



State of Wisconsin

Wisconsin Council on Mental Health
mhc.wisconsin.gov

Meeting of the Legislative and Policy Committee
May 10, 2018 from 12:30 pm to 3:00 pm
1 West Wilson Street, Conference Room 630, Madison, Wisconsin and Via Teleconference

MINUTES

Members of the Legislative and Policy Committee (LPC) in attendance: Karen Iverson Riggers, Crystal Hester, Mary Neubauer, Phil Robinson, Justin Odulana, Elizabeth Viera, Chris Wirth, Barbara Beckert, Joanne Juhnke

Members of the LPC attending via Teleconference: Nate Schorr, Mike Lappen, Sheli Jo Metzger

Guests in Attendance: Mishelle O'Shasky

Department of Health Services (DHS) Staff in Attendance: Kay Cram, Joyce Allen, Ryan Stachoviak

1. Call the LPC Meeting to Order

Review and approval of the minutes of April 12, 2018

B. Beckert moved to approve the minutes of April 12, 2018.

M. Neubauer seconded the motion.

Motion carried, P. Robinson, M. Neubauer, and C. Hester abstained.

Announcements: Opportunity for committee members to make general announcements

B. Beckert updated the LPC on a recent Certified Peer Specialist training that was provided in Milwaukee by SAMHSA. It is hoped that some of the resources that were provided by SAMHSA can be shared more broadly.

N. Schorr announced that he will be leaving NAMI Wisconsin and moving to Minnesota in July. NAMI Wisconsin is currently in the process of recruiting a new Executive Director. Members of the LPC are encouraged to share this information with other organizations.

K. Iverson Riggers discussed her involvement in the Rise Together initiative that works with youth on issues of mental health and substance use.

M. O'Shasky announced that the next WCMH Criminal Justice Committee (CJC) meeting will be held in Milwaukee. Representative Evan Goyke plans to be in attendance to discuss the report "[Milwaukee, the Bridge to Wisconsin's Future.](#)"

Wisconsin Council on Mental Health (WCMH) Updates

At the upcoming May 16 meeting it is anticipated that the Council will discuss the LPC budget priority document, the WCMH fall tour to Ashland, and will continue to work on strategic planning. The Council, and a Nominating Committee subgroup, continues to look at Council and committee infrastructure. This includes onboarding and orientation, looking at how to help new members better join the Council or a committee. In addition, the Council decided to focus on a topic of early intervention and prevention as a primary focus this coming year. The WCMH also plans to discuss the increased Mental Health Block Grant (MHBG) funding received by Wisconsin.

Members of the LPC discussed potential areas for funding with the increased MHBG funding. J. Juhnke discussed a potential gaps analysis study that was presented by the CYC and approved by the WCMH in 2017. B. Beckert discussed needs and opportunities for expanding the peer support workforce. Education and support is needed not only for peers but also for providers who employ Certified Peer Specialists (CPS). E. Viera noted that many organizations and programs, such as CCS, don't often know how to properly utilize CPS. Funds could be used to support internships with CPS so that newer CPS can gain knowledge of the role of peers and the peer movement. P. Robinson suggested workforce issues as an area that could be addressed. M. O'Shasky suggested peer support services in corrections by providing education to organizations that employ peers and recovery coaches.

Public Comment

No public comment was made.

2. Legislative and Policy Updates, Discussion, and Action

Federal Legislation, Executive Actions or other Federal matters and the State Legislation

K. Iverson Riggers discussed legislation regarding potential cuts to the federal Children's Health Insurance Program (CHIP). J. Juhnke noted that while there is not an immediate movement to cut the program advocates are still concerned the program is at risk. M. O'Shasky discussed S.1524, the Dignity Act: <https://www.congress.gov/bill/115th-congress/senate-bill/1524/>.

C. Hester led a discussion on the roles and responsibilities on the LPC. Shel Gross had developed a list of duties, including functions like bill tracking, and budget and policy priorities document development. The Chairs of the LPC would like to have a member of the LPC take on the role of the budget and policy tracking document. C. Wirth and E. Viera offered to assist with the process but noted that they felt they needed to gain more experience on the LPC prior to taking on the responsibility in a full capacity. C. Wirth and E. Viera will connect with Shel Gross for coaching and support.

Budget Priority Planning

C. Hester introduced the budget priority discussion, reviewing the current document, and looking to further refine it. M. O'Shasky recommended that the LPC look at means to consolidate areas, for example peer supports are listed under several sections.

Members of the LPC suggested community living supports, housing, and transportation be areas of focus. B. Beckert discussed workforce issues, noting that while psychiatry is important, it is also important to focus on the broader spectrum of workforce needs.

B. Beckert discussed HMOs and fiscal constraints placed on counties. There is potential for Medicaid to pay for services that are currently being funded by counties. The use of CPS could also be of benefit in the services provided by HMOs. K. Iverson Riggers discussed CCS, noting that given the success in expansion, counties may benefit by additional supports around implementation. Specifically programs would benefit from training on recruiting, integrating, and utilizing CPS in their teams. In addition, a placeholder should be included for enhancing services for people who are Deaf or Hard of Hearing.

B. Beckert suggested funding could be directed towards MAPP and staff to support MAPP changes. In addition, given the increase in investment at the facilities, the State should look at why people are being hospitalized, are there ways that we can invest in intervention, such as a more robust crisis intervention system.

K. Iverson Riggers discussed crisis prevention; a budget priority could be expansion of peer run respites as well as supports for children and youth in crisis and supports for Parent Peer Specialists.

E. Viera suggested that education be a focus. This could include educating workforce and the public on where to find resources such as peer supports or peer run respites. Grassroots Empowerment Project (GEP) has developed some presentations to help address these gaps in knowledge and has been helpful in some communities.

K. Iverson Riggers discussed plans to bring a workgroup together of various members of the WCMH's committees to identify how the Council can better address juvenile justice. Their recommendations will be brought to the Council for discussion.

The LPC will bring an updated version of the Budget and Policy priorities to the Council meeting for consideration and support. Members of the LPC noted the following guiding principles for inclusion on the document as a header: ensuring resources for implementation, the importance of educating and orienting the public on those resources that are created, workforce development, having people with lived experience have a voice at the table, prioritizing prevention and community based services.

3. Division of Care and Treatment Services Updates

K. Cram announced that she will be leaving the Bureau of Prevention Treatment and Recovery (BPTR) in May. J. Allen provided a briefing on DCTS updates. The BPTR continues to work on developing an administrative for a Youth Crisis Stabilization Facility. It is a lengthy rule but progress is being made. The statement of scope has been approved by the Governor.

The BPTR continues to host a learning collaborative to reduce the lengths of stay at Trempealeau County Health Care Center (TCHCC). Heather Leach, staff in the BPTR, has taken the lead on working with the outpatient rule and this initiative with the TCHCC. An outcome of these discussions is the development of a means to negotiate clinical disputes between the TCHCC and counties. Molli Rolli at the Mendota Mental Health Center will be able to provide this second opinion on these cases.

Another learning collaborative hosted by the BPTR has brought together ten counties to work to improve best practices for people in crisis to reduce the number of emergency detentions. Winnebago continually has times where the facility is over census. The State observes a lot of short stays in the Winnebago data, indicating people are being sent to Winnebago that may have not required hospitalization and could have been served through community based supports. Each county is providing a presentation on their crisis services and the members of the collaborative are discussing best practices both in Wisconsin and across the country. It is hoped that a toolkit will be developed out of this initiative that can be shared throughout the state. K. Iverson Riggers suggested involving Peer Run Respite to help educate counties of the benefits and the role they can play, even just through a phone call.

The BPTR continues to support the Integrated Peer Specialists training and roll out. Since the fall of 2017 144 people have been trained. The BPTR is planning to review the outcomes the exam to confirm efficacy and there are plans to open up the training on a larger scale. Members of the LPC suggested further refining and developing the advisory feedback process and advisory groups regarding Certified Peer Specialists. The State should clarify the group's organizational structure, role, and responsibility.

J. Allen noted that BPTR staff will be able to provide more updates regarding the increase to the Mental Health Block Grant (MHBG) allocation in June. The BPTR plans to bring a proposed budget to the July WCMH meeting.

4. Agenda Items for June 2018 Committee Meeting

Members of the LPC suggested the Committee address MHBG funds and budget priority planning at the upcoming LPC meeting.

5. Adjourn

Meeting adjourned at 2:51pm.