



Legislative Fiscal Bureau

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Joint Committee on Finance

Paper #347

Peer-Run Respite Centers (DHS -- Other Health Programs and Departmentwide)

[LFB 2013-15 Budget Summary: Page 248, #5]

CURRENT LAW

Under Chapter 51 of the statutes, counties have the primary responsibility for the well-being, treatment, and care of individuals with mental illness, developmental disabilities and persons with substance abuse conditions. Counties administer and fund a wide range of programs that offer services to individuals with mental illness, including individuals in crisis situations. These services are funded from several public funding sources, including community aids, local property taxes, state and federal grants, and the state's medical assistance (MA) program. In addition, some mental health services are supported by private health insurance.

Individuals with mental illness who are in crisis often receive hospital inpatient services. In recent years, counties and states have begun to use an alternative treatment model to provide services to these individuals -- peer-run respite care centers. There are currently no peer-run respite care centers in Wisconsin.

GOVERNOR

Provide \$64,600 GPR in 2013-14 and \$1,282,700 GPR in 2014-15, to fund: (a) grants to operate regional peer-run respite centers (\$1,200,000 GPR in 2014-15); and (b) 1.0 GPR position, beginning in 2013-14, to administer this new program (\$64,600 GPR in 2013-14 and \$82,700 GPR in 2014-15).

DISCUSSION POINTS

1. Peer-run respite centers are facilities that offer services, including short-term residential accommodations, to individuals in mental health crisis situations, or who otherwise need

additional support to cope with a mental illness or substance abuse issue. In this setting, support services are provided by individuals who have successfully completed mental health or substance abuse treatment and recovery programs themselves. The goal of each center is to provide support to individuals dealing with the crisis situation, and to reduce the likelihood that those situations result in an inpatient hospitalization.

2. Advocates for this treatment approach point to several strengths of the peer support model, including the importance of developing relationships with empathetic caregivers and retaining opportunities for social interactions with families and friends during recovery. In addition, the model offers the opportunity for significant cost savings, particularly for counties, if an effective program can be offered as an alternative to inpatient psychiatric hospital services, and as a way of reducing crisis inpatient admissions.

3. Several states have peer-run respite centers, including Arizona, California, Georgia, Nebraska, New York, and South Dakota. However, outcome data from these other states is not readily available.

4. DHS indicates that in other states, peer-run respite centers are generally community-based residential facilities (CBRFs) that have beds designated for individuals in a mental health crisis situation. CBRFs are facilities licensed by DHS where five or more adults reside who meet the following criteria: (a) are not related to the CBRF operator; (b) do not require care above intermediate nursing care; and (c) receive care, treatment or services that are above the level of room and board, but include no more than three hours of nursing care per resident per week. CBRFs provide services to adults with a wide variety of needs, including mental health needs.

5. The bill would provide funding to support three regional peer-run centers, beginning in 2014-15, each with an annual allocation of \$400,000. DHS based this cost estimate on consultation with states that currently have peer-run respite centers. The Department has not yet determined what standards it would require each funded center to meet, or what licensing requirements would apply to these centers.

6. The additional position that would be provided in the bill would manage the peer-run respite center initiative, which would initially include interacting with counties, tribes, and other stakeholders in developing the peer-run respite center model, and conduct outreach to consumer groups, local law enforcement agencies, and county crisis centers to build awareness of the peer-run respite center as a new mental health and substance abuse crisis resource. Once the peer-run respite centers are operating, the DHS position would be responsible for contract management, performance monitoring, technical assistance, and policy and data analysis related to the centers.

7. If the Committee wishes to provide state support to operate peer-run respite centers as a means of providing an additional treatment option for individuals in mental health crisis situations, and potentially decreasing emergency room or hospital inpatient services for those individuals, it could adopt the Governor's recommendations (Alternative 1).

8. The Bureau of Assisted Living (BAL) in the Division of Quality Assurance oversees and licenses multiple types of facilities, including CBRFs. DHS has designated four BAL regions,

as shown in the attachment, with regional offices in Eau Claire, De Pere, Madison and Milwaukee. The Committee could increase the amount of funding in the bill by \$400,000 GPR, and direct DHS to provide funding for at least one peer-run respite center in each of the four BAL regions in the state, through its request-for-proposal process. (Alternative 2). Under this alternative, DHS would be budgeted funding to support four peer-run respite centers, beginning in 2014-15.

9. Finally, in light of other GPR funding needs, the Committee could delete this item from the bill (Alternative 3).

ALTERNATIVES

1. Approve the Governor's recommendation.

2. Increase funding by \$400,000 GPR in 2014-15 and direct DHS, in its request-for-proposals, to fund at least one four peer-run respite center in each Bureau of Assisted Living region.

ALT 2	Change to Bill
	Funding
GPR	\$400,000

3. Delete provision.

ALT 3	Change to Bill	
	Funding	Positions
GPR	-\$1,347,300	- 1.0

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Attachment

ATTACHMENT

DHS Bureau of Assisted Living Regions

