



State of Wisconsin

**Wisconsin Council on Mental Health**

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

**July 15, 2015, 10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation**

**AV Conference Room at 1801 Aberg Avenue**

**Madison, WI 53704**

**MINUTES**

**Members of the Wisconsin Council on Mental Health (WCMH) in Attendance:** Matt Strittmater, Tracey Hassinger, Pat Cork, Charlotte Matteson, Kathleen Enders, David Nencka, Donna Wrenn, Shel Gross, Mishelle O'Shasky, Carol Keen, Rick Immler

**Department of Health Services (DHS) Staff in Attendance:** Joyce Allen, Ryan Stachoviak, Ellie Jarvie, Faith Boersma, Kay Cram, Kris Moelter

**Guests in Attendance:** Walt Nencka, Karen Herro

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

*Read Guidelines for Conduct of Meeting*

S. Gross read Guidelines for Conduct of Meetings.

*Review and Approval of Minutes of WCMH meeting of May 20, 2015*

**Carol Keen moved to approve the minutes of the May 20<sup>th</sup>, 2015 WCMH meeting.**

**M. O'Shasky seconded the motion to approve the minutes.**

**Motion carries, D. Wrenn abstains.**

*Announcements*

M. O'Shasky announced that GEP has secured a location for the peer run respite in Menomonie. The respite will be in a commercial area and currently has four bedrooms.

M. Strittmater presented Shel Gross with a letter of thanks for years of service as Chair of the Council.

D. Wrenn announced that Home Program in Wisconsin is used for tenant based rental assistance. There is a bill which would cut funding for this program by 93%. D. Wrenn will provide information to the WCMH. This cut will have a huge impact.

## **Item 2: Mental Health and Substance Abuse Block Grant Review**

R. Immler suggested the block grant process should begin earlier in the year to give the WCMH and Committees more time to work with the materials and plans. A good amount of the current Children and Youth Committee (CYC) strategic planning is focused on early intervention, trauma, and school-based mental health services. These are areas which block grant dollars could be used to address. Other states utilize block grant dollars for training in Evidence Based Practices (EBP) for children's behavioral health. Guidance from SAMHSA also stresses the importance of utilizing EBPs.

J. Allen noted that guidance from SAMHSA requires that states use Mental Health Block Grant (MHBG) dollars for Children with a Serious Emotional Disorder (SED) and adults with a Serious Mental Illness (SMI). Because of these requirements states cannot use the MHBG for primary prevention. J. Allen suggested that training and utilization of EBPs for children's behavioral health can be incorporated as a strategy for the Children's Mental Health priority area.

D. Nencka asked what is being done to address transition age youth. J. Allen stated that the DMHSAS had applied for a grant for transition age youth; the NOW is the Time healthy transitions grant. The expansion of the CCS program also helps serve this age group. The Early Intervention for First Episode Psychosis program is being funded by the block grant and is being implemented by Journey Mental Health in Madison.

P. Cork discussed that a good portion of the block grant is utilized for CST services. The Governor's budget initiative has also funded CST. P. Cork stated that the DMHSAS can provide additional information regarding CST in the future if the Council would like to learn more about the program.

T. Hassinger asked that the Council receive more information regarding the consumer satisfaction survey. Members of the Council also requested that the DMHSAS provide a list of those organizations that are implementing the Zero Suicide Model. S. Gross stated that he could provide a list.

S. Gross stated that he would like additional programs under the adult mental health priority. Would it be possible to include other programs in the indicator such as CSP? Would like to see how each program is serving. Regarding the criminal justice priority, the population should be clarified. The priority area refers to the number served and competing, but the indicator refers to the evidence based practices received, they should correspond better. Regarding the suicide prevention strategy, given the high jump in the suicide rate of men, the target population should be modified to be males 40-59. K. Cram noted that the programs utilize different surveying methods and surveys, which makes it difficult to include all programs in this indicator, whereas CCS is standardized.

C. Matteson asked if there will be specific efforts made to increase satisfaction of outcomes. J. Allen stated that these numbers have been historically been low. This is why we want another look at these rates. The DMHSAS is hoping to learn what does help and improve these rates.

M. Strittmater stated that measuring consumer satisfaction is important, but it would be beneficial to use more robust measures in the future. Regarding the TAD priority there does seem to be a disconnect in the target area, perhaps the wording needs to be changed.

J. Allen and R. Stachoviak discussed planned MHBG funding, and block grant requirements.

D. Nencka asked regarding protection and advocacy. J. Allen stated that Disability Rights Wisconsin (DRW) is the designated organization. This year there has been some conversations with DRW on exploring how information regarding parity laws can be distributed.

R. Immler recommended that youth be removed from the Criminal Justice indicator as TAD is intended for adults. J. Allen noted that the DMHSAS does not have as much involvement in the juvenile justice system other than what is done through CST.

R. Immler noted that Wisconsin appears to allocate a greater portion of the block grant for peer services than other states.

Less accountability for how counties spend their dollars and their outcomes, believe there should be more performance measures for counties.

B. MacRitchie asked if the funding changes will have a big impact on the current contract for the Wisconsin Alliance for Infant Mental Health (WIAMH). J. Allen stated that WIAMH was supporting education and professions educated in IMH and work in socio-emotional development. The DMHSAS plans to work with WIAMH to see if the contract can be changed to ensure the work being done is more in line with SAMHSA's requirements.

S. Gross stated that the block grant draft on narrative page 33 should be updated to reflect DRW's likely role in parity education.

R. Immler stated, as a provider representative, facing a crisis with an aging workforce. R. Immler noted that he appreciates peer supports, but also encourages DMHSAS to look at clinician issues. Wisconsin has lost good clinicians to other states, and it is important to look at how to retain workers, especially given low reimbursement rates.

S. Gross added that current reports on health workforce, current estimates that the number of psychiatrists in Wisconsin will fall short of those who will likely be retiring. It might be useful for the Council to have presentations on telepsychiatry and the children's consultation line. S. Gross noted his appreciation of the DMHSAS efforts to increase qualitative and client based outcomes as components of the MHBG plan.

**S. Gross moves for Chair Matt Strittmater to write a letter summarizing the WCMH's positions on the block grant application to provide to SAMHSA as part of the block grant application.**

**C. Matteson seconds the motion.**

**Motion carries.**

### **Item 3: Block Grant Plan Public Comment Period**

No public comment was made.

### **Item 4: Working Lunch**

## **Item 5: Council Committee Reports, Discussion and Recommendations**

### *Executive Committee*

M. Strittmater stated that the Executive Committee most recently began discussing the WCMH fall tour planning. The Committee plans to have the Council visit central Wisconsin. M. Strittmater has reached out to Portage and Wood counties to see if those systems would be willing to participate in the tour. There is also a plan to visit the new medical college in the Wausau area. Tentatively the plan would be to spend day one of the tour visiting Portage and Wood County and on day two visit the medical college.

### *Nominating Committee*

M. O'Shasky noted that the Nominating Committee has one candidate to discuss and plans to meet prior to the next Council meeting. Members of the Council discussed the current memberships and vacancies. M. Strittmater suggested that a meeting with the Director of Gubernatorial Appointments may be appropriate to help facilitate the appointment of new members.

### *Criminal Justice Committee (CJC)*

M. O'Shasky discussed CJC membership. The CJC has developed a new application for interested people to complete. There are two new people who are applying to the committee.

The CJC most recently had a discussion about Juvenile Justice and the technical assistance the state is receiving right now. Much of the work is based on increasing diversions from schools to crisis services, rather than the police. There is a model being implemented in the Rock County, Beloit School district. This program is using a model from Connecticut as a best practice.

M. O'Shasky stated that members from the Creative Correction Foundation from Texas will come and present at the October CJC meeting.

### *Adult Quality Committee (AQC)*

K. Enders stated that Laura Blakeslee from DMHSAS presented on Community Support Programs and Comprehensive Community Supports. The committee has also recently spent time reviewing the consumer satisfaction survey and provided the DMHSAS with recommended language changes. The AQC most recently reviewed the Needs Assessment and the Block Grant Plan and provided feedback to DMHSAS. The AQC plans to meet with Brad Munger from the DMHAS regarding the Community Recovery Services program at the upcoming meeting. K. Herro one area the group hopes to hear more about is transition between programs.

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

R. Immler stated that the CYC conducted a review of the Mental Health Needs Assessment and block grant priorities at the most recent meeting. The CYC also discussed strategic planning, looking at the CYC's priorities, and working to narrow down the list. The committee did a ranking of the list. The CYC will continue talking about strategic planning and orientation process in at upcoming meetings.

*Legislative and Policy Committee (LPC)*

S. Gross noted that the LPC had some changes in committee membership. M. Strittmater is now the alternate as he has taken on the role of WMCH Chair. Mike Lappen will now serve as the primary representative from WCHSA to the LPC. M. Strittmater will serve as the alternate member. Annabelle Potvin left NAMI-Wisconsin and she has been replaced by Crystal Hester. Dori Richards and Britt Cudaback have been appointed as at-large members to the LPC at the most recent Executive Committee meeting.

At the most recent meeting the LPC proposed that the WCMH Chair send a letter to the Governor detailing the positions which the WCMH has taken on various components of the budget as the Governor considers vetoes. The LPC felt that it was important that this be communicated to the Governor as it was previously only communicated to the Joint Committee on Finance. M. Strittmater sent a letter to the Governor.

Regarding the Assembly Mental Health Committee, the committee did receive some testimony at two listening sessions. The LPC has wanted to identify proposals that wouldn't have a fiscal impact. The LPC came up with a list of priorities which would not have a cost: 1. changing statutes so that members of the WCMH to receive stipends. 2. Changing the requirements for TAD so that people who only have a mental illness can be served and not just a co-occurring disorder, and 3. Address the statutory issues around peer run respite. The LPC also identified other priority areas which would likely have a fiscal implication: 1. Individualized Placement and Support (IPS), stigma reduction, and peer specialist training.

***Motion: Oppose HR2646 - Helping Families in Mental Health Crisis Act of 2015***

S. Gross introduced a motion that the WCMH send a letter to Congressional delegation asking them to oppose HR2646. HR2646 is a new bill that contains many of the same elements as a bill introduced by the same author last session. WCMH requested that the Congressional delegation oppose that bill. Many of the concerns expressed in that letter have been addressed to some degree. However, the LPC believes that there still appear to be an underlying philosophy reflected in various elements of the bill that devalues consumer involvement and recovery-oriented care. One element which the WCMH was concerned about before was language in the bill which would penalize states if they don't have involuntary outpatient treatment. In addition there was also specific language regarding eliminating consumer and family support centers.

There were changes made to the current bill. New bill would increase the MHBG for those who have assisted outpatient treatment. The current bill also removes language regarding defunding consumer supports, but there are other elements which would impact consumer supports via other means. The bill does change the role of consumers and family members for SAMHSA advisory councils, but does not impact state advisory councils like the WCMH. Funding for protection and advocacy organizations remains the same, but their role is restricted.

Senator Chris Murphy is also introducing a comprehensive mental health reform bill, but the bill has not yet been released. None of the Wisconsin delegation has supported the Murphy bill, but the LPC feels it is important to communicate concerns to the delegation as this time.

R. Immler noted from a provider perspective there are some scary situations where establishing dangerousness is quite challenging, especially given the limited authority a provider often has. It is important to protect a client's rights but it is a difficult balance. Most people have fine judgment but

there are situations where someone may not. R. Immler noted his hope can be collaboration between advocacy groups and providers.

S. Gross stated that does not appear to be as many co-sponsors on this bill as there was on the previous Murphy bill. MHA's position is that they want to work with Murphy and he appears to be willing to work on elements of the bill as well.

**Motion for the WCMH to send letter to the Wisconsin Congressional delegation asking them to oppose HR2646 carries. R. Immler, P. Cork, and B. MacRitchie abstain.**

***Motion: Oppose SB181 - Competency determination hearings and commitment***

S. Gross introduced the second motion from the LPC, to Oppose SB181. In current law at a competency hearing if the court determines that the defendant is not competent but is likely to become competent within the shorter of 12 months or the maximum sentence for the most serious offense with which he or she is charged, the court must commit the defendant for treatment for the shorter of 12 months or the maximum sentence for the most serious offense with which he or she is charged.

Currently if the individual is determined incompetent to stand trial, the criminal case is paused while treatment is provided to determine if competency can be restored. In many cases, treatment and access to medication are effective to restore competency. In the remainder of cases, if the person has not regained competency after 12 months, the criminal charges are usually dismissed without prejudice, thus allowing the charges to be refiled if and when the individual regains competency. The charges can also be "suspended" rather than outright dismissed. Current statute contemplates these situations and makes specific allowance to convert the incompetency detention to a Ch. 51 commitment for treatment or even to allow the judge to recall the person to court for redeterminations of competency

Under the proposed bill if a court at a competency hearing determines that the defendant is not competent but is likely to become competent and the defendant was charged with a serious felony or a serious child sex offense, the court must commit the defendant for treatment until the defendant becomes competent or for the duration of the maximum sentence for the most serious offense with which he or she is charged, whichever is shorter.

The bill could lead to a situation where the defendant is presumed guilty of the crime charged, when the determination of incompetency has paused the criminal proceeding at a point when he or she should be presumed innocent. The bill removes due process protections for individuals with mental health disorders.

**Motion to oppose SB181 carries, P. Cork abstains.**

**Item 6: Division of Mental Health and Substance Abuse Services Update**

*CCS Update*

J. Allen presented a report which the DMHSAS provided to the Joint Committee Report to Joint Finance Committee presented by J. Allen. The report detailed outcomes of the CCS regional expansion, involving 16 regions which are part of the CCS expansion. Counties are making good progress; however the amount of reimbursement is less than projected. Counties are gaining momentum and it is hoped that the program continues to grow.

### *Budget Updates*

J. Allen discussed a bill to consolidate mental health funds. This bill will combine several funding streams and contracts into one. The DMHSAS plans to bring together a group of stakeholders to provide guidance for this consolidation. Funding will remain the same in 2016. Kay Cram stated that each contract has its own reporting requirements, but this will be an area of discussion as the process moves forward.

J. Allen noted that the statutory language for the crisis assessment process was also changed. These changes came with 1.5 million for the first year to help implement the changes. The first step is to work with area administration as they conduct a survey on county crisis programs. This will help the Division make informed decisions. P. Cork stated that the significant change is that counties will have to use a mental health professional to do an assessment in a crisis situation prior to an emergency detention being done. Mental health professional is defined in a mental health rule in crisis language. M. Strittmater requested that than when the report is done that DMHSAS present this report at a WCMH meeting.

### **Item 7: Break**

### **Item 8: Open Discussion - "Who are We, Why are We Here?"**

D. Wrenn, M. Strittmater, and M. O'Shasky shared stories and personal experiences.

### **Item 9: Call for Future Agenda Items**

1. Websites posting criminal records
2. Medicaid – Where are the opportunities for true collaboration with Mental Health
  - a. Prior authorization
  - b. Presents barriers for children
3. Workforce issues
4. SAMHSA/NASHMHPD data regarding inpatient hospitalization rates, can DMHSAS provide more information
5. Integrated care
6. Additional discussion and information regarding the Substance Abuse Block Grant
7. Block Grant application and review timeline
8. Consumer satisfaction survey

### **Item 10: Adjourn**

Meeting adjourned at 3:30pm.