



State of Wisconsin

Wisconsin Council on Mental Health

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

MEETING OF THE LEGISLATIVE AND POLICY COMMITTEE

May 12, 2016

11:45 am - 3:00 pm

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

Minutes

Members of the Legislative and Policy Committee (LPC) in Attendance: Dori Richards, Mike Bachhuber, William Parke-Sutherland, Barbara Beckert, Justin Odulana, Joanne Juhnke, Crystal Hester, Matt Strittmater

Members of the Children and Youth Committee (CYC) in Attendance: Phyllis Greenberger, Dan Naylor, Rick Immler, Bonnie MacRitchie, Elizabeth Hudson

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

Guests in Attendance: Kayla Schiesser, Jolene Plautz

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

Item 1: Call Meeting to Order

M. Bachhuber, J. Juhnke and B. MacRitchie called the joint meeting of the CYC and the LPC to order.

Item 2: Budget and Policy Discussion

B. MacRitchie detailed the format of the CYC business meeting and action meetings. The CYC has worked on some of the budget recommendations more recently. The CYC used the Mental Health 2.0 document as a starting point. The Committee has been working to update some of these items. At the CYC meeting the Committee moved to support four proposals regarding Trauma Informed Care System for Preschool Children, Pyramid Model expansion, Trauma Focused Cognitive Behavioral Therapy expansion, and Wisconsin Child Psychiatry Consultation Program expansion. In addition the CYC has two placeholders for future discussion and proposals regarding seclusion and restraint and reimbursement for consultation services. These proposals will be provided to the LPC and the Wisconsin Council on Mental Health (WCMH).

R. Immler discussed Statewide Expansion of the Child Psychiatry Program. The program was originally funded via Act 127. The Medical College of Wisconsin was awarded the grant to implement the program. Statutes dictate that the program be expanded statewide, however no additional funding was provided via the statutes to expand the program statewide. It is estimated by the CYC that \$2.5 million is needed per year to expand the program. The proposal includes expansion to allow for face to face consultation and support and include parent peer specialists. The CYC proposal is also to expand the program to provide consultation for children with more

severe mental health needs. Currently the program is in a ramp up phase, but in other states there has been a prolonged ramp up period to an eventual level of consistent use.

B. MacRitchie discussed Trauma Focused Cognitive Behavioral Therapy (TF-CBT) which is an evidence-based, structured, short-term trauma specific treatment model. The model has been supported by the Department of Children and Families. This treatment effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent, ages 3 to 18, and caregiver. TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms as well as many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems. DCF is currently developing a databased to better track associated data. The program does have some preliminary outcome data which could be provided as part of the proposal. Currently the program is being funded by Federal dollars. In 2019 there will be need for funding to support program.

E. Hudson discussed the Trauma Informed Care System with At-Risk Preschool Children. The program is designed to address the child's sense of well-being and mitigate any chronic stress and resulting developmental delay and decreased functional capacity that the child may face. The overall outcome of the program is to build child and family resiliency through the promotion of safety and stability. M. Strittmater suggested that there will likely be unanticipated costs for counties when working to add this program. M. Bachhuber noted that outcome data would be very critical to supporting the proposals.

E. Hudson provided a briefing regarding the CYC proposal to expand Implementation of the Pyramid Model (PM) to include Infant/Early Childhood Mental Health Consultation. PM is an evidence-based framework applicable to all systems serving young children; it also has a robust parent component. It is a quality improvement, relationship-based initiative that is in line with science and supports healthy brain development. State implementation efforts are guided through self-assessment on a State Benchmarks of Quality and implementation is structured to capitalize on local internal and external coaches to ensure model fidelity and improved child outcomes. PM is related to positive outcomes for children, increased family engagement and early childhood professional satisfaction and self-reported feelings of efficacy. Infant/Early Childhood Mental Health Consultation is an evidence-based, preventative strategy utilized to reduce expulsion, improve family function, increase teacher retention, and improve the durability of investments in quality early care and education. The provision of PM, paired with IECMH Consultation within a continuum of care, serves as a powerful prevention and early intervention strategy, resulting in a return on our investment by reducing more serious and costly mental health concerns in the future. The projected biennial costs for continued implementation of the Pyramid model are \$2,774,000.

M. Bachhuber provided the group with a briefing of other priority areas the LPC has discussed and considered.

Item 3: Adjourn Joint Session

M. Bachhuber adjourned the joint CYC and LPC session at 1:05pm.

Meeting of the Legislative and Policy Committee

Item 1: Call to Order

M. Bachhuber called the LPC meeting to order.

Review and approval of minutes of April 14, 2016

W. Parke-Sutherland moved to approve the minutes of April 14, 2016.

C. Hester seconded the motion.

Motion carries, minutes approved.

Announcements

M. Strittmater announced that W. Parke-Sutherland has agreed to take on the role of LPC Vice-Chair. M. Strittmater will formally appoint W. Parke-Sutherland at a WCMH meeting. J. Juhnke announced that Wisconsin Family Ties is hosting Family Fun Day on July 12th. J. Juhnke announced that the Children Come First Conference will be held on November 16-17, 2016 in Wisconsin Dells. D. Richards stated that on May 4th Deaf Grassroots Movement was held in Madison. There appear to be some positive outcomes because of those meetings. Barbara Beckert announced that the Milwaukee Mental Health Taskforce is looking for nominees for the Karen Avery Award. W. Parke-Sutherland announced that the DHS has issued a press release regarding the Peer Run Respite: <https://www.dhs.wisconsin.gov/news/releases/051216.htm>. C. Hester announced that Shel Gross received a 2016 Lifetime Contribution to Advocacy Award from NAMI-Wisconsin.

Item 2: Legislative and Policy Committee Budget and Policy Priorities

C. Hester discussed S. 2680, the Mental Health Reform Act of 2016. The bill has passed the Committee on Health, Education, Labor and Pensions. Some advocacy groups are pushing for a vote on the bill prior to the Memorial Day recess. M. Bachhuber added that there is currently a very narrow time window for a vote to be held. Legislation is being held up due to appropriations bills.

B. Beckert moved to recommend that the WCMH send a letter to Senators Ron Johnson and Tammy Baldwin urging them to move S. 2680 forward.

J. Odulana seconded the motion.

Motion carries.

M. Bachhuber discussed the 17-19 Budget and Policy Priority Paper. Three proposals relate to transportation. The first is to preserve the state investment in local transit by restoring Transit Operating Aids through a 14.9% (\$16.5 million) increase. This could be used for innovative transportation programs to increase options in both urban and rural areas better than a simple increase. For instance, the Department of Transportation proposed the Supplemental Transit Expansion Program in its 2014 budget request to address a recommendation of the Transportation Finance and Policy Commission. The second proposal is to increase funding for the Specialized Transportation Assistance Program for older adults and people with disabilities. A third is to support pursuing coordination at state, regional, and local levels, using all available funding to do so. At the state level, we can provide transportation more efficiently by creating a state coordinating committee to reduce barriers to coordinating transportation funding if the committee includes the Department of Transportation (DOT), DHS and other agencies providing services and/or controlling transportation policies. We can promote regional and local coordination through increasing funding for mobility management. Governor Walker's Transportation Finance and Policy Commission recommended \$2.5 million annually. A last proposal centers on measuring performance for the DHS Non-Emergency Medical Transportation program. This would be to measuring whether members actually get to their health care appointments.

Members of the LPC discussed additional priorities. In regards to data the WCMH remains interested in developing outcome benchmarks that allow comparisons of programs across counties. DMHSAS collects a

variety of outcome data but none are currently useful for comparing county systems (as opposed to individual programs in counties). J. Allen can provide additional information for the data priority. W. Parke-Sutherland stated that the group is looking for comparability across programs and the state. M. Bachhuber stated that there may be more information required to estimate the amount of funding which would be necessary. M. Bachhuber suggested that a group from LPC to meet with DHS Evaluation team to discuss the proposal further. M. Bachhuber suggested that Shel Gross set up a meeting.

Regarding a Deaf/Hard of Hearing initiative, possibly modeled on Minnesota, M. Bachhuber suggested that Shel Gross can work with D. Richards to flesh out this priority area. Regarding Individualized Placement and Support, dollars were provided in the 2013-2015 budget but it was never implemented due to logistical barriers. The proposal potentially complements changes to MAPP by enhancing the ability of individuals with mental illnesses to gain competitive employment. B. Beckert noted that she hoped to receive more information from DMHSAS regarding what would be needed to expand IPS statewide, and what would the cost be?

The LPC is proposing a few items on diversion from jails and prisons. One proposal is to provide additional Treatment and Diversion (TAD) funding to support diversion for people with mental illnesses and substance use disorders, including veterans. The estimated cost is \$2 million a year. This has been approximately what the Legislature has been contributing over the past couple of sessions, but this can be scaled depending upon the interest of the Legislature. Another proposal relates to safe and affordable housing. These are critical for recovery for many with mental illnesses and is especially challenging for offenders being released into the community.

M. Bachhuber noted that members of the LPC have discussed the Trempealeau County Institute for Mental Disease (IMD). The group believes that it is a priority to promote community services and reimbursement for transition costs. There is potential to make a recommendation to promote community services by limiting the subsidy for a nursing home IMD for residents staying longer than 90 days and allow DHS to use funds from the appropriation under Wis. Stat. 20.435(5)(be) to pay for individual evaluation, community readiness assessments and community service recommendations and reimbursements to counties for costs associated with discharging residents to more integrated settings in their home county.

Additional priorities are suicide prevention, the child psychiatry consultation program, reduction of stigma and discrimination, and juvenile correction diversion. Additional policy priorities are: changes to family care, self-direction of behavioral health services, Lethal Violence Protection Order, waiting periods for handgun purchases, peer run respite zoning language, and WCMH stipends. An additional priority may be to add a position to address services for the Deaf/Hard of Hearing to the Milwaukee Mental Health Board. In addition, there may be support to address the balance of power of the Mental Health Board.

M. Bachhuber noted that the priority document, in addition to the CYC priority areas, will be provided to the WCMH for discussion and approval. At future LPC meetings the committee can further discuss the priorities. M. Bachhuber suggested that Shel Gross revise the list and bring that list to the WCMH.

**B. Beckert moved to recommend that the WCMH review and approve the priorities from LPC and CYC.
W. Parke-Sutherland seconded the motion.
Motion carries.**

Item 3: Division of Mental Health and Substance Abuse Services Updates

J. Allen stated that the DHS will now begin using Gov Delivery email list platform to deliver information to people. Council communications are not part of this system. J. Allen stated that July 1st contracts are in the process of being issued. J. Allen announced that the DMSAS will issue a RFA for Rural Mobile Crisis grants to encourage rural counties to engage in mobile crisis. The DMHSAS also plans to issue a memo to provide system improvement grants for those counties that took on the Comprehensive Community Services (CCS) expansion.

Wisconsin's psychosocial rehab amendment was approved for the State Plan Amendment (SPA). This new authority is a rehabilitation option in Medicaid services. It includes an umbrella concept for the programs all under same benefit. The DMHSAS is working to make services and programs more flexible and build system to ensure an array of services is available but each system

Item 4: Public Comment

No public comment was made.

Item 5: Adjourn

Meeting adjourned at 3:00pm.