Luther S. Olsen
State Senator
14th District

Senate Bill 366
Testimony of Senator Luther Olsen
Senate Committee on Health
January 9, 2014

Thank you, Chair Vukmir and members of the Health Committee for hearing Senate Bill 366 creates a Primary Care and Psychiatry Shortage Grant Program through a one-time allocation of $1.5 million for up to 12 primary care physicians and up to 12 psychiatrists committing to practice medicine in medically underserved or rural areas of the state for up to 36 months. The Higher Education Aids Board will be responsible for administering this program, they must adhere to the strict eligibility criteria including:

1. The applicant must have completed a Wisconsin residency program;
2. The applicant must be willing to practice in an area designated rural or underserved;
3. The grant application must be received **on or before** the physician accepts a position in the designated area; and
4. The grant money must be awarded at the **end** of each year the physician serves in a rural area.

The grant program that SB 366 creates demonstrates Wisconsin's commitment to continuing our strong tradition of providing some of the greatest healthcare in the Country. It will allow our state to increase access to much needed mental health services and strengthen Wisconsin's physician workforce in rural and underserved areas.

The companion bill Assembly 454 passed the Assembly 93-0 with 2 paired and passed the Committee on Joint Finance with bi-partisan support. Also here to testify today are professionals who will be able to provide you with some examples of how these financial incentives will help bolster state's healthcare system.

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FAQ: Assembly Bill 454-Primary Care and Psychiatry Shortage Grant Program
Authored by Rep. Petersen, Rep. Nerison and Sen. Olsen
January 2014

Q) How do you know this program is going to work?

A) Research by the WHA indicates Wisconsin will experience a dramatic shortage of physicians by 2030 unless we add about 100 physicians per year. We must undertake a concerted effort to draw more doctors into practice in Wisconsin and this program is designed to do just that. Also, we know from research that direct financial incentives like this program are strong recruitment and retention tools.

*According to a 2004 study by *Dr. Donald E. Pathman from the UNC at Chapel Hill, **"State service programs bring physicians to needy communities where a strong majority work happily and with at-risk patient populations; half stay over 8 years. Loan repayment and direct financial incentive programs demonstrate the broadest success."***

**Outcomes of States' Scholarship, Loan Repayment, ad Related Programs for Physicians*
Medical Care • Volume 42, Number 6, June 2004—Published by Lippincott Williams & Wilkins

*We also heard from Andrew Miller, MD candidate in 2014 at the UW School of Medicine and Public Health. Andrew stated, **"As a medical student nearing the end of my education, I can personally attest to the appeal of a robust financial incentive as with the Primary Care and Psychiatry Shortage Grant Program. With the average debt of medical school graduates nearing $200,000, students are strongly considering their future compensation and practice environment when selecting a specialty. This grant program would demonstrate that Wisconsin is committed to the health of its residents statewide as well as leveling the playing field for future physicians. I feel that this program's ability to significantly reduce the loan burden of Wisconsin graduates would cause many students to more strongly consider a career in primary care or psychiatry. "***

Q) Why is this service grant program split between primary care physicians and psychiatrists when it's supposed to address mental health needs?

A) Both areas of practice play an important role in mental health treatment. Primary care physicians are providing mental health services to patients every day and they are often, the only treating physician a patient will see for a mental health concern. That isn't to diminish the important role psychiatrists play in treating mental disorders but it is fair to say primary care doctors are filling a crucial need and therefore, should be part of the grant program.

Q) How will the underserved or shortage areas for the physicians be defined?

A) The designated areas will be defined by the Health Resources and Services Administration under the Department of Health and Human Services. That being, the federal agency has identified three categories that will used when an applicant identifies an area in which he/she would like to serve. They are the:

1. Health Professional Shortage Areas – shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population), or institutional (comprehensive health center, federally qualified health center, or other public facility).
2. Medically Underserved Areas – areas or populations designated as having too few primary care providers, high infant mortality, and high poverty and/or elderly population.
3. Governor's Designation of Shortage Areas for Rural Health Clinics – Governor designates these areas and

the DHHS secretary authorizes them. To be considered rural, eligible clinics must be located outside the US Census Bureau defined urbanized areas.

Assembly Bill 454 would define a shortage area if it meets any one of these criteria.

Q) How did you arrive at an allocation of $1.5 million for 24 doctors over three years and what happens if there's money that isn't spent?

A) We looked at programs in other states, consulted with Wisconsin physicians who have experience working with medical students, and engaged focus groups and determined the "sweet spot" for encouraging participation in the program to be around $20,000 annually or about $60,000 per physician. We wanted the program to have a real impact so we made our goal 24 physicians willing to serve in rural or underserved areas of the state. Simple arithmetic led to the $1.5 million, one-time appropriation. Any unspent funds from the grant program will be returned to the state's treasury.

Q) Is this money directed to a physician's tuition or student loans?

A) No, the grant money is not restricted to any predetermined purpose. The fact that it is an unrestricted, service grant program means it's a great balance of flexibility and accountability. Flexible in that the 24 eligible doctors can use the money as they see fit and accountable in that it's a service grant which means the physician doesn't receive any funding until AFTER he/she has completed each year of service. By not tying the money to a particular use, we have broadened the scope of eligible physicians and widened the program's appeal.

Q) There are no penalties attached to the grants for failure to complete service. Why?

A) This grant program is different in that it was designed absent of penalties but with accountability intact. Because it's a service grant, the physician receives the grant money AFTER performing the service in the rural or underserved area each year. Therefore, a penalty wasn't necessary because it would occur following the service. Also, our research found that grants with stringent penalties attached were less effective recruitment and retention tools.

Q) When will the first grants be awarded?

A) We expect the first round of grant allocations to be awarded to eligible physicians this summer as medical students graduate but because this is a service grant, no actual dollars would be allocated until a year later when the first year of service would be completed.

Q) Why have a grant program at all? Wouldn't the money be better spent on residency spots for physicians?

A) The Governor's 2013-15 budget bill included $5 million for new residency spots which should help increase the number of physicians in Wisconsin GME programs but it does not address the need to keep them in Wisconsin. This grant program is the perfect complement to that allocation in that the additional resources are intended to encourage medical residents to stay and practice in Wisconsin instead of taking their education and experience to another state.

Q) Why should HEAB administer the program? Wouldn't the Wisconsin Office of Rural Health be better suited?

A) We believe that either agency would be appropriate to administer the program but we included HEAB in the bill draft because of the direct link to higher education aids. We also felt the legislature would have a direct link to HEAB during the administrative rule-making process which will spell out specific aspects of the program during the initial launch.

WISCONSIN ACADEMY OF
FAMILY PHYSICIANS
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Testimony Provided by Dr. Ken Schellhase
Senate Committee on Health and Human Services
Senate Bill 366 • January 9, 2014

Good morning Chairperson Vukmir and Members of the Committee. My name is Ken Schellhase, and I appreciate the opportunity to be here today to testify in favor of Senate Bill 366.

I have been a practicing primary care physician for nearly 20 years, and I have been a Medical College of WI faculty member since 2001. I also serve as chair of the WI Academy of Family Physicians' Legislative Committee. I mention my background, because I believe it uniquely qualifies me to speak on issue before you today: Eliminating barriers to mental health services in Wisconsin.

Senate Bill 366 – and the creation of a Primary Care & Psychiatry Shortage Grant Program – would help meet two very important objectives: First, it would help increase access to critical mental health services in Wisconsin. Second, it would help strengthen Wisconsin's physician workforce by encouraging new doctors to practice in rural and underserved areas of the state.

From my experience, encouraging new physicians to practice in underserved communities is a challenge. I work very closely with medical students, and while they are all bright, energetic future doctors, they also have something else in common: They are skeptical about practicing in rural and underserved areas due to the financial challenges associated with working in those regions. This can also be true of residents. And in addition to geographic challenges, many medical students turn away from a career in primary care – despite genuine interest in the field – to practice in more lucrative specialties.

A report published in 2011 by the Wisconsin Hospital Association predicted a dramatic shortage of physicians in our state by 2030. I have included two maps provided by the Office of Rural Health with my testimony that clearly illustrate the shortage as it exists today for primary care physicians and mental health services. It's startling to consider the potential impact these shortages have on our state's economy given that a person's untreated mental health condition negatively impacts so much more than just the individual but also his/her family, co-workers, and health care costs.

The authors of Senate Bill 366 should be commended for recognizing the key role primary care doctors play in addressing mental health concerns. Every day I'm in clinic I see patients who have a mental health

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disorder and in most cases, I am the only doctor involved in the patient's treatment. Recently, I treated a patient. (Example)

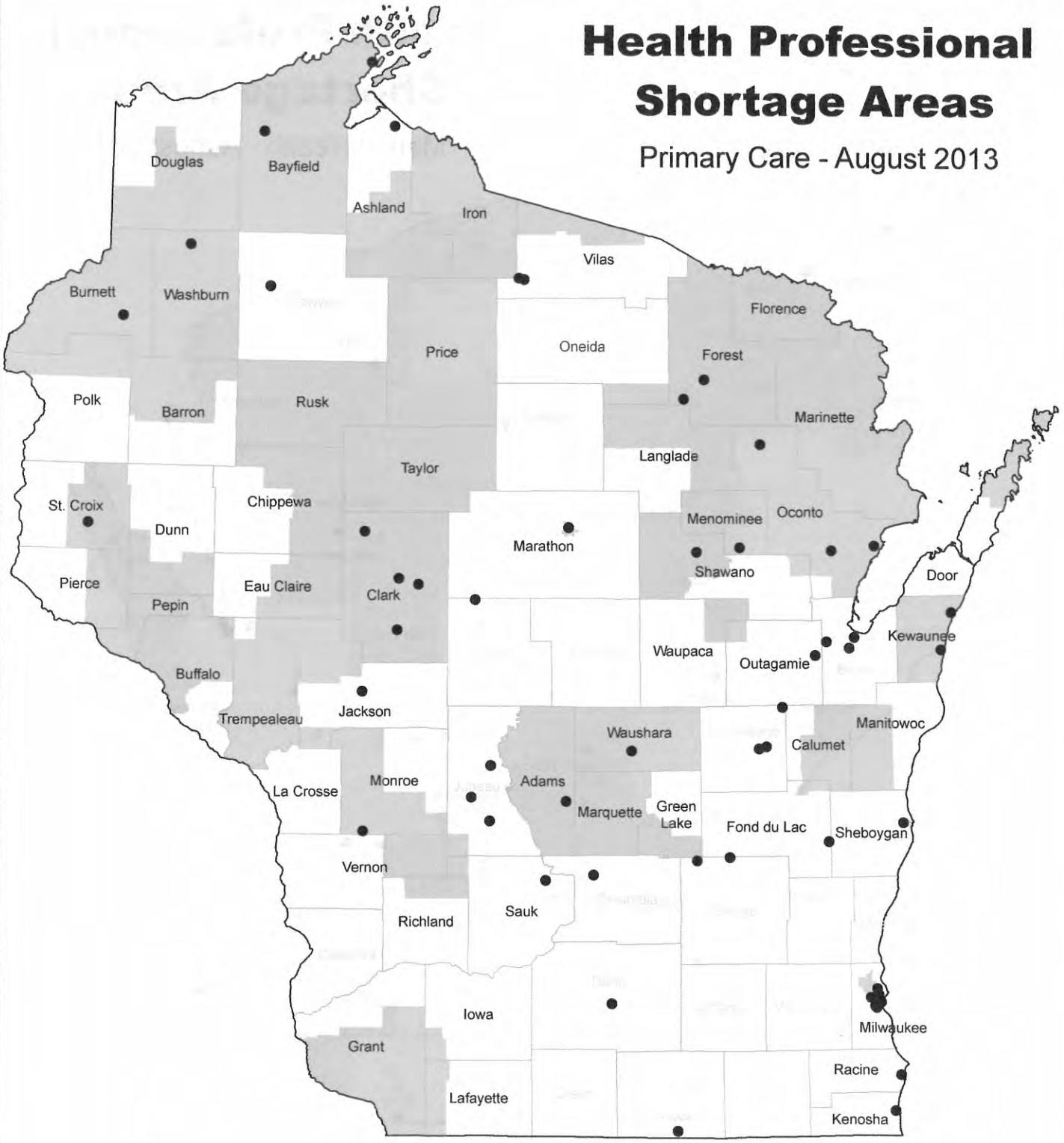
I am confident based on my years of working with medical students and residents that this bill will elevate our recruitment and retention efforts so there will be more doctors available in Wisconsin to treat patients like mine. The service grants to 12 primary care physicians & 12 psychiatrists who agree to serve in the neediest areas of our state will begin to reduce the shortages and barriers I referenced earlier. We know based on research that this kind of direct financial incentive supports the highest service completion rates (93% at 36 months) and retention rates (71% at four years) for physicians in rural and underserved areas.

Please support Senate Bill 366 so we may begin to address the mental health treatment shortages that are so prevalent in Wisconsin and that threaten the health and productivity of our citizens.

Thank you for your time and attention. I would be happy to entertain questions at this time.

Health Professional Shortage Areas

Primary Care - August 2013



WI ORH
Office of Rural Health

HPSAs
Qualifying Clinic or Facility**

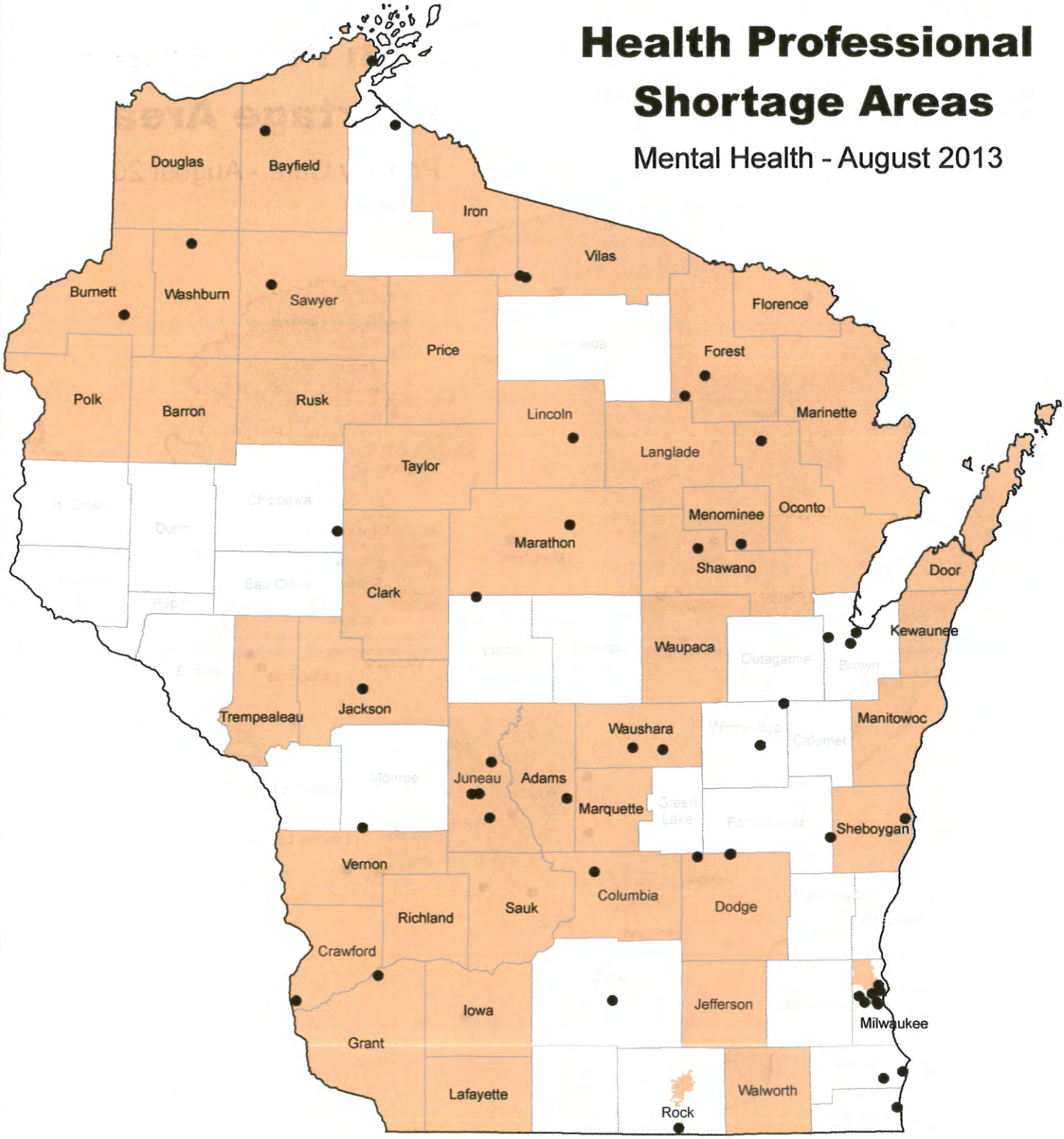
N

** The surrounding community does not qualify unless otherwise indicated

** For the latest and most specific HPSA location information, please consult hpsafind.hrsa.gov

Health Professional Shortage Areas

Mental Health - August 2013



WI ORH
Office of Rural Health

HPSAs
Qualifying Clinic or Facility **

N

** The surrounding community does not qualify unless otherwise indicated

** For the latest and most specific HPSA location information, please consult hpsafind.hrsa.gov

TO: **Members, Senate Committee on Health and Human Services**

FROM: **Wisconsin Psychiatric Association**

DATE: **January 9, 2014**

RE: **Support for SB 360, SB 359 and SB 366**

Wisconsin faces an ever-increasing shortage of qualified physicians to provide care to our population – a problem particularly acute in the provision of mental health care. On behalf of our psychiatrist members, we wish to express our support for Senate Bills 360, 359 and 366 that relate to Wisconsin's need to increase access to mental health care, and better utilize our existing mental healthcare resources.

SB 360 – Mental Health Care Coordination – Patient medical records are legally protected documents. The Federal Health Insurance Portability and Accountability Act (HIPAA) was intended to provide a national standard for the protection of health records, but with regard to mental health records HIPAA provides one set of standards regarding permissible disclosure to other physicians and health providers, while Wisconsin law provides another, often more stringent standard. This disparity results in making the coordination of a patient's care among various caregivers more difficult.

When psychiatrists and other therapists see patients, they maintain therapeutic notes that may describe intimate details of the conversation. HIPAA (and Wisconsin if SB 360 becomes law) does not allow disclosure of intimate therapeutic notes from each patient encounter, but the information that can be shared does provide other physicians and providers sufficient information to help avoid duplicative care/treatment, to help avoid negative interactions among different treatments/medications, and to better allow for a comprehensive care plan for patients dealing with both mental and physician health issues. The results are better care, better outcomes and reduced costs. Please support SB 360.

SB 359 – Pediatric Psychiatry Access Line – The shortage of child psychiatrists is severe in many parts of our state. Waiting lists are often very long even when emotional and behavioral challenges are acute. Primary care clinicians report growing challenges in addressing the mental health needs of their patients and their families. Estimates suggest that nearly 20% of children in U.S. suffer from some form of mental illness yet only one-fifth of these children have access to psychiatric treatment. To address this national challenge, Massachusetts, Washington State, Minnesota and a growing list of other states have instituted Pediatric Psychiatry Access Line programs to support primary care clinicians. SB 359 is modeled from those programs and will provide Wisconsin's primary care physicians and their patients access to specialized pediatric psychiatric care where none is currently available. Please support SB 359.

SB 366 – Primary Care and Psychiatry Shortage Grant Program -- Physicians complete undergraduate degrees, medical school, 3 or more years of post-medical school clinical training, and often additional years of more specialized training. As the media regularly reports, the cost of education continues to rise and physicians routinely complete school and training owing hundreds of thousands of dollars in student loans. SB 366 is a pilot program that will provide real financial incentive for Wisconsin-trained physicians to live and work in rural and underserved areas of Wisconsin, providing necessary mental health services and treatment, and do so in a way that will encourage them to settle and practice permanently in those areas. Please support SB 366.

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government Relations

DATE: January 9, 2014

RE: Support for:
Senate Bill 359 – Child Psychiatry Consultation Program
Senate Bill 360 – Coordination of Mental Health Care
Senate Bill 366 – Primary Care and Psychiatry Shortage Grant Program

On behalf of more than 12,000 members statewide, the Wisconsin Medical Society thanks the committee for this opportunity to share our support for the work accomplished by the Speaker's Task Force on Mental Health and the many recommendations which are now before the State Legislature as separate bills. There are several bipartisan bills which help address the need for better and more coordinated mental health care. The bills before the committee can help start to meet our citizens' health care needs – particularly those with mental health challenges.

The Society supports the Task Force's work and this opportunity to share our specific support for three of the bills before the committee today:

Senate Bill 359 – Child Psychiatry Consultation Program
Wisconsin children with mental health needs face coverage gaps. Many counties have no child or adolescent psychiatrists within their borders and most other counties have fewer than four of these needed specialists, making it difficult to find a timely referral for a child in need. Senate Bill 359 will help start to fill this gap and give more children with mild to moderate mental health needs access to care.

The proposal mimics successful programs around the country and will help front-line providers such as pediatricians and family physicians gain needed information about caring for a patient. This type of program not only gives the physician requesting information immediate help, but can actually help prevent the need for future consultations due to the gradual, long-term learning the consultations foster.

Senate Bill 360 – Coordination of Mental Health Care
For too long, Wisconsin citizens receiving mental health care have faced a higher burden for care coordination. The Society believes Senate Bill 360 will result in better care, better outcomes and lower mental health care costs for patients who deserve the same quality of care as those who seek care for exclusively physical treatment. The Society is pleased the State Legislature is calling for an end to the barriers of mental health care coordination.

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The proposal specifically enables physicians and other health care providers to share patient health record information related to mental health care if it is already allowed under federal regulations. Any information sharing would have to be for the purposes of patient treatment, payment, or health care operations which are defined by federal regulation.

The Society supports improving state law by removing inefficient requirements limiting physician access to certain mental health records. And while remedying these limits, Senate Bill 360 still supports patient privacy: the bill maintains confidentiality of psychiatrists' psychotherapy notes. The bill allows physician access to items helpful to provide the best care: medication monitoring notes and clinical test results, summaries of the patient's symptoms and diagnosis, summaries of the patient's functional status and treatment plan, and summaries of the patient's progress and prognosis – disclosure of all which are currently allowed under federal HIPAA (Health Insurance Portability and Accountability Act) law. The Society believes SB 360 properly finds the balance between maintaining proper privacy law and allowing physicians to better coordinate care for those with mental health needs.

Senate Bill 366 – Primary Care and Psychiatry Shortage Grant Program
The looming physician workforce shortage has been well-documented. Shortages are particularly acute in certain specialties. The Society believes Senate Bill 366 is one step that can help this situation by encouraging physicians to practice primary care or psychiatric medicine in a medically underserved area of the state.

The grant funding included in the bill is divided over a three-year period among 24 physicians: $750,000 for 12 primary care physicians and $750,000 for 12 psychiatrists. The direct service grants should create a unique combination of flexibility and accountability that can ultimately steer physicians to practice in high-demand fields in underserved parts of the state. The Society believes this proposal is a useful tool to help further our state's efforts to recruit and retain physicians in health care shortage and underserved rural areas.

The Speaker's Task Force on Mental Health fostered an important discussion about the challenges patients face when they need mental health treatment and ways to empower heath care professionals to provide better care. The Society has a long history of advocating for increased attention to the state's mental health efforts; the Task Force's product and today's committee hearing are welcome developments toward this goal.

Thank you for this opportunity to share the Society's opinions on these issues. If you have further questions, please feel free to contact us at any time.

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SB 127/AB 360: Emergency detention, involuntary commitment, and privileged communications and information.
SB 126/AB 435: Admission of minors for inpatient treatment.
Testimony of State Representative Joan Ballweg
Senate Committee on Health and Human Services
January 9, 2014

Thank you, Chair Vukmir and members of the Health and Human Services Committee for hearing Senate Bills 126 and 127. Both of these bills were part of the Legislative Council Special Committee on Chapter 51, which originally began work on this topic during the 2010 interim.

Senate Bill 127/Assembly Bill 360 does the following:

- Expands the criteria for taking an individual into emergency detention to include a determination "...that detention is the least restrictive alternative appropriate to the person's needs."
- Creates a "purpose" statement for the emergency detention statute. The statement says that the purpose of emergency detention is to provide, on an emergency basis, treatment by the least restrictive means possible, to individuals who meet all of the following criteria: (a) are mentally ill, drug dependent, or developmentally disabled; (b) evidence one of the statutory standards of dangerousness; and (c) are reasonably believed to be unable or unwilling to cooperate with voluntary treatment.
- Provides that the county department may approve the detention only if the county department reasonably believes the individual will not voluntarily consent to evaluation, diagnosis, and treatment necessary to stabilize the individual and remove a substantial probability of physical harm, impairment, or injury to himself, herself, or others.
- Modifies the emergency detention statute applicable to Milwaukee County that requires the treatment director of the facility in which the person is detained, or his or her designee, to determine within 24 hours whether the person is to be detained. The bill provides that when calculating the 24 hours, any period delaying that determination that is directly attributable to evaluation or stabilizing treatment of non-psychiatric medical conditions of the individual shall be excluded from the calculation.
- Eliminates that provision in the statutes that commitments that are based on the 4th standard of dangerousness may not continue longer than 45 days in any 365-day period.

- Repeals the provision that an involuntary commitment of an inmate in a state prison or county jail or house of correction ends on the inmate's date of release on parole or extended supervision.

Senate Bill 126/Assembly Bill 435 changes these provisions:

- Eliminates the need to file a petition for review of an admission of a minor under age 14 for treatment of mental illness, alcoholism or drug abuse, or developmental disability. A petition would still be required if a parent refused to consent to treatment; if a parent with legal custody or guardian cannot be found; or if there is no parent or guardian.
- Eliminates the need to file a petition for a minor age 14 to 17 who is voluntarily participating in inpatient treatment for mental illness. A petition would still have to be filed if the minor refused to join in the application; if the parent with legal custody or the guardian could not be found; or if there were no parent with legal custody or guardian. A petition would also still be required if the minor wanted treatment but the parent refused.
- Eliminates the petition requirement at the time that a short-term admission of 12 days expires, if the admission was voluntary on the part of the minor and the parent.
- Eliminates the provision that allows for no more than one short-term (up to 12 days) voluntary admission of a minor every 120 days.

  Creates subsection and paragraph titles within s. 51.13, Stats., to provide guidance to the reader regarding the subject matter of the subsections and paragraphs, and eliminates some redundant language in s. 51.13, Stats.

The Speaker's Task Force on Mental Health then reviewed the Legislative Council special committee and recommended legislation. As a member of the Speaker's task force, I can attest to how thoroughly we vetted the Chapter 51 Legislative Council bills. I ask for your support today to further this important legislation.

Thank you for your time and to the office of Senator Lazich for her work on this issue. I'm happy to answer any questions.

INTERGOVERNMENTAL RELATIONS
Milwaukee County

Testimony of Eric Peterson, on behalf of Milwaukee County

SB 127 & AB 360 – Emergency Detention & Involuntary Commitment

Senate Committee on Health

Thursday, January 9, 2014

Honorable Chairwoman Vukmir and members,

Thank you for taking testimony today on Senate Bill 127 and Assembly Bill 360, companion Joint Legislative Council bills on emergency detention, involuntary commitment and privileged communications. Milwaukee County supports this bill with particular emphasis of support for the provisions relating to tolling the 24 hour period in Sections 8 and 9 of the bill. The County Executive and Board extends their thanks to the members of the Joint Legislative Council's Special Committee on Review of Emergency Detention and Admission of Minors under Chapter 51 for their inclusion of this bill in their final report. We appreciate the bipartisan recommendation to approve this measure from the Speaker's Taskforce on Mental Health.

Too often under current law, the 24 hour period for a determination of an emergency detention is simply wasted while the patient receives medical care or other medical evaluation. Hence, the time actually allowed for determination for detention may be too short or in some cases, expire before a determination may begin. Tolling this period to begin following medical stabilization will allow for better evaluations for determinations for detention, release, or a community services placement.

This provision of the bill is of particular importance to the professionals in our county who work every day in this field. This provision will allow a thorough qualified determination for detention of a patient after they are stabilized for non-psychiatric conditions. Without this tolling of the time period, and due to the legal nature of an emergency detention, clinicians and law enforcement may never legally be able to address the mental health needs of the patient.

On behalf of Milwaukee County, I urge your support of this bill and am happy to answer questions as they arise. Thank you.

WISCONSIN HOSPITAL ASSOCIATION, INC.

January 9, 2014

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

From: **Matthew Stanford, WHA VP Policy & Regulatory Affairs, Associate General Counsel**
Kyle O'Brien, VP Government Relations

Re: **WHA Supports Assembly Bill 360, But Recommends that the Legislature Closely Monitor the Effect of the Two Provisions of the Bill Once Enacted**

The Wisconsin Hospital Association (WHA) was pleased that the Joint Legislative Council in 2010 formed the Special Committee on Review of Emergency Detention and Admission of Minors Under Chapter 51," (the "Study Committee"), and appreciates the work undertaken by the Study Committee on a challenging area of patient care, law, and public policy. Guided by a Mental Health Task Force formed by WHA in late 2008, WHA has been engaged in the work of the Study Committee, the Joint Legislative Council, the Speaker's Task Force on Mental Health and other efforts to identify and enact public policy that will increase the likelihood that individuals with mental health needs throughout Wisconsin consistently receive the right care, at the right time, and in the right setting. Assembly Bill 360 is one output of the Study Committee's work, and WHA offers the following comments on the bill for your consideration.

WHA supports Assembly Bill 360, but has previously expressed concerns that two provisions in the bill – the earlier start to the emergency detention "72 hour clock" and the new language requiring law enforcement to determine that an emergency detention is the "least restrictive" alternative - may unintentionally decrease the likelihood that individuals with urgent mental health needs consistently receive the right care, at the right time, and in the right setting. WHA has previously offered alternatives to those concerning provisions.

WHA and its member hospitals will monitor the practical results of those two provisions of AB360 once enacted. <u>WHA recommends that the Legislature similarly monitor the implementation of AB 360 and in the future consider additional revisions to those provisions as needed to address unintended consequences of the two provisions that arise following enactment.</u>

Area to Monitor #1 – AB 360 sets an earlier start to the emergency detention "72 hour clock," which for some patients will give mental health care providers <u>less</u> time to psychiatrically stabilize an individual in "imminent danger" and avoid a full, long-term commitment.

When an individual is brought to a hospital psychiatric unit under an emergency detention, the psychiatrist's goal is to work to stabilize the individual's condition so that an imminent danger no longer exists and the person can avoid long term commitment. Because of this care, many individuals on an emergency detention can be released without having to proceed to a probable cause hearing for a full, long-term commitment.

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If an individual is under an emergency detention, current law states that the emergency detention be ended or commitment proceedings must begin within 72 hours of the individual's arrival at "the emergency detention facility." Assembly Bill 360 amends Wisconsin law so that the "72 hour clock" starts earlier, at the time the individual is taken into custody by law enforcement. The practical result of this change is that health care providers will have less time to psychiatrically stabilize an individual that is subject to an emergency detention.

This change could be particularly problematic for individuals that may have life threatening physical injuries (such as from a suicide attempt) that require treatment before an individual can be transferred to an emergency detention facility for psychiatric stabilization. Further, this change will particularly impact the time available under an emergency detention to psychiatrically stabilize individuals in rural areas, as the change in the start of the "72 hour clock" does not take into account that significant travel may be required to transport an individual to an emergency detention facility.

Area to Monitor #2 –AB 360's new requirement that law enforcement determine if an emergency detention is the "least restrictive alternative" will likely result in inconsistent interpretation and practice.

One policy goal that the Study Committee discussed was to work to clarify in law a principle that individuals that truly agree to stabilizing treatment should not be subject to an emergency detention. WHA is supportive of that goal, but has raised concerns that the language used to achieve that goal unnecessarily uses legal jargon that will result in inconsistent application of the law and ultimately result in some individuals not getting the emergency help that they need.

Specifically the bill will require law enforcement, before they initiate an emergency detention, to determine "that taking the person into custody is the *least restrictive alternative* appropriate to the person's needs." While county crisis workers may be in a position to determine what is a "least restrictive alternative," WHA has concerns that law enforcement is not in the best position to make such determination. To ensure more consistent application of the law, WHA has previously recommended removing the proposed least restrictive jargon and instead amending law to **plainly state** that law enforcement may not take individuals that truly agree to stabilizing treatment into custody under an emergency detention.

If you have any questions, please feel free to contact Kyle O'Brien (kobrien@wha.org) or Matthew Stanford (mstanford@wha.org) at 608-274-1820.

Mental Health America of Wisconsin

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.

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- 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.

- 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.

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 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