



Legislative Fiscal Bureau

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May 7, 2024

TO: Members
Joint Committee on Finance

FROM: Bob Lang, Director

SUBJECT: Health Services: Section 13.10 Request for Release of Funding for Virtual Crisis Services Grants -- Agenda Item VI

On March 27, 2024, the Department of Health Services submitted a request to the Committee under s. 13.101(4) of the statutes to transfer \$2,000,000 GPR in 2024-25 from the Committee's program supplements appropriation under s. 20.865(4) to the Department's appropriation for general program operations for mental health and substance abuse services in order to make grants under a law enforcement officer virtual behavioral health crisis pilot program.

BACKGROUND

Every county is required to establish an emergency mental health services program to support persons experiencing a behavioral health crisis within the county. The scope of crisis services may vary between counties, but all counties are required, at a minimum, to offer 24-hour crisis telephone service and 24-hour in-person service on an on-call basis. The telephone service must be staffed by mental health professional or paraprofessionals or by trained mental health volunteers, backed up by mental health professionals. In order to be certified to receive reimbursement under the Medical Assistance program (MA), county programs must meet additional requirements, including having a mobile crisis team for on-site response, walk-in services, and short-term voluntary or involuntary hospital care when less restrictive alternatives are not sufficient to stabilize an individual experiencing a crisis. All but seven counties (Bayfield, Douglas, Florence, Iron, Trempealeau, Vernon, and Washburn) meet the standard for MA certification, although the scope and availability of these services does vary.

In addition to responding to directly residents who are experiencing a behavioral health crisis, county emergency mental health programs have a role in the state's emergency detention process under Chapter 51 of the statutes (State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act). A law enforcement officer may take a person into custody for potential emergency detention if the officer has cause to believe all of the following: (a) the person is mentally ill or drug dependent; (b) the person evidences a substantial probability of physical harm to themselves or to

others, including an inability to satisfy their basic needs due to mental illness or drug dependency; and (c) taking the person into custody is the least restrictive alternative appropriate to the person's needs. Before a person can be transported to a treatment facility for emergency detention, the county human service agency must conduct a crisis assessment on the individual and determines that the standards for detention are met. The crisis assessment may be conducted in person, by telephone, or by telemedicine or video conferencing technology.

Under current practice, counties provide crisis assessments and telephone or telehealth consultation with law enforcement officers using county mental health staff or with contracted services. As an example, 30 counties currently contract with Northwest Counseling and Guidance Clinic to provide on-call crisis consultation.

2023 ACT 219

2023 Act 219, which took effect on March 29, 2024, requires the DHS to establish a pilot program to make grants to county crisis agencies for the purpose of supporting virtual behavioral health crisis care services for use by county or municipal law enforcement agencies.

Within 180 days of the effective date of Act 219 (by September 25, 2024), DHS is required, using a competitive selection process, to solicit and review proposals from county crisis agencies for providing virtual behavioral health crisis care services to individuals experiencing a behavioral crisis. Counties that are awarded a grant may contract with law enforcement agencies to provide telehealth equipment and develop virtual behavioral health care. Grant funds can be used for remote access via two-way audio/video communication, and grant recipients may contract for services with a private entity for the purposes of training, equipment, or decision-making support.

The grant funds awarded under the program may not pay for more than 75% of the total cost of providing virtual behavioral health crisis care services. DHS may award no more than 50% of the grant funding to county crisis agencies that serve a population of more than 50,000, and no more than 10% of the total funding can be awarded to a single agency.

The Act requires DHS to provide a report to the Committee by May 1, 2025, containing the following: (a) for each participating county or municipality, the amount of money that was received under the pilot program and the amount that was contributed by the county or municipality; (b) which counties and municipalities participated in the program; (c) the number of law enforcement officers that were equipped with the services provided under the program; (d) the number of incidents in which the services provided under the program were utilized; (e) of the incidents in which the services provided under the program were utilized, the number that were predicted to otherwise have resulted in an involuntary commitment; (f) of the incidents in which the services provided under the program were utilized, the number that ended with the person in crisis remaining in place rather than requiring some kind of transport; and (g) an estimate of how many working hours were saved by utilizing the services provided under the program.

THE DEPARTMENT'S REQUEST AND ALTERNATIVES FOR CONSIDERATION

Act 219 does not provide funding for the purpose of making grants nor does it specify the total amount of grants to be awarded. However, Act 19, the 2023-25 biennial budget act, provided \$2,000,000 GPR in 2023-24 in the Committee's program supplements appropriation for the purpose of supporting the virtual crisis pilot program. With the passage of Act 219, DHS has requested the release of this funding to support the grants. The funding would be transferred to the general operations appropriation for the Department's mental health and substance abuse program, an annual, GPR appropriation.

In its submittal to the Committee, DHS asked that the funds be provided in 2024-25, and that this amount be included in the appropriation base for the purposes of the 2025-27 biennial budget. In this case, the program would have an ongoing, annual funding level of \$2,000,000, and DHS could continue making grants into the 2025-27 biennium, unless changed by the Legislature.

As an alternative to the Department's request, the Committee could decide to approve the \$2,000,000 appropriation supplement, but provide the funding for the program on a one-time, rather than an ongoing, basis (Alternative 2). In this case, additional funding would not be provided for the program without a proactive change to during deliberations on the 2025-27 budget, when the Legislature may have more information based on data reports collected from grant recipients.

Although funding was set aside for the virtual crisis program by Act 19, the Committee could decide that the intent of placing this funding in the program supplements appropriation was so that the Committee could reevaluate the need for a separate pilot project for this purpose after the passage of the budget. In this case, the Committee could determine that counties are able to meet their statutory responsibility for providing 24-hour crisis response through the current combination of county mental health staff and contracted organizations, and, therefore, additional funding for a pilot program is not necessary (Alternative 3).

ALTERNATIVES

1. Approve the Department's request to transfer \$2,000,000 GPR in 2024-25 from the Committee's program supplements appropriation to the appropriation for general program operations for mental health and substance abuse services in order to make grants under a law enforcement officer virtual behavioral health crisis pilot program and include the transferred amount in the appropriation base for the purposes of the 2025-27 biennial budget.

2. Appropriation the transfer of \$2,000,000 GPR in 2024-25 from the Committee's program supplements appropriation to the appropriation for general program operations for mental health and substance abuse services, but specify that the amount should be excluded from the appropriation base for the purposes of the 2025-27 biennial budget.

3. Deny the request.

Prepared by: Jon Dyck