



State of Wisconsin

**Wisconsin Council on Mental Health**

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

**January 20, 2016**

**10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation**

**AV Conference Room at 1801 Aberg Avenue**

**Madison, WI 53704**

**MINUTES**

**Members of the Wisconsin Council on Mental Health (WCMH) in Attendance:** Matt Strittmater, Mishelle O'Shasky, Julie-Anne Braun, David Nencka, Dori Richards, Barb Buffington, Pat Cork, Kathleen Enders, Donna Wrenn, Shel Gross, Kathryn Bush

**Members of the WCMH in Attendance via Teleconference:** Charlotte Matteson, Carol Keen, Bonnie MacRitchie

**Department of Health Services (DHS) Staff in Attendance:** Joyce Allen, Ryan Stachoviak, Tim Connor, Laura Blakeslee, Kay Cram

**Members of the Public in Attendance:** Jayne Wagner, Keegan Kyle, Walt Nencka

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

*Review and Approval of Minutes of WCMH meeting of November 18, 2015*

**J. Braun moved to approve the minutes of November 18, 2015.**

**M. O'Shasky seconded the motion.**

**Motion carries.**

**D. Wrenn, B. Buffington, D. Richards abstain.**

*Announcements*

M. O'Shasky discussed the re-entry peer specialist programs and upcoming training. M. O'Shasky will be conducting a presentation at the national Crisis Intervention Team Conference. S. Gross announced that the state-wide suicide prevention conference will be held on April 27<sup>th</sup>. The second Wisconsin Zero Suicide academy will be held June 1-2 in Eau Claire.

*Public Comment*

No public comment was made.

## **Item 2: Initiatives to Reduce Inpatient Care in Wisconsin**

The WMCH has had ongoing discussions regarding inpatient utilization in Wisconsin. Data has indicated that there are high rates of inpatient utilization. The WCMH Executive Committee determined a next step is to look at efforts currently underway in Wisconsin to address this issue.

J. Allen stated that there is a realization that there is a high level of inpatient utilization and there are currently efforts underway to address this. J. Allen provided background on several programs which provide community based services to reduce inpatient utilization. The Certified Peer Specialist program was a key effort for Wisconsin. Currently there are 429 Certified Peer Specialists with over 70% currently employed. Peer Run Respite was another key initiative. Currently Wisconsin has two respite programs up and running, one in Appleton and one in Madison. Grassroots Empowerment Project is currently working to bring the program to Menomonie. J. Allen suggested that Faith Boersma of BPTR attend a WCMH meeting to provide an update and additional outcome information regarding the respite programs and other peer run organizations.

In addition to an integrated peer specialist certification, DMHSAS is also working on a Parent Peer Specialist certification, which will be underway in 2016. J. Allen suggested that Kenya Bright from DMHSAS may be able to provide additional information regarding this certification at a future WCMH meeting.

In 2009 DHS conducted a study on county infrastructure, funding, and services. This study was done to assess how core services could be implemented across the state. The analyses revealed a differing array of services in each county. Stakeholders suggested that consumers should have access to the same set of services, regardless of the county in which they live. This led to a discussion on core benefits, and what those core benefits should be. Discussions also addressed whether there are counties which are simply too small to offer a level of core services. DMHSAS began looking at regionalization of counties as a method to provide core benefits. Regionalization would also be a means to create efficiencies. Two grants were awarded through a competitive process to pilot regionalization of a core benefit set of behavioral health services. These two county groups are currently underway.

In the 2013-2014 budget cycle there was also expansion of Coordinated Services Team (CST) funding. Currently 67 counties offer this service. The DMHSAS hopes to have additional counties offer this program. It is estimated an additional county will begin offering the service in 2016.

In addition, Comprehensive Community Services (CCS) was expanded. CCS provides services for people whose needs go beyond outpatient care. Expansion was done in a manner in which counties came together to form regions. Through the expansion the State agreed to pay county's non-federal share of the program. As a result there has been a tremendous expansion of counties offering this service. Since July 1, 2014, have over 22 certified regions, with additional regions looking to join. Currently there are 58 counties and one tribe providing CCS, covering 95% of the state's population.

Associated with these efforts, DMHAS has found that there has been a 50% reduction in adult inpatient hospitalization after participation in CCS. For youth there has been a decrease in suicide attempt with involvement in CCS. Between 2011 and 2014 there has been a 54% increase in the number of people served via CCS. The number of people served in CSPs has remained relatively stable. The DMHSAS will continue to look at data over time to see how CCS expansion impacts CSP.

J. Allen noted that Brad Munger of DMHSAS may be able to provide additional information regarding services for youth who are Deaf or Hard of Hearing (DHOH).

Other DMHSAS efforts include the Rural Mobile Crisis Grants, in place via the 2013 Wisconsin Act 132 and the Mandated Crisis Assessment by a Mental Health Professional which was enacted via the 2015 Wisconsin Act 55. Crisis Intervention Team (CIT) Training Grants are also a key effort. M. O'Shasky noted the importance and value of the CIT training for officers.

M. Strittmater discussed the cost of diversion centers. The centers provide a valuable service and can prevent hospitalization; however the centers are a great cost to the counties.

J. Allen discussed the NIATx effort in Wisconsin, an effort to improve access and decrease the use of hospitalization, especially readmissions. In regards to readmission rates, in 2010 Wisconsin was above the national average. In 2013 Wisconsin's rate dropped below the national average and has been maintained through 2014. T. Connor noted that the degree of change is likely smaller; the large drop which is observed is likely partly due to a transition of data system. However, this does not change the overall message that there is a trend of a decline in readmissions. Overall psychiatric utilization in Wisconsin's per capita remains above the national average. There is still more work to be done.

M. Strittmater noted that an overall concern is the availability of beds when hospitalization is the best option for a person. Even large health systems face barriers due to a lack of psychiatrists and mental health professionals. Workforce is an overarching problem.

J. Braun suggested that, though it is important for crisis intervention be focus, working up stream to help people prior to crisis situation is also critical. Education and stigma reduction is a critical piece which should be focused on; crisis prevention rather than crisis intervention.

J. Allen noted that there is a trend of more people being served by mental health services in Wisconsin. There is an upward trend in the use of community based service utilization. M. Strittmater noted his hope that the state's investments in these new programs such as CST and CCS are illustrated in the trends.

### **Item 3: Working Lunch**

### **Item 4: Council Committee Reports, Discussion and Recommendations**

#### ***Executive Committee***

M. Strittmater stated that an opportunity for leadership technical assistance for planning councils is being offered by SAMHSA. M. O'Shasky, J. Braun, and M. Strittmater will be involved in this training. There may be opportunities for other interested council members to participate in the state-specific calls. The WCMH received an offer from Disability Rights Wisconsin to present their parity education at an upcoming WCMH meeting. M. Strittmater discussed moving fall tour dates. R. Stachowiak will send out an email to the WCMH asking if that is ok. R. Stachowiak will work with J. Braun on creating a workgroup to discuss orientation in March.

#### ***Legislative and Policy Committee (LPC)***

S. Gross presented a new document produced by the LPC for bill tracking and discussed the LPC bill tracking process which the LPC utilizes. The LPC has never formalized this process and the LPC spent

time discussing and formalizing the process. S. Gross discussed LPC efforts related to the state budget. At the LPC meeting in May the committee hopes to work on identifying state budget priorities for advocacy efforts. The LPC emailed all the WCMH committees requesting feedback by March for discussion in May.

S. Gross presented legislative bills. AB52 relates to modifications to Treatment and Diversion (TAD) programs. This would allow for people with mental illness to be served by TAD programs. AB414 relates to the Medical Assistance Purchase Plan. The WCMH has previously provided support for the program and has advocated for various changes to the program. DHS is currently working on the program fiscals.

*Motion: Carrying firearms on university/college grounds (AB 480)*

This bill would remove the UW system from the concealed weapon ban exception. LPC recommends that the Council oppose this bill around goals reducing stigma, and suicide prevention. Knowing that guns are around creates an uncomfortable environment. Actions which expand access to guns can be stigmatizing. S. Gross noted that the LPC has taken a stance that any bill promoting a culture of access to guns should be opposed to prevent suicide.

**Motion to oppose AB480 carries.**

**P. Cork, D. Wrenn, and B. MacRitchie abstain.**

*Motion: Terminating tenancy for drug-related criminal activity (AB 568)*

AN568 includes many different elements, but also includes landlord tenant relationships. One piece of the bill would allow a landlord to terminate tenancy for criminal activity or drug-related criminal activity. A conviction or arrest is not necessary to prove this behavior has occurred; it is based on landlord determination. There is no due process included in the legislation. The WCMH has opposed legislation in the past that allows landlords undue power over tenancy. There is concern that this could be used by a landlord to discriminate, as there is no due process. The LPC opposes those areas regarding no due process and eviction. D. Wrenn noted that landlords can place language in leases, but not without due process.

**Motion to oppose AB568 carries.**

**D. Wrenn, P. Cork, and B. MacRitchie abstain.**

*Motion: Mental Health Services in Schools (AB664)*

This motion is to neither oppose nor support the bill but to provide information and commentary. AB664 would remove current requirements for an outpatient mental health clinic to establish a formal branch clinic if services are provided in a school. The LPC felt it was important to support mental health services in the school. It is important for an MOU to exist between a provider and a school, and if this can be done additional actions would not be necessary.

B. Buffington noted that MOUs are a best practices for school districts when an outside behavioral health provider is coming into the school to provide services. The ability to bill for MH services would be beneficial for schools.

The motion is to provide the following commentary: A) support location of MH clinic providers in school settings, B) current licensure requirements do create barriers to this happening, C) practice issues around confidentiality are important to ensure for students and monitor for compliance D) schools are not in the position to monitor licensure.

**Motion to provide information regarding AB664 carries.  
D. Wrenn, M. O'Shasky, D. Richard, and B. MacRitchie abstain.**

*Motion: Investigating abuse & neglect of children w/ disabilities (AB 667)*

The motion is to support AB667, relating to model procedures for investigating reports of child abuse or neglect involving children with disabilities. Members of the council noted issues related to DHOH associated with this bill. Children may have different language and skill levels; this should be taken into account in these situations.

**Motion to support AB667 carries.  
P. Cork and D. Wrenn abstain.**

*Motion: Stipends for WCMH (AB 710), Zoning for Peer Run Respite Centers (AB 708), and Increased TAD funding (AB 657)*

These bills are all related to programs which the WCMH has promoted. The first bill, AB657, would provide increased funding to TAD. AB710 is related to stipends for WCMH members who are not being paid by an employer. AB708 addresses peer run respites. Two of the sites which were implementing PRR ran into problems because of a lack of language regarding zoning. Language would be placed in statutes.

**Motion to support AB657, AB708, and AB710 carries.  
D. Wrenn, B. MacRitchie, and P. Cork abstain.**

S. Gross discussed additional bills which the LPC discussed at the committee's most recent meeting. A bill, AB710, was introduced to create tax incentives for psychiatrists to locate or relocate to Wisconsin. The LPC is currently not sure if this would make an impact, and the bill does not place a priority on underserved areas. AB712 relates to outpatient clinic certification changes. AB713 relates to prior authorization for mental health services.

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

B. MacRitchie stated that the CYC has been conducting strategic planning. There have been discussions regarding the structure of the meetings and the committee wanting more action meetings. The committee will now alternate between business meetings and actions meetings. Meetings will center on various domains. The first action meeting in February will be focused on school based mental health.

#### ***Criminal Justice Committee (CJC)***

M. O'Shasky discussed the most recent CJC meeting. The committee discussed online criminal records and DOC policies regarding transport of pregnant women. In the near future the CJC hopes to discuss suspension versus termination of Medicaid upon booking into jail. Also for future discussion are issues related to drug compliance testing accuracy.

#### ***Nominating Committee***

M. O'Shasky noted that there are no current updates.

#### ***Adult Quality Committee***

There was no Adult Quality Committee update.

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

K. Cram discussed the new Community Mental Health Services allocation. Legislation consolidated several DMHSAS and DLTC funding streams into one. This allowed for the consolidation of several contracts into one. DMHSAS has worked on planning for use of funds and reporting, in collaboration with a group of stakeholders. The DMHSAS is currently working on a memo which will provide additional information regarding the funds.

J. Allen stated that the Federal budget was passed. Currently do not know Wisconsin's final Mental Health Block Grant (MHBG) award will be for the 2016 fiscal year.

R. Stachowiak discussed the new MHBG set-aside requirements. The new federal budget requires states to spend 10% of the MHBG on early intervention programs. Currently DMHSAS is funding one Coordinated Specialty Care (CSC) model program via this funding. The DMHSAS is planning on issuing an RFP to expand CSC services.

P. Cork discussed a crisis service survey which was conducted. There has been interest in the survey and children's mental health services among news organizations in Wisconsin. The DHS has created a summary of this survey and it will be shared with WCHSA and the media.

## **Item 6: Call for Future Agenda Items**

The following future agenda items were noted:

- Journey Mental Health Clinic Coordinated Specialty Care Program
- Collaboration with other groups working on mental health in Wisconsin
- Exploring data and services for people who are DHOH

## **Item 7: Adjourn**

Meeting adjourned at 3:30pm.