

2013 DRAFTING REQUEST

Assembly Amendment (AA-AB40)

Received: 5/29/2013 Received By: gmalaise
 Wanted: As time permits Same as LRB:
 For: Legislative Fiscal Bureau 6-3847 By/Representing: Austin
 May Contact: Drafter: gmalaise
 Subject: Children - miscellaneous Addl. Drafters:
 Mental Health - miscellaneous Extra Copies:

Submit via email: YES
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Pre Topic:

LFB:.....Austin -

Topic:

Office of children's mental health annual report ✓

Instructions:

See attached--Alternative #3 of Paper #348

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
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FE Sent For:

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Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873
Email: fiscal.bureau@legis.wisconsin.gov • Website: <http://legis.wisconsin.gov/lfb>

May 29, 2013

Joint Committee on Finance

Paper #348

Office of Children's Mental Health (DHS -- Other Health Programs and Departmentwide)

[LFB 2013-15 Budget Summary: Page 248, #6]

CURRENT LAW

The Department of Health Services (DHS) administers multiple mental health programs through its Division of Mental Health and Substance Abuse Services (DMHSAS), including certain programs focused on children's mental health needs. The state's medical assistance (MA) program also covers certain mental health services for low-income children and adults.

GOVERNOR

Provide \$185,200 GPR in 2013-14 and \$350,200 GPR in 2014-15, and 4.0 GPR positions, beginning in 2013-14, to create and staff an Office of Children's Mental Health in DHS. Provide that the Office would study and recommend ways to improve the integration across state agencies of mental health services provided to children, coordinate initiatives to improve this integration, and monitor the performance of programs that provide these services. Specify that the Director of the Office would be appointed by and serve at the pleasure of the Governor, and increase the number of unclassified positions in DHS by one, from 9.0 to 10.0.

DISCUSSION POINTS

1. DHS is the state agency charged with improving and monitoring the health of the citizens of Wisconsin. DMHSAS is the DHS division that administers multiple community-based programs and the state's institutional programs for individuals with mental health needs. The Wisconsin Council on Mental Health is also attached administratively to DHS, and has the primary purpose to advise DHS, the Governor, and the Legislature on the allocations made under the federal

mental health block grant (MHBG).

2. DMHSAS is authorized 38.0 FTE positions, of which approximately 8.0 FTE are vacant and is primarily supported by federal funds. This number does not include positions that staff the state's mental health institutions. Most of these positions are in the Bureau of Prevention, Treatment and Recovery (BPTR), which administers many community-based mental health and substance abuse services.

3. DHS administers several mental health programs specifically targeted to children or that provide services to children and adults. These include the coordinated services team (CST) initiative, and various services available to MA recipients, such as day treatment services, outpatient mental health services, and targeted case management services. The Children, Youth and Families unit in the BPTR conducts or oversees activities related to hospital diversion programs for children, suicide prevention, youth transitions to adult systems of care, and anti-stigma efforts.

4. Other state agencies also administer programs that either directly or indirectly address children's mental health issues, including the Department of Children and Families (DCF), the Department of Corrections (DOC), and the Department of Public Instruction (DPI).

5. The purpose of the Office would be to coordinate services and activities for children across state agencies, and monitor the performance of state programs for children. The goal of these activities would be to improve the quality of, and access to, appropriate services for children, and to reduce duplication of services provided by the various state agencies. In addition, the Office would collect and analyze aggregated outcome data for children involved in the mental health care system.

6. The office would be staffed with an office Director and three other positions. The Director would be appointed by the Governor, and would establish the operation of the Office and set the Office's short and long-term goals. The three staff would provide training and technical assistance to state agencies and provider organizations, promote OCMH activities and initiatives, and communicate with stakeholders involved in providing or advocating for children's mental health services. The bill would provide \$185,200 GPR in 2013-14 and \$350,200 GPR in 2014-15, which reflects a January 1, 2014, start-date for the positions.

7. By adopting the Governor's recommendation, additional staff resources would be provided solely to improve mental health services for children (Alternative 1). If the Committee decides that these activities could be carried out by current staff, or determines that this is not a priority use of GPR funding, it could delete the Governor's recommendation (Alternative 2).

8. The administration indicates that the OCMH would prepare reports for the Governor and the Legislature. However, if the Committee wanted to ensure that the OCMH provided regular reports to the Legislature and the public, and wanted to specify what types of information were included in those reports, it could do so (Alternative 3). Under this alternative, the OCMH would be required to submit to the Joint Committee on Finance and the relevant standing committees of the Legislature a report by January 1, 2015, and by January 1 of each subsequent year. This report would be required to contain the following information: (a) a summary of the activities of the Office of Children's Mental Health in the previous year, including actions the office has taken to improve

the coordination of mental health services provided to children by state agencies; (b) a summary of data collected by the office that relates to outcomes of children who receive mental health services; and (c) areas where the state's delivery of mental health services for children could be improved.

9. Finally, it could be argued that the director of the OMCH should be a position in the classified service, rather than the unclassified service. Providing a classified position to serve as the Director, rather than an appointee, may result in more continuity for the office during transitions between administrations, and improve the ability of the Office to coordinate services across state agencies. If the Committee decides to fund this item, it could delete provisions in the bill that would create the director position as an unclassified position (Alternative 4).

ALTERNATIVES

1. Approve the Governor's recommendation to create the Office of Children's Mental Health.
2. Delete provision.

ALT 2	Change to Bill	
	Funding	Positions
GPR	-\$535,400	- 4.00

3. In addition to Alternative 1, require the office, on January 1, 2015, and by January 1 of each following year, to submit to the Joint Committee on Finance, and the relevant standing committees of the Legislature, a report that contains the following information: (a) a summary of the activities of the Office of Children's Mental Health in the previous year, including actions the office has taken to improve the coordination of mental health services provided to children by state agencies; (b) a summary of data collected by the office that relates to outcomes of children who receive mental health services; and (c) areas where the state's delivery of mental health services for children could be improved.

4. In addition to Alternative 1, delete provisions that specify that the Director is an unclassified position.

Prepared by: Sam Austin



LFB:.....Austin – Office of children’s mental health annual report

FOR 2013-2015 BUDGET – NOT READY FOR INTRODUCTION

ASSEMBLY AMENDMENT ,

TO ASSEMBLY BILL 40

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 620, line 20: after “**health.**” insert “(1)”.

3 **2.** Page 620, line 23: after that line insert:

4 “(2) By January 1, 2015, and by January 1 of each year thereafter, the office
5 of children’s mental health shall submit a report to the joint committee on finance
6 and to the appropriate standing committees of the legislature under s. 13.172 (3) that
7 includes all of the following:

8 (a) A summary of the activities of that office in the previous year, including
9 actions the office has taken to improve the coordination of mental health services
10 provided to children by state agencies.

