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State of Wisconsin

**Wisconsin Council on Mental Health**

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

**January 18, 2017 - 10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation - 1801 Aberg Avenue, Madison, WI 53704**

**Members of the Committee in Attendance:** Mark Lausch, Carol Keen, Inshirah Farhoud, Pat Cork, Bonnie MacRitchie, Charlotte Matteson, Dori Richards, Julie-Anne Braun, Shel Gross, Matt Strittmater, Mishelle O'Shasky, Rick Immler

**Members of the Council in Attendance via Conference Call:** Karen Iverson Riggers, Kimberlee Coronado, Amy Polsin

**Department of Health Services (DHS) Staff in Attendance:** Kay Cram, Dan Kiernan, Ryan Stachoviak, Faith Boersma, Sarah Coyle

**Guests in Attendance:** Chris Beal, Kit Kerschensteiner

**MINUTES**

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

Review and Approval of Minutes of WCMH meeting of November 16, 2016

**Motion to approve minutes carries, minutes approved, C. Matteson and D. Richards abstain.**

*Announcements*

M. O'Shasky announced that the application for Reentry Peer Specialist training is now available.

*Public Comment*

No public comment was made.

**Item 2: Strategic Planning**

*Strategic Planning Process*

M. Strittmater introduced a WCMH Strategic Planning Process itinerary and plan. The strategic planning process will be ongoing over the course of 2017. M. O'Shasky suggested the Council utilize the Participatory Decision Making process for strategic planning once the Council reaches that point.

### *Continue Reviewing Prior Strategic Plan*

S. Gross discussed data on rates of suicide in Wisconsin. Historically, Wisconsin has had a higher suicide rate than the national rate. The 2015 rate has increased in Wisconsin. The highest rates of suicide are among middle aged men, aged 40-65. Suicide prevention funding has mostly come from the federal government and has largely been directed towards youth suicide prevention. K. Iverson Riggers asked whether a committee of the Council has a primary focus on suicide if not this may be an area to consider in strategic planning. S. Gross suggested that the Council could hold a future discussion about suicide prevention.

M. Strittmater discussed Strategic Plan Goal 2: Increase ongoing meaningful peer and family involvement participation. S. Gross noted that the Council had done outreach to other committees and councils at the time of the development of the strategic plan. C. Keen suggested the Council review means to better share information throughout the mental health community. M. Strittmater noted the importance of assigning a person or committee to champion the various areas of the strategic planning. M. O'Shasky suggested having a greater online presence for the Council may be helpful for distributing information.

M. Strittmater discussed 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. R. Stachowiak noted that the upcoming Needs Assessment will include more county level data in a dashboard style presentation. This format is being done based on feedback from advocates such as the WCMH. R. Immler noted that importance of having Medicaid data to complete the picture of mental health in Wisconsin.

R. Immler asked whether increasing the use of data is a priority for the Division of Medicaid Services (DMS) and the Division of Care and Treatment Services (DCTS). D. Kiernan noted that there is an interest in using data. P. Cork noted that there is an ability to combine Medicaid data and PPS data. Combining these data sources does not occur on a regular basis but it is done periodically based on request. Medicaid is pursuing a new Medicaid Management Information System. There has been outreach from Medicaid to other Divisions to discuss what data needs are. R. Immler suggested that the Council could advocate for additional data support for DCTS given the current staff limitations.

M. Strittmater discussed Goal 4 to enhance coordination with other councils. The Council has had a hard time maintaining representation on other groups given the low membership on the Council. M. O'Shasky noted that she has plans to begin attending SCAODA meetings. S. Gross noted that there has not been interest by SCAODA in forming an integrated Council. It has been noted at LPC meetings that it would be beneficial to have a stronger connection with SCAODA to hold discussions regarding topics such as opiate use. Other areas which the WCMH discussed in the previous strategic plan: Healthcare reform, stigma, and consumer rights. M. O'Shasky suggested topics which the WCMH may want to include in future strategic plans are human trafficking, sexual exploitation, and gender responsiveness.

M. Strittmater recommended that the WCMH consider the work being done by the committees when developing the next strategic plan. An effective strategic plan ought to be small enough that it is actionable. K. Iverson Riggers suggested including data markers or indicators to help the Council determine the progress that is made.

### *Review Committee Charter Language*

M. Strittmater discussed the Committee Charter Guiding Principles document. Members of the Council discussed language changes to the principles. C. Keen recommended including a principle around the use of data. R. Immler suggested improving access to health care with well trained staff as an element that could be added to address workforce issues. An update version of the charter with feedback from the Council will be provided by M. Strittmater to each committee for review and comment.

### **Item 3: Working Lunch**

### **Item 4: Council Committee Reports, Discussion and Recommendations**

#### *Executive Committee*

M. Strittmater provided an Executive Committee update. At the previous meeting the Committee discussed plans for strategic planning.

#### *Children and Youth Committee (CYC)*

#### ***Motion: Department of Public Instruction (DPI) Budget Items***

B. MacRitchie discussed a motion to support DPI budget request. Fund request includes Motion: To support the following four items in the Department of Public Instruction (DPI) 2017/19 state budget proposal, and to speedily convey that support to the Governor's office: To create a categorical aid program to support increases in expenditures for school social workers in school districts and independent charter schools, to aid in the provision and expansion of mental health services: \$3,000,000 GPR (General Purpose Revenue) beginning in FY19. To create a grant program that will support school districts and independent charter schools in connecting youth to needed mental health services: \$2,500,000 GPR beginning in FY19. To support training opportunities aimed at increasing capacity within school districts and independent charter schools to provide mental health screening and intervention services to pupils: \$420,000 GPR in FY18 and \$420,000 GPR in FY19; and, to create 1.0 FTE permanent GPR position to support the proposed programs and training: \$71,300 in FY18 and \$94,100 in FY19. To increase the reimbursement rate for special education expenditures to 28 percent in FY18 and 30 percent in FY19: \$28,660,900 GPR in FY18 and \$59,760,900 GPR in FY19. S. Gross noted that the WCMH often tries to support state budget priorities. If Council is supportive of these efforts a letter of support would be important.

#### **The CYC motions to support the following four items in the Department of Public Instruction (DPI) 2017/19 state budget proposal, and to speedily convey that support to the Governor's office:**

- 1. To create a categorical aid program to support increases in expenditures for school social workers in school districts and independent charter schools, to aid in the provision and expansion of mental health services: \$3,000,000 GPR (General Purpose Revenue) beginning in FY19**
- 2. To create a grant program that will support school districts and independent charter schools in connecting youth to needed mental health services: \$2,500,000 GPR beginning in FY19**
- 3. To support training opportunities aimed at increasing capacity within school districts and independent charter schools to provide mental health screening and intervention services to pupils: \$420,000 GPR in FY18 and \$420,000 GPR in FY19; and, to create 1.0 FTE permanent GPR position to support the proposed programs and training: \$71,300 in FY18 and \$94,100 in FY19.**

- 4. To increase the reimbursement rate for special education expenditures to 28 percent in FY18 and 30 percent in FY19: \$28,660,900 GPR in FY18 and \$59,760,900 GPR in FY19.**

**Motion carries, P. Cork and B. MacRitchie abstain.**

The CYC has been spending time reviewing the Mental Health Block Grant in preparation for this coming year. Will lead into next CYC meeting to narrow down and identify those specific areas.

*Adult Quality Committee (AQC)*

No AQC update was provided.

*Criminal Justice Committee (CJC)*

M. O'Shasky provided a CJC update. The CJC has been having discussions regarding membership and the role of the committee and what will come out of the strategic planning process. The CJC plans to hold a combined meeting with the Legislative and Policy Committee (LPC) in February.

The CYC is looking to address issues related to Medications people in the criminal justice system receive upon release. The amount of medication that people are receiving is largely inconsistent. R. Immler asked if there has been any analysis of how this impacts recidivism and readmission. M. O'Shasky stated that it has not been tracked post-release consistently. M. O'Shasky noted the difficulty of reviewing data associated with the county jail system due to the large differences between each county system and how they operate.

*Nominating Committee*

No Nominating Committee update was made.

*Legislative and Policy Committee (LPC)*

S. Gross provided a LPC briefing. Members of the LPC met with the Governor's Office recently regarding the budget priorities. Dori Richards provided information regarding about the needs of the Deaf and Hard of Hearing (DHOH) community. The LPC met with representatives from the Wisconsin Association for the Deaf, who provided a briefing on a proposal they had developed.

***Revising the Budget Priority Document***

S. Gross had received some feedback regarding the reduction of priorities which was made in the document. The prioritization of the priorities is related to the time constraints people have when advocating with legislators. The LPC also wanted to tailor messaging depending on the audience. Various items have been returned the document based on feedback including peer supports and trauma informed systems with at risk preschool children. R. Immler asked for clarification regarding the role of the LPC in communicating to the Governor's Office. S. Gross noted in the past there has not been much effort by the other committees, as such the LPC has taken the lead on these efforts.

**Motion to return Peer Support, Trauma Informed System with At Risk Preschool Children back to the 2017-2019 WCMH Budget Priorities document.**

**Motion carries, M. O'Shasky, P. Cork, and B. MacRitchie abstain.**

***Motion: Letter to Congressional Delegation Regarding the Importance of Medicaid and the ACA***

S. Gross introduced a motion from the LPC to send a letter to the Wisconsin Congressional Delegation highlighting how changes to the Affordable Care Act (ACA) and Medicaid could impact mental health services. Congress is interested in repealing and replacing the ACA. Congress is also having discussions regarding making Medicaid a block grant. The LPC recommends that the WCMH inform members of congress of how these programs impact mental health services as Medicaid is a key funder for mental health services and the ACA has increased access to services for people with mental illness. The ACA also included key parity provisions.

**Motion to send a letter to the Wisconsin Congressional Delegation highlighting how changes to the Affordable Care Act (ACA) and Medicaid could impact mental health services carries. B. MacRitchie and P. Cork abstain.**

***Additional information on Trempealeau County HCC IMD fund item as Discussed at November WCMH meeting***

Kit Kerschensteiner from Disability Rights Wisconsin (DRW) and the WCMH LPC provided a presentation on the LPC's concerns related to current funding for the Trempealeau County Health Care Center (HCC) Institute for Mental Disease (IMD). S. Gross provided a briefing of the proposed budget item that was removed by the WCMH.

K. Kerschensteiner noted that DRW often finds that there are two groups of people who come to the HCC. One group typically comes from the Winnebago Mental Health Institute. This group typically needs some additional short term supports and is released from the HCC within roughly three months. A second group gets caught at the HCC. The HCC relies heavily on a level system that requires people to earn your way based on behavior. There have been a number of people who have been at the HCC there years. Advocates believe that counties could receive a subsidy to a point, but this subsidy should not be used to incentivize a person remaining at the HCC. The proposal which the LPC discussed was that for those people who are staying at the HCC for longer than 90 days those dollars then be utilized to incentivize moving people out of the HCC into community based services rather than people being in long term and develop institutionalized behaviors. This could be done by, after 90 days, the funds could pay for individual evaluations to get new eyes on the situation.

Members of the Council noted that it is important to ensure that there are community based services available for the individual prior to discharge. Certain counties may require additional Technical Assistance to provide the services some of these individuals may require. P. Cork noted that there have been discussions between DHS and those high utilizer counties to address these issues. R. Immler suggested that a change in funding be tabled until the alternative use of the funding is better known.

**S. Gross moved for the WCMH to support efforts to explore how stays longer than 90 days at the Trempealeau County HCC IMD can be reduced and successful community placements increased.  
R. Immler seconded  
Motion carries, D. Richards abstains.**

**Item 5: Break**

**Item 6: Division of Care and Treatment Services Updates**

K. Cram announced that the Bureau of Prevention Treatment and Recovery (BPTR) is working to fill several vacancies throughout the Bureau. P. Cork discussed DHS reorganization, part of which is the blending of the

Division of Long Term Care (DLTC) and the Division of Health Care Access and Accountability (DHCAA) into the new Division of Medicaid Services. That process impacted the DCTS in that the Division took on operation of the centers for people with disabilities. More recently the DCTS has created a Bureau of Community Forensic Services. This Bureau oversees the conditional release program and the Opening Avenues to Reentry Success (OARS) program. K. Cram provided an update on the 21<sup>st</sup> Century Cures Act which has provided additional funding for a response to the opioid epidemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) has issued an application process. Wisconsin is eligible to apply for two years of funding at 7.6 million dollars a year. The BPTR is in the process of developing Wisconsin's application. Funding is expected to be received in May of 2017.

P. Cork noted that the BPTR is visiting the two regional shared services pilots this winter. The grant funding for the two consortia is ending. These meetings are to discuss the progress that has been made, any obstacles, and lessons that were learned through the process.

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

Future agenda items that were noted:

1. Regional shared pilot outcomes
2. Strategic planning, needs assessment review, and MHBG planning
3. Office of Children's Mental Health annual report
4. Workforce Issues

#### **Item 8: Adjourn**

Meeting adjourned at 3:25 pm.