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State of Wisconsin

Wisconsin Council on Mental Health

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Meeting of the Wisconsin Council on Mental Health

May 18, 2016, 10:00 am to 3:30 pm

Division of Vocational Rehabilitation

1801 Aberg Avenue, Madison, WI 53704

MINUTES

Members of the Wisconsin Council on Mental Health (WCMH) in Attendance: Sheli Metzger, Bonnie MacRitchie, Charlotte Matteson, Pat Cork, Dori Richards, Barb Buffington, Matt Strittmater, Donna Wrenn, Shel Gross

Members of the WCMH in Attendance via Teleconference: Kathleen Enders

Department of Health Services (DHS) Staff in Attendance: Joyce Allen, Kay Cram, Ellie Jarvie, Faith Boersma, Ryan Stachoviak, Dan Kiernan

Guests in Attendance: Valerie Gonsalves

Item 1: Call Council Meeting to Order

Review and Approval of Minutes of WCMH meeting of March 16, 2016

B. Buffington moved to approve the minutes of March 16, 2016.

C. Matteson seconded the motion.

Motion carries, minutes approved.

Announcements

M. Strittmater congratulated S. Gross on receiving an Iris Award from NAMI-Wisconsin. S. Gross announced that the Gathering Place in Green Bay is celebrating its 20th Anniversary. S. Gross provided information regarding Operation Badger Base: <http://operationbadgerbase.com/>. The event is being held on August 11-14. D. Wrenn announced an August PATH Conference. D. Wrenn announced a funding opportunity will be available to provide funding for rent for veterans throughout the state. D. Richards announced that Deaf legislative Day was recently held and reports are that it was a very successful day. A second rally, the Deaf Grassroots Movement, was held on May 4th at the Capitol.

Public Comment

No public comment was made.

Item 2: Council Committee Reports, Discussion and Recommendations

Executive Committee

M. Strittmater noted in the WCMH bylaws there is language that the Council should have scopes and authorities for each committee; however such records are no longer available. The Executive Committee has started to recreate those documents. The Committee is hoping to create one packet which has a list of general list of authorities and responsibilities which all committees can use. Each committee will also have one page of guiding information. Each committee will have input on the committee's roles. M. Strittmater discussed a time-sensitive session of the Executive Committee was held to approve a letter from the Legislative and Policy Committee (LPC) to provide to the Joint Committee on Finance regarding the Family Care concept paper. A letter was approved and sent to the Joint Committee and provided to Council members.

Criminal Justice Committee (CJC)

No CJC update was made.

Adult Quality Committee (AQC)

K. Enders stated that the AQC requested more guidance from the WCMH and the Executive Committee in regards to a mission and role. The Committee has been struggling to recruit and retain members. The AQC received a draft charter from the Executive Committee. At an upcoming meeting the AQC will soon review the charter further and identify tasks and develop a functioning strategic plan. The charter will be a good document to help focus the Committee's activities. A focus area of AQC efforts will likely be CCS, addressing outcomes and impacts of the financial investment.

Nominating Committee

S. Gross stated that the WCMH received an application. J. Braun will complete an interview with the applicant. M. Strittmater has been in communication with the Governor's Office regarding the Council's vacancies. Staff members have indicated they are hoping to make progress on the vacancies soon.

Children and Youth Committee (CYC)

B. MacRitchie announced that the CYC has been continuing to work on school-based mental health. The Committee has been working on budget priorities. At the next CYC meeting the committee will review what more can be done with school-based mental health and determine whether other topics the CYC may address in the near future.

Legislative and Policy Committee (LPC)

M. Strittmater appointed William Parke-Sutherland as Co-Chair of the Legislative and Policy Committee.

Motion: Letter regarding S. 2680 to Senators Johnson and Baldwin

S. Gross discussed federal mental health reform bills. The WCMH took action in July 2015 to oppose a bill introduced by Congressman Tim Murphy's. The WCMH voted to oppose the bill as it did not match the views of

the Council. The bill would have changed HIPAA, reduced funding for protection and advocacy programs, and seemed to limit the role of consumers and family members. There were a number of good elements of the bills however the other pieces were negative in the view of the Council. Some other bills have been introduced which have been more in-line with the Council's goals and mission. S. Gross noted that S. 2680 has good co-sponsorship. The broad view of the bill is that the bill has a lot of good items, and many of the negative areas have been removed. The bill is currently waiting on the Senate floor for a vote. The letter is to encourage a vote. Time is running short for action to be taken. National groups are pushing for action to be taken soon. The LPC made a motion to ask the WCMH to go on record and to send a letter to Senators Baldwin and Johnson asking them encourage a vote and vote for the bill.

Motion that the WCMH to send a letter to Senators Johnson and Baldwin regarding S. 2680 carries. D. Wrenn, P. Cork, B. MacRitchie, and K. Enders abstain.

Budget and Policy Priorities

S. Gross recapped the priority process stating this is a time of year when State agencies put together their budget proposals. The WCMH tries to put together a budget priority list to advocate. The WCMH has worked to be proactive in the process. This list which is being provided is a first draft. Some items are being reintroduced from the last session. S. Gross stated that the goal of this current effort is first to gain approval from the WCMH to bring forth to discuss with state agencies and then looking to strengthen and revise the priority document as efforts move forward.

Data

The WCMH hopes via improved data to have a better way of developing outcomes and benchmarks that allow comparison of programs across counties. At the LPC meeting a suggestion was made to have a group from the Council meet with the evaluation team from DMHSAS. S. Gross asked that members of the Council inform him of their interest in participating in this meeting. P. Cork suggested that WCHSA somehow be involved in the data collection and report development process. P. Cork noted that data is largely collected by program area. Future data efforts could combine data from the mental health institutes, and other various data sources.

MAPP/Competitive Employment

S. Gross stated that advocates and the DHS have been putting forth efforts to fix the MAPP program. Often people being served by the program end up paying large premiums which become prohibitive. The group has been working to find a compromise which meets people's needs. Individualized Placement and Support (IPS) may be another program which could aid in the success of the MAPP program. Funding was provided in the past for one year, but one year of funding was not feasible for the IPS training model as it is a multiyear process.

D. Richards asked for clarification regarding in-kind work. S. Gross stated that the arrangements differ, but they are jobs where there were benefits, not necessarily paid. DHS is looking for a type of job with MAPP where income tax could be withheld. K. Enders asked that specificity be provided regarding the DVRs work with people with mental illness.

Treatment Enhancements

S. Gross introduced information regarding a proposal to enhance services for people who are Deaf/Hard of Hearing (DHOH). D. Richards has previously provided some information to the LPC and the WCMH regarding

what some other states are doing for people who are DHOH. S. Gross noted that there has been some initial discussion among advocates with DHS regarding this topic. Priorities are a statewide mental health coordinator, a peer specialist program, and expansion for the qualified mental health interpreter initiative.

D. Richards discussed her role of providing DHOH peer support services. D. Richards has been working with three peers and the program is phenomenal. The shared language and culture is a great benefit and increases trust between the peer and the peer support specialists. However, D. Richards currently only serves people in Minnesota. Expanding this program to Wisconsin would be of great benefit. D. Richards stated that an additional barrier in Wisconsin is that there are many people who are DHOH who are looking to become clinically licensed. However, people often are unable to achieve the necessary 3000 supervisory hours. Because of this some people who could serve Wisconsin end up studying in-state for educational purposes, but then leaving the state in order to obtain the required supervisory hours. D. Richards stated that Wisconsin needs to find a way to keep people in state and achieve those supervisory hours. S. Gross also noted that there has been concern regarding a lack of Medicaid reimbursement for interpretation services.

IMD Transition Program

M. Strittmater stated that counties receive partial funding for people at an Institute for Mental Disease (IMD) from the State. Discussions among advocates and DHS have centered on how this funding could be limited to better encourage community treatment. K. Cram noted that DMHSAS had met with a subgroup of the LPC regarding how to potentially move people out of IMD sooner into community living. C. Matteson asked if this concern would be an incentive to move people out of the institution before the person is ready. P. Cork encouraged the Council to look at the history of the funding.

Suicide Prevention

S. Gross noted that Mental Health America-Wisconsin had received about \$500,000 annually in federal dollars to provide suicide prevention services in Wisconsin. However, two recent changes have reduced this funding. The Garret Lee Smith grant funding in the amount of \$400,000 is no longer provided to the state. There may be opportunities to receive this funding again in the future. A second change which impacted suicide prevention was that SAMHSA clarified that some suicide prevention activities previously funded via the Mental Health Block Grant (MHBG) are not consistent with the allowable uses of the grant. As such suicide prevention activities were refocused to ensure that the MHBG funded efforts are made specifically to serve populations with a SMI or SED.

The suicide prevention proposal is to support those areas which currently are not funded by one of these other funding streams. This includes funding to provide support for local coalitions. This would include funds to provide training and TA to local coalitions as well as funding for them to initiate programs in their areas. Another area is to provide funding to support training aligned with the Zero Suicide quality improvement initiative. This initiative has generated considerable excitement and interest. In addition funds could be provided to support Hopeline, a texting pre-crisis service, which was developed with support of the federal grant but has had difficulty obtaining ongoing funding. Funds could also be directed at high-risk populations, including middle-aged men, veterans, LGBT youth, elderly, and minority groups.

C. Matteson asked about the prevention and coalition building, how efforts and programs work with schools. DPI works with schools, including Signs of Suicide Program, in addition QPR training. S. Metzger noted that in Chippewa County, work is being done to train and work with students. It is important to get schools on board, but also make sure that the adults are being trained as well to support students. Finding the support among the community is very important. B. MacRitchie noted the importance of training youth so that they have the

understanding of what to do with their peers. C. Matteson asked if suicide prevention efforts could be mandated, especially in schools. S. Gross noted that there is a mandate, but how it is enforced is the problem. B. Buffington noted that the cost of providing training can be a large barrier for many schools.

Community Living Services and Supports

S. Gross discussed Community Living Services and Support priorities. This includes promoting Parent Peer Specialists and Integrated Peer Specialists. Regarding housing, safe and affordable housing, often with supports, is critical for recovery for many with mental illnesses and is especially challenging for offenders being released into the community. D. Wrenn noted that most HUD funding now requires the utilization of a Housing First model. D. Wrenn will reach out to P. Cork to encourage a discussion between Kevin Moore at DHS to discuss housing with the Division of Housing.

An additional priority, transportation, is an important component that allows people with disabilities to live in the community and receive necessary services and supports. But while the need for such services has increased, funding has decreased. Only 53% of the state's population is served by public transit systems and for many of these folks the fact that such systems only operate within the county of municipal jurisdiction that operates the system means they may not be able to access jobs and services outside that jurisdiction.

Criminal Justice

S. Gross noted that nothing specific was received from the CJC. However, the CJC is working on other areas other than the State budget. One priority area which the CJC has been focusing on is Treatment and Diversion funding. An area of concern has been the response to issues at Lincoln Hills. This is perhaps something that the WCMH could address in the future. The WCMH should pay attention to the efforts to resolve the problems as efforts moves forward.

Children and Youth Priorities

B. MacRitchie discussed the Child Psychiatry Consultation line. The priority area is to expand the Wisconsin Child Psychiatry Consultation Program statewide. The Wisconsin Child Psychiatry Consultation Program (CPCP), created by 2013 Act 127, provides primary care physicians with access to child psychiatry consultation services via telephone or email. Two regional hubs serving Milwaukee and northern Wisconsin are currently operating, each funded to only half the level of national standards. Act 127 directs DHS to create additional hubs starting in 2016 but does not provide funding for the expansion. Three additional hubs will be needed to provide full statewide service.

B. MacRitchie discussed a priority related to Trauma Informed System with At Risk Preschool Children. This program, which is currently operating in Waukesha County, serves children birth-5 years old that enter the Child Protective Services system and who would not otherwise qualify for Birth-to-3/Early Childhood services. The team-based approach uses principles of family support to support the child's capacity to learn and relate to others, while supporting caregivers to provide predictable routines, identify and respond to a child's needs, and understand the influences of trauma on the child's behavior.

Another CYC priority is to fund Additional Training in Trauma Focused - Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based trauma-specific treatment model that is highly effective in improving a range of trauma-related outcomes via a series of sessions with a child/adolescent (ages 3-18) and caregiver. The Department of Children and Families (DCF) has been leveraging federal funds for providing TF-CBT training to

master's-level and PhD-level therapists that treat children and youth in the child welfare system; this funding will end in 2018.

Another priority area of the CYC is to expand implementation of the Pyramid Model (PM), with the addition of Infant/Early Childhood Mental Health Consultation. The Pyramid Model is an evidence-based prevention/intervention framework that supports healthy social and emotional development in systems that serve young children. Pyramid Model training reaches a broad sector of early childhood professionals and actively involves parents.

A robust statewide expansion of the model would more than double the number of implementation sites in Wisconsin and add an important component of infant/early childhood mental health consultation into the behavioral health system. The current program involves a collaborative effort between the Department of Children and Families (DCF) and the Department of Public Instruction (DPI) primarily funded through Race to the Top dollars, which will end in December 2016.

B. MacRitchie discussed consultation funding for school-based mental health. The current funding cannot be used for consultation. The CYC propose supporting funding for consultation time.

S. Gross noted that there will be a report coming out soon regarding the Child Psychiatry Consultation Program. Some concerns have been raised regarding the low utilization numbers. Some providers have noted that the training aspect of the effort has been very helpful.

M. Strittmater noted, regarding the Birth to 3 proposals from the CYC, it identifies a cost for children who are not in Birth to 3, but it is also important to consider what the cost would be for kids who are in Birth to 3.

S. Gross summarized the priority discussion, suggesting the list of priorities be voted on for approval. However the list should be considered a parking lot to continue to develop and refine. A majority of the priorities would likely be separate bills. In addition, many topics have been worked on in the past by the Council.

Motion to approve that the Budget and Policy Priorities carries. P. Cork, B. MacRitchie, D. Wrenn abstain.

Item 3: County Peer Review Summary

R. Stachoviak provided a summary presentation of the DMHSAS peer reviews which have been conducted with a sample of Wisconsin's counties from 2013 through 2015.

Item 4: Division of Mental Health and Substance Abuse Services Update

DHS Reorganization

P. Cork noted that the DHS is currently undergoing reorganization. In the Department there will now be a new Division of Medicaid Services (DMS). This new division will do the work of the Division of Long Term Care (DLTC) and the Division of Health Care Access and Accountability (DHCAA). Family Care and BadgerCare and FoodShare will now be in DMS. DMS will also include Medicaid waiver programs. The rationale behind this organization is to combine all the Medicaid reimbursable programs in one division. As part of this reorganization the DMHSAS is becoming responsible for the three centers that serve people with intellectual and mental disabilities. Part of this process will be to rename the division. The DHS will keep the Council informed on these efforts as they

move forward. The DMHSAS is undertaking a reorganization to allow for the management structure these changes require. These changes will include a Bureau of Community Forensics which will oversee conditional release, Opening Avenues to Reentry Success (OARS), and the supervised release program which will move from Sandridge to the Central Office. The Division is also creating an office of electronic health records. S. Gross stated that the prior authorization responsibility will become part of DMS, and that advocates are hoping that some of the concerns that have been had will be addressed by this transition.

Rural Mobile Crisis Request for Applications

J. Allen noted that there is funding via the State Legislature for Rural Mobile Crisis. This funding is for communities to bring crisis program to the highest level of certification. The DMHSAS will offer funding to those counties that currently do not have this certification. Counties will need to apply for the grant funds.

System Improvement Grants

J. Allen discussed the 2016 System Improvement Grants which will provide \$300,000 in Mental Health Block Grant (MHBG) funding via one time incentive awards. The DMHSAS views this funding as a performance-based contracting. In the last year counties were able to create Comprehensive Community Services (CCS) programs in a regional manner. Through this process DMHSAS observed that counties were given a short window of time to get programs onboard. Many counties went above and beyond and invested in the program. The funding can be used for any expense allowable under the MHBG. DMHSAS is asking counties to continue to meet the requirements of being a regional CCS program. Counties are required to serve consumers across the lifespan and diagnoses. Counties must also submit functional screen requirements, their ROSI requirements, and quarterly admission and service data. If a county has met all these requirements then that county can apply for a portion of this funding. The DMHSAS estimates that roughly 20 counties will be available to apply for this funding based on those requirements.

Item 5: Open Discussion - "Who are We, Why are We Here?"

S. Gross and S. Metzger shared their personal story.

Item 6: Call for Future Agenda Items

The following future agenda items were noted:

1. WCMH Fall tour – what does the Council want it to be, where should it be held?
2. The Medical College of Wisconsin has issued 10 grants to communities to work on community improvement. The WCMH may be interested to hear what the programs are and what the plan is for these communities.

Item 7: Adjourn

Meeting adjourned at 3:15pm.