



State of Wisconsin

Wisconsin Council on Mental Health

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

Meeting of the Wisconsin Council on Mental Health

January 15, 2014 - 10:00 am to 3:30 pm

Division of Vocational Rehabilitation

AV Conference Room at 1801 Aberg Avenue Madison, WI 53704

Minutes

Members of the Council in attendance: Shel Gross, Joann Stephens, Donna Wrenn, Charlotte Matteson, Linda Harris, Kathryn Bush, Mishelle O'Shasky, Mary Neubauer, Matt Strittmater, Carol Keen, Kathleen Enders, David Nencka, Jo Pelishek, Richard Immler.

Members of the public in attendance: Lana Nenide, Karen Herro.

Department of Health Services Staff in attendance: Joyce Allen, Kay Cram, Kate McCoy, Faith Boersma, Kenya Bright, Ryan Stachoviak.

Item 1: Call Council Meeting to Order

Welcome and Introductions

Read Guidelines for Conduct of Meeting

M. O'Shasky read conduct of meetings.

Review and Approval of Minutes of WCMH meeting on November 20, 2013

J. Stephens motioned to approve the minutes of the WCMH meeting of November 20, 2013.

M. O'Shasky seconded the motion to approve the minutes of the WCMH meeting of November 20, 2013.

The following corrections to the minutes were noted:

1. Page 4 – "Thirteen bills were presented" to "Thirteen bills were introduced"
2. Page 4 – "...costs are associated with all bills" to "...costs are associated with many of the bills."
3. Page 5 – "can or cannot follow DPI guidance" to "can or cannot follow DPI model policy"
4. Page 5 – "there is nothing that DPI could do" to "there is little DPI could do"
5. Page 5 – "A compromise which has been proposed" to "A compromise which was enacted in 2008"

6. Page 5 – “The LPC recommends opposing this bill as the restrictive laws serve as a protection for people.” to “The LPC recommends opposing this bill so that consumers should continue to utilize and control their health information.”
7. Page 6 – “S. Gross stated that was concerned on how close the vote was will have to carefully consider how the council will support.” to “S. Gross stated that given the close vote he will carefully consider how to word the Council’s support for AB453.”
8. Page 8 – Note that Council members expressed some discomfort in having to support certain bills over others.
9. Page 8 – “Council Chair votes nay to break tie” to “Council Chair voted nay as the Council was split, and this would still allow for support for individual bills.”

Motion to approve the minutes of the WCMH meeting of November 20, 2013 as amended.

Aye: (10) Joann Stephens, Charlotte Matteson, Linda Harris, Kathryn Bush, Mishelle O’Shasky, Matt Strittmater, Carol Keen, Kathleen Enders, David Nencka, Richard Immler.

Nay: (0)

Abstentions: Mary Neubauer, Jo Pelishek, Donna Wrenn.

Motion carries.

Announcements

K. Bush provided the Council with a number of resources to share with the Council from the Department of Public Instruction (DPI) regarding bullying and harassment:

- Department of Education Office of Civil Rights “Dear Colleague” letter:
<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf>
- Wisconsin Department of Public Instruction (DPI): Safe and Supportive Schools:
http://sspw.dpi.wi.gov/sspw_safeschool
- My Child has been bullied: What can I do? Bulletin:
<http://sspw.dpi.wi.gov/files/sspw/pdf/bullyingbrochure.pdf>
- DPI’s Model Bullying Policy: <http://sspw.dpi.wi.gov/files/sspw/doc/modelbullyingpolicy.doc>
- DPI’s: Pupil Non-discrimination Program: http://sped.dpi.wi.gov/sped_puplnondis
- Pupil Non-discrimination brochure: <http://sped.dpi.wi.gov/files/sped/pdf/pndbrochure.pdf>

M. Neubauer announced that the Milwaukee Behavioral Health Division (BHD) has a new medical director, John Schneider. Dr. Schneider was a previously a resident with the BHD and is familiar with the system. Milwaukee County is reorganizing the BHD and addressing budgets with a goal of identifying a better way to deliver services in the County. Representative Joe Sanfelippo is sponsoring a bill to create a mental health board in Milwaukee. Representative Sandy Pasch has apparently has not had much involvement in the bill at this point as previously thought. This mental health board would serve as the governing body of the mental health system in Milwaukee County.

S. Gross announced that Governor Walker is holding a roundtable discussion regarding employment for people with disability the afternoon of January 15, 2014. S. Gross, along with several members of the Legislative and Policy Committee (LPC), plan to attend the roundtable.

Item 2: Wisconsin Alliance for Infant Mental Health presentation

Lana Nenide, Associate Director of the Wisconsin Alliance for Infant Mental Health, provided a presentation regarding the Wisconsin Alliance for Infant Mental Health.

Item 3: Council Committee Reports, Discussion and Recommendations

Executive Committee

S. Gross noted that he will be writing letters to send to the organizations visited as part of the Council's 2013 fall tour of Milwaukee.

Nominations Committee

M. Neubauer stated that the Nominating Committee did not meet as scheduled on January 9th. The Council has three current applicants, and the Committee will be conducting interviews and bringing forth recommendations.

Adult Quality Committee

The Adult Quality Committee has been discussing various topics of interest. R. Stachowiak will present regarding the Mental Health Block Grant at the February AQC meeting. These discussions and presentations will eventually lead to the AQC's strategic planning process.

Children and Youth Committee

Motion to support AB554: Child death review teams

R. Immler introduced a motion to support AB554 from the Children and Youth Committee (CYC). The motion is to support child death review teams, assuring the information collected is used to better understand prevention strategies and not for punitive purposes. Wisconsin is one of seven states which do not have a formalized process in this regard. The review team would be a multi-disciplinary team that collects data to recommend strategies to prevent childhood deaths. The legislation would provide statewide coverage and consistency among local teams. S. Gross noted that this bill also relates to the Council's priority area of suicide prevention.

Yea: (13) Joann Stephens, Donna Wrenn, Charlotte Matteson, Linda Harris, Kathryn Bush, Mishelle O'Shasky, Mary Neubauer, Matt Strittmater, Carol Keen, Kathleen Enders, David Nencka, Jo Pelishek, Richard Immler.

Nay: (0)

Abstentions: (0)

Motion to support AB554 carries.

Motion to support AB570: Extension of out-of-home care

R. Immler introduced a motion to support AB570 from the CYC. The motion is to support the extension of out-of-home care to 21 years of age for children with an Individualized Education Plan (IEP). The impact is more on the financial side; the program would require general purpose revenue of up to \$2.7 million annually. R. Immler stated, speaking as a clinician, he has had disappointing experiences when working with a child who has needed a lot of services, but watching those supports fall away when the child has turned 18. This often places a child at great risk.

Yea: (13) Joann Stephens, Donna Wrenn, Charlotte Matteson, Linda Harris, Kathryn Bush, Mishelle O'Shasky, Mary Neubauer, Matt Strittmater, Carol Keen, Kathleen Enders, David Nencka, Jo Pelishek, Richard Immler.

Nay: (0)

Abstentions: (0)

Motion to support AB570 carries.

R. Immler stated that part of CYC strategic planning is a review of how Wisconsin is supporting infant mental health from a budgetary perspective, but that process is just beginning.

Legislative and Policy Committee

S. Gross stated that all seven bills from the Speaker's Taskforce on Mental Health which had fiscal implications were referred to the Joint Finance Committee. The Committee did have an executive session, and those seven bills were supported and approved. The assumption is that all of the assembly bills will pass, and will go to the floor next week.

The Emergency Detention pilot bill (AB500) was introduced at an executive session in Milwaukee last week. S. Gross has not been able to see if the bill passed the session. Regarding the Legislative Council bills which were endorsed, two were part of the public hearing, and were also being brought to the executive committee. The bill regarding community program boards has not had movement.

Motion to contact Wisconsin Congressional delegation to oppose HR3717

S. Gross introduced a motion from the Legislative and Policy Committee (LPC), that the Council should write a letter to the members of the Wisconsin Congressional delegation asking them to oppose HR3717. S. Gross noted that there are a lot of positive components in this bill, however, all of these positive things have been introduced as other legislation, some have progressed from one degree to another. S. Gross noted that the Council may want to support these other pieces of legislation, but the LPC recommends the Council not support HR3717. The LPC recommends that the Council opposed the bill due to the impact it has on client rights and the reduction to SAMHSA funding. HR3717 would remove current funding and technical assistance for consumer run services. The bill would also change HIPAA as the law would treat a caregiver as a personal representative who would be able to receive a person's personal health information. The bill would also change the Council composition to be largely Clinicians. R. Immler stated that it was unfortunate that so many things are included in this bill such as funding for children services and noted that Representative Murphy is a psychologist.

Yea: (11) Joann Stephens, Donna Wrenn, Charlotte Matteson, Linda Harris, Mishelle O'Shasky, Mary Neubauer, Matt Strittmater, Carol Keen, Kathleen Enders, David Nencka, Jo Pelishek.

Nay: (0)

Abstentions: (2) Richard Immler, Kathryn Bush.

Motion to contact the Wisconsin Congressional delegation to oppose H.R.3717 carries.

Criminal Justice Committee

The Criminal Justice Committee did not meet in December; there are no committee updates since the last Council meeting.

Item 4: Working Lunch

Item 5: Dept. of Mental Health and Substance Abuse Services Update

Updates on budget initiatives

K. Bright stated that the Comprehensive Community Services (CCS) advisory committee meetings have completed. The Division of Mental Health and Substance Abuse Services (DMHSAS) launched an info memo requesting counties and tribes to inform the Division of their intent to provide CCS services. A response was due at the end of the 2013. The DMHSAS received 26 intents. There are currently 31 counties that provide CCS, and an additional 31 counties which want to join. Only 9 counties without CCS have not shown in interest. One county has CCS but does not want to regionalize. Some may be interested down the road.

Milwaukee, Dane and Waukesha Counties can be a region because of their size. Forest, Vilas, and Oneida, Lincoln, Marathon, and Langlade have been formed as regions. There are five regions which want to do CCS under a multicounty region; these regions would have one CCS certification which provides services under one lead agency. There are 25 counties which will do shared services, some counties already have CCS services and don't want to change their current services but do want to come together to work together to make more the CCS services more efficient and cost effective. The DMHSAS will send out another info memo, asking for more information about how the counties will do regionalization. Overall, regions were very methodical in how they expanded, and appear measured and thoughtful.

J. Allen provided an update regarding Coordinated Services Teams (CST). The Governor's goal is to have statewide funding for CSTs across the state and the funding has been made available January 1st. Counties and tribes have received a notice of funding. There are currently 40 counties and tribes which do not have CST. Anyone without a CST can apply. DMHSAS also has an outreach plan through area administration. April 1 is the target date for these new CST contracts.

F. Boersma provided an update regarding peer run respite. The DMHSAS held meetings of an advisory group which the vast majority was people with lived experience. This group discussed goals, and outcome measures. In addition a survey was developed, to which there were roughly 60 complete responses. The DMHSAS is currently writing the Request for Proposals (RFP). It is hoped that the RFP will be sent out soon for the July 1 start of funding.

Members of the Council expressed gratitude for the level of consumer involvement in the process and advisory committees.

In-Home therapy is a Medicaid benefit, and allows Medicaid to fund those in home services for Children.

L. Harris provided an update regarding the Office of Children's Mental Health stating that the DHS expects an announcement on the director soon. Applicants have been vetted and the Governor's office is prepared to make an announcement.

L. Harris stated regarding Mendota bed expansion, that there has been a 25 bed forensic unit expansion. This unit has begun accepting individuals as of the first week of December. This expansion is intended to alleviate the number of people in jail who are in need of mental health services. The expansion required the reorganization of other units at Mendota, the hiring, training, and reorganization of staff.

Data workgroup development

K. McCoy stated that the DMHSAS wants to improve mental health data systems and announced a call for participation on a workgroup to discuss this. The DMHSAS would like to include the Council in this process and work to identify the data that should be collected and how to share this data with the Council and its Committees. J. Allen stated that a dashboard is a long term goal of this, but a goal of this current project could be to identify what data indicators would be good. There is no new money for this initiative but the Division is working on this incrementally. Phase 2 of this data project and the biggest challenge was bringing children's citrix database into PPS. Another overall component of this process was bringing SA and MH together. Tim and Mike have done quite a bit of support and TA for the county's as this process has going forward. S. Gross added that one of the things the Council has stated as a goal was to identify what the needs of the DMHSAS are and make recommendations to the DHS, Legislature, and Governor. This could be something which could be addressed in the next budget cycle could be something to recommend to the Legislature.

J. Stephens stated that in many organizations it is hard to know what data might be useful and how to utilize data and collect data. It would be good to know if there ways that these consumer-run organizations can collect and use data.

J. Allen discussed that SAMHSA is moving toward a model that any entity which receives block grant funding that organization will have to collect data. One discussion point for this data committee could be how the balance the data collection requirements associated with receiving block grant funding versus GPR funding. One change being made with PPS is a move toward allowing other organizations to also enter data into PPS, not just the Counties.

Prioritizing Mental Health Block Grant Funding

J. Allen briefed the Council on how the DMHSAS has addressed previous and anticipated reductions in mental health block grant funding (MHBG). The first challenge the Division faced was a 2011 reduction in how the block grant was allocated. This reduction was about 1 million from 2012 to 2013. The current federal environment makes it hard to plan, and makes the Division cautious in how money is allocated. In 2013-2014, the congressional stalemate led to the federal sequestration of funding. The DMHSAS is working off of the President's budget, but the Division does not currently have a final number. There is a deal in congress which has been proposed, from initial reports the reductions to the block grants may not be as bad as once anticipated. Importantly, there is some indication that congress does want to include a set aside for early

prevention and treatment. Because of the funding cuts the DMHSAS has been using unspent funds from previous years to have a soft landing, but these unspent funds will be used up in 2014. As such, in 2015 the current level of funding will likely not be sustainable.

J. Allen introduced the DHS mission, the Governor’s Mental Health Reforms, and the DMHSAS Performance Report.

R. Stachowiak provided a presentation regarding the mental health block grant, the Wisconsin Needs Assessment process.

J. Allen stated that Wisconsin State statutes do dictate how some of the block grant money must be utilized. Other factors in how block grant funding is used include federal law, SAMHSA guidance, and the State budget. For example roughly \$2.5 million goes towards community aids and roughly \$1.5 million is allocated for CST. Additionally, family and consumer peer supports are allocated a minimum of \$874,000. State operations funds 5.6 full time employees.

J. Allen presented several funding priority areas which have and could be used to guide and inform how block grant dollars are utilized, and could be used in the event future funding reductions require cuts.

Possible Criteria Proposed:

1. Federal requirements
2. State statute/budget
3. MHBG Priorities
4. Maintain services to people
5. Underspending by contractor
6. Underperforming contractor
7. Impact of the reduction-how many people/organizational impact
8. Is there another funding source to address the priority or activity
9. Cost benefit analysis - relative value of producing outcome vs importance
10. Other?

The Council discussed the proposed criteria and recommended additional criteria, forming the following list of criteria.

Possible Criteria Proposed - Council Revision:

1. Federal requirements
2. State statute/budget
3. MHBG Priorities
4. Maintain services to people
5. Underspending by contractor
6. Underperforming contractor
7. Impact of the reduction-how many people/organizational impact
8. Is there another funding source to address the priority or activity
 - Including the SABG
9. Cost benefit analysis - relative value of producing outcome vs importance

10. Funding could leverage other funding
 - Having adequate staff to pursue grants/funding/resources
11. Prevention lens (working upstream)
12. Quality of life
13. Consolidation -- Can activity be consolidated with something else?
14. Facilitate better data outcome collection

S. Gross noted that priority two, state statutes is not a given, and the statutes could be changed. This is an example of something that could be changed via Council advocacy and legislation. S. Gross stated that he did not believe criteria five and six, underspending by contractor and underperforming contractor were good means to determine if block grant dollars should be cut for the intended purpose. There could be other contractors who could do the job better, and this does not indicate the contract itself doesn't address an area of continuing need.

R. Immler stated regarding criteria nine, cost benefit analysis, part of an analysis could be looking at the value of childhood investment versus adult investment. Additionally, this analysis could look at super-utilizers.

K. Bush stated that looking at the value of prevention and early intervention is important. There is a need to move upstream, and as hard as it is, the mental health system does need to address prevention. J. Allen stated that the SAMHSA guidance states a need to move to prevention based approaches as well. Congress is moving more toward early intervention as well.

J. Stephens suggested looking at how there is overlap with programs funded via the Substance Abuse Block Grant. D. Nencka noted that there should be a large focus on quality life and skill building, and building those relationships which have a positive impact on a consumer's overall wellbeing. K. Enders suggested looking at overall impact, identifying the majority of those served, noting that there is often a focus on those underserved, but it is also important to look at the needs of the majority, who represent the bulk of the need and receive the majority of the services. L. Harris recommended looking at cross departmental systems, seeing if there are similar programs being funded by multiple systems. There could be opportunities for consolidation.

Following this discussion, members of the Council voted, indicating each member's top five recommended criteria. This following is the ranked list of criteria, refined, with the number of votes each criterion received.

1. Prevention Based (13 votes)
 - Prevention-based, with a focus on preventing mental illness, suicide prevention, early intervention, and preventing disease amongst individuals with mental illness.
2. MHBG Priorities (12 votes)
 - Retain funding to those areas which were identified as priorities in the Community Mental Health Services Block Grant Plan.
3. Cost Benefit Analysis (9 votes)
 - Retain funding to those programs and services which provide the greatest benefit and overall savings based on the cost.
4. Is there another funding source available to address the priority or activity? (7 votes)

- Identify if other funding exists sources are available to retain services. If there are no other means to fund critical services those services those should be prioritized.
5. Impact of the reduction to people and organizations (7 votes)
 - Funding should be prioritized for those programs and services which serve the greatest number of people and fund the greatest number of organizations.
 6. Maintain services to people (6 votes)
 - Maintain funding for direct services and programs, over programs such as technical assistance.
 7. Effects on the quality of life of consumers (4 votes)
 - Maintain funding for services which allow consumers to have a high quality of life and promote holistic health, in addition to mental health.
 8. Does it facilitate the collection of outcome data? (4 votes)
 - The services or programs are data-focused and aid in the collection of outcome or evaluative data.
 9. Replicable activities and projects (3 votes)
 - The program or services may be utilized as a model to be replicated with long-term savings.
 10. Can the activity be consolidated with something else? (1 votes)
 - The services provided through the funding can be consolidated with another program or service.
 11. Funding can be leveraged to gain greater funding or resources (0 votes)
 - The funded programs or services can be utilized to acquire other sources of funding or services.

Members of the Council stated that they felt this ranked list of criteria is an effective list for DMHSAS to utilize. J. Allen stated that this list can be utilized to help the department make future funding decisions. S. Gross invited the Division to come back to the Council if the DMHSAS needs additional guidance or information.

Item 6: Call for Future Agenda Items

S. Gross stated that he expects to have Duncan Shroul present at the March 19th Council meeting. He will talk about SCAODA and future coordination between the two Councils. M. Neubauer recommended a future presentation regarding Wisconsin's Stories of Empowerment (WISE). S. Gross recommended to the committees that they recommend a presentation over the coming months. J. Stephens will check with CJC about any presentations the CJC would like to see.

A data reporting presentation may be a good option in July. K. Bush noted that the most recent Youth Risk Behavior Surveillance System data is now available and could be part of a data presentation. R. Immler suggested that several months down the road the Council have a presentation and discussion regarding the child

psychiatry shortage. Barriers and how these impact other child mental health professions. S. Gross stated that it could be interesting to discuss the shortage and how the new initiatives could impact it.

Item 7: Public Comment Period

No public comments.

Item 8: Adjourn

Meeting adjourned at 3:11pm.