

**PUBLIC MEETING NOTICE**  
**LEGISLATIVE & POLICY COMMITTEE**  
**of the**  
**Wisconsin Council on Mental Health**  
**1 W. Wilson Street, Room 145**  
**MADISON, WI**  
**AGENDA**

Call in – 1-877-820-7831; passcode 408162#

**January 9, 2014**

**1:00 – 3:30**

- 1:00 Introductions; review and approval of the December 12, 2013 minutes.
- 1:10 Announcements/follow-up from last meeting (please remember that announcements should be limited to items that can't be communicated via e-mail, meeting minutes, the agenda, etc.)
- 1:15 Update on Speaker's Mental Health Task Force (see Attachment 2) Shel Gross
- 1:30 Other proposed legislation, DHS meetings (see Attachment 2) Shel Gross  
(also, see the Helping Families in Mental Health Crisis Act of 2013 at <http://murphy.house.gov/uploads/Families%20in%20Mental%20Health%20Crisis%20Act.pdf>)
- 2:30 Implementation of budget items: CCS funding options, peer run respite, OCMH DMHSAS staff
- 3:15 Other business/agenda items for the next meeting Shel Gross
- 3:20 Public comments
- 3:30 Adjourn

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Please contact Dan Zimmerman at 608-266-7072 or at [Daniel.Zimmerman@wisconsin.gov](mailto:Daniel.Zimmerman@wisconsin.gov) if you and/or your delegate are unable to attend.

The next meetings of the committee are scheduled **from 1:00 to 3:30 p.m.** on the second Thursday of each month (February 13<sup>th</sup>, March 13<sup>th</sup>, **April 3<sup>rd</sup>**, May 8<sup>th</sup>, June 12<sup>th</sup>, July 10<sup>th</sup>, August 14<sup>th</sup>, September 11<sup>th</sup>, October 9<sup>th</sup>, November 13<sup>th</sup>, and December 11<sup>th</sup>). The meetings are scheduled to be held in **Room 850A of 1 W. Wilson Street, Madison (DHS), with the possible exceptions of the April and October meetings – location TBD.**

**Accessibility: ALL VISITORS TO THE DEPARTMENT OF HEALTH SERVICES ARE REQUIRED TO SIGN-IN AT THE FRONT DESK IN THE MAIN LOBBY OF 1 W. WILSON STREET.** This meeting is accessible to people with mobility impairments. People needing accommodations to attend or participate in this meeting should notify the contact person at least five working days prior to the meeting.

cc: State Editor, Milwaukee Journal Sentinel ([jsmetro@journal sentinel.com](mailto:jsmetro@journal sentinel.com))  
Kenneth Rosenberg ([Kenneth.Rosenberg@wisconsin.gov](mailto:Kenneth.Rosenberg@wisconsin.gov))

Wisconsin Council on Mental Health  
 Committee on Legislation and Policy  
 Planning Retreat – January 10, 2008

Strategic Objective

The Council asked the committee to further develop a work plan with respect the priority it identified: “Access to universal health care, including parity in public and private funding.” The Committee recommends the following plan to the Council to address the priority.

**Public Mental Health System**

*Subsidiary Objective*

Eliminate (or reduce) the County requirement to pay the non-federal share of Medicaid costs for:

- Comprehensive Community Services (CCS)
- Community Support Program (CSP)
- Crisis services

<i>Tasks</i>	<i>Who/When</i>
Council endorsement	Mike 1/16/2010
Meet with John Easterday about plan	Mike/All 2/28/2010
Wisconsin County Human Services Association endorsement	Kathy 2/28/2010
Request further data from counties	Kathy/Dianne/Shel/Dan 2/28/2010
Develop/analyze data on spending	Dianne/Shel/Dan 3/31/2010
Wisconsin Counties Association endorsement	Kathy 3/31/2010
Brief Sec. Timberlake & staff/Request priority	All partners 4/30/2010
Kickoff event	All partners 6/30/2010
Brief Gov. Doyle/DOA & Request priority	All partners 6/30/2010
Adjust strategy, build political support, etc.	All partners 2/15/2011
Work with Legislators & Governor	All partners 6/30/2011

The committee also discussed increasing Medicaid rates for mental health services, but believes that issue to be a lower priority compared to having the state provide the match to the federal portion of the reimbursement of CCS, CSP and crisis services.

**Mental Health Services in Other Public Health and Human Service Programs**

The committee will continue to monitor and make recommendations to provide quality mental health services in SSI Managed Care, Family Care and other public programs serving individuals with mental illness. The committee also will monitor the DHS study on the county infrastructure (the public mental health system) and the Department’s development and implementation of the 1915i State Plan Amendment.

**Private Mental System**

The committee will continue to work with the New Day Coalition and make recommendations to support parity for mental health services in private health programs.

### *Ongoing work*

- Medical Assistance
  - Prior Authorizations for MH services
  - Preferred Drug List changes
- Confidentiality, records and the “e-health” initiative
- Seclusion, Isolation and Restraint
- Administrative Rules
  - DHS 36 Comprehensive Community Services (review the rules and DHS policies/procedures)
  - DHS 63 Community Support Program
  - DHS 40 Day Treatment for Children
  - DHS 75 Substance Abuse Treatment Services
  - Peer Specialist programs
- Work with Legislature
  - Respond to proposals
  - Budget planning

### *Other issues*

The committee also discussed the lack of adequate stakeholder input into significant program changes. Examples cited were the most recent consumer and family and peer support RFP and the possible elimination of support for the MH Consumer conference.

The committee noted an opportunity. SAMHSA awarded GEP technical assistance through the national DBSA. The committee would like to work with that process to use focus groups and other processes to obtain input from consumers. The focus for input would be:

- What do consumers want from a state-wide, consumer run organization and
- What priorities are most important for funding?

As funding becomes available from the CMHS and SAMHSA for grants, the committee should collaborate with other stakeholders and DHS to secure the funding for Wisconsin.

The object of Council and committee participation in this process would be both to obtain & use the input and to develop methods that could be used to obtain & use input from other stakeholders related to the annual application and report for the federal Community Mental Health Block Grant.

The committee also discussed the following topics related to stakeholder input.

- Universality of Requests for Proposals (RFPs) and Contracts
  - deliverables (clear outcomes for some and loose requirements for others)
  - selection criteria and role of stakeholders
- Adequacy of infrastructure
  - Impact of staff reductions on the ability of the Division to manage RFPs and Contracts
- How should funds (MHBG) be spent?
- When administrative actions impact policy
  - How monitored
  - Uniformity
- Development of “Office of Consumer Affairs” and Peer Specialist programs
- Disconnect between the Recovery Task Force and the Wisconsin Council on Mental Health

## Legislative and Policy Committee Membership

**Rationale:** According to the *Functions for the Legislative and Policy Committee*, the committee is to serve as “the focal point for consumer, family and advocacy coordination of mental health budget and policy proposals.” Additional functions include:

- Identify, engage and involve representatives from all major groups to be part of the committee.
- Strengthen the involvement of legislators in the workings of the committee.
- Strengthen our collaboration...with the State Councils, other state agencies and counties...

Successful mental health legislative and policy advocacy requires the coordination of efforts across all major interest groups. When consumers, family members, advocates, providers and other interest groups (such as the counties and other disability groups) are not giving consistent messages to the members of the Legislature and state government, the likelihood for successful advocacy is greatly diminished. Therefore, participation in the Legislative and Policy Committee of the Wisconsin Council on Mental Health (WCMH) should be structured to support this consensus and coalition building process.

Additionally, the experience of the Committee, as it has developed over the past two years, suggests that it requires a strong relationship with the WCMH in order to facilitate the type of rapid response that is often required for legislative advocacy (especially with regard to the state budget).

### Recommended Membership for the Legislative and Policy Committee

Formal Members: The following would be formal members of the committee, to be reviewed and approved by the WCMH nominating committee. In those instances where voting needs to occur, these shall be voting members.

*WCMH Members:* 3 members of the WCMH.

*Organizational Members:* One member representing each of the following organizations (and nominated by that organization):

Grassroots Empowerment Project  
NAMI-Wisconsin  
Mental Health Association in Milwaukee County  
Wisconsin Coalition for Advocacy  
Wisconsin Family Ties  
Wisconsin Counties Human Services Assn.

*At-Large Members:* Five additional members, nominated as at-large members. The at-large members should seek to represent the following constituencies, if these groups are not already represented by any of the individuals noted above:

Elderly persons with mental illness  
Persons who are deaf/hard of hearing  
Mental Health providers  
Persons with dual diagnosis: mental health/substance abuse

At-large members might also represent cross-disability groups such as the Independent Living Centers or Survival Coalition.

Nominees for at-large members will be submitted to the WCMH nominating committee for approval.

*Membership Considerations:* The membership structure is designed to maximize the likelihood that various constituencies within the mental health advocacy community are represented on the committee.

As committee member selection proceeds, additional consideration should be given to ensuring geographical and ethnic diversity among the committee members and balancing the involvement of consumers, family members of children with SED and family members of adults with mental illness. Because organizational members are proposed by the organizations, the ability of the committee to achieve optimal balance in some of these areas may be constrained.

*Chair/Co-Chair:* Per WCMH by-laws, the committee chair must be a member of the WCMH. However, in order to strengthen the buy-in and collaboration with other groups, the co-chair will not be a WCMH member.

Other Participants: These individuals will participate in the committee but will not vote.

*Legislative members:* The Chair of the Legislative and Policy Committee may solicit any number of Legislators to be participants of the committee recognizing that most legislators/staff will have limited time to participate actively in the committee but that by being identified with the committee they can develop a knowledge of and allegiance to mental health issues that come before the Legislature. At a minimum the Legislative members will include one Legislator from each party from each branch of the Legislature.

*State Staff:* The Committee should be staffed by at least one state staff person who is knowledgeable about legislative and policy issues. Other key state staff (such as individuals from the Division of Health Care Financing or the Division of Vocational Rehabilitation) will be invited to attend periodically to provide updates to the Committee on emerging policy issues. Other state staff may be invited on an ad hoc basis as issues arise about which they can provide information to the Committee.

*Other Attendees:* The L & P committee will always welcome other individuals interested in mental health advocacy to attend and participate in meetings. Every opportunity will be made to incorporate the broadest representation into the process, recognizing the importance of this to our advocacy efforts.

## **Linkages**

The Legislative and Policy Committee will actively work to link to yet other organizations with common agendas.

Linkage to the State Council on AODA will be primarily through attendance at L & P meetings of the state staff to SCAODA.

Linkage to other disability groups is accomplished through the consistent participation of designated L & P members at Survival Coalition meetings. The L & P committee also serves as the Mental Health Committee for Survival Coalition. The mental health budget package adopted by Survival Coalition is developed by the L & P committee and approved by the WCMH.

Linkage to other health care advocacy groups will be accomplished through invitations for representatives to attend L & P meetings as specific issues warrant.

## **Decision-Making**

The goal of the L & P Committee will be to identify areas where there is consensus among all those participating in meetings on the various issues that come before the committee. Again, this is dictated by the realities of advocacy—we need to find those places where the broadest possible constituency can work together to accomplish our objectives. Consensus decisions will be forwarded to the WCMH as such.

In those cases where there is not consensus among all participants, but there is consensus among the formal members of the committee, the consensus position will be forwarded to the WCMH with a statement identifying the reasons for lack of consensus among other participants.

In those cases where there is not consensus among the formal members of the committee, the committee may choose to make no recommendation to the WCMH or to forward a discussion paper to the WCMH identifying the varying positions of the committee members.

When the L & P committee is unable to come to consensus around a given issue it is understood that individuals and organizations represented on the committee may want to pursue the issue outside the purview of the WCMH.

In general no recommendation for action may be forwarded to the WCMH unless a quorum of the committee (using the definition of quorum in the WCMH by-laws) was present at the meeting. However, in those situations where timely action is required and a quorum was not present at a meeting, approval may be sought via email or other direct communication to committee members. While committee members may send someone else to participate in a meeting which they are unable to attend proxy voting is not allowed.

## Legislative and Policy Committee Strategic Plan January 2014-December 2016

The purpose of the Legislative and Policy Committee is to enhance the ability of the Wisconsin Council on Mental Health (WCMH) to effectively promote its priorities and see them become practice. To accomplish this the Legislative and Policy Committee provides expertise, continuity and focus on mental health budget and policy by engaging consumer, family, advocacy and provider organizations that are actively involved in state level mental health budget and policy advocacy. The committee seeks to enhance the ability of other standing committees to address policy that is within the scope of those committees.

The Legislative and Policy Committee will employ the following strategies to accomplish its purpose:

- I. The Legislative and Policy Committee will monitor state budget and bills introduced into the legislature. The Committee will inform other standing committees of legislative issues that fall into their scope and determine whether those committees wish to take the lead on developing the WCMH policy response.
- II. The Legislative and Policy Committee will disseminate information about legislative and policy actions, in coordination with other committees that may be the policy lead in a given area.
- III. The Committee will work to strengthen the ability of other standing committees to act as policy lead for bills in their scope through:
  - a. Joint meetings with the other standing committees which will discuss:
    - i. The priorities of the other committees.
    - ii. The bill areas where they might like to be lead.
    - iii. Communication and coordination between the two committees on policy issues.
    - iv. How the Legislative and Policy Committee can strengthen the ability of the other committee to act as policy lead.
  - b. Trainings, either individually with other committees or jointly, to educate other committee members on policy and advocacy processes and strategy.
  - c. Mentoring of individuals from other committees by including them in policy meetings, legislative visits and meetings with decision-makers.
  - d. Cross-representation on committees where feasible and where individuals have the ability to do so.
- IV. The Legislative and Policy Committee will take the lead on the following:
  - a. Creating a coherent and balanced package of budget priorities with input from the other standing committees.
  - b. Items that do not fall into the scope of other committees or that other committees do not wish to be the lead on.
  - c. Items that involve multiple committees if there is a need to coordinate a response or mediate differences.
- V. The Legislative and Policy Committee will revisit the engagement and involvement of Legislators/staff on the committee.
- VI. The Legislative and Policy Committee will consider how to better engage with the provider community. This will entail:
  - a. Identifying which provider organizations to engage with.
  - b. How best to engage recognizing the following:
    - i. The limitations of providers being able to participate in lengthy, monthly meetings in Madison.
    - ii. A desire to ensure that the Legislative and Policy Committee remains strongly consumer, family and advocate run.

## Attachment 2

## 2013-2014 Bills of Interest

Bill Number(s)	Topic	Status	Comments
LRB-0791	MAPP	Not Introduced	Awaiting analysis
SB184 <a href="https://docs.legis.wisconsin.gov/2013/proposals/sb184">https://docs.legis.wisconsin.gov/2013/proposals/sb184</a>	Cyberbullying	Passed Comm.on Ed. (9-0) Ready for scheduling	Adds other electronic sharing to email as types of communication subject to legislation
AB387/SB308 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab387">https://docs.legis.wisconsin.gov/2013/proposals/ab387</a>	17 y/o to juvenile corrections	Public hearing on AB387 on 10/3; executive action taken 10/31 SB308 referred to Comm., public hearing held 10/31	Counties concerned about funding; Does not go far enough, only effects a few kids; Collect data on outcomes, if implemented.
SB179 <a href="https://docs.legis.wisconsin.gov/2013/proposals/sb179">https://docs.legis.wisconsin.gov/2013/proposals/sb179</a>	Rental/landlord provisions	Passed; bill enrolled	Assembly amendment made numerous changes to the bill.
LRB-2672	Family Care and MHIs	Circulating for co-sponsorship	Provides for state to help with payment of stays in mental health institutes for Family Care members
AB272 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab272">https://docs.legis.wisconsin.gov/2013/proposals/ab272</a>	Autism Treatment	Referred to Committee on Insurance	Would fully fund autism treatment benefit to all eligible children.
SB274/AB351 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab351">https://docs.legis.wisconsin.gov/2013/proposals/ab351</a>	Funding DVR	SB274 approved; also approved by JFC; public hearing held on AB351	Would allow DVR to pull down maximum amount of federal revenue
LRB-2320	Family Care Expansion		Not clear whether bill is needed in order for this proceed; Survival Coalition is exploring

Speaker's Task Force Bills			
Bill Number(s)	Topic	Status	Comments
LRB-3212/AB452 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab452">https://docs.legis.wisconsin.gov/2013/proposals/ab452</a>	Create Child Psychiatry Access Program with appropriation	Assembly Health hearing held	Exec. Moved to 11/5
LRB-2668/AB456 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab456">https://docs.legis.wisconsin.gov/2013/proposals/ab456</a>	Require counties to report on core services	Assembly Health hearing held	Exec. Moved to 11/5
LRB-1364/AB453 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab453">https://docs.legis.wisconsin.gov/2013/proposals/ab453</a>	Protected health information/ HIPAA Harmonization	Assembly Health hearing held	Exec. Moved to 11/5
LRB-3228/AB454 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab454">https://docs.legis.wisconsin.gov/2013/proposals/ab454</a>	Primary care and psychiatry shortage program: loans for serving in health shortage areas	Assembly Health hearing held	Exec. Moved to 11/5

<b>Speaker's Task Force Bills</b>			
<b>Bill Number(s)</b>	<b>Topic</b>	<b>Status</b>	<b>Comments</b>
LRB-3218/AB459 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab459">https://docs.legis.wisconsin.gov/2013/proposals/ab459</a>	Funding to create statewide infrastructure to support IPS—evidence-based supported employment model	Assembly Health hearing held	Exec. Moved to 11/5
LRB-3279/AB458 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab458">https://docs.legis.wisconsin.gov/2013/proposals/ab458</a>	Telehealth and prior authorization	Assembly Health hearing held	Exec. Moved to 11/5
LRB-3286/AB457 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab457">https://docs.legis.wisconsin.gov/2013/proposals/ab457</a>	Expands treatment alternative and diversion program to people with MI only and provides one-time funds for grants	Criminal Justice Committee hearing held	Exec. Scheduled 10/31
LRB-3887AB455 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab455">https://docs.legis.wisconsin.gov/2013/proposals/ab455</a>	Provides additional matching funds to develop peer run respite.	Assembly Health hearing held	Exec. Moved to 11/5
LRB-2669/AB451 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab451">https://docs.legis.wisconsin.gov/2013/proposals/ab451</a>	Numerous changes to Chapter 51 to create an emergency “stabilization” process that would allow a single individual to petition a court directly to detain an individual due to dangerousness.	Assembly Health hearing held	Report that this bill will not move forward. Being replaced by LRB3541
LRB-3378/AB450 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab450">https://docs.legis.wisconsin.gov/2013/proposals/ab450</a>	Grants to law enforcement for CIT training.	Assembly Health hearing held	Exec. Moved to 11/5
LRB-3386/AB460 <a href="https://docs.legis.wisconsin.gov/2013/proposals/ab460">https://docs.legis.wisconsin.gov/2013/proposals/ab460</a>	Grants to counties to create mobile crisis teams.	Assembly Health hearing held	Exec. Moved to 11/5
LRB3541	Modification to three party petition process for emergency detention requiring corporation counsel to give petitions the right to have petition go to a judge with	Being drafted for potential hearing and exec. On Nov. 5 <sup>th</sup> .	Replaces AB451
LRB3433	Emergency detention pilot in Milwaukee county to allow individuals other than law enforcement to initiate emergency detention.	Circulating for co-sponsorship	Being introduced by Rep. Pasch

Legislative Council Bills			
<b>Chapter 51</b>			
<a href="https://docs.legis.wisconsin.gov/2013/proposals/ab437">https://docs.legis.wisconsin.gov/2013/proposals/ab437</a> SB125/AB437	Disabled offender recidivism reduction	Criminal Justice Committee hearing held	Exec. Scheduled 10/31
<a href="https://docs.legis.wisconsin.gov/2013/proposals/ab435">https://docs.legis.wisconsin.gov/2013/proposals/ab435</a> SB126/AB435	Admissions of minors	Assembly Health hearing held	Exec. Moved to 11/5
<a href="https://docs.legis.wisconsin.gov/2013/proposals/ab360">https://docs.legis.wisconsin.gov/2013/proposals/ab360</a> SB127/AB360	EDs, invol. commitments	Criminal Justice Committee hearing held	Exec. Scheduled 10/31
<a href="https://docs.legis.wisconsin.gov/2013/proposals/ab436">https://docs.legis.wisconsin.gov/2013/proposals/ab436</a> SB128/AB436	County community program boards composition	Assembly Health hearing held	

- Joint Legislative Council's [Report](#) of the Special Committee on Reporting of Child Abuse and Child Neglect JLCR 2013-05 (March 25, 2013).
- [2013 Senate Bill 18](#) **Probably not relevant**
- [JLCR 13-06](#), *Joint Legislative Council's Report of the Special Committee on Permanency for Young Children in the Child Welfare System* (April 17, 2013).
- [2013 Assembly Bill 150](#)
- [2013 Assembly Bill 151](#)
- [2013 Assembly Bill 152](#)
- [Report](#) to the Joint Legislative Council, *Special Committee on Legal Interventions for Persons With Alzheimer's Disease and Related Dementias* LCR-2012-08 (February 6, 2013).
- [WLC: 0061/2](#), relating to psychiatric and behavioral care and treatment for individuals with dementia.
- Joint Legislative Council's [Report](#) of the Special Committee on Improving Educational Opportunities in High School JLCR-2013-02 (March 7, 2013).
- 2013 Senate Bill [49](#)

**Question about how academic career plans would affect kids with disabilities.**