

OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Council on Mental Health			Attending: Members of the WCMH in Attendance: Bonnie MacRitchie, Lea Collins-Worachek, Sheli Jo Metzger, Barbara Buffington, Inshirah Farhoud, Carol Keen, Karen Iverson Riggers, Mishelle O'Shasky, Matt Strittmater, Dan Kiernan, Kimberlee Coronado (via teleconference) Department of Health Services (DHS) Staff in Attendance: Kay Cram, Teresa Steinmetz, Kenya Bright, Ryan Stachoviak, Cindy Lindgren (via teleconference) Guests in Attendance: Keegan Kyle
Date: 11/15/2017	Time Started: 10:00am	Time Ended: 3:35pm	
Location: Division of Vocational Rehabilitation, 1801 Aberg Avenue, Madison, WI			Presiding Officer: Mishelle O'Shasky

Minutes

Meeting of the Wisconsin Council on Mental Health (WCMH)
November 15, 2017 from 10:00 am to 3:30 pm
Division of Vocational Rehabilitation at 1801 Aberg Avenue, Madison, WI and via Conference Call

Members of the WCMH in Attendance: Bonnie MacRitchie, Lea Collins-Worachek, Sheli Jo Metzger, Barbara Buffington, Inshirah Farhoud, Carol Keen, Karen Iverson Riggers, Mishelle O'Shasky, Matt Strittmater, Dan Kiernan, Kimberlee Coronado (via teleconference)

Department of Health Services (DHS) Staff in Attendance: Kay Cram, Teresa Steinmetz, Kenya Bright, Ryan Stachowiak, Cindy Lindgren (via teleconference)

Guests in Attendance: Keegan Kyle

Meeting Minutes

1. Call Meeting to Order

Review and approval of the minutes of September 12-13, 2017

B. MacRitchie moved to approve the minutes of September 12-13, 2017.

C. Keen seconded the motion.

Motion carried, minutes of September 12-13, 2017 approved with minor amendment.

Announcements

M. O'Shasky announced the creation of a new agency, the Reentry Associates. Information is available online: <https://reentryassociates.com/>.

Public Comment

No public comment was made.

2. WCMH Strategic Planning

Members of the Children and Youth Committee (CYC), Legislative and Policy Committee (LPC), and Criminal Justice Committee (CJC) provided briefings on each committee's strategic plan.

Members of the WCMH conducted a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis. The following were noted by members of the Council:

1. Strengths
 - a. Diversity
 - b. Framework of statutes that empower the Council
 - c. State staff who support the Council

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- d. Positive culture
 - e. Value experience and expertise
 - f. Power connections
 - g. Passionate
 - h. Willingness to carry the load

2. Weaknesses

- a. Limited time
- b. Language barriers (shop talk)
- c. Inconsistency of responsibility, attendance, and membership.
- d. Limited scope of the Council
- e. Barriers to full participation such as transportation and technology
- f. Council/work balance

3. Opportunities

- a. Fall tours
- b. Current national interest in mental health
- c. Ability to share information across the state and with local partners
- d. Cross pollination among council members
- e. Positive impacts
- f. Diverse platform and voice
- g. Educational opportunities
- h. Credibility of the Council

4. Threats

- a. Funding
- b. Limited time for rapid responses
- c. Political and statute limitations and regulations
- d. Competing priorities
- e. Finding a focus
- f. “Head down and stay in our lane”

Members of the Council conducted a brainstorming session to identify key areas for consideration in strategic planning. The work was distilled into the following core categories. Council members then voted for their top areas for strategic planning, votes are also noted below.

1. Access – affordable, increase access for everyone, those in urgent need.
 - a. Votes - 2

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2. Quality and Evidence Based – Increase awareness of social determinants, fidelity of services, lived experience, holistic, trauma informed care
 - a. Votes - 6
 3. Early Intervention and Prevention – Increased funding for children’s services, prevention services, enhance early intervention, and infant mental health
 - a. Votes - 8
 4. Workforce development
 - a. Votes - 3
 5. Advocacy and Stakeholder Input – Including position papers
 - a. Votes - 2
 6. Council Infrastructure – Deep dive into issues, increase functioning, mentoring and orientation
 - a. Votes - 2
 7. Integration of Mental Health and Substance Use
 - a. Votes - 4

L. Collins-Worachek suggested that the Council consider drafting an annual summary report that would allow the group to reflect upon the accomplishments made by the WCMH and Committees over the course of the year. B. MacRitchie noted that the CYC was planning on holding a celebration and reflection on the past year at the upcoming CYC meeting. The Council could do something similar at the January 2018 meeting.

M. O’Shasky appointed Sheli Jo Metzger to the Legislative and Policy Committee as a WCMH representative.

3. Working Lunch

4. WCMH Committee Reports, Discussion, and Motions

Executive Committee

M. O’Shasky provided a briefing on the October 30th Executive Committee meeting. The Committee discussed the 2018 WCMH schedule, including the 2018 fall tour. Additional time was spent discussing the Adult Quality Committee and the challenges currently facing it.

Children and Youth Committee (CYC)

B. MacRitchie introduced motions from the CYC.

Discussion and Vote on Motion: Oppose LRB-0917 “Teacher Protection Act”

B. MacRitchie discussed the teacher protection act, noting that the legislation is contrary to those priorities established by the CYC. Many school systems have voiced their opposition to the bill. Access to criminal records is a concern among many stakeholders. In addition students themselves have not had a voice in this process. The bill goes against collaborative procedures which should be the first approach rather than punishment and law enforcement involvement. In Wisconsin schools, students with mental health and emotional/behavioral issues are disproportionately affected by exclusionary discipline and law enforcement involvement in disciplinary issues. LRB-0917 will add to the harmful overuse of suspension and harmful unnecessary contacts with law enforcement for school discipline issues. Neither approach is successful in changing behavior for the better, while both disproportionately affect students with mental health and emotional/behavioral challenges. Students with underdeveloped skills in communication and problem-solving are among those who would be put at increased risk. Disciplinary measures do not, and cannot, teach students skills that they do not possess.

Motion to oppose LRB-0917, the “Teacher Protection Act”.

Motion carried; D. Kiernan and B. MacRitchie abstain.

Discussion and Vote on Motion: Oppose SB 280/AB 355

B. MacRitchie introduced the motion to oppose SB 280 and AB 355. The bills broadens the scope of neglect, elevates the crime of neglect and increases criminal penalties on parents; and to recommend the use of evidence-based strategies designed to offer support to vulnerable parents. Under current law, any person who is responsible for a child’s welfare who, through his or her actions or failure to take action, intentionally contributes to the neglect of the child is guilty of a misdemeanor or, if the child suffers bodily harm or death, is guilty of a felony. Under this bill, any person who is responsible for a child’s welfare who negligently fails, or reasons other than poverty, to provide the child with necessary care or contributes to the failure is guilty of the crime of neglect. The penalties for the crime of neglect, or for contributing to neglect whether or not actual neglect occurs, vary from a Class D felony to a Class A misdemeanor. The bill also creates a crime of repeated acts of neglect of the same child, with penalties varying from a class B felony to a Class H felony. M. O’Shasky suggested any letter that is written as a result of this motion note the potential intergenerational trauma impacts of this legislation.

Motion to oppose SB 280/AB 355.

Motion carried, D. Kiernan and B. MacRitchie abstain.

The CYC will continue discussing Infant Mental Health Consultation and CYC strategic planning.

Legislative and Policy Committee (LPC)

K. Iverson Riggers provided a briefing on the LPC. Shel Gross officially submitted his resignation as Co-Chair of the LPC. Mr. Goss will continue serving as a member of the LPC. The LPC has had discussions on a replacement as Co-Chair of the LPC and recommended LPC member Crystal Hester to be the new Co-Chair, to serve with K. Iverson Riggers.

M. O’Shasky appointed Crystal Hester as the LPC Co-Chair position replacing Shel Gross.

The LPC has had discussions on LRB-3435, legislation that would modify Chapter 51 to allow a CIT trained officer to conduct an assessment for an Emergency

Detention. There is concern among advocates that CIT training is not adequate to provide the skills necessary for conducting such an assessment. K. Coronado noted her interest in being involved in future discussions regarding LRB-3435. The LPC has also been discussing and monitoring AB384 which pertains to the expiration of administrative rules and AB370/SB296 regarding the establishment of a self-certification registry and licensure procedures. The LPC will continue to provide updates regarding this legislation to the Council.

Discussion and Vote on Motion: Support and adopt WCMH Statement on Firearm Legislation

K. Iverson Riggers introduced a motion from the LPC to adopt the attached statement guiding WCMH responses to firearm related legislation. Legislation is regularly introduced which relates to the ability of individuals to possess and purchase firearms. Well-controlled public health research has found significant correlations between the existence of such laws and suicide rates across states. Other laws have been implemented in other states and may have some level of research supporting their effectiveness in preventing suicide. Lethal violence protection orders are an example of such a law. By approving this statement the WCMH can respond more expeditiously to the introduction of new legislation related to firearms, if that is necessary. The positions taken in accordance with this statement can lead to fewer suicides in Wisconsin. The motion also detailed that legislation must not single out individuals for firearm restrictions based solely on the presence of a mental illness. Such legislation is discriminatory and contributes to the stigma surrounding mental illnesses. The legislation must either be universal or be targeted to individuals who demonstrably exhibit behaviors representing an imminent risk of harm to themselves. In addition, legislation must assure due process if removal of firearms from an individual is allowed. The legislation must also specify the process by which the individual may regain their firearms or their ability to purchase firearms in a timeframe appropriate to the reason for the removal.

Motion for the WCMH to adopt the Statement on Firearm-Related Legislation.

Motion carried, K. Coronado opposed.

Discussion and Vote on Motion: Support American Sign Language Services legislation

Members of the LPC discussed the motion to support an expanded Office of the Deaf and Hard of Hearing (D/HOH) Services. Improving access to services for the D/HOH was a budget priority for the WCMH this year. A 2009 study reported that deaf children and adults are 3 to 5 times more likely to have a serious emotional disturbance than their hearing peers. However, according to the National Association for the Deaf this population is underserved by culturally and linguistically competent providers. Wisconsin has only one community-based licensed mental health provider who is D/HOH and can communicate directly in ASL. The legislation will provide an access point for anyone in Wisconsin who is D/HOH and has mental health, substance abuse or developmental disabilities to obtain advocacy, support, referral, and, when appropriate, culturally appropriate direct treatment services. This centralized access will also facilitate a better identification of the statewide needs in this area, which will allow identification of potential strategies to address these needs. Introduction of this bill, and WCMH support, will help increase the awareness in the Legislature of this issue.

L. Collins-Worachek suggested that additional data be included in the motion introduction and report to support the needs of the population. K. Coronado agreed that more information would be helpful when taking a position on the legislation, including the impacts of the costs. B. Buffington suggested that the Council should consider broader issues around equity when taking positions on legislation such as this. It is important the Council look at other groups that may also be underserved. S. Metzger and K. Coronado both noted their desire for more information about the legislation prior to being able to support the motion.

Motion to support an expanded Office of the Deaf and Hard of Hearing Services.

Aye Votes (5): M. Strittmater, K. Iverson Riggers, C. Keen, I. Farhoud, L. Collins-Worachek
Nay Votes (2): S. Metzger, K. Coronado
Abstentions (4): D. Kiernan, M. O'Shasky, B. MacRitchie, B. Buffington
Motion carried.

Discussion and Vote on Motion: Support AB305/SB243 regarding grants for language interpretation in health care settings, with amendment

K. Iverson Riggers introduced the motion from the LPC to support AB 305/SB 243 with amended language to include American Sign Language (ASL) interpretation. This bill is related to grants for language interpretation in health care settings. This bill requires the DHS to create a grant program for language interpretation services provided in medical clinics and hospitals that are located in rural areas or that serve medically underserved populations. The bill directs the DHS to use \$100,000 in each fiscal year beginning in fiscal year 2018-2019 from the appropriation for Medical Assistance Program Benefits to fund language interpretation services to eligible providers. The bill uses broad language so that DHS can interpret it to mean "all language interpretation services." It has gained bipartisan co-sponsorship. The LPC supports the bill but has concerns that the broad language may have the unintended consequence of excluding ASL interpretation services when it is interpreted by DHS.

Members of the WCMH raised questions regarding the impact of the legislation, the cost, and how these services are currently paid for currently. M. Strittmater and L. Collins-Worachek noted their general support for the motion; however more information about the intent of the legislation would be helpful to make an informed decision.

Motion to support AB 305/SB 243 with amended language to include American Sign Language (ASL) interpretation.
Aye Voted (3): K. Iverson Riggers, C. Keen, I. Farhoud
Nay Votes (4): M. Strittmater, B. Buffington, S. Metzger, L. Collins-Worachek
Abstentions (4): K. Coronado, M. O'Shasky, D. Kiernan, B. MacRitchie
Motion not carried.

Discussion and Vote on Motion: Support AB589/SB465 regarding regulation of sign language interpretation services

K. Iverson Riggers introduced the motion from the LPC to support AB 589/ SB 465, legislation which would address access and oversight concerns regarding Sign Language Interpreters. Improving access to services for the D/HOH was a budget priority for the WCMH this year. This is based on the recognition that Wisconsinites who are D/HOH face barriers to effectively accessing mental health services, as well as other health care and legal services because it may be difficult to access an interpreter with the needed training for these specialized services. This legislation would replace the Wisconsin license for sign language interpreters that was passed in 2010: §440.032. Current licensure no longer reflects the evolution of a growing profession and proposed changes which updates and models best practices for sign language interpreters. The bill replaces the current DSPS licensure program for interpreters with a newly created Sign Language Interpreters Examining Board which includes professional sign language interpreters, as well as consumer members.

The new licensure will provide pathways to attract and retain more interpreters by providing additional options for certification and licensure, and a board of knowledgeable stakeholders that will be able to respond more effectively to changes in the sign language interpreter field. The new Sign Language Interpreters Examining Board will have enforcement authority regarding practice and unauthorized practice of sign language interpretation. This will provide improved

oversight and enforcement to address serious concerns including the ability to make decisions about grievances against current license holders as well as ability to stop unlicensed interpreters from continuing to work without a license. Currently DPSP has an advisory group which has no authority.

K. Coronado suggested that the WCMH and the Governor's Council for People with Disabilities work in concert on this bill. Members of the WCMH noted that it may be helpful to receive more information regarding issues of access and the needs of people who are D/HOH and hear directly from the Office for the Deaf and Hard of Hearing (ODHH).

Motion to support AB 589/ SB 465, legislation which would address access and oversight concerns regarding Sign Language Interpreters.

Yea Votes (5): D. Kiernan, M. Strittmater, K. Iverson Riggers, I. Farhoud, B. Buffington

Nay Votes (0)

Abstentions (6): B. MacRitchie, L. Collins-Worachek, S. Metzger, C. Keen, K. Coronado, M. O'Shasky

Motion carried.

Criminal Justice Committee (CJC)

M. O'Shasky provided an update on the CJC. The CJC continues to revisit membership and address legislation that arises.

Adult Quality Committee (AQC)

Members of the WCMH discussed the AQC and the roll it fills in the WCMH structure. There has been a low level of membership and participation and the Committee is currently without any chairs. The WCMH discussed potential action to take regarding the AQC including removing the Committee, placing it on hold for the time being, or rebranding it. Members of the WCMH will revisit the AQC through the strategic planning process.

Nominating Committee

K. Iverson Riggers will coordinate interviews with interested candidates and bring recommendations back to the Council. The Committee also plans to review membership and WCMH meeting attendance. Members of the WCMH discussed the vacant Second Vice-Chair position. I. Farhoud volunteered to take on that role if the Council were to approve of her appointment.

K. Iverson Riggers moved to appoint Inshirah Farhoud as the Second Vice-Chair of the Wisconsin Council on Mental Health.

M. O'Shasky seconded the motion.

Motion carried, Inshirah Farhoud appointed as the Second Vice-Chair of the WCMH effective November 15, 2017.

5. Break

6. Division of Care and Treatment Services briefing and updates

Update on the Children's Crisis Stabilization Facility

T. Steinmetz provided an update on the DHS efforts. The budget that was approved by the legislature does not provide a lot of guiding detail. The DCTS is currently going through the rule making process, developing language to license and certify these types of facilities. The facilities will not be subject to Chapter 48, thus will operate outside of the Department of Children and Families system. Admission into the facilities will be voluntary with the intent of diverting Emergency Detentions. The DCTS held a public meeting on the third of November to gain public input on the process. An advisory body will be brought together as well in the near future.

Update on the proposed Psychosocial Rehabilitation Rule

K. Cram provided a briefing on the work being done on the Psychosocial Rule at DCTS. The DCTS is looking to bring all the current rules under the same rule. In early 2018 the DCTS will work on developing a structure to bring in stakeholder input as well as forming an advisory committee. K. Iverson Riggers requested that a document or summary be provided to the Council that could help the group better understand what this process would look like. DHS will review what is available and provide information back to the WCMH.

7. Medicaid Behavioral Health Services updates

New Prior Authorization Policy for Outpatient Behavioral Health Services

D. Kiernan provided an update. The changes remove the previous cap on Outpatient Behavioral Health Services. The intent of this change is to align with Federal Parity Law. There are now no prior authorization requirements for outpatient behavioral health services. In January Medicaid will be increasing rates for outpatient mental health and outpatient substance use, increasing reimbursement for these services. More information should be coming out soon that can be shared with the Council.

Medicaid SSI Managed Care Expansion

D. Kiernan discussed Medicaid Social Security Income (SSI) Managed Care Expansion. Medicaid SSI is a term used more broadly for services people are eligible for not by virtue of low income but based on being, typically, elderly or having a disability. A set of benefits are set at the State level in the form of Fee for Service (FFS) or Managed Care. Managed care has been a strategy for 10-20 years to increase coordination of services.

The current change will be an increase in the number of people in Managed Care. This new policy will increase the number of people who are required to enroll in a managed care organization. There are still exceptions and exemptions. The key takeaway from this change is that there are no changes in the benefits that those members are entitled to. People will still be eligible to enroll in programs such as CCS. Information has been sent to members to make a determination on their managed care organization of choice. After a time a person will be auto enrolled if they do not make an election. There is also a DHS grievance process through which complaints can be submitted.

K. Iverson Riggers raised discussions that were held at LPC meetings. Members noted that there are several positive changes. However, there are also concerns regarding the rollout of this change. There are also concerns that people will not be able to receive services through their current clinician if that clinician is outside of the managed care organization. The role of peer services in this system is also a question for many advocates. D. Kiernan acknowledged that a provider being out of network is a concern. The rollout does have strong provisions to maintain a continuity of care and it is expectation that providers will be able to be part of transition. It is also believed that managed care organizations will have more abilities to provide peer services.

8. Certified Peer Specialist program update

K. Iverson Riggers has been meeting with peers and staff from DHS regarding the Certified Peer Specialist program. K. Iverson Riggers will provide a write-up to share with the WCMH.

9. Call for future WCMH agenda items

Future agenda items that were noted:

- Celebrate WCMH successes in January
- Strategic planning
- Continued discussion on the Adult Quality Committee
- Issues of needs and access
- Services for people who are D/HOH and a broader discussion regarding inequity
- Infrastructure

10. Adjourn

Mishelle O'Shasky adjourned meeting at 3:35pm.