



State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851

Madison, Wisconsin 53707-7851

MEETING OF THE LEGISLATIVE AND POLICY COMMITTEE

September 10, 2015, 12:30 pm - 3:00 pm

1 West Wilson Street, Madison, Wisconsin

Members of the Committee in Attendance: Shel Gross, William Parke-Sutherland, Joanne Juhnke, Justin Odulana, Crystal Hester, Barbara Beckert, Mary Neubauer, Mike Bachhuber

Members of the Committee Attending via Teleconference: Mike Lappen

Department of Health Services Staff in Attendance: Kay Cram, Kate McCoy, Joyce Allen, Ryan Stachoviak

Guests in Attendance: Julie Bartels, Todd Pieper, Mathew Stanford (teleconference)

MINUTES

Item 1: Call to Order

Review and Approval of the meeting minutes of August 13th, 2015

M. Bachhuber moved to approve the minutes of August 13, 2015.

J. Odulana seconded the motion.

Motion carries, minutes approved.

Announcements

M. Bachhuber stated there was a hearing on the non-emergency medical transport program. The Department of Health Services (DHS) has stated that the recommended changes will be implemented. The committee has asked that DHS report back on these recommendations.

M. Neubauer discussed The Lives They Left Behind: Suitcases from a State Hospital Attic which was presented September 8th at a Milwaukee Mental Health Task Force event.

J. Juhnke announced that the Children Come First Conference is November 10-11 in Wisconsin Dells. The conference will have 36 workshops and several key-note speakers.

Item 2: Mental Health Care Coordination Proposed Legislation

M. Stanford discussed the Wisconsin Hospital Association's (WHA) Behavioral Health Proposals. The first proposal is something that Representative Czaja is working on. A year ago WHA brought together a group of members to make recommendations for the Medicaid program. Included were some

behavioral health pieces. The WHA wanted to test some new models to change the delivery models. The goal was to look at how we can better integrate primary care and mental health care, how are we treating the whole person. This group looked at models across the country, including one in the Quad Cities area. This pilot program looked at how to better coordinate across the person and had a per member per month amount. This group saw a decrease in MA costs for hospital admissions and better results on the medical side. The WHA is proposing two pilots. DHS would be in charge of selecting the pilots which would be \$1.5 million over three years.

This group also discussed the child psychiatry shortage consultation line. Payers do not pay for consultation if the doctor is not seeing the client. The WHA wants to test to see if this lowers costs and increases quality of care.

The third piece, to Improve Behavioral Health Access via an online mental health bed tracker is based on a Minnesota model. This system is a real-time tracker of beds, so staff can see where there are beds available. This online system is meant to increase efficiency. Minnesota has expanded their system beyond hospitals and also included Community Based Residential Facilities (CBRF) beds. The system would be voluntary. Cost estimate for this is \$50,000 at start up and then ongoing operational costs.

Another initiative which Representative Tittl is proposing is tax incentives to attract new Wisconsin psychiatrists.

B. Beckert stated that most individuals want beds closer to home and a concern with this proposal is that people could be sent far away from home. M. Stanford stated that didn't think it was a system that would encourage people being sent further away, merely a tracking tool. B. Beckert noted that Representative Czaja has not shared much information about the proposal and that there has not been enough effort to get stakeholder input. J. Juhnke added that a public hearing is a minimal effort for stakeholder involvement.

M. Bachhuber stated that these proposals seem to be linked to hospitals and health care groups and questioned how community health care and diversion fit into hospital networks. W. Parke-Sutherland stated he would like to know what the outcomes have been in Minnesota with the bed tracking system and if there has been any feedback from consumers and families. M. Neubauer stated that there can be situations where providers are totally uncooperative for providing a bed. For example the provider may not accept MA, and some hospitals want to take people who have private insurance only. Moreover, emergency detention can be an outcome of not receiving the right treatment. M. Bachhuber stated that the State should be concerned with the Olmstead implications of this legislation.

Item 3: State Innovation Model Grant

S. Gross introduced Julie Bartels who discussed the State Innovation Model. J. Bartels stated that this is a planning project. Wisconsin received a design award and aligning with the goals of Centers for Medicare and Medicaid Services (CMS). Best practice happen within a specific group of stakeholders. Process is intended to with many populations. The projects goals are to interrupt disease progression across the health and healthcare continuum, optimize care delivery, and improve people's active participation in their health and health care. Additional goals are to connect people to community and social resources, reduce disparities linked to poor health and healthcare, and engage in smarter spending for people, providers, and purchasers. J. Bartels stated that the project utilizes a collective

impact approach to address a common problem and the overarching goal is for these efforts to overflow into other populations.

J. Bartels stated that she would welcome ideas on how to tap into feedback from stakeholders. M. Neubauer stated the program can always bring the meeting to stakeholder meetings. W. Parke-Sutherland asked how many people with lived experience have been involved in workgroups for this project. J. Bartels stated that there are none. Via this process it has become evident that the program should identify ways to promote consumer involvement. Consumer reimbursement and improved engagement with consumer groups may help facilitate that process.

Item 4: Federal and State Bills

C. Hester stated that she went to the hearing for AB152 and didn't see any opposition to the legislation. This legislation would provide funding for county family treatment courts to serve the whole person and family. W. Parke-Sutherland discussed peer run respite, noting that the group has been meeting with legislator's staff to discuss changes which could be made. The changes are viewed largely as a technical issue which needs to be corrected. The Mental Health Reform Committee is likely putting a package together soon. The current concept is to add language and definitions of peer run respite in legislation. A potential change to statute could be to identify peer run respite as another option under Community Living Arrangements (CLA), but this language would not modify other parts of legislation pertaining to CLAs. W. Parke-Sutherland recommended that the LPC invite representatives from the other peer run respite locations and Faith Boersma to provide more information in the future.

Item 5: Other Committee Discussion

B. Beckert noted that DHS is working on Family Care and IRIS 2.0. A waiver request has been provided to CMS and DHS is currently holding listening sessions. Many advocacy groups are working on these topics as there is concern that some people could lose choices as a result of these changes. B. Beckert will send information to R. Stachoviak for distribution. S. Gross suggested the group compile questions to be addressed.

Item 6: Public Comment

No public comment was made.

Item 7: Adjourn

Meeting adjourned at 3:00pm.

Minutes approved by the Legislative and Policy Committee October 8, 2015.