

2013-2015 Legislative Session:

Mental Health Budget and Bills Affecting Adults and Children with Mental Health Disorders

It is not an overstatement to say that activity around mental health concerns was unprecedented in the 2013-2015 legislative session. Both the number of budget initiatives and other bills, and their potential impact, were significant. And for the most part the legislation reflected the priorities of the mental health consumer, family and advocacy community.

THE STATE BUDGET

The Governor set the tone for the session when the first budget initiative he announced in the run up to his budget address had to do with mental health issues. Four of the six initiatives represented items that had been topics of discussion between the Governor's office, the Department of Health Services (DHS) and representatives from the Wisconsin Council on Mental Health.

Comprehensive Community Services (CCS) – (\$10.2 million GPR/biennium)

Comprehensive Community Services is a publicly operated mental health program for adults and children with mental illness and/or substance use disorders. CCS is considered a psychosocial rehabilitation service and is reimbursable via Medicaid. Like many such Medicaid community-based mental health services counties were responsible for the non-federal share of the Medicaid reimbursement (approximately 40%). As a result access to services is inequitable across the state, with only 31 counties offering this service. And in many of those counties it is only offered to a small percentage of those who could benefit. Advocates have long pushed the State to start providing the non-federal share of Medicaid. This budget initiative does so as long as counties agree to provide the service on a regional basis. A survey by DHS found that an additional 31 counties plan to offer the service with the new state dollars.

Office of Children's Mental Health – (\$535,400 GPR/biennium)

Wisconsin and DHS are focused on the healthy growth and development of children. This includes children's mental health. Too often children with mental health concerns are caught in a complicated system of agencies and services. In some cases children needing mental health programs go un-served or under-served.

Coordinated Service Teams (CST)-(\$3.7 million GPR/biennium)

Coordinated Service Teams are evidence based practice wraparound models of care for kids with behavioral health issues. CST is targeted to children and families involved in two or more systems of care (such as mental health, long term care, juvenile justice, child welfare, substance abuse or special education) who have complex needs. To date the majority of funding has come from the federal mental health block grant (MHBG) and a few other sources. This has allowed

many counties to participate in CST, but not all. These new dollars should allow all interested counties and tribes to receive ongoing funding for this core services to kids.

In Home Counseling for Children – (\$524,000 GPR/biennium)

In home counseling services for children is an evidenced-based practice. The service is typically targeted to children in need of family therapy or children involved in the child welfare system. Currently this service is available only to children diagnosed with a severe emotional disturbance. Expanding in home counseling services promotes access and engagement in treatment for families and children. This proposal would allow the existing Medicaid outpatient mental health benefit to provide “the home” as a place of service for children

SPEAKER’S TASK FORCE ON MENTAL HEALTH

Around the same time that the Governor announced his budget initiative Assembly Speaker Robin Vos announced formation of a Task Force on Mental Health. Its charge included:

- Eliminating barriers to treatment and promoting early and voluntary intervention for juveniles and adults in need of mental health services.
- Improving coordination of care among those who treat people with mental illness.
- Increasing awareness and reducing the stigma that often accompanies mental health diagnoses.
- Identifying and promoting best practices for addressing the link between mental illness and substance dependence and abuse.
- Addressing mental illness in the prison population.

Chaired by Rep. Eric Severson, a physician, and Rep. Sandy Pasch, a psychiatric nurse, the task force held a series of listening sessions around the state and produced a report of their findings. Members of the task force introduced a number of bills; those that were signed into law include:

Act 126 – provides grants for crisis intervention to train law enforcement and correctional officers to assist individuals who are in a mental crisis. The bill provides \$250,000 to the DHS for the grants each biennium; counties and municipalities around the state will have the opportunity to apply.

Act 127 – directs the DHS to administer a child psychiatric consultation program and allocates \$500,000 per year for this purpose. Under this bill, primary care pediatricians will be given the proper tools to treat children with mental health needs. DHS will contract with an organization to provide consultation, referral support, second opinions on diagnoses and medication, among other services.

Act 128 – creates a primary care and psychiatry shortage grant program for physicians and psychiatrists that: graduated from a Wisconsin medical school; graduated from a Wisconsin graduate medical education training program that emphasized primary care medicine or psychiatry; already practice in an underserved region of the state; apply for the grant while participating in graduate medical training and before accepting employment as a primary care

physician or psychiatrist; and do not appear on the child support lien docket, unless a payment agreement has been reached. A maximum of 12 physicians and 12 psychiatrists may receive a grant in a fiscal year. \$1.5 million is allocated per year to be evenly divided between physicians and psychiatrists.

Act 130 – increases access to mental health services for children in rural areas through telehealth. The bill defines “telehealth” as the use of audio and video connections, over a secure internet connection, to create the same environment as conventional therapy. The bill also allows children with serious emotional disturbances to receive in-home therapy without have to fail first at outpatient therapy and to receive in-home therapy and day treatment concurrently.

Act 132 – provides grants to counties to establish a mobile crisis program. The program will train mobile crisis teams to respond to individuals having a crisis episode. A mobile crisis team will provide greater access to people living in rural counties that do not already have access to this type of resource. Teams will help keep people stable and in the community. \$125,000 per year is allocated.

Assembly Bill 453 – conforms Wisconsin statutes to federal regulations with regard to the sharing of mental health information among health care providers. Currently Wisconsin law restricts sharing of certain information without the written informed consent of the patient that is allowed under federal law.

Assembly Bill 488 – This bill modifies involuntary commitment proceedings subsequent to the filing of a three-person petition. If county corporation counsel does not believe that involuntary commitment is appropriate for the subject individual, he or she shall inform the person seeking the three-person petition that the person may discontinue pursuing the involuntary commitment or request that corporation counsel file the petition under a limited appearance. This will require the petition, along with the corporation counsel’s rationale for denying the petition, to be reviewed by a judge.

Assembly Bill 500 – This bill creates a pilot program to grant authority to certain individuals other than law enforcement to initiate an emergency detention in Milwaukee County for approximately two years before the pilot program terminates. Under the bill, in Milwaukee County, a treatment director or treatment director designee may take an individual into custody for emergency detention under the same standards as a law enforcement officer may take an individual into custody for emergency detention under current law. The treatment director or designee must transport the individual, or cause the individual to be transported, for detention to any of the facilities allowed for emergency detention under current law and must approve evaluation, diagnosis, and treatment, if permitted.

The following two bills were developed through a Legislative Council study committee on Review of Emergency Detention and Admission of Minors under Chapter 51.

Act 158 – The bill clarifies and updates various sections of Chapter 51 related to the emergency detention process.

Act 161 – This bill makes a variety of modifications to existing law regarding the admission of minors to inpatient treatment to clarify and correct problems in the law

MILWAUKEE COUNTY MENTAL HEALTH BOARD

Senate Bill 565/Assembly Bill 718 – Continuing concerns about conditions at the Milwaukee County mental health complex, which resulted in a number of deaths and subsequent citations of immediate jeopardy by federal inspectors, prompted action on a bill to create a board independent of the Milwaukee County Board to oversee mental health services in Wisconsin. This independent board would consist of various stakeholders, including consumers, family members, medical professionals and other individuals with expertise in mental health and alcohol and other drug abuse treatment who would initially be appointed by the Governor based on recommendations by various entities as specified in the law. The Board would transition to one appointed by the Milwaukee County Executive. Funding from the County is established in the law. The legislation also directs the DHS to conduct a program audit of the mental health services and make recommendations, including whether to close the mental health complex and create a regional facility operated by the Department.

BILLS THAT WERE NOT PASSED

Anti-Stigma – the task force also intended to create legislation to reduce stigma. A bill was prepared that would have funded grants to local communities to promote stigma reduction through training individuals on how to tell their stories. Unfortunately this bill was not introduced, although legislative leaders have expressed support for addressing this in the next session.

Assembly Bill 682/Senate Bill 525 – Would allow a child with a disability to receive a scholarship to attend a public school located outside the pupil's school district of residence, a charter school, or a private school, if various conditions are met. Advocates for children with disabilities opposed the legislation for a variety of reasons including the loss of federal protections for students with disabilities who might be served in private schools through the program.