

LEGISLATIVE & POLICY COMMITTEE

of the

Wisconsin Council on Mental Health

Minutes of the April 3, 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	William Parke-Sutherland, Grassroots Empowerment Project
Stacy Paul	Kit Kerschensteiner, Disability Rights Wisconsin
Joanne Juhnke, Wisconsin Family Ties	

Alternates in attendance:

Barbara Beckert, Disability Rights Wisconsin	
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DHS Staff: Dan Zimmerman (Bureau of Prevention Treatment and Recovery/BPTR), Kenya Bright (BPTR), Rebecca Wigg-Ninham (BPTR), Ryan Stachoviak (BPTR), Joyce Allen (BPTR), Sarah Coyle (DMHSAS), Peggy Helm-Quest (Division of Public Health)

Guests: Joleen Plautz (Wisconsin Association of Marriage and Family Therapy), Dr. Rick Immler (Wisconsin Council on Mental Health), Linda Hall (Wisconsin Association of Family and Children’s Agencies), Elizabeth Hudson (Office of Children’s Mental Health) and members of the Children and Youth Committee (Kim Eithun-Harshner, Jackie Baldwin, Phyllis Greenberger, Dan Naylor, Kathryn Bush, Robin Meteha)

Joint meeting of the Children and Youth Committee and the Legislative & Policy Committee

Discussion of 2015-2017 budget/policy priorities (Jackie Baldwin)

Mr. Gross discussed the information in Attachment 1. Ms. Baldwin reviewed the decisions/conclusions the Children and Youth Committee made on the following budget and policy priorities:

- Respite for children/youth & their families to avoid out of home placements. It will be critical to obtain data for a budget proposal. Inpatient costs for children range from \$900 to \$2,500 per day. The data should identify the counties in which children are served well in the community. The proposal will need to include costs and funding options.
- Funding for OCMH. Ms. Hudson noted that the legislature provided funding for staff for the Office of Children’s Mental Health, but not funding for the operation of the office (e.g., supplies, travel, etc.). Currently, the Department of Health Services provides the funding for the operation of the office. She added that the legislative intent was to create an office that coordinates activities across several departments that impact children who have mental health needs, but to be independent of any department. To better reflect the legislative intent, Ms. Hudson would like to change the name of the office to better reflect the need to meet the total needs of children by working with all applicable departments (Public Instruction, Health Services, Children and Families, Workforce Development, Department of Corrections, etc.).
- Funding for Parent Peer Specialists and training/certification.

- Children’s Long-Term Support memo kids with severe emotional disturbance. The primary need is to eliminate the waiting list by increasing the number of waiver slots available.
- Psychiatric telehealth. Mr. Zimmerman provided information about Mendota Mental Health Institute’s plans to provide telehealth services to county certified mental health programs, as well as the costs associated with equipment that ensures the transmission (upload and download of the information) is encrypted/secure. In the past, the Public Service Commission has provided grant funding medical telecommunications equipment (<https://psc.wi.gov/utilityInfo/tele/usf/documents/teleMedicine/tmGuidelines.pdf>). A budget proposal for additional funding of such equipment may be appropriate to ensure that the need for telehealth is met.
- Eliminate aversive interventions, such as seclusion and restraints in all child serving services/agencies. Training of staff in schools is needed to decrease the use of seclusion and restraint. 2011 Wisconsin Act 125 (<http://docs.legis.wi.gov/2011/related/acts/125.pdf>) addresses the issue, but not fully given that there are no reporting requirements to the local school board, the Department of Public Instruction, etc. so tracking of the use of restraint and seclusion is possible. A budget proposal for training and culture change is needed.
- Funding for required training in trauma informed care and TCI.
- Support data funding on all things related to children’s mental health.
- Infant & Early Childhood – support efforts to enhance social & emotional development.

Update on the Child Psychiatry Access program (Dr. Rick Immler)

2013 Wisconsin Act 127 (<https://docs.legis.wisconsin.gov/2013/related/acts/127.pdf>) states, “In the period before January 1, 2015, the department shall review proposals submitted by organizations seeking to provide consultation services through the consultation program under this section and shall designate regional program hubs, in a number determined by the department, based on the submitted proposals. The department shall select and provide moneys to organizations to provide consultation services through the consultation program in a manner that maximizes medically appropriate access and services as described under sub. (4).” The department will develop a Request for Proposal (RFP) to select entities that will provide these consultation services with a contract start date of January 1, 2015. A stakeholder meeting will be held in Stevens Point on April 9th and 10th to obtain input for the development of the RFP. Interested parties may send comments to Dr. Immler (reimmler@gmail.com) or Jennie Mauer (Jennie.Mauer@wisconsin.gov). While the intent of the legislation is to replicate the Massachusetts model (<http://www.mc pap.com/>), Dr. Immler’s impression is that the funding of \$500,000/year is insufficient to fully replicate the model (e.g., staff in regional hubs who will know the local services and supports available to meet the needs for a child); CY 2015 should be viewed as a pilot.

Update on the Office of Children’s Mental Health (Elizabeth Hudson)

Ms. Hudson provided her vision/plans for the Office of Children’s Mental Health (OCMH), which includes:

- The OCMH is a coordinating office that is statutorily required to collect data from state agencies that offer mental health services to children and youth. The data collected will be used to monitor, assess, recognize duplication and make recommendations.
- The OCMH will promote the understanding that early adversity, toxic stress and trauma often underlie mental health issues in children, youth and families.
- The OCMH will promote the role of prevention and early intervention services (e.g., training and consultation from mental health professional to teachers, parents, etc.) and the importance of building a universal approach to the development of social and emotional skills.

- The OCMH will pursue an organizing strategy called “Collective Impact” which is a specific model that brings stakeholders together to create a shared vision, shared goals and measurable outcomes/indicators.

Ms. Hudson noted that state agencies (DHS, DOC, DCF, DPI, DWD) will continue to provide programming/services for children and OCMH will not provide any programming/services, although this is a possibility down the road.

Updates on CCS & CST roll outs and plans to monitor for fidelity and outcomes (Shel Gross)

A member of the Joint Committee on Finance raised an objection to the expansion of Comprehensive Community Services (CCS), so the committee will need to meet to vote to release the funds. Mr. Gross indicated that he believes the committee will vote to release the funds.

Ms. Bright said the department is moving forward with plans and efforts to expand CCS and coordinated service teams (CST) in accordance with the legislation. Thirty-one counties interested in developing a regional certified CCS program, which would mean that CCS will be available in sixty-two counties if all these counties participate in a regional CCS program (only Dane, Milwaukee, and Waukesha counties can be a region unto themselves). The Division of Mental Health and Substance Abuse Services (DMHSAS) must approve each proposed regional model, in addition obtaining certification from the Division of Quality Assurance. The DMHSAS numbered memo (http://www.dhs.wisconsin.gov/dsl_info/InfoMemos/DMHSAS/CY2014/2014-01InfoMemo.pdf) describes the possible models of a regional CCS program. Ms. Bright discussed plans for training, technical assistance, and quarterly meetings with staff from the certified CCS programs.

Ms. Wigg-Ninham said that applications for developing a CST were received from every tribe and all but eight counties (many counties already operate a CST program). The bureau is working to address training and technical assistance needs; the bureau was approved to hire 2.5 full-time equivalent positions for this purpose and these positions should be filled by the end of June.

Update on Children’s Long Term Services (CLTS) waiver meeting with Brian Schoup (Paula Buege)

The numbered memo jointly issued by the DMHSAS and Division of Long Term Care/DLTC (http://www.dhs.wisconsin.gov/dsl_info/NumberedMemos/DMHSAS/CY2014/2014-03PolicyMemo.pdf), which provides information about the use of Medicaid funds for serving children who are eligible for both the Children’s Long Term Waiver program and CCS, was discussed. A meeting was held with county staff to review the memo and its implementation. Beth Wroblewski, the deputy administrator of DLTC, will coordinate a similar meeting in early May for advocates.

Ms. Buege said that Wisconsin Family Ties has expressed concerns about the application of eligibility criteria for the Children’s Long Term Waiver program, but not received a response from the DLTC. The concern is based on the large number of children who have mental health needs that are found “not eligible.” Mr. Schoup will meet with mental health advocates this summer to this issue.

Legislative & Policy Committee meeting

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

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

- Under the listing of “Guests,” it should read: ~~Joann Junke~~ *Joanne Juhnke* (Wisconsin Family Ties).
- The first bullet under the header, “Announcements...” should read: 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 to gather parent input for the Safe Schools/Healthy Student project~~, including school safety and substance abuse.

Ms. Neubauer seconded the motion. The motion passed unanimously with one abstention.

Announcements/follow-up from last meeting

- Mr. Bachhuber noted that two bills that were generated by the Joint Legislative Council’s Special Committee were signed into law as 2013 Wisconsin Acts 158 and 161.
- HR 4302, the “Protecting Access to Medicare Act of 2014 (<http://beta.congress.gov/bill/113th-congress/house-bill/4302/text>), includes grant funding in Sec. 223 for demonstration programs to improve community mental health services and in Sec. 224 for assisted outpatient treatment grant program for individuals with serious mental illness.

Legislation updates, DHS meetings (Shel Gross)

Mr. Gross provided a review of the information in Attachment 2.

A meeting is scheduled with Kevin Moore, the DHS Deputy Secretary, on April 11th. Ms. Beckert will take the lead to discuss various issues (e.g., implications of Brett Davis’ departure on the Division of Health Care Access and Accountability).

A hearing is scheduled for today on Rep. Tim Murphy’s bill, HR 3717, which is entitled “Helping Families in Mental Health Crisis Act of 2013” (<http://beta.congress.gov/bill/113th-congress/house-bill/3717/text>). Mr. Gross noted that Rep. Murphy has indicated that he is willing to look at alternative language and requirements to address the issues in the bill.

Ms. Neubauer was nominated to be the representative from the Milwaukee County Mental Health Task Force to serve on the newly created Milwaukee County Mental Health Board.

The committees discussed the information in Attachments 3 and 4. Ms. Neubauer said this proposed bill will have a significant positive impact for consumers. Under the current Medical Assistance Purchase Plan (MAPP) program, 53% of her income goes to pay her premiums, but under the proposed bill, only 9% of her income would be needed to pay her premiums. She noted that the proposed bill does have a minimum premium, irrespective of income, to try to make the changes in MAPP budget neutral.

Meaningful Consumer/Family Involvement (Shel Gross)

Mr. Gross requested committee members to think about changes that could be made to increase meaningful consumer involvement. This agenda item will be on next month’s agenda.

Other business/agenda items for future meetings (Shel Gross)

- Have a provider forum in the fall with representatives from the Wisconsin Hospital Association (WHA); Wisconsin Association of Family and Children’s Agencies (WAFCA); Wisconsin County Human Service Association (WCHSA); Wisconsin Association of Marriage and Family

Therapy (WAMFT); National Association of Social Workers (NASW) – Wisconsin Chapter; Wisconsin Psychological Association (WPA); Joint Board of Marriage and Family Therapy, Professional Counseling, and Social Work; etc.

Public comments

None.

The meeting was adjourned at 4:04 p.m.

Possible agenda ideas for the May 8, 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).
30. Have a provider forum in the fall with representatives from the Wisconsin Hospital Association (WHA); Wisconsin Association of Family and Children's Agencies (WAFCA); Wisconsin County Human Service Association (WCHSA); Wisconsin Association of Marriage and Family Therapy (WAMFT); National Association of Social Workers (NASW) – Wisconsin Chapter; Wisconsin Psychological Association (WPA); Joint Board of Marriage and Family Therapy, Professional Counseling, and Social Work; etc.

Attachment 1

**Mental Health Budget Priorities
Preliminary Ideas
DRAFT March 31, 2014**

The 2013-2015 legislative session saw unprecedented activity in support of the expansion of mental health services and supports in Wisconsin. Both the Governor's budget and the recommendations from the Speaker's Task Force on Mental Health provided new funding for community-based services and supports for adults and children with mental disorders; together about \$34 million were allocated.

The 2015-2017 budget priorities reflect the need to address the following:

- Funding that is needed to support the investments made in the 2013-2015 budget and ensure that these new or expanded programs and services can be successfully implemented and evaluated.
- Items that did not make it through the 2013-2104 legislative process or may need some modifications.
- Targeted new investments.

A. Funding that is needed to support the investments made in the 2013-2015 budget and ensure that these new or expanded programs and services can be successfully implemented and evaluated.

1. Support the development of the peer and parent specialist workforce.

A number of the programs being expanded or developed as a result of the 2013-2015 budget and Speaker's Task Force recommendations are built on the services of certified peer and parent peer specialists. Clearly, peer-run respite requires a well-trained peer workforce. But Comprehensive Community Services (CCS) uses both peer and parent specialists and Coordinated Service Teams (CST) also rely on parent peer specialists. The Division of Vocational Rehabilitation (DVR) has supported individuals with mental illnesses who are part of their system in obtaining peer specialist certification. Enhanced funding made possible in the 2013-2015 biennium may expand the number of mental health consumers who can be supported in this way. Similarly, the expansion of the Individualized Placement and Support (IPS) model made possible by funds from the Speaker's Task Force on Mental Health will provide job opportunities for those who have obtained their certification. But a number of things can be done to ensure that the pipeline for new parent and peer specialists is working well.

a. Support the annual Consumer Conference

The Consumer Conference has long served as a place for consumers who may be making their initial steps in recovery to learn about the opportunities available as certified peer specialists and to learn about how to move forward on this particular life path. However, changes in funding have meant that the funds to support this conference are no longer available. This modest funding will serve to ensure that we continue to stimulate the interests of those who will be the future of the peer workforce.

b. Support Recovery Centers

Wisconsin currently has 11 Recovery Centers, which have been supported by the Mental Health Block Grant. Funding for these centers has always been minimal and this undercapitalization has made it problematic to develop sustainable programs. Recovery Centers take a variety of forms but provide opportunities for peers to develop their work-related skills and to become familiar with peer

support roles. This environment has often been the critical next step for those who have an interest in the peer specialist training but who may not yet be prepared for the formal training and certification process.

c. Parent and Peer Specialist Training

While there are a number of peer specialist training programs that consumers can access in order to prepare for their certification, DVR continues to send people to Chicago for training. Funds can be allocated to allow for this training to occur in Wisconsin, which will be more convenient for those participating in the course and less costly to DVR. Additionally, work still needs to be done to finalize training and certification for parent peer specialists.

d. Facilitated Employer Training on Benefits for CPS and PPS

While we are creating a peer and parent workforce we also need to work with the potential employers to make sure they understand the benefits of using these employees and the ability to be reimbursed for their services. We also know from current experience that certified peer specialists and parent peer specialists find themselves being asked to do things that are not appropriate to their role and training. Funds are needed to support training for these potential employers to facilitate hiring and appropriate use of this workforce.

e. Continued Funding for IPS Supports

The Speaker's Task Force on Mental Health provided funding to create a regional infrastructure for training programs in the IPS model of employment for people with serious mental illnesses. However, this funding was only for the 2013-2015 biennium. This will allow for only minimal training, not adequate to create a strong infrastructure to support implementation of IPS. Additionally, as the expansion of CCS will continue in the 2015-2017 biennium, and CCS being a significant "hub" for IPS, these training resources will continue to be needed.

2. Provide additional funding to DHS to support effective implementation and oversight of new and expanded programs.

While some of the larger initiatives in the Governor's budget included staff positions for the DHS, there are a variety of new program, especially those created through the Speaker's Task Force on Mental Health, for which no new staffs were provided. Many of these programs require contracting by the DHS, training in the program models and oversight to ensure their success. Additionally, no funds were provided to enhance the DHS' ability to monitor and report outcomes. We believe that it is critical for the Legislature, consumers, family members and advocates to have better data to ensure that the new investment in funds is achieving the desired outcomes. While significant work has been done at DHS to improve their data collecting, monitoring and reporting capabilities, additional resources are required to create meaningful and valid measures and benchmarks.

3. Provide additional funding to the Office of Children's Mental Health to initiate needed activities.

The 2013-2015 biennial budget created the Office of Children's Mental Health (OCMH). However the funding only covers the costs of the Director and three staffs, plus basic costs of running the office. This means there are no funds for priority activities that may be needed in order for the OCMH to achieve its objectives. The director should identify and the budget should provide needed funds.

B. Items that did not make it through the 2013-2104 legislative process or may need some modifications.

1. Expand Programs that Support Effective Reintegration of Inmates with Mental Illnesses

Individuals with mental illnesses are overrepresented in the criminal justice system. This is usually because of the symptoms of the mental illness when it is not being adequately treated. When individuals receive appropriate treatment and supports in the correctional institutions and are then able to seamlessly receive these upon their release it significantly reduces the likelihood of re-offense and recidivism. This both saves DOC money and improves the quality of life for these individuals.

a. **Expand Opening Avenues to Reentry Success (OARS)**

OARS has been successful in supporting inmates with mental illnesses in reintegrating into the community and has significantly reduced recidivism rates for this population. This saves money for the DOC both by leading to early release for some inmates but mainly by reducing those returning. However, OARS continues to be available only in certain regions of the state, although DHS could expand the program if funds to contract to serve more individuals were available.

b. **Ensure the Inmates with Mental Health Needs Obtain Prompt Access to Health Services**

The DOES program has been successful in facilitating the receipt of disability benefits for eligible individuals leaving the correctional institutions. More individuals can receive timely receipt of such benefits with additional funding for disability/benefits consultation. Additionally, many individuals in the corrections system will now be eligible for health care coverage either under the Medicaid option for childless adults under 100% FPL or the health care Marketplace. DOC should be supported in making resources available to facilitate enrollment in order to ensure individuals receive timely access to health care, including mental health care and medications, upon release.

2. Other legislation

- a. Treatment Alternatives and Diversion Program. Change the criteria so that someone with a mental illness only is eligible for the program and provide additional funding.
- b. Stigma. Funding to support efforts to reduce stigma and discrimination against persons with mental illness.
- c. IPS. As noted above, funding was for the 2013-2015 biennium only but the need will be ongoing.
- d. Milwaukee County Mental Health Board. Monitor status and advocate for changes that may need to be made.
- e. MAPP. Work with Governor's Council on People with Disabilities and DHS to develop alternative so that premiums can be lowered and people with non-traditional work can be served.

C. Targeted new investments.

1. Children and Youth Priorities

- a. Address infant and early childhood mental health. Support efforts to enhance social and emotional development.
- b. Respite Care. Identify options to fund respite care that don't require removing children from the home at great expense.
- c. Eliminate charges for child support for kids removed to group home.
- d. Address inequity in use of Children's Long-Term Support waiver for children with SED

- e. Expand psychiatric telehealth.
- f. Eliminate aversive interventions like S/R in all child serving services/agencies: funding for required training in TIC and TCI

2. Transportation

The WCMH has not traditionally been active on transportation issues, and yet transportation can be a barrier for people participating in non-Medicaid programs (such as peer support) and is also a barrier to employment. The Medicaid non-emergency transportation broker has been an area where the WCMH has had some involvement in the past few years and needs to be monitored. Legislation supporting development of regional transit systems can be important for people with mental illnesses.

Attachment 2

2013-2014 Bills of Interest

Note: Enrolled bills have passed both houses and are awaiting the Governor's signature; Acts have been signed and now are law.

Bill Number(s)	Topic	Status	Comments
AB387/SB308	17 y/o to juvenile corrections	Did not go to floor. https://docs.legis.wisconsin.gov/2013/related/proposals/ab387.pdf	Counties concerned about funding; Does not go far enough, only effects a few kids; Collect data on outcomes, if implemented.
SB286 Enrolled	Strengthening accountability standards for students with disabilities who attend schools participating in the state voucher program	Passed both houses https://docs.legis.wisconsin.gov/2013/related/acts/256.pdf	require voucher schools to employ licensed special education teachers or therapists, if pupils needing such service attend the voucher school Note: the description above and in the topic column are not correct. This bill only addresses student information systems and insuring the information is collected from charter schools if state funds are used.
SB525/AB682	Special Needs Vouchers	Did not go to floor. https://docs.legis.wisconsin.gov/2013/related/proposals/ab682.pdf	
SB451/AB570 Enrolled	Extended out-of-home care to 21 years of age for children with individualized education programs	Passed both houses. https://docs.legis.wisconsin.gov/2013/related/acts/334.pdf	Supported by WCMH
AB554	Child Death Review Teams	Did not go to floor due to some concerns about confidentiality of information. Proponents will address and expect this to pass next session. https://docs.legis.wisconsin.gov/2013/related/proposals/ab554.pdf	Supported by WCMH

Bill Number(s)	Topic	Status	Comments
AB718/SB565 Enrolled	Creation of an independent Milwaukee County Mental Health Board	Passed both houses with various changes. https://docs.legis.wisconsin.gov/2013/related/acts/203.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 Act	Create Child Psychiatry Access Program with appropriation	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/127.pdf	Some modifications
SB366/AB454 Act	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 Act	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 Act	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 Act	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 Act	Grants to law enforcement for CIT training.	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/126.pdf	
AB460 Act	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 Enrolled	Require counties to report on core services	Passed; awaiting Governor's signature. https://docs.legis.wisconsin.gov/2013/related/acts/251.pdf	
Sb477/AB500 Enrolled	Emergency detention pilot in Milwaukee county to allow individuals other than law enforcement to initiate emergency detention.	Passed both houses. https://docs.legis.wisconsin.gov/2013/related/acts/235.pdf	Introduced by Rep. Pasch
AB488 Enrolled	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/acts/340.pdf	Replaces AB451

Speaker's Task Force Bills			
Bill Number(s)	Topic	Status	Comments
SB374/AB457	Expands treatment alternative and diversion program to people with MI only and provides one-time funds for grants	Did not go to floor of Senate. https://docs.legis.wisconsin.gov/2013/related/proposals/ab457.pdf	Sen. Grothman had concerns
SB360/AB453 Enrolled	Protected health information/ HIPAA Harmonization	Passed, Waiting for Governor's signature https://docs.legis.wisconsin.gov/2013/related/acts/238.pdf	

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 https://docs.legis.wisconsin.gov/2013/related/proposals/ab437.pdf	DOJ has concerns about funding
SB126/AB435 Act	Admissions of minors	Passed; Waiting for Governor's Signature https://docs.legis.wisconsin.gov/2013/related/acts/161.pdf	
SB127/AB360 Act	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 https://docs.legis.wisconsin.gov/2013/related/proposals/ab436.pdf	

Other Signed Bills			
SB274/AB351 Act	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 Act	Rental/landlord provisions	Signed into law https://docs.legis.wisconsin.gov/2013/related/acts/76.pdf	Assembly amendment made numerous changes to the bill.



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FOR IMMEDIATE RELEASE APRIL 2, 2014

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Rep. Jacque Proposes Reforms to WI Medical Assistance Purchase Plan (MAPP)

Enthusiastic support from stakeholders gives legislation momentum heading into next session

MADISON, WI – State Representative André Jacque (R-De Pere) announced his formal introduction of a bill to update Wisconsin’s Medical Assistance Purchase Plan (MAPP) to ensure the program remains an important and relevant part of Wisconsin’s work incentives for disabled individuals. The bill, AB 904, is the result of months of discussions with DHS, the Governor’s Committee for People with Disabilities, WI Board for People with Developmental Disabilities, WI Council on Physical Disabilities and the Survival Coalition.

“The MAPP program is not currently functioning as a work incentive program the way it was intended. I know that with the changes proposed in the bill, MAPP can become a more valuable and sustainable tool in Wisconsin’s efforts to improve employment outcomes for people with disabilities,” stated Representative Jacque. *“This program has needed to be updated for about a decade now and my proposal, in keeping with a work incentive program, will require participants to pay a small minimum monthly premium and will also offer more equitable results in determinations of income, including elimination of the marriage penalty and disincentives for retirement savings,”* Representative Jacque said.

GCPD Chairperson, Nancy Leipzig adds that *“Representative Jacque’s proposal marks one of the first Medicaid buy-in programs to deal with the issue of retirement in a way that supports instead of penalizing long-term employment. I applaud the efforts and look forward to its passing and becoming an example for other states.”*

“Representative Jacque’s attention to detail and thoughtful policy work will have an enormous effect on the ability of people with disabilities to work, creating a bridge to the Governor’s initiative for A Better Bottom Line”, said Benjamin Barrett, GCPD member and Council on Physical Disabilities, Chairperson.

Executive Director Beth Swedeen of the Wisconsin Board for People with Developmental Disabilities remarked, *“We strongly support the improvements to the work-incentive program for people with disabilities outlined in the bill, and see this proposal as a positive step in the right direction. MAPP is an important program that helps people with disabilities work, save some of their paychecks, and put away for retirement, all while maintaining access to the healthcare they need in order to work. This program is a great asset and complement to the Governor’s Better Bottom Line initiative.”*

A copy of the bill can be found online at <https://docs.legis.wisconsin.gov/2013/proposals/ab904>



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Improvements to Work-Incentive program good investment for People with Disabilities

Survival Coalition supports the bill introduced today (AB 904) by Rep. Jacque that offers needed improvements to Medicaid Assistance Purchase Plan (MAPP) program eligibility and premium calculations. These changes will help prioritize employment for people with disabilities.

“Survival Coalition supports integrated employment as the first and preferred outcome of public programs for people with disabilities,” says co-chair Maureen Ryan. “We believe everyone can work in integrated jobs at minimum wage or higher with the right job fit and right supports.”

“MAPP is an important program that gives people access to important medical care they need in order to be able to work,” says Kit Kerschensteiner. “MAPP provides a path to employment and a ticket out of the extreme poverty that affects the daily lives of many people with disabilities.”

People with disabilities who do work make 30% less than the general workforce and 27% live in poverty.

The Survival Coalition believes MAPP can be a valuable tool to further the Governor’s Better Bottom Line, and can complement and align with other state investments in DVR and other workforce initiatives that support increased competitive integrated employment for people with disabilities.

“People with disabilities can and do work and contribute in their communities. Yet, the employment rate for people with disabilities in Wisconsin is less than a third of the general population,” said co-chair Beth Swedeen. “Wisconsin can do better. Other states have found that employment rates for people with disabilities can go up with the right public policies.”

Survival Coalition appreciates Rep. Jacque’s outreach to a diverse group of disability advocates in developing solutions to improve this valuable work-incentive program.

Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability.

Sincerely,

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Investing in People with Disabilities