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State of Wisconsin

**Wisconsin Council on Mental Health**

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**Meeting of the Wisconsin Council on Mental Health**

**July 20, 2016, 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, Julie-Anne Braun, Patrick Cork, Barbara Buffington, Bonnie MacRitchie, Kimberlee Coronado, Monique Hicks, Donna Wrenn, Rick Immler, Shel Gross, Karen Iverson Riggers, Inshirah Farhoud, Amy Polsin, Donna Wrenn, Tracey Hassinger, Carol Keen, Mishelle O'Shasky

**Department of Health Services (DHS) Staff in Attendance:** Joyce Allen, Kay Cram, Ryan Stachoviak, Kenya Bright, Ellie Jarvie, Dan Kiernan

**Guests in Attendance:** Shunette Hunter

**MINUTES**

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

M. O'Shasky called the meeting to order and members of the Council did introductions.

*Read Guidelines for Conduct of Meeting*

B. Buffington read guidelines.

*Review and Approval of Minutes of WCMH meeting of May 18, 2016*

**B. Buffington moved to approve the minutes of May 18, 2016.**

**D. Wrenn seconded the motion.**

**Motion carries, minutes approved; R. Immler and M. O'Shasky abstain.**

*Announcements*

S. Gross noted the recent passing of Department of Health Services Secretary Kitty Rhoades. R. Immler announced that the Child Psychiatry Consultation Program report has just been released and can be distributed to the Council.

*Public Comment*

No public comment was made.

## **Item 2: Parity Law**

Shunette Hunter provided a presentation and training on mental health and addiction care parity law detailing rights under the mental health parity and addiction equity law, strategies to access care, the appeals process and self-advocacy. Members of the Council provided feedback and thanks to Ms. Hunter.

## **Item 3: WCMH Fall Tour**

R. Stachowiak briefed the Council on the plans for the WCMH Fall Tour of the Fox Valley in Wisconsin on September 13 and 14. S. Gross had conducted outreach to several agencies and organizations in the area. The Council will meet with representatives from and hear presentations regarding the N.E.W. Mental Health Connection, Zero Suicide, the Outagamie Mental Health Courts, Hopeline, United Way Fox Cities, the Outagamie County Comprehensive Community Services program, Crisis Intervention Team, and efforts in schools related to mental health. The Council will also be visiting the Iris Place peer run respite and holding a brief Council meeting.

## **Item 4: Working Lunch**

## **Item 5: Council Committee Reports, Discussion and Recommendations**

New members of the Council, K. Iverson-Riggers, I. Farhoud, A. Polsin, M. Hicks, K. Coronado, discussed their backgrounds and interests.

### *Executive Committee*

M. Strittmater discussed the WCMH Fall Tour and ongoing Council efforts to have each committee develop a charter.

### *Legislative and Policy Committee (LPC)*

S. Gross discussed the 2017 WCMH Budget and Policy Priorities documents. Regarding data, the WCMH has been interested in learning about how to better utilize the data that is available to guide the Council. Members of the Council and the Committees will meet with staff from the DMHSAS to further discuss this topic. S. Gross asked if there are any additional members of the WCMH who would be interested in attending this meeting. R. Immler, K. Enders, K. Iverson Riggers expressed interest in participating.

S. Gross discussed the Medicaid Purchase Plan (MAPP). There is a group from the Governor's Council on People with Disabilities which has met to discuss the underlying issues and working to develop a proposal for possible solutions to problems with MAPP. Regarding enhancing services for people who are Deaf and Hard of Hearing (DHOH,) there have been discussions with DHS regarding enhancing services. The Office of the Deaf and Hard of Hearing in DHS is interested in developing the interpreter workforce. In addition, there has been interest in developing more providers who are DHOH who have the fluency in ASL and a cultural understanding of the DHOH community. Supervision remains a common barrier for certification.

S. Gross discussed suicide prevention noting that Mental Health America (MHA) Wisconsin manages much of the suicide prevention funding in the state. A youth suicide prevention grant ended in April however MHA is looking into another potential grant opportunity. In addition some suicide prevention efforts required a change due to guidance from SAMHSA regarding block grant funding. The LPC is looking to put together a budget initiative to support some of these activities which have no longer funded via federal funds. M. O'Shasky noted that there

are some high risk groups which are not included in the priority group section, including corrections workers and people in the corrections system. J. Braun noted first responders are also high risk. D. Wrenn added homeless people are also high risk.

S. Gross discussed community living supports, including peer supports such as training and more information regarding the peer specialist pay. Members of the Council discussed the importance of community living supports, including housing, and reentry. M. O'Shasky noted the importance of reentry housing. A. Polsin also noted that many apartments have minimums for police contact which may create a barrier for people and in particular parents as they may be reluctant to contact police when they are needed. Additional priority areas are transportation, criminal justice, and children's mental health consultation.

S. Gross stated that the LPC has also been working on the LPC committee charter. S. Gross noted that the DHS has withdrawn proposed changes to the Family Care changes.

S. Gross provided updates regarding legislation noting at the Federal level HR 2646 passed the House recently. The WCMH had communicated to the Wisconsin congressional delegation regarding a senate bill. Advocates have had many concerns regarding HR 2646. However, there have been a lot of changes to bill which eliminated a lot of those concerning elements.

#### *Children and Youth Committee (CYC)*

##### *Motion: Seclusion and Restraint*

B. MacRitchie noted that the CYC is planning to address early intervention in coming meetings, specifically infant mental health consultation. B. MacRitchie discussed the CYC proposed updates to the Wisconsin Statute on seclusion and restraint. Section A requires districts to report seclusion and restraint data to the Wisconsin Department of Public Instruction (DPI). Section B requires a written incident report be provided within three business days to the pupil's parent or guardian, and the report must include description of staff actions. Section C is to offer or require a debriefing session after incidents of seclusion or restraint. Section D pertains to training requirements on prevention of the need for physical restraint and a greater focus placed on de-escalation and prevention. Section D clarifies the terminology used regarding the conditions of using seclusion and restraint and what constitutes an emergency.

M. O'Shasky asked if this information is required to be provided to guardians in their native language, or ASL. B. Buffington stated that there are laws in place which require school districts to do so, however they may not be checks in place to enforce this. B. Buffington noted that the only data reporting requirements are to provide minimum data regarding seclusion and restraint and report that information to the school board. Some school districts may look at the data differently. Reporting data to DPI would provide some continuity and consistency across school districts and would provide an understanding of what should be reported. The best practice is to analyze this data. S. Gross recommended that the motion be modified so as to not have a specific recipient of a letter. Leaving it open would then allow for the Council to take action as needed

**Motion to support the updates to Wisconsin's law on seclusion and restraint in schools, by means of a letters of support carries. D. Wrenn, B. MacRitchie, B. Buffington, and K. Enders abstain.**

### *Criminal Justice Committee (CJC)*

M. O'Shasky stated that the CJC met last month and has been most recently working on Criminal Justice transformation efforts. The CJC is also working on revamping membership by addressing how a person becomes a member of the committee. The CJC wants to ensure there is thoughtful representation on the Committee. A workgroup is developing this structure. The CJC also has a second group that is developing a strategic plan for the CJC. This group is working to align the CJC strategic plan with the WCMH strategic plan and the current Budget and Policy Priorities.

### *Adult Quality Committee (AQC)*

K. Enders stated that the AQC has been revamping its membership as well. The AQC most recently worked on a draft charter. The AQC is looking to create more action and outcomes. In addition, the AQC is hoping to develop membership which mirrors that of the Council. The AQC has identified two standing agenda items, the quality review of CCS and the Mental Health Block Grant. The AQC also wants to spend time addressing the transition from CST to adult services and evidence based practices.

The next AQC meeting is August 1<sup>st</sup> and the Committee is planning to review and finalize the charter and start looking at a strategic plan.

### *Nominating Committee*

No current updates.

### **Item 6: Break**

### **Item 7: Division of Mental Health and Substance Abuse Services (DMHSAS) Update**

#### *Integrated Peer Support Certification*

K. Bright provided an update regarding the Certified Peer Support (CPS) Certification. Both new CPS designations will be integrated mental health and substance abuse. These changes required the DMHSAS to develop new curriculums and new exams. Access to Independence will be the lead contractor for these efforts. The curriculum revision process took more time than expected. Once the Integrated Peer Support Specialist materials are complete the process will then help inform the Certified Parent Peer Specialist curriculum.

Both exams are not complete and are based on the core competencies. The first integrated CPS exam will be held in April of 2017 with the Parent Peer Specialists exam likely following in the summer of 2017.

The DMHSAS is currently selecting a group of trainers for the pilot phase. The DMHSAS will hold a three month train the trainer course. It is then planned that there will be six Integrated Peer Specialist trainings in 2017. Costs for the training will be funded by the DHS. The hope is to have between 15-20 people in the trainings.

Promisingly there appear to be many counties that want to hire CPS. There is also a lot of interest in receiving training in the new curriculum. There were 429 CPS in Wisconsin as of January 2016. In 2015 over 70% of those who responded to a survey were employed, 48% of those were 100% FTE with benefits. In the 2016 survey which will be conducted the DMHSAS has asked for more detailed information which can be provided at a future Council meeting.

### *Mental Health Block Grant Planning*

J. Allen provided a briefing on the 2017 Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) application. By in large the funding levels are maintained from the 2016 MHBG plan which the Council reviewed. One major change in funding came from congress, with congress now asking that states spend 10% of the MHBG for early intervention for first episode psychosis. This amount had been 5%, but is now increased, with Wisconsin receiving additional funds to the total MHBG. The DMHSAS is now splitting CPS funding among the two block grants whereas the program was previously funded via the MHBG. An additional change is that the Regional Shared Pilot program is ending. Another change relates to increased funding for a full time data analyst position. R. Immler asked if it was possible to look at in the future the intent of the funding, how it is codified, and the outcomes of the funding. J. Allen stated that under each funding category there are various contracts each with its own deliverables and outcome objectives.

### *Coordinated Specialty Care RFP*

R. Stachoviak announced that the DMHSAS is planning on issuing a RFP for Coordinated Specialty Care services for Early Intervention for First Episode Psychosis. This will be a competitive grant process. The DMHSAS hopes to award between 2-7 grants, depending on the top proposals and the amounts requested by applicants.

### *Center on Excellence*

K. Cram discussed a “Center on Excellence” designed to provide counties with more information, technical assistance, and support for the implementation of evidence based practices. DMHSAS has been working with counties to develop a plan on what will be helpful. The DMHSAS has been hearing that more intensive support around EBPs would be helpful as well as increased trainings. R. Immler encouraged Crisis Intervention Team training as something to be considered via the effort. S. Gross recommended DMHSAS consider suicide intervention training.

### **Item 8: Call for Future Agenda Items**

Future agenda items that were noted:

1. Shared Services Pilot program lessons learned
2. Access issues
3. Strategic planning

### **Item 9: Adjourn**

Meeting adjourned at 3:33pm.