



## Wisconsin Council on Mental Health

1 W. Wilson, Room 851  
PO Box 7851  
Madison, WI 53707-7851  
Voice: 608-266-2717  
Fax: 608-266-1533

November 22, 2010

Governor-elect Scott Walker  
Transition Office  
The Risser Justice Center  
17 W. Main St., Suite 310  
Madison, WI 53703

Dear Governor-elect Walker:

The Wisconsin Council on Mental Health (WCMH) is the legislatively mandated, Governor-appointed Council empowered to advise the Governor, Legislature and state agencies regarding issues impacting people with mental illnesses and their families. We are your state mental health Council. Each biennium the Council identifies both budget and other legislative priorities. We would welcome the opportunity to meet with you and/or your transition team to discuss these priorities, especially as you are contemplating your budget.

During the campaign you attended a gubernatorial forum at Independence First in Milwaukee sponsored by Make It Work Milwaukee, the Milwaukee Mental Health Task Force and the Latino Health Coalition. The focus of the forum was on issues affecting individuals with disabilities. We took note of a number of your comments that are of particular interest to the mental health community and wanted to provide you information about how some of our priorities may fit well with your stated views. The attachment to this letter identifies the statements you made (often identifying the question to which you were responding) and then how they relate to our priorities. We believe that there are opportunities here to work together on issues important to the mental health community.

We understand that there are many, many individuals and organizations who are also seeking to meet with you and your staff. But your comments suggest that you understand the important role that providing more effective community-based care for people with mental illnesses can play as you seek to address the budget crisis. Therefore we trust that a timely meeting may be arranged.

To set up a meeting, please contact Shel Gross, who is a member of WCMH and also chairs our Legislative and Policy Committee. He will coordinate involvement of other Council members as appropriate. Shel can be reached in Madison at 250-4368 or [shelgross@tds.net](mailto:shelgross@tds.net). If you have other questions, please contact me at (715) 605-2097 or by e-mail at [jackiebaldwin@verizon.net](mailto:jackiebaldwin@verizon.net).

Yours Truly,

Jackie Baldwin, Chair, Wisconsin Council on Mental Health

Cc: Members, Wisconsin Council on Mental Health  
Members, Legislative and Policy Committee  
Karen Timberlake, Secretary, DHS  
Jason Helgeson, Administrator, Division of Health Care Access and Accountability  
John Easterday, Administrator, Division of Mental Health and Substance Abuse Services  
Joyce Allen, Director, Bureau of Prevention Treatment and Recovery  
Melanie Foxcroft, Council Staff

## **Attachment**

### **Wisconsin Council on Mental Health (WCMH) Responses to Scott Walker Comments at Gubernatorial Forum in Milwaukee**

#### **You said you will make providing services to people with disabilities a priority.**

This is our priority as well. As “your” state mental health advisory council, we stand ready to advise you on how best to support development of cost-effective, high-quality, evidence-based service systems for adults and children with mental disorders.

#### **You talked about your record of support for Family Care at the state and county level.**

As you know, persons for whom a mental illness is their only functional disability are not eligible for Family Care. However, over 40% of Family Care enrollees have one or more identified mental health issues. The WCMH has advocated strenuously with the Department of Health Services (DHS) for policies to ensure that Family Care enrollees with mental illness are receiving adequate, appropriate and timely mental health care. The costs for individuals in Family Care who have mental disorders are significantly higher than the costs for other enrollees, making this an issue of cost effectiveness as well as quality: most of these costs are associated with institutional levels of care that may not be required if adequate community-based services were available and provided.

#### **With regard to a question about addressing county match for Medicaid mental health services, and another question concerning community aids/shared revenue, you acknowledged the significant contribution that Milwaukee County made to offset reductions in state support and indicated that you would stabilize community aids and shared revenue and support providing counties more tools to control costs. You also indicated that you like the idea of counties working together.**

In 2010 the DHS contracted for a study of Wisconsin’s mental health services infrastructure. This study verified what many of us already knew: Wisconsin depends upon county tax levy to support mental health services more than almost any other state. One result of this there is significant variability in the availability of services across counties. As a result of a process that included the broad range of mental health stakeholders, the DHS issued a Request for Information in September, 2010 to find out which counties and private organizations were interested in participating in pilot programs that would explore various ways to improve the public mental health system without increasing costs. We urge your administration to support implementation of these pilots, which promise to explore how counties might work together more efficiently to provide mental health services, how counties might work with primary care providers to improve overall health care for people with mental illness, and how counties might achieve better outcomes through use of a broader range of evidence-based practices that include peer support and peer run programs.

However, we note that we are extremely skeptical as to whether substantive change can occur if the underlying funding issue is not addressed. The WCMH has long advocated phasing out the county-match requirement for key public mental health services. It has

never been a “good time” to do this, but you are keenly aware of the burden this places on counties and local taxpayers, and so we believe you may recognize why this is necessary.

**With regard to Medicaid you stated that we need to make sure that Medicaid funds are spent for the right reason: large employers are not providing health care and businesses have dumped people onto Badger Care—that’s not right.**

We support the idea that businesses should not be dumping their employees on to the public Badger Care program. Passage of mental health and substance abuse parity at both the national and state level holds some promise that more individuals will be able to obtain all their needed mental health and substance abuse services through their employer sponsored coverage (if they have any). However there are other implications of your statement. For us, ensuring access to mental health services is critical. Given the limitations of relying on the public county-based system to provide access and much of the funding for mental health care, Medicaid has become an increasingly important source of funding for such care. While Medicaid has its own problems, including less than adequate reimbursement rates and prior authorization procedures that we have found to be overly burdensome, however it remains the only source of care for hundreds of thousands of Wisconsin citizens. While some might think that those receiving care through the Badger Care Plus CORE program might not fit the definition of who Medicaid should be serving, half of these individuals have a chronic health condition identified as their primary diagnosis, which may be part of the reason they are not receiving health insurance coverage elsewhere. Additionally, 26% of members have an identified mental health condition, which typically complicates management of health conditions. Consequently, we ask you to use a scalpel rather than an axe as you consider where cuts in Medicaid might be made.

**In order to ensure adequate care at Mendota and at the Mental Health Complex, you indicated your support for both facilities to do what needs to be done to obtain and retain their licensure/certifications. But you also stressed the need to provide resources for community-based care so more people can get care in the community (e.g. supportive housing).**

We certainly concur with your foresight in understanding that community-based care is both better for people and more cost-effective than institutional care. However, in order to make community-care a reality, you will need to address the issues involved in the public mental health system identified above.

**You proposed that corrections costs could be reduced through universal screening at the front end to ensure that those who are not a public safety risk can be diverted, but that this needs to be a local decision.**

We have long advocated for diversion, when appropriate, for people with mental illness. The vast majority of these individuals who become involved with the criminal justice system do so because their mental health needs have not been adequately addressed. Unfortunately those needs are frequently not well addressed within the criminal justice system either, despite some significant improvements over the past five years.

Oftentimes, especially through use of administrative segregation and other approaches, mental health problems are exacerbated, and they may subsequently be released back into the community in that condition. There are a variety of successful efforts that can form the basis of improved efforts to significantly reduce the population of people with mental illness in the corrections system, with corresponding cost savings. The Chief Justice's Task Force on Criminal Justice and Mental Health is a good place to start to identify these. We also urge you to work with the Department of Corrections to ensure that they meet national standards with regard to provision of mental health services for those people who are incarcerated with a mental illness, and to arrange for continuity of treatment after release into the community.

**You indicated that you were proud of city/county collaboration on addressing housing problem which resulted in the creation of 300 units of supportive housing and would build off of that as Governor.**

That is something to be proud of and something to build on. Lack of specialized supportive housing is a huge barrier to successful community placement for many individuals with mental illness and may explain the higher costs of Family Care for those with mental illness, as noted above. It may also be critical to efforts to divert or provide early release to individuals with mental illness who are involved with the criminal justice system.

**You had a couple of observations regarding children's mental health. First, you said we need to incorporate more of this into the school system because this is where kids are; partnership of schools, counties, and the state could help to impact mental health issues sooner. Also, in response to a question about 17 year olds in the adult correction system you indicated that you believed most of these youth were involved in the system because they were not getting adequate services. You recommended funding wraparound programs to prevent recidivism.**

The Department of Public Instruction has been very active in trying to work with schools around mental health issues. But the current dynamics of school funding have placed incredible strain on schools. One result has often been a reduction in pupil services staff that would be key to promoting that coordination among schools, counties and the state. Assuring adequate behavioral health staff in schools would be a tremendous help in this regard.

The effort to expand wraparound services has also been a long-time Council priority. We still do not have wraparound programs in every county and tribe in Wisconsin, and the fact is, even where they exist they are not funded adequately to serve even a small percentage of the youth who could benefit. We welcome the opportunity to work with you on this issue. Wraparound services have been proven to improve the academic success and adjustment of children with mental health, and related issues. Providing the support services needed to help these kids to achieve successful, independent lives as adults is not only the right thing to do but is also cost-effective in the long run.

**When asked how you would increase use of peer support for people with mental illness you indicated that you don't know about this.**

Kudos to you for admitting what you don't know. Support services provided by peers (those living with mental illness themselves) in mental health takes a variety of forms. Wisconsin is now one of the leading states in certifying people living with mental illness as peer specialists who can provide services to other people with mental illness in a variety of mental health and other settings. Not only are services by peers cost effective, they also model to the consumer that recovery is possible. Other programs, such as clubhouses, are models of peers working together to support recovery from mental illness. We would love to educate you further on this area.

**You said you don't believe in across-the-board cuts but acknowledged that wages and benefits are a large part of the budget and you seek balance between the public sector and the private sector in this area. You've also talked about eliminating state jobs that have been vacant for 2 years.**

We were relieved to hear that you don't believe in across the board cuts. Were you aware of the fact that during the Medicaid rate reform project there were virtually no interventions in the area of mental health because the DHS found that there were not sufficient funds being spent currently to achieve savings? In fact, support for screening for substance abuse was actually increased because of the evidence that it creates long-term cost savings. Because people with chronic health conditions, such as diabetes and heart disease, have health care costs two to four times higher if they additionally have an untreated mental illness, funding mental health services is actually a fundamental element to "bending the cost curve" for health care.

With regard to state jobs we also urge caution. The fact that a job has been vacant doesn't mean that it is not needed. Would you eliminate Medicaid fraud control efforts where the cost of a state employee can be covered many times over through the savings and reclaimed funds associated with fraud? Would you eliminate positions that can help draw down many times their costs in federal or foundation grant funds, or those that can manage the programs that support diversion from institutional settings? Many of us have seen that lack of staff can contribute to the failure of good programs to move forward, even those which actually save funds: consequently we urge you to act with discernment and discrimination in this regard.