Meeting of the Wisconsin Council on Mental Health
May 17, 2017, 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: Matt Strittmater, Pat Cork, Kathleen Enders, Jacqueline Borthwick, Bonnie MacRitchie, Barb Buffington, Kathryn Bush, Beth Clay, Karen Iverson Riggers, Mishelle O’Shasky, Kimberlee Coronado, Rick Immler,

Guests in Attendance: Karen Herro, Angela Endejan Bins, Shel Gross

Department of Health Services (DHS) Staff in Attendance: Ryan Stachoviak, Chris Keenan, Tim Connor, Joyce Allen, Holly Audley, Kathryn VerPlanck, Kay Cram, Kenya Bright

Minutes

Item 1: Call Council Meeting to Order

Read Guidelines for Conduct of Meeting

A. Endejan Bins read Guidelines for Conduct of Meetings.

Review and Approval of Minutes of WCMH meeting of March 15, 2017

M. O’Shasky moved to approve the minutes of March 15, 2017.
K. Iverson Riggers seconded the motion.
Motion carries, R. Immler abstains.

Announcements

No announcements were made.

Public Comment

No public comment was made.

Item 2: Needs Assessment Review and Block Grant Input

T. Connor and C. Keenan provided a presentation, reviewing the draft Mental Health and Substance Use Needs Assessment. T. Connor noted that the draft presented to the Council is still in development. Additional substance abuse and co-occurring disorder information will be added. In addition, county profiles will be added.
Members of the Council discussed data provided by youth versus data provided by caregivers. K. Bush noted that highest rates of suicide is observed among middle aged white men, however, Wisconsin stands out in high rates of youth suicide. K. Bush recommended that youth suicide data be included in the Needs Assessment (NA).

Members of the Council provided the following comments, recommendations, and observations regarding the NA:

- Employment and unemployment should be addressed.
- High rates of youth suicide are concerning.
- Data that detailed who is in the labor force is helpful, especially data that differentiates those who are unable to work due to being a caregiver, or other life events.
- Homelessness and tobacco use should be included in the NA
- The suicide rates included in the report are striking and an area of concern.
- Service utilization for Veterans should be included.
- Data regarding youth and trauma should be included.

Access

- The high percentage of adults who need treatment but who are not receiving treatment is of concern.
- The high level of variance and disparity of access across counties is a significant concern.
- T. Connor noted that there are certain counties in which a higher percentage of the population is served among commercial insurers.
- Financial information that details the public dollars should be included.
- Data that illustrates the disparity between having health care coverage and being able to access health services should be included.

Work force

- It would be beneficial to see those dollars spent on inpatient versus community outpatient treatment and how this varies among the counties.
- It is useful to have data detailing psychiatrist shortages. Could this be expanded to include other providers? Data presented in the Burden of Suicide report may be useful. K. Bush
- Area Health Education Centers may be another avenue for data to illustrate the rates of need throughout the state.
- There appears to be a decline in youth services. Many service providers may not be consistently using Evidence Based Practices (EBPs). Wisconsin could do a better job of ensuring that EBPs are being utilized.

Quality and Appropriateness of Services

- Members recommended that the figures be standardized for ease of comparison.
- In the future, the inclusion of data regarding the implementation of Zero Suicide and suicide prevention. This could include safety planning, DBT and CAMS

Consumer Outcomes

- There appears to be a lack of data regarding the consumer outcomes for children.
- Quality of PPS data is always an important factor to take into consideration.
• It would be useful to have some way to capture how well children are meeting IEP goals or means that would indicate whether children are meeting goals, experiencing improvements. This would hold counties and service providers more accountable.
• Medicaid data should be included as much as possible. Members of the Council encouraged the BPTR to continue expanding partnerships with Medicaid and utilizing Medicaid data in reports such as the needs assessment. T. Connor noted that Medicaid expenditures will be included in the Needs Assessment and will be broken out by inpatient versus community expenditures.
• It is important to look at goal outcomes in addition to satisfaction.
• Analyses of school data should consider the variance in the ways school districts collect and report data.
• Outcome data is critical to determine where improvements in services are needed and to assess if people are receiving those services that are wanted and needed.

S. Gross noted the value of the NA and its use beyond just the block grant planning. It would be helpful to have the evaluation team note where updates have been made to the NA in comparison to previous years’ reports.

Item 3: Working Lunch

Item 4: Mental Health Data Presentation

R. Immler provided a presentation providing information on the block grant program, Medicaid, and mental health expenditures. Data was provided to support Children and Youth Committee (CYC) motions.

Item 5: Council Committee Reports, Discussion and Recommendations

Executive Committee

WCMH Officer Elections

M. Strittmater nominated Mishelle O’Shasky to be WCMH Chair effective July 1, 2017.
K. Enders seconded the nomination.
Motion carries, Mishelle O’Shasky appointed as WCMH Chair effective July 1, 2017, Mishelle O’Shasky abstains.

M. Strittmater nominated Julie-Anne Braun to be WCMH Vice-Chair effective July 1, 2017.
M. O’Shasky seconded the nomination.
Motion carries, Julie-Anne Braun appointed as WCMH Vice-Chair effective July 1, 2017.

B. MacRitchie nominates Karen Iverson Riggers to be WCMH Second Vice-Chair effective July 1, 2017.
M. O’Shasky seconded the nomination.
Motion carries, Karen Iverson Riggers appointed as WCMH Second Vice-Chair effective July 1, 2017.

K. Coronado noted her interest in the Governor’s Council for People with Disabilities. K. Coronado is willing to be the WCMH representative on the Council. R. Stachoviak will coordinate with K. Coronado to reach out to the Council.
WCMH Charter

M. Strittmater discussed the updated WCMH Charter guiding principles. S. Gross noted that the LPC made suggestions to reorganize the priorities. Members of the WCMH reviewed the document. K. Enders suggested that it be noted that the guiding principles are not hierarchical or prioritized.

M. O’Shasky moved to approve the WCMH Charter guiding principles.
B. MacRitchie seconded.
Motion carries unanimously.

Motions Passed by Executive Committee: AB87, AB90, AB112

M. Strittmater noted that the Executive Committee has taken action on Monday May 15th regarding these bills in a rapid response session. The Executive Committee approved motions to oppose AB87 and AB90. The Executive Committee determined that as the WCMH had already provided support for Treatment Alternatives and Diversion (TAD) a formal motion to support AB112 was not required. M. Strittmater provided written testimony as a result of these motions.

Children and Youth Committee

Motion: Oppose the “Choice Act” S236/HR691

B. MacRitchie introduced a motion from the CYC to oppose the “CHOICE Act”, S236/HR691 (“Creating Hope and Opportunity for Individuals and Communities through Education Act”), related to amending the Individuals with Disabilities Education Act (IDEA) to allow the use of IDEA funding in special needs voucher programs. Under the Individuals with Disabilities Education Act (IDEA), students with disabilities, including Emotional Behavioral Disabilities, are entitled to a free, appropriate public education in the least restrictive environment. In Wisconsin and other states, however, students lose special education rights under the IDEA when they use taxpayer-funded vouchers to attend private schools, including in Wisconsin’s Special Needs Scholarship Program (SNSP). K. Coronado noted that this legislation removes many safeguards for children with disabilities.

Motion to oppose the Choice Act (S236/HR691) carries. B. MacRitchie, K. Enders, and P. Cork abstain.

Motion: Support a Children’s Mental Health Gaps Analysis Study

R. Immler introduced the motion from CYC that MHBG funding be utilized to support, at least in part, a recurring Children’s Mental Health Gaps Analysis Study. The goal would be to survey all Wisconsin counties, tribes, a representative sample of consumers and caregivers, providers outside of County government, Managed Care Organizations and other stakeholders as deemed appropriate. R. Immler noted that this motion was modified by CYC to include “at least in part” regarding funding with the understanding that blended funding may be required. Another modification was to recommend that the request include ‘recurring’. R. Immel noted that the proposal does not include cost estimate. K. Bush noted that data for children has often been a struggle for the CYC and the WCMH. It is important to work across systems to synthesize data.

Members of the WCMH noted that this gaps analysis effort could potentially be done with older populations as well. A children’s gap analysis could be a first step towards further gaps analysis. Transition age children may also not be captured in this type of analysis depending on the age range determined and the system of care in
R. Immler voiced his support for expanding the motion to include broader populations.

R. Immler moved to amend the motion to include Substance Abuse Block Grant after Mental Health Block Grant, and Mental Health to Behavioral Health, and add “and adults if resources are available” K. Coronado seconded the motion.

Motion to support a Mental Health Gaps Analysis motion, as amended, carries. P. Cork, K. Bush, K. Enders, and B. MacRitchie abstain.

Motion: Support Technical Assistance to Counties from Counties

R. Immler introduced a CYC motion that Federal Mental Health Block Grant funding be utilized to support, at least in part, technical assistance to counties that could benefit from lessons learned from other counties. Opportunities for technical assistance could focus on improving outcomes such as reducing unnecessary hospitalizations, lowering suicide rates, improving access to services, effective billing for services, collaborative partnerships with health, law enforcement and behavioral health providers, recruiting and retaining staff and/or effective utilization of data to improve care and outcomes.

M. O’Shasky moved to amend the motion to add Substance Abuse Block Grant in addition to Mental Health Block Grant.
K. Iverson Riggers seconded the motion.

P. Cork noted that this type of technical assistance occurs informally. Area Administration is one avenue to provide TA. M. Strittmater noted that La Crosse County receives a lot of requests from other agencies to provide input on CCS. This proposal would benefit counties in instances such as this to allow for counties to receive funding offsetting the lost revenue for that time providing TA to other counties. R. Immler added that a more formal aspect may be WCHSA involvement.

Motion to support county to county technical assistance, as amended, carries. P. Cork, K. Bush, K. Enders, and B. MacRitchie abstain.

Legislative and Policy Committee

Motion: Comment on DHS’ Medicaid waiver request for BadgerCare Childless Adult Program

S. Gross introduced a motion, and draft language from the LPC providing comments on the waiver request for the BadgerCare Childless Adults Program. The proposed waiver would add requirements for people served by the waiver that data from other states suggest would result in loss of eligibility. This includes imposition of premiums, work requirements and drug testing requirements. Opposing these requirements is in the interest of not reducing access to critical Medicaid psychosocial rehabilitative services for this population. S. Gross detailed the draft comments document provided by the LPC.

Motion to approve the comments carries. P. Cork, K. Bush, K. Enders, and B. MacRitchie abstain.
Motion: Support AB29 - Practice Requirements for Licensure as a Clinical Social Worker

S. Gross discussed a motion introduced by the LPC to Support AB 29 as currently written, without amendment. AB 29 is related to practice requirements for licensure as a clinical social worker. Currently, the Examining Board of Professional Counselors, Marriage and Family Therapists and Social Workers requires 3,000 supervised clinical hours of which 1,000 of these hours should be designated to diagnosis and treatment. The Examining Board has had this authority since the beginning of certification in 1995 and licensure in 2002. However, two years ago the Chief Legal Counsel at the Department of Safety and Professional Services determined that the existing rule was not supported by the statute and that legislation was needed. Therefore, Assembly Bill 29 is designed to allow the existing practice to continue: to require that the 1,000 hours of direct client contact consist of DSM diagnosis and treatment. National Association of Social Workers Wisconsin Chapter has registered in support of this bill. S. Gross noted that as the Council no longer had quorum to approve the motion, if action is required, the LPC may request that the Executive Committee take action.

Adult Quality Committee

K. Enders noted that the AQC approved two motions at the most recent meeting, to support the use of the MHBG for Evidence Based Practices and a second motion to provide support for the use of the Recovery Oriented System Indicators (ROSI). The AQC will bring these motions to a future Council meeting.

Criminal Justice Committee

No CJC update was made.

Nominating Committee

No Nominating Committee update was made.

Item 6: Division of Care and Treatment Services Updates

J. Allen provided a DCTS update. J. Allen briefed the WCMH on the Governor’s budget item regarding Youth Crisis Stabilization. The Joint Finance Committee (JFC) discussed this item recently and approved the funding to move forward. A change was made in the funding so that the first year of the funding is provided through program funding. GPR would be utilized in the second year. Regarding a proposed Peer Run Respite Center for Veterans, a similar funding structure would be used with a first year funding by program revenue funds and then a second year of GPR. M. O'Shashy noted her concern that vendors may be unlikely to want to take this on with only one year of funding secured.

K. Bright provided updates on CCS expansion. The DHS has been holding regional meetings to talk with counties and providers about the outcomes of the OIG audits. Medicaid has approved two additional SUD services that can be paid for by CCS. Two tribes have added CCS services, Red Cliff and Lac Courte Oreilles. Only eight counties are not providing CCS services and there are four that are in active conversations of joining regions.

K. Bright announced that currently there are 410 Certified Peer Specialists (CPS) in Wisconsin. Currently Wisconsin has a 70% employment rate among CPS. The BPRT has been working on developing the Integrated Peer Specialist Certification. The BPRT is also in the process of developing a Parent Peer Specialist Training and Certification. The DCTS is sponsoring several trainings across the state for the Integrated Peer Specialist program.
J. Allen announced that Wisconsin was awarded $7.6 million for the State Targeted Response to the Opioid Epidemic. Wisconsin was also awarded funds via a Youth Treatment Initiative Grant for young people aged 16-25.

R. Immler acknowledged Kathleen Enders, Kathryn Bush, and Shel Gross for their service to the WCMH.

**Item 7: Adjourn**

Meeting adjourned at 3:36 pm.