



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**

**March 19, 2014 from 10:00 a.m. to 3:30 p.m. at 1801 Aberg Avenue Madison, WI 53704**

**Members of the Council in Attendance:** Dave Stepien, Carol Keen, Charlotte Matteson, Sister Ann Catherine Veierstahler, Kathryn Bush, David Nencka, Donna Wrenn, Matt Strittmater, Kathleen Enders, Julie-Anne Braun, Kim Eithun-Harshner, Jo Pelishek, Mishelle O'Shasky, Mary Neubauer, Rick Immler, Shel Gross, Linda Harris, Joann Stephens, Carol Keen.

**State of Wisconsin Staff in Attendance:** Ryan Stachoviak, Joyce Allen, Kay Cram, Sarah Coyle, Jami Crespo, Glenn Larson (DHS), Lars Brown (DOC).

**Members of the Public in Attendance:** Karen Herro, Chris Beal, Suzette Urbashich, Walt Nencka, Jamiesue Knowlton, Mary Delaney.

**ITEM 1: CALL MEETING TO ORDER**

***Review and Approval of Minutes of WCMH meeting on January 15, 2014***

*Corrections to the minutes of the WCMH meeting of January 15, 2014*

1. Page 2 – "Mr. Schneider" to "Dr. Schneider".
2. Page 2 – Typo correction.
3. Page 2 – "regarding disability" to "regarding employment for people with disability"
4. Page 4 – "all seven bills which" to "all seven bills from the Speaker's Taskforce which"

**J. Stephens motioned to approve the WCMH meeting minutes of January 15, 2014 as amended.**

**L. Harris seconded the motion to approve the WCMH meeting minutes of January 15, 2014 as amended.**

**Motion to approve the WCMH meeting minutes of January 15, 2014 as amended carries unanimously.**

***Announcements***

**K. Bush announced that the Department of Public Instruction has released the new Youth Risk Behavior Survey executive report.**

**ITEM 2: WISCONSIN STORIES OF EMPOWERMENT PRESENTATION**

**S. Urbashich presented on the Wisconsin Stories of Empowerment. Work is done to reflect on attitudes, stereotypes and beliefs. WISE is intended to serve in a consultative nature, providing resources to organizations, non-profits, government agencies, with the intention of addressing stigma reduction.**

In the fall of 2012 a group of Wisconsin organizations met with Dr. Corrigan. Dr. Corrigan is a person with lived experience, works on stigma at the Illinois Institute of Technology. After this initial meeting the group of organizations wanted to continue to meet and work together on the issue of stigma. The group is now working towards 50 organizations and individuals.

The group discussed the language which is used, and how much language matters in the discussion. Suzette will provide information and contact information to R. Stachowiak to share with the Council. The Council can provide any additional feedback to the Suzette and WISE.

S. Gross will provide a flier regarding MHA-Rodgers IN Health Collaboration educational project.

### **ITEM 3: DIVISION OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES UPDATE**

#### ***Updates on budget initiatives***

J. Allen announced that the Department of Health Services (DHS) issued a report to the Joint Finance Committee (JFC) regarding the estimated costs of the new budget initiatives. J. Allen discussed the report which was provided to the JFC. Numerous counties registered their intent to be part of the service expansion.

J. Stephens stated that many people she has encountered throughout the state have had little information on how the Comprehensive Community Services (CCS) expansion will function and how it will impact peoples work. What guidance is DHS providing? J. Allen stated that as this is a work in progress, this report is just a step in the process; it is not finalized until the legislature appropriates the funding. Someone on the JFC did have an objection which requires additional legislative steps. L. Harris stated that this next meeting on this topic should happen by the middle of April. The next step in the process will be counties applying to become a region. DHS doesn't have spending authority until July 1<sup>st</sup>. L. Harris stated that DMHSAS has allocated a new FTE to work on CCS and the expansion.

R. Immler stated that the limited resources of DHS, causes concern about a successful expansion. Because the state is now picking up the county portion, there is some concern regarding monitoring the outcomes, and if the DHS will have the resources to effectively monitor this. R. Immler suggested that the Council could review and support the needs of DHS. S. Gross stated that when visiting JFC the math was presented, people seemed to understand that to expand services some money will need to be spent.

J. Allen stated regarding Coordinated Services Teams (CST) expansion, 40 counties and tribes were eligible for the expansion, 35 committed to providing CST, only 5 counties did not. The Division of Mental Health and Substance Abuse (DMHSAS) is currently reviewing those applications. J. Allen stated that a lot of the counties are stretching to do the CCS and CST. Peer Run respite expansion is currently in the RFP process and is routing through the DHS process. Staff are hoping to see the release of that document soon.

L. Harris stated that as part of the budget initiatives two new units were added at Mendota for forensic populations. These two new units are now open. Winnebago over the past 7 years has become much more of a civil facility. Female and adolescents have all transitioned to Winnebago. Statutory change led to fewer civil admissions, reduced emergency detentions and the decreased need for units at Winnebago. The gero-psychiatry services will remain at Mendota as they are a very specialized service in the state and the access to the resources for gero-psychiatrists are primarily located in Madison. At end of the month new admissions will go to Winnebago. It is a transition for people in the southern part of the state. The hope is that with all the new community based mental health services there will be a reduction in need for inpatient treatment.

### ***Speaker's Taskforce Bills***

J. Allen provided updates. Several bill from the Speaker's Taskforce which were signed into law including: the Child Psychiatry Access program (AB452), the primary care and psychiatry shortage program (AB454), Individualized Placement and Support (IPS) (AB459), Telehealth and prior authorization (AB458), peer run respite (AB455), Crisis Intervention Training (AB450), and Mobile Crisis (AB460). The emergency detentions bill (AB500) has passed the assembly as well as the Senate Health and Human Services Committee. The three party petition process bill (AB488) and the HIPAA Harmonization bill (AB453) are currently awaiting the Governor's signature. Upon further analysis of the IPS bill the Division has found that the funding is one-time funding, and it will currently sunset.

### ***Block Grant Updates***

R. Stachowiak provided an update on the Substance Abuse and Mental Health Block Grant. The DHMHSAS is in the process of finalizing the Federal Fiscal Year (FFY) 15 application. This application is an abbreviated version of the longer plan and application which was submitted to SAMHSA in September of 2013. The current application includes signature pages, fiscal tables, and an update on the Council. The Council is not statutorily required to vote on approval of this application. Wisconsin has been told to expect an allocation of \$7,379,783 for FFY 14 and roughly 7.3 million in FFY 15. This amount is more than was anticipated. The DMHSAS had previously planning for roughly 6.2 million to 6.8 million. There is a new set aside of 5%, or \$368,989. This amount is for evidence based services for early intervention with youth.

## **ITEM 4: WORKING LUNCH**

## **ITEM 5: OPENING AVENUES TO REENTRY SUCCESS PROGRAM**

Glenn Larson from the DMHSAS and Lars Brown from the Department of Corrections (DOC) provided a presentation regarding the Opening Avenues to Reentry Success (OARS) Program. The OARS program is a collaborative effort between DHS and DOC which focuses on inmates being released from prison who have SMI and are considered to be of medium to high risk for committing new crimes. A rating system determines the level of risk. The program begins making connections with inmates 6 months prior to release. OARS is a regional program. The DOC and DHS intend to extend the program statewide at some point. Currently the program is in the northern region and the Fox Valley region and the southeast region of the state. The OARS team is working to understand where each person is in their stages of change. Many inmates have co-occurring disorder. When the program began, staff was surprised at the level of trauma people experienced, the lack of social supports, and their limited coping behaviors. Because this is a much more intensive level of contact the team works to tailor a plan to address each individual's needs but also be flexible to adjust as needed upon release. Ultimately the OARS program wants to involve people in activities which can sustain people, and assist people in thinking about what can be done to improve life rather than some of the negative behaviors and to become engaged in the community. Team coordination is a critical component to having a proactive approach. The program initially focused more on people with borderline personality disorder and criminogenic traits. Now the program is focusing more on people with a SMI such as Bi-polar, schizophrenia, and major depression.

M. Neubauer asked if there is anything that can be done for a person who fell through the cracks of the system, and did not get connected to the OARS program. L. Brown stated that the OARS program often has to work with people who are interested because buy in from the person is needed. Structured activities are based on a person's need, volunteer activities, and work situation. The main goal of the program is to have some form of meaningful activity. Peer specialists are also a big part of the team. This program is saving taxpayers money and

reducing victims in the community. R. Immler asked whether data was available by age, and whether institutionalization is a factor. G. Larson stated that institutionalization is a factor for many people.

## **ITEM 6: DISABLED OFFENDERS ECONOMIC SECURITY PROJECT**

Jamiesue Knowlton and Mary Delaney provided a presentation on the Disabled Offenders Economic Security (DOES) Project. The program is operated by Legal Action of Wisconsin, a non-profit law firm. The DOES project works with 14 Wisconsin state prisons that have the highest numbers of inmates with SMI or developmental disabilities. The goal of the project is to enable an offender to obtain economic security and benefits such as health insurance, FoodShare, and housing assistance so that the offender is less likely to re-offend or become homeless by helping to obtain SSI/ SSDI benefits prior to release. The DOES works to minimize waiting period for initial decision, maximize client's likelihood of receiving benefits, and reduce recidivism by achieving financial security, access to medical care and stable housing.

The DOES project started taking cases in January of 2011. S. Gross asked if any of these court cases establish case law. The presenters noted that there is a lot of established case law, but what is often seen is that the lower courts will get its interpretation wrong. Administrative law judges don't always apply the law correctly. The DOES project will submit paperwork for the clients. The project will work with an examiner to provide long term records to better present a case of need. S. Gross asked how the Affordable Care Act (ACA) has impacted work. The presenters stated that the ACA helps the single men and helps expand treatment inmates could be receiving. The DOES program receives Becky Young funds to support efforts, but the program is at full capacity. The program overall lacks money for more attorneys.

## **ITEM 7: COUNCIL COMMITTEE REPORTS**

### ***Nominating Committee***

Mary Neubauer discussed two applicants which were recently interviewed by the Nominating Committee. The first applicant is Tony Thrasher, a provider. Dr. Thrasher is the medical Director of the Crisis Service in Milwaukee County Behavioral Health Division. He has worked in a lot of different areas; outpatient, inpatient, all ages, voluntary/involuntary. Dr. Thrasher is passionate about addressing the needs of those who are underserved. The Nominating Committee voted on February 28th 2014 to recommend Mr. Thrasher to the Governor's Office as a provider representative.

**Motion to recommend Dr. Tony Thrasher to the Governor for appointment to the Council carries unanimously.**

The second applicant is Karen Herro, a consumer, provider, and advocate. Ms. Herro works for a non-profit peer recovery center, and is an elder (55+) with a SMI. Ms. Herro also serves on Board of Directors of Grassroots Empowerment Project. She is the current interim chair of Adult Quality Committee. The Nominating Committee voted on February 28th 2014 to recommend Ms. Herro to the Governor's Office as an advocate.

**Motion to recommend Karen Herro to the Governor for appointment to the Council carries unanimously.**

## **Executive Committee**

### *WCMH Strategic Plan*

S. Gross reintroduced the WCMH Strategic Plan. The plan had last been discussed in November but the Council did not make a vote on approving the plan at that time. A goal was added to identify positions on other areas which were identified as important, but on which the Council has not taken a formal stance. S. Gross stated he would like a motion to approve the document as the Council's strategic plan.

**J. Braun motioned to approve the Strategic Plan of the WCMH as written.**

**J. Stephens seconded the motion to approve the Strategic Plan of the WCMH as written.**

**Motion carries unanimously.**

### *Coordination with SCAODA*

S. Gross stated that Duncan Shroud of the State Council on Alcohol and Other Drug Abuse (SCAODA) was not able to attend this meeting, but the Council is expecting to have him attend the WCMH meeting in July. The executive committees of the WCMH and the SCAODA will be meeting again in April to discuss priorities and collaboration. In the July meeting hopefully the Council can have a discussion. There has been a lot of movement on the national level to have an integrated behavioral health council; as such ongoing collaboration will be critical for both Councils.

J. Stephens asked if there has been any discussion about the legislative difference between how the two councils do function. S. Gross stated that the differences have been acknowledged, especially the structure of membership. Also important to acknowledge is the cultural differences between the two Councils and the worlds of mental health and alcohol and other drug abuse. There will likely need to be a process of collaboration, with people working on the committees of both Councils. The Councils could benefit from working together and trying to get to know one another more, it is a good place to start. The WCMH does need to identify someone to appoint to SCAODA as a WCMH rep. It is a non-voting member. Meet only 4 times a year. S. Gross stated he would like to fill the seat in the coming meetings.

### *WCMH Fall Tour*

S. Gross would like to go the northern region of the state, perhaps North Central Health Care as the organization will be the integrated care pilot. J. Stephens noted that the visits have been to large population areas and that it might be good to look at smaller rural counties. K. Bush recommended a visit to a tribe. La Crosse County was mentioned as possible location to visit. La Crosse Co. also has trauma informed grant for the whole community. K. Bush suggested the safe schools healthy projects which are being operated in the Beloit, Racine, and Menominee areas. S. Gross stated that the Executive Committee will take all the suggestions under advisement.

S. Gross noted that the Council did send a letter to the Wisconsin Congressional delegation regarding HR 3717. S. Gross stated that he had received some response from some of the congressional delegation. All indications are that if the positive components of the bill are to be passed, they will have to be as part of HR 3717. There seems to be interest and momentum to work on HR3717. The goal is to look at where there is room to push back on some things and work to come to a bill people can be happy with.

## **Criminal Justice Committee**

### *Treatment Alternatives and Diversion Legislation*

J. Stephens stated that there was \$375,000 a year allocated to increase Treatment and Diversion (TAD) to allow for an expansion of this service to people who have only a mental health diagnosis. Previously, people who had

only a mental health diagnosis would not qualify for TAD. A group of people met with representatives from Glenn Grothman's office to discuss the benefits of this expansion. The meeting was also attended by representatives from Outagamie County and Eau Claire. J. Stephens stated she was not sure what impact the meeting had on the legislation, or Senator Grothman's views on the expansion of TAD.

The CJC has been investigating having an annual meeting from at various locations across the state, will likely be having a meeting in June outside of Madison.

### ***Children and Youth Committee***

#### *Committee Appointments*

**S. Gross appointed Robin Mathea to the Children and Youth Committee.**

**S. Gross appointed Elizabeth Hudson, Director of the Office for Children's Mental Health, to the Children and Youth Committee.**

#### *Committee Updates*

K. Eithun-Harshner stated that the Committee recently discussed the Speaker's Taskforce Bills. There will be an upcoming stakeholder meeting regarding the implementation of the Children's Mental Health Consultation Line. The Committee also has been discussing Coordinated Services Team (CST) data collection, including what indicators and outcomes should be tracked as part of the program. The Committee has also had discussions regarding infant mental health (IMH). These discussions have centered on questions to send out to agencies to get a better idea of what is being done throughout the state regarding IMH with the hope of identifying gaps in the state IMH services. The Committee has been addressing what the group would like in the next biennial budget. Topics which arose were early intervention, IMH, respite care, and funding for the Office of Children's Mental Health.

L. Harris stated that the DMHSAS is working with Mendota to become a certified telehealth site. There is a plan to contract with counties that are in need of mental health services. This program would expand psychiatry telehealth. This would be more direct service, rather than consultative in nature, serving both adults and children.

### ***Legislative and Policy Committee***

#### *Committee Appointment*

**S. Gross appointed Carol Keen to the Legislative and Policy Committee.**

**S. Gross appointed Joanne Juhnke to the Legislative and Policy Committee.**

#### *Bill Status Updates*

S. Gross stated that indications are that the special needs voucher bill will not be moving forward. The extended out of home care bill, which the Council has been supported, was on the legislative calendar yesterday and most likely was passed. Regarding Child Death review teams, legislation will not be moving forward due to concerns over how some of the information would be handled. S. Gross stated he is fairly confident that the bill can be fixed with some changes. Regarding the Milwaukee County Mental Health Board bill, S. Gross stated there was a hearing on the initial version of the bill, which had problems. Representative Sanfelippo has done a lot of work to respond to concerns and has made an amendment to the bill to make changes. Changes were made on the board membership so that now there is a seat from the Milwaukee combined community services board. The bill also requires a program audit from DHS, or a contracted entity. The Milwaukee County executive will now appoint people to the board and representatives become an agent of the County and not an agent of the State.

### *2015-2017 Budget and Policy Priorities*

S. Gross stated that the Legislative and Policy Committee has been gathering input from the WCMH Committees regarding budget priorities. S. Gross' goal is to have these priorities finalized this at the May WCMH meeting, as this will be around the time the Council will want to start talking with the various State departments and the Governor's budget staff. The preference is to not edit too much currently, but to identify wants. The current list includes additional staff and resources to support the work of DHS, cleaning up some of the bills that didn't make it through, and some targeted new things. The Council should be consistent with other priorities. The Council should make sure the investment in Wisconsin's behavioral health system is done well, and has the supports necessary to make the investment effective. Another area for the Council to address is Individualized Placement and Support funding, as the current funding is one time only. The Council should work to extend this funding for the long-term. Other issues are Opening Avenues to Reentry Success, transportation, and Also address the IPS money, in that only is 1 time funding, need to find out how to extend this funding as this will not be enough long-term. Other issues include Medicaid Assistance Purchase Plan, OARS, and transportation.

### ***Adult Quality Committee***

#### *Committee Appointment*

**S. Gross appointed Kathleen Enders as Co-Chair of the Adult Quality Committee (AQC).**

#### *Committee Updates*

K. Herro will continue to serve as co-chair of the AQC with K. Enders. K. Herro stated the AQC has been working to identify new members of the Committee, and has also been working on continuing education. The Committee is working with their DMHSAS staff to develop a meeting schedule which has fewer conflicts with other Council committees. K. Herro stated she would like to see the AQC begin working on more current issues, for example working on making recommendations on CCS and other adult programs. J. Braun discussed her disappointment that the stigma bill was not introduced and thought that the stigma bill would be important for the AQC to revisit, as stigma plays a key role in crisis intervention.

### **ITEM 8: CALL FOR FUTURE AGENDA ITEMS**

M. Strittmater noted that regarding the fall tour, in La Cross on September 16<sup>th</sup> La Crosse holds a suicide awareness event. R. Immler asked if the low reimbursement rates for mental health services has been discussed recently, noting that he has seen a lot of clinics close up north lately which could be in part due to these rates. Other future agenda items which were suggested are: the Chippewa regional pilots, a report from DMHSAS regarding the Program Participation System (PPS), the State budget process, and the child psychiatry shortage.

### **ITEM 9: PUBLIC COMMENT**

No public comments.

### **ITEM 10: ADJOURN**

Meeting adjourned at 3:30pm