



State of Wisconsin

**Wisconsin Council on Mental Health**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

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

**September 18, 2013 12:45 pm – 3:00 pm**

**Community Advocates**

**728 N. James Lovell St. Milwaukee, WI 53233**

**Member of the Council in Attendance:** Kathryn Bush, Kim Eithun-Harshner, Shel Gross, Richard Immler, Carol Keen, David Nencka, Mary Neubauer, Jo Pelishek, Joann Stephens, Dave Stepien, Matt Strittmater, Sister Ann Catherine Veierstahler

**Department of Health Services Staff in Attendance:** Joyce Allen, Faith Boersma, Sarah Coyle, Kay Cram, Jami Crespo, Brad Munger, Ryan Stachoviak

**Members of the Public in Attendance:** Barbara Beckert (Disability Rights Wisconsin), Michael Harper, Walter Nencka, Brenda Wesley (NAMI-Milwaukee), Wayne Wilson

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

*Welcome and Introductions*

S. Gross began introductions. Members of the Council, the Department of Health Services, and the public introduced themselves.

*Read Guidelines for Conduct of Meeting*

R. Immler read guidelines.

*Review and Approval of Minutes of WCMH meeting on July 17, 2013*

**J. Stephens moved to approve the Council meeting minutes of July 17, 2013.**

**C. Keen second the motion.**

The following amendments to the minutes were noted:

1. Under agenda item two, line three what is written as independent learning center should be written independent living center.
2. Aaron Rasch's name is spelled incorrectly in various places throughout the section.
3. On page nine, under healthcare reform, R. Immler's comment should read the "data are somewhat confusing".

**Motion to approve the meeting minutes as amended carries unanimously.**

## *Announcements*

J. Stephens an upcoming event with author Michelle Nelson-Schmidt about her book Jonathan James and the Whatif Monster. Stable Life is partnering with the Whatif Wisconsin Reads initiative to get the book to Kindergarteners to third graders in the state by next spring. A special printing of the book will be run, and to be included in this printing will be a message of hope, recovery and anti-stigma in the back of the book along with a list of organizations in Wisconsin that provide support. J. Stephens will bring a formal announcement to the November 20 WCMH meeting along with a copy of the book.

K. Bush announced that the Department of Public Instruction has been awarded a federal grant which will be dispersed for bringing services up to date for parents of school aged children. School districts will be able to apply for this funding via a competitive grant process for which a request for proposals will be sent out. There will also be several workshops over the coming week regarding this application process. K. Bush will send information to R. Stachoviak for distribution to the Council.

## **Item 2: Council Committee Reports, Discussion and Recommendations**

### *Executive Committee*

S. Gross noted that he did share two letters with the Council which the Legislative and Policy (L&P) Committee had sent to the Speakers taskforce. S. Gross asked the Council if anyone had questions or statements regarding the two letters. R. Immler asked for clarification regarding the positions taken by the L & P Committee in the letter, noting that the letters have the quality of implying a position, in particular as it applies to issues regarding HIPAA.

S. Gross stated that the concern was that the Wisconsin Hospital Association (WHA) recommendations did not reflect consensus among a broad group of stakeholders. S. Gross noted that there had been concerns raised by the public regarding the sharing of personal health information. The Committee would like to see positions moved forward which have been discussed and received consensus by a group of stakeholders. While it is unclear how this consensus could be made, S. Gross stated, in the testimony he provided to the Speaker's Taskforce on Mental Health that he noted a group of stakeholders which was brought together previously to work on some topics for DHS. This group was brought together for only a period of time and brought a broad group of people together over the course of 9 months.

S. Gross noted that the WCMH meeting on November 20<sup>th</sup> will not be at the Division of Vocational Rehabilitation. R. Stachoviak stated that the meeting would likely be at the Mendota Mental Health Institute and information would be provided once the meeting location is established.

### *Nominating Committee*

M. Neubauer stated that the Committee had recommended the appointment of Christine Williams to the Governor. However, there has not been any word from the Governor's Office at this time regarding her recommendation or nomination. M. Neubauer also noted that she is currently doing outreach recruit new members to the Council.

J. Stephens asked if there was a means through the schools via which people could be recruited. K. Bush noted that via DPI there is a listserv which could be used as a means of distributing a flier. R. Stachoviak will upload the current WCMH recruitment flier to the WCMH website and provide the link to K. Bush for distribution.

### *Adult Quality Committee*

S. Gross stated that Karen Herro is now the Chair of the Adult Quality Committee. The Committee met at the end of last month and as many members are new to the Committee a good amount of time was spent providing updates and brining the group up to speed on issues and topics such as the new budget initiatives, peer respite, and consumer operated programs.

### *Children and Youth Committee*

K. Eithun-Harshner stated that at the previous Children and Youth Committee a motion was put forward to support the development of a Child Psychiatric line. The Committee also received information from Lisa (Last name?) regarding the Affordable Care Act and discussed how the Committee could assist people in receiving the new services made available by the act.

### *Legislative and Policy Committee*

Motion 1: The first motion from the Legislative and Policy Committee (L & P) is to approve Letter from the Chair to the Speaker's Taskforce on Mental Health with comments on the Chairperson's draft report. S. Gross presented the motion and detailed the contents of the draft letter (attachments 1a and 1b). S. Gross asked if any members of the Council had comments or questions regarding this motion or the draft letter. R. Immler stated that often emergency rooms are placed in a difficult position regarding discharging a person with a mental illness. With counties having budgetary issues, there may be more circumstances when a county may have to place a person on hold, rather than provide immediate mental health services.

**Motion carries unanimously.**

Motion 2: The second motion from the Legislative and Policy Committee is for the Council to support the Affordable Care Act recommendations from United We Stand Wisconsin (attachment 2). S. Gross stated that the motion pertains to paper regarding the ACA recommendations from Empowerment Days. The L & P Committee recommends that the Council go on record of supporting the position paper. A number of recommendations in the paper are steps that the DHS and Office of the Commissioner of Insurance could do, and there has been steps taken regarding these recommendations already. At this time it is known that the DHS does not have any plans of expanding Medicaid to 133% FPL. There is attention being given to the numerous people involved in enrollment activities. There is particular interest that there are special outreach efforts done to reach people with mental health needs.

**Motion carries.**

**D. Stepien abstains.**

### *Criminal Justice Committee*

J. Stephens presented a handout of the Criminal Justice Committee's (CJC) recent strategic planning. J. Stephens stated that Lynn Breedlove led the Committee through their strategic planning process. At the most recent CJC meeting in August the Committee tied up some pieces of the process. One theme which L. Breedlove weaved throughout the strategic plan was the consumer involvement, something which was repeatedly identified as critical in the planning process. The CJC strategic plan will be finalized at the Committee's October meeting. The hope is to then develop an action plan for the next meetings,

evaluating how current projects fit into the new strategic plan. The CJC strategic plan can be shared with the Council at the November 20<sup>th</sup> WCMH meeting.

### **Item 3: Dept. of Mental Health and Substance Abuse Services Update**

#### *Updated Block Grant Budget*

J. Allen discussed updates regarding the Mental Health and Substance Abuse Block Grant. The block grant application was originally set to be due April 1<sup>st</sup> and was then pushed back to September 3<sup>rd</sup>. The block grant application was submitted by the September 3<sup>rd</sup> deadline. Currently the State does not have a final figure of the amount Wisconsin will receive until the federal budget is passed. The State was instructed to develop the State plan using the figures from the President's budget which was presented to congress. National contacts have stated that the budget numbers will likely change, and the State is estimating that further reductions in funding will happen given the likelihood sequestration will continue. The State is projecting that by 2014 there will be a 9% reduction of the block grant at a minimum. DMHSAS knew some of this was coming, and the Division does have some unanticipated one time funds carried over from 2012. This money will be used to help soften the landing in these reductions.

DMHSAS is continuing to fund priority services, and has started taking reductions where there would be the least impact on actual service delivery. This would include cuts to technical assistance, planning, and consultation. Many of these areas which were targeted for reduction were areas for which there was under spending.

J. Allen continued that DMHSAS will fund counties at the same levels via the community aids allocations. Children's Mental Health programs such as Comprehensive Service Teams (CST), will receive funding at the same levels, as will family, consumer, and peer supports. The Council has provided the advice that this area is very important.

Under system change, DMHSAS will no longer fund the grant for stigma reduction. In the area of recovery the Division will have another reduction, L. Lampe had been contracted via the UW, but L. Lampe has transitioned to the Bureau, conducting quality improvement for adult programs. Her previous position will not be filled. Prevention, early intervention, and suicide prevention remains funded at the same levels.

An area of in which there will be the greatest reductions will be in redesign and transformation activities. These include cutting the Child Psychiatric Consultation to improve prescribing practices, technical assistance to reduce seclusion and restraint, and strategic planning and technical assistance for deaf and hard of hearing. There was under spending in this area and we hope there to be carryover for this year and next year. Several services will remain funded at their current levels. Trauma informed care consultation will be moved to the substance abuse block grant. The Division did have to add one contract to the mental health block grant. The Federal government eliminated the data grant which had previously funded BPTR staff member T. Connor. This position will now be funded through the mental health block grant.

Training also took a heavy hit. Two contracts were consolidated into one contract, however several trainings were eliminated, and others were reduced. Trainings for geriatric psychiatry, and deaf and hard of hearing were eliminated. Trainings for the children's network, and peer specialist were reduced.

J. Allen stated DMHSAS is projecting around the area of 6.2 million in funding to be received via the block grant. This would be about a 9% reduction from 2012. The Division is currently spending down unobligated difference.

B. Beckert noted that many from the deaf and hard of hearing community are concerned about the reductions in funding, and wanted to advocate restoring that funding. M. Neubauer asked about job responsibilities regarding redistribution of L. Lampe's previous position in the Bureau. J. Allen stated that the previous responsibilities will be distributed among other DHS staff. S. Gross noted that he had asked J. Dwyer with the BPTR regarding supporting some of the anti-stigma efforts through MHA's other efforts. J. Allen noted that 2015 will be rough, the Division is already starting to thinking about it, and it will be hard not to have additional cuts at that time. S. Gross stated that early next year start having discussion of how the Council should advise DMHSAS on criteria of how choices are made for changes and cuts to budgets.

J. Allen stated that the Division is beginning to address new budget initiatives and will be meeting with county directors regarding in October. J. Stephens asked what her role would be as peer run respite representative from the Council. S. Gross recommended that she bring info back to the Adult Quality Committee or the Executive Committee meeting if there are items requiring immediate actions. F. Boersma noted that the minutes and materials from meetings regarding the new budget initiatives, such as peer run respite, will be placed online.

#### **Item 4: Public Comment Period**

B. Beckert provided public comment, thanking M. Neubauer for making the trip to Milwaukee possible for the Council. B. Beckert stated, as a protective and advocacy agency for people with mental illness, supporting self-determination and the right of people to live in the least restrictive setting is critical. There has been a lot of focus this past year regarding the Milwaukee Mental Health Division. Of critical concern are the deaths and immediate jeopardy situations which occurred. Over the past year Disability Rights Wisconsin (DRW) conducted an investigation of six deaths which occurred. This investigation included the review of medical records by a psychiatrist. It was the opinion of this reviewer that it was unsafe for people with Mental Illness to be patients at the complex and recommended changes be made. This information was shared with Milwaukee County. At this time the County has not been responsive regarding these recommendations, but is moving forward with some other steps the County feels is promising. It is the belief of DRW that this is a very narrow regulatory process and there remain ongoing concerns. DRW hopes the Council will keep this issue on their radar and do anything they can do to support the safety and care of those at the complex.

M. Neubauer and S. Gross noted a point from Otis Woods from DHS which was provided to Milwaukee County which a recommendation that the County have an outside consultant review the behavioral health complex. During the Council's visit to the complex on September 17<sup>th</sup>, the Council was told the County is still examining having an outside consultant review the complex.

R. Immler asked if B. Beckert could elaborate what the DRW consultant felt was unsafe about the complex. B. Beckert stated the consultant noted the absence of ongoing oversight, monitoring, and medical care. Those were the nature of the concerns. Many people enter with complex medical needs, but many do not. B. Beckert told the story of young man who arrived at the complex with a broken neck, complained about symptoms, but his concerns were dismissed.

K. Bush asked if this review was just of the adult units or did the review involve children and youth units as well. B. Beckert stated the review focused on the deaths which occurred in 2012. Of these deaths in

2012 six were identified which we felt appropriate for investigation. B. Beckert added that there have also been discussions regarding the County's plans for downsizing and closure of the long-term care units. We feel that these are potentially positive changes. There are closing teams which are in place for any time that a unit of this sort would be closed. Our advocates have been working hard to ensure all those at Hilltop have a choice of where they live in the community. Some challenges pertain to Family Care; all people at Hilltop are eligible for family care. However, people are not eligible if they are only experiencing a mental illness, though many in this population have psychical conditions requiring medical care. The staff at the complex has been terrific to work with on this. Milwaukee County is proposing a community consultation team and other investments which could help support crisis and provide technical assistance for providers. There is a lot of potential there. Another concern we have is with the downsizing of the complex, we hope there is an understanding of the need for the significant expansion of community supports, and the availability of beds when they are needed. It is not believed the current budgeted investments in community based services made by Milwaukee County are adequate. Housing is a similar problem, there are shortages of housing for people with mental illness, and the County budget has a modest proposal of 20 new units. This addition is a good thing, but given the 100s on waiting list for housing vouchers, and county housing, DRW doesn't feel this investment is a game changer and there is hope more resources are devoted to addressing these problems. B. Beckert thanked the Council for their efforts in the community and stated her hope that the Council's work regarding these issues will continue.

Brenda Wesley stated that Armor Correctional Health Service asked where are people going upon discharge and noted the need to expand capacity in the community. They feel as though people are going into corrections and then not getting the services they need in the community, there is a need to look at where are those people going who are no longer in the facilities. B. Beckert added that DRW supports the downsizing but needs to be done in a responsible way.

#### **Item 5: Call for Future Agenda Items**

S. Gross noted that there will be need to continue to discuss strategic planning. There had also been discussion about having presentations on the Affordable Care Act.

R. Immler stated that he found himself overwhelmed on the tour of Milwaukee, even coming from the perspective of someone who works in mental health. He recommended finding a way of organizing how Milwaukee County is doing in relationship to other counties would be helpful. Something with hard basic information would be helpful, a dashboard of sorts. S. Gross stated that perhaps something along these lines could fit in under ongoing efforts of data. J. Allen noted that BPTR is working on addressing these issues and working to identify benchmarking. J. Stephens stated that the Council hasn't heard much about infant mental health recently, and was interested in hearing more about early childhood focus.

#### **Item 6: Adjourn**

Meeting adjourned.

## **Attachment 1a**

### **WCMH Motion Introduction**

**Committee Introducing Motion:** Legislative and Policy Committee

**Motion:** To approve a letter to the Speaker's Task Force on Mental Health with comments on the Chairperson's draft report.

**Related MHC Priority:** Enhancing access to services for people with mental illnesses and addressing client rights.

#### **Background:**

The Speaker's Task Force on Mental Health has been meeting since earlier this year holding public hearings on how the mental health system can be improved. The Executive Committee of the WCMH recently sent two memos with recommendations to the Task Force based on recommendations from standing committees and previously stated positions of the WCMH. The Chair recently released a draft report. This was reviewed by the Legislative and Policy Committee, which felt a few comments were in order.

#### **Positive impact:**

There were many positive issues identified in the report, as well as a few things that the WCMH did not wish to see included. The additional comments are meant to clarify a few parts of the report to ensure the report language best reflects the concerns and priorities of the WCMH.

#### **Potential Opposition:**

We do not believe these comments are particularly controversial. For the most part they seek to clarify language rather than object to specific provisions.

#### **Rationale for Supporting Motion:**

The comments should serve to make the report language consistent with positions taken by the WCMH or to clarify things in a manner that will best increase access to services.

## Attachment 1b

Rep. Eric Severson

Dear Rep. Severson:

First of all, the Wisconsin Council on Mental Health (WCMH) would like to thank you and your committee for the considerable time you have put in trying to understand what could help improve mental health services for the people of Wisconsin. If you did not appreciate this before you started I'm sure you have come to understand the huge impact that mental health disorders have across so many sectors of our society. And you probably also have a better appreciation of the degree to which we do not have a mental health "system"; rather we have many efforts in many systems attempting to address mental health.

The WCMH has reviewed the draft Chairperson's Report to the Task Force. Because we submitted some specific comments only during the past couple of weeks it is possible that there was not time to review these prior to preparation of this report. We would ask that you do so as they reflect on a number of items included in the report. Additionally, there are some things we recommended that are not currently in the report but which you may want to consider, especially efforts to increase work supports to individuals with mental illnesses.

However, we did have a couple of additional comments as we reviewed the Chairperson's report:

- With regard to the proposal for peer-run respite we wanted to clarify that the matching funds you propose are in addition to those funds already provided as part of the 2013-2015 biennial budget. We also wanted to note that while a prior Legislative Fiscal Bureau memo mentioned using CBRF licensure, this is by no means the norm nor is it the preferred option currently being considered for Wisconsin. We think it best not to include this level of detail in the report. Additionally, you note that matching funds would be provided to counties. In order for these programs to be truly "peer-run" they need to go to organizations that are peer-run. This would not include counties. If your intent is to provide the matching funds to counties so they could add funds of their own and then contract with a peer-run organization to operate the program we think it would be useful for the report to state this. It would also be helpful to know whether the committee has a preference as to the level of match required.
- We did think it was a sensible recommendation to seek an Attorney General's opinion on a couple of issues related to emergency detention (p.5). As we noted in one of our earlier memos, we were concerned about the recommendations from the Wisconsin Hospital Association. This action would help clarify the matter and perhaps serve to form the basis of further discussion on the topic. A number of individuals associated with the WCMH strongly believe that a law enforcement officer could not be construed as an agent of the individual they are taking into custody as the law enforcement officer may have very different interests at the time, but it would be good to have that verified by the AG. We would suggest that your recommendation urge the AG to seek input from individuals with experience and expertise in this area as he develops his opinion.
- We are also supportive of the primary care and psychiatry shortage grant program (p. 13). The shortage of psychiatrists, especially for youth and the elderly, has been a long-time concern of the WCMH. While we understand the rationale for requiring students to establish residency in the state prior to entering a medical school located in Wisconsin we wonder whether this will be a barrier to some who might want to participate. We clearly have an interest in maximizing participation in the program. Also, given that the participants will be making a commitment to practice in the state, the requirement for residency prior to entering may not make the same sort of sense it does for the other programs that use this as a requirement.

## Attachment 2

### WCMH Motion Introduction

**Committee Introducing Motion:** Legislative and Policy Committee

**Motion:** To support the position paper for United We Stand Wisconsin related to Wisconsin efforts to implement the Affordable Care Act (ACA).

**Related MHC Priority:** Enhancing access to services for people with mental illnesses.

#### **Background:**

The ACA has the potential to significantly enhance access to health insurance that includes coverage for mental health and substance abuse treatment. However, we know that the populations most in need of these services are also less likely than the general population to enroll in health insurance, including Medicaid. Numerous efforts are underway to promote and coordinate outreach to ensure as many Wisconsinites as possible enroll in Medicaid or the Marketplace. United We Stand Wisconsin used their annual Empowerment Days to gain input into a set of recommendations to the State agencies responsible for this effort.

- **Positive impact:**

If done correctly, outreach can ensure that many more individuals with mental health and substance abuse treatment needs have access to health insurance that covers these services.

- **Potential Opposition:**

Because DHS staff were present at Empowerment Days we know that there is some receptivity to moving ahead, as feasible, with the recommendations. We know that the State will not be supportive of the recommendation to expand Medicaid to 133% of the federal poverty level in the next few years. However, this is an established position of the WCMH.

#### **Rationale for Supporting Motion:**

The WCMH support adds weight to the recommendations and provides support and affirmation to the many consumers who took part in the process of developing them.