



State of Wisconsin

Wisconsin Council on Mental Health

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Meeting of the Wisconsin Council on Mental Health

November 18, 2015, 10:00 am to 3:30 pm

Division of Vocational Rehabilitation

1801 Aberg Avenue in Madison, WI 53704

MINUTES

Members of the Wisconsin Council on Mental Health (WCMH) in Attendance: Kathryn Bush, Pat Cork, Bonnie MacRitchie, David Nencka, Carol Keen, Matt Strittmater, Tracey Hassinger, Mishelle O'Shasky, Shel Gross, Rick Immler, Julie-Anne Braun (via teleconference)

Guests in Attendance: Walt Nencka, Chris Hendrickson

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

Item 1: Call Council Meeting to Order

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

S. Gross moved to approve the minutes of July 15, 2015.

C. Keen seconded the motion.

Motion approved, K. Bush abstains.

Review and Approval of Minutes of WCMH meeting of September 16, 2015

M. O'Shasky moved to approve the minutes of September 16, 2015.

C. Keen seconded the motion.

Motion carries, B. MacRitchie and K. Bush abstain.

Announcements

M. O'Shasky announced that the Re-Entry Peer Specialist training team will be attending a training in December. The group will bring back this information to Wisconsin. Listening sessions will also be held in December as well.

Item 2: Family Care/IRIS 2.0

The WCMH discussed Family Care and IRIS and the proposed changes to the programs. DLTC had met with various disability groups, and had reached out to the WCMH to provide feedback. The DLTC met

with members of the WCMH in October. Members of the WCMH drafted recommendations to provide to DLTC regarding behavioral health services in Family Care. All members of the WCMH and the committees were invited. Given the time frame, it was not feasible for DLTC to wait for this November 18th WCMH meeting. S. Gross provided a presentation, detailing the paper which was developed by members of the Legislative and Policy Committee (LPC). A concept paper will be provided by DLTC in spring of 2016.

Item 3: Child Psychiatry Consultation Program

M. Strittmater introduced Chris Hendrickson, who provided a presentation regarding the Child Psychiatry Consultation Program (CPCP). The program is currently in the northern region of the state as well as Milwaukee, Ozaukee, and Washington counties. There is a critical level of psychiatric shortage in the state, particularly child psychiatry. The program allows for a primary care physician to consult with a psychiatrist via phone or email. There is a target 30 minute response time. Clinics are enrolled and trained on the process. This training is provided through the Medical College of Wisconsin. The program is funded at a level of \$500,000 annually. However, this funding will likely not be sufficient for two regions, based on the Massachusetts model which this model is based off of. For state-wide expansion there may be additional funding required. The handout provided by C. Hendrickson should be available for distribution soon.

The program was first developed in 2011 by the Medical College of Wisconsin via a Kubly Foundation Grant with a goal of developing a program to better provide access to psychiatry across the state. For each region there is a full time project coordinator, and a full time psychiatrist, as well as a part time psychiatrist in Milwaukee to provide assistance. Milwaukee began a pilot program in 2012 at a few clinics. With the additional funding the Medical College of Wisconsin was funded via a RFA. The Kubly Foundation provided additional funds for the program. This pilot program began in October of 2014. The program is currently managed out of the Division of Public Health. Leah Ludlum is coordinating the program. There is also a CPCP strategic planning team. The team is currently looking at how to implement this program state-wide, looking at a time frame, and what it will take to expand the program. The group is also looking at reaching out to stakeholders to learn what the needs are across the state which this program could meet.

Currently in the northern region there are 36 clinics enrolled. The program hopes to soon have 40-45 clinics enrolled, but it is important to be sure the program does not overextend itself without adequate resources. There are currently 32 clinics in Milwaukee, but the program is close to capacity. The program can provide consultation regarding diagnoses, prescribing, and other issues. R. Immler noted that the services are not intended to be crisis services. The program is intended to serve those experiencing more mild to moderate symptoms. There are models where a face to face second opinion is part of the program.

There have been roughly 300 encounters thus far via email and phone, along with some face to face contact. There needs to be more education with the providers so that they the CPCP services are utilized more often. The group is looking for ideas on how to increase the interest and awareness in the northern counties. The CPCP is planning to provide regional meetings in December, members of the Council are welcome to attend, and share the meeting information with others. There will be additional information forthcoming regarding the story of the CPCP and the outcomes of the program.

Item 4: Working Lunch

Item 5: Council Committee Reports, Discussion and Recommendations

Executive Committee

M. Strittmater discussed the previous Executive Committee meeting. The committee largely discussed Family Care and finalizing the 2016 schedule. R. Immler had previously provided the WCMH with presentations regarding data, need and services in Wisconsin. At the executive committee it was discussed that the data needn't be clarified at this time, but the committee should address what would be the next steps with this information. The question is how much more work should be done to look at the comparability of data.

Children and Youth Committee (CYC)

Education Policy Principles

R. Immler introduced Educational Policy Principles from the CYC. The CYC has developed five principles which can serve as a template and guidance for responses to legislation which may be introduced. The document is intended to be informational. The document has been approved by the CYC.

M. O'Shasky recommended including language regarding LGBTQ youth as they have high rates of bullying. S. Gross noted that guiding documents like this may be beneficial for other committees as well. The WCMH should address this in the future to clarify how the Council would like to address these types of guiding documents and how they should be used. The bylaws should be reviewed as well in this regard.

CYC Motion: Special Education Restoration Act - AB294/SB216

R. Immler introduced a motion from the CYC to support AB294/SB216, the Special Education Restoration Act, related to increasing categorical aid reimbursement for special education and school age parents to no less than 33%. S. Gross stated that the LPC and CYC had discussed this document and the group felt it was important to take a position on the legislation, recognizing that it may not make a difference in the process, but the role of the WCMH is to advise the legislature.

Motion to support AB294/SB216 carries; K. Bush and P. Cork abstain.

Motion: Juvenile Justice - AB378/SB280

R. Immler introduced a motion to support AB378/SB280, relating to returning jurisdiction over first time, non-violent 17 year old offenders to juvenile court, and to support providing funding to the counties to offset additional costs. This proposal would not impact violent or repeat offenders.

Motion to support AB383/SB280 carries; B. MacRitchie, P. Cork, and K. Bush abstain.

R. Immler noted that the CYC via strategic planning has decided to do a working session every other month, each month addressing a different area. This is being piloted as a way to dig deeper into some topics. These meetings will alternate with more traditional CYC meetings. In January B. MacRitchie will assume co-chair role, taking over for R. Immler, in January 2016.

Nominating Committee

Motion: Committee Recommendations

M. O'Shasky provided information regarding Barbara Buffington, who has applied to the WCMH. J. Braun interviewed Ms. Buffington. Council members agreed that Ms. Buffington should be considered for appointment as an advocate.

Motion to recommend B. Buffington to the Governor for appointment to the WCMH as an advocate representative carries unanimously.

Another applicant had been approved by the Nominating Committee, however she withdrew her application for the time being. M. Strittmater announced that Dori Richards has been appointed as a consumer representative to the WCMH.

Criminal Justice Committee (CJC)

M. O'Shasky stated that the CJC is meeting next month. Items for future CJC discussion are current legislation regarding websites posting criminal records online. Other items for future discussion include policies regarding transporting pregnant women in the criminal justice system. These policies have not been updated since the 1990's and many policies can have traumatizing impacts. The CJC will soon have a tribal representative attending meetings.

Adult Quality Committee (AQC)

R. Stachoviak will ask the AQC for a quick summary which can be provided via email to the WCMH.

Legislative and Policy Committee (LPC)

Motion: Medical Assistance Purchase Plan (MAPP) – AB414

S. Gross introduced a motion from the LPC to provide information on the pros and cons of AB414, regarding MAPP. There is concern regarding the minimum 25 dollar a month premium. If someone is unable to pay a person could lose their Medicaid coverage for six months. This motion would be to note those positive aspects of the legislation, but note those areas for which there are concerns.

Motion for the WCMH to provide information on the pros and cons of AB414 carries unanimously.

Motion: Handgun Waiting Period – AB354

S. Gross stated that there are currently a number of bills in the legislature currently regarding access to firearms but the LPC identified this bill as a priority. This motion is to support AB354 which would reinstate the 48-hour waiting period for handgun sales. Research has illustrated the impact a waiting period can have on suicide prevention. Means restriction is effective.

Motion to support AB354 carries; K. Bush abstains.

Motion: Changing Rooms by Pupils – AB469

S. Gross introduced a motion from the LPC to oppose AB469, related to the use of changing rooms by pupils.

Motion to oppose AB469 carries unanimously.

Motion: Helping Families in Mental Health Crisis Act of 2015 – HR2646

S. Gross stated that the Council has previously opposed HR2646. The current motion from the LPC is to send further communication to the Wisconsin Congressional delegation and other Congressional leadership regarding HR2646. At LPC, it was discussed, that though there were changes made to the bill, the changes still are not sufficient.

R. Immler noted his appreciation for addressing some of the issues which many parents face, noting his concern for opposing legislation that moves in this direction. Better outpatient services are also needed.

Motion to send further communication to the Wisconsin Congressional delegation and other Congressional leadership related to the WCMH's opposition on HRS2646. Yea – D. Nencka, C. Keen, M. O'Shasky, S. Gross. Nay – R. Immler. Abstain – B. MacRitchie, P. Cork, K. Bush. Motion carries.

Discussion: SB324/326

S. Gross discussed laws regarding criminal child abuse. The LPC has concerns over how the legislation may be applied, as it may not account for mental illness. There may be unintended consequences of the bill, preventing removal from the home.

S. Gross noted that a few members of the LPC continue to work with Representative Tittl's office who is working on stipends for council members and Peer Run Respite.

Item 6: Break

Item 7: Division of Mental Health and Substance Abuse Services Update

Crisis Intervention Funding

K. Cram discussed Crisis Intervention Funding stemming from a Governor's Budget initiative that counties must provide crisis assessment by a mental health professional. Funding was issued to allow counties to get up to speed. Applications were due on 11/13/15. The DMHSAS hopes to those counties to receive funding selected by early December. Prior to this legislation counties needed to authorize an emergency detention, but the legislation now requires that a mental health professional make a determination prior to an emergency detention. Parameters of the funding, including definitions of mental health professional, was detailed in a memo issued by DMHSAS. S. Gross requested that the DMHSAS report back the amount of additional funding which would have been required to fund 100% of the requests.

CST Funding RFA

J. Allen stated that the DMHSAS issued a notice to counties who have not received Coordinated Services Team (CST) funding. There are currently five counties which do not receive this funding: Bayfield, Rusk, Taylor, Outagamie and Winnebago. Currently the DMHSAS is working through the proposals for this year. There is belief that three of these five could be interested. There is one county that will not accept funding in 2016 for CST given their current capacity. Given these changes there could be a net gain of two counties.

Motivational Interviewing Training

K. Bright stated that the DMHSAS issued an RFA to counties for Motivational Interviewing (MI) training to increase counties capacity to increase capacity for MI. Three days of training are provided at a time. The training also helps facilitate a monthly peer learning group in which staff members will record themselves using MI and the group works together to grade each other. Those groups who will receive training have been selected and will be announced soon.

Integrated Peer Specialist Update

K. Bright discussed the integrated peer specialist program, integrating mental health and substance abuse. Competency exam has been written in collaboration with stakeholders. A curriculum developer is creating the curriculum, and a group of stakeholders will be reviewed by stakeholders. This will be complete by spring 2016. Early in 2016 an application will issued for those who are interested in being trainers in this curriculum. The goal is to train 12 individuals to be peer specialist trainers. An employer toolkit, and training will be provided for the integrated model. This same development model is also being utilized for the Parent Peer Specialist program. People who are currently peer specialists will not need to retake the training or exam. It is hoped that there can be booster trainings developed in 2016.

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

R. Immler and B. MacRitchie shared their personal stories.

Item 9: Call for Future Agenda Items

Items which were noted:

1. Medicaid and mental health, including data and funding aspects.
2. How changes are made to Medicaid including collaboration and coordination services. How providers can bill for these services.
 - a. Collaboration between psychiatrists and case managers, R. Immler noted some changes which were made in Minnesota.

Item 10: Adjourn

Meeting adjourned at 3:23pm.