

LEGISLATIVE & POLICY COMMITTEE

of the

Wisconsin Council on Mental Health

Minutes of the March 13, 2014 Meeting

Members in attendance:

Shel Gross, Wisconsin Council on Mental Health	Paula Buege, Children & Youth Committee of the Wisconsin Council on Mental Health
Mary Neubauer, Wisconsin Council on Mental Health	Matt Strittmater, La Crosse Co. DHS/Wisconsin County Human Services Association
Mike Bachhuber, Independent Living Council of Wisconsin	Dr. Justin Odulana, Health International Network System, LLC
Stacy Paul	Kit Kerschensteiner, Disability Rights Wisconsin
Annabelle Potvin, NAMI – Wisconsin	

Alternates in attendance:

Barbara Beckert, Disability Rights Wisconsin	Mike Lappen, Ozaukee Co. DHS/Wisconsin County Human Services Association
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DHS Staff: Dan Zimmerman (Bureau of Prevention Treatment and Recovery/BPTR), Kay Cram (BPTR), Joyce Allen (BPTR), Ryan Stachowiak (BPTR), Joyce Allen (BPTR), Sarah Coyle (DMHSAS)

Guests: Matthew Stanford (Wisconsin Hospital Association), Joleen Plautz (Wisconsin Association of Marriage and Family Therapy), Dr. Rick Immler (Wisconsin Council on Mental Health), Joann Junke (Wisconsin Family Ties)

Introductions; review and approval of the February 13, 2014 minutes.

Dr. Odulana moved to approve the minutes with the following corrections (strikeout font is used for deletions and italicized font for additions):

- The minutes were for the February 13, 2014 meeting, but the date in the header shows January 9, 2014.
- The first bullet under the header, “Implementation of budget items: CCS...” should read: Elizabeth Hudson was appointed by the Governor to head the Office of Children’s Mental Health. Ms. Hudson has been the Trauma Informed Coordinator in the Bureau of Prevention, Treatment and Recovery via a contract with UW – Madison. *Mr. Gross will invite Ms. Hudson to future meetings of the Legislative & Policy Committee and the Children and Youth Committee.*

Ms. Paul seconded the motion. The motion passed unanimously with two abstentions.

Announcements/follow-up from last meeting

- Ms. Juhnke, the newly hired Policy Director at Wisconsin Family Ties, indicated that she is working with staff from the Department of Public Instruction on five initiatives, including school safety and substance abuse.
- Mr. Zimmerman noted that the Department of Safety and Professional Services (DSPS) recently published a Statement of Scope to substantially rewrite the administrative rules governing substance abuse counselors. Below are the DSPS regulations that are in process of being rewritten:

Authority	Project/Most Current Published Document	Current Status	Contact Information
MPSW Joint Examining Board	MPSW 1.09: AODA Specialty	Drafting Rule	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 2, 10: Psychotherapy Definition	Legislative Review	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 3: Social Work Temporary Licenses	Legislative Review	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 8, 14, 19: Continuing education	Legislative Review	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 10, 11, 12, 14: Licensure, Exams, Education, and Supervision	Drafting Rule	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 10, 11, 14: PC Education	Rule Adopted	Sharon.Henes@wisconsin.gov
MPSW Joint Examining Board	MPSW 20: Unprofessional Conduct	Scope Published	Sharon.Henes@wisconsin.gov
Safety and Professional Services	SPS 160-168: Relating to Substance Abuse Counselors	Scope Published	Kathleen.Paff@wisconsin.gov

Legislation updates, DHS meetings (Shel Gross)

The committee reviewed the information in Attachment 1; the following provides some of the comments and discussion:

- Rep. Sanfeliipo’s bill related to Milwaukee County mental health functions, programs, and services, creation of the Milwaukee County Mental Health Board, and making an appropriation (AB 718/SB 565 at <https://docs.legis.wisconsin.gov/2013/proposals/sb565>), as amended, is anticipated to be passed by both houses (it was passed in both houses on March 20th). The amendment provides a transition from a Governor-appointed board to a county-appointed board; the appointment process was discussed. The amendment requires the Wisconsin Department of Health Services to conduct an audit by December 1, 2014 to determine if the state should close the inpatient units and create a state-operated regional inpatient center. Also, refer to Attachments 2 – 4, which provide information from the Wisconsin Legislative Council’s summary of the legislation, as well as the Mental Health America Wisconsin’s letter related to the legislation.
- Mr. Gross noted that he has not heard if there will be any objections to the expansion of Comprehensive Community Services (CCS) from the Joint Committee on Finance (JCF) based on the DHS reported that was submitted on February 28th. The JCF is allowed 14 days to review and if no objections are stated, the expansion will go into effect. Mr. Gross, Ms. Beckert, and others met with members of the JCF and answered questions regarding CCS expansion; Mr. Gross noted that the members view the expansion positively because CCS is required to serve persons across the lifespan and to serve persons who have a mental illness and/or a substance use

disorder. Note: Subsequent to the Legislative & Policy Committee meeting, a member of the JCF filed an objection (see http://legis.wisconsin.gov/lfb/jfc/passive_review/Documents/2014_02_28_DHS_CCS.pdf), so the JCF will need to meet and vote to approve or deny the CCS expansion. Also, refer to Attachment 5, which provides the Wisconsin Council on Mental Health's letter of support for the CCS expansion.

- AB 457/SB 374, which deals with treatment alternatives and diversion, was passed by the Assembly and sent to the Senate. Sen. Grothman objects to the bill because of a lack of a clear definition of eligibility for the program under the bill.
- It does not appear that SB 286, which provides for special needs vouchers, will be passed before the end of the legislative session.
- Rep. Pasch has been developing a bill to address issues of stigma. The bill has not been introduced, but may be introduced in the next legislative session (January 2015).
- All of the civil units at Mendota Mental Health Institute, with the exception of the Geropsychiatric Unit, will be transferred to Winnebago Mental Health Institute to increase efficiencies in the operation of the civil units and to increase the consistency of treatment and discharge expectations for county departments of human services.
- The status of the Office of Children's Mental Health was discussed.

Implementation of budget items: CCS funding options, peer run respite, OCMH and discussion of strategy for Joint Finance Committee review (DMHSAS staff)

See the information in the items above and below. Ms. Hudson, the director of the Office of Children's Mental Health, will be invited to attend a future meeting of this committee.

Initial thoughts on implementation of Speaker's Task Force bills (Joyce Allen)

Ms. Allen reviewed the Speaker's Task Force on Mental Health legislation; she noted that the Division of Mental Health and Substance Abuse is in the process of analyzing the bills and discussing implementation issues:

- Child psychiatric consultation – 2013 Wisconsin Act 127 provides \$500,000 per year for regional hubs, referral support, etc. to provide support for primary care physicians. The Division of Public Health is taking the lead on implementing this legislation.
- Loan forgiveness for primary care physicians and psychiatrists who practice in a Wisconsin rural area – 2013 Wisconsin Act 128 will be administered through the Wisconsin Higher Education Board.
- Individual Placement and Supports (IPS) – 2013 Wisconsin Act 131 provides \$970,000 in one-time only funding. It may take three Requests for Proposals (RFPs) to implement the regional training and technical centers, grants to counties and tribes for providing IPS services, and the provision of incentive benefits and counseling to persons who aren't receiving service through the Division of Vocational Rehabilitation. Despite the one-time only funding, counties and tribes will be obligated to continue to provide IPS services after the grant funding ceases.
- Telehealth and services to children – 2013 Wisconsin Act 130 permits Medicaid to provide reimbursement to a DHS certified mental health and/or substance abuse treatment program that uses telehealth with a Wisconsin licensed psychiatrist who is located in the United States. The legislation also permits a severely emotionally disturbed child to access in-home therapy without having to show a failure to succeed in outpatient therapy.
- Peer run respite – 2013 Wisconsin Act 129 provides \$125,000 per year for peer run respite centers in addition to the funding from 2013 Wisconsin Act 20, the state budget act. The

upcoming RFP, which will be issued by the end of March, will provide grants for up to three peer run respite centers will include the funding from both acts.

- Crisis intervention training for law enforcement officers – 2013 Wisconsin Act 126 provides \$250,00 per biennium for this training and is base funded (i.e., the funding will continue in future budgets). A RFP will be written.
- Mobile crisis teams in rural areas – 2013 Wisconsin Act 132 provides \$250,000 per biennium and is base funded. The department will issue an application process for counties to access the funding.
- Report on core services – 2013 Assembly Bill 456 was passed by both houses and is awaiting the governor's signature. The legislation requires the department to submit a report to the legislature every two years.
- Care coordination – 2013 Assembly Bill 453 was passed by both houses and is awaiting the governor's signature. The bill permits mental health treatment information to be exchanged with covered entities without the prior written informed consent of the consumer for the purposes of treatment, payment, or oversight operations in accordance with the federal HIPAA regulations.

Transportation updates (Mike Bachhuber)

Mr. Bachhuber reviewed the information in Attachment 8 (the map in this attachment may be found at <http://www.dot.wisconsin.gov/travel/maps/docs/transit-systems.pdf>). He noted that the Medicaid data only includes information from the fee-for-system (managed care information is not included). He said that the cost of operating transit systems have increased over time, but funding has decreased and there will be increased need for transit systems given changing demographics. Coordination among transportation systems leads to improved services for consumers and lower costs. However, some legislators want the transportation fund to be used solely for road construction and repairs. He also noted that the Milwaukee Mental Health Task Force held a meeting today on transportation issues.

2015 Budget Ideas/Take One (Shel Gross)

Attachments 5 and 6 were discussed. The committee identified the following items to be added to the list of budget items:

Respite care services for children

Early childhood treatment and prevention

Access to child psychiatrists (i.e., how to recruit and retain)

Eliminate the requirement for child support payments (17% of gross income) when a child is placed out-of-home for mental health treatment/purposes, although such support payments are not required when a child is placed out-of-home for medical reasons

Eliminate the need to remove parental custody in order to obtain out-of-home placement and services for children with severe emotional disturbance

Stigma reduction

Meaningful Consumer/Family Involvement (Shel Gross)

Mr. Gross requested committee members to think about changes that could be made to increase meaningful consumer involvement.

Other business/agenda items for the March meeting (Shel Gross)

Have department staff and staff from North Central Health Care (Langlade, Lincoln, and Marathon counties) discuss North Central's efforts to provide integrated care (medical/health home).

Public comments

None.

The meeting was adjourned at 3:30 p.m.

Possible agenda ideas for the April 3, 2014 meeting or subsequent meetings:

1. Progress towards the committee's strategic plan.
2. Current legislative action(s) (e.g., state budget, etc.).
3. Discussion of updating s. 51.61 (1) (i), Stats., related to use of restraint and isolation/seclusion.
4. Update on federal and State mental health parity regulation.
5. Mental health services in Family Care and SSI Managed Care.
6. Have a joint meeting with the Children and Youth Committee, as well as the Criminal Justice Committee and the Adult Quality Committee periodically.
7. Have a department representative provide a description of Community Options Program (COP) funds for persons who have a mental illness and the impact of Family Care on these funds.
8. Update from DHS staff regarding Community Recovery Services (CRS).
9. Update on the Department's pilot projects related to the MH/AODA Infrastructure Study.
10. Presentation from DHS staff on increasing mental health benefits for childless adults enrolled in BadgerCare Plus Core.
11. Presentation from DOA's Division of Housing on funding and options for supported housing for persons who have a mental illness.
12. Issues related to Medicaid prior authorization requirements.
13. Health Care Exchanges.
14. Health Information Network.
15. Olmstead and active treatment issues; brainstorming regarding these issues.
16. Models of self-determination.
17. Mental health advance directives.
18. The Drug Advisory Committee should address medication therapy and alternative functional medicine, as well (medical homes).
19. An update from staff at the Office of the Commissioner of Insurance of complaints and issues related to the implementation of the mental health/substance abuse parity requirements and implementation of the Patient Protection and Affordable Care Act.
20. Quality improvement for mental health programs.
21. Update on best practices for the use of antipsychotics for children.
22. Discussion with Division of Quality Assurance staff regarding Immediate Jeopardy citations in hospitals and nursing homes (particularly Milwaukee Co. Behavioral Health).
23. Discussion with Division of Health Care Access and Accountability staff regarding the Request for Bid to select a new transportation management agency (i.e., replace LogistiCare).
24. Update from Vince Maro regarding the crisis intervention/stabilization project for Family Care enrollees.
25. Discussion of the Affordable Care Act and enrollment;
26. Discussion of the impact of the expansion of Comprehensive Community Services and other Medicaid changes may have on community support programs
27. Discussion of HMO responsibilities related to child protective services
28. Discussion regarding administrative rules related to marriage and family therapists, professional counselors, and social workers (MPSW 1 – 20), as well as substance abuse counselors (SPS 160 – 168)
29. Have department staff and staff from North Central Health Care (Langlade, Lincoln, and Marathon counties) discuss North Central's efforts to provide integrated care (medical/health home).

Attachment 1

2013-2014 Bills of Interest

Bills Still in Play?			
Bill Number(s)	Topic	Status	Comments
AB387/SB308	17 y/o to juvenile corrections	Ass.: passed committee, referred to Rules Sen.: available for scheduling; referred to JFC	Counties concerned about funding; Does not go far enough, only effects a few kids; Collect data on outcomes, if implemented.
SB286	Strengthening accountability standards for students with disabilities who attend schools participating in the state voucher program	Senate: passed Assembly: public hearing held	require voucher schools to employ licensed special education teachers or therapists, if pupils needing such service attend the voucher school
SB525/AB682	Special Needs Vouchers	Senate Committee on Education Public hearing: 2/13 Assembly: public hearing held	
SB451/AB570	Extended out-of-home care to 21 years of age for children with individualized education programs	Assembly: placed on calendar, 3/18 Senate: available for scheduling	Supported by WCMH
AB554	Child Death Review Teams	Ass. Committee on Children and Families; 1/15 Executive Session, Passed Sen.: public hearing held	Supported by WCMH
AB718/SB565	Creation of an independent Milwaukee County Mental Health Board	Passed Senate Ass.: expected to take up Senate bill https://docs.legis.wisconsin.gov/2013/related/enrolled/sb565.pdf	Concerns about structural issues, funding, roles and responsibilities, conflicts of interest.

Speaker's Task Force Bills			
Bill Number(s)	Topic	Status	Comments
SB359/AB452	Create Child Psychiatry Access Program with appropriation	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/127.pdf	Some modifications
SB366/AB454	Primary care and psychiatry shortage program: loans for serving in health shortage areas	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/128.pdf	
SB409/AB459	Funding to create statewide infrastructure to support IPS—evidence-based supported employment model	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/131.pdf	Some modifications
SB410/AB458	Telehealth and prior authorization	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/130.pdf	Some prior authorization requirements removed; tightened up telehealth requirements
SB368/AB455	Provides additional matching funds to develop peer run respite.	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/129.pdf	\$ to DHS to go to peer run orgs., not counties.
SB362/AB450	Grants to law enforcement for CIT training.	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/126.pdf	
LRB-3386/AB460	Grants to counties to create mobile crisis teams.	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/132.pdf	Amended; must be DHS 34 certified.
SB369/AB456	Require counties to report on core services	Passed; awaiting Governor's signature. https://docs.legis.wisconsin.gov/2013/related/enrolled/ab456.pdf	
Sb477/AB500	Emergency detention pilot in Milwaukee county to allow individuals other than law enforcement to initiate emergency detention.	Passed Assembly Senate Health and Human Services. Passed 5-0 Available for Scheduling	Introduced by Rep. Pasch
LRB3541/AB488	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	Passed; Awaiting Governor's Signature https://docs.legis.wisconsin.gov/2013/related/enrolled/ab488.pdf	Replaces AB451
SB374/AB457	Expands treatment alternative and diversion program to people with MI only and provides one-time funds for grants	Unanimously passed Assembly; Unanimously passed JFC SB374: public hearing held	Sen. Grothman had concerns

SB360/AB453	Protected health information/ HIPAA Harmonization	Passed, Waiting for Governor's signature https://docs.legis.wisconsin.gov/2013/related/enrolled/ab453.pdf	
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Legislative Council Bills			
Chapter 51			
SB125/AB437	Disabled offender recidivism reduction	Referred to Assembly Criminal Justice Committee Referred to Sen. Comm. On Health and Human Services	DOJ has concerns about funding
SB126/AB435	Admissions of minors	Passed; Waiting for Governor's Signature https://docs.legis.wisconsin.gov/2013/related/acts/161.pdf	
SB127/AB360	EDs, invol. commitments	Passed; Waiting for Governor's Signature https://docs.legis.wisconsin.gov/2013/related/acts/158.pdf	
SB128/AB436	County community program boards composition	Assembly Health hearing held on 10/22	

Other Signed Bills			
SB274/AB351	Funding DVR	signed into law https://docs.legis.wisconsin.gov/2013/related/acts/58.pdf	Would allow DVR to pull down maximum amount of federal revenue
SB179	Rental/landlord provisions	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/76.pdf	Assembly amendment made numerous changes to the bill.



WISCONSIN LEGISLATIVE COUNCIL

Terry C. Anderson, Director
Laura D. Rose, Deputy Director

TO: REPRESENTATIVE JOE SANFELIPPO
FROM: Mary Matthias, Principal Attorney
RE: Assembly Substitute Amendment 1 to 2013 Assembly Bill 718, Relating to Milwaukee County Mental Health Functions, Programs, and Services and Creating the Milwaukee County Mental Health Board
DATE: March 4, 2014

This memorandum, prepared at your request, describes the major provisions of Assembly Substitute Amendment 1 (ASA 1) to 2013 Assembly Bill 718 (the bill) relating to Milwaukee County mental health functions, programs, and services and creating the Milwaukee County Mental Health Board (MCMHB).

ASA 1 does all of the following:

- Transfers control of all mental health functions, programs, and services in Milwaukee County, including those relating to alcohol and other drug abuse, to the newly created MCMHB.
- Directs the Governor to make provisional appointments to the MCMHB within 60 days after ASA 1 goes into effect, and specifies that the provisional appointees may exercise all the powers and duties of their office. The MCMHB may begin to exercise jurisdiction over all mental health functions, programs, and services as soon as the Governor has made all the provisional appointments.
- Specifies how the budget for mental health, and requires the county to maintain effort regarding the amount of community aids funding it allocates for mental health in Milwaukee County will be developed, sets upper and lower limits on the amount of tax levy that may be budgeted for mental health.
- Prohibits the Milwaukee County Board of Supervisors (county board) from forming policies regarding mental health or mental health institutions, programs, or services.
- Requires the Department of Health Services (DHS) to perform or arrange for an operational and programmatic audit of the Behavioral Health Division of the Milwaukee County Department of Health and Human Services, the psychiatric hospital of the Milwaukee County Mental Health Complex, and the related behavioral health programs. A report containing recommendations for inpatient mental health treatment in Milwaukee County must be completed by December 1, 2014.
- Requires the county executive to nominate an individual to be a transition liaison to assist the MCMHB in the transition of oversight functions. The individual must have knowledge of the mental health systems of Milwaukee County and the services it provides. The nomination is subject to the approval of the MCMHB.
- Specifies that the MCMHB must make a commitment to community-based service delivery.

- Provides that the county board retains the primary responsibility for the well-being, treatment, and care of the developmentally disabled citizens residing within Milwaukee County, and for ensuring they receive emergency services when needed, except where the responsibility is delegated explicitly to the MCMHB.

These major provisions of ASA 1 are described in greater detail below.

ASA 1 also makes numerous statutory modifications necessary to implement the transfer of the functions and responsibilities relating to mental health in Milwaukee County that are currently carried out by the county board to the MCMHB. This memorandum does not describe all of those provisions of ASA 1. For a description of those provisions, see the items numbered 1. through 11. in the Legislative Reference Bureau Analysis of the bill. These provisions of the bill are not changed by ASA 1.

CREATION OF THE MILWAUKEE COUNTY MENTAL HEALTH BOARD

ASA 1 creates the MCMHB, which is attached to the Department of Health Services (DHS) for limited purposes.¹ The county board must arrange for payment of the expenses of the MCMHB from the Milwaukee County mental health budget under an agreement between the county board and DHS.

General Provisions That Apply to State Boards

Various provisions of existing law governing state boards apply the MCMHB. These provisions include, among others, all of the following:

Selection of Chairperson. At its first meeting in each year, every board must elect a chairperson, vice chairperson, and secretary each of whom may be reelected for successive terms. [s. 15.07 (2), Stats.]

Quorum. A majority of the membership of a board constitutes a quorum to do business and, unless a more restrictive provision is adopted by the board, a majority of a quorum may act in any matter within the jurisdiction of the board. [s. 15.07 (4), Stats.]

Reimbursement for expenses; compensation. The members of a board are reimbursed for their actual and necessary expenses incurred in the performance of their duties. The members receive no compensation for their services. [s. 15.07 (5), Stats.]

Reports. Every board attached to a department must submit to the head of the department, upon request of that person not more often than annually, a report on the operation of the board. [s. 15.07 (6), Stats.]

Official oath. Each member of a board must take and file the official oath prior to assuming office. [s. 15.07 (7), Stats.]

Open Records Law. The MCMHB is an “authority” and, therefore all of the records of the MCMHB are subject to the Open Records Law. [s. 19.32 (1), Stats.]

Open Meetings Law. The MCMHB is a “governmental body” and is subject to the public notice and open meeting requirements of the Open Meetings Law. [s. 19.82 (1), Stats.]

¹ A board attached to a department for limited purposes exercises its powers, duties, and functions prescribed by law independently of the head of the department. Budgeting, program coordination, and related management functions are performed under the direction and supervision of the head of the department or independent agency. [See s. 15.03, Stats.]

Ethics Code and Conflicts of Interest. Each member of the MCMHB is a state public official and is subject to the state Ethics Code. Each member is required to file a statement of economic interests with the Governmental Accountability Board every year. [s. 19.42 (10) (d) and (14), Stats.]

Among other things, the Ethics Code prohibits a state public official from taking actions that may constitute a conflict of interest, as follows:

- In general, no state public official may take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest. [s. 19.46 (1) (a), Stats.]
- No state public official may use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated. [s.19.45 (2), Stats.]
- No state public official may use or attempt to use the public position held by the public official to influence or gain unlawful benefits, advantages, or privileges personally or for others. [s. 19.45 (5), Stats.]

Method of Appointment of Members; Provisional Appointments

Under ASA 1, the Governor must nominate the members of the MCMHB and the nominations must be confirmed by the Senate. The Governor must consult with the county executive when nominating the voting members of the MCMHB.

ASA 1 directs the Governor to make provisional appointments, which may take effect before Senate confirmation, within 60 days after ASA 1 goes into effect. The individuals appointed in this manner may exercise all of the powers granted to MCMHB members, and the appointments remain in force until they are either withdrawn by the Governor or acted upon by the Senate. If confirmed by the Senate, they continue for the remainder of the term.

If a provisional appointment is rejected by the Senate, the appointment lapses and the Governor must nominate another individual to the position. In this situation, the nomination is subject to confirmation by the Senate. If the Governor withdraws a provisional appointment before it is acted on by the Senate, he may make another provisional appointment to the position.

MCMHB Membership

ASA 1 specifies that the MCMHB is made up of 11 voting members and two non-voting members. Nine of the voting members are nominated by the Governor; and two are ex officio. The non-voting members are health care providers employed by an institution of higher education.

The members of the MCMHB, other than the ex officio members, are appointed for four-year terms.

ASA 1 requires the county executive and the county board to submit lists of suggested appointees for several board positions. The county executive and county board must solicit suggestions for appointees from numerous organizations. Any person submitting suggestions or nominations for board members, must attempt to ensure that individuals suggested are among the most-qualified and experienced in their field.

No board member may be an employee of Milwaukee County at the time of nomination, and no board member may be a lobbyist or hold an elected office. ASA 1 also imposes restrictions on certain political activities of board members.

The voting members of the MCMHB must collectively possess cultural competency and reflect the population that is serviced by the Milwaukee County mental health system. “Cultural competency” means the ability to understand and act respectfully toward, in a cultural context, the beliefs, interpersonal styles, attitudes, and behaviors of persons and families of various cultures, including persons and families who receive mental health services in Milwaukee County and persons and families who provide mental health services in Milwaukee County.

Voting Members of the MCMHB

Under ASA 1, the MCMHB would have the following voting 11 members:

Two individuals who must each be either a psychiatrist or psychologist. The Governor must choose these members from lists of individuals suggested by the county board.

At least one of these positions must be filled by a psychologist. In other words, there may be two psychologists, or one psychologist and one psychiatrist in these positions, but not two psychiatrists.

The county board must provide one list of four suggested individuals for each position, and must solicit suggestions for individuals to fill these positions from organizations including the Wisconsin Medical Society, the Medical Society of Milwaukee, the Wisconsin Psychological Association, and the Wisconsin Psychiatric Association. For one of the positions, the county board must also solicit suggestions from the Wisconsin Association of Family and Children’s Agencies for individuals who specialize in a full continuum of behavioral health services for children. For the other position, the county board must also solicit suggestions from the Milwaukee Co-Occurring Competency Cadre for individuals who specialize in a full continuum of behavioral health services for adults.

A representative of the community who is a consumer of mental health services. The Governor must choose this member from a list of four individuals suggested by the county board. The county board must solicit suggestions for individuals to fill this position who have experienced mental illness or substance abuse, from organizations including Warmline, the Milwaukee Mental Health Task Force, and the Milwaukee Co-Occurring Competency Cadre.

A psychiatric mental health advanced practice nurse prescriber. The Governor must choose this member from a list of four individuals suggested by the county board. The county board must solicit suggestions from organizations, including the Wisconsin Nurses Association for individuals who specialize in a full continuum of behavioral health and medical services including emergency detention, inpatient, residential, transitional, partial hospitalization, intensive outpatient, and wraparound community-based services.

An individual specializing in finance and administration. The Governor must choose this member from a list of four individuals suggested by the county executive. The county executive must solicit suggestions for individuals to fill this position from organizations including the Wisconsin Hospital Association, the Wisconsin County Human Services Association, and the Public Policy Forum, for individuals with experience in analyzing healthcare operating expenses, revenues, and reimbursement, knowledge of public and private funding and systems, and expertise in financial restructuring for sustainability.

A health care provider with experience in the delivery of substance abuse services. The Governor must choose this member from a list of four individuals suggested by the county executive. The county executive must solicit suggestions for individuals to fill this position from organizations including the

Wisconsin Nurses Association, and the Milwaukee Co-Occurring Competency Cadre for health care providers with experience in the delivery of substance abuse services.

An individual with legal expertise. The Governor must choose this member from a list of four individuals suggested by the county executive. The county executive must solicit suggestions for individuals to fill this position from organizations including the Legal Aid Society of Milwaukee, Legal Action of Wisconsin, Community Justice Counsel, and Disability Rights Wisconsin for individuals who have legal expertise specializing in emergency detention regulatory requirements including policies, procedures, provider responsibilities, and patient rights.

A health care provider representing community-based mental health service providers. The Governor must choose this member from a list of four individuals suggested by the county board. The county board must solicit suggestions from organizations including the Wisconsin Nurses Association, the Milwaukee Health Care Partnership, the Milwaukee Mental Health Task Force, and the Milwaukee Co-Occurring Competency Cadre for four health care providers representing community-based mental health service providers.

An individual who is a consumer or family member representing community-based mental health service providers. The Governor must choose this member from a list of four individuals suggested by the county executive. The county executive must solicit suggestions for this position from organizations including the Milwaukee Health Care Partnership, the Milwaukee Mental Health Task Force, and the Milwaukee Co-Occurring Competency Cadre for four consumers or family members representing community-based mental health service providers.

The chairperson of the Milwaukee County community programs board or his or her designee. If the chairperson of the county community programs board is an elected official, he or she shall designate a member of the county community programs board who is not an elected official to be a member of the MCMHB.

The chairperson of the Milwaukee Mental Health Task Force, or his or her designee.

Non-Voting Members of the MCMHB

Under ASA 1, the MCMHB would have the following two non-voting members:

One health care provider who is an employee of a higher education institution suggested by the Medical College of Wisconsin and one health care provider who is an employee of a higher education institution suggested by the University of Wisconsin-Madison. These individuals must specialize in community-based, recovery-oriented mental health systems, maximizing comprehensive community-based services, prioritizing access to community-based services and reducing reliance on institutional and inpatient care, protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible, providing early intervention to minimize the length and depth of psychotic and other mental health episodes, diverting people from the corrections system, when appropriate, or maximizing the use of mobile crisis units and crisis intervention training.

Removal From the Board

The Governor may remove any board member for cause and must remove any member who violates the prohibitions against lobbying, political activity, being employed by Milwaukee County or holding elective office, described above.

If the county executive suggested a member for nomination, the county executive may remove the member for neglect of duty, misconduct, malfeasance in office, failure to attend four board meetings in one year, or failure to attend two board meetings within one year without providing advance notice to the chairperson of the board.

The county board has the same authority with regard to board members that it suggested for nomination.

DUTIES AND AUTHORITY OF THE MCMHB BOARD

Responsibility for the Mentally Ill and Alcoholic and Drug Dependent Citizens; General Duties

ASA 1 provides that the MCMHB has the primary responsibility for the well-being, treatment, and care of the mentally ill, alcoholic, and other drug dependent citizens residing within Milwaukee County and for ensuring that those receive immediate emergency services when needed.

Specifically, ASA 1 requires the MCMHB to do all of the following:

- Oversee the provision of mental health programs and services in Milwaukee County.
- Cooperate and consult with DHS on recommendations for and establishing policy for inpatient mental health treatment facilities and related programs in Milwaukee County.
- Allocate money for mental health functions, programs, and services in Milwaukee County within the budget amount determined by the formula established in ASA 1, as described below.
- Make the final determination on mental health policy in Milwaukee County.
- Carry out all mental health functions in Milwaukee County that are typically performed by a county board of supervisors.
- Attempt to achieve cost savings in the provision of mental health programs and services in Milwaukee County.
- Adopt policies regarding mental health and mental health institutions, programs, and services.

Required Meetings and Public Hearing

The MCMHB must meet at least six times each year. At least one of those meetings must be a public hearing held in Milwaukee County. As discussed above, the meetings of the MCMHB are subject to the public notice and open meetings requirements of the Wisconsin Open Meetings Law.

Method of Service Delivery Required

ASA 1 requires the MCMHB to facilitate delivery of mental health services in an efficient and effective manner by making a commitment to all of the following:

- Community-based, person-centered, recovery-oriented, mental health systems.
- Maximizing comprehensive community-based services.
- Prioritizing access to community-based services and reducing reliance on institutional and inpatient care.
- Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible.
- Providing early intervention to minimize the length and depth of psychotic and other mental health episodes.
- Diverting people experiencing mental illness from the corrections system when appropriate.
- Maximizing use of mobile crisis units and crisis intervention training.

Contract Approval Authority

ASA 1 specifies that all contracts related to mental health with a value of at least \$100,000, to which Milwaukee County is a party must be approved by the MCMHB. Specifically, these contracts may take effect only if the MCMHB votes to approve, or does not vote to reject the contract, within 28 days after the contract is signed or countersigned by the county executive.

Authority to Request Information; Other Agencies Required to Cooperate

ASA 1 authorizes the MCMHB to request information from the Milwaukee Mental Health Complex, the county department of human services, the county community programs department under s. 51.42, Stats., and any other Milwaukee County governmental unit that possesses mental health information in order to fulfill its duties of overseeing mental health functions, programs, and services in Milwaukee County.

ASA 1 prohibits a county department under s. 46.21 or 51.42, Stats., in Milwaukee County from impeding the MCMHB in performing its duties or exercising its powers and requires them to respond to any requests for information from the MCMHB.

Authority to Transfer Jurisdiction to Itself with DHS Approval

ASA 1 authorizes the MCMHB, with approval of the DHS Secretary, to transfer to itself jurisdiction over any Milwaukee County function, service, or program that pertains to mental health or is highly integrated with mental health services and that is not already under its jurisdiction. The MCMHB may achieve a transfer by an affirmative vote of eight of its voting members of the MCMHB, if the DHS Secretary approves the transfer.

As discussed below, if the MCMHB transfer jurisdiction to itself in this manner, the county tax levy for mental health may be increased accordingly.

Authority to Establish and Operate an Entity to Provide Mental Health Services

ASA 1 authorizes the MCMHB, together with a private or public organization or affiliation, to organize, establish, and participate in the governance and operation of an entity to operate, wholly or in part, any mental health-related service. The MCMHB is also authorized to participate in the financing of the entity, and to provide administrative and financial services or resources for its operation.

Payroll and Human Resources Procedures

ASA 1 specifies that the MCMHB may change payroll and human resource procedures only for the divisions, branches, and functions of the Milwaukee County Department of Health and Human Services that relate to mental health and only as specifically authorized in ASA 1.

MILWAUKEE COUNTY MENTAL HEALTH BUDGET

The MCMHB is authorized to allocate money for mental health functions, programs, and services in Milwaukee County within the budget amount specified in ASA 1, as described below.

MCMHB Proposal

ASA 1 provides that the MCMHB must annually propose a mental health budget to the county executive. The proposal must specify how much of the total proposed mental health budget consists of: (a)

community aids funding; (b) the county tax levy; and (c) patient revenues, and all other sources, which may include grants, private contributions, gifts, and bequests. The MCMHB may not propose a tax levy amount that is less than \$53 million or more than \$65 million, except as provided below.

County Executive Budget

The county executive is not required to include the tax levy amount recommended by the MCMHB in his or her proposed budget, but must include a tax levy amount of at least \$53 million and not more than \$65 million for the mental health budget.

County Board Budget

The county board must incorporate all of the following amounts into the budget for Milwaukee County for mental health every fiscal year:

- The tax levy amount proposed by the county executive, which must be at least \$53 million and not more than \$65 million unless one of the following applies: (a) a majority of the MCMHB, a majority of the county board and the county executive all agree to a different amount; or (b) the MCMHB assumes responsibility for a function, service, or program, as described below.
- Community aids funding that is the same or more than the amount allocated to mental health functions, programs, and services in the previous fiscal year (subject to the availability of community aids funds from the state).
- All amounts proposed by the MCMHB that are not tax levy funds or community aids funds.

Transfer of Function, Service, or Program to the MCMHB

If the MCMHB transfers to itself jurisdiction of a function, service, or program over which it did not previously have jurisdiction, the tax levy amount in the county budget for mental health is increased by an amount equal to the amount derived from the tax levy that was expended by Milwaukee County on that function, service, or program in the fiscal year before the fiscal year in which it is transferred. The \$65 million tax levy limit may be exceeded by this amount in any year that the MCMHB has jurisdiction over the transferred function, service, or program.

Reserve Fund

ASA 1 requires the Milwaukee County treasurer to hold any funds budgeted for mental health functions, programs, and services that are not encumbered or expended at the end of a fiscal year in a mental health reserve fund. Money in the reserve fund may be used at any time to cover deficits in the Milwaukee County mental health budget. If the amount in the reserve fund exceeds \$10,000,000, the amount exceeding \$10,000,000 may be used at any time for any mental health function, program, or service in Milwaukee County.

TRANSITION LIAISON POSITION

ASA 1 requires the county executive to nominate an individual to be a transition liaison to assist the MCMHB in the transition of oversight functions. The individual must have knowledge of the mental health systems of Milwaukee County and the services they provide. The nomination is subject to the approval of the MCMHB.

The transition liaison may be assigned to that position for no longer than 12 months, unless the county executive grants an extension.

The county executive determines the salary, benefits and the job duties of the transition liaison and may remove him or her and nominate another transition liaison.

The county board may not hire, remove, or discipline, set the salary or benefits of, or assign or remove any job duties of the transition liaison.

COUNTY BOARD ACTIONS PROHIBITED

ASA 1 prohibits the county board from forming policies regarding mental health or mental health institutions, programs, or services.

ASA 1 eliminates the county board's authority to adopt policies for the management, operation, maintenance and improvement of the mental health complex or any mental health institution.

ASA 1 prohibits the county board from exercising jurisdiction over any mental health policy, functions, programs, or services. The county board is prohibited from creating any new mental health functions, programs, or services and placing them under its jurisdiction. If any dispute arises between the county board and the MCMHB over whether a function, program, or service should be under the jurisdiction of the MCMHB, the Secretary of DHS must resolve the dispute.

ASA 1 prohibits the county board from selling the Milwaukee County Mental Health Complex without approval of the MCMHB.

ASA 1 eliminates the authority of the county board to exercise approval or disapproval over any contract relating to mental health or mental health institutions, programs, or services.

ASA 1 eliminates the authority of the county board to set the salary of the superintendent of any mental health institution and the salaries of any visiting physicians and other officers and employees whose duties are related to mental health. ASA 1 provides instead that these salaries are to be set by the county executive.

ADMINISTRATOR OF THE BEHAVIORAL HEALTH DIVISION

Appointment

ASA 1 directs the county executive to nominate an individual to be the administrator of the Behavioral Health Division of the Milwaukee County Department of Human Services. The individual may be hired as the administrator only upon approval of the MCMHB. If the county executive does not nominate an individual by June 1, 2015, the MCMHB may hire an individual to be the administrator. If the position becomes vacant and the county executive does not nominate an individual within 12 months of the date the position becomes vacant, the MCMHB may hire an individual to be the administrator.

Salary and Benefits; Job Duties

ASA 1 directs the county executive to determine the salary, benefits, and the job duties of the administrator of the behavioral health division. The county executive may not assign the administrator any duties that are not related to mental health functions, programs, and services in Milwaukee County.

The county board is specifically prohibited from hiring, removing, disciplining, or setting the salary or benefits of the administrator of the behavioral health division. The county board is also prohibited from assigning him or her any job duties or removing any of his or her duties.

Removal

The administrator of the behavioral health division may be removed by the MCMHB by a vote of eight members. However, if the county executive recommends removal of the administrator to the MCMHB, the MCMHB may remove the administrator upon a vote of six members.

AUDIT AND REPORT BY DEPARTMENT OF HEALTH SERVICES

ASA 1 requires DHS to perform or arrange for an operational and programmatic audit of the behavioral health division of the Milwaukee County department of health and human services, the psychiatric hospital of the Milwaukee County mental health complex, and the related behavioral health programs. DHS may enter into a contract for the performance of the audit.

By December 1, 2014, DHS or the person with whom DHS has entered into a contract for the audit must submit a report of the findings of the audit, including recommendations for inpatient mental health treatment in Milwaukee County, to the DHS secretary, who must in turn submit a copy of the report to the MCMHB, the county board, the county executive, and the legislature.

ASA 1 requires the MCMHB, the behavioral health division and the community services branch of the Milwaukee County department of health and human services, and any other Milwaukee County governmental unit that has information necessary for the performance of the audit, to cooperate with DHS or the contractor for the performance of the audit.

The county board must arrange for payment of expenses of the performance of the audit and the completion of the report from the Milwaukee County mental health budget under an agreement between the county board and DHS.

MCMHB REPORTING AND STUDY REQUIREMENTS

Annual Report

ASA 1 requires the MCMHB to submit a report to the county executive, the county board, and DHS By March 1, 2015, and annually by March 1 thereafter. The report must include the following:

- A description of the funding allocations for Milwaukee County's mental health functions, services, and programs.
- A description of any improvements and efficiencies in those mental health functions, programs, and services.

DHS must provide public access to the report by posting it on the DHS website.

Study on Alternate Funding Sources

ASA 1 directs the MCMHB to arrange for a study to be conducted on alternate funding sources for mental health services and programs including fee-for-service models, managed care models that integrate mental health services into the contracts with an increased offset through basic county allocation reduction, and other funding models.

The MCMHB must submit a report of the results of the study to the county board, the county executive, and DHS by March 1, 2016.

AUDIT BY THE LEGISLATIVE AUDIT BUREAU

ASA 1 directs the Legislative Audit Bureau (LAB) to perform a financial and performance evaluation audit of the MCMHB and of mental health functions, programs, and services in Milwaukee County. The audit must include a review of all of the following:

- The effectiveness of the MCMHB and new policies it implements in providing mental health services.
- The expenditures of the MCMHB.
- Milwaukee County's expenditures for mental health functions, programs, and services.
- The outcomes of Milwaukee County's mental health programs and services in the period after the formation of the MCMHB.

The LAB must complete the audit by January 1, 2017, and perform a similar audit every two years thereafter. The LAB must file a copy of the audit report with all of the following:

- The MCMHB.
- The county executive.
- The county board of supervisors.
- The chief clerk of each house of the Legislature.
- The Governor.
- The Department of Administration.
- The Legislative Reference Bureau.
- The Joint Committee on Finance.
- The Legislative Fiscal Bureau.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

MM:ty



WISCONSIN LEGISLATIVE COUNCIL

*Terry C. Anderson, Director
Laura D. Rose, Deputy Director*

TO: REPRESENTATIVE SANDY PASCH
FROM: Mary Matthias, Principal Attorney
RE: Assembly Amendment 1 to Assembly Substitute Amendment 1 to Assembly Bill 718, Relating to Milwaukee County Mental Health Functions, Programs, and Services and Creating the Milwaukee County Mental Health Board
DATE: March 10, 2014

This memorandum, prepared at your request, describes Assembly Amendment 1 (the amendment) to Assembly Substitute Amendment 1 (ASA 1) to Assembly Bill 718, relating to Milwaukee County mental health functions, programs, and services and creating the Milwaukee County Mental Health Board (MCMHB).

As described in detail below, the amendment specifies that as of January 1, 2015, the MCMHB, which is created as a state board under ASA 1, becomes a Milwaukee County entity. After this transition, the MCMHB has the same members, carries out the same functions, and generally has the same responsibilities as it does as a state board under ASA 1.

The amendment does not change the provisions of ASA 1 relating to the Milwaukee County mental health budget.

ADVANCED PRACTICE NURSE PRESCRIBER MEMBER OF THE MCMHB

ASA 1 specifies that one member of the MCMHB must be a psychiatric mental health advanced practice nurse **prescriber**. The amendment eliminates the requirement that this member be a prescriber. Thus, under the amendment, one member of the MCMHB must be a psychiatric mental health advanced practice nurse. This change applies when the MCMHB is initially established as a state board and when it transitions to becoming a county entity on January 1, 2015, as described below.

TRANSITION OF MCMHB TO A COUNTY ENTITY

ASA 1 creates the MCMHB, attached to the Department of Health Services (DHS) for limited purposes. Under the amendment, the MCMHB is reconstituted as a Milwaukee County entity on January 1, 2015. All statutory references to the state MCMHB are repealed as of that date, and Milwaukee County is required to establish the MCMHB, a county entity, on that date. The MCMHB as a county entity has all of the same functions, authority, and responsibility as does the state MCMHB under ASA 1.

Re-Appointment of Individuals Serving as Members of State Board Required

The amendment requires the Milwaukee County executive (county executive) to appoint all of the individuals who are serving on the state MCMHB on January 1, 2015 to the new county MCMHB. After those individuals serve the remainder of their terms, the county executive will make all future appointments to the MCMHB. The county executive is also authorized to make appointments in the case of any vacancies. Appointments by the county executive are not subject to approval of the Milwaukee County Board (county board).

Membership Requirements; Future Appointments; Removal

The required qualifications for membership on the county MCMHB are the same as those which apply to the state MCMHB under ASA 1. As discussed above, the county executive must appoint all of the members of the state MCMHB to the county MCMHB. After those terms expire, or in the case of any vacancies, the county executive carries out the appointment functions that the Governor carries out under ASA 1. Under the amendment, the county executive must solicit suggestions from the same groups as the Governor must under ASA 1, but the county executive is not required to choose from among those suggestions. The county executive must select from the lists of suggested individuals provided by the county board.

If the county board chooses to suggest a member of the MCMHB for reappointment to his or her position, the county board is not required to solicit suggestions from organizations and is not required to submit an additional three suggestions to the county executive for that appointment.

If the county executive chooses to reappoint a member of the MCMHB to his or her position, he or she is not required to solicit suggestions from organizations for that appointment.

No individual may serve more than two consecutive terms in a membership position for which suggestions for nomination are made by the same individual or entity, unless one of their three terms is for less than two years. An individual who has served the maximum number of consecutive terms is eligible to be suggested for nomination as a member of the MCMHB after 12 months have elapsed since the end of their most recent term.

The county executive may, for cause, remove any board member for whom the county executive solicited suggestions for nominations and must remove any member who violates the prohibitions against lobbying, political activity, being employed by Milwaukee County, or holding elective office.

If the county board suggested a member for nomination, the county board may remove the member for cause.

Requirements Applicable to MCMHB as a County Entity

The MCMHB, as a county entity, is subject to the Open Records Law and the Open Meetings Law. The amendment specifies that the following provisions that apply to the state MCMHB under ASA 1 will continue to apply to the MCMHB when it becomes a county entity.

Meetings. The MCMHB must hold at least six meetings per year, one of which must be a public hearing in Milwaukee County.

Selection of Chairperson. At its first meeting in each year, the MCMHB must elect a chairperson, vice chairperson, and secretary each of whom may be reelected for successive terms.

Quorum. A majority of the membership of a board constitutes a quorum to do business and, unless a more restrictive provision is adopted by the MCMHB. A majority of a quorum may act in any matter within the jurisdiction of the MCMHB.

Reimbursement for Expenses; Compensation. The members of the MCMHB are reimbursed for their actual and necessary expenses incurred in the performance of their duties. The members receive no compensation for their services.

Code of Ethics for Local Government Officials. The amendment specifies that after the transition of the MCMHB to a county entity, the members of the MCMHB will become local public officials subject to the Code of Ethics for Local Government Officials. [s. 19.59, Stats.] Among other things, that code specifies that, in general, no local public official may do any of the following:

- Take any official action substantially affecting a matter in which the official, a member of his or her immediate family, or an organization with which the official is associated has a substantial financial interest.
- Use his or her office or position in a way that produces or assists in the production of a substantial benefit, direct or indirect, for the official, one or more members of the official's immediate family either separately or together, or an organization with which the official is associated.
- Use his or her public position or office to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated. [s. 19.42 (1) (a) and (c), Stats.]

Transfer of Jurisdiction Over Mental Health Functions to the MCMHB

ASA 1 authorizes the MCMHB, with approval of the DHS Secretary, to transfer to itself jurisdiction over any Milwaukee County function, service, or program that pertains to mental health or is highly integrated with mental health services and that is not already under its jurisdiction. The MCMHB may achieve a transfer by an affirmative vote of eight of its voting members of the MCMHB, if the DHS Secretary approves the transfer.

The amendment modifies this provision to require that a transfer of jurisdiction may not occur unless a majority of the members of the MCMHB and a majority of the members of the county board approve the transfer.

The amendment also deletes the provision in ASA 1 that provides that in any dispute between the county board and the MCMHB over whether a function, program, or service is a mental health function, program, or service under the jurisdiction of the MCMHB must be resolved by the Secretary of DHS.

Transition Liaison

ASA 1 establishes the position of transition liaison to assist the MCMHB in the transition of oversight functions. The amendment specifies that among the other duties of the transition liaison, he or she must ensure there is no interruption of mental health services.

RECOMMENDATIONS RELATING TO CLOSING THE MILWAUKEE MENTAL HEALTH COMPLEX

ASA 1 requires DHS to perform or arrange for an operational and programmatic audit of the behavioral health division of the Milwaukee County Department of Health and Human Services, the psychiatric hospital of the Milwaukee County Mental Health Complex, and the related behavioral health programs.

DHS may enter into a contract for the performance of the audit. The audit and a report of the findings of the audit must be completed by December 1, 2014.

The amendment requires the audit to include recommendations for all of the following:

- The state assuming oversight responsibility for emergency detention services and the psychiatric hospital of the Milwaukee County Mental Health Complex.
- Developing a plan for closing the Milwaukee County Mental Health Complex.
- Developing a plan for state oversight of a regional facility for the delivery of institutional, inpatient, crisis services, and behavioral health services using similar state-operated regional facilities as a model.

The amendment also requires the audit to provide details and specifications on how, after the transitioning of the county-run institutional model to a state-based regionalized model, the state-based MCMHB will transition to a county-based board, the positions on the MCMHB will transition to a community-based focus, the funding for inpatient services and community-based services will continue, and mental health services will be delivered in a manner that reflects all of the following principles:

- Community-based, person-centered, recovery-oriented mental health systems.
- Maximizing comprehensive community-based services.
- Prioritizing access to community-based services and reducing reliance on institutional and inpatient care.
- Protecting the personal liberty of individuals experiencing mental illness so that they may be treated in the least restrictive environment to the greatest extent possible.
- Providing early intervention to minimize the length and depth of psychotic and other mental health episodes.
- Diverting people experiencing mental illness from the corrections system when appropriate.
- Maximizing use of mobile crisis units and crisis intervention training.

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

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Contact: Shel Gross
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**Mental Health America of Wisconsin:
Comments on Milwaukee County Mental Health Legislation**

March 13, 2014, Madison: Mental Health America of Wisconsin is among those organizations that have expressed serious concerns about the conditions at the Milwaukee County Mental Health Complex. We have also recognized that it is not feasible to simply close the place down without appropriate options for those who may currently require institutional care and adequate community-based services for their longer term support. That is why we are encouraged by the legislation which passed the Senate this week and is headed for the Assembly for concurrence.

The addition of language to AB718 and SB565 requiring the Department of Health Services to conduct a complete program audit of the Behavioral Health Division and issue recommendations that could include closing the inpatient facility and creating in its place a regional facility managed by the State gets to the heart of our concerns. This will provide some much needed clarity on the conditions within the mental health complex and create the sort of thoughtful plan that will be needed, regardless of the ultimate fate of the facility.

We believe that the formation of the new Mental Health Board has the potential to bring expert oversight to the further development of Milwaukee's mental health system. The Behavioral Health Division has moved in the right direction in the development of the community-based services system, albeit at a slower pace than we would have liked to see; we hope that this new structure can push this process forward. At the same time we recognize that there will continue to be challenges given the uncertainties about how the roles and responsibilities of the new Board, the county executive, the county board and the State play out over time.

We do believe that this legislation does at least disrupt business as usual in a way that has the potential to "first do no harm." We would like to thank Rep. Sanfelli for his diligent work on crafting the bill and then responding to the many concerns raised at the public hearing. We also salute his effort to make sure this was a bipartisan bill and the role that Rep. Pasch, in particular, played in the final development of the proposal. We know the rest of the Milwaukee County legislative delegation also was involved in reviewing the bill and wish to express our thanks to them, and especially to Sen. Vukmir for her lead sponsorship in the Senate.

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Shel Gross
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Mary Neubauer
Vice-Chairperson

State of Wisconsin

Wisconsin Council on Mental Health

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**Comprehensive Community Services:
DHS Report Shows that Budget Initiative Can Achieve Aims**

What is immediately clear from reviewing the Department of Health Services' report to the Joint Finance Committee is that at this point, just over eight months following the passage of the biennial budget, the budget initiative to expand Comprehensive Community Services (CCS) shows strong signs of having its intended impact on addressing inequities in the mental health services system and enhancing access to community based services for adults and children.

- The budget, by providing the share of Medicaid not paid by the federal government, allows Wisconsin to comply with federal Medicaid requirements by making the benefit available statewide. Currently, only 31 counties offer this service. Already an additional 31 counties have indicated they will begin to offer the benefit as a result of the budget initiative. As is true with other human service expansions we expect the few remaining counties to initiate this service over time.
- CCS, uniquely, serves people with both mental health and substance use disorders and both adults and youth. It provides, for the first time, a floor for community based service availability across Wisconsin.
- The program participation and costs will grow over time as the initiative corrects for decades of underfunding of the community-based mental health system and provides equity in access to services for people across Wisconsin.

Central to the success of the budget initiative has been its promotion of a more regionalized mental health infrastructure. A regional approach is allowing some counties that would not have been able to implement CCS on their own to move forward. This is due in large part to the efficiencies created through shared services.

While costs for CCS will increase over time, these increases are reasonable and appropriate:

- CCS is a recovery based proactive approach to serving people which will reduce the need for crisis and inpatient services and related involvement of law enforcement, yielding savings to Medicaid and counties.
- The budget does not expand who is eligible for CCS. CCS is a Medicaid benefit which should be available to all Medicaid eligible individuals who functionally qualify for the program.

The Wisconsin Council on Mental Health identified the expansion of CCS as one of its top priorities. Please release the funds so that this expansion can move forward.

DRAFT: FEBRUARY 2014

**Wisconsin Council on Mental Health
Strategic Planning Priorities: 2014-2016**

Goal 1: Oversee the implementation of the mental health block grant priorities.

Priority #1: increase the access and quality of wraparound services for children and youth through the expansion of the number of counties and/or tribes with Coordinated Service Teams (CST) programs

Committee with primary responsibility: Children and Youth

Other entities involved: Children Come First Advisory Committee (CCFAC).

Related initiatives: Office of Children's Mental Health

Speaker's Task Force bills: Child Psychiatry Access Line, primary care and psychiatry shortage program, telehealth and prior authorization, mobile crisis grants, grants for CIT.

Priority #2: improve access and quality of recovery-oriented mental health and substance abuse services that promote evidence-based practices through increasing the number of people served in psychosocial rehabilitation programs, such as Comprehensive Community Services (CCS), Community Support Programs (CSP), Community Recovery Services (CRS), peer support, and supported employment.

Committees with primary responsibility: Adult Quality; Children and Youth for CCS for kids.

Other entities involved: CCS and peer run respite advisory committees;

Related initiatives: contract with Independent Living Resources for support to recovery centers (strengthen/stabilize funding; establish outcomes and measure them; explore how to support/learn from unfunded sites).

Speaker's Task Force Bills: Expansion of IPS, funds for peer run respite, mobile crisis grants, grants for CIT.

Priority #3: Promote effective and recovery-oriented and evidence-based practices (EBP) for people with mental illness who are involved in the criminal justice system through consultation with county systems.

Committee with primary responsibility: Criminal Justice, Children and Youth for juvenile justice.

Other entities involved: Dept. of Corrections

Related initiatives: OARS/DOES, peer support in corrections, trauma informed care, adverse childhood circumstances.

Speaker's Task Force bills: expansion of Treatment Alternative and Diversion program; CIT training;

Priority #4: Reduce Suicide

Committee with primary responsibility:

Other entities involved: Prevent Suicide Wisconsin Steering Committee (Kathryn Bush, Shel Gross, Julianne Dwyer/BPTR).

Related initiatives: state prevention grant, federal Garrett Lee Smith grant. Create new state strategy: present to WCMH.

Speaker's Task Force bills:

Other Activities to Support Implementation of Priority Areas

- Provide input to DHS on factors they should use to allocate mental health block grant funds as federal allocations change.
- Monitor DHS capacity to implement block grant priorities and advocate for additional resources, as needed.

Goal 2: Increase ongoing meaningful peer and family involvement and participation.

- Follow up on outreach to state departments to ensure we continue to have meaningful consumer involvement on relevant committees/councils.
 - ✓ Child Welfare Advisory Committee
 - ✓ Criminal Justice Coordinating Council
 - ✓ DHS
 - ✓ Rehabilitation Council
- Explore additional ways to outreach to consumer and families to promote opportunities for participation on WCMH and its committees.
 - ✓ Department of Public Instruction
 - ✓ NAMI
 - ✓ Grassroots Empowerment Project
 - ✓ Wisconsin Family Ties
- Create and promote opportunities for consumer and families to be involved in WCMH-related activities that do not require council or committee participation:
 - ✓ Letter-writing
 - ✓ Advocacy
 - ✓ Workgroups or focus groups
- Continue to explore and try to address reimbursement issues that present barriers to consumers and family members who may not be supported by formal organizational relationships.

Goal 3: Build on needs assessment by identifying and developing additional data sources; enhance availability of data for program evaluation; make data more accessible to local governments to ensure they can make informed decisions.

- Provide input to DMHSAS on next steps for needs assessment and outcome/performance measures (dashboard) for monitoring progress on priority areas.
- Receive reports on data sources that can enhance our understanding of services and outcomes for adults and kids with mental health disorders.
 - ✓ Medicaid
 - ✓ Department of Vocational Rehabilitation dashboard
 - ✓ Department of Children and Families dashboard
- Work with DHS/counties/other stakeholders to create a standardized county level report that identifies key information and indicators that can provide a snapshot of county mental health services and outcomes.

Goal 4: Enhance coordination with other state councils.

State Council on Alcohol and Other Drug Abuse (SCAODA): The following represent a variety of ways to enhance coordination and collaboration between the two councils. One possible long-term goal would be integration of the two councils.

Filling Council Seats:

1. Fill vacant WCMH seat on SCAODA.
2. Fill vacant SCAODA seat on WCMH, which had been filled by Don Pirozzoli

Committee Collaboration with SCAODA

1. Meetings between WCMH Committees and corresponding SCAODA committees, if applicable.
2. Cross-population of WCMH and SCAODA members on committees of other council.

Topics for future discussion of issues of mutual interest:

1. Limited Consumer Role on SCAODA
2. Trauma Informed Care
3. Needs Assessment
4. Criminal Justice
5. CCS, CST, CSP
6. Health Care Reform
7. Peer Support
8. Gambling

Longer term WCMH/SCAODA Goals:

1. Ongoing combined Executive Committee meetings with SCAODA
2. Investigate opportunities for Federal technical assistance on Council integration.
 - a. What would future council integration look like and be like?

Council on People with Disabilities

Appoint a representative to that council.

Rehabilitation Council

Fill seat previously held by Don Pirozzoli

Child Welfare Advisory Council

Review interim appointment of Phyllis Greenberger and determine whether there is a parent of a child with serious emotional disturbance who could fill this seat.

Goal 5: Identify WCMH Positions with Regard to Other Areas

- Healthcare Reform: Monitor implementation of ACA; monitor to what degree private plans are complying with requirements of state and federal parity laws.
- Stigma: Learn about efforts to address stigma in Wisconsin.
- Consumer rights: continue to identify and respond to threats to consumer rights.
- Address other areas as they are brought to the attention of the WCMH.

Attachment 7

DHS/MH Advocates Meeting

Future Agenda Items

1. Children's Long-Term Support and kids with SED; CCS/CLTS memo.
2. Budget initiatives implementation.
 - a. CCS status; revising cost report/reconciliation process
3. Milwaukee Mental Health Board legislation; status, implementation issues.
4. Updates:
 - a. Integrated Care project (North-Central)
 - b. Foster Care Medical Home project
5. Speaker's Task Force bills implementation.
6. OCI/DHS/Advocate meeting: ACA/parity and mental health substance abuse treatment (include SCAODA representation).
7. MAPP
8. NGA project (aka superutilizers, aka complex care)
9. MH and Family Care
10. Prior authorization concerns (cross disability concern)

Transportation

How Do People with Disabilities Get Around in Wisconsin?

We all know that isolation tends to be bad for our health, including exacerbating depression. We also know that many people with disabilities in Wisconsin have low incomes or have other limitations on our ability to get around. This is an overview of what is available for transportation for people with disabilities. Many of these modes are also available to older adults.

This overview does not address human-powered or transportation by train, aircraft or personal automobile.

Mass Transit

Over the past several years, transit systems in Milwaukee, Madison and other cities provided approximately 800 Million rides annually. The estimated cost of these rides is \$345.3 Million. This includes fares as well as federal, state and local operating assistance.

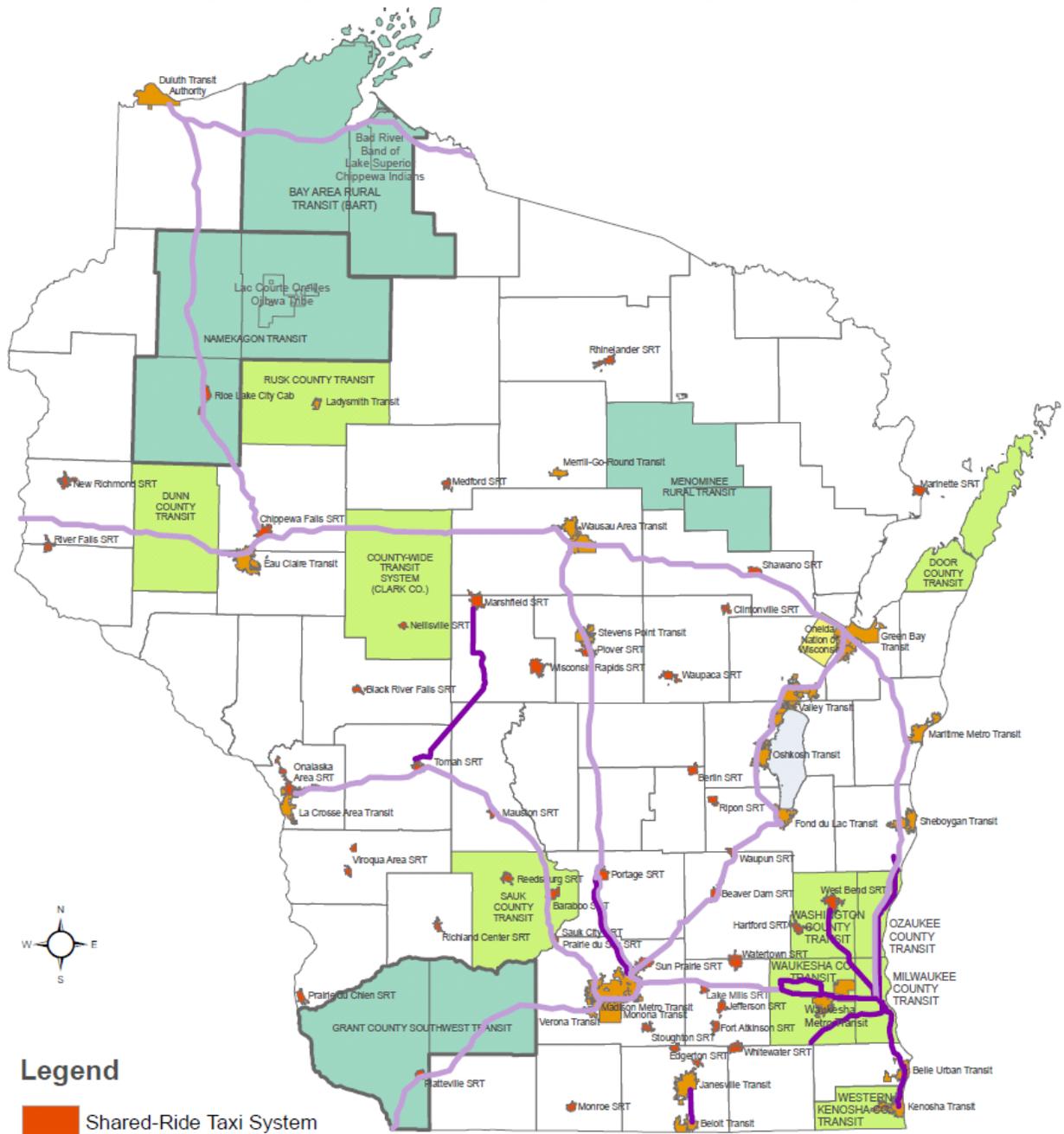
The attached map shows transit systems in Wisconsin.

There are also federal, state and local specialized transit for elderly residents and people with disabilities. In 2006, \$2.6 Million Capital and \$100.6 Million Operating federal and state assistance.

Medicaid Transportation

DHS has entered into a contract with Medical Transportation Management, Inc. (MTM) to provide NEMT management services on a statewide basis beginning August 1, 2013, and continuing through July 31, 2016. The estimated cost is \$7.2 Million greater for this biennium than previously. The 2006 Cost was estimated at \$60 Million.

2012 WISCONSIN PUBLIC TRANSIT SYSTEMS



Legend

- Shared-Ride Taxi System
- Municipal Bus System
- Reservation-Wide Transit System
- County-Wide Transit System
- Multi-County Transit System
- Publicly Funded Inter-City Service
- Shuttle/Commuter Service

Wisconsin Department of Transportation
Bureau of Transit, Local Roads, Railroads & Harbors