



State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

MEETING OF THE LEGISLATIVE AND POLICY COMMITTEE

April 2, 2015 from 12:00 pm - 3:30 pm

Goodwill Industries, 1302 Mendota Street

Madison, Wisconsin

Members of the Children and Youth Committee in Attendance: Phyllis Greenberger, Rick Immler, Bonnie MacRitchie, Joanne Juhnke, Kathryn Bush, Paula Buege, Kim Eithun-Harshner, Peggy Helm-Quest, Elizabeth Hudson

Members of the Legislative and Policy Committee in Attendance: William Parke-Sutherland, Shel Gross, Paula Buege, Justin Odulana, Mike Bachhuber, Barbara Beckert, Kathie Knoble-Iverson, Matt Strittmater, Kit Kerschensteiner, Joann Juhnke

Guests: Tracy Hassinger, Snezana Matic, Katie Steingraeber, Bill Swift, Laura Newman

State Staff in Attendance: Karen Bittner (DHS), Ryan Stachoviak (DHS), Joyce Allen (DHS), Kay Cram (DHS), Kim Eithun-Harshner (Office of Children's Mental Health)

MINUTES

Joint Meeting of the Children and Youth Committee and the Legislative and Policy Committee

Item 1: Call to Order

Welcome and Introductions

Item 2: Data Presentation

R. Immler provided a data presentation to the group detailing service use and funding of Wisconsin in comparison to other states. R. Immler stated that the CCS expansion should have a large positive impact on the state. It is often difficult for counties to bill Medicaid, but given that CCS is a regional effort the group expertise could improve Medicaid billing.

K. Bush stated that schools may submit claims to Medicaid for "school based services," which are services provided to Medicaid-eligible students whose Individualized Educational Plans call for related services in the area of mental health. There is interest in school based mental health, and Medicaid billing may be an avenue for enhanced mental health services in the school. There was recently a memo from the federal government that there is an end to the free care rule, this rule made it so that Medicaid will only fund services for students with an IEP. With the end of this rule there may actually be some discussions regarding how schools may be expanding services and attempting to receive Medicaid

reimbursement. This would allow for a broadening of services via Medicaid, as a payer of last resort. K. Bush will keep the group updated regarding this issue.

Item 3: Legislative Budget Updates

Feedback on Joint Finance Committee Hearings

B. Beckert stated that she was thankful for the people who spoke out at the hearings. There did not seem to be a lot of awareness regarding the emergency detention issues and the impact of the Badger Care changes. J. Juhnke stated that the two minute time limit was strictly enforced and it was easy for mental health issues to get lost among the various issues and topics. P. Buege stated that it appeared that the Family Care IRIS issues received a good amount of comment. S. Gross stated that Survival Coalition had an advocacy day and there was certainly a lot of awareness among legislators regarding the Family Care changes and the concerns many have presented regarding those changes. M. Bachhuber stated that there were certain topics such as Long-term Care and the University of Wisconsin which dwarfed the other testimony. J. Odulana stated that he attended one of the listening sessions. Many people did raise issues regarding Mental Health; however, the University of Wisconsin budget did dominate the issues.

S. Gross informed the Committee that the Council approved the budget positions which the committees developed. These recommendations were approved with minimal change and provided to members of the Joint Committee on Finance. W. Parke-Sutherland stated that it is hoped that legislators or members of their staff will attend the luncheon for Empowerment Days on April 14th. S. Gross will make calls tomorrow to try to make appointments with Legislators.

Item 4: Assembly Mental Health Committee

E. Hudson stated that on April 21st at 10am there will be another meeting of the Assembly Mental Health Committee. There will be representatives in attendance from the Office of Children's Mental Health, the Department of Corrections, and veterans' services. S. Gross stated that there will be public testimony, but the time will be limited. W. Parke-Sutherland stated that Suzette Urbashich from Rogers InHealth is hoping to present at April 21st meeting as well. J. Juhnke stated that she was working to present on behalf of Wisconsin Family Ties. S. Gross noted that Representative Tittl indicated that he is working on a bill regarding the psychiatrist shortage in the state.

S. Gross stated that the Speaker formed this committee because of the positive experience and outcomes with the Speaker's taskforce last session. This year the taskforce was reformed as a committee to continue to look at what might be needed to support mental health services in the state. Last year there was money set aside in the budget to fund initiatives of the Task Force, but it is not known if that is the same circumstance this time.

Department of Health Services (DHS) Meeting

W. Parke-Sutherland stated that a group of members of the Legislative and Policy Committee (LPC) have been meeting monthly with the DHS Secretary's Office for roughly four years. This group had been meeting with Deputy Secretary Kevin Moore. Now that Mr. Moore is serving in a different position the

group is now meeting with Assistant Deputy Secretary Laura Riske. The group recently met with Ms. Riske for a meet and greet. The typical group which meets with the Secretary's Office is W. Parke-Sutherland, P. Buege, J. Juhnke, S. Gross, A. Potvin, M. Bachhuber, and M. Strittmater or M. Lappen from the Wisconsin County Health Services Association (WCHSA). Each meeting is guided by an agenda. The group has discussed wanting to talk about the State Innovation Model (SIM) Grant, Children's COP, and emergency detention language with Ms. Riske at upcoming meetings.

Meeting of the Legislative and Policy Committee

Item 1: Call to Order

Review and Approval of the meeting minutes of March 12, 2015

W. Parke-Sutherland moved to approve the minutes of March 12, 2015.

J. Odulana seconded the motion to approve the minutes of March 12, 2015.

Motion carries unanimously, minutes of March 12, 2015 approved.

Announcements

W. Parke-Sutherland stated that Empowerment Days registration is almost closed. If people are interested in participating they should get in touch with Mishelle O'Shasky soon.

Item 2: Committee Membership

S. Gross noted that the LPC approved the new committee structure as the previous meeting. Given this change there are now openings for new members. S. Gross asked if the members of the LPC had thoughts on how to fill the vacancies and conduct outreach. P. Buege noted that the CYC was looking to do something similar, but there was some opposition to having a formalized membership. The CYC discussed creating an invitation letter which could use an introduction paper. S. Gross stated that the LPC was looking to recruit additional consumers and family members, people of diverse backgrounds or culture, and members of the deaf and hard of hearing community. The LPC currently has 12 members, but the committee is aiming to have 15 members. R. Stachowiak noted that there may be people who have applied to the Council who may be interested in joining the LPC. S. Gross will get in touch with some of the applicants to see if they would be interested. J. Odulana suggested that could send out information to the LPC list to see if there's anyone who would be interested in joining the Committee. P. Buege stated that the CYC would be looking to address membership in the future. The CYC is currently working on strategic planning and the Mental Health Block Grant.

Item 3: DMHSAS Updates

Coordinated Service Team (CST)

J. Allen stated the current budget cycle included General Program Revenue (GPR) to expand CST. DMHSAS has been expanding CST and utilizing a process of getting input from stakeholders and holding a series of meetings to discuss the implementation. The Children Come First Advisory Committee is the guiding committee for CST. This committee has helped DMHSAS determine what approach to take and

provided recommendations. One of the key recommendations was that the State ought to develop a single CST model in the state. There had previously been a legacy program, the Integrated Services Projects (ISP). DMHSAS has been piecing together appropriations to fund additional programs over the years. Another approach DMHSAS had been using was planning grants to get CST programs up and running and then utilizing local funds to the programs long-term. However, DMHSAS was finding that counties were dropping programs after that developmental money went away. Now the DMHSAS wants to have the same criteria for all programs. This will allow for comparability, the monitoring of outcomes, and creates a single CST system.

J. Allen stated that another key step in the CST expansion was making sense of the various funding that goes in to support the program. There were five different funding sources, each with different requirements and funding cycles. The Division spent the first year of planning making sense of the funding and contracts, creating a similar approach across funding streams. Now contracts are all on the same funding cycle, counties on the calendar year, and tribes on the federal fiscal year. Another change is that the DMHSAS wanted this program to be more of an application process, rather than just an allocation. This application process will include goals, objectives, and monitoring. The DMHSAS also needed to hire additional staff in order to support the program expansion. The end result of these changes and growth is that Wisconsin has almost doubled the number of counties providing CST. The DMHSAS had a lot of transitions in house, hired new staff, and hired a new supervisor for the Children and Families section, Teresa Steinmetz.

Additional recommendations which the advisory committee noted were: analyzing best practices for the utilization of training and technical assistance resources; prioritizing treatment for children with SED; quality of the programs should be judged utilizing benchmarks; development and utilization of peer supports across the state; and integration of children and youth programs.

J. Allen added that in 2014 all tribes and all but six counties have applied and begun implementing CST. An additional county is implementing CST in 2015, leaving only five remaining counties without the program: Bayfield, Rusk, Taylor, Outagamie and Winnebago. Previously the State utilized a separate data system for CST, but now that data collection has been moved into the Program Participation System (PPS). Tribes are now reporting in PPS for those children enrolled in CST.

J. Allen stated that the training and TA Process with White Pine is still a work in process as there has been staff turnover. White Pine Consulting wants to do training and the organization has a group of consultants which can provide TA along with DHS staff.

E. Hudson discussed the importance of fidelity with CST, as evidence shows fidelity is required for CST to be effective. E. Hudson asked if this could be a policy discussion, how the LPC can help enforce data collection. T. Hassinger stated that it appears that differences in definitions may cause barriers to successfully entering data. J. Allen agreed that can be problematic. K. Cram stated that is also a lot of county turnover in staff. In addition each county collects data differently. There is guidance available but with turnover there is often confusion and a learning curve.

M. Strittmater stated that historically counties have not done a good enough job with data collection and entry, but it is often hard to do a good job. In the past much of the record keeping was done on paper. Today's world with electronic platforms should make it easier for counties to collect and provide data to the State. Interpretation is a great comment, when dealing with fields there are many programs which are utilized, and it can be hard to know how to translate the data collected by a county into what

the State is looking for. T. Hassinger notes that data collection inaccuracies can also impact the ability to measure fidelity.

K. Cram stated that the new Veterans Outreach and Recovery Program (VORP) will be working with homeless Veterans with behavioral health needs in the Northern region of the state. Staff have been hired and the Outreach and Recovery Specialists will be starting on April 6th and the new Clinical Coordinator will be starting on April 20th.

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

J. Odulana stated as a follow up to the White House Conference on Mental Health there is new website to help people better understand the signs of a mental health problem. The website is <http://www.changedirection.org>.

M. Strittmater stated that he recently learned about this campaign. It is not that different of a concept from a lot of other things being done to increase understanding of mental health. The goal is to have a community be willing to look at each other and see if someone is struggling, trying to help people and reduce stigma. The campaign concept is to help people who are suffering, and to begin to feel comfortable figuring out what do we do, such as Mental Health First Aid. There is a steering committee which will start meeting later in April. E. Hudson stated that trauma informed care is a nice bridge for a program like this. M. Strittmater stated that this is a way for a community to be more resilient. W. Parke-Sutherland stated, for example, that the concern is when someone has a heart attack there is not the level of disagreement of how to treat and support a person as there is in the mental health field. It is a problem and it is important for people to being able to provide support, but you don't want create a lot of mini-diagnosticians. K. Noble-Iverson stated that it is important to encourage people to start discussions on these topics.

The following agenda items for future meetings were noted:

1. Change Direction Campaign (in a few months)
2. CCS rollout
3. Mental Health Committee
4. State budget
5. Follow-up on LPC membership
6. Follow-up on advocacy, including WCHSA efforts
7. Children's Mental Health Day on May 7th

Item 5: Public Comment

No public comment was made.

Item 6: Adjourn

Meeting Adjourned 3:15pm.