
# Wisconsin

## Innovations

- Mental health and primary care collaboration
- Wellness and recovery focus
- Smoking cessation programs

## Urgent Needs

- Statewide financing and data systems
- Fidelity to evidence-based practice standards
- Cultural competence
- CIT and jail diversion expansion and mental health courts

## Consumer and Family Comments

- *"Being publicly funded usually means under-funded."*
- *"Assertive Community Treatment is excellent on paper but hasn't met his needs because of ever-increasing work loads of the case managers. Things have gone from good to fair to lousy in the last couple of years. Medication alone just can't do it for him."*
- *"It is frustrating that counties are responsible for the person rather than the state. My son wanted to live in La Crosse, but until he actually moved there, he could not receive services . . . He ended up being hospitalized multiple times and in groups homes, etc."*
- *"Inpatient units still treat people badly. They still don't take into consideration people's normal temperament or behaviors and also their culture or ethnicity."*

In 2006, Wisconsin received a B grade. Three years later, the state receives a C. This slippage can be attributed to the limited access and availability of services; the inequities of the state's complex, decentralized system; slowness in implementing evidence-based practices (EBPs); and inattention to cultural competence. The system's sluggishness hinders progress.

The state funds services in 72 counties, but the counties provide the non-federal share of Medicaid funding and are responsible for providing or purchasing most services. Counties and localities contribute varying amounts to mental health care spending, above what the state provides. The decentralized nature of the system limits the Division of Mental Health and Substance Abuse Services' (DMHSAS) control over local services. Availability and quality vary widely.

Wisconsin is a national leader on wellness and recovery. DMHSAS promotes the concept that mental health is essential to overall health by working to integrate primary care medicine and mental health services. It supports smoking cessation programs in the two state hospitals and in community programs. It also promotes inclusion of peer specialists in provider care and directly funds 10 consumer-run community programs.

The state funds consumer, family, and public education. Working with Wisconsin United for Mental Health, a coalition of consumer, provider, and advocacy groups, DMHSAS provides education and awareness training to employers, schools, health care providers, news media, and the general public. Although the state is known to value consumer and family views, it does not promote the use of consumer and family monitoring teams to review conditions in its hospitals and community programs.

Wisconsin supports five "Fountain House" model certified clubhouses and a limited number of high-quality Assertive Community Treatment (ACT) teams. However, the state's 79 Community Support Programs (CSPs), which are generally based on ACT principles, fall far short of national ACT standards. DMHSAS has acknowledged that the pioneering 1989 CSP standards, the first in the nation to create a Medicaid ACT benefit, need to be upgraded. Other community programs such as integrated dual diagnosis treatment, supported employment, and other EBPs also lack fidelity to national standards.

DMHSAS is seeking to fill a gap between office-based outpatient counseling and CSP intensity. A new level of care, called Comprehensive Community Services (CSS), is being implemented, but it will take some time to know how well CSS fills the need. Access to medication is restricted under Wisconsin's Medicaid program. A prior authorization process exists for psychiatric medications that are not on the state's preferred drug list, but waiting times can impede clinical response and recovery.

Many counties lack police Crisis Intervention Teams (CIT) and mental health courts. Only two jail diversion programs and one reentry program exist in the entire state.

Wisconsin is one of the lower-performing states on cultural competence. DMHSAS is working on a plan for improvement. It also seeks ways to improve critical event reporting and analysis, and to address workforce shortages in rural areas. The challenge, however, lies in turning plans into reality.

Wisconsin offers a vision of recovery, wellness, and consumer and family inclusion; but, strategically, the vision is limited by its mental health care system's county-by-county fragmentation. The state needs a longer, broader vision of transformation and adequate investment for the future.