



State of Wisconsin

Wisconsin Council on Mental Health

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

MINUTES OF THE LEGISLATIVE AND POLICY COMMITTEE

February 12, 2015, 12:30 pm - 3:00 pm

1 West Wilson Street, Conference Room 630, Madison, Wisconsin and via Conference Call

Members of the Committee in Attendance: Shel Gross, William Parke-Sutherland, Barbara Beckert, Paula Buege, Mike Lappen, Joanne Juhnke, Justin Odulana, Mishelle O'Shasky, Danielle Summers, Annabelle Potvin, Mike Bachhuber.

Department of Health Services Staff in Attendance: Ryan Stachoviak, Teresa Steinmetz, Kay Cram, Kenya Bright, Joyce Allen.

Guests in Attendance: Kathie Knoble-Iverson, Jolene Plautz, Rick Immler.

Minutes

Item 1: Call to Order

Review and Approval of the meeting minutes of January 8, 2015

Various typos were noted and amended.

W. Parke-Sutherland moved to approve the meeting minutes of January 8, 2015 as amended.

M. Bachhuber seconded the motion to approve the meeting minutes of January 8, 2015 as amended.

Motion to approve the meeting minutes carries.

J. Juhnke abstains.

Announcements

S. Gross announced that Disability Advocacy Day is March 17th, hosted by the Survival Coalition. The event provides an opportunity to meet with legislators.

W. Parke-Sutherland announced that Empowerment Days will be held April 13th-14th in Madison. An announcement will be mailed out in the near future. Registration fees are \$30 for the two day event.

A. Potvin announced that NAMI-Wisconsin will be holding Action on The Hill on April 23rd in Madison. Registration costs \$10, but is no cost for those attending the NAMI Annual Conference being held April 24th-25th. On February 26th, NAMI is hosting a film screening of Home at 7pm at the have a film event, a showing of Home at the Barrymore Theatre in Madison.

Item 2: DMHSAS Updates

Integrated Certified Peer Specialists and Parent Peer Specialists

Kenya Bright stated that Wisconsin has had a certified peer specialist program since 2010, and in the last two years the state has been working on an expansion process. Peer specialists are also a Secretary priority for the Department of Health Services (DHS). The Division of Mental Health and Substance Abuse Services (DMHSAS) has held stakeholder workgroups to create a parent peer specialists certification for serious mental illness (SMI), or substance use disorder (SUD). People with this certification can work with parents of children with those disorders to help the family navigate the system and provide support. The DMHSAS is also working on expanding the current peer specialist certification to create an integrated mental health and substance use certification. DMHSAS has been working with a stakeholder group for about a year to develop this integrated certification.

With the integrated model there will be one exam, and then once passed, the person will declare their area of practice based on the individual's lived experience. Then the person would work in their scope of practice. DMHSAS is currently contracting with Access to Independence (ATI), the current contractor for the peer specialist program in Wisconsin, to write the exam. Current training is done via four national trainings annually. ATI will also be developing a new training for the state for the integrated model. The DMHSAS is looking at other states to see if there are trainings which can be imported to Wisconsin. By August the Division hopes to have the Parent Peer Specialists training completed. DMHSAS will need to conduct a train the trainers, and then those trainers can provide training to those interested parents. The integrated training will likely be ready to roll out towards the end of 2015 with training likely being done by mid-2016. Exams will be provided at the independent living centers throughout the state, training will also be provided around the state.

Comprehensive Community Services (CCS)

K. Bright provided an update regarding CCS expansion. While the majority of expansion was done with regions of counties, there are three single county regions, Dane, Milwaukee, and Waukesha, because of their size. Counties self-selected to be a region. Counties could adopt one of two models. The counties could be a shared services region in which all were counties were certified but they would share two or more services. The other model is under a multi county model in which one county becomes a lead county and all the counties share one certification. The majority are operating a shared service model. The Lac de Flambeau Tribe has also developed a certified CCS. Some regions are certified others are in the process of certifying. Area Administration is doing outreach to those counties without CCS currently. When this expansion started in 2013 there were only 31 counties with CCS and now there are 64. The CCS programs must be providing services to adults and children by the end of the first year of certification, providing both mental health and substance abuse services.

K. Knoble-Iverson stated the technicality of the CCS process appears to be creating a barrier for some consumers who otherwise would be interested in participating in the CCS process, and this is not necessarily because of a lack of effort from the counties to recruit consumer participation in the CCS guidance.

M. Lappen stated that Ozaukee did not have CCS, and joined a regional collaboration. There were some frustrations from some of the counties. Vendors are a challenge, and the quality of the documentation is a challenge. The Ozaukee group has developed a system where vendors will have access to online trainings so the vendors can train new people using a website that the collaborative is hosting. Making things consistent across the counties is important, especially for billing and reimbursement. M. Lappen stated that it would be beneficial

for the CCS regions to be able to come together as a group and share information and ideas. K. Bright stated that DMHSAS is looking to do a forum to do exactly that, to allow people to learn from each other.

M. Bachhuber asked what is utilized in the CCS programs in regards to quality control. K. Bright stated that the ROSI (Recovery Oriented System Indicators) is utilized for adults and the MHSIP (Mental Health Statistics Improvement Program) survey for children and youth. Counties must also conduct a functional screen when people come in for services. The DMHSAS will provide technical assistance for those counties which need it to have consistent procedures throughout the state. J. Allen added that the DMHSAS will also be providing data and reports on the CCS. In addition the Division of Quality Assurance conducts reviews.

Promoting Recovery from Onset of Psychosis (PROPs) Program

R. Stachoviak provided an update regarding the DMHSAS implementation of a Coordinated Specialty Care (CSC) model program in Wisconsin. Journey Mental Health Center (JMHC) was selected as vendor for the CSC program via a RFP process. JMHC will be providing CSC model services to youth and young adults aged 15-25 in Dane County. The program is intended to engage youth as first onset of psychosis, provide wraparound services, and help the individual achieve their personal goals in a recovery oriented manner. JMHC is in the process of hiring staff, putting together their office, and training. They hope to begin providing services this spring. The name PROPs, Promoting Recovery from Onset of Psychosis, was chosen as the name for the program. Milwaukee County is also in the process of implementing a CSC model program.

Item 3: State Budget

S. Gross stated that there is currently limited information of how the budget will impact mental health in the state. Hopefully in the next month there will be more information. In March the Wisconsin Council on Mental Health (WCMH) will want to take positions on the various aspects of the budget. M. O'Shasky stated that representatives from the Department of Corrections (DOC) were not in attendance at the recent Criminal Justice Committee (CJC) meeting to discuss the DOC budget. Regarding FTE positions in the state budget, J. Allen stated that the Division reallocated two positions from the institutions to support CCS and communications, it is not known what the two new FTE positions in the budget are. M. Lappen stated that the counties were looking for more information regarding Family Care; they would like more clarity on Family Care paying for card services. M. Bachhuber stated that another concern related to Family Care is that there is little detail in how this change would occur, how would recovery be emphasized?

P. Buege stated that the Office of Children's Mental Health and children's waivers are two items which she would like to address in the future. S. Gross stated regarding the Office of Children's Mental Health that word from the Governor's Office is that they would like to have the Office be placed under DHS. This change would be made as the Governor's Office doesn't feel they have adequate programmatic knowledge. The Office has been using DHS' resources to function due to the low level of funding to begin with. Questions remain regarding this change. How would this change impact the Office's ability to work across departments, and how is information filtered via the DHS.

B. Beckert stated that there are concerns regarding Institutions for Mental Diseases (IMD) funding. J. Allen stated that current funding for IMD relocation was funding for those counties which did have institutions, this is a historic artifact for funding. This funding is not used on a person to person basis for relocation.

M. Bachhuber discussed emergency detention in Milwaukee, the concern is that the county has used emergency detention to a much greater extent than any other counties in the state and this change would make it easier to do this, and could increase the number of emergency detentions. It appears more of a policy item rather than a budget item. B. Beckert stated that the legislation doesn't say how the funding will be allocated or where the money will go.

S. Gross stated that changes to the childless adult coverage under Medicaid would place a limit on length of coverage and place premiums on risk factors such as smoking. Waivers like this have been granted in the context of Medicaid expansion. M. Bachhuber stated that when a waiver is given it is not often seen as something that can be challenged. It is questionable whether this change is intended to focus on recovery or be punitive. P. Buege stated that she would like to see the WCMH send a letter opposing school voucher systems. S. Gross stated that he would like the Children and Youth Committee draft a letter and bring the letter to the Legislative and Policy Committee for concurrence. W. Parke-Sutherland stated that there are also mental health concerns regarding the cut to the University of Wisconsin system. These cuts may lead to the weakening of student support services many rely on. M. Lappen noted regarding to the proposed changes requiring drug testing to receive benefits, the cost of doing these drug tests would be very high for the counties.

Item 4: Assembly Mental Health Committee

S. Gross talked about meetings with members of the new mental health committee. Representative Rohrkaste was a human resource person from the Oshkosh Corporation, and is very interested in mental health issues, including IPS. Representative Ballweg has shown interest in supporting the Office of Children's Mental Health. Rep. Ballweg indicated that she and Representative Darling are very interested in trauma informed care.

Item 5: Other business and agenda items for the next meeting

The following future agenda items were noted: budget items, information regarding the DOC budget, updates regarding CST and peer run respite.

Item 6: Public Comment

No public comment was made.

Item 7: Adjourn

J. Odulana motioned to adjourn.

W. Parke-Sutherland seconded the motion to adjourn.

Motion carries.

Meeting adjourned at 3:00pm.