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
May 20, 2015 10:00 am to 3:30 pm
Division of Vocational Rehabilitation, 1801 Aberg Avenue, Madison, WI 53704

Minutes

Members of the WCMH in Attendance: Shel Gross, Kathleen Enders, Charlotte Matteson, Julie-Anne Braun, Tracey Hassinger, Pat Cork, Mishelle O'Shasky, Matt Strittmater, Kathryn Bush, Dave Stepien, Carol Keen, Rick Immler

Department of Health Services Staff in Attendance: Joyce Allen, Kay Cram, Ryan Stachoviak, Ellie Jarvie, Faith Boersma, Kenya Bright, Tim Connor

Members of the Public in Attendance: William Parke-Sutherland – Grassroots Empowerment Project

Item 1: Call Council Meeting to Order

Read Guidelines for Conduct of Meeting
T. Hassinger read Guidelines for Conduct of Meetings.

Review and Approval of Minutes of WCMH meeting of March 18, 2015

M. O'Shasky moved approve the minutes of the March 18th, 2015 meeting.
C. Keen seconded the motion to approve the minutes of the March 18th, 2015 meeting.
Motion carries unanimously, minutes approved.

Announcements
M. O'Shasky announced that Grassroots Empowerment Project (GEP) was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to develop and implement a Forensic Peer Specialist program in Wisconsin.

Public Comment
No public comment was made.

Item 2: Mental Health and Substance Abuse Needs Assessment Review

S. Gross introduced Federal Statutes regarding the Mental Health Block Grant (MHBG). T. Connor introduced the mental health block grant needs assessment. T. Connor informed the WCMH that the current Needs Assessment document is an update of key areas of the full Needs Assessment document. There are several sections to the update. Section one looks at the prevalence of needs across the state,

the second area is access to services, the third is workforce capacity, and lastly mental health and substance abuse outcomes. In cases where Wisconsin level data is not available national level data is utilized. T. Connor noted that the overall rate of mental health need has not changed, and Wisconsin rates largely mirror the national rate.

In response to T. Hassinger's question regarding sources of data T. Connor stated that there are several national surveys which are conducted. The surveys are anonymous and random. Middle aged individuals tend to have higher rates of mental illness, and females have greater needs as well. Native Americans have a higher rate of mental health needs but this rate can vary because the small population.

T. Connor noted that the State largely has access to the public mental health system but does not readily have access to clients in the private health care system. When looking at numbers served, especially children it is important to note that each county serves it residents differently. Some counties report serving very few youth, this may be due to some counties contracting out or deferring to other providers who are better suited to serve youth. R. Immler asked that with future updates to the Needs Assessment that Medicaid data be included.

K. Bush recommended bringing Office of Children's Mental Health data into the report as well to illustrate the need which WI is experiencing. J. Braun noted that not wanting to seek treatment is also very much so related to stigma that people encounter, which discourages people from wanting to seek treatment. T. Hassinger stated that she is concerned about the lack of access. People may not feel they can trust a provider. Consumers are often placed in a situation where a clinician has sole input into a person's care and the voice of the consumer is not always heard.

R. Immler recommended a gap analysis by county for children's mental health. Having this detailed breakdown would be beneficial. K. Enders stated that it might be very helpful to have a real life experiences included as part of this report. It can be very helpful to include stories which reflect the different demographic groups.

T. Connor described the Service and Workforce Capacity section of the Needs Assessment noting since the last needs assessment there was another report generated which looks at the volume and type of county delivered mental health services. The overall question here is what info could you take from this? In regard to CSP it appears to be a continuing demand. Even though there is money for the Community Support Programs (CSP) waitlist there is still a high level of need seen. One positive is that more Certified Peer Specialists (CPS) are licensed throughout the state and there is an increase in the geographic distribution of the CPS.

R. Immler asked if in the future, because of smaller counties, would there be a way of collapsing across categories. Could there be a comparison by expenditures, and per capita? On page 23 on inpatient services there seems to be a 40% reduction in inpatient service use. T. Connor said that this reduction could be the issues regarding the transition to PPS, but anecdotally this has been improved since the implementation of PPS.

Regarding peer specialists, K. Bright stated that people elect to become CPS. Have in the past have had funds for training, do try to select parts of the state where have not previously had a CPS training. The DMHSAS is currently working on an integrated training. Trainings are expensive, and DMHSAS unfortunately does not have the funding to provide it to all who are interested free of charge, the

Division of Vocational Rehabilitation does have funding for people who would like to receive the training. E. Jarvie noted that Wisconsin is seen as a model for CPS, and it is still a very new initiative.

R. Immler stated that it would be helpful to separate out IMDs and hospitalization rates, and inpatient types. K. Enders noted regarding supported employment, it might be helpful to track supported employment numbers to see if they mirror those number collected by DVR.

T. Connor discussed quality and outcomes. The information was drawn from the annual mental health consumer satisfaction survey. The survey asks questions about topics such as access to services, good hours, and availability of staff. Consumers are more satisfied with services, and less satisfied with outcomes and participation. Regarding suicide rates, rates are rather consistent over time. Wisconsin's rates are consistently, but slightly, above the national rate. In 2013 the rate diverged, with Wisconsin's rate increasing, and rates for men in particular are climbing. The report also includes information regarding inpatient readmission rates, over a five year period, from 2009-2013, the rate has decreased. There is work being done in this area, you can't say that this change is due to the inpatient efforts being made by DMHSAS but they could be correlated.

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

Officer Elections

S. Gross announced that there are three individuals who have indicated their willingness to serve as Council leadership. Matt Strittmater has agreed to be considered for the role of Chair, Mishelle O'Shasky has agreed to be considered for the role of Vice-Chair, and Julie-Anne Braun has agreed to be considered for the role of Second Vice-Chair.

Mishelle O'Shasky moved to nominate Matt Strittmater to be Chair of the WCMH effective July 1, 2015.
T. Hassinger seconded the nomination of Matt Strittmater.
Matt Strittmater is unanimously approved as the Chair of the WCMH effective July 1, 2015.

J. Braun moved to nominate Mishelle O' Shasky to be Vice-Chair of the WCMH effective July 1, 2015.
C. Keen seconded the nomination of Mishelle O'Shasky.
Mishelle O'Shasky is unanimously approved as the Vice-Chair of the WCMH effective July 1, 2015.

M. O'Shasky moved to nominate Julie-Anne Braun to be Second Vice-Chair of the WCMH effective July 1, 2015.
R. Immler seconded the nomination of Julie-Anne Braun.
Julie-Anne Braun is unanimously approved at the Second Vice-Chair of the WCMH effective July 1, 2015.

Opportunity School Partnership Program

S. Gross stated that the Executive committee held an emergency meeting on Monday for rapid response process. This legislation was brought up yesterday. The Council opposed it being included in the budget process, as did not allow for adequate stakeholder input or public feedback. The concern regarding this

was that when kids with disabilities are in the voucher schools they lose their protections under the Individuals with Disabilities Education Act (IDEA). S. Gross did send out a press release stating the Council's opposition to this legislation.

Nominations Committee

J. Braun stated that there is one applicant to review and she will be interviewing the applicant this coming week. The nominating committee will have more information at the next meeting of the WCMH.

Criminal Justice Committee (CJC)

M. O'Shasky stated that the CJC canceled the most recent meeting. The CJC will have a meeting this coming month, and the committee will be discussing a budget proposal to open up more women's beds in the correctional system.

Adult Quality Committee (AQC)

K. Enders stated that the AQC had a meeting on April 6. At that meeting Donna Wrenn provided an update regarding homeless grants. The AQC reviewed the feedback regarding CCS. The Committee plans to have more presentations in the future. The Committee also reviewed the draft MH/AODA Functional Screen, and provided feedback to DMHSAS staff. The screen is used for intake purposes; it is in the process of being reviewed, the AQC recommended some language change suggestions. The next meeting will be held in June.

Children and Youth Committee (CYC)

S. Gross appointed Snezana Matic to the Children and Youth Committee.

R. Immler stated that Theresa Steinmetz has also joined the CYC. The CYC is working on focusing on parent involvement and youth involvement. Joanne Juhnke has been helpful in monitoring legislation. The CYC is working on strategic planning and seeking to identify a new strategic focus.

Legislative and Policy Committee (LPC)

S. Gross appointed Tracey Hassinger to the Legislative and Policy Committee.

The LPC has also been looking at membership and has invited some people who have applied to the Council to participate with the LPC.

<u>Motion: Peer Run Respites</u>
S. Gross noted that there is continued difficulty in Menomonie for the peer run respite (PRR), the Madison site is also dealing with zoning issue. Local officials feel that there is a lack of information in statute. P. Cork stated that the DHS cannot represent vendors as DHS' attorneys can only represent the State.

W. Parke-Sutherland stated that people don't understand what it is and people get scared about MH and crisis. Communities are saying these locations can't be in a residential area, but could maybe in a

commercial area, but may need special use permit. There is still a lot of work to be done to increase people's understanding on what these places are, and why they are necessary and important. People jump to conclusions and there is a lot of 'not in my neighborhood' opinions. If the PRRs had more time they could probably have built more community support. W. Parke-Sutherland added that the DHS has been very supportive and flexible. The DHS has been working with the PRRs to help find ways to serve people in the meantime.

P. Cork added that the DHS did not anticipate the amount of trouble the PRR with zoning regulations. Those in areas zoned as R-1s have not been able to open. The DHS has been dealing with this for some months. The Department has asked the vendors to find alternate locations, instead of taking on the zoning law or statutes, the DHS asked to look for other places. It is believed that it will be possible to find other places and it is a challenge. The DHS Secretary's Office is not willing to advocate having statutes changed at this point in time. The preference is that we try to find other locations where there hasn't been as much difficulty. The DHS missed the piece of getting community support. The Department can help the Council identify what statutes would need to be changed, but the Department cannot advocate, but the Council can if they choose to do so.

K. Enders remembered the Council discussing PRRs last year and the zoning issues which could arise. It is disappointing that it this wasn't worked out prior as it was recognized as a possible barrier. The level of difficulty was an unknown. P. Cork stated that the DHS did spend a lot of time looking at the zoning issues with this, ended up comparing this to a domestic violence shelter, as they are often in residential areas, providing many of the similar supports. Those shelters are regulated by local zoning laws. The DHS came to the conclusion that these services could be in communities if worked in to the local zoning laws.

J. Braun stated that stigma is a big component about why organizations like this would be opposed by neighborhoods. T. Hassinger stated that the language of the Peer Run Respite is confusing and undefined. W. Parke-Sutherland stated that another barrier is that the PRRs can't use money from the grant to buy property; the PRRs need to find someone they can rent from, but for any permit need to know exactly where the location will be. A property owner won't want to wait the 60 days to wait for an approval and lease.

The Legislative and Policy Committee propose that the WCMH write a letter requesting the DHS to investigate the problems that Peer Run Respites (PRR) have had siting their programs and recommend solutions.
Motion carries, D. Stepien, P. Cork, and K. Bush abstain.

Item 4: Working Lunch

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

Current Block Grant Priorities

S. Gross discussed the updated Wisconsin Suicide Prevention Strategy. The project has a goal of zero suicides. Setting the goal of these efforts to be zero suicides fundamentally changes what you do. It is

important to view suicide as a preventable medical problem as you would in other medical models. It is up to the system as a whole to integrate zero suicide principles.

R. Stachoviak provided background regarding the block grant. Specifically the Block Grant funds are directed toward four purposes: treatment and services for uninsured, treatment and services not covered by Medicaid, Medicare or private insurance, primary prevention, collect performance and outcome data. Wisconsin's FY2015 Mental Health Block Grant allocation is expected to be $7,274,287. Based on federal statutes Wisconsin is required to not spend less than the amount expended in 2008 for the children's set aside which is roughly $2,200,000 annually. There are also limitations on administrative expenses; no more than five percent can be expended administrative costs. Five percent is spent on early intervention services, which is Wisconsin's pilot Coordinated Specialty Care program being implemented by Journey Mental Health.

Wisconsin's first priority was to improve access and quality of recovery-oriented mental health and substance abuse services for adults, youth and children that promote evidence- based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery Services (CRS), peer support, and supported employment. This priority was achieved in 2014 and will likely be achieved in 2015 as well.

The second priority area was regarding children's mental health with a goal to increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) initiatives. This goal was achieved, with Wisconsin surpassing a targeted 59 counties with wraparound services.

Priority number three is related to mental health services in the criminal justice system. The goal was to increase the use of effective and recovery-oriented evidence-based services for mental illness for persons coming in contact with the criminal and juvenile justice system. Efforts were made to work with the state's Treatment Alternatives and Diversion Programs (TAD).

Priority four is regarding suicide prevention, and to reduce the rate of suicide in Wisconsin, including but not limited to persons age 50-59, service members and veterans.

Mental Health Funding Plan

J. Allen discussed the 2015 mental health block grant funding plan. The following amounts are planned:

1. **Formula Community Aids** - $2,513,400, for aids to counties for mental health services
2. **Children's MH Programs** - $1,826,500, for CST and CST Technical Assistance
3. **Family/Consumer/Peer Support** - $1,015,848, for NAMI-Wisconsin, Wisconsin Family Ties, Independent Living Resources, Non-profit consumer operated organizations
4. **Systems Change** - $54,287, for WI Alliance for Infant Mental Health (IMH Consultation)
5. **Recovery, Early Intervention, Prevention** - $493,991, for Mental Health America (Prevention, Early Intervention, Suicide Prevention), Journey Mental Health (5% Set Aside for Early Intervention)
6. **Redesign/Transformation Activities** - $729,177 for Shared services pilots, Peer Specialist and Parent Peer Specialist Certification and Development, Supported Employment, Homeless Access Services, Tribal Best Practices, UW – Evaluation Services and NIATx Mental Health Collaborative

7. **Training** - $160,000, for Teleconference Training, Consultation, Peer Specialist Training
8. **Protection and Advocacy** - $75,000, for Disability Rights Wisconsin
9. **State Operations and Program Development** - $710,000

Item 6: Block Grant Priority Setting

Members of the WCMH provided the following feedback on the block grant priority areas:

- Priorities should incorporate more consumer specific, survey driven outcomes.
- It may be helpful to conduct a survey of program awareness, seeing who knows what services are available, who qualifies, and how the system works. This could illustrate the needs around education for people so they know where to go and what services they can receive, and how to get access. This is also important for parents of children.
- Stigma reduction remains an important effort to ensure people feel comfortable seeking care.
- Early intervention should be a priority.
- Enrollment numbers are not always the best means to measure program effectiveness.
- The Criminal Justice priority area is very broad; it would be good to increase the specificity.
- Want to see more numbers in regard to quality of services, and outcomes.
- Measurement of savings would be beneficial.
- It appears that there is a lot of siloing in the priorities and use of the block grant. Staff appear to feel pressure to ensure measures line-up with the time limitations of the grant window.
- Are there certain measures which we can utilize which would cross program lines?
- A good questions is now can we put more money into community based programs.
- Is there a way to bring all crisis services into one model, a best practice? That would allow for a measure for suicide prevention.
- A direction would be having a better screening for the use of evidence based practices. More clearly define the evidence based practices being used.
- Priority areas should be focused on consumer issues rather than on programs.
- In listening to the state staff, there often may be a disconnect between block grant reporting requirements, and what staff may actually want to fund or report.

Item 7: Who Are We? Why are We Here?

J. Braun shared her personal story.

Item 8: Call for Future Agenda Items

The July 15th WCMH meeting will largely be devoted to the Block Grant plan and discussion.

Item 9: Adjourn

Meeting adjourned at 3:30pm.