

Chairperson: Ken Ginlack
Research Analyst: Kate Flynn Post, (414) 257-7473
Committee Coordinator: Jessica Iggen, (414) 257-7606

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**MILWAUKEE COUNTY MENTAL HEALTH BOARD
GOVERNANCE COMMITTEE MEETING**

Wednesday, September 11, 2024 – 1:30 P.M.
Microsoft Teams

MINUTES

PRESENT: *Kathy Bottoni, Rachel Forman, Ken Ginlack, Mary Neubauer, Richard Canter*

SCHEDULED ITEMS:

NOTE: All Informational Items are Informational Only Unless Otherwise Directed by the Board.

1.	Welcome. Chairman Ginlack welcomed everyone to the September 11, 2024 Governance Committee Meeting.
2.	Approval of the Minutes from the July 10, 2024 Governance Committee Meeting. No edits or recommendations. Minutes approved.
3.	Board Survey Report. Chairman Ginlack presented the Board Survey Report. He confirmed that all committee members have a copy of the survey. He highlighted the robust discussion regarding question 16. No comments or discussion. This item was informational.
4.	Virtual Appearances Update. Quemesha Madison, Administrative Manager Behavioral Health Services, presented her report and recommendations regarding virtual appearances. She indicated we have the capacity to have virtual appearances for board meetings and provided the committee with different concerns and recommendations. Questions and discussion ensued. Chairman Ginlack requested the committee review the report and update him as to any changes prior to the next committee meeting. This item was informational.
5.	County Board Mental Health Collaborative Work Group Concept Discussion

SCHEDULED ITEMS (CONTINUED):

	<p>Mary Neubauer, Chairwoman of Milwaukee County Mental Health Board, provided a verbal update as to the County Board Mental Health Collaborative Work Group Concept. Questions and discussion ensued about the letter presented at the August 22nd Board meeting and work group. Mary Neubauer will meet with Richard Canter to change the body of the letter presented on August 22nd.</p> <p>This item was informational.</p>
6.	<p>Community Support Programs (CSP) Funding Letter.</p> <p>Michael Lappen, Administrator Behavioral Health Services, provided a verbal update as to the CSP Funding Letter. He indicated the corresponding county board resolution has been postponed to the December meeting cycle. This committee will be presented the final letter for recommendation to the board.</p> <p>This item was informational.</p>
7.	<p>Board Retreat Planning.</p> <p>Kate Flynn Post, Research Analyst, presented the potential topics for the Board Retreat. She will send out a survey for board members to rank their preferences as to these topics. She indicated this is not a strategic planning retreat. Questions and discussion ensued regarding other aspects of board retreat planning such as length of time. Kate Flynn Post will work with Chairwoman Neubauer regarding her vision and will rely on this committee when moving forward with planning. She also highlighted the importance of timing with the target retreat date in January 2025.</p> <p>This item was informational.</p>
8.	<p>Adjournment.</p> <p>Chairman Ginlack adjourned the meeting at 2:35pm.</p>

This meeting was recorded. The official copy of these minutes and subject reports, along with the audio recording of this meeting, are available on Milwaukee County's Legislative Information Center website, which can be accessed by clicking the link below.

Length of meeting: 1:36 p.m. to 2:3 p.m.

Adjourned,

Jessica Iggens

Jessica Iggens

Committee Coordinator

Milwaukee County Mental Health Board

Milwaukee County Mental Health Board

Governance Committee

September 11, 2024

SCHEDULED ITEMS (CONTINUED):

**The next meeting for the Milwaukee County Mental Health Board Governance Committee is
Wednesday, November 13, 2024 at 1:30 P.M.**

**To View All Associated Meeting Materials,
Visit the Milwaukee County Legislative Information Center at:
[Milwaukee County - Calendar \(legistar.com\)](https://legistar.com/locations/milwaukee-county-legislative-information-center/)**

**Visit the Milwaukee County Mental Health Board Web Page at:
<https://county.milwaukee.gov/EN/DHHS/About/Governance>**

ADA accommodation requests should be filed with the Milwaukee County Office for Persons with Disabilities, 278-3932 (voice) or 711 (TRS), upon receipt of this notice.

COUNTY OF MILWAUKEE
Behavioral Health Services Administration
Inter-Office Communication

DATE: September 4, 2024

TO: Mary Neubauer, Chairperson – Milwaukee County Mental Health Board

FROM: Quemesha Madison, Administrative Manager, Behavioral Health Services Division

SUBJECT: Virtual Appearance Update

Background

This report is to update the committee on its request from the July 10th meeting on the MHB Administration Team’s capacity to manage virtual appearance of board members at “board of the whole” meetings.

Background, Update

Milwaukee County provides Microsoft Teams, a team collaboration application that offers video and chat conferencing, as a virtual meeting platform at no cost to the departments. At the time of this report, the administration team has identified the capacity and holds the necessary knowledge and skill to manage virtual appearance for members of the board through this application. Based on the administration teams research and analysis, the following areas for consideration were detected:

ITEM	CONCERNS	RECOMMENDATIONS
Space	Rotating spaces may lack technology and equipment; admin team testing equipment prior to meeting (time)	Secure 1 location that can support technology needs and provides a layout that produces quality output (video and audio)
Voting	Capturing vote for action items	Implement roll call voting
Speaking	Virtual members are missed when wanting to participate in discussion	Call on virtual members 1 st for discussion, then open to floor; verbal participation only (no chat feature)

Engagement	Any activities besides discussion? Closed session?	Chairperson to lead appropriately and monitor and promote engagement
Visibility (in-person attendees)	Proper Equipment; presentations	HD TV/screen, projector equipment with sound
Technology	Not properly equipped, minimal technology; technical issues	Designated IT personnel at meetings to promptly and appropriately address issues
Rules/Regulations	Absence of attention/focus, multi-tasking, driving, etc.	Cameras on, active participation in discussions; must be at physical location (not driving); excuse required; chairperson cannot appear remotely; rules read in during welcome by chairperson
Negligence/Abuse	Abuse the option; leaving small # of in-person board members; public attendance	Set limit to # of virtual appearances a year

Should the committee act on these considerations and move to recommend in the future, it is suggested amending the Mental Health Board Member Expectations policy section 2- “Meetings and Events” to clearly define expectations and rules as it pertains to appearing virtually at mental health “board of the whole” meetings.

Next Steps

It is the goal of the MHB Administration Team for Q1 2025 to work with an IMSD Business Development Analyst to develop a more robust technology program for the Milwaukee County Mental Health Board.

Recommendation

This is informational only.



Quemesha Madison, Administrative Manager
Milwaukee County Behavioral Health Services
Department of Health and Human Services

cc: Kenneth Ginlack, Governance Chair, Mental Health Board
Michael Lappen, Administrator, Behavioral Health Services

**COUNTY OF MILWAUKEE
Mental Health Board
Inter-Office Communication**

DATE: October 30, 2024

TO: Kenneth Ginlack – Governance Chairperson

FROM: Kate Flynn Post – Research Analyst

SUBJECT: 2025 Mental Health Board Education Retreat Agenda

Background

The agenda for the 2025 Mental Health Board Education Retreat has been created based upon results from the Retreat Planning Survey. 100% of board members completed it (12 current members). Board members ranked topics and the top seven topics have been added to the agenda. Additionally, two comments were made by board members to this open-ended question:

Q5: I would like information about this specific topic:

- *Bolstering interest, input and involvement on agenda items by all Board Members.*
- *I would like to learn much*

Administrator Lappen has also reviewed the topics and his feedback was included in the retreat agenda.

Discussion

The Governance Committee will review the retreat agenda prior to submission to the full board. See attachment.

Cc: Mental Health Board Members
Shakita LaGrant-McClain, DHHS Executive Director
Michael Lappen, BHS Administrator
Quemesha Madison, Administrative Manager/Board Liaison
Jessica Iggens, Committee Coordinator



**Milwaukee County Mental Health Board
2025 Education Retreat
Draft Agenda**

<u>Timeline</u>	<u>Topic</u>
8:00am--9:00am	Welcome / Agenda Review / Board Member Introductions / Icebreaker (Neubauer and Ginlack) Format: Discussion / Activity
9:00am—10:00am	Act 203 Review: Mental Health Board Responsibilities (Office of Corporation Counsel) Format: Presentation with Q & A
10:00am—10:15am	Break
10:15am—11:15am	Mental Health Board Members: Fostering Connections (Neubauer and Drake) Format: Small group discussions with large group report back
11:15am--Noon	Board Member Service Expectations and Accountability (Eilers) Format: TBD
Noon—1:00pm	Lunch (provided)
1:00pm—2:15pm	BHS Services and Programs Review Review continuum of care flowchart; Highlight chap. 51 involuntary commitments (Presenter TBD: BHS staff) Format: Presentation with Q & A
2:15pm—3:00pm	Mental Health in Milwaukee and Beyond – National Lens (Presenter TBD: Office of County Executive David Crowley, Community Advocates Public Policy Institute, Mental Health America; etc.) Format: Presentation with Q & A
3:00pm—3:15pm	Break



3:15pm – 4:30pm	BHS System of Care within the Broader Context of Milwaukee County Providers Milwaukee Health Care Partnership Report (Requested) (Presenter TBD) Format: TBD
4:30pm – 5:00pm	Wrap-Up

Notes:

- Topics derived from Board Retreat Planning Survey.
- 100% board participation rate = 12 current members.
- Top seven topics added to the agenda.
- Administrator Lappen also reviewed topics.

**COUNTY OF MILWAUKEE
Mental Health Board
Inter-Office Communication**

DATE: October 30, 2024

TO: Kenneth Ginlack – Governance Chairperson

FROM: Kate Flynn Post – Research Analyst

SUBJECT: Board Policy Review: External Board Appointments

Background

The Mental Health Board approved a new policy to govern External Board Appointments at its December 9, 2021 meeting. The policy sets forth participation guidelines for Mental Health Board-sanctioned representatives to external board such as the Granite Hills Governing Board and the Mental Health Emergency Center (MHEC) Joint Venture Board. The Mental Health Board currently has two representatives serving on the Granite Hills board and four representatives serving on the MHEC board.

The Governance Committee had developed the policy with support from the Office of Corporation Counsel and the Board’s Research Analyst and discussed it at its November 19, 2021 meeting. The Committee appreciated the “tone of partnership and dialogue” within the policy.

Board policies are scheduled for regular review within Behavioral Health Services tracking system. This policy has a listed review date of November 8, 2024.

Discussion

The Governance Committee will review the status and performance of this policy in meeting its intended purposes. If any changes are needed, recommendations should be made to the full board. See attached policy.

Cc: Mental Health Board Members
Shakita LaGrant-McClain, DHHS Executive Director
Michael Lappen, BHS Administrator
Quemesha Madison, Administrative Manager/Board Liaison
Jessica Iggens, Committee Coordinator



MILWAUKEE COUNTY
**DEPARTMENT OF
HEALTH & HUMAN
SERVICES**

Date Issued 11/9/2021

Last 11/9/2021

Approved

Date

Effective 11/9/2021

Last Revised 11/9/2021

Date

Next Review 11/8/2024

Owner Kathleen Flynn

Post: Mental

Health Board

Research Analyst

Policy Area Mental Health
Board

Mental Health Board Policy on External Board Appointments

Purpose:

The purpose of this policy is to ensure that MHB appointments to other Boards is done in accordance with its statutory and regulatory requirements and in accord with our mission.

Scope:

Mental Health Board and external Advisory Boards / Task Forces requiring MHB representation.

Policy:

- A. The Mental Health Board has the overall responsibility for the safety and quality of care, treatment, and services provided by BHD.
- B. The Mental Health Board identifies those responsible for the planning, management, and operational activities of the Behavioral Health Division.
- C. The Mental Health Board may nominate representatives to participate in advisory leadership groups which are aligned with the mission of the MHB.
- D. The Mental Health Board representatives to other Boards will provide ongoing reports to the full Governing Body MHB or relevant committee in a timely manner.

Definitions:

N/A

Procedure:

1. Nominations for such external Board positions and/or Task Force memberships may come from the requesting agency, the Office of the County Executive, Board members or BHD administration.
2. Nominations will be reviewed by the Governance Committee to be sure that those nominated are representative of those we serve and share the values of person centered, recovery-oriented services.
3. After the slate of nominees is approved by the County Executive, if needed, and the Governance Committee, the slate will be presented to the full MHB for approval which will not be unreasonably withheld.
4. Appointed representative(s) will hold the responsibility to report pertinent facts from the outside group to the appropriate committee or to the whole MHB Board in a timely manner.

References:

N/A

Monitors:

MHB will solicit reports from appointed representatives as needed.

Approval Signatures

Step Description	Approver	Date
Mental Health Board	Michael Lappen: BHD Administrator	11/9/2021
	Michael Lappen: BHD Administrator	11/8/2021
	Kathleen Flynn Post: Mental Health Board Research Analyst	11/5/2021



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Marcia P. Coggs Human Services
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1220 W. Vliet Street
Milwaukee, WI 53205
(414) 289-6098 (Voice), 711 (TRS)

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November 11, 2024

Governor Tony Evers, Wisconsin State Legislators – Milwaukee Delegation
Wisconsin State Capital
2 E Main Street
Madison, WI 53702

Dear Gov. Evers and State Legislators Representing Milwaukee County:

The Milwaukee County Mental Health Board is requesting that the State of Wisconsin, in its 2025-2027 biennial budget, provide state General Purpose Revenue (GPR) funding to cover the full non-federal share of the Medical Assistance Community Support Program (CSP) and Crisis Services.

As community-based services have expanded since the counties were given responsibility for providing mental health services in 1974, and as the staffing costs of operating these programs have skyrocketed, the Community Aids funding from the State has not kept up, and counties are responsible for a growing tax levy burden to provide the required local match for the programs funded through the State Medicaid benefit, including CSP. Wisconsin did elect to fully fund Comprehensive Community Services (CCS) programs in 2013, greatly expanding access to the program Statewide. County operated CSP programs typically serve more significantly impaired individuals than CCS, many of whom enter the county mental health system as involuntary clients committed under Chapter 51, and who often represent the highest costs for counties—frequently ending up in state hospitals or jails when their needs are not adequately met in community-based settings.

Pioneered in Madison in the 1980s with the Program for Assertive Community Treatment (PACT), the Assertive Community Treatment or “ACT” approach sought to reduce hospitalization for individuals experiencing a serious and persistent mental illness by having a team of professionals delivering services as needed in “real world settings,” 24 hours a day, seven days a week. Based on the PACT model, DHS 63 was promulgated in Wisconsin in 1989, and CSP programs were included in the State Medicaid plan shortly thereafter. Based on their success in reducing frequent and long-term hospitalizations for people with serious and persistent mental illness, CSP programs quickly expanded statewide. ACT programs likewise expanded throughout the United States and the world, and over the past 30 years, numerous studies have demonstrated that the closer such programs align in fidelity to



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the original ACT model, the more successful they are in reducing hospitalization, incarceration, and even substance use in the target populations.

Wisconsin State Statute Chapter 51 obliges counties and the Department of Health Services to make Community Support Programs available. Per DHS 63, “The purpose of a community support program is to provide effective and easily accessible treatment, rehabilitation and support services in the community where persons with chronic mental illness live and work.” The CSP Case Manager is designated to be the “single point of contact,” and is “responsible for maintaining a clinical treatment relationship whether the client is in the hospital, in the community, or involved with other agencies.” Services include symptom management and supportive psychotherapy, medication management, rehabilitation, social and recreational skills training, assistance with activities of daily living, and providing and arranging for support services to meet client needs like dental, legal, transportation, finances, and housing. CSP teams must also provide 24/7/365 crisis support for participants.

As a result of a court settlement in 1994, Milwaukee County created a CSP system with multiple teams serving 500 individuals who mostly had been living in the long-term care units at the Milwaukee County Mental Health Complex (MCMHC). A cohort of 50 individuals, many of whom had been institutionalized for decades, was served by a team that operated as an “Intensive” CSP, with services more closely aligned with the ACT model than typical Wisconsin CSP teams at the time. Most participants served by the Intensive CSP never returned to the hospital. When they did require acute hospitalization, the stays were typically short, and the CSP team would be closely involved in discharge planning and aftercare.

In Milwaukee, the shift to community-based and recovery-oriented services like CSP/ACT has reduced hospitalizations so significantly that the last county operated long-term care units were closed in 2015, and the average daily census at the Milwaukee County Mental Health Complex (MCMHC) went from about 900 in 1990, to less than 50 by 2020. Today, Milwaukee County has 17 contracted CSP teams that served 1,453 individuals in 2021, and a single county operated high fidelity ACT team which was started with a five-year SAMHSA grant that covered the non-federal share of the cost of the program. Six years after the long-term care units closed at MCMHC, only 1.4% of former patients had an acute hospitalization in 2021, and the successes of CSP have made such an impact that Milwaukee County closed its psychiatric inpatient hospital in 2022 after 142 years of operation.



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Most Wisconsin counties operated CSP programs in 2020. There has been a trend where individuals traditionally served by CSP are being transitioned to CCS programs as the state does cover the non-Federal share for that service. The Wisconsin Counties Human Services Association (WCHSA), Wisconsin Counties Association (WCA) and other informed stakeholders would suggest that this phenomenon has directly increased state hospital bed days and incarceration for those experiencing serious mental illness, as individuals who truly need CSP level of care are enrolled in CCS instead due to tax-levy shortfalls. If the state were to assume the non-Federal share for CSP, counties would be able to immediately add or expand CSP services and could improve fidelity to the ACT model by adding key professionals that current programs can't afford to adequately staff. Additional psychiatry, nursing, housing, family psychoeducation and employment resources could support the efforts of the CSP professionals which have achieved significant outcomes despite limited reimbursement and significant County match.

The Milwaukee County Mental Health Board joins WCHSA, WCA and the Milwaukee County Board of Supervisors (**File 24-742**) in requesting that the State of Wisconsin, in its 2025-2027 biennial budget, provide state General Purpose Revenue (GPR) funding to cover the full non-federal share of the Medical Assistance Community Support Program (CSP) and Crisis Services.

Longer-term, DHS 63 should be modernized to reflect more than 30 years of ACT outcomes and research, and a cost-based reimbursement model tied to ACT fidelity should be implemented to ensure sustainability and quality.

There is overwhelming local and national data supporting the fact that CSP/ACT services greatly reduce psychiatric hospitalizations, arrests and incarceration of people with serious mental illness at a much lower cost. It is clear that the savings in institutionalization costs would more than offset the funding allocated to the non-federal share for CSP, and would ease staffing and census concerns at the state hospitals in addition to reducing the financial burden on Counties to fund institutional placements.

Thank you for your consideration of this request.



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Sincerely,

The Milwaukee County Mental Health Board

Cc: Wisconsin Counties Association

Milwaukee County Mental Health Board**Governance Committee****2025 Meeting Schedule**

January 8, 2025, at 1:30 p.m.

March 12, 2025, at 1:30 p.m.

May 14, 2025, at 1:30 p.m.

July 9, 2025, at 1:30 p.m.

September 10, 2025, at 1:30 p.m.

November 12, 2025, at 1:30 p.m.