



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

November 20, 2013 10:00 am – 3:30 pm

Coalition of Wisconsin Aging Groups

2850 Dairy Drive, Ste 100

Madison, WI 53718

Members of the Council in Attendance: Charlotte Matteson, Shel Gross, Rick Immler, David Nencka, Carol Keen, Matt Strittmater, Kathleen Enders, Kathryn Bush, Kim Eithun-Harshner, Julie-Ann Braun, David Stepien, Joann Stephens, Hugh Johnston (DOC alternate).

Members of the Public in Attendance: Walt Nencka, Karen Herro

Members of the Department of Health Services in Attendance: Kay Cram, Jami Crespo, Joyce Allen, Brad Munger, Kenya Bright, Ryan Stachoviak, Kate McCoy

Meeting Minutes

Item 1: Call Council Meeting to Order

Welcome and Introductions

Charlotte Matteson, a new member of the Wisconsin Council on Mental Health (WCMH) was introduced by S. Gross. C. Matteson provided brief introduction to herself discussing her experience as a parent of an adult child with mental illness, and her experiences working with the mental health system to help him with his illness. She is also a member of NAMI, and found a great deal of pathways and education through the organization and considers her and her child a success story and is eager to pay this knowledge forward, and is very passionate and glad to be joining the Council.

Read Guidelines for Conduct of Meeting

J. Braun read guidelines of conduct of meeting.

Review and Approval of Minutes of WCMH meeting on September 18, 2013.

J. Stephens moved to approve the minutes of the WCMH meeting of September 18, 2013.

J. Braun seconded the motion to approve the minutes of the WCMH meeting of September 18, 2013.

The following corrections to the minutes were noted:

1. Page 2, item 2 should refer to the Executive committee rather than the Legislative and Policy Committee,
2. Page 2, Karen Herro was appointed to be interim chair of the Adult Quality Committee.
3. Page 2, the individual referred to under the Children and Youth Committee update was Lisa Olson.

Motion to approve the minutes of the WCMH meeting of September 18, 2013 as amended carries unanimously.

Announcements

A video message from Governor Scott Walker to the WCMH, was presented, in which he thank thanked the Council for their efforts.

Item 2: Health Care Reform Presentation

S. Gross provided presentation on ACA (Minutes Attachment 1).

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

S. Gross stated that the Council had sent a letter to Hector Colon, Director of the Milwaukee County Department of Health and Human Services, and the Council received a letter in response from Mr. Colon. S. Gross stated that he regretted that the Council was mistaken regarding the number of crisis beds which were in the Milwaukee County.

S. Gross requested that the Council provide comments regarding the other venues which the Council visited.

Grand Avenue Club

J. Braun stated that she was very impressed with the organization and the club community and that the organization is always open for people, the number of services which are offered. Also impressive was the interaction between the staff and members. D. Nencka stated that had been at the site before and has been impressed by the blurred distinction between staff and members, the high level of mutual giving and respect, and the vocational resources available to the members. K. Bush echoed those statements, adding that she would like to see them use some kind of code on their white board for confidentiality as they used full names on white board. R. Immler discussed, given the little resources currently available, he was impressed by the programs in the community, many of which are largely from private donation. Also impressive was the innovation being utilized by these organizations throughout the County.

Crisis Resource Center

M. Strittmater stated that he was impressed by the center's connection with Crisis Intervention Training and the organization's devotion to and value placed on the role of peer specialists. J. Stephens stated that the ambiance was impressive, it felt very homey, and the collaboration with officers was great. C. Keen noted that she has been working on another site with Crisis Resource Center. There has been some holdup because of the Medicaid approval process and licensing. The process is inefficient and it is frustrating that there is a site which could be used to expand these services but the bureaucratic process has been holding it up. C. Keen would like the council to work to streamline the process with Medicaid.

Highland Commons

J. Braun stated that she was very impressed with the location, loved the homey community based atmosphere, the commons felt like a community apartment complex, not mental health complex. D. Nencka stated that the built in features were good, such as the kitchen, and felt that consideration was taken to give people a better way of living. S. Gross stated that some people were concerned about that level of congregate living, but the Council seems to be expressing that though it is congregate living it was done very well and in a good facility.

Dryhootch

K. Bush thought it was a tremendous service to people, often the only alternative is the Veterans of Foreign Wars (VFW), and Dryhootch gives veterans place to be themselves. R. Immler stated that at Dryhootch, and the other sites which were visited there really seemed to be a sensitivity to the importance of relationships in the journey. R. Immler added that many of the organizations allow for a person to go in and simply check out the organization and programs, all done with low barriers. S. Gross echoed his opinion that the organization allowed for a very soft entry. J. Stephens was impressed with the number of female vets, as well as the support for family members. D. Stepien thought that it wasn't obvious that it was open to the public, something that the director noted, and that wasn't necessarily obvious in Dryhootch's marketing.

Pathfinders

J. Stephens was excited and impressed with Pathfinders, and thought that support for youth done in a holistic manner was phenomenal. R. Immler stated that the opportunity for a soft entry was impressive. K. Bush was impressed by the flexible use of space, including the lockers, and thought the organization was really paying attention to what people's needs would be. K. Bush had some remaining question regarding the safety of the city blocks between Pathfinders and the nearest bus stop.

Autumn West

J. Stephens stated that she was impressed with Autumn West.

Nominating Committee

R. Stachoviak provided an update regarding recent two applications received by the Council, adding that the Council is still recruiting new members, in particular parents of Children with Serious Emotional Disturbance, and individuals from diverse backgrounds.

Adult Quality Committee

K. Herro stated that Kenya Bright from the Division of Mental Health and Substance Abuse Services (DMHSAS) provided the Adult Quality Committee (AQC) with a presentation regarding the budget initiatives at the most recent meeting of the AQC. The AQC has also recently looked at Comprehensive Community Services (CCS) oversight. K. Herro has concern that the CCS oversight team does not include a peer specialist, and this is something which the AQC will continue to look into. The AQC has asked for education regarding other committee programs, and staff will come and provide program presentations.

Children and Youth Committee

K. Eithun-Harshner stated that in October the Children and Youth Committee (CYC) had a combined meeting with the Legislative and Policy Committee (LPC). At this meeting the group received a presentation from Therese Ahlers in which she talked about infant mental health in Wisconsin. Ms. Ahlers brought along her two new staff persons. Rebecca Wigg-Ninham from DMHSAS also provided a report regarding Coordinated Services Team (CST) expansion and how the State was moving forward with the expansion. The CYC has set up some work groups to discuss current gaps in infant mental health services and this work group will report back in January. The CYC also recently had a report on Child and Adolescent Needs and Strengths assessment tool. Ms. Wigg-Ninham has been trained to be a trainer, and she will report back on this process. The CYC also had a discussion with the LPC regarding how the CYC and LPC can work together moving forward.

Legislative and Policy Committee

Updates on bills

S. Gross discussed bills of interest (Minutes Attachment 2). Thirteen bills were introduced over a two day period followed by a public hearing. Due to this time frame it was very difficult to have time to look at bill language and respond to these. Advocates spent a lot of time looking at the bills. The child psychiatric access program had been promoted by the Council previously and the Council has gone on the record as supporting it.

S. Gross stated that all bills passed the state assembly. A bill requiring counties to support core services was not concerning to the LPC. AB453 is in regard to HIPAA harmonization. AB454 supports child psychiatric and primary care shortages and would allow for a loan program for psychiatrists who stay in state and serve in underserved areas. The bill would fund roughly 12 psychiatrists per year. AB459 is a bill to create structure for Individualized Placement and Support (IPS) model, would support regional training for the IPS model. The Council has previously supported the IPS model. AB458 supported telehealth and prior authorization. AB457 expands the treatment alternative and diversion (TAD) program. This program is similar to drug courts, this change in language would allow for funding to provide diversion services for people with mental illness only. AB455 is regarding peer run respite and would add an additional fiscal allocation, but the LPC was unsure whether the language was consistent enough to ensure funding went only to peer run programs themselves. AB451 which would have made some changes to emergency detention (ED) laws. The bill raised a lot of concerns among advocates and families and currently AB451 will not move forward. AB450 concerns Crisis Intervention Team (CIT) training, the Council has been supported of this type of training in the past. AB460 provides grants to counties to create mobile crisis teams. AB488 bill replaces AB451. AB488 makes a more modest change to the ED process, currently any group of three citizens can petition to have someone subject to ED. County corporation counsel would then make a decision based on this petition. AB488 does allow for an appeal of this process. AB500 concerns an ED pilot in Milwaukee County. These bills were all introduced, and costs are associated with many of the bills.

S. Gross stated that the next set of bills to be discussed came out of a review of Wisconsin Statutes Chapter 51, the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act. This review committee included a variety of stakeholders, including corporation counsel, advocates, and families. The committee developed four bills which have been introduced in the legislature, AB437, AB435, AB360, and AB436.

Motion to support SB184 – Cyber bullying

Addresses school bullying, essentially the bill requires the Department of Public Instruction (DPI) to expand the definition of bullying to cover electronic means of bullying. Current stat language around use of email messages

around harassment only references email not newer types of social media. This bill expands this coverage to any kind of electronic posting. Note that there are some school organizations which are neither for nor against this.

K. Enders asked what will be the end result of this expansion of definition. S. Gross stated that this will address what can be defined as bullying which impacts mandatory reporting of bullying under this definition. The DPI and DPI policy will change to respond to this type of bullying, which may not occur on school grounds. DPI will then provide guidance to schools as how they should address bullying. K. Bush stated that local school districts can or cannot follow model policy. Districts can use DPI language or write their own language on bullying. S. Gross stated that schools are also supposed to educate their students about bullying and ensure kids understand what bullying is and what to do about it. J. Braun asked in the event a school decides not to follow DPI policy and a situation occurs where a school fails to act up to a certain level of the DPI policy would that school be open to a level of liability. K. Bush stated that there is little DPI can do regarding an individual school district's policy, the type of intervention which could be done would be to offer to contact the school district and negotiate with the district, and there is nothing that DPI could do withhold money or penalize.

Motion to support SB184

Yea: Keen, Matteson, Braun, Bush, Nencka, Enders, Stephens, Strittmater, Eithun-Harshner, Stepien, Immler (11)
Nay: 0

Abstentions: 0

Motion to support SB184 carries.

Motion to oppose AB453 - HIPAA harmonization

S. Gross stated that there is a lot of history to AB453, the bill relates to what information can be shared with whom under what conditions. Wisconsin has a rule regarding mental health information, specifically what information from mental health facilities, and what types of mental health information can be shared. This rule requires informed consent from the individual to share this information. This rule is more restrictive than federal law. Concerns have been raised that in primary care situations it can be difficult to receive mental health information from mental health providers.

Concerns were raised in the past that people with mental illness who have gone in for medical treatment have had their medical complaint dismissed as a result of the physician knowing that individual's diagnosis. A compromise which was enacted in 2008 included the sharing of diagnosis, treatment dates, and medication information. However, what would not be shared would be psychiatric assessments, session notes, discharge reports, or treatment plans.

This went into effect; providers still felt that this was not sufficient, even with written informed consent from a consumer. Information sharing implementation remained a barrier. Stigma has also been addressed with groups such as emergency departments where complaints of stigma often were reported to occur.

The Wisconsin Hospital Association promoted a bill again for HIPAA (Health Insurance Portability and Accountability Act) harmonization to comply with federal laws which would enable the sharing of this information via electronic health records, and better integrate physical and mental health. The LPC has discussed this topic frequently and there remain concerns regarding stigma. There is support for integrated care, but with record sharing the consumer should be engaged. **The LPC recommends opposing this bill so that consumers should continue to utilize and control their health information**

J. Braun stated her opinion that having all health information is important in making a health decision, a diagnosis alone is not enough. S. Gross noted that there is history of people with mental illness having their medical

complaints dismissed as a result of a diagnosis being shared with a physician. S. Gross shared his experiences of various meetings with people from emergency departments where in many circumstances people from emergency departments acknowledged their shortcomings in knowledge and capacity to serve people with mental illness.

R. Immler stated that as diagnoses can be shared, sharing part of the information without the whole picture can increase risk and levels of concern. Emergency Departments are often torn between two sides, all while trying to make quick decisions. R. Immler recommended providing opportunity for informed consent in certain circumstances, but with limited information sharing. The environment in Wisconsin is so anti-sharing of information that it makes electronic record systems even more restrictive. From the provider perspective this becomes a barrier to providing care.

Motion to oppose AB453

Yea: Bush, Nencka, Enders (3)

Nay: Immler, Keen, Matteson, Stepien, Braun, Stephens (6)

Abstentions: Strittmater, Eithun-Harshner (2)

Motion to oppose AB453 is defeated.

J. Braun motions for the Council to support AB453.

R. Immler seconds the motion for the Council to support AB453.

Yea: Immler, Keen, Matteson, Stepien, Braun (5)

Nay: Bush, Nencka, Enders, Stephens (4)

Abstentions: Strittmater, Eithun-Harshner (2)

Motion to support AB453 carries.

S. Gross stated that given the close vote he will carefully consider how to word the Council's support for AB453.

Motion to oppose AB500 - Emergency Detention Pilot in Milwaukee

D. Nencka stated that he questioned whether law enforcement had the adequate education to make these kinds of emergency detention decisions. R. Immler stated it is unclear on why this became such an issue in Milwaukee and whether this was resultant of instances of disagreement among a crisis team. In Minnesota there is greater authority to have someone placed on an emergency detention, but in Wisconsin, where there is not this authority, providers often enter a complicated situation in which they would have to explain to law enforcement why someone should be detained. The process requires a lot of collaboration. M. Strittmater questioned whether the intent of this bill is to reduce Chapter 51. If so there is a mechanism today where anyone can call law enforcement where enforce a Chapter 51 detention. M. Strittmater stated from the perspective of a county crisis team he would have no desire to have this ED authority.

C. Matteson stated in Milwaukee County crisis situations emergency detentions can become a cycle, often occurring in cases where there are not crisis assessments. With better crisis intervention done by people who know mental illness there will be a better understanding of what the specific situation calls for. Much depends on how skilled the police are in this type of situation. S. Gross raised the question if crisis teams are granted authority to initiate an ED, how does the relationship between crisis teams and consumers change?

K. Bush stated that AB500 is a confusing bill, and it is hard to identify what specific problem the bill is intended to solve. C. Keen stated that Representative Sandy Pasch is a psychiatric nurse and does have knowledge about these problems and that this bill may be an attempt to solve some of the problems that have been experienced in Milwaukee County. S. Gross added that Representative Pasch has been a great advocate for mental health. J. Braun noted that a problem with trying to have to solve problems around ED is that police don't always want to

deal with a Chapter 51 detention, but initiating an ED could not always be safe for a crisis team in certain situations. S. Gross added that an underlying issue is a lack of support for CIT.

Motion for the Council to oppose AB500

Yea: Keen, Matteson, Braun, Bush, Nencka, Enders, Stephens, Strittmater, Eithun-Harshner (9)

Nay: (0)

Abstentions: Stepien, Immler (2)

Motion to oppose AB500 carries.

Motion to support bills SB125, SB126, SB127, SB128 – Legislative Council Bills

S. Gross stated that Senate Bills 125, 126, 127, and 128 make changes to Wisconsin Statutes Chapter 51. Mike Bachuber and Kit Kerschensteiner both serve on the LPC and also served on this committee. Both Mr. Bachuber and Ms. Kerschensteiner felt that though not everything was perfect in the bills, they were worth supporting. SB125 concerns disabled offender recidivism reduction, SB126 concerns admissions of minors, SB127 concerns emergency detentions and involuntary commitments, and SB128 concerns the composition of county community program boards. Currently SB215 has been held up by the Joint Finance Committee but the Criminal Justice Committee has been working with the Department of Corrections on this.

M. Strittmater stated, in regards to SB128, that most counties don't have a county community board anymore. Counties more frequently don't operate in a manner that the boards set policies or procedures. Given this SB128 may not achieve what it was intending to. M. Strittmater recommend removing SB128 from this motion.

M. Strittmater motioned to remove SB128 from the combined motion to support SB125, SB126, SB127, SB128.

C. Keen seconded the motion to remove SB128 from the combined motion to support SB125, SB126, SB127, SB128.

Yea: Keen, Matteson, Braun, Bush, Nencka, Enders, Stephens, Strittmater, Eithun-Harshner, Stepien, Immler (11)

Nay: 0

Abstentions: 0

Motion to remove SB128 from the combined motion to support SB125, SB126, SB127, SB128 carries.

Motion to support SB125, SB126, SB127

Yea: Keen, Matteson, Braun, Bush, Nencka, Enders, Stephens, Strittmater, Eithun-Harshner, Immler (10)

Nay: 0

Abstentions: Stepien (1)

Motion to support SB125, SB126, SB127 carries.

Motion to support SB128.

Yea: Keen, Matteson, Bush, Nencka, Enders, Stephens, Stepien, Eithun-Harshner, Immler (9)

Nay: Strittmater (1)

Abstentions: Braun (1)

Motion to support SB128 carries.

Motion to identify priorities for bills related to the Speaker's Task Force on Mental Health

S. Gross stated that the assembly has passed all 12 of these bills and the bills have been sent to the state senate, fiscal notes are attached to them. The assembly has left some money unallocated for this purpose. The assembly is willing to spend the money for this. The assembly did find senate co-sponsors, but the senate may not have the same level of buy-in as the assembly. The senate may approve these bills, but may not be supportive of spending

at the level supported by the assembly. When the senate will vote on these bills is not known. One thought was to prioritize those bills with funding attached to them, so there is consistency in the event the Council needs to advocate to support some but not all based on availability of funding. The LPC went through the bills and had a discussion about this prioritization. The LPC identified seven bills that had funding attached to them and the LPC is recommending prioritizing six of the bills. The bill the LPC is not recommending prioritizing is the loan program for the psychiatrist funding. The others are more focused on psycho-social programs. Funding is highest for this bill, however psychiatrist shortages was ranked very highly as an area of need in the needs assessment ranking process. In addition, the child psychiatric access line does somewhat address shortages.

K. Bush stated that in school districts throughout Wisconsin school psychologists consistently note the number one need is access to psychiatric care. Council members noted some discomfort in having to support certain bills over others.

Motion to identify priorities for bills related to the Speaker's Task Force on Mental Health

Yea: 5 (M. Strittmater, C. Matteson)

Nay: 5 (C. Keen, R. Immler, K. Bush)

Abstention: 1 (K. Enders)

Council Chair voted nay as the Council was split, and would allow for support for individual bills.

Motion to identify priorities for bills related to the Speaker's Task Force on Mental Health is defeated

Item 4: Working Lunch

Item 5: Dept. of Mental Health and Substance Abuse Services Update

Mental Health Block Grant Report

R. Stachowiak provided a summary of the 2014 Community Mental Health Services Block Grant Report (Minutes Attachment 3).

DMHSAS budget initiatives updates

J. Allen stated that DMHSAS will soon be sending an action memo to counties and tribes, requesting that counties and tribes respond whether they are intending to apply to be a regional CCS provider. CCS expansion was proposed by the Governor proposed and passed by the legislature, but the legislature requested that the Department of Health Services provide a report by March 2014 that explains the criteria, costs, and county involvement that is expected as a result of CCS expansion. A CCS committee is currently looking developing these criteria. An advisory committee for peer run respite has also been working on a framework for a request for proposals (RFP). This RFP should be out early next year and is intended to fund three peer run respite centers in the state. Additional information is available on the peer run respite website.

Item 6: Strategic Planning

S. Gross discussed strategic planning for the Council (Minutes Attachment 4). This reflects the discussion we have been planning over the course of the year for the strategic planning. Goal one is to oversee the implementation of the mental health block grant priorities. Under goal one is priority number one which is 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) programs. Priority one also lists the priorities from the MHBG and the various committees and entities involved. Some steps have already been fleshed out based on info from DMHSAS and some from the strategic planning from the Committees. Also added within goal one are two other pieces. One piece is providing input to DHS on how to allocate federal funds, especially if there are further reductions in the block grant. Also, monitoring the capacity of DHS to implement priorities, and advocating on behalf of the Department if necessary.

Goal two is to increase the ongoing meaningful peer and family involvement and participation. There are several other councils and committees which members of the Council have the opportunity to become involved with. This coming year now that people have more experience there are opportunities to get involved with. These include the Child Welfare Advisory Committee, the Criminal Justice Coordinating Council, various DHS councils and committees, and the Rehabilitation Council

Goal three is to build on the needs assessment by identifying and developing additional data sources; enhance availability of data for program evaluation; make data more accessible to local governments to ensure they can make informed decisions. Limitations were apparent in the system, previously we had the combined committee for the NA, so the Council should assess whether there should be a combined committee with the State Council on Alcohol and Other Drug Abuse (SCAODA) to continue looking at this data.

Goal four is to enhance coordination with other state councils, in particular with SCAODA, the Governor's Committee for People with Disabilities, the Rehabilitation Council, and the Child Welfare Advisory Council.

S. Gross stated that other potential areas for focus for the Council are healthcare reform, should this be a separate goal for the council, or does it fit under some of the other priorities. Stigma is also not explicit in the other areas, should it be separate? Another area is consumer rights, which is something the Council does become involved with, but where it fits into the larger strategic plan is unclear.

M. Strittmater stated that one thing to be hoped for is that the CYC can work with the State to bring the CST and CCS programs closer together, especially in regard to administrative integration. D. Nencka stated that consumer rights are closely tied to stigma, and that those two both need to be addressed together. S Gross asked if this should be identified as a goal suggesting that the Council could receive a presentation and facilitate a discussion regarding stigma reduction efforts being held across the state.

S. Gross stated that when the Council first started strategic planning the question was raised whether the Council ought to have quarterly meetings, or remain at the level of six meetings annually. K. Enders stated given all the new changes occurring that the current meeting schedule will be best.

S. Gross discussed the Council's committees stating many are strong; as J. Stephens will be leaving this coming year, there may be need for additional leadership on the CJC. J. Stephens stated she plans to stay on the CJC after leaving the Council. J. Stephens discussed the CJC strategic planning process. The CJC identified several priorities. Priority one was identified as re-entry, to continue a variety of strategies to improve the re-entry process for prison and jail inmates. Diversion was identified as being another top priority with the Committee working to capitalize on the current interest in diversion and take some big steps forward in the next few years. Trauma informed care was identified as a third priority with the CJC looking to continue efforts to build momentum and improve implementation of trauma-informed care best practice. The fourth priority area is the Affordable Care Act with the committee focusing on the implications of the Affordable Care Act for people at risk of incarceration and people coming out of jails and prisons. Other second tier priority areas include training and pay equity.

Legislative and Policy Strategic Planning

S. Gross noted that there has been a lot of healthy feedback from other Committees regarding the role of the LPC in relation to the other Committees. The LPC discussed what the LPC can do to support the other committees. An overall expansion of the the policy work done throughout the committees would be a positive step. The LPC can likely still take the lead on the budget, and continue to monitor legislation and forward legislation onto other committees as appropriate. S. Gross stated that the LPC does want to expand. The committee realized that there is not good provider representation and this representation is something the LPC hopes to expand.

Item 7: Public Comment Period

No public comments.

Item 8: Call for Future Agenda Items

S. Gross recommended a discussion on criteria for DMHSAS to use if further block grant cuts necessitate cutting funding to current programs or services. Duncan Shroul will come from SCAODA to talk about that council. Another possible presentation is from the Wisconsin Alliance for Infant Mental Health.

K. Enders suggested that moving forward it would be beneficial to have a better idea about regionalization, and what regionalization will look like in the long term, CCS regionalization in particular.

Item 9: Adjourn

Meeting adjourned 3:30pm.