



State of Wisconsin

**Wisconsin Council on Mental Health**

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

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

**November 16, 2016, 10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation, 1801 Aberg Avenue, Madison, WI 53704**

**Members of the Wisconsin Council on Mental Health (WCMH) in Attendance:** Bonnie MacRitchie, Barbara Buffington, Inshirah Farhoud, Pat Cork, Sheli Jo Metzger, Julie-Anne Braun, Matt Strittmater, Mishelle O'Shasky, Kimberlee Coronado, Shel Gross, Mark Lausch, Kathryn Bush, Rick Immler

**Department of Health Services (DHS) Staff in Attendance:** Kay Cram, Faith Boersma, Joyce Allen, Mike Christopherson, Christina Isenring, Ryan Stachoviak

**Minutes**

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

*Read Guidelines for Conduct of Meeting*

S. Gross read the guidelines.

*Review and Approval of Minutes of WCMH meeting of July 20, 2016*

**S. Gross moved to approve the minutes of July 20, 2016.**

**J. Braun seconded the motion.**

**Motion carries, minutes approved, K. Bush abstains.**

*Review and Approval of Minutes of WCMH meeting of September 14, 2016*

**J. Braun moved to approve the minutes of September 14, 2016.**

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

**Motion carries, minutes approved, B. Buffington abstains.**

*Announcements*

K. Bush announced that the Department of Public Instruction (DPI) State Superintendent of Public Instruction Tony Evers has forwarded his budget recommendations to the Governor, many of which are related to children's mental health. K. Bush announced that the Every Student Succeeds Act was reauthorized.

*Public Comment*

No public comment was made.

## Item 2: WCMH Strategic Plan Review and Development

M. Strittmater stated that the Council is in need of a new strategic plan. The most recent strategic plan was developed for 2014-2016. Members of the WCMH reviewed the past strategic plan. S. Gross suggested that it may be helpful for the Council to review data related to these priority areas to determine whether the priorities are still pertinent. R. Immler noted that Children Come First groups are pretty focused on the Coordinated Services Team (CST) programs. The Children and Youth Committee (CYC) has not recently focused on CST. Hospitalization data produced from the Office of Children's Mental Health has been important to consider in reviewing intensive services for children. Peer supports have been an area for which there have been a lot of strides made over the previous few years. M. Strittmater noted many successes for Priority #2 to improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices. These include Comprehensive Community Services (CCS) expansion through the Governor's budget, which was a huge investment. There has been an expansion of CCS to 63 counties across the state. Individualized Placement and Supports (IPS) has also been an initiative that the Council and the LPC has been supporting over the most recent years.

R. Immler noted that increasing access to psychiatry services is a key factor throughout many of the priorities. S. Gross added that work force issues may be an area to include in future strategic planning. R. Immler added that some counties have suggested looking at Medicaid data as a means for this justification. Getting access to Medicaid data has been a challenge which is a key component to evaluation of these programs. K. Coronado noted that some of these programs have been categorically disallowing people from receiving the services. In addition, some CCS still only serves adults but not children. M. Strittmater noted that feedback from SAMHSA indicated that the disparities of behavioral health services across the state are a problem. R. Immler asked if there was a way to leverage the funding to promote the use of Evidence Based Practices (EBP).

The third priority is to promote effective and recovery-oriented and EBPs for people with mental illness who are involved in the criminal justice system through consultation with county systems. M. Strittmater noted that there are a lot of people with mental health needs in the Criminal Justice system, and asked the Council what are practices that should be promoted. J. Allen noted efforts such as Treatment Alternatives and Diversion (TAD), Treatment Alternative Programs (TAP) and Trauma Informed Care have been impactful programs. Through programs such as Opening Avenues to Reentry Success (OARS) and Disabled Offender Economic Supports (DOES) EBPs such as Motivational Interviewing and Trauma Informed Care are utilized. P. Cork noted that this population also has contact with the DHS facilities. It appears that more people who are entering the criminal justice system are being identified as having a substance use concern or a mental illness. The Division of Care and Treatment Services (DCTS) is very interested in looking at this trend in the future in an effort to identify and serve people outside of the criminal justice system. Identifying alternate types of treatments other than incarceration in a community setting would be of great benefit to the individual and the community.

K. Bush noted that she would like to better understand all the systems that support members of the community via the juvenile justice and criminal justice systems, in particular for children. It would be helpful for the Council learn more about how mental health care in each of these criminal justice-related systems is provided. K. Coronado noted a goal may be to be for the WCMH to look at improving diversion for adults and children. Looking at ways for creative diversion would be welcome.

M. Strittmater discussed priority four, to reduce suicide. S. Gross discussed efforts occurring in Wisconsin. A suicide prevention strategy was created. The Prevent Suicide Steering committee has taken the lead on this area. However, Wisconsin no longer receives some of the Federal dollars for suicide prevention that it previously

did. Included in the budget priority document are items for suicide prevention and supporting coalition development. The Hopeline is another key area in need of funding. Zero Suicide has been another key initiative.

J. Braun noted that the WCMH has not spent enough time on suicide prevention; this should be an area for the group to focus on. S. Metzger voiced her support for additional efforts from the WCMH. K. Bush suggested that the Adult Quality Committee (AQC) and CYC could be committees that could place a greater focus on suicide prevention. In addition there are State statutes that require each school district to provide suicide prevention education. However, this does not occur in many school districts. J. Braun noted her hope to develop a program for high schools for suicide prevention. I. Farhoud noted that there are some good programs out there and that some tools that could be used. S. Metzger noted one barrier is that some communities have the perception that suicide is not a concern for their community. Raising that awareness is also a key part of these efforts. M. Strittmater suggested that this is an area where it looks like there is interest to address in the future.

M. Strittmater discussed other WCMH goals. Goal two is to increase ongoing meaningful peer and family involvement and participation. Goal three is to build on 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. Goal four is to enhance coordination with other state councils, including the State Council on Alcohol and Other Drug Abuse (SCAODA). Goal five is to identify WCMH positions with regard to other areas. This includes items such as healthcare reform, stigma, and consumer rights.

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

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

#### *Executive Committee*

M. Strittmater stated that the Executive Committee formally approved Amy Polsin and Kimberlee Coronado to the CYC and Mary Madden, Val Neff, and Sarah Lim to the AQC. Executive Committee further discussed the committee scope development process. The Committee also discussed the SAMHSA site visit feedback. Some areas that were noted were challenges related to Wisconsin's county-based system which creates disparities. SAMHSA did note the passion for consumer, family and peer involvement throughout the state. SAMHSA also noted that the Governor's vetting process was concerning as the application includes a request for social media accounts. A written report from SAMHSA will be provided later this year. Physical medicine representation on the Council was another area of representation noted by SAMHSA that could be added to the WCMH.

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

S. Gross noted that the LPC has been working on developing a committee charter. DHS Secretary Linda Seemeyer has been involved in the regular DHS meetings with mental health advocates. Michael Heifetz is now the new Medicaid director and has also been involved in those meetings. Bill Hannah left DHS and Jennifer Malcore will now be Assistant Deputy Secretary. At the federal level the LPC continues to monitor federal legislation. There have been a number of bills that have been introduced in the Senate. People from the House and the Senate were looking at the legislation to try to find opportunities for compromise.

#### *Motion: Budget Priorities for the Biennial Budget*

S. Gross noted that there is a long version of the budget priorities and a short version. The Governor's Office did ask for input on budget proposals in October; however the WCMH was not prepared at that time. Moving

forward the Council can ask to provide feedback to the Governor. Efforts will be ongoing to provide input on the budget process.

S. Gross discussed the priority document (Attachment 1) as proposed by the LPC. The LPC hopes to bring in additional stakeholder from the Deaf and Hard of Hearing (DHOH) community to explore related priority areas. K. Bush also noted that this also a problem in schools among school psychologists. Another priority is to backfill funding for suicide prevention treatment and support. This includes the Hopeline, the Zero Suicide Initiative. Another priority is to increase the Medicaid rate for outpatient psychotherapy services to address serve access issues. This has been an area identified via several of the WCMH's fall tours. The proposed rate increase would be across the board for services provided. R. Immler suggested that psychotherapy, evaluation and medication management be included as service areas for a rate increase.

The second area is to strengthen community living services and supports. This area includes a proposal to expand competitive employment services for people with disabilities through efforts such as MAPP and Individualized Placement and Supports (IPS). Other areas being proposed are investments in transportation to support community living. A third priority area relates to limiting funding for Institutes for Mental Disease (IMD) for residents who stay longer than 90 days and instead use those funds for evaluations, community readiness assessments and transitions costs. The DHS has been working with members of the LPC to address these concerns. R. Immler noted that this may also be indicative of the level of community residential options available in the community. S. Gross noted the importance of working with Medicaid and housing authorities to create more housing opportunities. IMD could be an area for discussion at the January WCMH meeting.

A third budget priority area is to strengthen early identification and treatment for children and youth. Priorities are to expand the Wisconsin Child Psychiatry Consultation program statewide, implementation of the Pyramid model, with the addition of infant/early childhood mental health consultation, and to provide consultation funding to enhance school mental health. There have been some initial discussions regarding this consultation topic with Medicaid. K. Bush informed the ground that this priority may be an area where there will not be much traction based on feedback received from Medicaid.

A fourth area is to improve response to individuals with mental health disorders in the juvenile justice and criminal justice systems. This includes a response to issues at Lincoln Hills/Copper Lake, expand Opening Avenues to Recovery Success (OARS) to additional counties, and to support increased funding for TAD program to replace one-time funding that was provided in the last State budget. This also includes support for options for low-risk offenders (pre-booking). Several other items are deferred including: data, peer supports, housing, trauma informed systems for at-risk preschool children, and to fund additional training in trauma focused cognitive behavioral therapy. R. Immler noted that he was uncomfortable with the IMD priority area as he is concerned if funding for this program is removed funding would be lost all together.

**R. Immler moved to remove Strengthen Community Living Services and Supports item 3, "3. Limit subsidy for a nursing home 'Institute for Mental Disease' for residents staying longer than 90 days. Use funds to pay for evaluations, community readiness assessments, transition costs" from the budget priority document.**

**S. Metzger seconded the motion.**

**Motion carries 4-1, six members abstained.**

**R. Immler moved to move "Fund additional training in Trauma Focused CBT" from deferred priorities to the priorities.**

**K. Coronado seconded the motion.**

**Motion carries. P. Cork, B. Buffington and B. MacRitchie abstain. M. Lausch absent for vote.**

**Motion to approve the 2017-2019 WCMH Budget Priorities, as amended, carries.  
P. Cork, K. Bush, B. Buffington, B. MacRitchie abstain.**

*Children and Youth Committee (CYC)*

B. MacRitchie announced that Amy Polsin and Kimberlee Coronado were officially appointed to the CYC. At the December meeting the CYC will have an in-depth conversation on the MHBG.

*Criminal Justice Committee (CJC)*

M. O'Shasky announced that Jamie McCarville will be the new staff person to the CJC. The CJC approved the Committee's strategic plan at the most recent meeting. The plan covers a three year period from 2016-2019. The CJC developed much of the strategic plan via a workgroup. M. O'Shasky reviewed highlights of the CJC Strategic Plan. The plan includes several 'on the radar' topics which are areas the CJC could address should the need arise. The CJC also plans to hold a meeting with LPC this coming year.

R. Immler noted his observation that there does not seem to be strong collaboration between the county jail system and the Department of Corrections (DOC). Probation and parole collaboration with mental health services is often rare. Developing these partnerships can be a key factor in supporting an individual. R. Immler suggested that the CJC include developing these local relationships in the CJC strategic plan. Medication Assisted Treatment among people in corrections is also an area which may be important to address. S. Gross noted that the DOC has not been represented on the Council in quite a while and it would be valuable to reach out to DOC to request a new member.

*Adult Quality Committee (AQC)*

No AQC update was provided.

*Nominating Committee*

No updates for the Nominating Committee.

**Item 5: Break**

**Item 6: Division of Care and Treatment Services (DCTS) Updates**

*Mental Health Block Grant (MHBG) Report*

R. Stachoviak provided a briefing on the 2017 MHBG report which will be submitted to the Substance Abuse and Mental Health Services Administration on December 1. Wisconsin has met the Maintenance of Effort requirements and the Children's Set-aside requirement. The Coordinated Service Team (CST) goal was not achieved as only 29% of youth who completed CST services did so with a major or moderate improvement. This is below the target of 36%. The CCS related priority also was not met as 74.1% of adult consumers reported being satisfied with their treatment outcomes. 74.1% of youth consumers reported being satisfied with their treatment outcomes. 69.3% of family caregivers reported being satisfied with their child's treatment outcomes. While Wisconsin observed an increase in satisfaction of 12.4% among family caregivers, both adult consumers and youth consumers' satisfaction dropped from the previous year. Wisconsin did achieve the criminal justice

related priority. The Treatment and Diversion (TAD) program sites for the calendar year 2015 served 470 individuals to various treatment courts primarily Adult Drug Court, hybrid court and Operating While Intoxicated Treatment Courts. More than 230 individuals were discharged from the treatment courts. During the fall of 2015 all the treatment courts were trained regarding the National Standard for Treatment Courts which includes Evidence –Based Treatment services. Treatment Alternative Program (TAP) (alternative to incarceration) program sites total of 4 served 273 clients with each client receiving at least one Evidence Based Treatment modality. Wisconsin also achieved its suicide prevention priority. A total of 14 new organizations have implemented Zero Suicide Principles in Wisconsin for a total of 27 organizations. This total includes 13 organizations that had previously implemented Zero Suicide Principles, minus 4 organizations that are no longer in the process of implementing principles of an initial 17 organizations. The total of 27 organizations implementing Zero Suicide Principles exceeds the year one goal of 22 organizations.

#### *Comprehensive Community Services (CCS) Office of Inspector General (OIG) Audits*

J. Allen discussed an OIG audit for compliance of CCS programs conducted in 2015. Through this audit it was identified that counties need additional guidance. Secretary Seemeyer plans to develop a process to look at administrative rules involved in the CCS programs including addressing concerns regarding the review of rules. Secretary Seemeyer has brought together an internal group to look at differences in interpretation of rules. The DHS is looking at how to provide direction to the counties and tribes. The DHS is also looking to improve communication across the divisions to provide a consistent message. P. Cork noted that much of the concern expressed by counties is around the discrepancy between the functions and processes across the divisions of DHS.

#### *Needs Assessment Stakeholder Workgroup*

The DCTS will be convening a workgroup to discuss and provide input on the Needs Assessment process. Members of the WCMH and the SCAODA are invited to participate. The DCTS will also involve representative s from the counties and tribes. More information about these meetings will be provided soon.

#### **Item 7: Call for Future Agenda Items**

The following future agenda items were noted:

1. Mental Health in the Criminal Justice System
2. Suicide Prevention
3. IMD

#### **Item 8: Adjourn**

Meeting adjourned at 3:40pm.

Attachment 1

## **2017-2019 WCMH Budget Priorities**

## **(November 2016)**

### **Introduction**

We will add an introductory section with principles/values.

### **Improve Treatment Services**

1. Enhance mental health services for the Deaf/Hard of Hearing.
2. Strengthen suicide prevention treatment and support
3. Increase Medicaid rate for outpatient psychotherapy services (individual, group and family) to address service access issues .

### **Strengthen Community Living Services and Supports**

1. Expand competitive employment for people with disabilities.
  - Make changes to the MAPP program to remove existing disincentives to work.
  - Provide funding to provide training and technical assistance to community-based programs for the purpose of implementing Individualized Placement and Support; a supported employment program for people with mental illnesses.
2. Make investments in transportation to support community living for people with mental illnesses and/or other disabilities.
3. Limit subsidy for a nursing home “Institute for Mental Disease” for residents staying longer than 90 days. Use funds to pay for evaluations, community readiness assessments, transition costs

### **Strengthen Early Identification and Treatment for Children and Youth**

1. Expand the Wisconsin Child Psychiatry Consultation Program statewide
2. Implementation of Pyramid Model with the addition of Infant/Early Childhood Mental Health Consultation
3. Provide consultation funding to enhance school mental health.

### **Improve Response to Individuals with Mental Health Disorders in the Juvenile Justice/Criminal Justice Systems.**

1. Response to issues at Lincoln Hills / Copper Lake

2. Expand Opening Avenues to Recovery Success to additional counties.
3. Support increased funding for Treatment Alternatives and Diversion Program to replace one-time funding provided in last budget. Support options for low-risk offenders (pre-booking).

### **Deferred Items**

Data: Bureau of Prevention, Treatment and Recovery will be working on benchmarks related to MH/SA needs assessment. Collaboration has occurred with Office of Children's Mental Health and input provided from counties.

Peer supports: too many unknowns at this time about implementation of new Integrated Certified Peer Specialists. We will incorporate this into the principles and specific priority items as appropriate. Exploring potential for evaluation of peer-run respites; cost in \$300-400,000 range.

Housing: need more specifics

Trauma Informed System with At Risk Preschool Children: a lower priority for C & Y.

Fund additional training in Trauma Focused CBT: a lower priority for C & Y.