



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**

**January 21, 2015 -- 10:00 am to 3:30 pm**

**Division of Vocational Rehabilitation**

**AV Conference Room at 1801 Aberg Avenue**

**Madison, WI 53704**

**Members of the Wisconsin Council on Mental Health (WCMH) in Attendance:** Kathleen Enders, Carol Keen, CJ Szafir, David Nencka, Mishelle O'Shasky, Shel Gross, Donna Wrenn, Bonnie MacRitchie, Matt Strittmater, Rick Immler, Kathryn Bush, Masood Wasiullah, Tracy Hassinger.

**Department of Health Services Staff in Attendance:** Joyce Allen, Kay Cram, Faith Boersma, Kenya Bright, Ryan Stachoviak, Tim Connor, Sarah Coyle.

**Guests in Attendance:** Walt Nencka, Joann Stephens, Kate McCoy, Charles Bylsma.

**Minutes**

**Item 1: Call Council Meeting to Order**

*Read Guidelines for Conduct of Meeting*

C. Szafir read guidelines for conduct of WCMH meetings.

*Review and Approval of Minutes of WCMH meeting of November 19, 2014*

**C. Szafir moved to approve the meeting minutes as amended.**

**C. Keen seconded the motion to approve the meeting minutes as amended.**

**Motion carries.**

*Announcements*

Donna Wrenn stated that the SOAR (SSDI Outreach, Access and Recovery), a project for case managers to expedite the SSDI/SSI process, has been supported using \$300,000 in Community Development Block Grant money. An additional \$225,000 in funding has been added to expand those services to fund three additional agencies to serve 16-18 northern Wisconsin counties. It is not a competitive process. There were no SOAR providers up north, so this expansion will go a long way to helping people in the Northern region of the state.

K. Bush stated, as reported at the November 2014 WCMH meeting, the Department of Public Instruction (DPI) has received several grants. Currently a design team is being selected to work on the task of identifying the professional development needed in schools to better support children's mental health and developmental needs.

## *Public Comment*

No public comment was made.

### **Item 2: Mental Health Data**

K. Cram introduced the Bureau of Prevention, Treatment, and Recovery (BPTR) data report handout. The WCMH had asked the BPTR to put together a list of reports which are put together by the Bureau and its evaluation team. K. Cram noted that the report dates are always changing and many are based on federal requirements and state statutes. In addition to the listed documents there are many individual program evaluations which the BPTR and the Division of Mental Health and Substance Abuse Services (DMHSAS) conducts, many for the over 500 contracts which the DMHSAS manages. These contracts have a performance report at some level. The BPTR has reports which are associated with federal reporting, state planning, individual program evaluations, state legislature mandates, and federally mandated reports.

T. Connor described the Coordinated Services Team (CST) report. The report will likely be finished in May. The report will include data from providers regarding the numbers of children served, services, and outcomes for children and families. The report will also include provider system level feedback, what is required for those programs, and feedback from families. The Comprehensive Community Services (CCS) report will be similar, addressing the needs of providers and consumers, functional outcomes, numbers of emergency detentions, crises, and functional improvements. The report will also provide feedback from providers and consumers, and will include the number of evidence based practices utilized. Current CCS monitoring reports will be incorporated into the more robust CCS report. J. Allen stated that in the DMHSAS performance report there are indicators pertaining to the institutions.

R. Immler provided a presentation on behavioral health data. Some of the data compares Wisconsin to other states, notably Minnesota. R. Immler noted that in his experience with both Wisconsin and Minnesota data has been used well and, at times, poorly. R. Immler noted several caveats to the data and information being presented; most notably that Wisconsin and Minnesota are both county-based behavioral health systems but collect their data in different ways. Wisconsin is also a very county-based behavioral health system. R. Immler stated that Medicaid data is an area where there are a lot of opportunities for growth and future analysis. Data can be very valuable to help identify problems, the scope of those problems and identify cost-beneficial solutions. Data can also be utilized to follow the outcomes of services and programs. Ultimately that is the goal, to have better outcomes for those being served. This includes more proactive spending, investing dollars into prevention and early intervention.

One valuable source of data is the SAMHSA Characteristics of State Mental Health Agency Data Systems report. A goal of SAMHSA is to develop a uniform data system and one new initiative is integrated data. SAMHSA also encourages the use of process outcomes as well. Another direction at the national level is looking at the overlap of mental health and physical health.

In terms of resource allocation there is a general shift in funding for inpatient services transitioning to community-based treatments. However, in comparison to the United States average, Wisconsin spends more on inpatient services.

R. Immler noted that a great deal of the services available and spending is variable by county. Counties vary in the amount of per capita expenditures and the amount spent on residential care, inpatient care, and outpatient

services. Counties also vary depending on the per capita funding by source, for example the amount of county dollars expended versus state or federal dollars, and Medicaid.

R. Immler stated that this review of data raises several questions, for example being what is Medicaid's total mental health spending? How much is spent on Managed Care versus Fee for Service programs? How much is spent across the various service categories. Also, what proportions of Medicaid dollars support young adults and families versus children, adults, and seniors? Also, it is important that efforts be moved upstream, focusing on early intervention, serving people earlier in the lifespan.

S. Gross stated that many states have county based systems, but other states do not rely on counties in the same way. When we look at data we need to focus on which are those data are meaningful and important to us, and the relative weights of those. Are we getting the information that we need as advocates, consumers, and family members?

C. Szafir asked what the ideal type of unique identifier is. K. Enders stated that identifying the best unique identifier is always challenging for systems to do. In the past often the Social Security Number (SSN) was used, but for many reasons it is not often used now. Ultimately you want a good way to identify someone without risking identity theft or breach of personal information. T. Connor stated that much of the DHS information is kept in a common warehouse which then allows the matching of data, but it is often a time consuming process.

S. Gross recommended that there be work done to identify how data can be collected and reported in a meaningful and efficient way, and it is important to identify what resources this would require.

### **Item 3: Council Committee Reports, Discussion and Recommendations**

#### *Nominations Committee*

#### **Motion: Applicant Recommendations**

D. Wrenn described the two candidates. Jean DeDie is an older adult consumer, and also works as an outreach worker in crisis stabilization department at the Journey Mental Health Center.

**Motion to recommend Jean DeDie to the Governor as a recommended candidate for appointment to the Wisconsin Council on Mental Health carries unanimously.**

Snezana Matic is a parent and runs a non-profit organization, the Milan Matic Foundation, in memory of her son. The Nominating Committee recommended that Ms. Matic look into participation on one of the WCMH Committees as a first step to involvement. D. Wrenn discussed this plan with Ms. Matic and she was interested in becoming involved with the Children and Youth Committee (CYC).

**Motion to not recommend Snezana Matic to the Governor at this time but work with the Children and Youth Committee carries unanimously.**

#### *Criminal Justice Committee*

M. O'Shasky introduced three motions from the Criminal Justice Committee (CJC). The first motion is to recommend that the WCMH support the expansion of the Opening Avenues to Reentry Success (OARS) program

by increasing the program budget by \$2.6 million in order to serve additional numbers of inmates and reach additional geographic regions within the State.

**Motion carries.**

**K. Bush and B. MacRitchie abstain.**

The second motion was to recommend that the WCMH support the changes and recommendations included in Wisconsin Legislative Council Study on problem solving courts: WLC 0028/2, WLC 0032/1 and WLC 0045/1. These changes would reduce the incarceration and out-of-home placements of youth and adults with mental illnesses and provide needed mental illness or substance abuse support to parents of youth involved in programs under the Children's Code and Juvenile Justice Code. S. Gross noted that if the motion carries he will write a letter to members of the legislature asking for their support of treatment and diversion.

**Motion carries.**

**K. Bush and B. MacRitchie abstain.**

CJC motion three was to recommend that the WCMH support funding from the 2015-17 state budget for the implementation of forensic peer specialist certification, along with parent peer specialist certification, to be referenced and requested in Section A (1) of the Mental Health 2.0 document.

**Motion carries.**

**K. Bush abstains.**

#### *Children and Youth Committee*

R. Immler provided a summary of recent Children and Youth Committee meetings. At a previous meeting the CYC discussed school based mental health initiatives. The CYC also had a discussion with Kate McCoy from the Office of Children's Mental Health regarding data. The CYC has also received an update from the Office of Children's Mental Health and had discussions regarding seclusion and restraint, and Coordinated Service Team (CST).

#### *Legislative and Policy Committee*

S. Gross discussed the Mental Health 2.0 document and summary. Wisconsin Citizen Action, which has been promoting Medicaid expansion, has been looking at the model implemented by Iowa which can be used to offset costs. There is some potentially encouraging news that Wisconsin could move forward with this. S. Gross also provided the Council with a list of legislation which the Council supported in 2014, and a guideline developed by the LPC for LPC membership.

#### *Executive Committee*

S. Gross stated that he provided a letter for Grassroots Empowerment Project in support of the organization's efforts to seek a statewide consumer network grant from SAMHSA. S. Gross announced that 2015 will be an election year for WCMH officers, and the WCMH will have an election in May. S. Gross will have finished his two terms as WCMH chair in July. S. Gross encouraged any Council members who are interested in being considered for Chair to talk to him. SAMHSA has put out a request for technical assistance and S. Gross will work with K. Cram to determine if there is need for this.

## *Adult Quality Committee*

K. Enders stated that the Adult Quality Committee (AQC) most recently met in December. The AQC developed a mission statement and conducted strategic planning. The committee is planning to invite subject matter experts to upcoming meetings for discussions. The group has developed a set of questions for the subject matter experts. K. Enders encouraged any members who are interested in participating on the Committee to attend a meeting. The AQC meets every other month, and the committee is currently working on 2015 schedule. Each meeting lasts roughly three hours.

## **Item 4: Working Lunch**

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

### *Peer Specialist Certification*

K. Bright discussed certified peer specialists (CPS). Wisconsin has had a certification since 2010, and there are currently over 300 people certified. Over 80% of CPSs are employed. There has been an identified need for parent peer specialist certification. The DMHSAS has had a three month advisory committee and the Division has found funds for the creation of an exam, this spring, will begin the process to write a parent peer certification exam. DMHSAS is currently looking into the best avenue for a parent peer specialist training. There may be an option to purchase a training from another state. Currently it is estimated that roughly 75-100 people will be interested in receiving this training in the first year. K. Bright stated that the scope of practice for each peer specialists will be based on one's lived experience, but each person will receive training for both mental health and substance abuse.

There will also be a new dual certification for mental health and substance use. DMHSAS is currently in the process of creating a training and an exam. Currently it is hoped that the integrated peer specialist model will be finalized in 2015. Current peer specialist trainers can be trained to provide the new integrated curriculum. Those people who already have the peer mental health specialist training won't need to sit for a new exam. Future education for the dual certification can be gained through continuing education.

K. Bright stated that CPS can be employed in many avenues such as in corrections or veterans administrations. The main prerequisite for a person to become a CPS is to be at a point in their recovery where can work with others and share their lived experience. The main cost is \$50 to take the exam, the State works to keep it as low as possibly can, however if the cost is a barrier for an individual the program will work to find funding for the person.

### *Mental Health and Substance Abuse Block Grant Application*

R. Stachowiak provided a briefing for the upcoming Mental Health and Substance Abuse Block Grant Application. The DMHSAS is currently evaluating how to conduct an update to the Mental Health and Substance Abuse Needs Assessment that was completed in 2013. This will likely be a briefer update which can help guide decision making for the Block Grant application. The DMHSAS should have a draft of this new data briefing at the May 20<sup>th</sup> WCMH meeting. Wisconsin will be completing a combined Block Grant application again this year. The DMHSAS will be putting the application together over the coming months and will provide a draft to the Council likely in July for the Council to review the application and provide comments.

### *State Innovation Model (SIM) Grant*

J. Allen discussed the SIM grant. The Department of Health Services (DHS) received 2.5 million dollars for developing a comprehensive plan for Medicaid. Components of this are population health improvements and mental health redesign, analyzing how to link payment to outcomes, and the integration of behavioral health care.

J. Allen noted that the DMHSAS will release a number of reports soon which can be provided to the Council, including a CSP and CCS report. The DMHSAS will be contacting the chairs of WCMH committees to provide reports and facilitate discussion.

### **Item 6: Office of Children’s Mental Health**

Kate McCoy and Joann Stephens from the Office of Children’s Mental Health provided a presentation. K. McCoy stated that the charge of the Office is to reach across silos and work across different systems such as the Department of Public Instruction (DPI), Department of Corrections (DOC), Department of Children and Families (DCF), DHS, and the counties. A main goal of the office is to bring a trauma informed perspective, looking at adverse childhood experiences (ACE). ACEs impact a person’s neurobiology and have very real effects on the frontal region of the brain. It is important to look beyond mental health and mental illness by looking at what has happened to this person. The office seeks to support families and children, taking a public health approach, focusing on prevention.

J. Stephens noted that a critical component of this work is having equal power at the decision making table. Having people with lived experience and parents is important and the Office is working with different departments and counties on having that voice at the table and at the highest levels of decision making. The Office is also working to bring together a cross-departmental lived experience workgroup.

One of the things we are seeing is that many departments have workgroups to involve people with lived experience and looking at how to bring these pockets together into a larger group. J. Stephens discussed youth involvement with the Office, noting that the Office has three youth representatives whose parents are also involved in an advisory capacity. The Office is looking for additional participants, and would also like representatives in the age range of 18-26.

### **Item 7: Break**

### **Item 8: WCMH and Committee Strategic Plans**

S. Gross presented the WCMH strategic plan, noting the goals of the plan. S. Gross discussed the Goals presented in the document. Goal one is to oversee the implantation of the mental health block grant priorities. Goal two is to increase ongoing meaningful peer and family involvement and participation, something that the Office of Children’s Mental Health is doing a lot of. Goal three is to build on the needs assessment by identifying and developing additional data sources, enhance the availability of data for program evaluation and make data more accessible to local governments to ensure they can make informed decisions. Goal four is to enhance coordination with other state councils, including SCAODA. M. O’Shasky will attempt to begin participating in some of the SCAODA meetings. M. O’Shasky stated that she may be appointed to the Criminal Justice

Coordinating Committee as well in the near future. Goal five is to identify WCMH positions with regard to other areas.

**Item 9: Call for Future Agenda Items**

The following future agenda items were noted: Mental Health Block Grant Review and Needs Assessment, Discussions about Medicaid data and the SIM Grant, and Workforce quality (DSPS and DQA).

**Item 10: Adjourn**

**M. O'Shasky motioned to adjourn.**

**C. Keen seconded the motion to adjourn.**

**Motion carries.**

Meeting adjourned at 2:59 pm.