



State of Wisconsin

Wisconsin Council on Mental Health

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MEETING OF THE LEGISLATIVE AND POLICY COMMITTEE

February 11, 2016

12:30 pm - 3:00 pm

1 West Wilson Street, Conference Room 630, Madison, Wisconsin

Minutes

Members of the Legislative and Policy Committee (LPC) In Attendance: Crystal Hester, Barbara Beckert, Dori Richards, William Parke-Sutherland, Shel Gross, Mike Bachhuber, Joanne Juhnke, Justin Odulana, Mishelle O'Shasky

Members of the LPC Attending via Conference Call: Mike Lappen, Kathie Knoble-Iverson

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

Guests in Attendance: Marc Herstand, Lori Yach

Item 1: Call to Order

Review and approval of minutes of January 14, 2016

J. Odulana moved to approve the minutes of January 14, 2016.

C. Hester seconded the motion.

Motion carries, minutes approved.

Announcements

C. Hester announced the Annual NAMI-Wisconsin Conference will be held April 29-30. NAMI-Wisconsin has made available advocacy training, Voices in Action, for anyone who wants to get involved in advocacy but doesn't know how. The training is an online resource on the NAMI-Wisconsin website: <http://www.namiwisconsin.org/advocacy-trainings/>.

J. Odulana announced that several legislators held listening sessions in La Crosse this past week. Discussions centered on many of the bills which the LPC has been discussing. B. Beckert noted the upcoming Disability Advocacy Day on March 15 at the Capitol. Volunteers are also needed for this event.

W. Parke-Sutherland announced that Grassroots Empowerment Project will have three listening sessions scheduled for this month. First is for the reentry peer specialist program which will be held in Milwaukee. On the 24th in Rhinelander there is a listening session to discuss issues for Empowerment Days. On 26th there is a second listening session to discuss empowerment days. Empowerment Days is May 10th and 11th.

J. Juhnke discussed a Gannett series on mental health. Some articles have been released this month. There will continue to be listening sessions around the state. Articles are available on the Post Crescent website: <http://www.postcrescent.com/story/news/local/2016/01/13/guide-full-kids-crisis-coverage/78738532/>.

M. O'Shasky and her son will be presenting at the National Crisis Intervention Conference.

Item 2: Division of Mental Health and Substance Abuse Services Updates

J. Allen announced that DMHSAS has been working with the DHS Area Administration team to complete a survey of all county crisis programs. The goal of this survey was to gain more information on what would be needed by county crisis teams. The Legislature has appropriated a one-time 1.5 million dollars funding to support the changes in legislation. Legislation was previously passed requiring a Mental Health Professional to conduct an assessment prior to an Emergency Detention being enacted. Eighteen contracts will be issued to provide funding to counties for this purpose. However, counties only have until June 30, 2016 to spend those dollars. The DHS can share the crisis report with the WCMH. The Coordinated Services Team (CST) annual report is also now available on the DHS website. This report was developed in consultation with the Children's Come First Advisory Team.

J. Allen stated that the Joint Finance Committee met and approved a request from DHS to give the DHS expenditure authority to pay for costs associated with Wisconsin's mental health institutes. This funding is in the Division's budget, but the Division cannot spend those dollars until DMHSAS has spending authority. These dollars will be used for one-time costs. The majority of these dollars were spent on capital improvements and infrastructure to implement Electronic Health Records. Additional funds were appropriated for renovations at buildings at the Mendota Mental Health Institute to create a 5 bed female inpatient unit. A portion of the funding will also be provided for treatment to competency training.

J. Allen provided a handout list of efforts underway to reduce inpatient psychiatric care in Wisconsin. These efforts include the expansion of community based services, county crisis program improvements, training and technical assistance, and joint problem solving workgroups with partners. B. Beckert noted an increase in people with mental illness in the criminal justice system is another priority area which should be addressed by a committee of the Council. Members of the committee suggested a comprehensive method to monitor the impact of these efforts. It may be valuable to present information of his type to the Legislature.

Item 3: Committee Membership

S. Gross reviewed the status of committee membership and asked if there were any additional thoughts regarding filling the vacancies such as those characteristics the LPC is looking for in new committee membership. Members of the LPC suggested doing an assessment of current membership, and looking where there may be gaps. The Criminal Justice Committee has formed a workgroup to address committee membership. Wisconsin has significant populations of African American and Native Americans, which is largely unrepresented on the Council. There has not been representation from Native Americans on the LPC is some time. Characteristics such as age, sex, race, ethnicity, languages, and geographic diversity are considerations. A group of LPC members recently revised the membership guidelines which may be useful in these efforts.

Item 4: Legislative Tracking

S. Gross noted that as the Legislature will be breaking soon, the time frame to make an impact is limited. The WCMH will likely not be in a position to take action. The LPC discussed a list of new bills to approve. One set of bills is related to dementia. A second set are Senator Taylor's bills which are related to reentry. Dementia bills have a good deal of crossover with the work that the LPC has done. Members of the LPC stated that, given the timing, the LPC may not be able to make an impact on the senate bills. The LPC discussed AB414, related to the Medicaid Assistance Purchase Plan (MAPP). S. Gross discussed a compromise bill regarding the MAPP bill. It will be very difficult to have a hearing on this bill given the time frame. Guidance from the Centers for Medicare and Medicaid Services (CMS) may further complicate the proposed compromises.

R. Stachoviak discussed guidance which the DMHSAS has received from SAMHSA which could impact AB710. SAMHSA has advised that under Mental Health Block Grant rules the provision of stipends is not allowable. However, the statutory language referenced is unclear on this issue. The DMHSAS will seek further guidance from SAMHSA on this issue.

S. Gross noted that AB408, related to care coordination pilots, has passed joint finance. AB52, which relates to the Criminal Justice Coordinating committee, is not moving forward. AB51, related to family treatment court, is on the schedule for February 16.

Federal Legislation

S. Gross discussed Federal mental health reform legislation. A bill introduced by Senator Alexander is being discussed with the Obama Administration. Legislators also continue to discuss the Mental Health and Safe Community Act of 2015, S. 2002, introduced by Senator Cassidy. HR4435, the Comprehensive Behavioral Health Reform and recovery Act of 2016 is also a bill which may be considered.

Item 5: 2017-2019 Budget Priorities

Deaf/Hard of Hearing Proposal

D. Richards discussed services for people who are Deaf/Hard of Hearing (DHOH) in Minnesota. Currently there are five mental health professionals who can sign and serve people who are DHOH. In addition, there are seven Certified Peer Specialists in Minnesota. Each can work with roughly 3-5 clients, about one hour per client a week. The State of Minnesota allocated roughly \$1.7 million for mental health services for people who are DHOH. There is roughly \$650,000 which is allocated to fund ASL therapists. Alabama is one the bigger centers for training in ASL for behavioral health. Cultural competence and direct communication are key factors for providing effective behavioral health services for people who are DHOH. Often the benefits of treatment can be lost through an interpreter. Through an interpreter the deaf cultural piece is missing as well as the linguistics to serve someone effectively.

In Wisconsin there is one person who would could provide ASL behavioral health services, however they have a limited case load, and scope of practice. One main barrier to other people becoming certified is that they are unable to attain the necessary supervision hours. Often there are no resources to help cover the costs of interpretation so that someone can get those supervision hours.

M. Bachhuber suggested that there should be a way to support a cadre of licensed professionals who can provide behavioral health services for people who are DHOH. The State could provide support for interpretation for the necessary supervision hours. S. Gross suggested that the council look at what can

be done to support people getting their licensure by providing interpretation services and reduce those barriers.

Review 2015-2017 Priorities

S. Gross reviewed the Mental Health 2.0 document. S. Gross has previously reached out to other WCMH committees requesting that they provide input into this coming year's priorities. J. Juhnke noted that the Children and Youth Committee (CYC) will be discussing priorities at the upcoming CYC meeting.

Members of the LPC noted the following priority areas for consideration:

1. Data
 - a. The ability of DMHSAS to evaluate that data. What is the capacity of the current staff?
 - b. System-wide data measures.
 - c. Assessing the long term impact and outcomes of Wisconsin's mental health service expansion.
2. Peer Supports: Promoting the Parent Peer Specialist and Integrated Peer Specialist.
3. Competitive Employment for people with disabilities.
 - a. What can be done to support competitive employment?
 - b. Independent living skills, including money management.
 - c. Is there some kind of investment that could be made?
4. Diversion from jails and prisons.
5. Consider expansion to funding to recovery, reentry, and employment.
 - a. What are effective measures of recovery; do we have a systemized way of measuring?
6. Housing
7. Child psychiatry consultation program – continued monitoring of the program.
8. MAPP
9. Suicide prevention
 - a. There are some limitations with the current MHBG funding.
10. Reduce discrimination
11. Transportation
 - a. Many transportation services are not being provided
 - b. Non-emergency medical transport
12. Changes to family care
 - a. Self-direction of behavioral health services.

Item 6: Public Comment

No public comment was made.

Item 7: Adjourn

The following future LPC agenda items were noted:

- Membership, including recruitment criteria
- Budget priorities

Meeting adjourned at 2:53pm.