PUBLIC MEETING NOTICE
LEGISLATIVE & POLICY COMMITTEE
of the
Wisconsin Council on Mental Health
1 W. Wilson Street, Room 850A
MADISON, WI
AGENDA
Call in – 1-877-820-7831; passcode 408162#

June 12, 2014
1:00 – 3:30

1:00	Introductions; review and approval of the May 8, 2014 minutes.	
1:10	Announcements/follow-up from last meeting (please remember that announcements should be limited to items that can't be communicated via e-mail, meeting minutes, the agenda, etc.)	
1:15	Meaningful consumer and family involvement	Paula Buege
1:45	Improvement of the adult mental health system delivery processes	Justin Odulana
2:15	MH 2.0; DHS updates; updates on implementation of budget items and bills	Shel Gross
2:45	Federal policy updates; Murphy and Barber bills	Shel Gross
3:00	Plan for meeting with providers	Shel Gross
3:10	Other business/agenda items for the next meeting (prioritize)	Shel Gross
3:20	Public comments	
3:30	Adjourn	

Please contact Dan Zimmerman at 608-266-7072 or at Daniel.Zimmerman@wisconsin.gov if you and/or your delegate are unable to attend.

The next meetings of the committee are scheduled **from 1:00 to 3:30 p.m.** on the second Thursday of each month (July 10th, August 14th, September 11th, October 9th, November 13th, and December 11th). The meetings are scheduled to be held in **Room 850A of 1 W. Wilson Street, Madison (DHS), with the possible exceptions of the April and October meetings – location TBD.**

Accessibility: ALL VISITORS TO THE DEPARTMENT OF HEALTH SERVICES ARE REQUIRED TO SIGN-IN AT THE FRONT DESK IN THE MAIN LOBBY OF 1 W. WILSON STREET. This meeting is accessible to people with mobility impairments. People needing accommodations to attend or participate in this meeting should notify the contact person at least five working days prior to the meeting.

cc: State Editor, Milwaukee Journal Sentinel (jsmetro@journalsentinel.com)
Kenneth Rosenberg (Kenneth.Rosenberg@wisconsin.gov)

Attachment 1

Legislative and Policy Committee Membership

Rationale: According to the *Functions for the Legislative and Policy Committee,* the committee is to serve as "the focal point for consumer, family and advocacy coordination of mental health budget and policy proposals." Additional functions include:

- Identify, engage and involve representatives from all major groups to be part of the committee.
- Strengthen the involvement of legislators in the workings of the committee.
- Strengthen our collaboration…with the State Councils, other state agencies and counties…

Successful mental health legislative and policy advocacy requires the coordination of efforts across all major interest groups. When consumers, family members, advocates, providers and other interest groups (such as the counties and other disability groups) are not giving consistent messages to the members of the Legislature and state government, the likelihood for successful advocacy is greatly diminished. Therefore, participation in the Legislative and Policy Committee of the Wisconsin Council on Mental Health (WCMH) should be structured to support this consensus and coalition building process.

Additionally, the experience of the Committee, as it has developed over the past two years, suggests that it requires a strong relationship with the WCMH in order to facilitate the type of rapid response that is often required for legislative advocacy (especially with regard to the state budget).

Recommended Membership for the Legislative and Policy Committee

Formal Members: The following would be formal members of the committee, to be reviewed and approved by the WCMH nominating committee. In those instances where voting needs to occur, these shall be voting members.

WCMH Members: 3 members of the WCMH.

Organizational Members: One member representing each of the following organizations (and nominated by that organization):

Grassroots Empowerment Project
NAMI-Wisconsin
Mental Health Association in Milwaukee County
Wisconsin Coalition for Advocacy
Wisconsin Family Ties
Wisconsin Counties Human Services Assn.

At-Large Members: Five additional members, nominated as at-large members. The at-large members should seek to represent the following constituencies, if these groups are not already represented by any of the individuals noted above:

Elderly persons with mental illness
Persons who are deaf/hard of hearing
Mental Health providers
Persons with dual diagnosis: mental health/substance abuse

At-large members might also represent cross-disability groups such as the Independent Living Centers or Survival Coalition.

Nominees for at-large members will be submitted to the WCMH nominating committee for approval.

Membership Considerations: The membership structure is designed to maximize the likelihood that various constituencies within the mental health advocacy community are represented on the committee. As committee member selection proceeds, additional consideration should be given to ensuring geographical and ethnic diversity among the committee members and balancing the involvement of consumers, family members of children with SED and family members of adults with mental illness. Because organizational members are proposed by the organizations, the ability of the committee to achieve optimal balance in some of these areas may be constrained.

Chair/Co-Chair: Per WCMH by-laws, the committee chair must be a member of the WCMH. However, in order to strengthen the buy-in and collaboration with other groups, the co-chair will not be a WCMH member.

Other Participants: These individuals will participate in the committee but will not vote.

Legislative members: The Chair of the Legislative and Policy Committee may solicit any number of Legislators to be participants of the committee recognizing that most legislators/staff will have limited time to participate actively in the committee but that by being identified with the committee they can develop a knowledge of and allegiance to mental health issues that come before the Legislature. At a minimum the Legislative members will include one Legislator from each party from each branch of the Legislature.

State Staff: The Committee should be staffed by at least one state staff person who is knowledgeable about legislative and policy issues. Other key state staff (such as individuals from the Division of Health Care Financing or the Division of Vocational Rehabilitation) will be invited to attend periodically to provide updates to the Committee on emerging policy issues. Other state staff may be invited on an ad hoc basis as issues arise about which they can provide information to the Committee.

Other Attendees: The L & P committee will always welcome other individuals interested in mental health advocacy to attend and participate in meetings. Every opportunity will be made to incorporate the broadest representation into the process, recognizing the importance of this to our advocacy efforts.

Linkages

The Legislative and Policy Committee will actively work to link to yet other organizations with common agendas.

Linkage to the State Council on AODA will be primarily through attendance at L & P meetings of the state staff to SCAODA.

Linkage to other disability groups is accomplished through the consistent participation of designated L & P members at Survival Coalition meetings. The L & P committee also serves as the Mental Health Committee for Survival Coalition. The mental health budget package adopted by Survival Coalition is developed by the L & P committee and approved by the WCMH.

Linkage to other health care advocacy groups will be accomplished through invitations for representatives to attend L & P meetings as specific issues warrant.

Decision-Making

The goal of the L & P Committee will be to identify areas where there is consensus among all those participating in meetings on the various issues that come before the committee. Again, this is dictated by the realities of advocacy—we need to find those places where the broadest possible constituency can work together to accomplish our objectives. Consensus decisions will be forwarded to the WCMH as such.

In those cases where there is not consensus among all participants, but there is consensus among the formal members of the committee, the consensus position will be forwarded to the WCMH with a statement identifying the reasons for lack of consensus among other participants.

In those cases where there is not consensus among the formal members of the committee, the committee may choose to make no recommendation to the WCMH or to forward a discussion paper to the WCMH identifying the varying positions of the committee members.

When the L & P committee is unable to come to consensus around a given issue it is understood that individuals and organizations represented on the committee may want to pursue the issue outside the purview of the WCMH.

In general no recommendation for action may be forwarded to the WCMH unless a quorum of the committee (using the definition of quorum in the WCMH by-laws) was present at the meeting. However, in those situations where timely action is required and a quorum was not present at a meeting, approval may be sought via email or other direct communication to committee members. While committee members may send someone else to a participate in a meeting which they are unable to attend proxy voting is not allowed.

Legislative and Policy Committee Strategic Plan
January 2014-December 2016

The purpose of the Legislative and Policy Committee is to enhance the ability of the Wisconsin Council on Mental Health (WCMH) to effectively promote its priorities and see them become practice. To accomplish this the Legislative and Policy Committee provides expertise, continuity and focus on mental health budget and policy by engaging consumer, family, advocacy and provider organizations that are actively involved in state level mental health budget and policy advocacy. The committee seeks to enhance the ability of other standing committees to address policy that is within the scope of those committees.

The Legislative and Policy Committee will employ the following strategies to accomplish its purpose:

I. The Legislative and Policy Committee will monitor state budget and bills introduced into the legislature. The Committee will inform other standing committees of legislative issues that fall into their scope and determine whether those committees wish to take the lead on developing the WCMH policy response.
II. The Legislative and Policy Committee will disseminate information about legislative and policy actions, in coordination with other committees that may be the policy lead in a given area.
III. The Committee will work to strengthen the ability of other standing committees to act as policy lead for bills in their scope through:
    a. Joint meetings with the other standing committees which will discuss:
        i. The priorities of the other committees.
        ii. The bill areas where they might like to be lead.
        iii. Communication and coordination between the two committees on policy issues.
        iv. How the Legislative and Policy Committee can strengthen the ability of the other committee to act as policy lead.
    b. Trainings, either individually with other committees or jointly, to educate other committee members on policy and advocacy processes and strategy.
    c. Mentoring of individuals from other committees by including them in policy meetings, legislative visits and meetings with decision-makers.
    d. Cross-representation on committees where feasible and where individuals have the ability to do so.
IV. The Legislative and Policy Committee will take the lead on the following:
    a. Creating a coherent and balanced package of budget priorities with input from the other standing committees.
    b. Items that do not fall into the scope of other committees or that other committees do not wish to be the lead on.
    c. Items that involve multiple committees if there is a need to coordinate a response or mediate differences.
V. The Legislative and Policy Committee will revisit the engagement and involvement of Legislators/staff on the committee.
VI. The Legislative and Policy Committee will consider how to better engage with the provider community. This will entail:
    a. Identifying which provider organizations to engage with.
    b. How best to engage recognizing the following:
        i. The limitations of providers being able to participate in lengthy, monthly meetings in Madison.
        ii. A desire to ensure that the Legislative and Policy Committee remains strongly consumer, family and advocate run.