



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

September 17, 2014 1:00 pm – 3:00 pm

*Ho Chunk Nation Behavioral Health Building
W9850 Airport Road, Black River Falls, WI 54615*

Members of the Council in Attendance: Kathryn Bush, Tracey Hassinger, Rick Immler, Donna Wrenn, Mishelle O'Shasky, Shel Gross, Matt Strittmater, Kathleen Enders, Julie-Anne Braun.

Department of Health Services Staff in Attendance: Ryan Stachoviak, Joyce Allen, Kay Cram, Brad Munger, Laura Blakeslee, Jason Fischer, Scott Webb, Sola Millard, Faith Boersma, Sarah Coyle.

Guests: Ona Garvin, Terry Greendeer, Sue Rettler, Beth Smetana.

Item 1: Call Council Meeting to Order

Review and Approval of Minutes of WCMH meeting of July 16, 2014

Members of the Council discussed the minutes. A quorum was not present, approval of the minutes will be moved to the November meeting of the WCMH.

Announcements

S. Gross announced the publication of the new Burden of Suicide Report and provided copies to members of the Council. The report has received a fair amount of press coverage since its release.

S. Gross announced the Wisconsin Warrior Summit will be held in Green Bay on October 7th. Mental Health America Wisconsin has been involved in the planning of the event along with the Department of Veterans Affairs and Dryhootch among other partners in the Green Bay area.

M. O'Shasky discussed work she is doing in her new role with Grassroots Empowerment Project, the Participatory Decision Making Project. The project is intended to develop, facilitate, and support participatory dialog groups made up of consumers, local policy-makers, family members, and service providers. The groups will work cooperatively to create a shared vision for mental health/wellness in their community, and develop and implement one project that brings the community closer to their shared vision.

Item 2: Council Committee Reports, Discussion and Recommendations

Executive Committee

Election of Council Vice-Chair

S. Gross stated that he had been hoping to vote on the election of the Vice-Chair. Donna Wrenn has expressed interest in being the Vice-Chair. The Council will carry over this vote to the November meeting. Current bylaws note that the Vice Chair is chair of the nominating committee. In some previous discussions there has been talk about modifying the roles of the Vice-Chair and 2nd Vice Chair since they may be currently too prescriptive. The

Council needs a representative on the Governor's Committee for People with Disabilities (GCPD), and this role might be filled by someone other than the vice-chair. S. Gross recommended having a member of the GCPD come to the next Council meeting to discuss the GCPD. This could encourage involvement on that committee.

S. Gross discussed ongoing efforts to collaborate with DMHSAS staff regarding data. The Council should establish a coordinated process to work with data coordinators at DMHSAS. A goal of these efforts is to develop a dashboard. At the October 31 Executive Committee meeting Joyce Allen of DMHSAS will present some ideas to the committee to begin developing a plan on who to coordinate this process.

S. Gross stated that Tracey Hassinger has been appointed to the Council as a consumer representative, filling the position previously held by Mary Neubauer. Hugh Johnston has been appointed as the Department of Corrections representative to the Council, filling the position previously held by Secretary Wall. Sister Ann Catherine Veierstahler has decided to resign from the Council. The Council remains out of compliance with the Federal requirements due to its current composition. The DMHSAS is also scheduled for a mental health block grant review this coming year. Recruiting is always a challenge for the council, in particular parents of children with SED.

Nominations Committee

S. Gross stated that the Council had some concerns regarding the nominating committee process and wanted to clarify the Nominating Committee's role with the Governor's Office. S. Gross and R. Stachoviak met and discussed these concerns with Eric Esser, the Governor's Director of Gubernatorial appointments. The Governor's Office is still interested in receiving recommendations from the WCMH and will work to give the Nominating Committee notification when a candidate is being considered by the Governor's Office.

Adult Quality Committee

K. Enders stated that the Adult Quality Committee (AQC) had to cancel the last scheduled meeting. The committee is working to meet in October. J. Stephens invited K. Enders to talk at the recent Criminal Justice Committee meeting.

Children and Youth Committee

R. Immler discussed the Pyramid Model. One of the strategic goals has been support this model. This model is based on public health principles, where the base is more prevention focused. Current data show that expulsion rates (in preschool) are reduced by use of this model. The model provides skills to teachers and caregivers and teaches tools to use early in the lifespan. This model was also presented to the Legislative and Policy Committee.

R. Immler discussed Trauma Informed Care (TIC) for Birth to Three. This program, piloted in Waukesha County, is intended for families in which abuse and neglect are identified. In many cases these children do not receive birth to three services. In this case the Birth to Three staff are trauma informed and use those skills to be a care coordinator to work with teams and families. This proposal is to implement this model in all birth to three programs across the state in a collaborative manner.

Legislative and Policy Committee

S. Gross stated that the Legislative and Policy Committee has been largely working on Mental Health 2.0. The items discussed by the CYC will be placed into the document as well. Members of the group have talked about these topics with DHS Deputy Secretary Kevin Moore. There was then a request from the Governor's Office for greater detail in regard to the cost. Speaker Vos' staff also expressed interest in working on additional mental health legislation. The committee is working on developing more on the budget side of the Mental Health 2.0 document to provide this information to the Governor and the Legislature. The committee also continues to work on improving consumer and family involvement. There has also been ongoing discussion regarding how to better work with providers and the possibility of holding a provider meeting. **S. Gross appointed M. O'Shasky as the Grassroots Empowerment Project alternate on the Legislative and Policy Committee.**

Criminal Justice Committee

M. O'Shasky stated that she has been working with the GAIN center, and LaVerne Miller will facilitate a meeting with Members of Pennsylvania Department of Corrections to discuss how they have done a Forensic Peer Specialist training program which began in 2004. The Penn DOC has been very open of sharing information. Their efforts have led to a reduction of the inmates going into acute care units. The meeting will be held on Oct 9th at the Department of Corrections in Madison.

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

J. Allen stated that six counties do not have Coordinated Services Teams (CST). The DMHSAS recently put out a memo to encourage those remaining six to provide CST programs by giving another opportunity in 2015 for those remaining counties to come on board. As many rural counties have very limited staffing, what we have heard from some of those rural counties is that they are working on CCS and that just don't have the resources to work on CST as well. Some of those counties believe that they have a good array of services and that service is not needed. Some have tried to pull it together and may be able to add CST in the near future. Do want to accommodate those that want to bring CCS and CST together. Sally Rashick at DHS has been working to help CST work with CCS and trying to connect those counties who have successfully done this work with those that are in still in progress.

CST services are funded complexly, having a lot of different funding sources mixed in. In addition, many of the CST programs are funded on different time frames. The DMHSA this year is going through a process to blend the funding streams. This coming year all contracts will start in January and all tribes will start on October 1.

J. Allen discussed Comprehensive Community Services (CCS), a comprehensive program serving adults and kids. This program supports people who need more than just an outpatient visit. People might need more supports, supported employment, etc. CCS is one of those options. In the State's last budget there was a regional expansion, meaning that those counties and tribes that expanded themselves into a region will receive 100% funding as the State will cover the non-federal share. This has allowed for a major expansion of services. Counties and tribes must go through different steps, including first being approved as a region. The region must be approved and then receive DQA certification. The final step is that the Medicaid program certifies the program. Everything is going very well. The DMHSAS is also developing a RFP for two opiate treatment centers. Representative Nygren is interested in expanding this treatment to rural areas of the state. There should be more information to report later in the year.

F. Boersma discussed peer run respite expansion stating that the organizations are largely working on staffing at this time. All the grantees will be going to the alternatives conference and holding a caucus about peer run services.

J. Allen stated the DMHSAS was awarded a three year grant to address homelessness among veterans with a mental illness. This program will be implemented in partnership with the Department of Veterans Affairs. The DMHSAS will be hiring a .6 FTE clinician to support this program.

R. Stachoviak stated that the DMHSAS has issued an RFP to implement an Early Intervention Program for First Episode Psychosis program in Wisconsin. The due date for the proposals is September 26th. The DMHSAS hopes to have selected a vendor by October 9th and should be able to provide more information at the November meeting.

B. Munger stated that the DMHSAS is seeking a vendor to conduct statewide CIT training. The RFP is currently posted. The goal of this program is to provide more certified crisis intervention programs servicing the rural areas of the state.

M. Strittmater asked if the State is seeing interesting ideas on how to share CCS services and if so can the DMHSAS sharing those? J. Allen stated that there have been some very interesting proposals. For example some proposals utilize shared clinical supervision or provider networks. The DMHSAS will be able to share lessons learned and best practices which emerge.

Item 4: Call for Future Agenda Items

The following future agenda items were noted:

- Family Care – How does it function? Where does it fit in with the Mental Health System?
- How does IRIS fit in as well?
- Transportation
- Shortages of Psychiatry
- Shortages of Staff, difficulty filling positions
- At the November meeting a discussion of Mental Health in the schools (K. Bush with be coordinating)
- Election
- By-laws
- MHBG report
- State suicide prevention

Item 5: Adjourn

Meeting Adjourned at 2:53pm.