

EXECUTIVE SUMMARY

The Federal Fiscal Years (FFY) 2008 through 2009 State of Wisconsin's Community Mental Health Services Block Grant application is being submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) as a one-year application. The projected annual funding for Wisconsin is \$7,538,575.

Wisconsin employs a strong county-based human service system. The public mental health system is administered through 67 county/regional program boards covering all 72 counties using statutory authority to invest each county with responsibility for the delivery of mental health services. Direct services are primarily provided by the county or local private providers contracted by the county. The State provides leadership and sets priorities in coordination with the federal priorities defined by the CMHS. The Division of Mental Health and Substance Abuse Services (DMHSAS) is the state mental health agency that works directly with county mental health agencies. The area of the State Mental Health Authority includes the community-based mental health system that the DMHSAS oversees. The DMHSAS resides within the Department of Health and Family Services (DHFS). The DMHSAS Administrator, John Easterday, is designated as the State Mental Health Commissioner to serve as the primary contact with the CMHS. The DHFS Secretary Kevin Hayden is directly responsible to Governor Jim Doyle.

Priorities and Plans for Wisconsin's Mental Health System during FFY 2008

Transformation Activities

In step with the goals of the President's New Freedom Commission on Mental Health (NFC), Wisconsin plans to continue its prioritization of implementing system transformation and recovery principles in FFY 2008. Starting in the fall of 2005, there has been a shift in focus in Wisconsin away from a proposed managed care model that includes behavioral health services that are beyond outpatient services, to an integrated model of services and supports that braid together the Medicaid Health Management Organization (HMO) services that include both psychiatric inpatient and outpatient care with those psycho-social rehabilitation services provided by local county agencies. This braided system provides comprehensive physical health and mental health care for consumers who have needs beyond outpatient services. This shift in focus, due to legislative action that ordered the expansion of SSI managed care statewide, provided the opportunity for DMHSAS to focus on elements of transformation beyond the coordination of funding issues that dominated the previous redesign initiative.

Newly-funded parts of the transformation initiative in FFY 2008 will include strategic planning with leadership from the Secretary of the Department of Health and Family Services, with critical input from the Wisconsin Council on Mental Health and guidance from the Governor's Office. Efforts will include a review of the current funding and responsibilities of the county-based system, as well as the Medicaid and BadgerCare mental health and substance abuse service delivery system. The goal will be to increase access and streamline and improve outcomes of services to consumers.

Objective: Transform the Wisconsin Public Mental Health system into an integrated model of services and supports that braids multiple funding sources.

Recovery Activities

DMHSAS has augmented their transformation efforts with the hiring of a consumer affairs coordinator and the creation of a consumer run, statewide Recovery Implementation Task Force

to help DMHSAS plan strategic changes in current psychosocial rehabilitation services that would slowly transform delivery of services across the state at the local level.

Progress in the last year on this transformation effort includes the creation of a contracted State Recovery Coordinator position and a contracted peer support specialist position to fully develop the Wisconsin model of peer specialists and development of a Recovery 101 curriculum that consumers, recruited and trained from across the state, can teach at local agencies, drop-in centers and to interested professional groups. A number of trainings have been delivered using consumers, including not only community settings, but also at a women's prison and some inpatient settings.

Wisconsin allocates \$874,000 of the Mental Health Block Grant (MHBG) to Family/Consumer Self-Help and Peer to Peer Support Programs. While some other states do not directly fund peer support services, Wisconsin is proud to have a tradition of using approximately 12 percent of its MHBG for this purpose. Wisconsin will continue to fund consumer recovery and peer support programs with the same aggregate level of funding. Wisconsin funds a variety of consumer recovery and peer support programs including programs that work with adult consumers, child consumers, and families of consumers.

Objective: Maintain funding for consumer and family programs and services in 2008.

Evidence-Based Practices

Another essential step to implementing the goals of the NFC is Wisconsin's plan to assess and implement evidence-based practices (EBP) for adults and children. The transformation efforts include the fostering of evidence-based practices in pilot counties, (currently 5 counties are participating), development of peer specialists in Comprehensive Community Service (CCS) counties, development of training for local consumers on meaningful participation on the locally required CCS committees and the development of a manual for CCS that outlines the elements of strength based assessments, recovery based plans and consumer focused case documentation that meets the Centers for Medicare and Medicaid Services (CMS) requirements.

In FFY 2007, there are 80 Community Support Programs (CSP) in Wisconsin which meet the standards for certification established by the DMHSAS. Wisconsin will continue to expand the use of CSPs by funding new counties for start-up and certification costs. CSPs are based on the Assertive Community Treatment (ACT) model. In addition, the Division of Vocational Rehabilitation (DVR) began its supported employment project, which uses the Supported Employment Fidelity Scale published by SAMHSA, in CY 2005. DVR anticipates serving 15 clients at each of its three demonstration sites each year for a total of 45 clients served. In FFY 2007, Wisconsin began implementation of Integrated Dual Disorder Treatment (IDDT) and Illness Management and Recovery (IMR) in five counties by awarding MHBG-funded contracts. Three counties are implementing IDDT and two counties are implementing IMR. Counties have been using the SAMHSA EBP toolkit materials to guide their implementation.

Evidence-Based Program grants will also be awarded in 2008 to help counties continue their implementation and quality improvement work. Wisconsin plans to improve its data on the use of evidence-based practices for other initiatives across the state. Reports on the use of evidence-based practices and medications should come from providers. One of the data collection methods being considered by Wisconsin is a survey administered to key provider staff in each county. These data on the use of evidence-based treatments will be used to create an evidence-based practice resource directory for the state.

In FFY 2007, Wisconsin is assessing the options for implementing additional evidence-based practices for children's services, including significant background research on the needs of the state and the elements of the evidence-based practices. Once the assessment of the use of evidence-based practices is complete for the state, decisions can be made about which evidence-based practices can be used as resources throughout the state. The state will help facilitate the dissemination of training resources across counties for the implementation of evidence-based practices for children.

Objective: To facilitate the use of evidence-based practices for adults and children by funding their implementation and disseminating training resources in FFY 2008-2009.

Serving Homeless Persons with Mental Illness

The Division of Mental Health and Substance Abuse Services (DMHSAS) is committed to the inclusion of homeless individuals in the system of services and supports Wisconsin offers to residents with mental health and substance abuse issues.

One of the more critical components for this population is outreach and access. Typically, they do not seek out services and often do not have benefits or their benefits have lapsed due to a number of factors. The Department of Health and Family Services, Division of Mental Health and Substance Abuse Services (DMHSAS) has a memorandum of understanding with the Department of Commerce, which oversees the projects for the Assistance in Transition from Homelessness Program (PATH), that guarantees a percentage of the federal mental health block grant funding goes towards programs specifically for the prevention and/or diversion of homelessness for people with mental illness. The funding level is currently \$74,000 per year and is distributed in a competitive process with a 3 year cycle. In addition, county agencies are required to give priority for services to individuals who are homeless and have a serious mental illness.

Objective: Increase the number of adults with Severe Mental Illness (SMI) who are homeless that receive mental health services by 5 percent annually in 2008.

Serving Elderly Persons with Mental Illness

Wisconsin has a goal to develop a statewide system of Aging and Disability Resource Centers (ADRC), which offer the general public a single entry point for information and assistance on issues affecting older people and people with disabilities (including mental illness), or their families. There are eighteen ADRCs currently operating including two regional ADRCs for rural areas (serving 3 counties each). ADRCs are required by contract to provide three services to persons with mental illness: information and assistance, emergency response and the services of a disability benefit specialist. The Division of Mental Health and Substance Abuse Services is providing technical assistance to ADRCs on outreach planning to mental health populations, including the homeless, and how to make linkages to agencies providing services and supports to people with mental health issues. The Division has produced three training web-casts in 2007 to ensure that ADRC staff is better equipped to deal with the population who have mental health issues and their families. This year, staff from DMHSAS presented workshops to ADRC staff at their annual conference to ensure ADRC staff understood the functional eligibility for Wisconsin Mental Health programs and how to access them through referrals to their local mental health agencies.

Wisconsin has been moving forward with efforts to improve mental health and substance abuse services, through providing geriatric psychiatric expertise to local long term care programs who

request it, with coordination done by staff at DMHSAS. An important component of the DMHSAS planning work is the development of the Wisconsin Geropsychiatry Initiative (WGPI). The WGPI began when a geropsychiatrist, Dr. Tim Howell, initiated a collaborative with a group of persons interested in making geropsychiatric expertise available to community workers serving older persons with mental health/substance abuse needs. The group started meeting in 2004-2005 to refine and adopt an effective teaching model/method called the Star Method. In FFY 2005, the WGPI began providing indirect care to older persons via case-specific consultation by geropsychiatrists to long-term care, geriatric, and public agencies, primarily focused in the Milwaukee area. This WGPI initiative received an "Award for Educational Innovation," from the Annapolis Coalition on Behavioral Health Workforce Education in 2004.

In addition to the WGPI initiative, state staff continues to work with county agencies implementing a CCS program to ensure that this lifespan program serves older adults. The CCS benefit could be a significant source of Medicaid funding for older adults to access mental health and substance abuse services. One of the core requirements of a county CCS plan is outreach to all populations. This is of particular relevance to older adults with mental illness who self isolate. They are not responsive to the usual forms of outreach through newspapers, advertising in key locales in the community and booths at health fairs. DMHSAS has set aside money for outreach and treatment pilots in the 2008 plan, and will team with the regional Aging Networks and local aging units funded by the Older Americans Act to pilot outreach mechanisms in both rural and urban regions for those elderly who need treatment but have never been diagnosed or treated for their mental illness because of stigma and self isolation.

Objective: To improve outreach to rurally isolated elderly persons with mental illness.

Serving Children with Serious Emotional Disturbance

In FFY 2008, Wisconsin will use a number of different methods to increase the number of children with access to services in the public mental health system. First, the Comprehensive Community Services (CCS) benefit provides an expanded choice of MA-funded mental health services. Wisconsin continues to increase the number of certified CCS programs in the state on an annual basis by providing \$186,900 in state revenue and \$200,000 in MHBG funds for program start-up. From FFY 2005 to FFY 2007, twelve counties became certified to provide the CCS benefit and another four are projected to be added in FFY 2008. The CCS benefit is for both adults and children. Some of the state's Coordinated Service Team (CST) wraparound programs are beginning to integrate the CCS benefit as funding for their programs, Wisconsin will be educating additional counties to do the same in FFY 2008. Increasing the number of counties that provide CCS benefits will bring services to more children in new areas of the state.

Objective: To increase access to mental health services for children with severe emotional disturbance and their families.

Use of the Mental Health Block Grant to Implement the State Plans

Below are descriptions of how portions of the Mental Health Block Grant (MHBG) are projected to be used to implement Wisconsin's mental health plans described above. The full budget can be found in the enclosed Adult or Child Mental Health Plans.

FFY 2008 MHBG Budget

\$2,513,400 County Formula Allocation

This allocation is designated to county mental health agencies to fund additional programs for persons with serious mental illness. The DHFS determines each county agency's MHBG allocation using its standard Community Aids formula. This formula considers each county agency's Medicaid caseload, per capita income, urban/rural designation, and population (see Schedule I for the projected 2008 allocation for each county).

\$1,826,500 Children's Initiatives - ISP and CST

The ISP initiative is designed to develop coordinated systems of care for children and adolescents with SED and their families requiring support from multiple community-based agencies. State awards give the county projects the capacity to provide the flexibility needed by both children/adolescents and their families. In addition, the grant may fund clinical positions to directly coordinate integrated services within an ISP. The CST initiative places an even heavier emphasis on collaboration across child-serving systems. The focus is on creating a "systems change" plan for the county to establish a strengths-based coordinated system of care that supports children and adolescents and their families who require substance abuse, mental health, juvenile justice, and/or child welfare services.

\$874,000 Family/Consumer Self-Help and Peer to Peer Support Programs

While some other states do not directly fund consumer self-help and support services at all, Wisconsin is proud to have a tradition of using approximately 12 percent of its MHBG for this purpose. Wisconsin will continue to fund consumer self-help and peer support programs with the same aggregate level of funding. Wisconsin funds a variety of consumer self-help and peer support programs including programs that work with adult consumers, child consumers, and families of consumers.

\$1,425,869 Transformation Activities

Wisconsin is putting substantial resources into transformation activities. For FFY 2008, a key transformation activity will be to work with state partners, counties, tribes, providers, health care systems, consumers and advocacy groups to review and plan for a further transformation of the county-based services system. This is a strategic time in human services development in Wisconsin, with the transformations underway in long term care, the expansion of SSI managed care and BadgerCare Plus health care reforms, it is time to reexamine the county-based system in light of these changes and develop a plan for the future that will fit within this changing landscape. Wisconsin will also continue to promote the development of county-based CSP and CCS programs that will focus on transforming their systems to be recovery based and improve the use of evidence-based practices across the lifespan. Funding will be used to assist counties/tribes in their development of certified programs in Wisconsin. Funding will also be provided to fund 10 pilots with counties and/or tribes to implement screening for mental health and substance abuse needs of children in the child welfare system to integrate mental health screening into child welfare procedures. Wisconsin is addressing the lack of specialty mental health providers in rural parts of the state by the development of psychiatric (in particular child and geropsychiatry) and mental health consultation services. Funding will also be allocated to fund the implementation of culturally appropriate best practices in co-occurring disorders with the eleven federally recognized tribes in Wisconsin.

Our focused efforts at systems change will focus on promoting evidence-based practices in adult and children's programs. Efforts will also continue to implement quality improvement projects and evidence-based practices in county-based CCS or CSP programs. These grants are designed to integrate evidence-based practices with Wisconsin's major mental health programs and establish permanent quality improvement systems so counties can continually review the quality

and effectiveness of their programs. Another systems change will be to further develop assertive outreach programs for homeless individuals with a mental illness and to assist them in gaining access to SSI and Medicaid benefits which in turn will help fund mental health services. Mental Health Block Grant funding will be used to improve the quality of mental health services through the promotion and adoption of trauma informed and trauma specific services and to also promote positive behavior supports that will reduce the use of seclusion and restraint in children's mental health programs.

Another major focus of the transformation efforts will be to focus on prevention and early intervention, with special attention to suicide prevention efforts in collaboration with school systems and promoting screening in primary care settings. Promoting a recovery centered approach to all mental health services remains a high priority of Wisconsin's transformation efforts. Resources from the Block Grant will be used to provide coordination of recovery efforts with counties, tribes, providers and consumers on the implementation of a recovery-based approach to service delivery. Efforts will also include a website focused on consumers and families as well as implementing a train the trainer model to develop a pool of consumers who will provide statewide training to other consumers.

\$172,042 Mental Health Training

Training funds will be contracted to improve provider awareness, knowledge and skills in mental health standards, best practice, recovery principles, and emergency crisis services for statewide system delivery for consumers of all ages.

\$65,000 Wisconsin Protection and Advocacy

Disability Rights Wisconsin is the designated agency within the state to provide protection and advocacy for persons with mental illness.

\$360,968 State Technical Assistance

BMHSAS staff (5.9 FTEs) who work in the mental health field will be funded through the MHBG. Staff plan services, provide technical assistance and guidance to local mental health providers and programs in the implementation of programs.

\$300,796 Administrative/State Operation Costs

These funds cover the administrative costs of the Mental Health Council, accounting, mental health Human Services Reporting System (HSRS) data collection, and indirect costs of administering and monitoring contracts and the Block Grant. (Data System development to comply with developmental changes to NOMS will utilize \$111,615 of these funds.)

\$7,538,575 TOTAL

Summary

Wisconsin has traditionally been a national leader in the development of services for persons with mental illness. The Division of Mental Health and Substance Abuse Services, together with its traditional partners in mental health services, the Wisconsin counties, have begun a journey of transformation together. Because of limited funding, the initial focus is on transformation of those services for adults with serious mental illness and children with serious emotional disturbance. Further support and transformation of the public mental health system's continuum of care is DMHSAS's long term goal for Wisconsin.

Wisconsin's comprehensive recovery-based mental health system for adults and children provides a continuum of care which begins with prevention and places its emphasis on services based in the community. The continuum continues across the lifespan with more intensive services, including providing services in residential and inpatient settings where appropriate to the needs of the individual. The continuum also provides other services which help people attain their recovery goals, including medical and dental, educational, employment, housing, and support services, and services targeted at special populations, such as elders, the deaf and hard of hearing population, the homeless and individuals with both mental health and physical conditions requiring treatment and support. With funding through the Mental Health Block Grant, meaningful and lasting system change including a braided funding structure will occur in Wisconsin's public mental health continuum of care.