



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
May 21, 2014 - 10:15 am to 3:30 pm at the Hawthorne Branch Library
2707 E. Washington Avenue, Madison, WI 53704**

Members of the Council in Attendance: Kim Eithun-Harshner, Jo Pelishek, Donna Wrenn, Kathryn Bush, Shel Gross, Joann Stephens, Charlotte Matteson, Mike Lappen, David Nencka, Julie-Anne Braun, Rick Immler

Department of Health Services Staff in Attendance: Kay Cram, Ryan Stachoviak, Faith Boersma

Guests: Patricia Jirovetz, Matt Guerrieri, Amy Schlotthauer, Kim Geisler, Laurie Ellerson

Item 1: Call Council Meeting to Order

Welcome and Introductions

S. Gross announced that the May 21st Council meeting would be the last meeting for Kim Eithun-Harshner, who is transitioning to her new position with the Office of Children's Mental Health and Joann Stephens who will be leaving the Council but continuing to serve on the Criminal Justice Committee. L. Harris read letter of thanks for Joann Stephens' years of service to the WCMH and the State of Wisconsin.

Review and Approval of Minutes of WCMH meeting of March 19, 2014

J. Braun moved to approve the minutes of March 19, 2014.

J. Pelishek seconded the motion to approve the minutes of March 19, 2014.

Motion carries unanimously with one abstention (M. Lappen).

Announcements

K. Bush stated that the federal government has announced a number of grants focusing on improving mental health outcomes and physical safety for children and youth. These grants are available directly for local school districts and their coalitions. K. Bush will provide information for distribution to the Council.

S. Gross announced that there will be a celebration of a year of progress for Wisconsin's mental health on June 12 from 4pm to 7pm at the Brocach Pub on the square in Madison, WI. R. Stachoviak will send around the official invitation.

J. Stephens stated that she had recently participated in a train the trainer program with the Wisconsin Stories of Empowerment (WISE). All trainings she participated were very valuable and positive. J. Stephens is working with WISE to provide additional training in Marquette County.

Public Comment

P. Jirovetz provided public comment, stating in her role of Gambling Counselor she often observes gambling being an issue that is often pushed to the side. The problem is expanding in Wisconsin. Problem gamblers often have many of the same issues as any other person with behavioral health needs. Many of the people experience high co-morbid disease, including suicidality and substance abuse. About 3% of people have severe gambling problems and 7% have some problem gambling. Veterans in particular experience problem gambling. Youth are

increasingly experiencing problem gambling. This leads to increased delinquency, decreased academic performance, problems with the family, and is associated with other risky behaviors. From a public health perspective prevention can be an important factor as well as public education. Current public policy often ignores the issue.

The elderly are another group that experience problem gambling. For elders, gambling is often considered a safe activity, with readily available transportation and is socially engaging. Gambling problems are often not known to families. In a 2008 study, many co-morbid disorders and mental health disorders often precipitate problem gambling, illustrating the need for the mental health community to address problem gambling. S. Gross stated that there are a number of cross over issues regarding problem gambling that the Council should address with the State Council on Alcohol and Other Drug Abuse (SCAODA).

Item 2: Burden of Suicide Report

S. Gross stated that the Burden of Suicide report is one of the efforts that came out of an initial Mental Health America grant. The presentation will provide a preview of an updated report which will be published in July.

Matt Guerrieri and Amy Schlotthauer provided a presentation, stating that to do anything about a problem you need to have information about that problem. This report is one based on suicide surveillance while looking at the risk factors for suicide. The Burden of Suicide Report was released in 2008. The first report was based on six years of data from the Wisconsin Violent Death Reporting System. The report included some narrative and additional data reporting. It is important to note that there are also many injuries which result from suicide attempts; however there is a not readily available data source for all levels of injury. Time-lag is a limitation for suicide reporting. 2011 is the most recent complete year of state-level data. Depression, anxiety, and bi-polar disorder are the three largely identified as mental health problems associated with suicide. The numbers presented in the report are for ages over 10. The final report will be provided to the Council when it is released.

Item 3: Division of Mental Health and Substance Abuse Services Update

New Mental Health Block Grant Set-aside

R. Stachoviak discussed the new Mental Health Block Grant 5% set-aside. For the FY 14 MHBG Congress allocated additional funds to support “evidence based programs to address the needs of individuals with early serious mental illness, including psychotic disorders.” States are required to use 5% of the MHBG set aside to support this activities. Wisconsin must revise the 2014 MHBG Plan to reflect the new dollar amount received \$7,379,783, 5% of the allocation is \$369,000. SAMHSA has worked collaboratively with the National Institute of Mental Health (NIMH) to review EBPs of first episode psychotic (FEP) illnesses and promoting improved functioning for those individuals. SAMHSA is recommending and promoting the use of a model called Coordinated Specialty Care (CSC). The model brings mental health providers across multiple disciplines can learn the principles of CSC for FEP, and apply these skills to engage and treat persons in the early stages of psychotic illness. Component interventions include: assertive case management, individual or group psychotherapy, supported employment and education services, family education and support, and low doses of select antipsychotic agents. The program should have an emphasis on youth friendliness. CSC is intended primarily for youth, adolescents, and young adults ages 15-25. SAMHSA wants states to utilize Medicaid or private insurance as much as possible in this program. SAMHSA recommends that states begin to emphasize earlier intervention and enhance early intervention services. Currently WI does not have a program quite like this and DMHSAS will be developing a RFP. Given funding level, based on CSC estimates, a program of this type would fit best in a population center of roughly 400,000-500,000 and would support one CSC team. The DMHSAS would like to involve the Council and in particular the Children and Youth and Adult Quality Committees in the ongoing development of this RFP and program. The DMHSAS will have more information to share in the coming months.

L. Harris stated that the Request for Proposals (RFP) for peer run respite went out and the DMHSAS received 4 proposals in response. The Division will be reviewing those applications. Regarding the Mental Health Taskforce bills, at this point the Department is planning to work to address some of the staffing shortfalls associated with the new funding. The DMHSAS has hired two new Coordinated Service Team (CST) positions which were received in the budget. Faith Boersma has been hired as the peer run respite coordinator. The Division is in the process of filling the Comprehensive Community Services (CCS) position and that person will help address these new efforts.

Item 4: WCMH Budget Priorities

S. Gross introduced the Mental Health 2.0 budget priority document. This is intended to be a list of items of what the Council would like recommend for funding priorities over the biennium. This includes both budget and sources of funding such as the block grant. Also included are policy recommendations either at the agency or statute level. This is not a static document, it can be modified, but it would be good for the Council to have a document to build from. In June this document will be presented to DHS Deputy Secretary Kevin Moore. As needed, the document can be presented to other groups over time. There are not fiscal numbers in the document as at this stage it is more important to focus on what the Council's priorities are.

L. Harris stated that the WCMH recommendations for the Office of Children's Mental Health are positive for establishing the office. D. Nencka recommended that stigma reduction be added to the peer support specialist priority area. S. Gross stated he will add that to one of the training competencies.

In reference to section B of the document, L. Harris stated that DHS and Department of Corrections (DOC) are working on a joint program to have a regional expansion of the OARS to expand state-wide. DHS is working with DOC on looking at how to reprioritize funding to support OARS. Initially the cost to expand state-wide does not seem to be excessive. The DHS and DOC are doing everything possible to make the change cost-neutral. R. Immler asked if there any plan for how savings would be addressed via positive results from the program. L. Harris stated that cost savings is usually calculated based on if a unit is closed or downsized.

In reference to stigma reduction, and supporting WISE, J. Braun stated that stigma reduction lacks the data to get people to invest in anti-stigma efforts, but the impact of stigma reduction is at the root of many problems, investing in anti-stigma efforts could have wide-reaching impacts. J. Stephens stated that one of the elements of the WISE trainings is showing the impacts of trainings. The data goes to a national group which analyzes to show the impact of the trainings. M. Lappen stated that there have been ongoing presentations of WISE basics throughout Ozaukee County. The training and presentations are provided at no cost, and there has been a good amount of interest throughout the community of having additional presentations.

In reference to the need for increased funding for telehealth, Kim Eithun-Harshner stated that a priority is for the Council to assess what is needed for telehealth to get out to rural counties, including building infrastructure for telehealth. L. Harris stated that the DHS will have a pilot through Mendota to provide telehealth services to counties.

In regards to collecting data on how many children are receiving services from Children's Long Term Supports (CLTS) and how many are screened and do not receive support, S. Gross noted that this priority is being worked on, primarily is a policy issue, so this may leave the list if this is addressed.

In looking at other ways of providing this care and unburden families, L. Harris stated that the priority fits with one of the things that DMHSAS is looking at which is the number of kids on emergency detention in Winnebago. The DMHSAS is trying to get input from those high use counties to better understand why this is occurring. The DMHSAS is looking at the lack of a crisis stabilization counterpart for kids for short stays.

R. Immler stated, in regards to school based mental health, Minnesota has really supported this initiative. Many kids have trouble accessing services, and Wisconsin isn't supporting this as much as it could be. K. Bush stated that many policy changes would be required to provide better school based mental health. For a program to work there would need to be consultation with school personnel. Collaborating and consultation is not Medicaid reimbursable in Wisconsin though it is in other states. This does make it more affordable for school based mental health clinics. There is a coalition of people around the state working to address school based mental health services. The group is comprised mostly of treatment providers. The Department of Public Instruction (DPI) has had some challenges to supporting these efforts, largely because school funds cannot be used to support such programs unless certain licenses are in place. L. Harris stated that the DHS will be looking at other funding models to increase access for younger people.

S. Gross stated that a potential November topic is looking at school-based mental health. There has been a lot of discussion about the barriers faced by schools recently.

S. Gross stated regarding suicide prevention that in Wisconsin it is funded decently by federal funding, but the grant is ending. If Mental Health America (MHA) does not get the funding again current services will be compromised. MHA is doing a lot of interesting stuff, mainly because of the federal funding but an eye must be kept on what will happen if this federal funding is no longer available.

S. Gross stated that transportation is important factor for many people in particular in rural areas. L. Harris stated that in the regional format for MAPP there may be new ideas and options for transportation.

Item 5: Council Committee Reports, Discussion and Recommendations

Executive Committee

S. Gross stated the Executive Committee is working on developing the fall tour in La Crosse County. A survey was sent out to the Council to get feedback regarding the visit. This survey will be used to select tour and agenda items, based on those items which were supported by the majority of the members of the Council. Matt Strittmater will work with S. Gross and R. Stachoviak on planning the visit. More information will be given at the July WCMH meeting.

There was also a meeting held between the SCAODA and WCMH Executive Committee meetings. The two committees had a good discussion on the next steps for the two Councils and further plans to collaborate. Duncan Shrouf of the SCAODA will come present at the July WCMH meeting. This presentation should help facilitate ongoing involvement, and help identify a member of the WCMH to serve as the WCMH representative to SCAODA.

S. Gross stated that Wisconsin has been selected to join the National Governor's Association Healthcare Workforce Policy Academy. S. Gross has been invited to participate in the planning, and R. Immler has been selected to work with Children's Mental Health. Some areas to be addressed by the academy are working on peer specialists and parent peer specialists, and the SBIRT model.

Nominations Committee

S. Gross stated that the Council did forward a recommendation to the Governor's office for Tony Thrasher and Karen Herro after the previous Council meeting. The Council has not received much response in regard to recommendations in the past year. S. Gross asked Kevin Moore to talk to Governor's office to discuss appointments further, given the Council's desire to have full representation.

Adult Quality Committee

J. Stephens stated at the most recent Adult Quality Committee (AQC) the committee discussed going into a strategic planning process, and working to identify what work the committee should address. The AQC is also

looking at who is needed at the table and how to diversify membership. In the coming meetings the AQC will conduct strategic planning.

Criminal Justice Committee

S. Gross appointed Mishelle O’Shasky as Co-Chair of the Criminal Justice Committee.

J. Stephens stated that the Criminal Justice Committee is holding an off-site tour in Eau Claire County. The committee is setting up a comprehensive itinerary, including learning about Treatment Alternatives and Diversion. Members of the Wisconsin Legislative Council were also invited.

Children and Youth Committee

S. Gross appointed Rick Immler as Co-Chair of the Children and Youth Committee.

K. Eithun-Harshner stated at the last two meetings the committee talked about budget and policy priorities. The committee had joint meeting with the Legislative and Policy Committee (LPC) in April. The committee is receiving ongoing updates on the CST initiative. The CST response has been very good and all but 5 counties had submitted proposals. Those 5 were overwhelmed and may be open to the expansion at a later date.

Legislative and Policy Committee

S. Gross stated the bulk of committee work has been around developing funding and policy recommendations. The most recent meeting was shortened as there was Children’s Mental Health Awareness Day. A letter was previously sent from the Council to Wisconsin’s Congressional Delegation in opposition to HR3717. Representative Ron Barber introduced an alternative bill, HR4574. This bill has all the good things and none of the bad which the Council was concerned about. The LPC did not decide to send anything out to the congressional delegation about HR4574 at this time. There have been some efforts at the National level to work with Representative Murphy to compromise on the language of HR3717.

Item 6: Call for Future Agenda Items

For the July Council meeting the following agenda items are recommended: SCAODA Presentation, Data presentation on PPS and Medicaid, the Election a second vice chair of the WCMH, an update on Peer Run Organizations by Faith Boersma, the WCMH Fall Tour.

For the November Council meeting the following topics and agenda items are recommended: J. Stephens talked about requesting Elizabeth Hudson coming to talk to Council about the Office of Children’s Mental Health interfacing with the State departments. K. Bush stated that the collective impact model which the Office of Children’s Mental Health will utilize could be beneficial for the Council to learn more about.

Item 7: Public Comment Period

No additional public comments.

Item 8: Adjourn

Meeting adjourned at 3:00pm.