



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

October 9, 2014

12:30 pm - 3:30 pm

1 West Wilson Street, Conference Room B145, Madison, Wisconsin

Members of the Legislative and Policy Committee in Attendance: Paula Buege, Shel Gross, Annabelle Potvin, Mike Lappen, Mike Bachhuber, Justin Odulana, Mishelle O'Shasky, William Parke-Southerland, Barbara Beckert, Carol Keen, Kit Kerschensteiner

Members of the Children and Youth Committee in Attendance: Kathryn Bush, Judy Herman, Jackie Baldwin, Lana Nenide, Phyllis Greenberger, Rick Immler

Department of Health Services Staff in Attendance: Ryan Stachoviak, Joyce Allen, Kay Cram, Karen Bittner, Dan Zimmerman

Guests: Kim Eithun-Harshner

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

Item 1: Call to Order

Meeting was called to order by S. Gross, J. Baldwin, and R. Immler at 12:30 p.m.

Item 2: Office of Children's Mental Health Update

K. Eithun-Harshner provided an update regarding the Office of Children's Mental Health. Elizabeth Hudson is the director, Kate McCoy is the research analyst, Joann Stephens is the family relations coordinator, and K. Eithun-Harshner is the operations lead. The Office will be conducting a collective impact training on October 31, in room 751 at 1 W. Wilson Street. If any members of the committees are interested in attending inform Ms. Eithun-Harshner at KimC.Eithun@dhs.wisconsin.gov. The training will focus on children's mental health from a broad perspective, working to develop a common agenda. There are currently 65 people signed up. It is hoped that workgroups will come out of this effort. The decision making process will be data driven and data informed.

Item 3: Funding and Policy Recommendations - Next Biennium

S. Gross stated that the budget process is a dynamic process and every year is different. The process starts in even numbered years; in March or April the Governor's Office sends instruction to each agency for preparing the budgets. Agencies work on their budgets and submit requests in the middle of September.

The Governor then releases his budget in January to February at the beginning of the legislative session. The two branches switch off which branch receives the budget first. The Joint Finance Committee is the first body to work with the budget, changes are frequent. Once there is something which is agreed upon the budget will be sent to the Governor by June. The next state fiscal year begins July 1st.

The WCMH has tried to become more proactive in the budget process over the years and tried to develop a process to identify what the WCMH priorities are and share those priorities with the various state departments. The Council works to weigh in on the budget at various times throughout the budgetary process. The Council's actions and advocacy helped lead to various successes with this past budget. The current process will be developing more detail in the budget priorities and the Council should continue to identify priorities.

J. Baldwin stated that the Children and Youth Committee (CYC) had additional discussion about priorities. The CYC did try to rank these priorities but it is a difficult process as committee members want to be able to focus on everything. P. Buege stated that seclusion and restraint, respite care, trauma focused Cognitive Behavioral Therapy (CBT), the pyramid model, and trauma informed care for at-risk preschool children are the identified CYC priorities. These priorities are currently part of the Mental Health 2.0 document.

The CYC had voted on the priorities. CBT expansion (C1A section 2) received 26 votes, the pyramid model received 23 votes, respite care received 11 votes, seclusion and restraint received 9 votes, and the trauma informed care system received 8 votes. S. Gross added that it will be important to ensure the Office of Children's Mental Health is on board with these initiatives to ensure everyone is rowing in the same directions. R. Immler stated that the CYC needed information for telehealth regarding what was needed to implement it. D. Zimmerman stated that the current DHS policies for telehealth need to be updated. Current policies are obsolete but are currently being updated by developing some new criteria for the policy, in particular using Microsoft Lync as a tool. Lync is a less expensive option. Once policies are changed efforts should be made to inform providers of the updates.

J. Allen stated, based on what happened last year, it may be more important to prioritize items which will have the biggest impact and impact the most people. This is important as even a small initiative takes a lot of staff time. The amount of work for small initiatives can be almost as hard and time consuming as initiatives with a big expenditure. J. Baldwin stated that it may also be wise to support initiatives which would allow the state to pull down federal money to provide additional support.

M. Bachhuber stated that many of the initiatives which are aimed at infants and early childhood have significant price points. Is there evidence of its cost effectiveness in the long-term? L. Nenide stated that there is evidence that shows what happens in the first 3 years of life is critical to long term mental and physical health. P. Buege added the Adverse Childhood Events (ACE) study is a good example of what we need to be doing and illustrate that early intervention has long-term payoffs. S. Gross stated that there could be something in the WCMH plans that state that the Council needs to begin working upstream and start incorporating this philosophy more into the behavioral health system. R. Immler stated that a cost-benefit analysis could be prudent. The use of sophisticated modeling to illustrate that these interventions work would be beneficial. K. Bush agreed that more efforts are needed to work upstream and do some of the preventative work for kids that need care.

S. Gross stated that during the Council's fall tour, transportation barriers was noted as a concern by many people and transportation should be an area of focus. M. Bachhuber added that a lack of transportation often leads to isolation and difficulty for people to get around. There are some services available and much of the work which needs to be done must be through joint programs among multiple departments.

Those services which currently exist can be difficult to locate and demand is increasing, especially due to an aging population. Another important factor is that millennials are less likely to purchase a car, which could lead to isolation among this age group as well. W. Parke-Sutherland added that in many cases there are people who own cars but cannot afford to use them due to the high cost. P. Buege stated that there may be a need for an ad-hoc committee to address transportation in greater detail in the future.

The combined portion of the meeting concluded at 2:10pm

Legislative and Policy Committee Meeting

Members of the Legislative and Policy Committee in Attendance: Mike Lappen, Paula Buege, Justin Odulana, Kit Kerschensteiner, Mike Bachhuber, William Parke-Sutherland, Annabelle Potvin, Shel Gross, Mishelle O'Shasky.

Department of Health Services Staff in Attendance: Joyce Allen, Ryan Stachoviak, Dan Zimmerman, Kay Cram

Item 1: Call to Order

S. Gross called meeting to order at 2:15pm.

Review and Approval of the meeting minutes of September 11, 2014

M. Bachhuber moved to approve the meeting minutes of September 11, 2014.

W. Parke-Sutherland seconded the motion to approve the meeting minutes of September 11, 2014.

Motion carries.

Abstentions: S. Gross, M. O'Shasky, K. Kerschensteiner

The Committee agreed to continue in 2015 meeting the 2nd Thursday of the month at 1pm. Room 630 is preferred as a meeting space. R. Stachoviak will put together schedule for 2015.

Item 2: Announcements and Follow-up from previous meeting

Consumer involvement

W. Parke-Sutherland stated that the group has met twice since the last L&P meeting, mostly focusing on how to figure out a way to compensate consumers and family members for their time. The group looked at boards and councils and what other entities pay for involvement and how much the committee would want to pay. The group also looked the employer/contractor issues. Next steps will be to schedule a meeting with J. Allen about how to work something out. Also looking into other counties in WI to see how they pay for consumer involvement and how this is done.

One thing discussed was the value of the mentor for people coming who don't have a strong relationship on the L and P Committee. New members could reach out to the chairs and work with an identified mentor. This would be someone to meet occasionally for lunch, answer emails, help guide the person, navigate the rules and culture of the committee etc. Could do briefings or debriefing pre or post meeting. It is important to meet the needs of all new committee members and not just consumers.

S. Gross stated that another discussion which has been coming up is greater clarification regarding committee structure. What percentages do we want to have as consumer and family members? This is

something which should be worked on in collaboration with all of the Council's committees. Each committee should see who they want on the committee, have clarity regarding their membership and have some goals regarding representation. J. Odulana stated, regarding mentorship, at the NAMI convention there was a presentation regarding public policy which was helpful to help orient people, perhaps something like that would be beneficial for incoming members for background knowledge. M. Bachhuber stated when talking about consumer and family representation it is always a question of what is enough. P. Buege stated there was also discussion talking about an application for being involved in the WCMH. It can be challenging at times to specifically define each person's role and how the council identifies what group each person is representing. The Council and committees shouldn't just fill up the rosters, meaningful consumer involvement is needed.

M. Bachhuber stated that there was a previous understanding that people would go back and work with their networks to discuss and bring information to and from the L and P committee meetings. Building that feedback structure can be difficult. S. Gross noted from time to time people have discussed that the 50% requirement is a WCMH rule and proposed that should be applied to all committees. The Council and the committees want to be sure that we can not only have involvement but quality involvement.

D. Zimmerman discussed that the council and committee meetings are subject to open meeting laws, and there are many consumers who are on the email list who are invited to attend. Members of the public can come to the meetings to provide public comment and be involved.

M. O'Shasky said that lack of reimbursement is a big barrier which prevents many people from attending. Many people can't travel to the meetings due to the cost. P. Buege suggested that an ad-hoc committee work on the issue of reimbursement. P. Buege will schedule something to continue the discussion

Meeting with Deputy Secretary Kevin Moore

W. Parke-Sutherland discussed the most recent advocate meeting with DHS Deputy Secretary Kevin Moore on September 11th. The group discussed the waiver comments, though there weren't a lot of comments submitted. K. Kerschensteiner stated, when looking at the language in the waiver, and then compared to the charts, it looked like all mental health in 2015 will be in Family Care. When looking at what will be funded by Medical Assistance (MA) there were blank areas, so there is confusion of how everything will be paid for; the assumption is that Family Care is not going to be paying for mental health for Medicaid recipients who are not enrolled in Family Care. DRW raised these concerns in their comments regarding the waiver. Committee members should send any specific questions they have around Family Care to W. Parke-Sutherland.

W. Parke-Sutherland stated that the group also discussed the integration of mental health and Managed Care Organizations including a discussion of integration and membership issues; however families and consumers have not been involved in the process thus far.

Regarding local community reactions to community placements of individuals with mental illnesses P. Buege stated that the question should be what support the Department of Health Services requires when such a placement is announced. In large part the advocates are willing to support community placement but there needs to be involvement from the beginning of the discussion. The State needs to announce the town hall meetings before the day of the meeting to ensure people can be involved in the process. The group will discuss this issue with Kevin Moore at a future meeting.

Item 3: Motion to Enhance Inclusiveness of L and P Committee Membership

J. Odulana raised several questions regarding the composition of the Legislative and Policy Committee (LPC) membership at the previous meeting; the motion is in response to these. J. Odulana presented his motion to amend membership to include a member representing an organization that works with the Lesbian, Gay, Bisexual and Transgender (LGBT) population and People Living with AIDS (PLWA). At large members should include representation from: Youth, African American, Latino, Native American, and Hmong.

W. Parke-Sutherland stated that while he agrees with the intent, organizations representing people with AIDS and or people identifying as LGBT would not really be groups, but could fit with the second group. The committee could try to identify groups which represent these groups but it would first be wise to discuss with these organizations if they would want to be at this table. M. Bachhuber recommended the group bring back a completely amended membership list, which would include these noted revisions.

W. Parke-Sutherland suggested including language that more adequately represents the representation on the Wisconsin Council on Mental Health (WCMH), but recommended that the LPC plan how membership would be expanded. P. Buege suggested creating a workgroup to address membership, rewrite the membership document and bring a motion forward at a future LPC meeting. W. Parke-Sutherland, M. Bachhuber, S. Gross, and J. Odulana volunteered to form the workgroup.

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

S. Gross stated, as discussed, a future discussion will be the membership of the committee, perhaps at the December 2014 meeting would be appropriate. S. Gross recommended prioritizing the Mental Health 2.0 document and recommended that the LPC prioritize using a set methodology, addressing specific sections, any thoughts regarding a process, perhaps work in sections. W. Parke-Sutherland recommended that the LPC discuss the criteria to use for prioritizing areas of the 2.0 document. Examples of criteria could be what the group really wants or likes, or what the group believes is the most realistic. S. Gross will conduct a survey with the LPC to see what criteria the group would like to use for ranking. M. O'Shasky and M. Parke-Sutherland will talk with S. Gross about planning an agenda that will utilize a participatory decision-making process.

Item 5: Public Comment

No public comment.

Item 6: Adjourn

Meeting adjourned at 3:33pm.