



State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

**Meeting Minutes of the Legislative and Policy Committee
November 13, 2014, 1:00 pm - 3:30 pm
1 West Wilson Street, Conference Room 950A, Madison, Wisconsin**

Members of the Legislative and Policy Committee in Attendance: Annabelle Potvin, Joanne Juhnke, William Parke-Sutherland, Paula Buege, Mishelle O'Shasky, Stacy Paul, Matt Strittmater, Mike Bachhuber, Kit Kerschensteiner.

Department of Health Services Staff in Attendance: Ryan Stachoviak, Kay Cram, Dan Zimmerman, Rebecca Wigg-Ninham, Joyce Allen.

Guests in Attendance: Matthew Stanford, Suzette Urbashich.

Item 1: Call to Order

P. Buege called meeting to order at 1:05pm.

Review and Approval of the meeting minutes of October 9, 2014

W. Parke-Sutherland moved to approve the minutes of October 9, 2014.

A. Potvin seconded the motion to approve the minutes of October 9, 2014.

Motion carries, minutes approved.

J. Juhnke abstains.

Item 2: Announcements and Follow-up from previous meeting

J. Juhnke stated that the Children Come First Conference was held November 10-11th. The conference theme was resiliency and seemed to resonate with the attendees. Next year's theme is 'Include Me'.

Item 3: Mental Health 2.0 Prioritization

M. O'Shasky and W. Parke-Sutherland facilitated a participatory decision making session discussing the Mental Health 2.0 document and prioritization of the previously identified priorities. M. O'Shasky stated that the process is designed to include everyone and facilitate conversation. The process has led to growth and relationship building in other instances in which it has been used. The Legislative and Policy Committee (LPC) members each discussed their selection for the most important initiative of the Mental Health 2.0 document and their selection for the least important of the Mental Health 2.0 document. M. O'Shasky invited members of the public and the Department of Health Services (DHS) who were present to be involved in the strategic planning process if so desired.

P. Buege stated that her most important initiative is stipends for families and consumers because of the inclusiveness of the initiative. The least important is the child psychiatric consult line as there is already funding available for this initiative at this time. However, if more money is needed down the road to support this initiative the LPC could take action.

D. Zimmerman recommended a few considerations, stating that the telehealth will be effective in the long-term. Some of the initiatives items such as reducing aversive interventions would not require a large degree of funding to implement. However, many would require additional monitoring and support from Division of Mental Health and Substance Abuse (DMHSAS) staff.

M. Stanford stated a top priority would be exploring other reimbursement models that could improve access to mental health services in Medicaid. Lowest priority would be restraint in schools as there are already statutes in place to address this, and it is largely an issue of compliance.

A. Potvin stated a top priority would be continued funding for supported employment. This initiative was pitched hard during the last legislative session, and it is a priority which is very important. The lowest priority would be the child psychiatry consult line for this budget cycle.

S. Paul stated the top priority is stipends for consumers and family members, as it would help reduce barriers, and allow for greater involvement. For anyone who cares about mental illness, this is an area where there needs continued attention. This will also help support the value and importance of peers and peer specialists.

J. Juhnke stated that aversive interventions are higher on her list of priorities. Reducing aversive interventions is a training issue, but also Act 125 is not as strong as it has to be. A lower priority would be the child psychiatry consult line as there are already dollars allocated, so it may not be as high of a priority at this time.

M. Strittmater stated that the highest would be additional DHS funding to support DMHSAS staff. Given the amount of money invested, especially in regard to CCS, more support is needed. For example, receiving timely feedback is at time a challenge, and this is likely due to a lack of people and time to address the needs of the counties. The least important would be the child psychiatry access line. M. Strittmater stated it would be good to look at the impact of this initiative and see how it would then work statewide down the road.

S. Urbashich stated that the Speakers Taskforce included stigma reduction as a priority, but the legislative work was not advanced into a bill. Stigma reduction is S. Urbashich's top priority. The two items that are under the Mental Health 2.0 document are a bit more specific than what was originally explored, certainly thoughtful exposure is the practice supported by evidence based research and should be included as part of any stigma reduction language. S. Urbashich recommended that thoughtful disclosure be included as part of a broader state-wide stigma reduction effort.

M. Bachhuber stated the most important priority is the funding for the consumer conference, there was a consumer conference for over a decade after the Blue Ribbon Commission. This conference really supported an environment for peers to step forward to the policy table. Not having one over the past years has really hurt the process of moving recovery forward in Wisconsin. The least important priority is reducing discrimination stigma in healthcare center settings, while this occurs, training may not have a great impact.

W. Parke-Sutherland stated that his number one priority is funding for families and consumers to serve on Council, the reason being one that there is already money allocated, so the work may be lessened to make the change. Providing stipends would help bring more people to the table. It comes down to values, if we talk about equal participation and involvement we need to be honest about that and be willing to pay them for the expertise they have. The lowest priority is child psychiatric consult line for the reasons raised by other members of the LPC.

K. Kerschensteiner stated that the number one priority would be continued funding for Individualized Placement and Supports (IPS). Employment is important and getting people involved in a way that is sustainable begins with work, letting that program fail would be bad. The lowest priority is child psychiatric consult line as it does not seem to have a lot of traction.

M. Bachhuber stated that right now there are a dozen counties that have no plan to move into Comprehensive Community Services (CCS). In discussions regarding the budget, this issue should be something that is on the table. Whether it is a policy issue or a budget issue, it is something that should be addressed as it is an array of services that ought to be statewide. There should be discussion regarding why these counties are unwilling to take on CCS at present and how can these barriers be addressed?

D. Zimmerman recommended that legislation could be expanded to require some form of psycho-social rehabilitation to be included in statute (51.421). M. Bachhuber recommended if taking that stance, crisis may also be included.

P. Buege stated that she appreciated that the consumer conference is important, and also feels that consumer reimbursement may be an easy fix.

W. Parke-Sutherland stated that he wanted to echo the importance of funding for DHS to support the investment that was made in the mental health system. The DMHSAS is doing a good job of including people in the process, but W. Parke-Sutherland sees that the DMHSAS needs more support.

M. Stanford stated on patient and family engagement, the Wisconsin Hospital Administration is doing work on this. The WHA is incorporating a mental health component into the training that will be done in 2015. M. Stanford offered to provide the LPC with more information at the next meeting. There are Medicare requirements and measures which relate to patient satisfaction and hospitals need to maintain a certain level of patient satisfaction, training helps support this.

W. Parke-Sutherland gave guidance to the LPC to work on prioritization of the Mental Health 2.0 initiatives. The LPC split into two groups to rank each priority. One group focused on importance, one on group focused on feasibility. W. Parke-Sutherland instructed the groups to rank each issue on a scale of 1-4, 1 being not feasible or important, and 4 being very important or very feasible.

The two groups provided the following scoring of the Mental Health 2.0 priorities.

#	Item	Feasibility/ Importance
A1		
A1a	Consumer Conference	3 / 4
A1b	Recovery Centers	2.5 / 4
A1c	Peer Specialist Training	3 / 4
A1d	Parent Peer Specialist. Certification	4 / 4
A1e	Facilitate Employer Training on Benefits of employing	1 / 4
A2	Additional Funds DHS to implement new programs	3 / 2.5
A3	Office of Children's Mental Health Funding	3 / 3
A4	Child Psych Consult line	4 / 1
A5	Continued funding for IPS	3 / 3.5
B1		
B1a	Expand OARS	2 / 3

B1b	DOC support to facilitate inmate enroll in SSI upon release	2 / 2
B1c	Expand TAD	4 / 3
B2		
B2a	Efforts for thoughtful disclosure by those living with MI	2.5 /
B2b	Reduce Discrimination of people with mental illness in healthcare settings	
B3	MAPP	2.5 /
C		
C2	Suicide Prevention	2 /
C3	Transportation	1 /
C4a	Incentive Payments for Evidence Based Practices	3/
C4b	Explore other reimburse models to improve access to MH in Medicaid	3 /
C5	Stipends for Consumer/Family members on committees & councils	4 / 4
C1		
C1a	Infant and EC MH	
C1a	Trauma Informed CBT	
C1a	Trauma Informed System w/ At Risk Preschool children	
C1b	Telehealth	
C1c	Eliminate Aversive Interventions	
C1d	Transparency/Inequity of CLTS-SED	
C1e	Fund options for psycho social interventions, respite & crisis respite	
C1f	Eliminate child support charges for kids removed from home	
C1g	Expand parent support for youth reentry (return from LHS/CLS)	

Item 4: Other business/agenda items for the next meeting

The LPC will address the Mental Health 2.0 document and rankings at the next meeting of the LPC.

Item 5: Public Comment

No public comment.

Item 6: Adjourn

Meeting adjourned at 3:30pm.