



PAUL TITTL

STATE REPRESENTATIVE • 25TH ASSEMBLY DISTRICT

Assembly Committee on Health
Testimony on Mental Health Bills
February 3, 2016

First of all, I would like to thank you, Chairman Sanfelippo and committee members, for allowing me to testify before you today concerning several mental health bills. Thanks too for allowing me to testify on these bills together.

AB-708: Zoning for Peer-Run Respite Centers

Peer-run respite centers are places where people in crisis or emotional distress due to mental health and/or substance abuse can receive peer support. Many may be veterans. They stay for a short periods, five days or less.

Peer-run respites meet a need for people who want help but who may not need or qualify for more intensive services. For example, to access crisis services a person need to be in crisis. In contrast, peer-run respites enable people get help in order to avoid crisis. Avoiding crisis is important, because crisis takes significantly more resources to alleviate.

Nationally, peer-run respites have reduced hospitalizations and the need for emergency room services. Recognizing the value of peer-run respites, the state created a grant program in the 2013 state budget for peer-run respites.

However, due to zoning restrictions peer-run respite centers have had difficulty finding residential locations in local communities. This bill addresses that problem by including peer-run respite centers within the definition of community based residential facilities with respect to zoning requirements. That change will enable peer-run respite centers to receive the same zoning exemption the current law provides for community based residential facilities.

I would like to say a word about the overall intent of this bill. It doesn't eliminate the need for very intentional and ongoing outreach and education so local communities understand what these facilities have to offer. It doesn't mean that a peer run respite will be put in place without talking with people. That communication is a necessary thing to having a successful program.

Even though there is zoning approval, peer-run respites will work with the community to help people understand what they are and how they work.

Peer-run respite providers recognize that guests and staff alike will have the most positive experience when peer-run respites choose to locate in places where the community has an opportunity to understand and accept the nature of peer- respites, how they operate and how they contribute to the well-being of our communities.

AB-709: Encouraging Psychiatrists to Practice in Wisconsin

There is an estimated shortage of 271 psychiatrists throughout the state of Wisconsin. Sixteen counties do not have a single psychiatrist (see attachment). That shortage has a significant effect on the mental health of people throughout the state. Further, it touches all people: rich and poor, young and old, working and non-working, etc.

This bill creates a tax incentive for psychiatrists graduating from medical school who stay in Wisconsin to practice psychiatry. The tax incentive also extends to psychiatrists from other states who move to Wisconsin to practice. Under the bill, an eligible psychiatrist could claim a deduction for the first \$200,000 of income earned in a taxable year. The deduction could be claimed for a total of ten years.

The bill contains a clawback provision in the event a psychiatrist whose tax liability has been reduced on account of the provisions of the bill leaves the state within the ten-year period.

Attracting psychiatrists to our state by way of favorable income tax treatment should lead to more psychiatrists entering the field and a larger number of psychiatrists practicing in the state, resulting in an improvement in the mental health of people throughout the state.

The Department of Revenue fiscal estimate indicates the bill will decrease tax revenues. However, it doesn't tell the whole story, because the DOR estimate is limited to tax considerations. The bill is designed to encourage more psychiatrists to practice in the state. As more psychiatrists practice here, we gain longer term because they are psychiatrists we don't have now. The bottom line is that it costs us nothing to gain more psychiatrists and saves us from being in crisis mode.

The costs for mental health matters are staggering. To stay in the Mendota Mental Health Facility in Madison for one day is \$1,052. During the 2014-15 fiscal year, Mendota had 97,463 patient days, which amounts to nearly \$103 million.

When people suffer with untreated mental health matters, their situations often get worse, become more difficult to address, and spill over into family, social and employment settings, leading to significantly higher financial and social costs.

This bill is an effort to address this situation today rather than deferring it to our children and grandchildren and letting them deal with the problem after it has grown even larger.

Finally, in response to a Department of Revenue technical memorandum on the bill, I have introduced an amendment clarifying that the total amount of time a person may claim the deduction is 10 years. The amendment also clarifies the way in which the clawback provision is calculated.

AB-710 Stipends for the Wisconsin Council on Mental Health

This bill permits the Department of Health Services to pay stipends to individuals who serve on the Wisconsin Council on Mental Health (Council) and its committees if they meet certain financial need criteria and other eligibility criteria. The stipends will be paid from federal block grant money.

This change would be helpful for the Council, because it would enable the Council to attract and retain council and committee members who have had personal, life experience related to mental illness, but who would be otherwise be unable to participate on account of their financial situation.

I want to emphasize two points. First, this bill does not use any GPR dollars. Second, this bill does not provide stipends for every individual who serves on the Council. It is designed to help those who truly need the assistance so they in turn are able to contribute and make a difference in the lives of others. I'm sure Shel Gross, Executive Director of the Council will speak more specifically to that issue.

AB-711 Qualified Treatment Trainees

Qualified treatment trainees (QTTs) are trained, master's degreed behavioral health professionals who are ready to provide therapy with appropriate supervision. In order to be licensed by the Division of Safety and Professional Services, they must accumulate 3,000 supervised hours. During those 3,000 hours, QTTs are typically paid less than licensed individuals. While QTT services are payable under the fee-for-service or card services portion of the Medical Assistance (MA) program, some MA health maintenance organizations do not pay QTTs at all, preferring instead to pay licensed therapists only.

Under the bill, Medical Assistance Health Maintenance Organizations would be required to pay QTTs for services provided. This change increases access to mental health services and eliminates a barrier to entrance in the profession. At the same time it recognizes that QTTs deserve to be paid for their service and earn a living while accumulating their 3,000 hours required for licensure.

When we allocate public funds, we have an opportunity to shape and encourage activities for the public good. During testimony before the Mental Health Reform Committee, members of the public including mental health professionals and individuals involved in mental health testified concerning the importance of growing the mental health workforce in Wisconsin. This need is especially urgent for children receiving mental health assistance through Medicaid.

The proposed legislation helps to prepare mental health professionals for the future but enables them to help in addressing the pressing, current need as well. I hope you will support this effort.

AB-712 Certification of Outpatient Mental Health Clinics

Many mental health clinics are accredited by a national accrediting body with standards that are more rigorous than Wisconsin's in regard to clinic operation. While Department of Health Services rules since 2009 have required DHS to waive portions of the clinic recertification review for agencies that are accredited and meet or exceed state mandated standards, DHS has yet to waive any of the recertification process for accredited clinics. This bill adds the rule language to state statutes.

This change will save time and money for DHS. For clinics, it will eliminate duplicative reviews, create an incentive to become accredited, and increase practice standards. DHS would continue to have the authority to conduct a review when there is reason to believe that a full review is necessary. This bill could be considered a red tape bill, because it eliminates the red tape involved in the current process.

This language is similar to 2013 WI Act 236 which required DHS to waive certain hospital inspections when hospitals are accredited. Accepting accreditation as an alternative to state inspection of mental health clinics is a practice that has been adopted by more than twelve states, and making that change in Wisconsin is a good idea for the reasons I have outlined.

Thank you for hearing these bills today. I would be happy to address any questions you may have.

Grassroots Empowerment Project
Testimony for AB708
Assembly Committee on Health
February 3, 2016

Good morning, Chairman Sanfelippo and members of the committee. Thank you for the opportunity to testify in support of AB708. My name is William Parke-Sutherland and I'm the Executive Director for Grassroots Empowerment Project, a statewide, nonprofit organization run by and for people with lived experience of mental health challenges. All of our staff members and board are people with lived experience of mental health and/or substance use challenges. We work to create opportunities for people seeking mental health, wellness, and recovery to exercise power in their lives. GEP is one of three peer run organizations that received a contract from the Division of Mental Health and Substance Abuse Services for the development and operation of a peer run respite. Grassroots Wellness Peer Run Respite and Learning Community is located in Menomonie and we expect to open soon after renovations required for accessibility are completed. I'm here today in support of AB 708, which creates statutory definition and clarity by establishing zoning status of peer run respites and requirements to meet the definition.

Development of peer run respite was part of the Governor's mental health budget initiative last year to expand services for people with mental illness. Peer run respite adds an important option for the system of community based mental health and substance use services. Many people who are experiencing emotional crisis or an exacerbation in symptoms are not eligible for crisis services, don't need or want inpatient hospitalization, can't afford other services, or have found that traditional mental health services do not adequately support them and aid their recovery. Peer run respite is an alternative and addition to the continuum of care that everyone who needs and wants peer support can access at no cost. Peer run respites are staffed and managed by persons with lived experience of mental health and/or substance use challenges and recovery who have received training to provide peer support. Peer run respites provide no clinical or medical services and are only accessed through self-referral. They offer people the opportunity to receive short-term residential support, without having to wait until they are in a worse place to access more intensive services.

Peer run respites around the country demonstrate that guests accessing respite services have reduced inpatient hospitalization and emergency service hours. Guests staying at peer run respites report significant improvements in healing, empowerment, and satisfaction.

Because the Governor's budget initiative creating peer run respites did not give statutory definitions in a way that allowed local zoning officials to understand what they were, how they should be treated, and where they could be located two of the three peer run respite organizations encountered significant barriers with local zoning offices and were ultimately forced to relocate from their original location. This resulted in significant delays for the two organizations. However, I'm happy to report that we've all secured acceptable locations and two of three peer run respites are open and accepting guests. Our location required significant modifications in order to be handicapped accessible, but construction is going well and Grassroots Wellness Peer Run Respite will be opening soon.

This bill provides statutory definition and clarity by establishing the zoning status of peer run respites and criteria required to be classified as a peer run respite. It offers clear guidance to local zoning officials and gives development of future peer run respites a stable path forward. Currently adult community living arrangements can locate in residential areas with certain restrictions that are defined in statute. This allows small facilities, such as adult family homes and certain community based residential facilities

to locate in certain neighborhoods and communities – resulting in greater community inclusion and integration. Under this bill those same protections would be extended to peer run respites, allowing them greater options for location and integration.

Further, GEP is pleased to see that this bill does not require additional regulations and restrictions for peer run respites to qualify for the zoning classification. This will allow respites to continue providing peer support to guests in a manner that is consistent with the values and standards of peer run respite established by the Division of Mental Health Substance Abuse Services. We would like to thank Rep. Tittl for his commitment and leadership in expanding options for mental health and recovery services. We're also grateful for Rep. Tittl's office working closely with us and the other peer run respite organizations to ensure that this bill fixes the issues we've discussed and is narrowly focused so as not to have any unintended consequences.

This bill will not eliminate the need for organizations that wish to site peer run respites from engaging with their local community and zoning officials. It provides more clarity regarding eligible locations and the process for approval, which will allow organizations the opportunity to address a neighborhood's potential concerns and gain people's support and acceptance. We recognize the need for ongoing outreach, community education, and discussions required in order to successfully site and operate a peer run respite.

Thank you for taking up this important matter.

Scott Walker
Governor



Matt Strittmater
Chair

Mishelle O'Shasky
Vice-Chair

Julie-Anne Braun
Second Vice-Chair

State of Wisconsin

Wisconsin Council on Mental Health

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Wisconsin Council on Mental Health: Matt Strittmater, Chair

Testimony for AB708

Assembly Committee on Health

February 3, 2016

The Wisconsin Council on Mental Health (WCMH) is the statutorily-created, Governor-appointed advisory council on mental health. The WCMH strongly urges your support for AB708.

The WCMH advocated for the creation of peer run respites as a service model and supported this initiative as part of the Governor's 2013-2015 budget initiative. However, our joy turned to dismay as we watched two of the three organizations selected by the Department of Health Services (DHS) to operate these facilities struggle to find a location. As we explored this with these vendors we learned that the failure to clearly locate peer run respite in statutes created a problem for local zoning officials in understanding what these facilities are and therefore where they should be allowed to operate.

AB708 provides statutory definition and clarity by establishing the zoning status of peer run respites and criteria required to be classified as a peer run respite. It offers clear guidance to local zoning officials and gives development of future peer run respites a stable path forward. Additionally, by defining peer run respite as an adult community living arrangement, similar to adult family homes, it may allow these facilities to be located in residential areas with certain restrictions that are defined in statute. This supports greater community inclusion and integration, an important value to the WCMH.

As noted, the bill also defines the criteria for classifying a facility as a peer run respite. We are pleased to see that this was done in a way that allows respites to continue providing peer support to guests in a manner that is consistent with the values and standards of peer run respite established by the DHS and supported by the WCMH.

Importantly, this bill will not eliminate the need for organizations that wish to site peer run respites from engaging with their local community. Community outreach and education are critical for the success of the respites and serve, over time, to reduce the stigma all too often associated with mental disorders.

Peer run respite adds an important option for the system of community based mental health and substance use services, as the Legislature affirmed in supporting the Governor's initiative. Such programs around the country demonstrate that guests accessing respite services have reduced inpatient hospitalization and emergency service hours. Guests staying at peer run respites report significant improvements in healing, empowerment, and satisfaction. While it is too soon to have this sort of data for Wisconsin's programs the WCMH will be monitoring this closely. Should

the data prove equally positive to what we have seen elsewhere, this legislation will facilitate the ability of future respite to take root elsewhere in the State.

Thank you for considering this bill.



Mental Health America of Wisconsin
Testimony for AB708; Shel Gross, Director of Public Policy
Assembly Committee on Health
February 3, 2016

Mental Health America of Wisconsin urges your support for AB708.

MHA was one of many groups that advocated for the creation of peer run respites (PRR) as a service model and supported this initiative as part of the Governor's 2013-2015 budget initiative because PRRs add an important option for the system of community based mental health and substance use services. Other respite programs around the country have shown that guests accessing respite services have reduced inpatient hospitalization and emergency service hours. Guests staying at PRR also report significant improvements in healing, empowerment, and satisfaction. Our MHA affiliate in Nebraska, which operates three such facilities, reports that their community is asking them to open more.

However, in closely following the implementation of this initiative we saw that two of the three vendors selected by the Department of Health Services (DHS) struggled to find a location because local zoning officials did not understand what PRRs were. The original legislation did not locate PRR in statutes. AB708 provides statutory definition and clarity by establishing the zoning status of PRRs and criteria required to be classified as a PRR. It offers clear guidance to local zoning officials and will facilitate the development of future PRRs. Additionally, by defining PRR as an adult community living arrangement, similar to adult family homes, it may allow these facilities to be located in residential areas with certain restrictions that are defined in statute, enhancing community integration.

But this bill will not eliminate the need for organizations that wish to site PRRs from engaging with their local community. While, unfortunately, there is often resistance to the location of any mental health programs, community outreach and education are critical for the success of the respites. Additionally this process, over time, can help to reduce the stigma all too often associated with mental disorders. As I noted earlier, this is been the case in Nebraska; PRRs are good neighbors.

Because the Legislature supported the Governor's initiative to develop PRR we trust that you will support this bill that will facilitate implementation in a manner consistent with comparable programs. We want to express our appreciation to Rep. Tittl for his attention to this issue and his conscientious efforts to get the details on this right.

Thank you for your consideration.



Grassroots Empowerment Project Inc.

Creating opportunities for people seeking mental health, recovery, and wellness to exercise power in their lives.

February 3, 2016

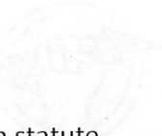
Testimony for AB708 Assembly Committee on Health

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Peer run respites around the country demonstrate that guests accessing respite services have reduced inpatient hospitalization and emergency service hours. Guests staying at peer run respites report significant improvements in healing, empowerment, and satisfaction. Because the Governor's budget initiative creating peer run respites did not give statutory definitions in a way that allowed local zoning officials to understand what they were, how they should be treated, and where they could be located two of the three peer run respite organizations encountered significant barriers with local zoning offices and were ultimately forced to relocate from their original location. This resulted in significant delays for the two organizations. However, I'm happy to report that we've all secured acceptable locations and two of three peer run respites are open and accepting guests. Our location required significant modifications in order to be handicapped accessible, but construction is going well and Grassroots Wellness Peer Run Respite will be opening soon.

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Further, GEP is pleased to see that this bill does not require additional regulations and restrictions for peer run respites to qualify for the zoning classification. This will allow respites to continue providing peer support to guests in a manner that is consistent with the values and standards of peer run respite established by the Division of Mental Health Substance Abuse Services. We would like to thank Rep. Tittl for his commitment and leadership in expanding options for mental health and recovery services. We're also grateful for Rep. Tittl's office working closely with us and the other peer run respite organizations to ensure that this bill fixes the issues we've discussed and is narrowly focused so as not to have any unintended consequences.

This bill will not eliminate the need for organizations that wish to site peer run respites from engaging with their local community and zoning officials. It provides more clarity regarding eligible locations and the process for approval, which will allow organizations the opportunity to address a neighborhood's potential concerns and gain people's support and acceptance. We recognize the need for ongoing outreach, community education, and discussions required in order to successfully site and operate a peer run respite.

Thank you for taking up this important matter.