



# Survival Coalition

of Wisconsin Disability Organizations

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P.O. Box 7222, Madison, Wisconsin 53707

## SURVIVAL COALITION 2023-2025 BUDGET PRIORITIES

### MENTAL HEALTH BUDGET RECOMMENDATIONS

- *Limited access to community based mental health treatment and supports has resulted in people with mental illness being placed in costly out of home and institutional settings, or confined in jails or prisons. 49 of Wisconsin's 72 counties are designated as "mental health professional shortage areas". Access to psychiatric services is at a crisis point in much of the state; the shortage of child psychiatrists is particularly acute. Access to mental health care is especially problematic for people covered by Medicaid, and extremely severe in rural areas.*

Note: In addition to DHS, DRW will be sharing additional mental health recommendations with other departments including the Department of Corrections, Department of Justice, and Department of Public Instruction.

- **Regional Crisis Centers**  
Wisconsin's current mental health crisis system is lacking local resources. When an individual has a mental health crisis, many communities do not have local resource available to evaluate and support the person in crisis. Because of the lack of local resources, law enforcement often must transport individual experiencing a mental health crisis across the state to Winnebago Mental Health Institute, far from their family and support system. This process is traumatizing for the person in crisis, costly, and is a major drain on law enforcement resources. Establishing a network of regional crisis centers and will provide an alternative to the current costly and traumatizing process, and allow the person in crisis to be assessed and supported closer to their home and to their natural supports. This should include initial funding to establish the program, and an annual sum certain appropriation. Strong stakeholder involvement will be important to ensure that this model is successful.
- **Youth Crisis Stabilization Facility**  
Sometimes youth experiencing a mental health crisis need a short term stay out of the home for stabilization. Youth crisis stabilization facilities in Wisconsin can provide residential supports and services in a small facility of no more than eight beds. This can

occur before a youth reaches the point of meeting criteria for an emergency detention or commitment order. Using a youth crisis stabilization facility can avoid more costly and restrictive interventions like a psychiatric hospital placement. While youth can be at the facility for up to 30 days, most of the placements last only a few days. Wisconsin has 2 such facilities currently and DRW recommends funding at least one additional facility

- **Longterm Care Members and Mental Health Needs**

The state's long term support system is lacking in crisis resources for people experiencing mental and behavioral health challenges. The managed LTC system does not have sufficient incentives to develop these resources organically. Right now the default support is the emergency room or the Winnebago Mental Health Institute, neither of which are appropriate for people with IDD or for people with other mental health conditions that do not require that extreme level of intervention. Funding to create system of subacute respite facilities and nimble crisis response teams would ensure more appropriate and humane care and be far less expensive to the health system.

- **Children's Ombudsman Advocacy Program**

Establish a statewide Children's Ombudsman Advocacy Program that will ensure that a trained advocate is available to provide advocacy and navigation support to any family involved with children's long term support programming (CLTS, CCOP, etc) and mental health programs (Comprehensive Community services, CST, and WRAP).

- **Family Resource Centers**

Just like adults, children and their parents need access to a Resource Center that is knowledgeable about programming and other resources related to children's mental, behavioral, and physical health. Resource centers will provide accurate and comprehensive information and assistance, and benefits specialists as well as navigators to help families access resources already available in their health, community, and school systems. Creating several regional Family Resource Centers staffed by trained navigators, children's benefit specialists and outreach staff would begin to fill this critical need.

- **First Episode Psychosis**

Individuals with a mental illness that includes psychosis, often experience their first episode of psychosis between 15 and 25. It can be very confusing to experience this and often scary for the young person. Coordinated Specialty Care with a team approach that helps the young person and their family quickly get any services and supports they need for recovery, is a model that has been very successful in Wisconsin. Prompt and appropriate treatment helps individuals do better in their personal lives including at school or work. Some counties have done very well providing this Coordinated Specialty Care for those experiencing a first episode of psychosis, but many additional counties could provide this important mental health service with additional funding. DRW supports additional funding for grants to counties to be better able to provide the

additional supports and services individuals experiencing a first episode of psychosis need.

- **CLTS Funding**

Investments in the biennial budget have allowed Wisconsin to move forward with ending the wait list for children and families needing long-term supports and services. DRW recommends DHS make this commitment to all newly eligible children by changing the way this is funded in future budgets and including CLTS funding in the base Medicaid budget.

- **Access to Mental Health Services for Deaf, Hard of Hearing, Deaf Blind**

DRW supports efforts by the deaf community to allocate funding to increase access to linguistically and culturally appropriate mental health services for deaf, hard of hearing, and deaf blind individuals.

- **Dialectical Behavioral Therapy (DBT)**

Dialectical Behavioral Therapy is an intensive outpatient mental health treatment that is evidence based and has been shown to be effective in treating people who are at risk of suicide. The number of suicides in the U.S. has increased from 29,312 in 2000 to 47,168 in 2017<sup>1</sup>, representing about a 35% increase (from 10.4 to 14.0 per 100,000). In Wisconsin, our statewide suicide rate has increased even more, by 40%. The number of suicides has gone from 588 deaths in 2000 to 918 deaths in 2017. The suicide rate in Wisconsin has consistently been above the national suicide rate. DRW supports the Wisconsin Council on Mental Health proposal to support DBT services in Wisconsin, which includes the following:

- Create an intensive mental health outpatient treatment benefit for individuals at chronic or marked risk of suicide.
- Review and edit current administrative rules around DBT, including the provision of rulemaking authority to the DCTS
- Enhance Medicaid reimbursement for individual treatment, group treatment, coaching and consultation groups within the DBT service benefit to adequately cover costs. Medicaid would activate new billing codes, offer provider guidance and/or training, and possibly submit an amendment to the Medicaid State Plan.
- Delegate \$450,000 for creating and enhancing the infrastructure within DHS to develop criteria and a review process to assure that providers are qualified to deliver these services and to assure that intensive outpatient services are only provided when medically necessary. We would request this funding is ongoing in future budgets (i.e., put in the base budget). Delineation of funds within this request would include:
  - Additional staffing or contracted resources
  - Staffing resources within and/or contracted by DHS of a content expert to provide and coordinate provider training, advise about regulatory and statute revisions,

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<sup>1</sup> Data sources: Resident death certificates, Office of Health Informatics, Division of Public Health, Wisconsin Department of Health Services, 2000–2017. Mortality data from the National Vital Statistics System (NVSS), 2000–2017, retrieved from: <https://wisqars-viz.cdc.gov:8006/>

program enrollment, potential prior authorization processes, on-going certification, and monitoring compliance.

- A data analyst (staffed or contracted) who can measure and analyze outcomes that track progress toward projected outcomes. There may also be potential value of a Medicaid data review of high-cost service utilizers that could benefit from DBT (if enrolled).
- Dedicated money for both outside consultation by recognized DBT expert(s) and ongoing training to assure the sustainability of the service (e.g., by supporting the behavioral health workforce and reducing turnover).

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