

**OPEN MEETING MINUTES**

Name of Governmental Body: Wisconsin Council on Mental Health - Legislative and Policy Committee			Attending: Committee Members: Justin Odulana, Jeanie Verschay, Lynette Studer, Rick Immler, Nicole Ravens, Amanda Anderson, Hugh Davis, Mary Neubauer, Kit Kerschensteiner, Mike Lappen, Kim Coronado  DHS Staff: Ryan Stachoviak, Maddie Johnson, Alexa Nobis, Teresa Steinmetz, Andrea Jacobson, Joannette Robertson, Kenya Bright  Guests: Michelle Holt, Jolene Plautz, Oliver Wink
Date: 2/10/2022	Time Started: 12:32pm	Time Ended: 3:00pm	
Location: Zoom			Presiding Officer: Barbara Beckert and Brian Michel

**Minutes**

1. **Call Legislative and Policy Committee (LPC) Meeting to Order**
  - a. B. Beckert called the meeting to order and Committee members introduced themselves.
  
2. **Review and Approval of the January 13<sup>th</sup>, 2022 Meeting Minutes**
  - a. J. Verschay moved to approve the minutes of January 13<sup>th</sup>, 2022
  - b. K. Kerschensteiner seconded this motion
  - c. The motion passed with two abstentions (M. Lappen and M. Neubauer)
  
3. **Announcements: Opportunity for committee members to make general announcements**
  - a. A. Anderson shared that there is a webinar coming up on February 26<sup>th</sup> – 10am-noon [“Increasing your Clinical Ability to Better meet the needs of families engaged in the child welfare system”](#)
  - b. B Beckert mentioned that there is a second webinar open to the public called [A Look Inside: Mental Illness and Our Criminal Justice System – Session 2](#)
  - c. Brian Michel shared that the Prevent Suicide Wisconsin – Virtual Conference (April 21-22) is seeking [breakout presenters](#). Presenters can receive a \$200 stipend per session.
  - d. B. Beckert mentioned that a new [Spring Elections Toolkit](#) was just released to assist individuals with disabilities get to the polls. If there are questions, there is a hotline for questions - 1-844-347-8683
  
4. **Wisconsin Council on Mental Health (WCMH) Updates.....Rick Immler**
  - a. R. Immler shared that the Council has prioritized strategic planning in tandem with learning about the budget process. The Council received a presentation on the budget process from the Deputy Assistant Secretary, T.R. Williams. The Council is looking to move to objectives/action items and strategies once the survey for priorities is finished. Priorities on the survey include but aren’t limited to – uniform access to care, focus on prevention, other funding streams, social determinants of health, etc.
  
5. **Public Comment: The committee will accept comments from the public relating to any committee business.**
  - a. There was no public comment.
  
6. **Division of Care and Treatment Services (DCTS) updates.....Teresa Steinmetz**
  - a. T. Steinmetz shared an update on budget items, which included the following:
    - i. DHS is currently waiting for 13.10 hearings to assist for the release of some of the budget items that passed last session and were placed in the Joint Finance Committee (JFC). Three sessions were

scheduled this week, all related to Substance Use Disorder (SUD) funding initiatives and all been approved by JFC to be released.

- Medication Assisted Treatment (MAT): Allowed \$500k in GPR in 2022 and \$1 million in 2022-2023.
  - Methamphetamine Use Disorder Treatment by Expanding the Matrix Model: \$150k in GPR for this year of the biennium, and \$300k next year.
  - SUD Treatment Platform: \$300k allocated and approved to be released, but JFC changed the specificity of it to only be included in the 2022-2023 appropriation.
- ii. Other \$10 million – no update on a hearing for the release of funds
- b. B. Beckert asked if there were any implications of the other \$10 million in budgetary appropriations not being released. T. Steinmetz shared that the \$10 million is one time funding allocated in the first year of the biennium, which ends in June of 2022. DHS is requesting to move it in year 2 of the biennium and to have it be continual funding rather than a one-time allocation.
- i. B. Beckert asked if the council has weighed in on this with a letter to JFC.
- ii. T Steinmetz shared that originally, DHS wanted to use \$12 million for crisis receiving facilities and required administrative rule making authority to do so. However, DHS had \$10 million approved without administrative rule making authority. DHS now will be using the money to expand and enhance crisis services across the board by releasing the funds via the GFOA process.
- iii. R. Immler shared that there was a letter supporting the first proposal that T. Steinmetz mentioned but would like more clarity on where the money would go before writing another letter for the second proposal. – would be good to process this request in a committee and then bring the proposal to council in March. T Steinmetz shared the 13-10 proposal for further information.
- iv. **Mary Neubauer makes a motion for the Legislative and Policy committee request that the Wisconsin Council on Mental Health write a letter in support of the \$10 million crisis funds to be released to DHS. J. Verschay 2nds.**
- J. Odulana mentioned that in addition to what R. Immler stated about a new letter, he would like more details about how the money will be spent.
  - T. Steinmetz stated that DHS wouldn't have anything more to share until we get approval to use the funds in that manner.
  - N. Ravens shared that she would rather encourage JFC to open it up to year 2 funding if council is going to throw their support behind it.
  - M. Lappen mentioned that he would like to have a conversation about what the funds can be used for and if it solves the problem. In the original proposal, rule-making authority was the key and we need a new rule to be able to reduce institutional placements / create a new type of facility.
  - R. Immler stated that he is in support of funding for crisis and hopes that when the GFOA proceeds, there continues to be a look at evidence-based practices in how the money will be spent.
  - **The motion passed with no abstentions and no oppositional votes.**
  - R. Immler stated that the letter will be brought to the WCMH meeting in March to vote on.
- c. T. Steinmetz continued her update on DCTS activities by sharing the GFOAs that are currently published:
- i. DHS re-issued amendments to double the allocation for the peer warm line (\$300k up to \$600k) with an extension of the timeline to apply.
- ii. DHS will soon release the regional crisis stabilization facilities grant opportunities DHS is hoping to support five facilities (one in each region in WI). Additionally, there are two other crisis GFOAs – one focused on expanding youth crisis stabilization facilities in WI and the other focused on children's crisis services in general in WI as a regional model. This regional model had been funded in the past, but was not re-funded.

- iii. Coordinated Specialty Care (CSC) GFOA was released but had no applications. DHS is taking a look again on how to utilize that required amount of funding to expand/enhance system in WI. Counties and/or non-profits can apply.

7. **Legislative and Policy updates, discussion, and Action**.....Barbara Beckert

a. State Budget Discussion and Planning

i. Discussion of DBT Initiative.....Lynette Studer

- L. Studer shared a presentation on Dialectical Behavioral Therapy (DBT) through sharing the components of DBT, the efficacy of the practice, the current status of DBT in Wisconsin, barriers to service utilization, and the resources it would take to improve access to this evidence-based practice.
- Discussion / questions about presentation:
  1. R. Immler asked about the age needed to receive DBT. L. Studer stated that it wouldn't need to be specifically for adult consumers, but could include adolescent DBT. M. Lappen stated that Milwaukee uses DBT for youth through their center in Brookfield, but that there is limited capacity to do so. M Lappen stated that he is in support of higher reimbursement for the service.
  2. M. Neubauer – Milwaukee co did training on DBT some 25 years ago, used in day treatment program, effective program for crisis and think it can work wonders – need to be able to deal with crisis/suicide issues, need to look at limitations of the program as it's not a long-term therapy program and it's not the end all be all – limits to effectiveness and parameters – addresses the issues of the behaviors that are precipitating the destructive behaviors around suicide, self-defeating behaviors, more therapy needed afterwards. Need to make sure it's rolled out in the right way.
  3. K. Coronado shared a story in the chat regarding [youth mental health](#). Families need different options and more time allotted for treatment. DBT would be a great option to continue to pursue in systems-change as it helps the entire family and is helpful for schools. K. Coronado shared the following [training](#) about family trauma in the chat. K. Coronado also shared that her children were receiving DBT and it was helpful but they had to stop due to COVID-19.
  4. B. Beckert asked if there was any data regarding DBT being used for people with IDD because they could look at it as a covered service under family care in the future. R Immler shared that he is not sure about literature but has used this practice with individuals with IDD and was blown away by the benefits of individuals in that trial. L Studer stated that she doesn't have literature either but will reach out to her group of subject matter experts. B Beckert mentioned that she would love the info to potentially add to a letter a la survival coalition about mental health supports for family care / IRIS.
  5. R Immler stated that he would love more info about implementation of the benefit via Medicaid on a variety of levels
- **L. Studer motions that The Legislation and Policy committee requests that the Wisconsin Council on Mental Health request that Secretary-designee Timberlake and Governor Evers pursue budgetary support for increasing access to Dialectical Behavior Therapy (DBT) in Wisconsin. M. Neubauer 2nds.**
- **The motion passed with one abstention (J. Odulana).**

b. State Legislation and Review of LPC Bill Tracking and Bills to Review and Approve (motions will be considered on bills)

i. B Michel shared an update on the bill tracker as there was an active session since the start of 2022:

- AB 815 / SB 791 - Expansion of treatment and diversion courts: hearing held January 18<sup>th</sup>, several written statements in support, continues to have bipartisan support with a good

number of legislators. Senate committee recommended passage 7-0. Should hopefully have a vote for the senate / assembly.

- SB 970 - Increase penalty for threats against healthcare providers: has only republican support at this point.
- AB 627 – Terminating parental rights: amendments being made to further define the scope of that bill due to concern about broad language, limitations on what type of criminal convictions would be considered. Will provide the following conditions to the bill - parents from earned release programs are not included in this provision, if a child is 14 yrs old or younger and parent is likely to be incarcerated for more than 50% of the remaining time of the child’s minority, the child has been judged to be in need of protective services and was placed outside the home pursuant to a court order, and if the parent has failed to maintain a parental relationship with the child.
- AB 918, SB 873 - Restoration for a person’s right to vote after felony: – extends beyond a person’s term of supervision under the Department of Corrections, extends through their completion of any financial obligations related to the convictions – have to be paid before that individual can secure and have their voting rights restored.
  1. Of concern for those with MH/SUD, those who lack the financial means to pay those outstanding bills
  2. B Beckert – these bills have not been scheduled for a hearing yet, but there is a package of “unlock the vote” bills, which would restore voting rights for people who have completed their incarceration of their felony, however they are unlikely to advance.
- AB 934 / SB 905 prohibits automatic renewal and eligibility determinations for MA, every 6 months, would create hardships on the state, the providers, and individuals receiving the services, DRWs analysis shows that this would impact a lot of people with mental illness
  - a. B Beckert shared in the chat that SB 905 and AB 934 would create new eligibility rules for Medicaid that serve no legitimate purpose. The bills will increase the likelihood that eligible people will unwittingly lose eligibility for community-based Medicaid; will double the paperwork on recipients; double the review workload on already overburdened administering agencies; and will impose an ineligibility period if someone inadvertently fails to report something that might affect eligibility. While many people with disabilities are likely to fall into this trap, people with mental disabilities are the most likely. The likelihood is that people without access to ongoing treatment during ineligibility periods will find themselves in the emergency room or acute care psychiatric facilities.
  - b. K. Coronado stated that these bills would create many more hoops to jump through and would bury parents in paperwork.
- AB 956 / SB 916 – mental health consultation program that is coordinated via medical college of WI – Dr. Lerman indicated he was involved in the support of the legislation – would expand the capacity of the child psychiatry consultation program and the periscope project, allows PCPs to access real time consultation with psych specialty providers (addiction, veteran wellness, etc).
  1. R Immler mentioned that he was involved in 2013 in helping to develop the original proposal. However, the folks brought in from MA advocated a certain model that advocated for direct assessment, not telephone/email, and there’s a real difference in care. Costs were high for telephonic services despite worse outcomes – will try to find data about this.
- B Beckert – SB 902 / AB 936 – SB 902 and AB 936 would add to the Medicaid misconduct statute “knowingly failing to accept an offer of legal, paid employment and knowingly failing to accept an increase in paid work hours or wages to maintain eligibility for Medical Assistance benefits.” It subjects “offenders” to a six-month ineligibility period. The bills would punish people for declining to accept paid, but low wage, unsustaining work that might

disqualify them from receiving access to medical care. People without access to ongoing treatment during ineligibility periods will find themselves in the emergency room or acute care psychiatric facilities. If this were more than a muddled attempt to supplement the debt-peonage workforce, it would strictly limit the sanction to refusals of work that had accompanying, employer paid, health insurance coverage comparable to that provided by the Medicaid program.

- M Herstand shared six bills that he has been involved with:
  1. Complementary and alternative health care bill - Governor vetoed the bill at our request
  2. Provisional licensure bill for social workers - This bill has passed the Senate but the Republican Committee Chair, Shae Sortwell, so far has declined to hold a hearing. He is working behind the scenes on this bill. If a member of the committee has an audience with Representative Vos, let M. Herstand know.
  3. CAPSW and AODA bill - This bill passed the State Legislature
  4. Transgender youth and transition therapy bill-the statewide LGBTQ coalition has been organizing against this bill. We don't know if there will be a hearing
  5. Child Victim's Act bill - A modified but still very good version of this bill is being circulated by State Senator Joan Ballweg and State Representative Jessie James. I will be working with WCASA to follow-up.
  6. LRB 5873 Workplace Protection bill - This is a bill that raises penalties to a felony for threats to health care providers, which would include all social workers, professional counselors and marriage and family therapists. A coalition led by the Wisconsin Hospital Association is working on it. Hoping that it will move.
    - i. B Beckert asked if there were any concerns about how often people with mental health conditions may be experiencing lack of control over their speech / emotions and may say threatening things. M Herstand is not sure but stated that it would be a good thing to mention in a hearing.
- B Beckert shared that there were a number of voting bills going forward that would make it more difficult for people to vote, especially absentee voters, which would impact people with disabilities including those with MH conditions. It would be prudent to keep any eye on these bills.

**c. Federal Legislation, Executive Actions or other Federal matters**

Did not get to this agenda item.

**8. Discussion of LPC vision and priorities.....Barbara Beckert**

Did not get to this agenda item.

**9. Agenda Items for the March 10, 2022 Committee meeting.....Barbara Beckert**

- a. M. Herstand requests time to discuss the Medicaid group rate and how this impacts survivors of domestic violence.
- b. J. Odulana stated in order to improve the advocacy work of LPC, we need to look at LPC's priorities, vision, and the facts of an issue and their alignments with these of the Council.
- c. M. Lappen requests that the recommendation for ACT to be included in budget discussion.

**10. Adjourn.....Barbara Beckert**

Prepared by: Alexa Nobis on 2/10/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 3/10/2022