



of Wisconsin Disability Organizations

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*101 East Wilson Street, Room 219, Madison, Wisconsin 53703*  
Voice: 608/266-7826 Fax: 608/267-3906

## **MENTAL HEALTH BUDGET PRIORITIES**

### **STATEMENT**

Mental illnesses are treatable and people do recover, even from serious mental disorders. But untreated mental illnesses result in serious repercussions for individuals, families and society as a whole. In Wisconsin over 700 people die by suicide each year; studies suggest 60-90% of these individuals have a mental illness. Children with serious emotional disturbances are less likely to graduate from high school than youth with other disabilities. 30% of individuals in prisons and upwards of 60% of those in county jails have mental disorders. Over 50% of individuals in the long-term care system have mental illnesses in addition to other disabilities and the costs associated with the care of these individuals is much higher. Mental illness causes more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma, and arthritis. And when mental illness co-occurs with these other chronic health conditions it significantly increases the morbidity and mortality associated with these conditions. Wisconsin needs to continue to develop its community-based, recovery-oriented, trauma-informed system of care and integrate mental health treatment with substance use and primary care interventions to ensure earliest identification and intervention.

### **BACKGROUND**

The 2013-2015 legislative session saw unprecedented activity in support of the expansion of mental health services and supports in Wisconsin. Both the Governor's budget and the recommendations from the Speaker's Task Force on Mental Health provided new funding for community-based services and supports for adults and children with mental disorders; together about \$22 million were allocated. However, we believe that additional investments are needed to make sure that these initiatives can achieve their goals and that we are able to adequately evaluate their success. Additionally, Wisconsin has successful program models for reducing incarceration of individuals with mental illnesses and improving the reintegration back to the community of those who are incarcerated. However, these programs are not reaching everyone they could because of limited funding. Finally, one area the Legislature failed to address this session was the stigma and discrimination that often results in individuals failing to seek treatment and support.

### **BUDGET RECOMMENDATIONS**

A. Allocate targeted funding to support the significant investments made in the last budget.

- Support the development of the Mental Health Certified Peer Specialist (CPS) and parent peer specialist (PPS) workforce. CPSs and PPSs are critical to the implementation of the expansion of Comprehensive Community Services and Coordinated Service Teams in the last budget.
  - Provide additional funding to state agencies to support effective implementation and oversight of new and expanded programs. Adequate staffing was not provided to support implementation of all the new initiatives.
  - Provide additional funding to the newly-created Office of Children's Mental Health for needed activities.
- B. Improve the criminal justice system's response to individuals with mental illnesses.
- Expand Opening Avenues to Reentry Success (OARS) to additional regions of the state. OARS has been successful in supporting inmates with mental illnesses in reintegrating into the community and has significantly reduced recidivism rates for this population.
  - Expand the Disabled Offender Economic Support (DOES) program to ensure that inmates with mental health needs obtain prompt access to health services upon release.
  - Expand the Treatment Alternatives and Diversion Program (TAD) to allow it to serve individuals with a mental illness in the absence of a co-occurring substance use disorder.
  - Increase Department of Corrections funding to expand use of PPSs to work with families of incarcerated youth, to prepare and support them in reintegrating their children into their homes and communities.
- C. Reduce the stigma associated with mental illnesses and reduce discrimination against individuals living with mental disorders and their families
- Fund evidence-based programs that reduce stigma. This was one of the few recommendations of the Speaker's Task Force on Mental Health not enacted by the legislature this past session.
  - Reduce discrimination against people with mental illnesses in health care settings by supporting efforts to work with emergency departments to improve their care for people with mental illnesses.
  - Reduce discrimination against parents of children with serious emotional disorders by eliminating the child support payment of 17% of gross income for out of home treatment.
- D. Increase access to paid respite care for families of children with serious emotional disorders.
- Identify and fund options for respite care or psychosocial rehabilitation that don't require removing children from the home at great expense. Parenting a child with behavioral challenges can be an exhausting, isolating, and 24x7 experience. However, respite care is rarely funded by public mental health programs.

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**Contact Survival Coalition Co-Chairs for additional information**

Maureen Ryan  
 Wisconsin Coalition of  
 Independent Living Centers, Inc.  
 608-444-3842  
[moryan@charter.net](mailto:moryan@charter.net)

Beth Swedeen  
 Wisconsin Board for People with  
 Developmental Disabilities  
 (608) 266-1166  
[beth.swedeen@wisconsin.gov](mailto:beth.swedeen@wisconsin.gov)

Kristin M. Kerschensteiner  
 Disability Rights Wisconsin  
 608-267-0214  
[kitk@drwi.org](mailto:kitk@drwi.org)