

Scott Walker  
Governor



Shel Gross  
Chairperson

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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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- 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.



# JERRY PETROWSKI

WISCONSIN STATE SENATOR

## Testimony on SB 409

January 9, 2014

Thank you Madame Chair and committee members for holding a hearing on SB 409 today.

SB 409 codifies recommendations from the Speaker's Task Force on Mental Health. The bill will expand an Individual Placement and Support program throughout the state. The expansion of an Individual Placement and Support program will help employ individuals experiencing mental illness or development disabilities.

According to the Dartmouth College Psychiatric Research Center, Individual Placement and Support programs are three times more likely to help those experiencing mental illness to compete in the workforce than other programs with the same goal. Individual Placement and Support is designed to help promote the recovery of people who have serious mental illness through competitive jobs related to their employment preferences. Employment is an important part of recovery for those experiencing mental illness. Two out of three people experiencing mental illness are interested in becoming part of the workforce, but only one in ten are gainfully employed.

SB 409 provides funding to create a regional infrastructure to promote the implementation of Individual Placement and Support programs as well as providing incentives for benefits counseling. The Northwest Wisconsin region already has a site operated by the Western Regional Wellness Recovery Consortium. The South Central Wisconsin region will be served by the program coordinator who is currently under contract with the Department of Health Services (DHS) and currently serves the whole state. The new regions created under SB 409 include Northeast Wisconsin, Central Wisconsin, and a consortium including Milwaukee, Waukesha, and Racine Counties. Wisconsin DHS will be able to contract with existing organizations or consortiums to create a regional center.

Each Individual Placement and Support office will house an Individual Placement and Support trainer and supervisor. The trainer will be available to train agencies on the Individual Placement and Support model, provide support for these sites and conduct reviews every six months. SB 409 provides competitive grants that will be awarded for implementing these programs, to offset

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the initial costs while the program develops systems for billing Medicaid and to become a Department of Workforce Development Rehabilitation provider.

SB 409 also provides Work Incentive Benefits Counseling that will assist individuals in obtaining and maintaining work-related government benefits. SB 409 includes funds for supporting individuals who are not currently Workforce Development Rehabilitation clients or who may be on a waiting list.

SB 409 assists those experiencing mental illness become a productive part of the workforce in Wisconsin. This bill is good for the state of Wisconsin, but more importantly, good for those looking for stability and competitiveness in the workplace.

AB 459, the Assembly companion to SB 409, was passed unanimously by the Assembly Committee on Health.

Thank you for your time and I look forward to your support. I would be happy to answer any questions.

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January 9, 2014

Chairwoman Vukmir and committee members thank you for holding a hearing on SB 409 today.

This bill is a direct result of the recommendations from the Speaker's Task Force on Mental Health. The bill will expand an Individual Placement and Support (IPS) Program throughout Wisconsin. By expanding the IPS program, the bill will greatly assist individuals experiencing mental illness or developmental disabilities in becoming employed.

IPS was developed at Dartmouth College Psychiatric Research Center. That center's IPS website indicates that IPS is three times more likely than other programs to help those experiencing mental illness compete in the workforce for a job. Employment is a key factor in recovery for those experiencing mental illness. Two out of three people experiencing mental illness are interested in becoming part of the workforce, but only one in ten are gainfully employed. The fear of losing benefits is a major reason individuals may choose to not look for a job.

SB 409 provides one-time funding to create a regional infrastructure for an IPS program, operate the IPS program, work grants and work incentive benefits counseling services. The competitive grants funding that will be awarded for implementing IPS in SB 409 will help offset the initial costs while the program develops a system for billing Medicaid or can become a provider of vocational rehabilitation services through DWD. Under SB 409, DHS is directed to obtain any available federal MA matching funds for the IPS program.

Currently, the Northwest Wisconsin region already has a site operated by the Western Regional Wellness and Recovery Consortium. Under this proposal there would be five regional IPS centers throughout the state. The South Central Wisconsin region will be served by the IPS coordinator who is currently under contract with the Department of Health Services and currently serves the whole state. The new regions to be created by the WI Department of Health Services under SB 409 are a consortium of counties in Northeast Wisconsin, a consortium of counties in Central Wisconsin and a consortium of counties in Southeastern Wisconsin. The WI Department of Health Services may contract with existing organizations or consortiums to create any regional center. Each IPS office will host or have access to an IPS trainer and an IPS supervisor. The trainer and supervisor will be available to train agencies on the IPS model, provide support for IPS sites and conduct reviews.

The Assembly companion bill to SB 409, AB 459, was passed out of the Assembly Committee on Health with a 9-0 vote. AB 459 also passed on the Assembly floor with a 94 – 0 vote.

SB 409 assists those experiencing mental illnesses become part of the workforce. This is good for the state of Wisconsin, but more importantly it's good for those looking for a job as the work to become a competing member of the workforce.

Thank you for your time. I would be happy to answer any questions.