



State of Wisconsin

**Wisconsin Council on Mental Health**

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

**Meeting of the Wisconsin Council on Mental Health**

**March 18, 2015, 10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation, at 1801 Aberg Avenue Madison, WI**

**Members of the Wisconsin Council on Mental Health (WCMH) in Attendance:** Shel Gross, Mishelle O'Shasky, Carol Keen, Kathryn Bush, Bonnie MacRitchie, Kathleen Enders, Tracey Hassinger, Charlotte Matteson, Matt Strittmater, Donna Wrenn, Rick Immler, Dave Stepien.

**Department of Health Services (DHS) Staff in Attendance:** Joyce Allen, Ellie Jarvie, Ryan Stachoviak, Faith Boersma, Dan Kiernan.

**Guests in Attendance:** Kate McCoy, Matthew Stanford, Julie Bartels.

**DRAFT MINUTES**

**Item 1: Call Council Meeting to Order**

*Read Guidelines for Conduct of Meeting*

M. O'Shasky read the conduct of Meetings.

*Review and Approval of Minutes of WCMH meeting of January 21, 2015*

**D. Wrenn motioned to approve the minutes of January 21, 2015 as amended.**

**M. O'Shasky seconded the motion to approve the minutes of January 21, 2015 as amended.**

**Motion carries unanimously, minutes approved.**

*Announcements*

K. Bush stated that the school mental health professional development design team, as part of the Climate Transformation Grant, has begun its work. The team is currently working with schools that have high quality behavioral assistance supports in their school. The team is using a public health approach by looking at primary and secondary prevention and tertiary care. These schools will serve as a model. The team is hoping to meet with the first 25 schools that have exemplary supports, and integrate mental health into this preexisting positive support framework.

D. Wrenn announced that a SOAR training will be provided on April 30-May 1 in Neenah. There are discounted fees for Certified Peer Specialists. This training may be the last training held in-person as SAMHSA is moving trainings to an online format.

M. O'Shasky announced that Empowerment Days will be held April 13-14 at the Concourse Hotel in Madison. There are multiple levels of training being provided including the Honest, Open and Proud (HOP) training. Cost for the conference is \$30.

*Public Comment*

No public comment was made.

**Item 2: Council Committee Reports, Discussion and Recommendations**

*Nominations Committee*

*Donna Wrenn*

***Motion: WCMH Applicant***

D. Wrenn discussed Mary Helen Tulinjee's application and interview with the WCMH. Ms. Tulinjee is applying as an advocate, representing NAMI. She is involved in NAMI-Dane County, and also has Doctorate in Psychiatric Nursing. Her areas of interest are stigma reduction and access to appropriate care. She has both professional and personal experience with mental health. S. Gross noted that she is both an advocate and a provider. Members of the Council expressed their comfort with her being an advocate representative.

**Motion carries to recommend Mary Helen Tulinjee to the Governor for appointment to WCMH as an advocate representative.**

S. Gross noted that Pat Cork was appointed to the WCMH, and the Council is currently waiting to hear from the Department of Corrections on who they plan to recommend for appointment to replace Hugh Johnston. Eric Esser has taken a new position, and Elizabeth Hizmi is now the Director of Gubernatorial Appointments. S. Gross and R. Stachoviak will continue to work with the Governor's Office regarding appointments as the Council remains below the federal membership guidelines.

*Criminal Justice Committee*

M. O'Shasky discussed the CJC previous meeting at which Robert Dore presented. R. Dore was previously incarcerated in California and is currently working with the peer support services in the Green Lake County Jail. In the jail he is working to model good behavior with inmates, and running group sessions. Jails, however, are not usually 24 hour staffed with psychiatrists. One concern would be what would happen if someone were to go into crisis after a group discussion. Overall the groups seem to be going well and being a positive program. The program is limited to persons who are sentenced and have a sentence of nine to twelve months.

Michael Conwill provided a presentation on homelessness post incarceration as this is an area of interest for the CJC. K. Bush asked if the CJC has looked at some of the DHS run programs such as the institutes, rather than just prisons. M. O'Shasky stated that the group has worked with the Opening Avenues to Reentry Success (OARS) program, but most of the committee's work has been related to Department of Corrections (DOC) related programs and services. K. Bush recommended that the CJC also see if the DHS forensic programs are also meeting the needs of persons upon release, especially related to issues of homelessness. M. O'Shasky stated that there has been a lot of discussion regarding who is responsible to assist with housing post-incarceration. D. Wrenn stated that what has been seen via the Project for Assistance in Transition from Homelessness (PATH) program is that it is largely an

issue with County Jails. There is often more planning done with release from a prison. D. Wrenn added that unfortunately at times there are people who choose to remain homeless despite being offered resources and supports.

M. O'Shasky stated that GEP has not heard back from SAMHSA regarding the grant for forensic peer specialists they applied for which the WCMH supported. GEP feels like it is a competitive and innovative proposal, as there are current good connections with the DOC and the initiative was supported by Ed Wall. As an organization GEP does not plan to dictate what the forensic peer specialist program will look like. GEP plans on using a participatory decisions making process to get feedback to inform the process over the course of a year. This information would be used for a training purposed for the following two years, with a goal of 75 people trained in the new forensic peer specialist training.

#### *Adult Quality Committee (AQC)*

K. Enders stated that the AQC met on February 16<sup>th</sup> and had a first discussion regarding the county-based behavioral health services. Langeston Hughes and Cheryl Lofton presented on Comprehensive Community Services (CCS). The AQC was provided with a lot of information and data. The committee would like to spend the April meeting discussing CCS and talking about how the AQC can impact and work with CCS as a group. AQC is moving on a good path and getting a better handle on what is happening around the state. The AQC plans to continue working with subject matter experts.

#### *Executive Committee*

##### ***Mental Health Block Grant Review Process***

R. Stachoviak announced that the DMHSAS is in the process of putting together an update to the Mental Health and Substance Abuse Needs Assessment. This version will be a smaller update, revising those tables and figures for which trends may have changed. DMHSAS plans to have this document available for the Council at the May WCMH meeting. The hope is to receive feedback from the Council to inform the 2016-2017 Mental Health Block Grant plan priorities. The DMHSAS then plans to have a draft of the Mental Health Block Grant plan for the Council in July to allow for a discussion of the block grant at the July 15 meeting. Members of the Council asked whether workforce issues would be included. R. Immler suggested the inclusion of a table of contents.

##### ***Update on Election of Officers***

S. Gross noted that there will be an election of officers in May. S. Gross has completed two terms as Council Chair, and the Council will need a new chair. M. Strittmater has agreed to run for the position. D. Wrenn will be stepping down as Vice-Chair, and Julie-Anne Braun has offered to be Vice-Chair. Mishelle has agreed to stay on as the second vice-chair. S. Gross asked the Council that if anyone is interested in any of these roles they should get in touch.

##### ***SCAODA Representative***

S. Gross asked if anyone was interested in attending the SCAODA meetings as a representative to let S. Gross know.

#### *Children and Youth Committee*

R. Immler stated that Jackie Baldwin has resigned from the CYC. S. Gross stated that the WCMH provided a letter of thanks to J. Baldwin in thanks of her many years of service with the Council. R.

Immler stated that the CYC is working on guidelines similar to the WCMH and looking at strategic planning at the June meeting. For new members the CYC thought it would be helpful to have orientation materials. WCMH staff will work on pulling this information together. The CYC has also talked about enhanced organizational representation.

S. Gross noted that information regarding the upcoming Joint Finance Committee (JFC) meetings were emailed to the Council. All meetings are open meetings to the public, you can expect to wait a long time, and probably have 2-3 minutes to provide testimony. Afterwards the committee will have meetings to go over the budget, and receive more information from the Fiscal Bureau and options which the committee may consider. The budget will then go to the Senate and then the Assembly. Any recommendations we approve will be sent to members of the JFC. Anyone is welcome to attend.

S. Gross presented the Recommended WCMH Budget Position document, noting that there are eleven items, each of which the Council will vote on individually for inclusion as recommendations.

***Recommendation 1***

Recommendation one is for support for Office of Children's Mental Health (OCMH). R. Immler stated that the OCMH had been a free standing office; it was the hope among those in CYC that the OCMH's work would help bridge the multiple departments impacting children's mental health. In the Governor's budget he recommends moving the office to DHS. The concern with this change is that the independence of the Office would be compromised. S. Gross noted that a part of this recommended change is because DHS has been largely supporting the OCMH with office space, supplies, and oversight thus far.

This recommendation is to support the original 4 areas that were developed for the Office of Children's Mental Health (OCMH) to remain independent and innovative as much as possible. The four areas are: 1) Study and recommend ways to improve the integration across state agencies of mental health services provided to children; 2) Coordinate initiatives; 3) Monitor the performance of programs that provide those services; and 4) Provide an annual report to include a summary of the coordination activities, data collected on the outcomes of children receiving the mental health services, and discussion of possible improvements.

**Motion to approve recommendation #1 carries.**

**K. Bush and D. Stepien abstain.**

***Recommendation 2***

The Governor recommends funding and a position, funded through the TANF (transitional assistance to needy families) program, to fund "community connectors" as part of the Fostering Futures initiative, who would be trusted neighbors or community leaders, to interact with vulnerable families with children up to age 5 and to connect the families with formal and informal community supports. S. Gross stated that this initiative is focused on intervention earlier in the lifespan and parallels other trauma informed initiatives. Recommendation two is to support this proposal. M. Strittmater asked if this funding is new dollars or will this be funded via TANF? S. Gross stated that he was not sure.

S. Gross asked if there was a statement that could be added to the WCMH recommendation which would note this concern. M. Strittmater stated that can't think of one that would properly address at this time.

**Motion to approve recommendation 2 carries.  
M. Strittmater, K. Bush, D. Stepien, D. Wrenn abstain.**

***Recommendation 3***

R. Immler stated that recommendation three relates to changes to proposed Children's Community Options Program (COP). Support for this proposal is conditional. The Governor recommends supporting children with long-term care needs and their families by creating a Children's Community Options Program within the existing Community Options Program and reallocating appropriate funding for this initiative.

The CYC recommends supporting this conditional on the following: 1) Must reflect the values and philosophy of the current Family Support Program; 2) Keep the focus on supporting the entire family, not just the child with disabilities; 3) Maintain the current flexibility and choice of supports to meet the needs of the diverse families and; 4) Preserve current program funding for the purpose of Family Support.

M. Strittmater stated that he likes where this is going, the two programs mentioned are good programs. Both are flexible programs, similar programs but the details are concerning. Where will the dollars come from? Will the flexibility remain? A lot of the details about how these changes will occur are unknown.

M. Strittmater suggested adding a fifth condition that the as program gets developed there will be outreach and consultation with stakeholders.

**M. Strittmater motions to amend recommendation three, adding a fifth condition that stakeholder input will be included as program details are developed.**

**R. Immler seconded the motion.**

**Motion to amend recommendation three carries.**

**D. Stepien, K. Bush, D. Wrenn abstain.**

**Motion to approve recommendation #3 as amended carries.**

**D. Stepien, K. Bush, D. Wrenn abstain.**

*Legislative and Policy Committee*

***Recommendation 4***

S. Gross introduced recommendation four. This proposal seeks to improving outcomes for the state's elderly and disabled residents by reforming the Family Care program. These reforms include: (a) requiring all counties to participate in the program by January 1, 2017, or upon federal government approval; (b) offering benefits through several statewide managed care organizations (MCOs), which must offer primary and acute care services to members, including self-directed care; (c) providing members with a choice of MCOs in order to determine which best meets their needs; and (d) ensuring consumer protections by regulating MCOs as insurance entities under the jurisdiction of the Office of the Commissioner of Insurance.

S. Gross noted that half of the people in this program have a mental health concern, so is of concern to the WCMH. Family Care has a managed care component for long-term care. People can also receive

acute care via Medicaid. Another program called IRIS, which is self-determined care, allows for the hiring of long-term care supports based on an individual's need. There is some self-direction in the Family Care as well, but not at the level of IRIS. The Governor's budget proposes to integrate these programs, and IRIS would go away. Self-direction would continue in Family Care. As with other elements of the budget there is not a lot of detail.

The recommendation from the LPC is to oppose unless there are conditions met: 1) there is a specific proposal that addresses how the program will operate in more detail. This must include clarification about which services members will be able to self-direct, and how; which behavioral health services will be included, and specifically how peer support will be incorporated; how continuity of care for current members will be addressed given what appear to be significant changes to the structure of the program. 2) The plan offers choice of a long-term care option and an integrated care option such as currently exists in those counties where the Partnership program is available. Partnership provides both long-term care and primary and acute care. It is not clear why this model was not selected for expansion. 3) This specific proposal has been reviewed by all affected stakeholders, including program participants, and feedback from these stakeholders has been provided to the Department and the Legislature. 4) There are specific mechanisms for legislative oversight of the proposal development process.

K. Bush stated that the proposal seems like a very complicated set of issues which are intermingled.

C. Matteson asked if one of the reasons for proposing this change is that not all counties provide Family Care. S. Gross stated that eight counties do not provide, so one of the goals is to bring those counties in, DHS is still committed regardless to bringing these counties into Family Care. S. Gross added integrating acute and long-term is also another motivation for doing this. This change may also improve coordination with Mental Health care. However, the underlying issue is that there is not much information known about this will be implemented and there has been no stakeholder involvement in the process.

M. Strittmater stated that this could be good pressures to get remaining counties to join Family Care. However, there are a lot of good Family Care programs, and this would end that as this appears to be a privatization. It is important to ask what impact this will have on the positive programs that have been working for many years. C. Keen stated that the proposal is very suspect, and agreed that it is concerning. R. Immler stated that his understanding of Family Care was to be collaborative in nature. A concern is that the proposal does not honor this type of process, and assumes that more privatization is that better. You have to ask is this system currently broken and needs to be fixed?

**Motion to approve recommendation 4 carries.**

**D. Stepien, D. Wrenn, K. Bush, K. Enders, C. Matteson abstain.**

### ***Recommendation 5***

A number of provisions in the budget include screening for drug use in public program participants. This includes the childless adult Medicaid program (see following item), FoodShare Employment and Training recipients and Division of Vocational Rehabilitation clients. In general, the rationale is that those who are "able-bodied" and seeking work should have drug use problems addressed so they are not barriers to employment. The administration has suggested that individuals failing a drug test will be offered free treatment services. A federal waiver would be required to implement this. The LPC recommends opposing the use of mandatory drug testing in public programs. S. Gross noted the rationale behind opposing this proposal. The LPC does support enhancing access to voluntary drug treatment. However, treatment offered following a failed drug test will likely be experienced as coerced. It is unclear what the

consequences of refusing to accept treatment following a failed drug test will be. There is a concern that people will avoid FoodShare or DVR services, even if these could be of benefit to them, because of the drug testing. Not all jobs require drug testing, so drug use may not be a barrier to working. Recommendation five is to oppose the use of mandatory drug testing in public programs.

R. Immler asked if this testing includes alcohol is it is often the biggest functional impairment rather than drugs. R. Immler noted that it seems like a lot of resources directed towards something without much impact. Something done in a motivational interviewing manner would be much more effective.

**Recommendation #5 carries.**

**T. Hassinger, D. Stepien, D. Wrenn, K. Bush abstain.**

#### ***Recommendation #6***

S. Gross stated that the Governor recommends reforming health care coverage for Wisconsin's Childless Adult population by requiring the department to seek a waiver from the federal Department of Health and Human Services to impose monthly premiums for all enrolled childless adults and additional premiums for behaviors which increase an individual's health risks. Additionally, the waiver will seek the authority to require health risk assessments and screening for drug use to receive benefits. Finally, enrollment for childless adults will be for a maximum of 48 months. These changes will help ensure that childless adults remain insured for a reasonable period of time while making common sense reforms to safeguard state resources.

S. Gross noted that this proposal contains many unknowns. DHS does not know the impact of the change, there are concerns regarding premium costs, and there are concerns regarding the additional premium for health risks. One health risk may be smoking, and many people with mental illness are smokers. T. Hassinger stated that childless adults are often punished as they are without children. In addition there is little coverage for smoking cessation treatment. It is frightening the impact this could have on people. T. Hassinger stated she questioned whether the legislators understood how this will really impact people.

The LPC recommends the WCMH to oppose unless certain criteria are met. These criteria are: 1) DHS provides an analysis of the proportion of the childless adult population that likely has significant behavioral health needs based on available claims information. 2) The DHS provides analysis of the impact a premium, including additional premiums for behaviors that increase health risk, will have on this portion of the childless adult population and provides mechanisms for ensuring that individuals will not lose coverage due to premiums that are unduly burdensome. 3) Requirements for drug testing are removed. 3) A hard 48 month time limit is removed from the bill. 4) Stakeholder involvement is required and documented and further legislative oversight is incorporated.

**Motion to approve recommendation #6 carries.**

**D. Stepien, D. Wrenn, K. Bush, K. Enders abstain.**

#### ***Recommendation #7***

S. Gross stated that the Governor recommends expanding substance abuse treatment options in Wisconsin by making the treatment portion of residential substance abuse treatment a covered service under Medicaid. The recommendation is that the WCMH support this. Medicaid is currently not able to pay for residential treatment, and this is something that the State Council on Alcohol and Other Drug Abuse supports. M. Strittmater stated that Family Care now is required to pay for residential substance

abuse treatment. From a county standpoint, every form of reimbursement must pay for with the exception of those who are on Medicaid. This change would help counties as right now many counties must pay for this treatment without reimbursement.

**Motion to approve recommendation #7 carries.**

**D. Wrenn, K. Bush, K. Enders, D. Stepien abstain.**

***Recommendation #8***

The Governor recommends consolidating and aligning mental health funding to create efficiencies in the distribution of funding to counties. The Governor also recommends reallocating funding to provide community-based mental health, and alcohol and other drug abuse services. This recommendation is that the Council support the proposal with the understanding that no funds are lost to the system through this realignment and that stakeholders will be involved in any effort to redefine how these funds will be distributed across counties. J. Allen stated that current mental health allocations are separate, these funds are separate and the change will not impact other funding.

**Motion to approve recommendation #7 carries.**

**D. Wrenn, K. Bush, K. Enders, D. Stepien abstain.**

***Recommendation #9***

This item is not in the governor's budget. Wisconsin expanded childless adult coverage to 100% of the Federal Poverty Level (FPL) but this did not qualify the state for 100% FPL. People did lose their eligibility. Had to seek ACA care, but numbers indicate a number of these people did not sign up. Also is more expensive for people on the Marketplace rather than MA. The scope of services is also not as robust under ACA as Medicaid.

This recommendation is to support full Medicaid expansion up to 133% of the Federal Poverty Level. A bill has been introduced to expand Medicaid to 133% FPL. For the population from 100-133% The DHS would request a waiver to use the Medicaid funds to help people buy-in to the Marketplace. While this plan would be preferable to the current situation it still leaves those at 100-133% with a benefit package that may be less suitable to their needs.

Recommendation nine is to support full Medicaid expansion as is allowed under the Affordable Care Act (ACT) and if this is not feasible, support alternative plan that would provide financial assistance to allow both childless adults and other individuals previously eligible for Medicaid at 100-133% of FPL to be covered by standard Medicaid up to this level. The state would receive full federal funding for eligible individuals for a period of time and then this would decline over time to 90% (which still exceeds the current federal share of Medicaid costs). This would save the state up to \$345 million.

R. Immler asked about the \$345 million savings, does this count the money lost serving those who are uninsured? S. Gross stated the \$345 million only takes into account the amount the state would receive to serve Medicaid eligible who are currently not covered. The savings would potentially be higher due to less uncompensated care in hospitals.

**Motion to approve recommendation #9 carries.**

**D. Wrenn, K. Bush, K. Enders, D. Stepien abstain.**

**Recommendation #10**

Recommendation ten is in regards to the Governor's Governor recommended funding for the extension of out-of-home foster care to age 21 for youth who would otherwise age out of care and are currently enrolled in school with individualized education programs, as created in 2013 Wisconsin Act 334. This does not include funding for additional case management services. This recommendation is to support this proposal as the WCMH has previously supported this statutory language change in the last session and this will fund that change.

**Motion to approve recommendation #10 carries.**

**D. Wrenn, K. Bush, K. Enders, D. Stepien abstain.**

**Recommendation #11**

The Governor recommends adding a requirement for a physician who has completed a residency in psychiatry, a psychologist licensed under Ch. 455, or a mental health professional to perform a crisis assessment on the individual and agree with the need for detention before an individual can be detained on an emergency basis due to a mental illness. The statutory language change also requires the emergency detention procedures for Milwaukee County and the remainder of the state to be aligned; currently Milwaukee has different procedures. This recommendation is to take this proposal out of the budget and introduce it as a bill.

M. Stanford stated that Mental Health Professional and crisis assessment are not defined. Another question is whether this proposal aligns with DHS 34 language. The intent seems good, but it may have unintended consequences.

M. Strittmater stated from what the counties have seen they don't have a problem with the intent of the proposal. However, if counties are required to have master level assessors, this could be a big burden on the counties and costs would be massive. If a bachelor level assessor is allowed those counties that currently are staffed in this manner would be able to better meet the stipulations of this proposal. S. Gross added that the face to face requirement could also present a problem for some counties. M. Strittmater stated that the counties may have concern in those situations where a face to face would clearly not be needed.

**Motion to approve recommendation #11 carries.**

**D. Wrenn, K. Bush, K. Enders, D. Stepien abstain.**

**Item 3: Working Lunch**

**Item 4: Division of Mental Health and Substance Abuse Services Update**

Ellie Jarvie, the new DMHSAS Consumer Affairs Coordinator, introduced herself. E. Jarvie previously worked managing county systems, in particular CCS and CSP in Marinette and Brown Counties. E. Jarvie's goals are to work to make connections with the peer run organizations and bringing as many people's voices to the table with the State.

### *Peer Run Respite*

J. Allen provided an update regarding peer run respite sites. The respites are being operated by Grassroots Empowerment (GEP), NAMI-Fox Valley in Appleton, and in Dane County SOAR Case Management. This week open houses were held for all three. The sites have experienced some barriers and concerns from the neighborhoods.

M. O'Shasky discussed GEP's experience with the organizations peer run respite in Shorewood Heights, Dunn County. Neighbors are not happy with the peer run respite being in the neighborhood. The mayor, who had previously approved the site, has placed a cease and desist order on Monday. M. O'Shasky stated that GEP will hopefully know more soon.

F. Boersma stated that the Appleton mayor was very supportive of the peer run respite in that community. The Appleton site has already created some good community relationships and appears to be moving ahead well. The Madison site has also had some negative response from the community.

### **Item 5: Youth Crisis and Decreasing Inpatient Care**

J. Allen stated that DHS and the Department of Children and Families (DCF) have been working on a project looking at the rates of youth going to hospitals being readmitted. DHS and DCF brought together a group of providers, consumers, families, and counties to look at this issue. It has been multiyear process. DHS will be working with DCF to look at increasing the number of crisis stabilization services for children and partnering with interested counties or regions in establishing a type of stabilization site that doesn't exist now. Many children's services are currently under DCF, and DMHSAS and DQA oversees the crisis programs. What DHS found with adults is that crisis stabilization has been very effective for people with emergencies and has reduced hospitalizations. However, some of the counties are reporting that there isn't the same ability or options for youth in crisis. The DMHSAS has had a number of grants which has been focused on crisis stabilization and youth stabilization. Some of the rules and regulations which exist do present barriers between DMHSA and DCF.

The group is currently working on developing a crisis-group home model which could serve as a pilot. This model would be agreed upon between DCF, DHS and counties. In the long term this could be used to developing new rules. This project is looking at the short term, working within the existing structure. The Office of Children's Mental Health has been looking into hospitalization rates among youth by doing a root-cause analysis.

K. McCoy stated that OCMH has been working with DMHSAS to develop long term strategies to address hospitalization among youth. Hospitalization trends were stable but have started increasing in 2012, and the Wisconsin trend is higher than the United States Average. It is important to note that data reporting is not 100% accurate. M. Strittmater stated that in the world of crisis, it is very hard to know how to code and enter into the Program Participation System (PPS).

K. McCoy noted that in the data you often see that many kids who receive an emergency detention are not receiving extensive services but they are more likely to have additional crisis calls. R. Immler noted that some of these visits could be to receive medications. M. Strittmater noted that with CCS and 2013 and beyond data should allow for the elimination of the excuse 'have nothing to offer' as the service expansion has reduced barriers for counties to provide services. K. McCoy discussed data indicating that

location relative to hospital does matter for inpatient use. Localities often differ in their interpretation of their responsibilities, each community does things different. M. Strittmater stated that though La Crosse County is trying to understand what is causing this swell of need among youth and young adults.

R. Immler stated that would interesting to compare to neighboring states to see if these numbers are comparable, if not, what are the factors impacting these rates? The assessment tools and skills of assessment are another important factor in this equation.

K. Bush stated that from a school psychologist perspective, more children are coming to school at younger ages with more severe problems. An important indicator is free and reduced lunch data. In the last 10 years the number of students receiving free and reduced lunch, has exploded. There is a corollary relationship between poverty, early child healthcare, prenatal care, and access to other recreational activities. Kids are staying home with young siblings because the parents are in two jobs. There are some major things happening in the state. When you introduce poverty at the level that the schools see, you are introducing a lot of chaos into the lives of youth.

M. O'Shasky stated that as a parent, you don't always know what is going on with your child. C. Matteson stated that what you often see as a parent is that many systems will wait for another crisis call rather than being proactive and reaching out to the family, a Chapter 51 doesn't even mean something will occur necessarily.

R. Immler suggested that Sandy Hook may have had an impact, bringing more attention nationally. R. Immler noted that he is hearing therapists who are considering giving up billing Medicaid or third party because it is so difficult. It is really getting worse in terms of services available as there are many systemic barriers are in place.

#### **Item 6: State Innovation Model (SIM) Grant**

Julie Bartels provided a presentation regarding the State Innovation Model (SIM) Grant. J. Bartels leads the effort for Wisconsin. This is a big experiment and a 12 month grant. The group is comprised of a Statewide Value Committee. It is not a formal group, more a collection of stakeholders who over the last four years have been working to address barriers to not getting value for healthcare in Wisconsin. The group asks why we don't see sustained improvement from efforts. Efforts try to use perspectives from a population, care delivery, and medical standpoint. What we see is that the state is getting a lot of effort and activity, but nothing is sustained. This voluntary coalition, is trying to look at this problem, and want to change things via collective impact. The group is open invitation.

To realize greater value in health care faster by better aligning efforts and incentives to deliver better quality care at lower cost the group wants to achieve 0% trend in PMPY by 2018 (as compared to 2013), improve the delivery of health care by 2018, and improve the population health of Wisconsin by 2018. The project overall is working to develop a transformed health delivery system. What is observed is that isolated impact, leads to a fracturing. The goal of this project is to work via collective impact.

A SIM program provides funding for the development and testing of state-based models for multi-payer payment and health care delivery system transformation and has a goal to improve health system performance for residents of participating states. Wisconsin was awarded \$2.49 million to develop a state-specific model.

J. Bartels noted that updates regarding the project will be available on the Wisconsin DHS website at <https://www.dhs.wisconsin.gov/sim/index.htm>.

**Item 7: Call for Future Agenda Items**

Future agenda items which were noted:

1. Who are we, why are we here?
2. Presentation from K. Bush regarding school data and poverty
3. Family care changes
4. Needs Assessment review
5. Officer elections

**Item 8: Adjourn**

Meeting adjourned at 3:30pm.