

Waukesha County Mental Health Center

Mental Health Advisory Committee Meeting (MHAC)

September 19, 2016

Present MHAC Committee: Danielle Birdeau, Linda Cole, Jessica Grzybowski, Brad Haas, John Kettler, Laurie Kohler, Mary Lodes, Mary Madden, Karen McCue, Maura McMahan, Helen Prozeller, Joan Sternweis, Shannon Stydahr

Excused: Jennifer Cera, Terry Findley, Cathy Friend, Colleen Gonzalez, Kathy Mack, Mike O'Brien, Marybeth VanderMale

Guests: Johneisha Prescott

1. Call to Order

Chair Madden called the meeting to order at 1:33 p.m. Introductions were exchanged among the committee members and guest present.

2. Review and Approval of Minutes

Motion: Lodes moved, second by McCue to approve the minutes of August 15, 2016. Motion carried unanimously.

3. Housing Action Coalition – Johneisha Prescott, HAC Coordinator

The Housing Action Coalition (HAC) is the Continuum of Care (COC) for Waukesha County. HAC is one of 72 county agencies throughout Wisconsin that administers the state grant funding. HAC's focus is on those that have housing instability. The HAC manages the Emergency Solutions Grant, Terminal Housing, Housing/Homeless Provision Program (ETH) funding; as well as providing compliance, reporting for the agency, and handling some of the bigger housing issues within the community. 4 or 5 of the COCs have paid members; everyone else is a voluntary member with an at-home agency that they take care of. The members meet at least once a month. Prescott provides administrative support, acts as a direct contact for the state and any agency with questions, deals with compliance, and coordinates HAC activities.

All COCs are required to have a board, as well as staff member agencies from a provider collaborative. The HAC board has 15 members representing city and county governments, major non-profits, religious communities, and private citizens. Agencies bring their issues to the board. Some of the issues recently include housing sexual offenders that are on the sexual offender registry, those with felony convictions, large family with income issues, Section 8 vouchers, and emergency overflow for the county. The agency that previously handled emergency overflow lost funding, so the HAC is looking to find overflow funding, as well as bring awareness to the issue.

The executive committee is comprised of 4 elected members. The executive committee oversees Prescott's position, sign the contracts, create subcommittee issues, and are the final say for policies and procedures. They also review and make determinations regarding if issues brought to them can be handled at the executive level.

The HAC provider collaborative has 84 people on the mailing list, 14 being paid members. Anyone who offers some sort of support services can be included on the list.

ETH funding is \$171,000. In the past, there was a guarantee of how much money would be received. In the future, the funding will be based on how successful and compliant the COC is, as well as the overall need for the county. Once allocations are received, the money can be spent in any way, as long as the activities fit into emergency housing solutions, transitional housing, or homelessness prevention.

Currently, HAC is only aware of the Salvation Army having 5 extra beds over what they already have, come winter. Last year, between Jeremy House, Hebron House, and Sienna House, there were 25 beds specifically for overflow. Overflow beds open when the weather becomes inclement. The Salvation Army is a dry shelter for men, and requires no drugs or alcohol, and no severe symptoms of mental illness. Hebron House is a wet shelter, allowing those that have been drinking, as long as they are not disruptive. In addition to the 25 extra beds, there were 7 churches that worked together to create a warming shelter, rotating amongst the churches. The temperature had to be below zero and have a wind chill factor. The warming shelters do not provide beds, so those utilizing them are being kept safe from the outdoor elements but not able to really sleep. The HAC board is looking at locations for the mentally ill. Once locations are determined, they can evaluate the funds needed, as well as determine any case management issues.

Madden commented that part of the temporary overflow issue is that there is a statute saying that a shelter is considered a permanent structure if used over 180 days. Communities throughout the state are interpreting the statute differently. The Waukesha fire marshal stated that, for example, if you use a shelter for x number of days in 2015, add what you are doing in 2016. Other counties interpret the statute to mean that if you use the shelter less than 180 days in any given year, the shelter is considered temporary. The financial burden occurs when spaces have been found, but to make them into a permanent structure, they would require fire doors and sprinkler systems.

Madden would like Jeremy House to be reviewed as a shelter because of the significant amount of money that was spent renovating the lower level two years ago. However, to have permanent beds open to fund temporary beds does not make sense either.

Prescott distributed and reviewed a description list of the committees that the HAC has. This includes the Coordinated Entry, Point in Time (PIT)/Data, Funding Needs, Winter Overflow, Shelter Task Force, Public Relations.

4. **Sub-Committee Reports**

a. **Board Liaison Report** – Mary Lodes

There was a combined meeting last week. Birth to 3 provided a presentation that there is a \$100,000 deficit, and services are being lost as a result.

b. **CCS Coordinating Committee** – Danielle Birdeau

The CCS Coordinating Committee met prior to the MHAC meeting today. Birdeau reported that she recently attended the statewide CCS meeting. Those wishing to see materials from the statewide meeting can locate them at <https://www.dhs.wisconsin.gov/ccs/index.htm>

Since the state regionalized on July 1, 2014, there are now 23 regions across the state offering services, representing 62 counties and one tribe. This has grown since 2005 when there were only 8 counties certified, including Waukesha County. The goal is to get all of Wisconsin's 72 counties and all tribes offering services.

In 2012, there was \$9.8-million in Medicaid claims under the CCS program. In 2015, the claims had risen to \$35.2-million. The cause of the increase is as a result of the statewide mental health expansion. CCS was targeted to have more money available. With the regionalization, counties were no longer responsible for a 40% match, and now, receive 100% reimbursement with no match required.

Consumers are able to enroll in CCS, regardless of their age (including minors), and whether they have mental health and/or substance use issues.

Since January 1, 2016, 44 referrals have been processed to CSP and TSSU. 10 referrals were admitted to CSP, 6 to CCS, and 1 to targeted case management. 13 referrals are currently in outreach phase.

Many of the CCS agencies around the state contract all services out. Waukesha County uses a mix of employees and contracted employees.

In 2015, many agencies were audited by the Office of the Inspector General (OIG). The agencies expressed concerns of how to offer CCS services, without knowing what they are being audited on. The state is open to the counties offering more feedback, and hopes that the new OIG will provide more transparency in how audits are running.

c. Peer Specialist Committee of Waukesha County – Cathy Friend

Birdeau reported that because the committee is struggling with membership, they are considering whether or not to change the format of the committee to doing ad hoc work.

Peer Specialists are feeling burdened due to the lack of flow of new Peer Specialists, while the need is not lessening. Due to curriculum and certification redesign by the State of Wisconsin, the flow of new peer specialists has been halted. NAMI continues to keep a wait list of individuals in Waukesha County expressing interest in taking the peer specialist training when it becomes available. Madden reported that the new training costs \$900, and there is only 1 opportunity to pass the exam.

NAMI and LSS are struggling not being able to hire new peer specialists.

d. CHIPP Report – Mary Madden

No report.

e. Partnerships for Children's Mental Health – Laurie Kohler

The next meeting will be Wednesday, September 21, from 4-5:30 p.m. The education topic will be serving the LGBTQ population and their families. LSS will also be presenting on a new

program they hope to start. The meeting will also include updates on CST, CCS, grant funded initiatives for the Collaborative Services for Youth Grant, and upcoming conferences.

5. **Old Business**

No old business.

6. **New Business**

Sternweis informed the committee that starting in October, the Mental Health Center will be asking visitors to sign in with the receptionist. McMahon will notify the lawyers as well.

7. **Other**

Madden announced that the November 14, 2016 meeting will be combined with CCS. Unmet needs will be discussed at that time.

8. **Adjourn**

Motion to adjourn made by McMahon and seconded by Stydahar. Meeting adjourned at 2:29 p.m.

Minutes respectfully submitted by Janelle McClain.

Minutes were approved *Linda Cole* Date 10-17-16