



State of Wisconsin

Wisconsin Council on Mental Health
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Meeting of the Wisconsin Council on Mental Health (WCMH)
May 16, 2018, 10:00 am to 3:30 pm
Division of Vocational Rehabilitation, 1801 Aberg Avenue, Madison, WI and Via Teleconference

MEETING MINUTES

Members of the Wisconsin Council on Mental Health (WCMH) in Attendance: Mishelle O'Shasky, Karen Iverson Riggers, Inshirah Farhoud, Sheli Jo Metzger, Charlotte Matteson, Lea Collins-Worachek, Matt Strittmater, Bonnie MacRitchie, Dan Kiernan, Beth Clay, Kimberlee Coronado, Barb Buffington (via teleconference), Rick Immler (via teleconference)

Department of Health Services (DHS) Staff in Attendance: Pat Cork, Ryan Stachoviak, Joyce Allen, Teresa Steinmetz, Kay Cram

Guests in Attendance: Jerolynn Scaggs, Joanne Juhnke, Crystal Hester

1. Call Meeting to Order

Review and approval of the minutes of March 28, 2018

B. MacRitchie moved.

K. Iverson Riggers second

Motion carried, K. Iverson Riggers abstained.

Announcements: Opportunity for Council members to make general announcements

B. Buffington announced that effective July 1 she will be transitioning to the Middleton/Cross Plains School District. S. Metzger announced that the Youth Risk Behavior Survey will be holding a phone conference to provide an opportunity for public input regarding the survey. K. Iverson Riggers discussed Rise Together and the Million Mohawk event. The organization works with youth around issues of trauma, mental health, and Substance Use Disorder (SUD).

M. O'Shasky discussed that her non-profit has created a board of directors and has received interest from representatives across the country, Wyoming and Pennsylvania. The group hopes to work on addressing women in the criminal justice system, in particular women's health and the impacts on children who have incarcerated parents. The group is hoping to hold a conference among grassroots organization.

Public Comment

No public comment was made.

2. WCMH Strategic Planning

Members of the WCMH continued efforts around strategic planning. K. Iverson Riggers discussed previous strategic planning outcomes and presented a framework for continuing discussion on Council infrastructure. The overall effort is to look at Council scope, capacity, and how to maximize the skills of the group given the limited time and resources. Several key areas were identified through the previous planning. K. Iverson Riggers facilitated an interactive discussion to identify topics for each infrastructure area, and members of the Council work on those areas. The following are the summary of that discussion:

Integration with other Councils and Initiatives

Topics

1. Identification and listing of those councils and opportunities for integration and collaboration
2. Identification of those resources that are available for collaboration
3. Holding joint meetings
4. Delegate a member of the WCMH to be a liaison to collaborate with other councils
5. Encourage creation or discussion of position papers with other councils so we can easily see overlap in advocacy efforts
6. Exploring what are common grounds and where are the barriers
7. Regular updates from people attending other councils or groups
8. Create a form or format for reporting back from other councils or groups. Current events, actions, and announcements.
9. Integration of the WCMH and the State Council on Alcohol and Other Drug Abuse (SCAODA)

Workgroup Members

1. Dan Kiernan
2. Kimberlee Coronado
3. Inshirah Farhoud

Membership: Onboarding/orientation, recruitment, committees, attendance, technology

Topics

1. Develop succession plan for committee chairs after a pre-set term
2. Create a one page flyer to distribute at conferences or other meetings
3. Review vetting criteria
4. Develop a process to check on application submissions, how can this process be expedited to increase membership
5. Compensation
6. Post start date and end date of members' terms
7. A system to track who has applied, how many seats are open, who/how to recruit, and who do we approach with questions?
8. Create a proactive process, policies, and procedures for addressing chronic non-attending members
9. Provide resources such as a toolkit for resignation
10. Monthly reporting of membership numbers and representation missing

11. Create a formal orientation meeting and onboarding process for new members
12. Develop a peer to peer mentorship program for new members of the Council
13. Identify the barriers preventing full Council membership
14. Identify options increasing Council attendance, easier access to meetings, including videoconferencing
15. Hold meetings throughout the state

Workgroup Members

1. Beth Clay
2. Charlotte Matteson
3. Karen Iverson Riggers
4. Barb Buffington

Position Papers and “Deep Dive” Framework

Topics

1. How can they be accessed by all? How do we update them or have conversations if we disagree on them. How come together with one voice?
2. Review past papers and conduct a process for revision or new position papers as needed
3. Council and committee members would need to agree to adequate time spent to research topics and write the position. It is important to consider whether there is adequate commitment to do so
4. Track state agency budget processes, present position papers to sequence with budget developments
5. Determine structure for deep dive meetings and discussions
6. Training for all committees on how to structure position papers
7. In addition to specific position papers it might help to provide a more detailed description of ‘comprehensive mental health system’ for council purposes
8. How do we ensure input from all stakeholders in drafting position papers
9. How do Council agendas make this happen
10. Include data in position papers
11. County data gathering techniques
12. Promotion of evidence based services
13. Emphasis on community based services
14. Workforce shortages and capacity
15. Early intervention for Serious Mental Illness
16. Prevention

Workgroup Members

1. Bonnie MacRitchie
2. Lea Collins-Worachek
3. Sheli Jo Metzger

Advocacy/Rapid Response

Topics

1. Review 5.4 of the bylaws regarding rapid response
2. Tools for people with lived experience to include more voices
3. Cultivation of legislator “champions”
4. Participation in person, such as with bill signings and invitations
5. Quick and instant alter to members
6. Different audiences for advocacy, not just legislators
7. Communication between meetings offering “here’s what you can do”
8. Data informed
9. Identify high priority areas to focus on
10. How is lived experience used and called upon to testify/provide input. How are my triumphs and trials used to influence government decisions by being on the council
11. Ensure there is expertise on the Council
12. Training needed on advocacy skills with legislators
13. Create an advocacy guide for Council members, including contact information and tips
14. Determine who can request rapid responses of the council, should it be a council member, a committee chair, and so forth
15. Consider setting guidelines and limits on what qualifies for a rapid response, are any topics of interest eligible or should it be topics with certain impacts or people?
16. Clarify who is able to go to the Governor’s office and legislature to actually advocate in person, what are the guidelines and limits for this?
17. Focus on ensuring we have the right state and county agencies at the table
18. Process for coordinated response to issues and how to move it forward
19. A standard procedure to make a good faith effort to reach as many stakeholders when requesting the Council to act in a rapid response.
20. How to address conflicts of interest

Workgroup Members

1. Amy Polsin

Bylaws

Topics

1. Code of ethics
2. Bylaws should include a conflict of interest statement, policies, and disclosures
3. Change language to reflect person first language throughout
4. Breakdown of manageable language on each article including definitions as necessary
5. Encourage use of alternates to maintain representation from different perspectives
6. Modify bylaws to allow proxy voting
7. Consider relationship between purpose and responsibilities. If the council does all responsibilities has it met its purpose? Is the Council doing all of its responsibilities?

8. Add or revise bylaws on Council member expectations for conduct and professionalism for both in council and outside of the council
9. Lived experience voices, how is it used, expectations for training and support
10. Youth representation at least mentioned
11. If committee work is not actually required, change the language in the bylaws

Committee Members

1. Matt Strittmater
2. Mishelle O'Shasky

Other future topics for the Council to address that were suggested:

1. Prevention and diversion for youth
2. Access to services throughout the state
3. Sharing outcomes of prevention programs that are being used throughout the state
4. Need for expanding behavioral health workforce crosses over both substance use and mental health and about be a good topic for collaboration and advocacy
5. Promote the development of integrated outpatient treatment services

3. WCMH Fall Tour Planning

R. Stachoviak facilitated a discussion to identify those organizations that the Council wanted to visit as part of the fall tour and meeting in Ashland, Wisconsin in September. Through discussion and voting the following were selected as the organizations to reach out to in hopes they will be participants in the tour.

The following organizations were selected:

1. Ashland County Health and Human Services
2. Bayfield County Human Services
3. Bad River Band of Lake Superior Chippewa
4. Red Cliff Band of Lake Superior Chippewa
5. Northland Counseling Services - <http://northlandcounselingsvcs.com/>
6. Ashland School District Project AWARE - <https://www.ashland.k12.wi.us/Page/1200>
7. North Lakes Community Clinic - <http://northlakesclinic.org/>
8. Genesis 1990 Peer Run Organization
9. New Horizons North - <http://www.newhorizonsnorth.org/>
10. Northwest Passage - <http://nwpltd.org/>

R. Stachoviak will follow up with the members of the Council and request people to volunteer to collaborate on conducting outreach to these organizations. Once confirmed the WCMH can discuss how advise each organization on their presentation and discussion.

4. Division of Care and Treatment Services Briefing and Updates

P. Cork discussed recent media attention regarding the Winnebago Mental Health Institute (WMHI). The articles discussed the risk of losing Medicaid and Medicare certification. Recent Centers for Medicare and Medicaid

Services (CMS) surveys at WMHI identified areas of concern regarding patient rights, environmental concerns (physical structure), documentation of the treatment experience, and patient engagement in active treatment protocols. In some cases there are patients that are civilly committed and who are not engaged in their treatment. If a person does refuse treatment services, staff must ensure that they are working to engage the person in other ways. However, workforce issues do make this a challenge. The WMHI has had challenges in the middle of 2017 related to workforce issues, in particular challenges recruiting psychiatrists.

The WMHI is working with CMS to negotiate a plan of correction. The State submits a plan and then work mutually with CMS. The State's plan of correction has been accepted by CMS at this time. The Division of Quality Assurance (DQA) and representatives from CMS will go back to the WMHI in June for another survey to identify progress made on the plan of correction. The WMHI is still approved to bill Medicaid and Medicare.

Because of some of the workforce issues and operations at WMHI, the State had an independent study of WMHI. A report was provided to the State that outlined a number of areas in which improvements could be made. One means to address psychiatric shortages that was identified was to hire APNPs, PAs, and identify physicians who may have an interest in psychiatric care. The WMHI is working to make those types of hires. Another recommendation was to engage counties that make a significant number of referrals to the WMHI and try to address the number of commitments that are short stays. The hope is that in these types of situations people could be served in the county setting if the resources were available. The DCTS has been hosting a learning collaborative with counties to address admissions to WMHI. These meetings have been held monthly and will conclude in June. The State will be working with counties to identify next steps.

K. Iverson Riggers suggested that the Council and the State reframe the discussion as whether or not the broader system in the state is what is wanted. If the model of service isn't working what can be changed so that people are not sent to WMHI in these short term cases. Members of the WCMH also noted concerns over the burden being placed on the counties in these scenarios. The WCMH can work to identify more community based services and peer supports that can help prevent the need for these stays. P. Cork offered to come back to a future Council meeting to further discuss these topics.

M. Strittmater noted, from the La Crosse County perspective, there are several programs operated by the county such as diversion, and a large CCS program. Despite these resources there are many people who go to the WMHI who have never had a crisis contact or contact with the county mental health system. The challenge is how to engage these people prior to a hospitalization and then another challenge is finding a hospital bed. A lack of hospital beds remains a challenge for many communities.

K. Coronado noted that in many cases, despite a hospitalization, upon returning to the community people can still not access services. It is critical that the mental health system be proactive rather than reactive.

K. Iverson Riggers suggested that this be discussed at the Executive Committee meeting and that the Council make room on the upcoming agenda to look at means for the Council to be supportive of these types of services. I. Farhoud encouraged further discussion on how the Council can support Nurse Practitioners being hired to address the gaps in services and address psychiatric shortages.

T. Steinmetz provided an update regarding the Children’s diversion program. The DCTS has held a few listening sessions and received input from stakeholders. The statement of scope was approved by the Governor, and the rule will be Rule 50. Staff members of the DCTS are now outlining the pieces that will need to be addressed and then will bring together an advisory committee by the end of the summer. A GFO will be issued to fund a pilot site for the program.

K. Cram provided an update regarding a multi-county workgroup that has been working in collaboration with the Trempealeau County Health Care Center to discuss means to reduce stays at the center. The group has been discussing barriers and sharing ideas.

J. Allen provided an update regarding Integrated Peer Specialist training. There was a gap in time without training being provided while the State was waiting for new curriculum. In Wisconsin 144 people have now been trained since the fall in the new curriculum. The State is still working to evaluate the outcomes of the exams to ensure the training is in line with the exam outcomes. Work continues on the development of a Parent Peer Specialists training. The final version of the curriculum should be out soon and the State will be working to recruit train the trainers. It is anticipated that training of trainers will occur mid to late summer with a goal of broader training beginning in the fall.

C. Matteson asked about options for verbal testing for the CPS exam J. Allen suggested a CPS advisory committee could be an avenue for ongoing discussions and feedback on topics such as this. The group could provide input on improvements to the CPS training and program.

5. Working Lunch

B. Buffington left the meeting at 12:00pm. R. Immler joined the meeting via conference call at 1:05pm.

6. WCMH Committee Reports, Discussion, and Consideration of Motions

Executive Committee

M. O’Shasky provided a briefing on the recent Executive Committee meeting which largely centered on planning for the WCMH meeting and strategic planning. K. Iverson Riggers suggested that the Executive Committee discuss the Adult Quality Committee. The Executive Committee also discussed options for bringing together a juvenile justice workgroup as was proposed by the LPC. Members of the WCMH discussed options of the workgroup. B. MacRitchie suggested one option may be the development of a policy paper that could better guide the WCMH. The WCMH could also conduct outreach to other organizations to gather their feedback and any position papers that they have developed.

Legislative and Policy Committee (LPC)

K. Iverson Riggers presented the 2019-2021 Budget and Policy Priorities document developed by the LPC in collaboration with the other committees. The LPC has traditionally taken the lead in developing a document for WCMH approval. The reason that this is done to help advocate and advise the State during the budget process. State departments must submit budgets by the end of the summer. Prior to this there are opportunities for the

WCMH to provide input. This document is a guide through that process. The hope is that this document can be utilized by the WCMH and the committees.

Members of the WCMH walked through the document with general discussion. D. Kiernan suggested the WCMH look at SCAODA priorities as well to include the AODA perspective as well. D. Kiernan suggested language modification to section A1 to better reflect current Medicaid practice. M. O'Shasky suggested integrating AODA peer specialists and peer mentoring.

K. Iverson Riggers moved to approve the 2019-2021 Budget and Policy Priorities document with the recommended edits.

D. Kiernan seconded the motion.

Motion carried, D. Kiernan and B. MacRitchie abstained.

K. Iverson Riggers discussed proposals in the US House of Representatives to amend and significantly weaken the Americans with Disabilities Act (ADA). The LPC continues to monitor the legislation and will develop a motion to address it if need be. The LPC is also keeping an eye on potential cuts to the Children's Health Insurance Program (CHIP), and will monitor legislation for any further action required by the WCMH.

Criminal Justice Committee (CJC)

M. O'Shasky provided an update on the CJC. The CJC will be holding a meeting on June 13th in Milwaukee. The committee plans to discuss the Milwaukee Bridges to the Future report. Representative Goyke is planning on being in attendance to discuss the report.

M. O'Shasky appointed Lea Collins-Worachek to the Criminal Justice Committee.

Nominating Committee (NC)

Nominating Committee discussed membership and applicants. The Committee will continue to work on addressing vacancies, onboarding, and orientation. M. O'Shasky provided an update on Council member Tracy Hassinger.

Children and Youth Committee (CYC)

J. Juhnke discussed the Education Policy Principles developed by the CYC. The document pulled in past policy positions of the Council, was presented to the Council in 2015, but no action was formally taken. The five broad principles are the following. 1) The federal Individuals with Disabilities Education Act (IDEA), establishing and protecting the educational rights of students with emotional and behavioral disabilities, is an indispensable foundation for publicly-funded education in Wisconsin. 2) Students with mental health-related challenges have the right to be free from aversive behavioral interventions that compromise health and safety. Restraint and seclusion can cause psychological and physical trauma, up to and including death. Restraint and seclusion are neither therapeutic nor educational, and should never be used for the sake of convenience. These measures are not supported in the research as a means of treatment or discipline, to force compliance, or to teach appropriate behavior. 3) Schools should provide a safe, welcoming and supportive learning environment for all students, including those with mental health challenges. Zero-tolerance policies, exclusionary discipline, bullying

and stigma are all factors that disproportionately impact students with mental health challenges, and undermine the connectedness that is crucial to these students' future success. 4) An ideal approach to mental health in schools elevates families as leaders in working together collaboratively with school partners and community mental health service providers, using compassionate, trauma-sensitive, and culturally-responsive strategies and services within multi-level systems of support. 5) Robust, equitable funding and well-prepared school personnel are fundamental to the education of students with mental-health related challenges.

B. MacRitchie moved to approve the Education Policy Principles as presented by the CYC.

K. Coronado seconded the motion.

Motion carried unanimously.

7. Community Mental Health Block Grant: Discussion on increase in funding

R. Stachoviak provided a briefing on the Community Mental Health Services Block Grant (MHBG). In 2017 while planning the use of the Fiscal Year (FY) 2018-2019 MHBG states were instructed to plan utilizing the President's budget. The budget called for a roughly 20% reduction to the MHBG program. Under this budget Wisconsin was to receive an annual MHBG award of \$6,386,701, a reduction of over two million dollars which would have necessitated reductions in funding to many programs that are currently funded by the MHBG. Wisconsin has since received word that through the approved Federal budget the MHBG program will not be reduced. In FY 2018 Wisconsin will receive \$11,122, 581 via the MHBG. This new award amount will allow for the continuation of those areas previously funded by the grant, and the funding of additional programs or efforts. However, project officers with SAMHSA have advised the State to be cautious devoting additional funding long-term as there is it is thought that this increased funding may not be maintained in future years. As such the State is looking to utilize the increased funding largely for shorter term and one time uses. The funds from FY2018 must be spent by September 30, 2019. The Bureau of Prevention Treatment and Recovery (BPTR) plans to develop a budget plan and present it at the July Council meeting. Staff from the BPTR is available to provide updates at any of the upcoming committee meetings as well if so desired. Members of the WCMH provided suggestions for areas of future funding:

- Employer training
- Legislative workforce issues
- A gaps analysis study, as recommended by the WCMH in 2017
- County to county support and technical assistance, as recommended by the WCMH in 2017
- Learning collaboratives
- Incentivizing the implementation and use of Evidence Based Practices
- Supports for increased provision of services
- Increased wraparound services
- Medicaid data analysis
- Increased funding for Zero Suicide

8. Call for future WCMH agenda items

Suggested topics for July are a briefing on the Ashland region for the fall tour, additional discussion on those fall tour sites, the MHBG funding, and following up on strategic planning workgroups.

9. Adjourn

Meeting adjourned at 3:30pm.