



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

November 19, 2014 - 10:00 am to 3:30 pm

Fresh Madison Market Event Room

703 University Ave. Madison, WI 53715

Members of the Council in Attendance: Donna Wrenn, Dave Stepien, Matt Strittmater, Charlotte Matteson, Carol Keen, CJ Szafir, Mishelle O'Shasky, Linda Harris, Hugh Johnston, Kathryn Bush, Rick Immler, Shel Gross, David Nencka.

Department of Health Services Staff in Attendance: Joyce Allen, Kay Cram, Faith Boersma, Ryan Stachoviak

Guests in Attendance: Bonnie MacRitchie (Department of Children and Families), Kim Eithun-Harshner (Office of Children's Mental Health), Walk Nencka, Karen Herro (Chair-Adult Quality Committee), Catherine Ashley and Linda Servais.

Item 1: Call Council Meeting to Order

Welcome and Introductions

S. Gross called the meeting to order at 10:05 AM.

Read Guidelines for Conduct of Meeting

L. Harris read guidelines for conduct of the meeting.

Review and Approval of Minutes of WCMH meeting of July 16, 2014

CJ Szafir moved to approve the minutes of July 16, 2014.

L. Harris seconded the motion to approve the minutes of July 16, 2014.

Motion carries, minutes approved.

D. Wrenn abstains.

Review and Approval of Minutes of WCMH meeting of September 17, 2014

M. Strittmater moved to approve the minutes of September 17, 2014.

R. Immler seconded the motion to approve the minutes of September 17, 2014.

Motion carries, minutes approved.

L. Harris and CJ Szafir abstain.

Announcements

CJ announced that his organization, the Wisconsin Institute for Law and Liberty, filed a law suit in regard to Wisconsin's school open enrollment process. The lawsuit claims that the open enrollment program violates federal disability law.

K. Bush announced that the Department of Public Instruction has received several new grants: The Safe Schools/Healthy Students grant, a four year grant for \$8.9 million, the Advancing Wellness and Resilience in Education (AWARE) grant for \$10 million over five years, a School Climate Transformation Grant for \$3 million over five years, a Safe Schools Research Project which is funded for \$ 850,000 for three years, and an Emergency Management Plans Grant for \$472,000 over 18 months.

Public Comment

No public comment was made.

Item 2: Governor's Committee for People with Disabilities

Nancy Leipzig provided the Council with information regarding the Governor's Committee for People with Disabilities (GCPD). The focus of the GCPD includes all disabilities and six of its members represent specific disability constituencies Alcohol and Other Drug Abuse, Blindness and Visual Impairment, Deaf and Hard of Hearing, Developmental Disabilities, Mental Health, and Physical Disabilities. Currently there is a vacancy in the representation for Mental Health; a member of the WCMH is requested to serve in that capacity. The GCPD is charged with the following duties: reporting to the Governor and state agencies on problems faced by people with disabilities, review legislation affecting people with disabilities, promote effective operation of publicly-administered or supported programs serving people with disabilities, promote the collection, dissemination and incorporation of adequate information about people with disabilities for purposes of public planning at all levels of government, promote public awareness of the needs and abilities of people with disabilities, and encourage the effective involvement of people with disabilities in government. N. Leipzig stated that she will coordinate with GCPD staff to provide more information which R. Stachowiak can distribute to the Council

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

Amendment to Council Bylaws

S. Gross introduced the proposed changes to the Council Bylaws. Two things are being changed, the first regarding officers-- the Second Vice-Chair is not mentioned as being an officer; this new language includes the Second Vice-Chair. In section 3.2 of the bylaws language is removed which requires that the Vice-Chair to be the representative to the GCPD. This change is recommended as there was concern that if there was too many responsibilities for the vice chair it will be difficult to recruit people for that position. Furthermore, the vice-chair of the Council may not be the best Council member to serve as representative to the GCPD. The amendment was reviewed by the WCMH Executive Committee.

Motion to amend the Council Bylaws carries unanimously, bylaws amended.

Yea (11), Nay (0)

Election of Vice Chair

S. Gross announced that D. Wrenn had offered to be considered for the role of WCMH Vice-Chair at the September 17th WCMH meeting. No other member of the WCMH voiced interested in being considered for Vice-Chair.

M. O'Shasky moved to appoint Donna Wrenn as the Vice-Chair of the Wisconsin Council on Mental Health.

L. Harris seconded the motion to appoint Donna Wrenn as the Vice-Chair of the Wisconsin Council on Mental Health.

Motion carries, Donna Wrenn is appointed as Vice-Chair of the Wisconsin Council on Mental Health. Yea (10), Nay (0), D. Wrenn abstains.

S. Gross reported that the Executive Committee had a discussion regarding committee structure. The Legislative and Policy Committee (LPC) came up with a formula for membership several years ago, but not all committees have utilized this. S. Gross recommended to the chairs of the committees that they work to identify guidelines for who they want at the table, and bring those committee structures back to the Council.

Nominating Committee

Recommendation of applicants to the Governor

S. Gross stated that there were three applicants who were interviewed and discussed by the Nominating Committee. The Committee is bringing all three to the Council for approval to recommend to the Governor for appointment to the Council. The first applicant is Joseph Worzella, a 21 year old from Eau Claire. Mr. Worzella has been involved in NAMI and the Wellness Shack and United We Stand Wisconsin. He has particular interest in Criminal Justice Issues, and he is a consumer and a family member of individuals with mental illnesses. Mr. Worzella would be recommended to the Governor as a consumer representative.

Motion to recommend Joseph Worzella to the Governor for appointment to the Council carries. Yea (10), Nay (0), K. Bush abstains.

Dori Richards, is a member of the deaf and hard of hearing community, is a consumer, and also a peer specialist. Ms. Richards has worked hard to promote education and understanding of mental illness. She became a Minnesota deaf peer support specialist. S. Gross noted that the Council has been working for quite a while to achieve representation on the Council from someone from the Deaf community. Ms. Richards would be recommended as a consumer.

Motion to recommend Dori Richards to the Governor for appointment to the Council carries. Yea (10), Nay (0), K. Bush abstains.

D. Wrenn stated that Lisa Ferch is a parent of a 16 year old son with a mental illness. Ms. Ferch found the system very difficult to navigate, but worked to get her son the services he needed and he is now doing well. She would like to help others, in particular families. In addition she is a property manager for supported housing in Milwaukee. Has a great deal of experience in this arena as well as raising a child. Ms. Ferch will be recommended as a parent of a minor representative.

Motion to recommend Lisa Ferch to the Governor for appointment to the Council carries. Yea (10), Nay (0), K. Bush abstains.

Adult Quality Committee

K. Herro stated that the Adult Quality Committee (AQC) had been conducting a strategic planning process at the recent meeting. The group decided to focus the AQC's efforts and will work primarily on Comprehensive Community Services (CCS). D. Wrenn stated that the meeting went really well and the AQC had a good discussion on narrowing down the committee's focus. D. Nencka stated that the group is working on quality and accessibility, and noted if people were interested in joining that they inform the committee.

M. O'Shasky suggests that if there was a flier they she could coordinate sending it out via United We Stand.

Criminal Justice Committee

M. O'Shasky stated that the Criminal Justice Committee (CJC) recently had a conference call with the Pennsylvania peer specialist program in the community corrections and their jails. It is 80 hour training, and the peer specialists are paid 50 cents an hour. There are many criteria that must be met before an inmate can be considered for the program. Pennsylvania's acute population has seen a significantly decreased since using the peer supports in the corrections system. The peer support specialists are taking weight off of psychiatrists and having positive impact on the officers as well, improving relations in the correctional facilities. The state now has a civil service exam for the peer specialists to become a certified peer specialist upon release, creating job opportunities. Pennsylvania is very willing to share information with Wisconsin regarding this program, they believe in its effectiveness, it is hard to track the outcomes, but they have observed the decrease in the acute population. Pennsylvania is currently using the program in all prisons.

M. O'Shasky stated that the CJC has also had discussions regarding medication as many individuals upon release are only being provided two weeks of medication and given a 1 month prescription to fill. Upon release individuals face several barriers, in particular the cost of prescription, and many pharmacies will not fill as the person is no longer under the care of the psychiatrist who prescribed the medication. This will be an item for the CJC to look at ongoing. Department of Corrections Secretary Ed Wall will be attending the next CJC meeting and the CJC hopes to discuss the Pennsylvania program and issues around medication.

L. Harris recommended that to illustrate the Pennsylvania program's effectiveness the CJC could ask Pennsylvania if they have the number of aggressions, pre and post program implementation. Sometimes correctional facilities can even track per inmate how many people are segregated, and if there is a decrease to assaults on the officers. This information could be helpful in presenting a case for the program. L. Harris also recommended that the CJC discuss how medications are handled upon release with staff from the State Mental Health Institutes.

R. Immler stated that it was nice to hear about a connection being made with another state, and recommended that the CJC explore the Washington State Institute for Policy. The Institute has experience working on cost benefit analysis and policy change. The Pew Charitable Trust provides supports at times for initiatives such as this, including criminal mental health.

Children and Youth Committee

R. Immler stated that the Children and Youth Committee (CYC) had a joint meeting with the LPC recently. Previously the committee had discussions focusing on trauma focused Cognitive Behavioral Therapies (CBT). In September Kim Eithun-Harshner of the Office of Children's Mental Health gave an orientation to this program. The CYC has also been having discussions regarding the Pyramid Model, about which Lana Nenide, of the Wisconsin Alliance for Infant Mental Health, had previously provided information to the Council.

The CYC also conducted a ranking of initiatives for the Mental Health 2.0 document. The committee ranked the following initiatives 1-5 in terms of importance: 1) Trauma Informed CBT, 2) Infant and Early Childhood Mental Health (the Pyramid model), 3) Respite Care, 4) eliminating aversive interventions such as seclusion and restraint, 5) trauma informed system with at risk Preschool children in line with Waukesha County's Birth to Three program. The November CYC meeting was canceled due to a light schedule.

S. Gross appointed Joanne Juhnke to the Children and Youth Committee.

Legislative and Policy Committee

S. Gross stated as Wisconsin is getting close to the new legislative session and he wanted to get everyone up to speed on the budgetary process. S. Gross presented a flow-chart detailing the legislative process. S. Gross stated that the WCMH has worked to be more proactive in the legislative process. Previously the WCMH would get involved when the Joint Finance Committee was working with the budget, but now the WCMH works upstream in talking with the state agencies about needs etc. Members of the WCMH have had discussions with Kevin Moore, and made the DHS aware of several of the initiatives the WCMH has identified as priorities. Members of the WCMH and its committees have also had discussions with Speaker Vos' staff.

S. Gross stated that it is important to consider what is needed to ensure that the initiatives from this past legislative session are a success, for example CST and CCS. Both of these programs rely on peer specialists and parent peer specialists, but currently the state does not have a strong enough workforce of peer specialists. It is also important to ensure that there is adequate staff in place for DHS and DMHSAS for these new initiatives. An additional priority is funding the Office of Children's Mental Health. The previous legislation only provides funding for the staff for the Office, but the Office needs additional funding to support its activities.

Another area the Council should consider supporting is expansion of the Children's Psychiatric Consultation Line. Currently only one region is funded, and while this may serve as a pilot, the overall effort to bring it to the state is not finished. Likewise, with funding for the Individualized Placement and Supports, currently there is only one year of funding, and it will be hard to secure a vendor with only one year of funding. Three years are needed to establish fidelity with the IPS model. The Mental Health 2.0 document also contains other initiatives which the Council supported last year but were not accomplished such as the Opening Avenues to Reentry Success (OARS) and the Disabled Offenders Economic Security (DOES) programs.

L. Harris stated, regarding the OARS program, the money to fund the program comes from the Department of Corrections (DOC). The DHS has put together a joint budget request with DOC and the DHS needs spending authority. The DOC is critical for continuing or expanding the OARS program as the funding comes from DOC. Peer specialists would be a program modification, but not necessarily a budget modification for the OARS program. M. O'Shasky stated that the use of peer specialists could increase buy in among those in the criminal justice system, reduce costs, and lead to better outcomes.

CJ Szafir asked if there are numbers regarding the dollars saved via the OARS program. L. Harris stated that these numbers are hard to illustrate and are often implied. To show the impact one must look at how much is saved by keeping someone in the community versus incarceration and recidivism, and the overall savings to society.

S. Gross stated that there was a recommendation from the Speaker's Taskforce to address stigma that would be good to revisit. MAPP is another area in need of a fix, there has been a group working with the GCPD on this. So far there has not been a concrete plan of how to fix MAPP, but it is something that has been on the LPC's radar. In addition, the LPC wants to look at new initiatives, for example the items discussed by R. Immler from the CYC. The LPC has also been working to prioritize the initiatives in the Mental Health 2.0 document. It is important to note that just because something isn't prioritized doesn't mean that it can't be addressed via other avenues.

S. Gross stated that another initiative of interest is stipends for consumers and family members for those who are not otherwise reimbursed while serving on the Council and committees. Right now it is limited by statute, and some other barriers based on IRS rules.

M. O'Shasky stated that the LPC used a participatory decision making process to rank each Mental Health 2.0 on item with 4 being the highest and 1 being least on importance and feasibility. The LPC will revisit the process at the December 11th meeting. R. Immler stated that one thing to discuss in the future is how to improve the data process especially related to the new budget initiatives.

D. Wrenn discussed the SSI/SSDI Outreach, Access and Recovery (SOAR) program; the project will be developing four more sites. Additional funding was allocated for the rural parts of the state. The project will be using a regional model, applications are on the website. The SOAR program will also be doing a 5 year consolidated plan. D. Wrenn highly recommends that the Council read the report.

Item 4: Working Lunch

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

Mental Health Block Grant Report

R. Stachoviak provided the WCMH with a briefing on the Wisconsin FFY 2015 Community Mental Health Services Block Grant Report. The report will be submitted to SAMHSA prior to December 1st. R. Stachoviak stated that there were four priorities which were included in the MHBG plan for 2015-2016. These priorities were selected in collaboration with the WCMH and its committees and were largely informed by the Mental Health and Substance Abuse Needs Assessment which was created collaboratively between the WCMH, the State Council on Alcohol and Other Drug Abuse (SCAODA) and the DMHSAS.

The first mental health priority, regarding Children's Mental Health, had a goal 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) initiatives. This priority was achieved, in year one Wisconsin, in collaboration with Wisconsin's counties and tribal nations, successfully expanded children's wraparound services (Coordinated Service Team programs) to 64 counties and 11 tribes. This total is 75 of 83 counties and tribes (90%) far exceeded Wisconsin's year one target for this goal.

The second mental health priority was to improve mental health and substance abuse service outcomes and quality of care. The overall goal of this priority was to improve access and quality of recovery-oriented mental health and substance abuse services for adults, youth and children that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery Services (CRS), peer support, and supported employment. The year one goal for this priority was achieved as 6,814 persons were served by CCS and CSP services in SFY2014; an increase of 5.3% in CCS/CSP consumers served over SFY2013.

The third mental health priority was regarding Mental Health Services in the Criminal Justice System. The goal of this priority was to increase the use of effective and recovery-oriented evidence-based services for mental illness for persons coming in contact with the criminal and juvenile justice system. The DMHSAS plan to achieve this goal did change over the past year from what was initially proposed. The original plan was to work with two counties or tribes to implement various strategies to increase the use of Evidence Based Practices. Wisconsin decided to survey the 22 treatment alternatives and diversion (TAD) sites to identify needs and determine what training and technical assistance would be most beneficial to the sites. The survey was conducted in April 2014. Although Wisconsin did not technically achieve the goal based on the measures originally designed, it accomplished a great deal by surveying the TAD sites because it now has the information necessary to

effectively serve all the funded TAD sites (there are now 34 funded sites that involved 35 counties and six tribes) as those sites more fully implement their programs.

The fourth mental health priority was to reduce the rate of suicide in Wisconsin, including but not limited to persons age 50-59, service members and veterans. The first year target for this priority was achieved. Wisconsin has made progress in completing a suicide prevention plan for Wisconsin in collaboration with public and private stakeholders and is on track to complete the plan in the coming year. Likewise, Wisconsin continues to develop local suicide prevention coalitions and disseminate the Perfect Depression Care model of suicide prevention for health care settings.

The DMHSAS has held two statewide conferences at which the mental health workforce has received training in suicide risk and suicide prevention: the Crisis Intervention Conference, and the Mental Health and Substance Abuse Services Training Conference. Providers were able to receive training in Assessing and Managing Suicide Risk (AMSR) at the Crisis Intervention Conference. Wisconsin has also conducted Question, Persuade, Refer (QPR) gatekeeper training in year one.

R. Stachoviak reported that the DMHSAS reports two main fiscal tables to SAMHSA annually. The first, the Set-aside for Children's Mental Health Services was an expended amount of \$2,274,720 in state fiscal year (SFY) 2014. The second, the Maintenance of Effort for State Expenditures on Mental Health Services was an expended amount of \$231,751,673 in SFY 2014.

R. Stachoviak stated that he welcomed any feedback regarding the report, and stated that he would share the finalized report with the Council.

Mental Health Data

R. Stachoviak presented a procedure for the WCMH and committees to follow to request data from the DMHSAS. R. Immler stated it would be beneficial to have a list of what reports are available currently, and for the Council to know when annual reports will be released, such as the block grant reports. J. Allen suggested the Council could be provided a calendar of when annual reports are made public. R. Immler suggested a type of catalogue would also be beneficial. The DMHSAS will work to bring these documents back to the Council. K. Eithun-Harshner stated that one of the charges that the Office of Children's Mental Health is to look at what data is available across the system.

Family Care and IRIS Waivers

J. Allen stated that CMS issued a new rule and in that rule they established some new requirements for how programs funded under 1915i and Medicaid waiver programs will operate and provide services. There is a new emphasis on making those places people live more home-like. The DHS is currently working on a transition plan for 1915i. Programs will now need to renew their waiver. J. Allen provided a document which is a stakeholder briefing in July, the document describes the new services and what those will provide. J. Allen noted that there are certain changes which do impact MH services. Some new services are peer recovery support services and supported employment. Another change is that Family Care will cover mental health services under the emergency services benefit. These changes would likely occur in 2016. The DLTC would be available to provide more information.

Item 5: Break

Item 6: Mental Health in the Schools

K. Bush introduced the presentation: School Based Mental Health Services. Katherine Ashley from the De Forest Area School District and Linda Servais from the Horicon School District presented information on the Wisconsin School Psychology System. Importantly, many school psychologists have little time with students, for example some places in Wisconsin have a ratio of 1 school based mental health worker to 4000 students. With this ratio they would largely be doing assessment of students rather than direct service.

K. Herro asked if there is data following up with the kids who receive early intervention and how they fare long-term. The presenters noted that there is some evidence that with Head Start programs do have better long term outcomes, but there is not a lot of data as it is hard to measure, but some empirically based programs do have follow up elements which can illustrate the impacts.

S. Gross asked whether there were any indications about the impacts of stigma from receiving in school mental health care. The presenters noted that this has been discussed, but kids leave the classroom a lot, and a lot of the kids know about stigmatization and mental health so there seems to be an understanding and it is not a negative impact on the kids. It was also noted by presenters that private schools are not required to provide the services which the school psychologists provide and they are not regulated in the same ways that public schools are.

Item 7: Call for Future Agenda Items

The following future agenda items were noted:

1. Office of Children's Mental Health
2. Family Care
3. Suicide prevention strategy
4. New legislation
5. Transportation

Item 8: Adjourn

Meeting adjourned at 3:30pm.