



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

July 9, 2015 from 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: Crystal Hester, Dori Richards, Joanne Juhnke, Kit Kerschensteiner, William Parke-Sutherland, Shel Gross, Paula Buege (phone), Mike Lappen. Mike Bachhuber, Kathie Knoble-Iverson, Britt Cudaback, Julianne Carbin.

DHS Staff in Attendance: Ryan Stachoviak, Sarah Coyle, Joyce Allen, Kay Cram.

MINUTES

Item 1: Call to Order

Welcome and Introductions

S. Gross announced that Britt Cudaback, Dori Richards, and Crystal Hester were appointed to the LPC.

Review and Approval of the meeting minutes of June 11, 2015

W. Parke-Sutherland moves to approve the minutes of June 11th, 2015.

J. Juhnke seconds the motion to approve the minutes of June 11th, 2015.

Motion carries.

Announcements

J. Juhnke announced that registration is now open for the Children Come First Conference. Information can be found at <http://www.ccfconference.org/> or on Facebook.

Item 2: State Budget and Bills

S. Gross discussed the State budget which has passed both houses and is currently on the Governor's desk. If the LPC feels that there are any actions or statements the Council should make, action can be taken. M. Bachhuber noted the Centers for Medicare and Medicaid Services (CMS) rulemaking changes regarding managed care. There are a number of organizations that are pushing for action to be taken on these issues. In particular, for stakeholder input to be included as part of the process for any changes that are made.

S. Gross stated that when the federal government makes rules for implementing congressional mandates those rules are published in the federal register. There will be an opportunity for public comment on those rules and comments are tracked. M. Bachhuber stated that the Board for People

with Disabilities provided some information regarding rule making which could be shared with the LPC and might be of interest to people.

M. Bachhuber stated that there were elements of the budget which were changed since the original budget was proposed. If there are components which the LPC and Council would want to act on a letter could be written, but the timing may not be appropriate. K. Kerschensteiner stated that the Survival Coalition issued a statement which was intended to reiterate the coalition's positions. J. Juhnke stated that there were at least two things which were newly added, special needs vouchers, and the Opportunities School Partnership Program, and changes made to the family support program. The WCMH took a conditional position on Children's Community Options Program (COP), but none of those changes occurred.

K. Kerschensteiner asked, given that the conditions which the WCMH requested, is it a logical step that the council can state opposition to these aspects of the budget? S. Gross stated that it would be a logical next step for the LPC to recommend that the WCMH Chair reiterate the Council's positions. The LPC could make a request to Matt Strittmater, Chair of the WCMH.

M. Lappen stated that the Wisconsin County Health Services Association (WCHSA) had a lot of discussion regarding Children's COP, and there wasn't a lot of concern regarding the changes, an argument was made that the change would make reporting easier, but many people did have reservations.

Non-Emergency Medical Transportation (NEMT) Discussion

M. Lappen noted that several counties were taken out of current plan with the vendor for transportation. M. Bachhuber stated that there were eight listed in the budget. M. Lappen stated that many counties were satisfied with the current vendor so the reasoning behind the changes.

M. Bachhuber stated that Survival Coalition has some discussions. Any system with a capitated rate is not in the best way to help serve people. Those counties in the Southeast are heavily served by managed care. Transportation may work through the managed care organizations. It is important to note that NEMT is for Medicaid recipients to receive transportation to Medicaid covered services. Long ago NEMT was provided by counties. This was a brokered model developed with the intent on creating efficiencies. M. Lappen stated that counties were split on this proposal. M. Bachhuber proposed that the Council ask DHS for its proposal for NEMT.

K. Kerschensteiner questioned whether asking the Governor to veto something which the Governor proposed is pertinent or realistic. C. Hester stated that would still be beneficial for the WCMH to reiterate its stances at the very least for public record.

J. Juhnke moved that the Council issue a veto recommendation including Children's COP, Special needs vouchers, and Opportunities Schools Partnership Program as the WCMH's recommended conditions were not met. These items should be standalone bills.

W. Parke-Sutherland seconded the motion.

M. Bachhuber recommended a friendly amendment that the motion be two separate motions. Motion one would be to oppose special needs vouchers and the Opportunities School Partnership Program. The second motion would be to send a message regarding not including children's COP waiver in the budget.

Motion 1: Recommend that the WCMH oppose special needs vouchers and the Opportunities School Partnership Program and send a letter asking for the Governor to veto the two components.

Motion carries unanimously.

K. Kerschensteiner recommended that motion two include changes to Family Care, drug testing, and other items which the LPC and WCMH previously took a stance on.

Motion 2: Motion for the chair of the council to send a letter to the Governor requesting that the Governor veto children's COP, long term care changes, and family care changes.

Motion carries, M. Bachhuber and M. Lappen Abstain.

Item 3: Mental Health Reform Committee

M. Bachhuber discussed training for first responders for mental health. There is a lot of work being done in Washington around these issues. For example, the Washington Post has a series on the police involved deaths around the country. Through July of 2015 there have been 362 police-involved deaths which have involved people without a mental illness. However there have been 132 police-involved deaths which have involved people with signs of mental illness. These numbers illustrate the extent of the problem. M. Bachhuber discussed a report from the Bazelon Center for Mental Health Law.

S. Gross discussed items which have been supported by the WCMH and LPC which could be addressed by the Mental Health Reform Committee. Items without a fiscal implication which could be addressed are Treatment Alternatives and Diversion (TAD), peer run respite legislation, and stipends for members of the WCMH who volunteer such as family members and consumers. Other items which would require some level of funding are Individualized Placement and Supports (IPS), stigma reduction, and funding for peer specialist training. A seventh area where work could be done is training for law enforcement.

M. Bachhuber stated that it is important to make law enforcement training a priority. Training is probably also required for other first responders. This training would be different depending on the audience, for example a fire department versus police departments. J. Carbin stated that there has been great interest in additional Crisis Intervention Training (CIT) training. S. Gross suggested that future efforts could be framed as building previous trainings and incorporating new lessons learned. K. Kerschensteiner stated that CIT shouldn't be put forth as the sole solution, there are other important things needed to change attitudes. S. Gross will update the Council.

Item 4: Federal Bills and Regulations

S. Gross stated that Tim Murphy has reintroduced Families in Mental Health Crisis act. When this bill was introduced in the past the WCMH reached out to Wisconsin's congressional delegation asking them to oppose the bill. There was strong opposition from many sectors to the previous Murphy bill. The main points from the WCMH were that the bill would have penalized states, reduce the amount of mental health block grant a state could receive, impact peer run services, family supports, negative changes to HIPAA, changes to council composition, and would have changed involuntary treatment law.

The current Murphy bill would no longer penalize states, but would incentivize states laws by increasing the block grant each state receives. This bill does not directly eliminate consumer programs, but does require SAMHSA to fund programs which are evidence based, but would in practice defund consumer

programs. The bill still allows the sharing of personal health information with family members without consent. The new bill does not contain changes to the planning councils, but does change the composition of some SAMHSA advisory groups. The bill does not include cuts to protection and advocacy programs, but did reduce the scope of what the programs can do. There are many positive aspects of the bill such as the funding of services, behavioral health workforce development, and innovation grants. However there the bill does significantly change SAMHSA and promotes a move to more of a medical model.

M. Bachhuber stated that the bill goes against the work of the WCMH since the Blue Ribbon Commission. The bill goes the wrong direction, there are some positives, but many of the positives can only be funded at the expense of other programs.

S. Gross noted that Senator Chris Murphy is expected to introduce a bill which is similar, but with a different tone and nuance.

K. Kerschensteiner stated that regarding those aspects which are more positive, it may be best to present a tone that there are other ways to accomplish those goals. P. Buege stated that NAMI has indicated it would support the bill, but yet many NAMI state affiliates are not happy with the bill.

M. Bachhuber stated that his position is when the bills gives rights to a family in an area that no other area of health care provides this fundamentally changes health care. Research shows that empowering people who have a diagnosis to take control of their life and health is the key to recovery. When one muddies the water of the relationship between a doctor and a consumer it will make people more scared to seek help. This bill is heading in the wrong direction. A bill which could be supported should start with something that actually reflects the philosophy. C. Hester stated that she agrees, the release of confidential information is a huge problem, being in full control with your medical records is a basic patient right. K. Kerschensteiner stated that DRWs national organization is not in support of the bill. Evidence based practices have a place, but they are not everything.

W. Parke-Sutherland stated that this bill takes us backwards, the changes to the bill from the previous version is only slightly less bad. Right now there is a movement where traditional medical services are recognizing the value of peer supports. Grassroots Empowerment Project does not support the Murphy bill. J. Juhnke stated that Wisconsin Family Ties opposes the bill as well.

D. Richards stated that in the Wisconsin deaf community people would not sit well with this bill passing. People already experience a lack of services and discrimination. Peer specialists provide a valuable resource, for example in Minnesota peer specialists can provide teleconference services. If family members can access someone's personal health information this may prevent people from seeking services. This would impact youth, or people who live with their family in particular. This violation of confidentiality would be detrimental to the deaf community.

M. Bachhuber moved that the WCMH oppose HRS2627.

W. Parke-Sutherland seconded the motion.

Motion carries unanimously.

M. Bachhuber informed the LPC that Representative Matsui introduced HR2690, the Including Families in Mental Health Recovery Act of 2015. This bill would require the Department of Health and Human Services (DHHS) to write regulations and training to the HIPAA privacy rules as it affects people with

mental illness. The provisions are not as bad as the Murphy bill, but stating that treating records of people with mental illness different than other records sets a bad precedent.

C. Hester stated that she would be willing to keep up with the bill tracking document for the LPC.

Item 5: DMHSAS Updates

J. Allen discussed a July report which was provided to the Joint Finance Committee (JFC) from the DMHSAS. The report details the number of counties which are implementing CCS. Overall the programs are making good progress. Because it takes time for regions to form and become approved the actual projections of how much will be spent will probably be less overall of what was projected. The programs are gaining steam in the number of people served with a 14% increase in just one quarter.

K. Kerschensteiner stated that looks like Milwaukee County has served 27 people. J. Allen stated that many counties are still working on implementation. The counties often are meeting with DHS on a regular basis. If people get in touch with the program they will get a response within a week. Some counties that are not part of regions are interested in joining regions. Green and Lafayette will be a region. Marinette and Oconto will be a region. With the way the program is progressing, most counties in Wisconsin will likely have CCS in the near future.

DMHSAS is working on plans for implementing the changes that are in the State budget. The DMHSAS does plan involvement of stakeholders in the new mental health community treatment allocation, which involves the combining of several appropriations into one appropriation. Second, there will be the changes to the emergency detention language. The DMHSAS is working on with the DHS Area Administration office, looking at each county and analyzing how each implements crisis programs.

DMHSAS received technical assistance from Georgetown regarding children's wrap around services. Trainers will be coming to Wisconsin to work with the Children Come First leadership and county leadership to help improve children's services under the CST. One of the priority areas of the block grants is to improve services and outcomes for the children in CST.

S. Gross stated that he will not be able to attend the August meeting. P. Buege will chair the meeting.

Item 6: Public Comment

No public comment was made.

Item 7: Adjourn

Meeting adjourned at 3:03pm.