

LEGISLATIVE & POLICY COMMITTEE
of the
Wisconsin Council on Mental Health

Minutes of the February 13, 2014 Meeting

Members in attendance:

Shel Gross, Wisconsin Council on Mental Health	Paula Buege, Children & Youth Committee of the Wisconsin Council on Mental Health
Mike Lappen, Ozaukee County Human Services Department	William Parke-Sutherland, Grassroots Empowerment Project
Mike Bachhuber, Independent Living Council of Wisconsin	Dr. Justin Odulana, Health International Network System, LLC
Stacy Paul	Kit Kerschensteiner, Disability Rights Wisconsin
Annabelle Potvin, NAMI – Wisconsin	

Alternates in attendance:

Barbara Beckert, Disability Rights Wisconsin	
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DHS Staff: Dan Zimmerman (BPTR), Kay Cram (Bureau of Prevention Treatment and Recovery/BPTR), Joyce Allen (BPTR), Ryan Stachoviak (BPTR)

Guests: Matthew Stanford (Wisconsin Hospital Association), Joleen Plautz (Wisconsin Association of Marriage and Family Therapy), Dr. Rick Immler (Wisconsin Council on Mental Health), Carla Shedivy (Wisconsin Association of Family and Children’s Agencies)

Introductions; review and approval of the January 9, 2014 minutes.

Mr. Parke-Sutherland moved to approve the minutes with a notation that in the list of attendees Stacy Paul no longer represents Independent Living Resources. Ms. Buege seconded the motion. The motion passed unanimously with one abstention.

Announcements/follow-up from last meeting

- Mr. Gross noted that Wisconsin Council on Mental Health approved sending a letter to congressional representatives opposing Rep. Murphy’s bill, Helping Families in Mental Health Crisis Act of 2013,” which has been introduced into the House as HR 3717.
- Ms. Buege reported that Wisconsin Family Ties hired Joanne Juhnke as the Policy Director.

Legislation updates, DHS meetings, Milwaukee Co. BHD: update on recent death; next steps (Barbara Beckert and Shel Gross)

- Ms. Plautz said that a bill is being prepared to be introduced in the next legislative session that will amend Wisconsin Statutes Chapter 457 that will amend the scope of practice of licensed marriage and family therapists, licensed professional counselors, and licensed clinical social workers to include treatment of substance abuse disorders.
- Mr. Gross reviewed the information in Attachment 1.
- A lengthy public hearing was held on February 12th on AB 718/SB 565 (<https://docs.legis.wisconsin.gov/2013/related/proposals/ab718.pdf>), Rep. Sanfellipo’s bill to Milwaukee County mental health functions, programs, and services, creation of the Milwaukee

County Mental Health Board, and making an appropriation. Ms. Beckert provided a summary of the bill's effect. Among the concerns/questions regarding the bill are:

1. What will the scope of the authority of the new board be? The bill only refers to mental health, but the bill appears to have the board making decisions related to substance abuse treatment, programs, and funding, as well as developmental disability services and funding (e.g., Birth to Three, Milwaukee Wraparound, etc.).
2. Will the new board be able to overrule decisions of the Milwaukee County Board of Supervisors related to mental health?
3. Will there be further stakeholder input? Will there be hearing schedule to be held in Milwaukee given that the bill exclusively impacts Milwaukee County?
4. The bill appears to hold the available funds flat over time. If funding/revenues increase in one area (e.g, if the county obtains certification for a Comprehensive Community Services program and bills Medicaid for services rendered under the program), then funding would have to be reduced elsewhere.
5. What will the new board be liable for as opposed the county board? How will the board be staffed? There are questions regarding accountability and governance.

Ms. Beckert said she believes Rep. Sanfellipo spent a lot of time soliciting and responding to input, but many questions and issues exist. Most mental health advocates testified at the hearing yesterday for "information only" (as compared to supporting or opposing the bill) because so many questions remain. While there is a desire by mental health advocates to obtain more input before this bill moves forward, it was acknowledged that some legislators and the Governor would like to act on this issue during this legislative session. Ms. Kerschensteiner said that she feels the primary issues for Milwaukee County's mental health system is the quality of care and treatment in the county's institutions (i.e., inpatient, nursing home, and facility for developmentally disabled); if the state provided direct oversight of the institutions or took the institutions into receivership, then most of the issues in Milwaukee County would be addressed.

Implementation of budget items: CCS funding options, peer run respite, OCMH and discussion of strategy for Joint Finance Committee review (DMHSAS staff)

- Elizabeth Hudson was appointed by the Governor to head the Office of Children's Mental Health. Ms. Hudson has been the Trauma Informed Coordinator in the Bureau of Prevention, Treatment and Recovery via a contract with UW – Madison.
- Ms. Allen reported that the Request for Proposal for operating one to three peer-run respite centers will be issued soon, ideally in March 2014.
- It was noted that some of the budget items passed by the legislature are base-funded (i.e., funding will automatically be included in the next budget); Individual Placement and Supports (IPS) is one of the items that is not base-funded.

2015 Budget Ideas/Take One (Shel Gross)

Work to:

- Obtain continued funding for IPS and other budget items that were not base-funded.
- Obtain funding for the department to develop increased capacity to obtain and analyze data.
- Obtain funding for the mental health consumer conference.
- Obtain funding to increase the Opening Avenues to Reentry Success (OARS). The OARS program is a joint venture between the State of Wisconsin's Department of Corrections (DOC) and Department of Health Services (DHS). The purpose of the program is to fund, coordinate,

and administer quality reentry services to the highest need and risk based population of mentally ill offenders as they prepare for their release from prison and transition to the community.

- Obtain funding for additional peer-run services (e.g., consumer-run organizations, such as Cornucopia).
- Obtain funding for benefits counseling for all inmates when they are released to the community.
- Obtain funding for scholarships for consumers to become certified peer specialists.
- Obtain funding and position authorization for the department to increase staffing to provide training and monitoring of mental health programs.

Meaningful Consumer/Family Involvement (Shel Gross)

There was insufficient time to discuss this item (see Goal #2 in Attachment 2). It will be on next month's agenda.

Other business/agenda items for the March meeting (Shel Gross)

None

Public comments

None.

The meeting was adjourned at 3:30 p.m.

Possible agenda ideas for the March 13, 2014 meeting or subsequent meetings:

1. Progress towards the committee's strategic plan.
2. Current legislative action(s) (e.g., state budget, etc.).
3. Discussion of updating s. 51.61 (1) (i), Stats., related to use of restraint and isolation/seclusion.
4. Update on federal and State mental health parity regulation.
5. Mental health services in Family Care and SSI Managed Care.
6. Have a joint meeting with the Children and Youth Committee, as well as the Criminal Justice Committee and the Adult Quality Committee periodically.
7. Have a department representative provide a description of Community Options Program (COP) funds for persons who have a mental illness and the impact of Family Care on these funds.
8. Update from DHS staff regarding Community Recovery Services (CRS).
9. Update on the Department's pilot projects related to the MH/AODA Infrastructure Study.
10. Presentation from DHS staff on increasing mental health benefits for childless adults enrolled in BadgerCare Plus Core.
11. Presentation from DOA's Division of Housing on funding and options for supported housing for persons who have a mental illness.
12. Issues related to Medicaid prior authorization requirements.
13. Health Care Exchanges.
14. Health Information Network.
15. Olmstead and active treatment issues; brainstorming regarding these issues.
16. Models of self-determination.
17. Mental health advance directives.
18. The Drug Advisory Committee should address medication therapy and alternative functional medicine, as well (medical homes).

19. An update from staff at the Office of the Commissioner of Insurance of complaints and issues related to the implementation of the mental health/substance abuse parity requirements and implementation of the Patient Protection and Affordable Care Act.
20. Quality improvement for mental health programs.
21. Update on best practices for the use of antipsychotics for children.
22. Discussion with Division of Quality Assurance staff regarding Immediate Jeopardy citations in hospitals and nursing homes (particularly Milwaukee Co. Behavioral Health).
23. Discussion with Division of Health Care Access and Accountability staff regarding the Request for Bid to select a new transportation management agency (i.e., replace LogistiCare).
24. Update from Vince Maro regarding the crisis intervention/stabilization project for Family Care enrollees.
25. Discussion of the Affordable Care Act and enrollment;
26. Discussion of the impact of the expansion of Comprehensive Community Services and other Medicaid changes may have on community support programs
27. Discussion of HMO responsibilities related to child protective services

Attachment 1

**2013-2014 Bills of Interest
(new actions in bold type)**

Bill Number(s)	Topic	Status	Comments
LRB-0791	MAPP	Not Introduced	Awaiting analysis
SB184	Cyberbullying	Passed Comm.on Ed. (9-0) Ready for scheduling	Adds other electronic sharing to email as types of communication subject to legislation
AB387/SB308	17 y/o to juvenile corrections	Public hearing on AB387 on 10/3; executive action taken 10/31; passed 9-0 SB308 referred to Comm., public hearing held 10/31; Passed, 5-0	Counties concerned about funding; Does not go far enough, only effects a few kids; Collect data on outcomes, if implemented.
SB179	Rental/landlord provisions	Passed; bill enrolled	Assembly amendment made numerous changes to the bill.
LRB-2672/AB468	Family Care and MHIs	Assigned to Comm. on LTC	Provides for state to help with payment of stays in mental health institutes for Family Care members
AB272	Autism Treatment	Referred to Committee on Insurance	Would fully fund autism treatment benefit to all eligible children.
SB274/AB351	Funding DVR	SB274 approved; also approved by JFC; public hearing held on AB351; Passed by both houses and signed into law	Would allow DVR to pull down maximum amount of federal revenue
AB428	Family Care Expansion	Committee on Aging and Long Term Care	Not clear whether bill is needed in order for this proceed; Survival Coalition is exploring
SB286	Strengthening accountability standards for students with disabilities who attend schools participating in the state voucher program	Circulating for co-sponsors	require voucher schools to employ licensed special education teachers or therapists, if pupils needing such service attend the voucher school
SB559	Alternative accountability bill		
SB525/AB682	Special Needs Vouchers	Introduced 1/30 Senate Committee on Education Public hearing: 2/13	

Bill Number(s)	Topic	Status	Comments
LRB-0791	MAPP	Not Introduced	Awaiting analysis
LRb 4047	would provide an additional \$86.5 million GPR annually beginning in 2014-15, above base level funding, for state special education categorical aid	Circulating for cosponsors	
SB451/AB570	Extended out-of-home care to 21 years of age for children with individualized education programs	Assembly Committee on Children and Families 12/18 hearing held. Passed. Senate education committee hearing 1/30	Supported by WCMH
AB554	Child Death Review Teams	Committee on Children and Families; Public Hearing, 12/18 1/15 Executive Session, Passed	Supported by WCMH
AB718/SB565	Creation of an independent Milwaukee County Mental Health Board	Joint Hearing; Senate Comm. on H & HS Assembly Comm. on Health 2/12	Concerns about structural issues, funding, roles and responsibilities, conflicts of interest.
SB360/AB453	Protected health information/ HIPAA Harmonization	Passed Assembly; Messaged to Senate; Referred to JFC; Referred to Senate Committee on Health and Human Services Public hearing held; 1/9 Executive Session; 1/15; Passed On Senate Calendar; 1/22 Passed, Waiting for Governor's signature	
LRB3541/AB488	Modification to three party petition process for emergency detention requiring corporation counsel to give petitions the right to have petition go to a judge with	Passed Assembly; Messaged to Senate; Referred to Committee on Health and Human Services Public hearing held; 1/9 Executive Session; 1/15; Passed On Senate Calendar; 1/22	Replaces AB451

Bill Number(s)	Topic	Status	Comments
LRB-0791	MAPP	Not Introduced	Awaiting analysis
SB374/AB457	Expands treatment alternative and diversion program to people with MI only and provides one-time funds for grants	Unanimously passed Assembly; Messaged to Senate; Referred to JFC Concurrence recommended Available for Scheduling	Sen. Grothman had concerns
Sb477/AB500	Emergency detention pilot in Milwaukee county to allow individuals other than law enforcement to initiate emergency detention.	Public Hearing Held Nov. 13 Health Comm. Exec. Session: 1/9; Passed 9-0 Public Hearing and Executive Session Scheduled 2/4 in Senate Health and Human Services. Passed 5-0 On Assembly Calendar 2/13	Introduced by Rep. Pasch
LRB-2669/AB451	Numerous changes to Chapter 51 to create an emergency “stabilization” process that would allow a single individual to petition a court directly to detain an individual due to dangerousness.	Assembly Health hearing held	Report that this bill will not move forward. Being replaced by LRB3541/AB488
SB369/AB456	Require counties to report on core services	Passed Assembly; Messaged to Senate; Referred to Committee on Health and Human Services Public hearing held; 1/9 Executive Session; 1/15; Passed On Senate Calendar; 1/22 Passed; awaiting Governor’s signature.	

Speaker's Task Force Bills: Passed and Signed			
Bill Number(s)	Topic	Status	Comments
SB359/AB452	Create Child Psychiatry Access Program with appropriation		Some modifications
SB366/AB454	Primary care and psychiatry shortage program: loans for serving in health shortage areas		
SB409/AB459	Funding to create statewide infrastructure to support IPS—evidence-based supported employment model		Some modifications
SB410/AB458	Telehealth and prior authorization		Some prior authorization requirements removed; tightened up telehealth requirements
SB368/AB455	Provides additional matching funds to develop peer run respite.		\$ to DHS to go to peer run orgs., not counties.
SB362/AB450	Grants to law enforcement for CIT training.		
LRB-3386/AB460	Grants to counties to create mobile crisis teams.		Amended; must be DHS 34 certified.

Legislative Council Bills			
Chapter 51			
SB125/AB437	Disabled offender recidivism reduction	Referred to Assembly Criminal Justice Committee Referred to Sen. Comm. On Health and Human Services	DOJ has concerns about funding
SB126/AB435	Admissions of minors	AB435 Passed Assembly; Messaged to Senate; Referred to Committee on Health and Human Services Public hearing held; 1/9 Executive Session; 1/15; Passed On Senate Calendar; 1/22 Passed; Waiting for Governor's Signature	

Legislative Council Bills			
Chapter 51			
SB127/AB360	EDs, invol. commitments	<p style="text-align: center;">AB360 Passed Assembly; Messaged to Senate; Referred to Committee on Health and Human Services Public hearing held; 1/9 Executive Session; 1/15; Passed On Senate Calendar; 1/22 Passed; Waiting for Governor's Signature</p>	
SB128/AB436	County community program boards composition	Assembly Health hearing held on 10/22	

- Joint Legislative Council's [Report](#) of the Special Committee on Reporting of Child Abuse and Child Neglect JLCR 2013-05 (March 25, 2013).
- [2013 Senate Bill 18](#) **Probably not relevant**
- [JLCR 13-06](#), *Joint Legislative Council's Report of the Special Committee on Permanency for Young Children in the Child Welfare System* (April 17, 2013).
- [2013 Assembly Bill 150](#); Referred to Committee on Children and Families; public hearing held on 10/23
- [2013 Assembly Bill 151](#); Referred to Committee on Children and Families
- [2013 Assembly Bill 152](#) ; Referred to Committee on Children and Families
- [Report](#) to the Joint Legislative Council, *Special Committee on Legal Interventions for Persons With Alzheimer's Disease and Related Dementias* LCR-2012-08 (February 6, 2013).
- [WLC: 0061/2](#), relating to psychiatric and behavioral care and treatment for individuals with dementia.
- Joint Legislative Council's [Report](#) of the Special Committee on Improving Educational Opportunities in High School JLCR-2013-02 (March 7, 2013).
- 2013 Senate Bill [49](#)

Question about how academic career plans would affect kids with disabilities.



SCOTT WALKER

OFFICE OF THE GOVERNOR

FOR IMMEDIATE RELEASE

February 6, 2014

Contact: Tom Evenson, (608) 267-7303

Governor Scott Walker Signs Mental Health Legislation to Improve, Enhance Services

Bills support crisis intervention, youth services, access to counseling and treatment, transition to workplace, and more

Green Bay – Governor Scott Walker signed seven bills related to mental health services today at Brown County Sophie Beaumont Building.

“Far too many Wisconsinites are in need of mental health care and because of circumstance or location, are unable to access the care they desperately need,” Governor Walker said. “These bills, which I am proud to sign today, are a huge step forward in the cause to ensure every individual living with mental illness gets the care they need. I thank the members of the Legislature for their bipartisan work on these bills.”

Assembly Bill 450 – provides grants for crisis intervention to train law enforcement and correctional officers to assist individuals who are in a mental crisis. The bill provides \$250,000 to the Department of Health Services for the grants; counties and municipalities around the state will have the opportunity to apply. Representative Erik Severson (R-Osceola) and Senator Leah Vukmir (R-Wauwatosa) authored the bill, which passed the Senate 32-0 and the Assembly 94-0; it is Act 126.

Assembly Bill 452 – directs the Department of Health Services (DHS) to administer a child psychiatric consultation program. Under this bill, primary care pediatricians will be given the proper tools to treat children with mental health needs. DHS will contract with an organization to provide consultation, referral support, second opinions on diagnoses and medication, among other services. Representative Jim Steineke (R-Kaukauna) and Senator Alberta Darling (R-River Hills) authored the bill, which passed the Senate 31-1 and the Assembly 94-0; it is Act 127.

Assembly Bill 454 – creates a primary care and psychiatry shortage grant program for physicians and psychiatrists that: graduated from a Wisconsin medical school; graduated from a Wisconsin graduate medical education training program that emphasized primary care medicine or psychiatry; already practice in an underserved region of the state; apply for the grant while participating in graduate medical training and before accepting employment as a primary care physician or psychiatrist; and do not appear on the child support lien docket, unless a payment agreement has been reached. A maximum of 12 physicians and 12 psychiatrists may receive a grant in a fiscal year. Representative Kevin Petersen (R-Waupaca) and Senator Luther Olsen (R-Ripon) authored the bill, which passed the Senate 31-1 and the Assembly 93-0, with two paired votes. The bill is Act 128.

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Assembly Bill 455 – establishes grants to counties to contract for peer-run respite centers. Respite centers are a low cost alternative to inpatient care that offer a warm bed and peer counseling with the goal of diffusing crisis situations. Representative John Jagler (R-Watertown) and Senator Sheila Harsdorf (R-River Falls) authored the bill, which passed the Senate 32-0 and the Assembly 94-0; it is Act 129.

Assembly Bill 458 – increases access to mental health services for children in rural areas. The bill defines “telehealth” as the use of audio and video connections, over a secure internet connection, to create the same environment as conventional therapy. Using telehealth will allow providers to connect with children in need who would not otherwise have access to care. Representative Joe Sanfelippo (R-West Allis) and Senator Jerry Petrowski (R-Marathon) authored the bill, which passed both the Senate and Assembly on a voice vote; it is Act 130.

Assembly Bill 459 – establishes an Individual Placement and Support (IPS) program in five regions in the state. The IPS program provides counseling, mentor programs, and vocational rehabilitation services. Assembly Bill 459 aligns with the Governor’s “Year of a Better Bottom Line” by assisting individuals with mental illness transition to the workplace, as a part of their recovery. Representative Joe Sanfelippo (R-West Allis) and Senator Jerry Petrowski (R-Marathon) authored the bill, which passed the Senate 32-0 and the Assembly 94-0; it is Act 131.

Assembly Bill 460 – provides grants to counties to establish a mobile crisis program. The program will train mobile crisis teams to respond to individuals having a crisis episode. A mobile crisis team will provide greater access to people living in rural counties that do not already have access to this type of resource. Teams will help keep people stable and in the community. Representative Joan Ballweg (R-Markesan) and Senator Terry Moulton (R-Chippewa Falls) authored the bill, which passed the Senate 32-0 and the Assembly 94-0; it is Act 132.

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**Wisconsin Council on Mental Health
Strategic Planning Priorities: 2014-2016**

Goal 1: Oversee the implementation of the mental health block grant priorities.

Priority #1: increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) programs

Committee with primary responsibility: Children and Youth

Other entities involved: Children Come First Advisory Committee (CCFAC).

Related initiatives: Office of Children's Mental Health

Speaker's Task Force bills: Child Psychiatry Access Line, primary care and psychiatry shortage program, telehealth and prior authorization, mobile crisis grants, grants for CIT.

Priority #2: improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery Services (CRS), peer support, and supported employment.

Committees with primary responsibility: Adult Quality; Children and Youth for CCS for kids.

Other entities involved: CCS and peer run respite advisory committees;

Related initiatives: contract with Independent Living Resources for support to recovery centers (strengthen/stabilize funding; establish outcomes and measure them; explore how to support/learn from unfunded sites).

Speaker's Task Force Bills: Expansion of IPS, funds for peer run respite, mobile crisis grants, grants for CIT.

Priority #3: Promote effective and recovery-oriented and evidence-based practices (EBP) for people with mental illness who are involved in the criminal justice system through consultation with county systems.

Committee with primary responsibility: Criminal Justice, Children and Youth for juvenile justice.

Other entities involved: Dept. of Corrections

Related initiatives: OARS/DOES, peer support in corrections, trauma informed care, adverse childhood circumstances.

Speaker's Task Force bills: expansion of Treatment Alternative and Diversion program; CIT training;

Priority #4: Reduce Suicide

Committee with primary responsibility:

Other entities involved: Prevent Suicide Wisconsin Steering Committee (Kathryn Bush, Shel Gross, Julianne Dwyer/BPTR).

Related initiatives: state prevention grant, federal Garrett Lee Smith grant. Create new state strategy: present to WCMH.

Speaker's Task Force bills:

Other Activities to Support Implementation of Priority Areas

- Provide input to DHS on factors they should use to allocate mental health block grant funds as federal allocations change.
- Monitor DHS capacity to implement block grant priorities and advocate for additional resources, as needed.

Goal 2: Increase ongoing meaningful peer and family involvement and participation.

- Follow up on outreach to state departments to ensure we continue to have meaningful consumer involvement on relevant committees/councils.
 - ✓ Child Welfare Advisory Committee
 - ✓ Criminal Justice Coordinating Council
 - ✓ DHS
 - ✓ Rehabilitation Council
- Explore additional ways to outreach to consumer and families to promote opportunities for participation on WCMH and its committees.
 - ✓ Department of Public Instruction
 - ✓ NAMI
 - ✓ Grassroots Empowerment Project
 - ✓ Wisconsin Family Ties
- Create and promote opportunities for consumer and families to be involved in WCMH-related activities that do not require council or committee participation:
 - ✓ Letter-writing
 - ✓ Advocacy
 - ✓ Workgroups or focus groups
- Continue to explore and try to address reimbursement issues that present barriers to consumers and family members who may not be supported by formal organizational relationships.

Goal 3: Build on needs assessment by identifying and developing additional data sources; enhance availability of data for program evaluation; make data more accessible to local governments to ensure they can make informed decisions.

- Provide input to DMHSAS on next steps for needs assessment and outcome/performance measures (dashboard) for monitoring progress on priority areas.
- Receive reports on data sources that can enhance our understanding of services and outcomes for adults and kids with mental health disorders.
 - ✓ Medicaid
 - ✓ Department of Vocational Rehabilitation dashboard
 - ✓ Department of Children and Families dashboard
- Work with DHS/counties/other stakeholders to create a standardized county level report that identifies key information and indicators that can provide a snapshot of county mental health services and outcomes.

Goal 4: Enhance coordination with other state councils.

State Council on Alcohol and Other Drug Abuse (SCAODA): The following represent a variety of ways to enhance coordination and collaboration between the two councils. One possible long-term goal would be integration of the two councils.

Filling Council Seats:

1. Fill vacant WCMH seat on SCAODA.
2. Fill vacant SCAODA seat on WCMH, which had been filled by Don Pirozzoli

Committee Collaboration with SCAODA

1. Meetings between WCMH Committees and corresponding SCAODA committees, if applicable.
2. Cross-population of WCMH and SCAODA members on committees of other council.

Topics for future discussion of issues of mutual interest:

1. Limited Consumer Role on SCAODA
2. Trauma Informed Care
3. Needs Assessment
4. Criminal Justice
5. CCS, CST, CSP
6. Health Care Reform
7. Peer Support
8. Gambling

Longer term WCMH/SCAODA Goals:

1. Ongoing combined Executive Committee meetings with SCAODA
2. Investigate opportunities for Federal technical assistance on Council integration.
 - a. What would future council integration look like and be like?

Council on People with Disabilities

Appoint a representative to that council.

Rehabilitation Council

Fill seat previously held by Don Pirozzoli

Child Welfare Advisory Council

Review interim appointment of Phyllis Greenberger and determine whether there is a parent of a child with serious emotional disturbance who could fill this seat.

Goal 5: Identify WCMH Positions with Regard to Other Areas

- Healthcare Reform: Monitor implementation of ACA; monitor to what degree private plans are complying with requirements of state and federal parity laws.
- Stigma: Learn about efforts to address stigma in Wisconsin.
- Consumer rights: continue to identify and respond to threats to consumer rights.
- Address other areas as they are brought to the attention of the WCMH.