



State of Wisconsin

Wisconsin Council on Mental Health
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Meeting of the Wisconsin Council on Mental Health (WCMH)
March 20, 2019
10:00 am to 3:30 pm
Division of Vocational Rehabilitation
1801 Aberg Avenue, Madison, WI and via Conference Call

Members of the WCMH in Attendance: Mishelle O'Shasky, Carol Keen, Bonnie MacRitchie, Mark Lausch, Rick Immler, Kimberlee Coronado (via teleconference)

Guests in Attendance: Oriana Eversole, Heidi Mann (via teleconference)

Department of Health Services (DHS) Staff in Attendance: Chris Craggs, Caroline Crehan-Neumann, Ryan Stachoviak, Teresa Steinmetz, Dondieneita Fleary-Simmons

MINUTES

1. Call Meeting to Order

The WCMH did not have enough members in attendance to have quorum. The Council proceeded to hold the meeting though could not take any official action.

Read WCMH guidelines for conduct of meeting

B. MacRitchie read the guidelines for conduct of meeting.

Review and Approval of Past Minutes

Minutes were not reviewed due to lack of quorum.

Announcements

M. O'Shasky announced that the Reentry Associates has been working with a peer specialist program in La Crosse Wisconsin. K. Coronado announced that May 6th is SAMHSA's National Mental Health Awareness Day. The day's focus will be on suicide prevention with youth and young adults.

Public Comment

No public comment was made.

2. Discussion of Letter Received from a Member of the Public

C. Craggs discussed services and operations at the Winnebago Mental Health Institute (WMHI). The WMHI primarily provides civil and forensic inpatient care. Civil admissions are for people who are found in need of protective services under Chapter 51, for people who are deemed dangerous to themselves or others. The WMHI does not typically provide voluntary admissions as WMHI largely serves as a safety net. Services are also provided for individuals whose competency to stand trial is questioned or they are under a competency restoration process. People who are then determined to be not guilty by reason of insanity are then committed to a facility or into the community. WMHI serves people of all ages. WMHI is officially staffed at 184 patients, but the census is often higher. Populations vary and can be hard to predict. Lengths of stay are governed by level of care and negotiation with the county of origin. Statutory authority is needed for hiring additional positions such as Certified Peer Specialists. Given the level of staffing, volume can become an issue as WMHI is required to admit anyone who needs services.

R. Immler discussed the lack of supports in the community and the impact that has on the use of facilities in lieu of community based services. There are many gaps in services around the state and a lack of beds. It is important to advocate for the adequate funding of professional services for Medicaid, and encouraging providers to provide mental health services.

H. Mann provided the Council with a summary of the concerns at WMHI that she provided in the letter sent to the Council including concerns over a lack of options for services, communication, employment, enrichment, and engagement. H. Mann advocated for additional communication and information to be provided to residents of WMHI regarding client rights.

Members of the WCMH discussed options for advocating on behalf of residents at Wisconsin's facilities. There may be opportunities to advocate for support and funding for services and resources at WMHI.

3. Discussion of the Mental Health Gaps Analysis

Members of the WCMH opted to postpone discussion of the gaps analysis to a future meeting. R. Stachowiak suggested sending the gap analysis questions to the members of the WCMH. Members can then type responses and staff can compile the notes into one document. A member of the WCMH can be the liaison to the gaps analysis team and hold an interview using the comments from other Council members.

4. WCMH Committee Reports, Discussion, and Consideration of Motions

Executive Committee

M. O'Shasky provided a briefing on the Executive Committee. At the recent meeting the Committee discussed opportunities for revitalizing the Adult Quality Committee (AQC). There have been people looking to join a Council committee. The AQC may be a good group for many of these people to join. Members of the WCMH noted that given the lack of membership on the WCMH it may not be feasible to chair the AQC until there are more members on the Council. Members of the Council agreed to discuss the AQC more once there are new appointments to the Council.

Children and Youth Committee (CYC)

B. MacRitchie provided a briefing on the CYC. The CYC has developed a workforce development policy paper. The CYC continues to review the draft and plan to present it to the Council at an upcoming meeting.

Criminal Justice Committee (CJC)

M. O'Shasky discussed a letter that was sent to Governor Evers asking that he support a proclamation naming April Recovery Month. The Executive Committee voted to send the letter at the last meeting in a rapid response to ensure the Governor could consider the proposal ahead of April.

Members of the WCMH discussed incarceration rates in county jails. R. Immler noted that rates of imprisonment are twice that of Minnesota in Wisconsin. Medicaid expansion appears to play a role in reducing recidivism rates. Members of the WCMH discussed screening for dyslexia in the mental health system and how it could be undiagnosed or impact the ability for people to receive further education as a result of dyslexia.

Legislative and Policy Committee (LPC)

R. Stachoviak provided a briefing on the LPC. The committee continues to discuss the budget priorities and is making plans to advocate for those priorities approved by the WCMH. The LPC also has been developing a bill tracking document that will be shared with the WCMH as it is developed.

Nominating Committee

Members of the WCMH discussed applications received by the Council. C. Keen volunteered to call the applicants to hold interviews.

5. Planning the WCMH Fall Tour

Members of the WCMH discussed options for holding a fall tour. One option would be for the Council to look into having a tour of the WMHI. It has been several years since the Council visited a facility. Members of the WCMH will discuss options further.

6. Division of Care and Treatment Services Briefing and Updates

T. Steinmetz provided a briefing on youth crisis stabilization facility implementation. The DCTS was granted authority for a youth crisis stabilization facility. The rule will be DHS 50. An emergency rule is being development concurrently with a permanent rule. This will allow for certification for the facility by the Division of Quality Assurance (DQA). This facility will be distinct from other facilities authorized under the Department of Children and Families (DCF). This would be distinct from DCF facilities. The goal was for the rule is to be flexible to meet the needs of the committees. The rule addresses things like program requirements, policies, and facility requirements. The requirements in the budget are for 8 beds or fewer for youth 17 or under. The rule will also allow for stepdown services and will allow for someone who needs further stabilization coming out of a hospital they could go there for further stabilization. T. Steinmetz also provided an update on the Certified Peer Specialist Advisory committee. The first meeting of the group was scheduled for February but needed to be canceled due to weather. The next meeting will be held on April 4th.

7. Call for future WCMH agenda items

The following future agenda items were suggested:

- Mental health and Medicaid, how can the Council learn from other states on the impact of Medicaid expansion? The Council would benefit from having someone attend to speak to this topic.
- Additional discussion on Council membership and vacancies.
- Updates on the Mental Health and Substance Use Gaps Analysis.
- Further discussion on the Adult Quality Committee.
- Follow up discussion on the WMHI, including trends in population in the facilities and how this had impacted the services available for people in those facilities.

8. Adjourn

Meeting was adjourned at 2:40 pm.