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State of Wisconsin

**Wisconsin Council on Mental Health**

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

**MEETING OF THE LEGISLATIVE AND POLICY COMMITTEE**

**May 11, 2017, 11:45 am - 3:00 pm**

**1 West Wilson Street, Conference Room B155, Madison, Wisconsin**

**Minutes**

**Joint Meeting of the Children and Youth Committee and the Legislative and Policy Committee**

**Members of the Legislative and Policy Committee (LPC) in Attendance:** Shel Gross, Crystal Hester, Mary Neubauer, Barbara Beckert, Kit Kerschensteiner, Bonnie MacRitchie, Justin Odulana, William Parke-Sutherland, Mike Lappen (via teleconference)

**Members of the Children and Youth Committee (CYC) in Attendance:** Rick Immler, Joanne Juhnke, Phil Robinson, Teresa Steinmetz, Kimberlee Coronado, Kathryn Bush, Phyllis Greenberger

**Guests in Attendance:** Brenda Wesley

**DHS Staff in Attendance:** Ryan Stachoviak, Karen Bittner

**Item 1: Call to Order**

S. Gross, J. Juhnke, and B. MacRitchie called meeting to order.

**Item 2: CYC/LPC Relationship**

J. Juhnke reviewed a Committee Coordination Paper that was developed between the chairs of the two committees. The group discussed how CYC budget items are incorporated into the work done by LPC and the process by which budget items are prioritized. Members of the two committees discussed avenues through which members of the committees and council can provide testimony. The group further discussed coordination and collaboration between the two committees around legislation. Members of the CYC discussed the process through which the CYC will provide updates to LPC. J. Juhnke discussed a common perception is that the Committees need to go through LPC to take positions on legislation. The chairs of the committees reiterated that this is not the case. The LPC is willing to provide support when requested, however each committee can bring its own motions to the WCMH, including any area of legislation.

**Item 3: Budget and Policy Updates and Discussion**

J. Juhnke discussed motions that the CYC passed at the earlier CYC meeting. The CYC is moving that the WCMH oppose two bills related to the serious juvenile offender program. The first motion was to oppose AB87, related

to removing the three-year time limit on how long a youth may be placed in a secure facility in the Serious Juvenile Offender Program (SJOP). The second motion was to oppose AB90, related to expanding the list of offenses that would make a youth eligible for the Serious Juvenile Offender Program (SJOP) or secure correctional placement.

The CYC also passed a motion that the WCMH oppose the "CHOICE Act", S 236/HR 691 ("Creating Hope and Opportunity for Individuals and Communities through Education Act"), related to amending the Individuals with Disabilities Education Act (IDEA) to allow the use of IDEA funding in special needs voucher programs. The measures amend the IDEA to allow IDEA funds to be used for state special needs voucher funds, but would relieve requirements associated with the IDEA. Another piece of the legislation would also provide IDEA funds to develop new special needs voucher programs, but does not have a provision related to discrimination protection based on disability.

A motion was also passed asking that the WCMH recommend to the DHS that Federal Mental Health Block Grant funding be utilized to support, at least in part, a recurring Children's Mental Health Gaps Analysis Study. The goal would be to survey all Wisconsin counties, tribes, a representative sample of consumers/caregivers, providers outside of County government, Managed Care Organizations and other stakeholders as deemed appropriate. R. Immler discussed that Minnesota has used this type analysis to great benefit.

The CYC passed a motion asking that the WCMH recommend to the DHS that Federal Mental Health Block Grant funding be utilized to support, at least in part, technical assistance to counties that could benefit from lessons learned from other counties. Opportunities for technical assistance could focus on improving outcomes such as reducing unnecessary hospitalizations, lowering suicide rates, improving access to services, effective billing for services, collaborative partnerships with health, law enforcement and behavioral health providers, recruiting and retaining staff and/or effective utilization of data to improve care and outcomes. This training could have a great benefit to counties as there is a wide variability in how counties fund their behavioral health systems and how well Medicaid dollars are captured. The motions will be presented at the upcoming WCMH meeting.

#### **Item 4: Adjourn Joint Session**

##### **Meeting of the Legislative and Policy Committee**

**Members of the Legislative and Policy Committee (LPC) in Attendance:** Shel Gross, Crystal Hester, Mary Neubauer, Barbara Beckert, Kit Kerschensteiner, Bonnie MacRitchie, Justin Odulana, William Parke-Sutherland, Mike Bachhuber, Joanne Juhnke, Phil Robinson, Mike Lappen (via teleconference), Tammy Conrad (via teleconference)

**Guests in Attendance:** Brenda Wesley, Rick Immler, Linda Hall (via teleconference), Heidi Rose (via teleconference)

**DHS Staff in Attendance:** Joyce Allen, Kay Cram, Ryan Stachowiak

#### **Item 1: Call to Order**

*Review and approval of minutes of April 13, 2017*

**K. Kerschensteiner moved to approve the minutes of April 13, 2017.**

**M. Neubauer seconded the motion.  
Motion carries, minutes approved.**

#### *Announcements*

S. Gross announced that W. Parke-Sutherland has taken a new position and is no longer the Executive Director with Grassroots Empowerment Project. W. Parke-Sutherland has stepped down as the LPC Co-Chair. Mishelle O'Shasky will now be the Executive Director and will be representing that agency on the LPC. W. Parke-Sutherland hopes to continue involvement as at-large member. S. Gross announced that he is no longer on the WCMH. Beth Clay from the N.E.W. Mental Health Connection has been appointed to S. Gross' place on the Council. NAMI-Wisconsin is looking at who will replace Julianne Carbin as NAMI-Wisconsin alternate on the LPC. M. Strittmater, Chair of the WCMH, has appointed Tammy Conrad to the LPC. M. Strittmater also appointed K. Iverson Riggers as the Co-Chair of the LPC. M. Strittmater appointed Phil Robinson to the LPC as the CYC representative.

S. Gross asked that the LPC at-large members inform the committee chairs what groups they feel they represent. S. Gross noted that he had discussions with the Executive Committee regarding expanding committee membership to 16 members. The Executive Committee has tentatively approved the expansion. S. Gross noted that the LPC will need someone willing to take on a Co-Chair role later in 2017 as he is planning on stepping down from that role.

C. Hester announced that NAMI-Wisconsin has an Associate Director Position open and is also hiring for a CIT/CIP Coordinator position. M. Neubauer announced that Pieces: In My Own Voice will be performed at Brookfield Central. W. Parke-Sutherland announced that he is now working with the Wisconsin Council on Children and Families doing policy analysis and advocacy. M. Bachhuber announced that the Wisconsin Aging and Disability Resource Network is planning a conference. M. Bachhuber will provide information to the LPC.

#### *Public Comment*

No public comment was made.

#### **Item 2: Proposed BadgerCare Waiver**

S. Gross discussed a Medicaid waiver motion for consideration for the LPC to pass onto the WCMH. Comments are provided categorically by: Premiums and Cost Sharing, Work Requirement, Drug Testing, Waiver of IMD Exclusion for Inpatient Substance Use Disorder Treatment, and Health Behavior Incentives.

**J. Odulana moved to accept the BadgerCare commentary package as presented.  
M. Neubauer seconded the motion.**

S. Gross discussed the documents and proposed changes to the Medicaid waiver. Under premiums and cost-sharing the motion asks that the WCMH oppose the changes as:

- Premiums for individuals at very low incomes result in loss of coverage.
- Many recipients will have logistical problems paying premiums.
- Graduated co-payments for emergency room use should not apply to emergent situations.

Members of the Committee recommended changing language to reflect that the level of copayments should not change as there is a lack of services available in the community and other strategies are more effective to reduce high costs.

S. Gross discussed the Work Requirement section. The motion asks that the WCMH note via comment that the WCMH:

- Supports the exemptions for members who are diagnosed with a mental illness, who receive SSDI, who are a primary caregiver for a person who cannot care for themselves, for a person who is physically or mentally unable to work, who is receiving or has applied for unemployment insurance, taking part in AODA programs, or participating in high school.
- In addition, we recommend expanding the exemption categories to include individuals who are homeless, given the correlation between homelessness and mental illness, as well as other disabilities, as well as exempting victims of domestic violence, given the increased risk for domestic violence victims to develop mental health concerns or other disabling conditions if they do not have access to care and treatment.
- Recommends the addition of language to explicitly exempt these same individuals from the 48-month limit, and the addition of exemptions for individuals who are homeless, as well as domestic violence victims.

Members of the LPC supported adding language regarding exempting victims of domestic violence and people experiencing homeless. Members of the LPC noted that it is unclear how people who are in treatment for substance use disorder would be interpreted in the statutes. Why are people being treated for AODA needs being treated differently from people with a mental health need?

S. Gross discussed Drug Testing and proposed WCMH talking points. The language presented asked that the WCMH note that the WCMH supports screening for alcohol and drug use as a key part of preventive care and within the context of the client/provider relationship. The WCMH opposes this change because:

- Drug testing would likely deter some people from seeking coverage and getting needed health care due to the consequences of a positive test or, more likely, the invasive and burdensome process that can require taking time off work and finding transportation for a separate trip to the Medicaid office.
- Given that there is currently a shortage of substance use disorder treatment and prevention programs, and waitlists of people in need of treatment, it would be more impactful to use these funds to develop provider capacity.

S. Gross introduced comments on the Waiver of IMD Exclusion for Inpatient Substance Use Disorder (SUD) Treatment. The proposed change is to for the Waiver of the Medicaid exclusion for individuals aged 22-64 year olds to receive inpatient substance use disorder treatment in a facility the primary treats mental illness/substance use disorders for up to 90 days. The LPC recommends that the WCMH note their support for this change.

M. Bachhuber questioned whether inpatient SUD treatment has been shown to be more effective than community based treatment. M. Bachhuber asked the LPC whether the group should advocate for additional funding for community-based services. R. Immler stated that there is a benefit for certain individuals to have a higher level of care across the continuum.

Members of the LPC discussed potential language for inclusion. Many people who are served by the public mental health system have a dual diagnosis. The LPC recognizes the importance of having a continuum of care and the need to invest in all parts of the continuum. In addition there is concern for the over use of IMDs and it

is important IMD use is not incentivized. Providers should ensure benchmarks, such as Uniform Placement Criteria, are in place and utilized to ensure the placement is justified and ensure the least restrictive treatment has been tried prior to a placement in an IMD.

Members of the LPC discussed the Health behavior Incentives section of the proposed changes. DHS's proposal would establish lower premiums for members engaged in health behaviors. DHS would also require completion of a health risk assessment. Members who "do not engage in behaviors that increase health risks" will have their premiums reduced by 50 percent". There are incentives for those with health risks to "actively manage" their behavior or "have a condition beyond their control" to also receive reductions.

Members of the LPC recommended that there be a process that clarifies how this change would be put in place. Members stressed the importance of stakeholder involvement in these changes. It is also important to consider the cost required to administer the healthy behavior incentives. S. Gross asked whether the motion language should question why people with AODA needs are being treated differently than people with mental health disorders. P. Robinson suggested that the efforts should emphasize that the goals of the programs are for people are to be healthy and that the recommendations should frame the importance of the system of care to support people in their recovery. Ultimately the goal should be to support people engaging in healthy behaviors.

**Motion to support the Medicaid Waiver WCMH Positions documents as amended carries, M. Bachhuber abstained.**

### **Item 3: Legislative and Policy Updates and Discussion**

#### *State Bill Tracking*

C. Hester provided updates to State legislation. C. Hester discussed LRB 1753/1 and LRB 3134/1 relating to custody for purposes of emergency detention. K. Kerschensteiner volunteered to take the lead on this legislation.

The LPC discussed AB 242 and AB 238 relating to substance abuse screening, testing, and treatment requirements for certain work experience programs, providing an exemption from emergency rule-making procedures, and requiring the exercise of rule-making authority. M. Bachhuber volunteered to take the lead on this legislation.

The Committee discussed AB 263/SB 174 relating to incentive programs for counties and tribes that identify fraudulent activity in certain public assistance programs, removing inactive FoodShare accounts, expunging unused FoodShare benefits, limiting the number of FoodShare replacement cards, requiring the exercise of rule-making authority, and making appropriations. W. Parke-Sutherland will discuss this legislation further with the Wisconsin Council on Children and Families.

S. Gross volunteered to track several housing related bills: SB 204 relating to waiting lists for housing choice vouchers, SB 205 relating to housing grants, SB 206 relating to grants to municipalities to connect homeless individuals with permanent employment and making an appropriation, and SB 207 relating to: creating an Interagency Council on Homelessness and making an appropriation. S. Gross will also monitor LRB 2702 related to the creation of family treatment courts. C. Hester will follow up on legislation for which there is no member of the committee currently assigned.

M. Herstand provided a briefing on AB 29. Currently, the Examining Board of Professional Counselors, Marriage and Family Therapists and Social Workers requires 3,000 supervised clinical hours of which 1,000 of these hours should be designated to diagnosis and treatment. The Examining Board has had this authority since the beginning of certification in 1995 and licensure in 2002. However, two years ago the Chief Legal Counsel at the Department of Safety and Professional Services determined that the existing rule was not supported by the statute and that legislation was needed. Therefore, AB 29 is designed to allow the existing practice to continue: to require that the 1,000 hours of direct client contact consist of DSM diagnosis and treatment. National Association of Social Workers Wisconsin Chapter has registered in support of this bill. C. Hester will track AB 29.

**M. Neubauer moved to recommend that the WCMH support AB 29.**

**C. Hester seconded the motion.**

**Motion carries.**

C. Hester volunteered to write the motion introduction for the May 17<sup>th</sup> WCMH meeting.

Heidi Rose provided a briefing on AB 247/SB 169. The legislation would change the permitting system for carrying concealed weapons, removing any requirement for a permit and would allow for the carrying of firearms in more locations. There is potential for the legislation to move quickly.

#### **Item 4: Future Agenda Items**

Firearm legislation was noted as an area for future discussion.

#### **Item 5: Adjourn**

Meeting adjourned at 3:18pm.