



State of Wisconsin

Wisconsin Council on Mental Health

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Meeting of the Wisconsin Council on Mental Health

September 16, 2015 1:00 pm – 3:00 pm

North Central Health Care

1100 Lake View Drive, Wausau, Wisconsin

MINUTES

Members of the Wisconsin Council on Mental Health (WCMH) in Attendance: Shel Gross, Tracey Hassinger, Rick Immler, David Nencka, Mishelle O'Shasky, Matt Strittmater

Department of Health Services (DHS) Staff in Attendance: Joyce Allen, Faith Boersma, Gail Chapman, Kay Cram, Ellie Jarvie, Brad Munger, Ryan Stachowiak

Guests in Attendance: Walt Nencka

Item 1: Call Council Meeting to Order

Read Guidelines for Conduct of Meeting

T. Hassinger read guidelines.

Review and Approval of Minutes of WCMH meeting of July 15, 2015

Council does not have a quorum, will approve minutes at the November 18, 2015 meeting.

Item 2: Fall Tour Debriefing and Feedback

Members of the Council provided feedback regarding the various presentations the Council received over the course of the 2015 fall tour of Central Wisconsin.

Portage County

S. Gross thought the Portage County system was well integrated. One item the Council may want to look at in more detail is dementia and mental health. M. Strittmater was impressed and surprised all police have been Crisis Intervention Team (CIT) trained. Portage County's consumer stipend policy was positive. M. Strittmater was surprised that the two county system has not found a way to allow for both counties in the partnership to provide stipends. As a mid-size county it is surprising that the Community Support Program (CSP) is not certified, but the county does offer a large spectrum of services.

M. O'Shasky thought that Portage County has been innovative, for example the county's jail diversion efforts. There are some concerns on the level of collaboration between the two counties, for example the jail systems appear to be significantly different.

T. Hassinger noted that the county has five peer specialists, which was very positive. F. Boersma noted that it was interesting to see the various definitions of drop in centers, club houses, and peer services across the organizations

B. Munger noted that he liked the work they do, but would like to see if they would adopt a certified CSP. K. Cram noted the CSP certification concern, DHS 34 was noted as a concern by the county, but she would be interested in hearing about the specific change which the county would want. E. Jarvie suggested that engaging with the peer networks in the area may be an opportunity.

R. Immler noted that access issues including psychiatrists, child psychiatrists in particular. R. Immler stated that it would be helpful to have baseline data across the counties to allow for comparison. Having this data for future visits would be helpful. Portage County appears to be doing a lot with few resources. R. Immler noted that a few people seem to be covering many roles, which is concerning.

Wood County

R. Immler noted that Wood County also reported worker shortages. An important theme is the importance of looking at the systems or organizations which may be potential collaborators in the community. E. Jarvie noted that Wood County provides a strong array of substance abuse disorder services. K. Cram noted that there were limited spots in the county's Coordinate Service Team (CST) program.

B. Munger noted that Dr. Andrews had 1500 clients, and that the county noted that intake was 1 hour and each visit with a client was 30 minutes. R. Immler noted that this caseload may lead to large gaps in between visits for clients.

F. Boersma suggested that connections could be made with some of the efforts being made in Public Health in the county. T. Hassinger noted that it seemed like a lot of the communications seem to be going through therapists as Dr. Andrews, who has such a high case load this may not lead to the best services.

M. O'Shasky noted that in her personal experiences in the county many of the services which were mentioned, such as follow up calls, are not provided. Psychiatry appointments have often been short with large gaps of time in between appointments. Some people experience a lot of barriers to accessing services and medications in Wood County. The organizational structure was hard to understand.

M. Strittmater noted that their suicide outreach efforts sound like a good policy to have. S. Gross thought it was interesting that they didn't note the mental health conference they are holding, but that conference is organized by the county Public Health Department. M. O'Shasky added that there appears to be a disconnect between the two arms of the county departments.

S. Gross noted that there seemed to be differences between Portage and Wood in use of private insurance and the Affordable Care Act (ACA) marketplace. It would be interesting to see how people are accessing the marketplace throughout Wisconsin. S. Gross added that the discussion regarding substance use reemphasized the need for the WCMH to continue to work with the State Council on Alcohol and Other Drug Abuse (SCAODA) on some of these issues.

Mental Health Partnership

S. Gross liked what Adams County was doing and the broad public health approach they were using with limited resources. It was important that they noted the relationship between poverty and children's behavioral health disorders. The WCMH needs to keep this public health approach in mind. There are plenty of indicators that there is a direct link to mental health and the Council needs to look at these factors as well. Perhaps there are opportunities to work with the legislature to address some of these broader systematic issues which impact mental health.

M. Strittmater thought it was impressive that this group of counties has stuck together and worked to improve their system. It is hard to tell exactly the outcomes of these efforts thus far, but it is encouraging that they keep meeting and to work on issues. M. O'Shasky thought they had a genuine passion to help people and very professional. Much of their efforts seemed to be done with an eye on prevention.

G. Chapman thought it was interesting to see county human services and social services departments working so closely together. The organization seems to have done a good job with this collaboration and this is something many counties could learn a lot from. B. Munger added that he was impressed by the level of collaboration and working to address the unique needs of a very low income environment, with an older population, and perhaps retirees and snow birds. K. Cram thought it was interesting that they were able to identify their likenesses, the use innovation, and looking at the broader picture to address problems. R. Immler noted he was pleased that the organization is satisfied with data now but also want to better integrate data for efficiency.

Medical College of Wisconsin

R. Immler was very impressed with how innovative the organization is in trying to serve the rural population. It remains to be seen the impact on the psychiatry side without having a clinical faculty and no faculty reimbursement.

E. Jarvie noted that was interesting to see a new model of medical education. K. Cram was impressed that the Medical College of Wisconsin (MCW) appears to have put a lot of thought into the details of the curriculum and the school. B. Munger liked the longitudinal and integrated approach of the curriculum as it brings together all the lessons learned throughout one's practice and how the branches of medicine go together in an integrated and holistic way. G. Chapman commented that the community engagement throughout the process was exceptional. J. Allen added that community engagement seemed to set the program apart. Throughout the history of the MCW the organization has always been more community focused and seems to have taken that to a new level which is impressive.

T. Hassinger was impressed that the MCW seems to be responsive to consumer involvement and the importance of lived experience. M. O'Shasky noted that barriers were discussed but the MCW appears to be open to additional suggestions and feedback on how to overcome barriers. M. Strittmater stated that there seems to be a conscious attempt to try to change the status quo and address the needs of a smaller or mid-size community. S. Gross noted that this MCW effort is a key project and he hopes the WCMH can keep following up with the MCW, in particular to help involve consumers and people with lived experiences.

North Central Healthcare

S. Gross was impressed by the three year data outcomes of North Central Healthcare's (NCH) implementation of the Zero Suicide Model. It was good to see NCH conscientious impact of quality improvement. M. Strittmater added that data was very promising and it is positive to see that a concerted effort made a difference. M. O'Shasky noted what stood out to her was that there was consumer input on calls and follow up. It is impressive that the NCH is willing to spend money on services for people who may otherwise not be able to afford it. T. Hassinger appreciated the dimensions which were noted that address multiple aspects of suicide prevention and that the organization is working on improving consistency and data. The organization's no blame policy is also very important.

F. Boersma thought the public/private partnership was impressive and that they were able to reach out to serve the community beyond the organization's initial charge. J. Allen thought the business model was impressive in that it is a business, but underneath that there is a mission. The organization seems to be finding a way to bring those two aspects of the NCH together.

J. Allen noted that she was thankful for the leaders of NCH, Mental Health America – Wisconsin, and DMHSAS staff for being leaders in the Zero Suicide Model and hopes there can be more implementation of the model across the state. G. Chapman stated that the implementation of the Zero Suicide Model was a major project for North Central with great outcomes.

B. Munger was impressed that the NCH was able to align Zero Suicide with its mission. It is curious what the next steps are for the provisions of service. Perhaps a robust CAMS approach would be beneficial, next steps might be in alignment. K. Cram thought it was impressive that NCH was able to implement the model across a large system and multiple levels, this success could help move this effort forward.

R. Immler was impressed by NCH's continuous quality improvement approach and a use of evidence based practices tailored to their organization's needs.

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

M. Strittmater noted that the committee discussed this visit, and discussed the need for more data. The committee is working with K. Cram to get a better picture of what data would be liked by the WCMH. The committee plans to address this moving forward.

Nominations Committee

M. O'Shasky noted that D. Wrenn is no longer able to participate on the Nominating Committee. S. Gross noted that he is happy serve on the committee. M. O'Shasky stated that the main problem being encountered is that none of the people the WCMH is recommending for appointment are being appointed by the Governor. M. Strittmater stated he will try to set something up to talk with the Governor's Director of Gubernatorial Appointments to discuss these problems.

Adult Quality Committee (AQC)

B. Munger stated that he attended the most recent meeting of the committee and provided some information on CSP.

Children and Youth Committee (CYC)

R. Immler noted that the Children and Youth Committee (CYC) has continued to work on strategic planning. The CYC has had great sharing about ideas. The committee utilized a scoring tool to help identify priorities. There is a proposal to consider shifting to meetings to every other month, and then have workgroups meet in the off months to work on more focused areas such as block grant, early intervention, school-based mental health, and issues of data and access. The CYC has also identified the need to make sure that the committee is not duplicating efforts of the Office of Children's Mental Health. B. MacRitchie will assume R. Immler's role as co-chair in January 2016.

Legislative and Policy Committee (LPC)

S. Gross announced that changes to Family Care were made in the State budget. Eight forums are being held around the state to provide input. Representatives also want to meet with the WCMH. DHS has provided a set of questions which they want public feedback on. The LPC is very interested in trying to work on areas which were identified in the budget paper. It is hoped that the WCMH can discuss this more in November.

S. Gross noted that the WCMH sent a letter Wisconsin's congressional delegation for non-support of Representative Tim Murphy's Helping Families in Mental Health Crisis Act of 2015 in Congress. There is a competing bill, the Mental Health Reform Act of 2015 which was introduced in the Senate. S. Gross noted there is word that there are efforts being made in Congress to work on a compromise to bring the two bills together.

S. Gross stated that there is a bill being introduced regarding MAPP. The bill includes a lot of advocacy feedback, but it will require people on MAPP to spend some amount for a premium each month.

S. Gross stated that William Parke-Sutherland of the LPC met with the chair and co-chair of the Mental Health Committee to talk about a potential solution to the barriers being encountered by Peer Run Respite.

Criminal Justice Committee (CJC)

M. O'Shasky noted that Joann Stephens has resigned as the co-chair of the committee. There are some CJC attendees who would like to become members. Green Lake County jail presented more information regarding their curriculum; interestingly they are also providing Peer Supports in the jail.

Item 4: Community Mental Health Program Consolidation

M. Strittmater discussed Community Mental Health Program Consolidation. As part of the budget there are some programs and funding sources which will be combined. Members of the WCMH were invited by DHS to discuss this consolidation as part of an advisory group. There were five separate pots of money which went to counties. Each funding stream began at different points in history and was intended for different purposes to different counties. More recently counties have used this funding largely for community based services. Now those dollars will come together as a single funding source. The DHS need advisement on how counties should utilize these dollars and based on those uses what sorts of expectations will there be for tracking these dollars and reporting. In addition, how the dollars will be allocated in the future is up for debate. M. Strittmater will bring back more information to share with the WCMH.

Item 5: Division of Mental Health and Substance Abuse Services Update

J. Allen noted that the DMHSAS is currently working on a \$1.5 million project on implementation for crisis assessment. This legislation ensures that a mental health professional is involvement in a crisis assessment. Area Administration has been a partner for surveying counties regarding their crisis systems. DMHSAS staff put together a write up of that information to help determine how to utilize these dollars to support counties in this transition. More information will be released by the funds must be used by June 30, 2016.

J. Allen discussed Comprehensive Community Services (CCS). Currently 21 of 23 regions have been certified in roughly a year. St. Croix/Eau Claire and Marinette/Oconto are still working on their certifications. Regarding CST, the DMHSAS will be putting out another RFP to provide the remaining 5 counties the opportunity to apply to provide CST services.

The DMHSAS recently had a technical assistant visit from Georgetown in the area of wrap around programs. This assistance is to help the state bring programs together more cohesively.

J. Allen discussed Medication Assisted Treatment (MAT). The DHS, Department of Justice (DOJ), and the Department of Safety and Professional Services (DSPS) are working together to address various issues. On Thursday and Friday a new campaign from DOJ will begin. This campaign is to prevent prescription drug abuse and working on drop boxes for medications, and talking with doctors on prescribing. DHS has received two grants, one from the Centers for Disease Control and Prevention (CDC), for working with prescribers and one for creating another opiate treatment program to help address these problems as well.

Item 6: Call for Future Agenda Items

Items which were noted are consumer involvement on the WCMH and Family Care.

Item 7: Adjourn

Meeting adjourned at 3:05pm.