

Scott Walker
Governor



Shel Gross
Chairperson

Mary Neubauer
Vice-Chairperson

State of Wisconsin

Wisconsin Council on Mental Health

1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851

Date: January 9, 2014

From: Shel Gross, Chair

A handwritten signature in cursive script that reads 'Shel Gross'.

To: Members of the Senate Committee on Health and Human Services

Re: **Support for Mental Health Bills**

The Wisconsin Council on Mental Health (WCMH) appreciates the Health and Human Services Committee consideration of a number of bills addressing mental health services and related issues. Together these bills build upon unprecedented support for expanding access to mental health treatment and intervention that began during the 2013-2015 biennial budget process. Importantly, these bills the efforts to create a stronger system of care for children and adults experiencing mental health disorders; one which supports earlier intervention and recovery.

The WCMH supports the following bills:

- **SB360, Protected Health Information:** The WCMH supported this bill but did so by a slim margin. This bill has been controversial within the mental health community because while people recognize the value of sharing information to improve integrated health care they differ around the degree to which this should be voluntary, as it is now. Unfortunately there have been many instances where medical providers, learning about a person's mental illness, discount what are legitimate physical health complaints; often with serious medical consequences to the individual. The WCMH recommends that if you support this bill that you also consider support for legislation that we anticipate to fund efforts to reduce stigma and discrimination against individuals due to their mental health conditions.
- **SB362, Grants for Crisis Intervention Team Training:** Crisis Intervention Training has enhanced law enforcement's ability to respond more appropriately to individuals with mental illnesses enhancing the likelihood for a positive outcome. Law enforcement officers who have taken the training report that it has greatly benefited them in dealing with often challenging situations.
- **SB359, Child Psychiatry Consultation Program:** This bill is based on a program from Massachusetts which was shown to greatly increase the ability of pediatricians and primary care providers to work with youth with emotional disturbances. Given the serious shortage of child

psychiatrists in most of Wisconsin this bill makes efficient use of existing resources to better meet the mental health needs of these young people. We support the bill as amended by the Assembly.

- SB366, Primary Care and Psychiatry Shortage Grant Program: This bill will address the extreme shortage of psychiatry services in many areas of Wisconsin by creating residency opportunities. We support the bill as amended by the Assembly.
- SB368: Grants to Establish Peer-Run Respite Centers: This bill will support the expansion of peer-run respite, a cost-effective alternative that can mitigate the need for emergency services. We support the bill as amended by the Assembly.
- SB409, Individual Placement and Support Program: This bill will support expansion of an evidence-based program for employment of people with serious mental illnesses, which in turn will support the recovery of these individuals. People with mental illnesses want to work but often need specialized supports in order to begin this process. We support the bill as amended by the Assembly.
- SB362, Grants for Mental Health Mobile Crisis Teams: This bill will support the development of mobile crisis in rural areas allowing a more effective intervention for someone in a mental health crisis, and often allowing for a response that does not involve incarceration.

SB127/AB360, Emergency Detention, Involuntary Commitment and SB126/AB435, Admission of Minors for Inpatient Treatment: These bills address a variety of changes to current statute developed by the Legislative Council Study Committee on Chapter 51. The WCMH appreciates the considerable efforts of this study committee to work through the challenging issues of balancing individual rights with timely access to treatment.

The WCMH has not taken positions on the following bills: SB369, County Performance on Providing Core Mental Health Services; SB410, Mental Health benefits and Reimbursement for services under Medicaid; AB488, involuntary commitment.

The WCMH is the statutorily-mandated, Governor-appointed advisory council on mental health concerns. The WCMH includes representation from a broad group of mental health stakeholders including persons living with mental illness, family members of such persons, advocates, providers (both private and public) and representatives from state agencies that address the needs of individuals with mental illnesses.

Copies:

Members, Wisconsin Council on Mental Health

Linda Harris, Administrator, Division of Mental Health and Substance Abuse Services

Joyce Allen, Director, Bureau of Prevention, Treatment and Recovery

Testimony to the Senate Committee on Health and Human Services

Shel Gross, Director of Public Policy

Thank you for your consideration of a number of bills addressing mental health services and related issues. Together these bills build upon unprecedented support for expanding access to mental health treatment and intervention that began during the 2013-2015 biennial budget process. Importantly, these bills build on the budget initiatives to create a stronger system of care for children and adults experiencing mental health disorders; one which supports earlier intervention and recovery.

Mental Health America of Wisconsin (MHA) did not take a position on the following bills:

- **SB360, Protected Health Information:** MHA recognizes the value of sharing information to improve integrated health care but has been concerned about the lack of input that consumers and family members have indicated they have had into the development of this bill. There is a strong sentiment within the mental health community that sharing of personal mental health information should remain voluntary and if there are information system limitations in exercising this right then the onus is on those information systems. Unfortunately there have been many instances where medical providers, learning about a person's mental illness, discount what are legitimate physical health complaints; often with serious medical consequences to the individual. MHA recommends that if you support this bill that you also consider support for legislation that we anticipate to fund efforts to reduce stigma and discrimination against individuals due to their mental health conditions.
- **AB488, Involuntary Commitments:** This bill replaced AB451 which MHA strongly opposed. While MHA is not clear that this legislation is needed we can live with the impact this bill will have.
- **SB369, County Performance on Providing Core Mental Health Services.**

MHA supports the following bills:

- **SB362, Grants for Crisis Intervention Team Training:** Crisis Intervention Training has enhanced law enforcement's ability to respond more appropriately to individuals with mental illnesses enhancing the likelihood for a positive outcome. Law enforcement officers who have taken the training report that it has greatly benefited them in dealing with often challenging situations.

- SB359, Child Psychiatry Consultation Program: This bill is based on a program from Massachusetts which was shown to greatly increase the ability of pediatricians and primary care providers to work with youth with emotional disturbances. Given the serious shortage of child psychiatrists in most of Wisconsin this bill makes efficient use of existing resources to better meet the mental health needs of these young people. We support the bill as amended by the Assembly.
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- SB410, Mental Health benefits and Reimbursement for services under Medicaid: this bill addresses current prior authorization practices that are inconsistent with best practices.
- SB362, Grants for Mental Health Mobile Crisis Teams: This bill will support the development of mobile crisis in rural areas allowing a more effective intervention for someone in a mental health crisis, and often allowing for a response that does not involve incarceration.

SB127/AB360, Emergency Detention, Involuntary Commitment and SB126/AB435, Admission of Minors for Inpatient Treatment: These bills address a variety of changes to current statute developed by the Legislative Council Study Committee on Chapter 51. MHA appreciates the considerable efforts of this study committee to work through the challenging issues of balancing individual rights with timely access to treatment.



State Senator Sheila Harsdorf

Date: January 9, 2014
To: Senate Committee on Health and Human Services
Fr: Senator Sheila Harsdorf
Re: Senate Bill 368 – Grants for peer-run respite centers

Dear Chair Vukmir and Committee Members,

Thank you for holding a public hearing on Senate Bill 368 (SB 368), which seeks to encourage community-based peer-run respite centers. I regret that I am unable to testify in support of this bill in person due to another commitment.

SB 368 provides grant funding for Department of Health Services (DHS) to work with peer-run organizations to establish peer-run respite centers to provide services to those dealing with mental health or substance abuse challenges. The state budget bill passed last summer created a program allowing DHS to begin working with peer-run organizations in providing services. SB 368 would increase funding for grants to peer-run organizations by \$250,000 over the biennium.

Peer-run respite centers have emerged as an alternative to in-patient mental health treatment facilities. Respite centers are often home-like environments with a small number of beds. As indicated by the “peer-run” designation, services are provided by a peer that has experienced mental illness or substance abuse and can personally relate to the patient’s recovery process.

Peer-run services have proven effective in treating individuals that feel more comfortable working with others that have had experience with the recovery challenges they are going through in battling mental illness or substance abuse. These respite centers can also provide cost savings by diverting patients from traditional institutional settings and reducing visits to emergency rooms and hospitals.

In western Wisconsin, the tragic loss of life in recent years due to mental health issues and substance abuse has been staggering, particularly among our young people. In response, local organizations such as the Mental Health Task Force of Polk County have been formed to support community-based solutions to help prevent additional loss of life. This legislation seeks to provide additional help to local organizations like the Mental Health Task Force in making a difference in our communities.

The Assembly companion to SB 368, Assembly Bill 455, was approved by the State Assembly on a unanimous 94-0 vote last fall and was recommended for passage by the Joint Committee on Finance on a 14-1 vote this week.

I urge the Committee’s support for this measure as a means to expand treatment options and to improve mental health services in our state.



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January 9, 2014

From: Mike Bachhuber, Executive Director
Independent Living Council of Wisconsin, Inc.
To: Members of the Senate Committee on Health and Human Services
Re: Mental Health Bills: SB126/AB435, SB127/AB360, SB359, SB362,
SB366, SB368, SB409

The Department of Health Services estimates that 201,736 adult Wisconsinites experience serious mental health needs annually. Historically, counties have been responsible for meeting these needs. Unfortunately, counties have been stretched beyond their limits in recent years. Accordingly, the Independent Living Council of Wisconsin has identified supports and services for people with psychosocial disabilities as a need for independent living in Wisconsin.

Program Bills

We applaud the work of the Assembly in passing bills to meet these needs. We note that this committee is considering bills, including SB368, and SB409. We believe that the respite and rehabilitation services these bills support fall clearly within the needs we have identified. We applaud the state for supporting peer respite services. Other states that already provide these services are seeing promising results. SB368 would enhance the ability of the department to support these efforts.

The individual placement and support program is another initiative shown to be effective in helping people with psychosocial disability return to work. Their return to work is an essential step in their recovery.

Legislative Council Bills

I was honored to be asked to serve on the Legislative Council Study Committee on Chapter 51. This committee met from 2010-12 and proposed SB126/AB435 and SB127/AB360. It included a broad cross-section of people interested in mental health policy from parents and advocates to hospital administrators to police to county program administrators.

After hearing from the public, the committee considered a number of issues related to public mental health programs. These bills represent a sound compromise on the issues discussed.

The Independent Living Council of Wisconsin is responsible for planning for independent living for Wisconsin's citizens with disabilities. Its members represent a broad cross-section of the state and are appointed by the Governor.