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State of Wisconsin

**Wisconsin Council on Mental Health**

1 West Wilson Street, P.O. Box 7851  
Madison, Wisconsin 53707-7851

**MEETING MINUTES OF THE LEGISLATIVE AND POLICY COMMITTEE**

**March 12, 2015, 12:30 pm - 3:00 pm**

**1 West Wilson Street, Conference Room 630, Madison, Wisconsin**

**Members of the Legislative and Policy Committee (LPC) in Attendance:** Shel Gross, Kit Kerschensteiner, Barbara Beckert, Mike Lappen, Justin Odulana, William Parke-Sutherland, Annabelle Potvin, Paula Buege, Joanne Juhnke, Mike Bachhuber, Mary Neubauer.

**Department of Health Services (DHS) Staff in Attendance:** Ryan Stachowiak, Kay Cram, Joyce Allen.

**Guests in Attendance:** John Dyck, Carla Shedivy.

**Minutes**

**Item 1: Call to Order**

*Review and Approval of the meeting minutes of February 12, 2015*

**J. Odulana motions to approve the meeting minutes of February 12, 2015.**

**A. Potvin seconded the motion to approve the meeting minutes of February 12, 2015.**

**Motion carries, minutes approved, K. Kerschensteiner abstains.**

*Announcements*

**S. Gross appoints Kathie Knoble-Iverson as M. Bachhuber's alternate Independent Living Centers representative to the LPC.**

M. Bachhuber announced that March 17<sup>th</sup> is Disability Advocacy Day.

**Item 2: State Budget**

The Legislative and Policy Committee reviewed and discussed the Recommended Wisconsin Council on Mental Health (WCMH) Budget Positions 2015-2017 Budget document (Attachment 1), approving the components of the document for recommendation to the WCMH for approval.

*Budget Recommendations from the Children and Youth Committee*

S. Gross suggested that the group look at the current document of LPC and WCMH budget positions to ensure that the LPC is in agreement. One area requiring more discussion are elements focusing on emergency dentation. Children and Youth Committee (CYC) recommendations are also incorporated into the paper. In

addition items from the Criminal Justice Committee (CJC) have been incorporated based on previous discussions.

Regarding Family Care, M. Bachhuber stated that a big problem is that there is not a specific plan for how the problems will be resolved, a proposal on the table would allow for discussion. B. Beckert stated that she thinks language should be included so that choice is an option. Currently people can do IRIS, Family Care or have an integrated model. If rolled together this eliminates the choice that consumers currently have. In particular self-direction does not clearly fit into this change. K. Kerschensteiner agreed that there is a lot of ambiguity in the proposal. S. Gross recommended based on this feedback that the LPC include language that the WCMH opposes this action unless there is a specific proposal and that any proposal should include stakeholders and open discussion.

The Governor recommends supporting children with long-term care needs and their families by creating a Children's Community Options Program within the existing Community Options Program and reallocating appropriate funding for this initiative.

Regarding childless adult coverage, J. Odulana stated that a 48 month recovery window is unrealistic, recovery may take longer. B. Beckert stated that this proposal could have a disproportionate impact on people with mental illness.

S. Gross stated there has been some discussion in regards to a recommendation to consolidate and align mental health funding to create efficiencies in the distribution of funding to counties. The Governor also recommends reallocating funding to provide community-based mental health, and alcohol and other drug abuse services. B. Beckert stated that it takes four different pots of money such as IMD money, CSP waitlist, community services funding, and Trempealeau county funding and consolidates them, but would not impact the funding amounts initially. K. Kerschensteiner raised concerns that this change will allow for additional funding for IMDs. J. Allen stated that the new consolidated funding must be used for community based mental health. S. Gross stated based on feedback the LPC would support this proposal, pending that none of these dollars will be spent on IMDs. The LPC agreed to remove item 8, regarding a recommendation to eliminating funding for per pupil aid in school districts. The LPC also discussed and determined to include item 9, encouraging Medicaid expansion.

**M. Neubauer moved to accept the amendments to the WCMH Budget Position document and provide the document to the WCMH for WCMH approval.**

**W. Parke-Sutherland seconded the motion.**

**Motion carries, M. Lappen abstains.**

S. Gross discussed changes to Emergency Detention (ED) legislation. B. Beckert stated that she had several opportunities to discuss the issue with Patrick Cork. The vision is that there would be a uniform process where a community based crisis response would occur. One main question is regarding what specifies "Licensed". In her conversation with Mr. Cork he stated that DHS 34 would be the guiding document on who could make this decision. B. Beckert stated that there is a great deal of variation in how counties conduct EDs. There does not appear to have been a lot of stakeholder input on this proposal, and there is concern that this will be a mandate for the counties. This could be a high cost for the counties. Think there is a lot of variation among counties in how this is done. Changes would be a lot of Milwaukee County. M. Neubauer stated that there have been estimates that this change could cost \$2.5 million to implement in Milwaukee County.

M. Lappen stated that this proposal has been discussed by the Wisconsin County Human Service Association (WCHSA). There are a number of counties which do not currently operate a DHS 34 for which the cost for 24

hour assessment is expensive. Most counties do a lot of face to face contact, but if there is a requirement to respond to every situation face to face it could place a strain on the system. The word licensed also came up as a concern, as there is little clarification regarding what license would be acceptable. Another important factor in this is civil liberties. There are benefits for phone conversations in crisis situations. On the phone can talk through the problem and leave open motion options in many situations and use natural supports. If a face to face meeting with a specific assessment was mandatory this could bring in more EDs. These situations could become one of convenience, where the easiest scenario is to do a quick ED, perhaps in a situation where there could be other options.

**K. Kerschensteiner motioned to recommend that the WCMH take the position that this language should be removed from the budget because of its policy implications and lack of specificity and introduced as a bill.**

**M. Bachhuber seconded the motion.**

**Motion carries unanimously.**

Regarding Drug Testing for FoodShare, M. Bachhuber stated that a disproportionately high number who are served by this program are people with a mental illness. The wording “able bodied” is also troubling. S. Gross stated that the intent was ‘people who can’t work’. M. Bachhuber stated that there are civil rights and access concerns that arise. The proposal seems like something that the LPC should oppose because is unnecessarily punitive and there are too many unknowns.

**M. Bachhuber motioned to recommend that the WCMH oppose drug testing as it will provide barriers to recovery in some people including barriers to obtaining employment. Access to voluntary treatment is a better means to addressing this problem.**

**K. Kerschensteiner seconded the motion.**

**Motion carries unanimously.**

### **Item 3: Discussion of goals for ongoing Department of Health Services Meetings**

W. Parke-Sutherland stated that the group would like to discuss budget items at the next meeting Laura Riske with the DHS Secretary’s Office. L. Riske would like to do introductions and learn about each member’s background as well.

### **Item 4: Mental Health Reform Committee**

S. Gross discussed Mental Health Reform Committee meeting held on March 10<sup>th</sup>, 2015. M. Neubauer stated that regarding testimony she provided on behalf of the Milwaukee Mental Health Taskforce and the Milwaukee Mental Health Board, she was disheartened in the way the testimony was received. B. Beckert noted that Representative Tittl is working on bill to address psychiatry shortage in Wisconsin. M. Bachhuber suggested that it may be important to better educate people on the committee in the role trauma plays in mental health, especially if the committee is considering more punitive and traumatic interventions.

### **Item 5: DMHSAS Updates**

W. Parke-Sutherland stated that Peer Run Respite Open houses have begun. Unfortunately the houses have been having significant concerns from neighbors. Homes are receiving a lot of “not in my backyard” response. Opening dates are ASAP. M. Bachhuber asked how clients will be identified. W. Parke-Sutherland stated that the organizations are doing a series of presentation, outreach, and open houses. In discussions with other Peer Run Respite the organizations reported that the most common way people find out about the organizations is word of mouth.

### **Item 6: Public Comment**

Items which were noted:

- Membership
- Update from the ad-hoc committee

### **Item 7: Adjourn**

Meeting adjourned at 3:00pm.

## Attachment 1

### Recommended WCMH Budget Positions 2015-2017 Budget

1. The Governor recommends improving outcomes for the state's elderly and disabled residents by reforming the Family Care program. These reforms include: (a) requiring all counties to participate in the program by January 1, 2017, or upon federal government approval; (b) offering benefits through several statewide managed care organizations (MCOs), which must offer primary and acute care services to members, including self-directed care; (c) providing members with a choice of MCOs in order to determine which best meets their needs; and (d) ensuring consumer protections by regulating MCOs as insurance entities under the jurisdiction of the Office of the Commissioner of Insurance.

**The legislation totally reconstructs Family Care which has been carefully developed over 20 years. Moves administration to statewide entities that currently have no presence in WI; eliminates IRIS; creates concerns about “medicalization” of long-term care services—what will happen to use of certified peer specialists. There had been no discussion with advocates and no indication that a major overhaul was contemplated or needed. Integration of long-term and acute and primary care can be a positive. Unclear how ADRC changes will impact availability of disability benefit specialists.**

**Recommendation: Oppose changes unless significant dialogue with advocates occurs and concerns are sufficiently addressed.**

2. The Governor recommends reforming health care coverage for Wisconsin's Childless Adult population by requiring the department to seek a waiver from the federal Department of Health and Human Services to impose monthly premiums for all enrolled childless adults and additional premiums for behaviors which increase an individual's health risks. Additionally, the waiver will seek the authority to require health risk assessments and screening for drug use to receive benefits. Finally, enrollment for childless adults will be for a maximum of 48 months. These changes will help ensure that childless adults remain insured for a reasonable period of time while making common sense reforms to safeguard state resources.

**DHS was not able to say what impact this would have on people with mental health/substance use disorders, who we presume make up a significant portion of the childless adult population. No clear rationale; what is the problem this is trying to address (the higher than expected cost due to higher than expected enrollment)? Concern that premium payments will be an undue burden on this population; if they lose Medicaid it will have an impact on counties are who serving this population through Medicaid programs. Additional premiums for health risk behaviors are a huge concern given the levels of smoking within this population. Rationale for 48-month limit unclear; similar concerns about impact on counties. Oppose screening for drug use without cause. DHS authority too broad; should require stakeholder involvement and endorsement.**

**Recommendation: Oppose changes.**

3. The Governor recommends expanding substance abuse treatment options in Wisconsin by making the treatment portion of residential substance abuse treatment a covered service under Medicaid. (p. 259)

**Increases treatment options, though unclear how this population will be able to afford residential portion of costs. Perhaps this is to support drug treatment that DHS has indicated it will provide for those subject to proposed drug testing in public programs. SCAODA supports.**

**Recommendation: Support change.**

4. The Governor recommends supporting children with long-term care needs and their families by creating a Children's Community Options Program within the existing Community Options Program and reallocating appropriate funding for this initiative.

**There are some concerns about this proposal as it will be funded in part by eliminating the Family Support Program and may result in the loss of some of the flexibility in FSP. Rationale is that FSP funds cannot be carried over from year to year.**

**Recommendation: Per C and Y Committee support conditional on the following:**

1. **Must reflect the values and philosophy of the current Family Support Program;**
  2. **Keep the focus on supporting the entire family, not just the child with disabilities;**
  3. **Maintain the current flexibility and choice of supports to meet the needs of the diverse families and;**
  4. **Preserve current program funding for the purpose of Family Support.**
5. The Governor recommends consolidating and aligning mental health funding to create efficiencies in the distribution of funding to counties. The Governor also recommends reallocating funding to provide community-based mental health, and alcohol and other drug abuse services.

**Recommendation: Support as long as funds not lost and are available without more restrictive limitations; both of which appear to be the case.**

6. Under current law, if a skilled nursing facility or an intermediate care facility is found to meet the classification of an institution for mental diseases, DHS must pay for care in the community or in that institution for mental diseases for individuals meeting certain criteria. Current law also requires DHS to pay for relocations of certain individuals who have mental illness to the community. The bill eliminates both of these requirements. (bill draft p. 31)

**These are the "IMD relocation" dollars that were all allocated long ago to counties who closed IMDs or reduced beds and they have been administered through contracts annually which is cumbersome. It is a historical artifact that funds community services in some counties and Milwaukee gets a the biggest chunk \$4 – 5 million. These funds as well as the \$1.8 million noted above are now pooled into Community Aids. The DHS has not yet decided how the dollars will be allocated to counties but would be open to input from advocates, WCSA and others on how to do this. They don't want this to be harmful to Milwaukee.**

**Recommendation: Support as long as there is stakeholder input to how funds are allocated.**

7. The Governor recommends transferring appointment authority for the director of the Office of Children's Mental Health from the Governor to the secretary of the department.

**This has raised concerns about the ability of the OCMH to work effectively across agencies and the potential for DHS to filter their activities. The Governor's office says they are committed to making**

sure this does not happen and says this change reflects the reality that DHS is currently providing much of the administrative support to the OCMH and is in a better position to provide oversight.

**Recommendation:** Per C and Y Committee support the original 4 areas that were developed for the Office of Children’s Mental Health to remain independent and innovative as much as possible. The four areas are:

1. Study and recommend ways to improve the integration across state agencies of mental health services provided to children
2. Coordinate initiatives;
3. Monitor the performance of programs that provide those services; and
4. Provide an annual report to include a summary of the coordination activities, data collected on the outcomes of children receiving the mental health services, and discussion of possible improvements.

8. The Governor recommends eliminating funding for per pupil aid in FY16 and restoring funding on a one-time basis at an increased level in FY17. The Governor also recommends that the amount of funding appropriated in FY17 be evenly distributed to school districts on a per-pupil basis. The Governor further recommends that the appropriation be converted from a sum sufficient to an annual appropriation.

**This represents a cut of \$150 per pupil (not just special education) in FY16. This is restored in FY17 but is one-time funding only. I am trying to obtain data on changes in numbers of pupil services staffs, as this is one possible consequence of changes in school funding.**

**Recommendation:** Oppose based on potential impact on children’s mental health or provide testimony “for information only” on potential impact.

9. The Governor did not include language in the budget to support Medicaid expansion. This would allow both childless adults and other individuals previously eligible for Medicaid at 100-133% of FPL to be covered by standard Medicaid up to this level. The state would receive full federal funding for eligible individuals. This would save the state up to \$345 million. The State has seen the childless adult population enrollment grow much more than expected, with the associated costs. As a result the State has proposed premium assessments and time-limits for the program that could result in loss of coverage for many individuals with MH/SA disorders. Additionally, a significant proportion of those individuals at 100-133% FPL who lost coverage last session are not believe to have signed up on the Marketplace. Studies have shown that out-of-pocket costs for such individuals in the Marketplace are double what they are for comparable services through Medicaid. Additionally, Marketplace plans do not provide as strong a package of MH/SA services as is provided through Medicaid.

A bill has been introduced to expand Medicaid to \$133% but for the population from 100-133% request a waiver to use the Medicaid funds to help people buy-in to the Marketplace. While this plan would be preferable to the current situation it still leaves those at 100-133% with a benefit package that may be less suitable to their needs.

**The WCMH supported Medicaid expansion last session.**

**Recommendation:** Support full Medicaid expansion. If this is not feasible, support alternative plan described above.

10. The Governor recommends funding and a position, funded through the TANF program, to fund "community connectors," who would be trusted neighbors or community leaders, to interact with vulnerable families with children up to age 5 and to connect the families with formal and informal community supports. (p.113)

**Recommendation: Support per C & Y Committee.**

11. The Governor recommends funding for the extension of out-of-home care to age 21 for youth who would otherwise age out of care and are currently enrolled in school with individualized education programs, as created in 2013 Wisconsin Act 334. This does not include funding for additional case management services.(p.115)

**WCMH supported this statutory language change last session.**

**Recommendation: Support**