

**Wisconsin's Community Mental Health Block Grant Plan
for FY 2009-2011
Executive Summary**

Background

The federal Department of Health and Human Services, through the Center for Mental Health Services, of the Substance Abuse and Mental Health Services Administration awards Community Mental Health Block Grants (MHBG) to states to establish or expand an organized community-based system for providing mental health services to adults with serious mental illnesses and children with serious emotional disturbances. In order for the state to receive a MHBG award, it must submit an application that describes how the state will meet the required federal criteria, provide an overview of the state's mental health system, identify the state's system's strengths and weaknesses, unmet service needs and the state's plan to address those needs.

The Department of Health Services, Division of Mental Health and Substance Abuse Services (DMHSAS) is Wisconsin's single state authority for mental health and substance abuse services. In this role DMHSAS assumes the responsibility to submit the Mental Health Block Grant Plan for the state. This document is an Executive Summary of the Draft Mental Health Block Grant Plan for 2009 that is being circulated for comments prior to submitting the final plan due on September 1, 2008. This document contains a summary of two key parts of the MHBG—the Adult's Plan and the Children's Plan. It outlines the state's current activities and goals, targets, action plans and funding proposal for the 2009-2011 MHBG period. The federal government also requires that the state address a number of national outcome measures and objectives to improve those measures in the plan. The full Draft 2009 Mental Health Block Grant Adult and Children's Plans and the Executive Summary can be found at the Council's website at: www.mhc.state.wi.us

The Wisconsin Council on Mental Health will be accepting comments on the 2009 MHBG Plan until July 16th, 2009. The Council is hosting a public hearing on the plan on July 16, 2009 beginning at 1:00 p.m. The hearing will be held at the Coalition of Wisconsin Aging Groups, 2850 Dairy Drive, Madison, WI. Written comments can also be submitted to the staff for the Council's Mental Health Block Grant Review to:

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Adult and Children's Plan Description of State Service System

The Department of Health Services (DHS), Division of Mental Health and Substance Abuse Services (DMHSAS) administers a wide range of services to clients in the community and at state institutions, establishes regulations for treatment providers, supervises and consults with local, state and tribal public and voluntary agencies. The 36.9 FTE's in the Bureau of Prevention Treatment and Recovery in the DMHSAS carryout the responsibility for oversight of community based mental health and substance abuse services and the administration of the Mental Health and Substance Abuse Block Grants. The Division collaborates with other state agencies in the promotion and delivery of mental health services, including the DHS divisions of Long Term Care, Public Health, Quality Assurance, Health Care Access and Accountability. The other key state agencies that work closely with the DMHSAS include the Departments of Public Instruction, Children and Families, Commerce, Corrections, and Regulation and Licensing.

Key areas of leadership of the DMHSAS across service systems and agencies include:

- Promotion of Positive Behavior Supports to reduce seclusion and restraint.
- Child Welfare Screening for children's mental health needs.
- Development of Coordinated Services Teams that serves kids at risk from across service systems.
- BadgerCare Plus development of expanded health coverage for screening and intervention for pregnant women at risk for depression and substance abuse.
- Developing trauma informed service systems.

Wisconsin's public mental health system is administered through 67 county/regional program boards covering all 72 counties as governed by Chapter 51 of the Wisconsin state statutes. Counties are responsible for prevention services in collaboration with public health, comprehensive diagnostic and evaluation services, inpatient and residential treatment, outpatient care and treatment, partial hospitalization, emergency care, supportive transitional services, staff training on emergency detention procedures, and planning, development and evaluations of programs. They are responsible for authorizing and paying for all individuals in need of treatment for those individuals without resources to provide for their own care within the limits of available funding.

ADULT PLAN

Adult Service System's Strengths and Weaknesses

Strengths:

- Bureau of Prevention Treatment and Recovery is promoting an integrated view of mental health and substance abuse services
- Development and expansion of Comprehensive and Community Services (CCS)
- Development of the Aging and Disability Resource Centers
- Medicaid covers a broad range of services for mental health consumers

Weaknesses:

- Need for greater collaboration to serve consumers with multiple needs
- Limited access and availability of mental health services, in particular access to psychiatric services.
- Stigma affects the public's perception of the ability of consumers to lead productive lives
- Data systems and the capacity of the county and state to aggregate, analyze and interpret meaningful data is limited, which makes it difficult for the state to make data informed decisions

Unmet Service Need

- Individuals who are homeless and have a mental illness have a critical need to be served
- There is a shortage of psychiatric providers who will serve publicly funded mental health consumers
- Wisconsin has high rates of readmission to state psychiatric hospitals compared to other states
- The mental health needs of parents and children in the child welfare and other service systems are not being met

Plans to Address Unmet Service Needs:

- Provide start up funding to support the development of CCS and Community Support Programs (CSPs)
- Expand use of tele-psychiatry
- Improve the quality of reporting and expand the use of the mental health data warehouse to merge data from counties and Medicaid to analyze trends
- Increase the use of evidence-based practices in mental health service delivery to improve the quality of services
- Promote the development of trauma informed services and systems
- Continue to transform system through the promotion of recovery-focused services and involvement of consumers in training and peer support
- Continue the priority of providing mental health services to people who are homeless and have a mental illness

Adult Plan Performance Goals, and Objectives:

Criterion I: Comprehensive Community-Based Mental Health Services—Indicators

Goal 1: Decrease the rate of readmission to psychiatric hospitals within 30 days by 0.5% annually.

Goal 2: Decrease the rate of readmission to psychiatric hospital within 180 days by 0.5% annually.

Goal 3: To facilitate the use of evidence-based practices for adults by funding their implementation and disseminating training resources in FFY 2009 as measured by the number of evidence-based practices used by adults in the state.

Goal 4: To facilitate the use of evidence-based practices for adults by funding their implementation and disseminating training resources in FFY 2009 as measured by the number of adults receiving evidence-based practices in the state.

Goal 5: Improve client perception of care as measured by percentage of adult consumers with a positive response about the outcome of their treatment.

Goal 6: Implement new CCS programs to increase funding for an expanded array of services in an additional 10 percent of counties annually.

Goal 7: Increase the percentage of consumers with new or continued employment by 1 percent annually.

Goal 8: To decrease the percentage of adult mental health consumers involved with the criminal justice system by 4 percent annually.

Goal 9: To increase the percentage of mental health consumers with social supports by 2 percent annually.

Goal 10: To increase the percentage of consumers with improved functioning by 3 percent annually.

Goal 11: To facilitate the use of Integrated Dual Diagnosis Treatment (IDDT) as an evidence-based practice for adults as measured by the number of adults receiving IDDT in the state.

Criterion 2: Mental Health System Data Epidemiology

Goal 1: To increase the number of adults who have access to services in the public mental health system by 1% annually.

Goal 2: To increase the number of consumers served in CCS by 10 percent annually.

Goal 3: To increase access to, and appropriateness of mental health services, by expanding the use of the Mental Health and AODA Functional Screen that will result in an increase in the number of counties using the functional screen by 5% annually.

Goal 4: To increase access to, and appropriateness of mental health services, by expanding the use of the Mental Health and AODA Functional Screen that will result in an increase in the number of consumers screened using the functional screen by 5% annually.

Criterion 4: Targeted Services to Rural and Homeless Populations.

Goal 1: To increase access to mental health services for adults with a serious mental illness in rural areas by increasing by 2% the number of rural counties with a CSP.

Goal 2: To increase the number of adults with a serious mental illness who are homeless that receive mental health services by 5% annually.

Criterion 5: Management Systems.

Goal 1: At least maintain resources to consumer-run programs and services and to family support services.

CHILDREN'S PLAN

Children's Service System's Strengths and Weaknesses

Strengths:

- Wisconsin's goals for children's mental health services includes expanding Coordinated Services Teams and wraparound systems of care approach to service delivery
- The state and counties' commitment to expanding mental health services to meet consumer needs through programs such as CCS and CST
- Medicaid covers a broad range of services for mental health consumers
- Wisconsin has in place a mental health data warehouse with merged HSRS and Medicaid fee for service data
- Wisconsin is working to improve reporting on evidence-based practices

Weaknesses:

- Need for greater collaboration to serve consumers with multiple needs
- Limited access and availability of mental health services, in particular access to child and adolescent psychiatric services
- Lack of mental health services for children and parents in the child welfare system
- Stigma affects the public's perception of the ability of consumers to lead productive lives
- There is a shortage of Medicaid dental providers that will serve children with mental health needs
- Lack of mental health and substance abuse parity in health care in Wisconsin
- The HSRS data system and the capacity of the county and state to aggregate, analyze and interpret meaningful data is limited which makes it difficult for the state to make data informed decisions

Unmet Service Needs

- Lack of mental health parity in health insurance
- There is a shortage of publicly funded child and adolescent psychiatrists and psychologists who will serve children with mental health problems.
- There are not adequate services for children and parent's mental health needs in the child welfare systems.
- There is a need for transitional services for youth aging out of the children's mental health system
- There are access issues for children's mental health services
- There is a shortage of dental services for children under Medicaid.

Plans to Address Unmet Service Needs:

- Promote the use of mental health consultation for infants and young children as well as promote the use of a specialized diagnostic classification system for infants and young children
- Partner with key stakeholders to promote strategies to increase access to child and adolescent psychiatrists and psychologist
- Promote the use of positive behavior supports to reduce the use of seclusion and restraint in children's services
- Provide start up funding to support the development of CCS and Coordinated Service teams to expand services for youth
- Increase transitional services for youth aging out of children's mental health system
- Increase the use of evidence-based practices in mental health service delivery to improve the quality of services for children
- Promote screening of children and their parents services in the child welfare system
- Partner with the Department of Public Instruction on youth suicide prevention activities
- Promote the development of trauma informed systems of care

Children's Plan Performance—Goals and Objectives:

Criterion I: Comprehensive Community-Based Mental Health Services—Indicators

Goal 1: To annually increase by two the number of counties with initiatives using the wraparound model for children's services.

Goal 2: To facilitate the use of evidence-based practices for children by funding their implementation and disseminating training resources in FFY 2009 as measured by the number of evidence-based practices used by children in the state.

Goal 3: To facilitate the use of evidence-based practices for children by funding their implementation and disseminating training resources in FFY 2009 as measured by the number of children receiving evidence-based practices in the state.

Goal 4: Improve the perception of care of parents/guardians as measured by a one percentage increase in parents/guardians with a positive response about the outcome of their child's treatment.

Criterion 2: Mental Health System Data Epidemiology

Goal 1: To increase by one percent the number of children served through the public mental health system annually.

Criterion 3: Children's Services

Goal 1: Decrease the rate of readmission to psychiatric hospitals within 30 days by at least 0.5% a year.

Goal 2: Decrease the rate of readmission to psychiatric hospitals within 180 days by at least 0.5% a year.

Goal 3: Increase the percentage of children whose school attendance has improved since receiving services by 3 percent annually.

Goal 4: Decrease juvenile justice involvement for youth mental health consumers who recidivate by 3 percent annually.

Goal 5: Decrease the percentage of youth consumers in unstable housing by 0.5 percent annually.

Goal 6: Increase the percentage of parents/guardians of youth mental health consumers with social supports by 1 percent annually.

Goal 7: Increase the percentage of youth consumers with improved functioning by 3 percent annually.

Criterion 4: Targeted Services to Rural and Homeless Populations.

Goal 1: Increase the number of certified tele-health systems in rural counties to provide mental health services by 3 percent annually.

Criterion 5: Management Systems.

Goal 1: Increase by two the number of counties with children's services staff trained in organizing collaborative systems of care within the wraparound programs in 2009.

Expenditure Plan for Mental Health Block Grant Funds for FFY 2009

At the time of the writing of this application, Wisconsin had not yet been notified by CMHS of its grant award for FFY 2009. The expenditure plan below for FFY 2009-2010 is based on the FFY 2008 award amount.

\$2,513,400 County Formula Allocation

This allocation is designated to county mental health agencies to fund programs for persons with serious mental illness. The DHS 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 2009 allocation for each county). Each agency will use the funds for one or more of the following eight priority areas:

- certified CSP program development and service delivery,
- supported housing program development and service delivery,
- initiatives to divert persons from jails to mental health services,
- development and expansion of mobile crisis intervention programs,
- consumer peer support and self-help activities,
- coordinated, comprehensive services for children with SED,
- development of services for persons with co-occurring MH/SA disorders, and
- mental health outcome data system improvement.

Within these eight priority areas, counties will be asked to prioritize serving persons with a serious mental illness who are homeless either through immediate action or priority placement on a wait list. The state requires counties to submit reports detailing how they plan to use future funds and how they spent funds from previous years. Specific contracts are developed with each agency to assure oversight and compliance.

\$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 and tribal 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 or tribe 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.

\$991,629 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 its MHBG for this purpose.

Wisconsin will continue to fund consumer self-help and peer support programs with an increase of \$117,629 in funding for 2009. 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.

\$790,282 Transformation Activities

Wisconsin is putting substantial resources into transformation activities. The efforts begun in prior years to promote the development of CCS and CSP programs will continue with resources set aside to develop new programs and provide technical assistance to those areas without access to these services. For FFY 2009, a key transformation activity will be to work with state partners, counties, tribes, provider organizations, universities, consumers, parents to develop a plan for addressing the critical needs in the area of mental health workforce shortages, such as child and adolescent psychiatrists and psychologists, geriatric psychiatrists, and trained infant mental health specialists. The DMHSAS is proposing to continue our efforts to work with the child welfare system to integrate mental health screening into child welfare procedures and to remove barriers to access for children in the child welfare system to mental health services. Wisconsin's efforts to promote recovery and prevention and early intervention efforts will continue, including collaborating on suicide prevention activities. In addition, there will be a continuation of the initiative to promote integrated treatment and implement culturally appropriate best practices in the eleven tribes. Finally, the transformation agenda will also include further development of a partnership with the Division of Long Term Care to provide technical assistance to Wisconsin's new Family Care long term care managed care programs, case managers and providers, to focus on improving mental health services to enrollees with mental health and substance abuse problems.

Detailed Budget Breakout:

CCS & CSP Development Funding	\$100,000
CCS Development Technical Assistance	\$66,240
Child Welfare Screening	\$60,000
Workforce Development/Psych Consultation	\$257,042
Tribal Best Practices in Co-Occurring Disorders	\$100,000
Technical Assistance for LTC CMOs, Providers	\$30,000
Recovery Technical Assistance	\$82,000
Prevention & Early Intervention	\$95,000

\$374,629 Systems Change Focused Transformation Activities

Efforts will also continue to implement quality improvement projects and evidence-based practices in CCS and CSP programs. Efforts this year will include providing support for the implementation EBPs for children's 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, tribes or providers can continually review the quality and effectiveness of their programs. DMHSAS will partner with the University to work with the mental health and substance abuse system on creating trauma informed approach to service delivery and to strengthen the availability of trauma specific services. In addition the Division will work with schools and providers to provide technical assistance and implement any needed systems changes to promote positive behavior supports in order to reduce the use of seclusion and restraint. DMHSAS is collaborating with the Department of Commerce to provide assertive outreach to homeless individuals with mental illness.

Detailed Budget Breakout:

County QI/EBPs Development	\$118,000
County QI – Continuity of Care Project	\$69,702
Homeless Access to MH Services	\$74,000
Promote Trauma Informed Systems	\$60,000
Promote EBPs for Children	\$27,927
Technical Assistance on Reducing Seclusion & Restraint	\$25,000

\$182,000 Training

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

- statewide teleconferences and integrated annual conference on MH/SA clinical training topics--\$97,042
- geropsychiatry training and stipends for elderly consumer participation--\$5,000
- children’s ISP/CST training, crisis network and conference -- \$32,000
- consumer/family stipends and expenses to facilitate their participation in statewide mental health planning and policy meetings--\$25,000
- training for schools on promoting positive behavior supports--\$22,958

\$75,000 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 MH Authority Staff – Planning and Technical Assistance.

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

\$300,796 Administrative/State Operation Costs

These funds cover the costs of the Mental Health Council, accounting, mental health HSRS data collection, and indirect costs of administering the grant. (Data System development will utilize \$111,615 of these funds.)

\$7,415,204 TOTAL