

Children and Youth MH Committee

March 7, 2013

In Person: Kim Eithun-Harshner, Staci McNatt, Chelea Mezera , Mark Allen, Dan Naylor, Therese Ahlers, Paula Buege, Phyllis Greenberger, Nic Dibble, Peggy Helm-Quest, Dr. Rick Immler

Phone: Missy Zoepfel, Jo Pelishek, and Jackie Baldwin

Staff: Mai Zong Vue, Ryan Stachoviak, Marie Danforth and Kay Cram

Item 1

Kim opened meeting and welcomed everyone. Jackie read the meeting Guidelines for Conduct of Meeting. The February 7 meeting minute was reviewed and approved.

Next meeting date: April 4, 9:30 a.m. to 12:00 p.m., 12:30 to 3 with Legislative and Policy

Announcements:

The Assembly Mental Health Taskforce's next meeting will be held on March 27 in Neenah. This will be their second meeting.

Public Comments: none

Item 2: MH/SA Block Grant Application review/comment

Unlike other years, this year the Mental Health and Substance Abuse block grant application is combined together. There is also an executive summary and priority page as well.

Ryan Stachoviak, a staff of the Mental Health Council, gave a brief overview of the application structure, which included the background, strengths, needs of the state--drawn from the needs assessment, and a narrative plan. A comment was made that the application does not cover children. Please email Ryan Stachoviak your comments by March 20, 2013. His email is ryan.stachoviak@wisconsin.gov.

The Application was reviewed section by section. Below are comments made per each section reviewed by the committee members.

Page 9 to 14: Substance Abuse Prevention Services

Questions asked included: Do we view autism as mental health or just a syndrome? Do children served under long term support waiver with autism categorize it as mental health? A comment made that this piece of information is not funded by mental health block grant. The next questions asked was: Does the functional screen capture all SED kids? If so, we need funding to serve SED kids. Autism issue is viewed as more severe within the system.

14-22: Services to Older Adults and Special Populations -- none

22-26: Strengths of the Wisconsin Mental Health and Substance Abuse Services System

Observation on p. 23, the Governor's budget now requires a regional effort for CCS program. What about Milwaukee and Madison? Are they still required even though they are big cities?

26-30: Step 2: Identify the unmet service needs and critical gaps within the current system

What is the process for getting the unmet needs discovered? It was shared that an Ad-hoc Committee is established to gather needs assessment information in an ongoing basis, including conducting a few consumer surveys.

There is a lack of child psychiatrists on pages 31 to 36. This issue came up in the Assembly Mental Health Taskforce.

A comment from the public health perspective: This document should be presented to the Division of Public Health and share the process used to gather data and the ranking for educational purposes. This document could be shared through the whole department, not just within the program or bureau. Can this application be sent to everyone within the department? Answer: not sure!

In regard to the Wisconsin Ranked List of Needs, how does the list gets implemented? Is staff assigned to each list?

33-36: Table 1a—2014-2016 Substance Abuse Treatment and Prevention Block Grant Priorities

Question: Is treatment and recovery required by the block grant? Yes, and will add any missing information. The states of Washington and Minnesota have telephoneconsultation model and there is a proposal in Wisconsin for telephone consultation. This could be shared in a future Children and Youth committee meeting. A comment was also made that a shortage of child psychiatry is a major issue and did not appear a lot on the ranked list and application.

36-42: Section 3—Use of Block Grant Dollars for Block Grant Activities

There is 5% reduction expected for the block grant due to the sequester and the tables will be changed as needed.

43-45: Narrative Plan

56-67: H. Trauma

Comments--put Division of Public Health in there as partner for the trauma informed care to show collaboration within the department.

68-82: Parity Education

This area should look at parity from the children's perspective (children's emotional), including Children's Trust Fund's work on homeless and poverty through the ACE study program. We need better

collaboration between the Division of Mental Health and Division of Public Health regarding chronic issues.

82-86: N. Prevention

Evelyn Cruz was hired as the Minority Health Officer and started last week. We should connect with her to collaborate in Division of Public Health.

87-90: O. Children and Adolescents Behavioral Health Services

In question 4, the responses are not concrete answers and should reflect the areas that incorporate trauma inform for two counties that DCF is implementing. A suggestion for future agenda is tracking barriers to adoption because some counties have not fully adopted the CCS model. Comments on this section should be sent directly to Marie Danforth or Ryan and copy Jackie, Kim and Mai Zong.

91-101: P. Consultation with Tribes

What is the 2009 Memorandum on Tribal Consultation?

Regarding Restraint and Seclusion, we need to add some languages about the collaboration because tribal schools are not covered under the state law under Act 125.

102-107: T. Use of Technology

For the May meeting, we can start to use technology such setting up Skype or adobe system.

Item 3: Update on L & P committee

Phyllis went to the last L & P meeting. In regard to the speakers taskforce and upcoming joint meeting, Shel will call Jackie or Mai Zong to coordinate the Governor's budget item. Other discussion topic included: CCS and CST, Office of Children's Mental Health. An Affordable Care Act presentation and the effect on children will be given at the L & P and C & Y Mental Health joint meeting by David Reimer, a policy analyst for ACA.

We need to have a discussion on the Office of Children's Mental prior to the joint L & P discussion.

Item 4: Special Needs Vouchers

Paula shared that the parent group had been meeting with legislators. There is an upcoming meeting scheduled for April 11. This voucher issue has been a parent driven program, which a statewide consortium of parents with stories and website were set up to educate legislators regarding kids who will lose their benefits. Some questions asked included: Are there any legislator who oppose the voucher and voice their concern? Is there going to be any compromise on the special needs? The

concern on this issue is that the money does not follow the kids if kids get kick out and enter public school for the rest of the year.

A few organizations that opposed the bill and worked to stop the proposed policy included Disability Rights Wisconsin, Wisconsin Family Ties, and others.

Item 5: Update on Recent Budget Discussion

There is no new information but continued to work with the Committee. They will also be working on the Office of Children's Mental Health regarding the operation of the children's mental health. A concern was raised regarding potential unstable staff if appointments are done by Governor's office. A suggestion was made that this group needs to provide feedbacks about the operation of the Office of Children's Mental Health.

Item 6: Office of Children's MH and CMH Concerns

The letter should be sent to DHS instead of the Governor's office now. Areas the letter should address include the C & Y MH Committee's view on the role and vision of the children's mental health office, the inadequate budget of \$185,200 for 2014 to include four staff, and the purpose of the Office of Children's Mental Health. This issue should be in the first thing in the April meeting prior to the joint L and P meeting.

Motion to adjourn at 3:30 p.m.

Submitted by Mai Zong Vue

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