and jail inmates back into general society.

Enhance continuity of mental health, psychiatric and psychological care, and medication bridging and pharmacological treatment for individuals who are leaving prison or jail by taking action that will improve communication and information sharing between psychiatric jail/prison staff and community mental health agencies. Improved communication and information sharing between secure facilities and community outpatient agencies.

Continue tracking and assisting in the development of training for trauma-informed care best practices.

Continue to support the development of training and certification protocols for using Re-entry Peer Specialists to mentor and assist individuals in custody at secured jails and prisons throughout the state of Wisconsin.

Encourage the Wisconsin Legislature and Governor to support the efficient and seamless access by formerly incarcerated individuals to community mental health services, housing, employment, medical care, psychiatric/psychological services, and substance abuse services.

- a) Increase the percentage of individuals who possess a 30-day medication prescription upon their release from incarceration.
- b) Increase the percentage of individuals who secure social security disability benefits, MA or Badger Care at the time they are released from incarceration.
- c) Successfully develop a network of community providers and key DOC staff to begin discussions and planning initiatives to collaborate and support common goals for individuals re-entering the community.
- d) The number of training sessions initiated by the DOC and county jails targeting staff on trauma-informed practices and the need for re-entry peer specialists. (Begin by approaching jails that participate in Jail Based Programs with community agencies).

DIVERSION FROM PRISON AND JAIL. Continue expanding and improving diversion programming and alternatives, through several strategies and initiatives identified in the strategic plan 2016-2019.

The Criminal Justice Committee will obtain and review data and information, and receive expertise for analyzing the outcomes and impacts of criminal justice/mental health-related activities and programs that were the primary focus of the 2013-2016 Strategic Plan. Moreover, the Committee will continue facilitating long-term achievement of outcomes and benefits stemming from such activities and programs and share those outcomes with all stakeholders statewide.

- a. Increase levels of mental health consumer involvement in the re-entry process, in diversion efforts, and in trauma-informed care training and education, including the implementation of evidence-based best practices in those areas. Encourage greater use of consumers as trainers and peers within these areas whenever possible.
- b. Improve processes enabling individuals to efficiently secure disability, MA and BadgerCare and other public benefits prior to their release from prison or jail.
- c. Address barriers faced by traditionally marginalized and underserved persons. Promote continuing education that raises awareness of cultural similarities and differences.
- d. Continue improving implementation of trauma-informed care best practices, as reflected through: (a) capitalizing on the legislature's growing awareness and appreciation of trauma-informed care; and (b) working with DOC and other stakeholders to increase awareness of trauma-informed care among persons within corrections and mental health services who should know about it.
- e. Continue focusing on implications of the Affordable Care Act (ACA) for persons at risk of incarceration and individuals coming out of jails and prisons, including: (a) insurance enrollment issues; (b) funding opportunities for community mental health treatment and services; (c) keeping abreast of ACA-related resources within state and county governments; and (d) strategies to ensure full access to new health insurance and coverage opportunities under the ACA, MA and BadgerCare.
- f. Continue training initiatives for CIT/CIP (Crisis Intervention Teams/Crisis Intervention Partners), Re-entry Peer Specialists, Trauma Informed Care specialists, gender-specific treatment, and other related DOC, jail and mental health services staff. Encourage more county jail staff and law enforcement officers to complete the trainings. Seek to broaden the scope of training into other relevant mental health issues, and to emphasize effective dissemination of training information to stakeholders in the criminal justice and mental health fields.

Committee Meeting Schedule

The Committee Meets on the Second Wednesday, from 10-12 PM at the Department of Corrections, Madison in February, April, June, August, October, and December.

Children and Youth Committee Charter

Authority

The Children and Youth Committee is a standing committee of the Wisconsin Council on Mental Health.

Purpose

In pursuit of the vision that all children and youth in Wisconsin under the age of 21 have optimal mental health encompassing social, emotional, physical, and psychological well-being, the purpose of the Children and Youth Committee is:

1. To identify and promote partnerships and best practice models that will provide a full range of mental health resources including the areas of prevention, early intervention, resiliency, treatment and recovery support to all children and youth under 21 in Wisconsin and their families.
2. To strengthen Wisconsin's capacities to support all children and youth under 21 and their family's social, developmental, and educational needs including system transition needs from childhood into adulthood.

Committee Objectives

- a. Promote and disseminate information regarding children, youth and family mental health issues including prevention, early intervention, resiliency, treatment and recovery support.
- b. Advise and make data-based recommendations to the Council regarding children, youth and family mental health policy, including the state mental health plan.
- c. Promote and encourage collaborative efforts across systems -- including mental health, alcohol and other drug abuse, child welfare, juvenile justice, and education -- working on positive outcomes on behalf of children, youth and families.
- d. Promote a wraparound system of care throughout Wisconsin.

Committee Meeting Schedule

The Children and Youth Committee meets monthly, generally on the first Thursday of the month, from 12:30 to 3:30pm. One meeting per year is held jointly with the Legislative and Policy Committee.

Nominative Committee Charter

Authority

The Nominating Committee is a standing committee of the Wisconsin Council on Mental Health.

Purpose

The purpose of the Nominating Committee is to recruit, review, interview and recommend prospective members of the Wisconsin Council on Mental Health (WCMH).

Committee Objectives

- I. Work collaboratively with the WCMH members, WCMH staff, Departments of the State, and the Governor's Office.
- II. Monitor WCMH membership to ensure compliance with State and Federal law.
- III. Ensure the WCMH membership is sufficient to conduct WCMH related business.
- IV. Effort to ensure WCMH membership is diverse and representative of the people of Wisconsin.
- V. Conduct outreach and recruitment.
- VI. Interview, review, and recommend prospective Council members.

Committee Meeting Schedule

The Nominating Committee meets on an as needed basis, as determined by the Committee Chair in collaboration with the Committee Staff Person.