

## **MENTAL HEALTH COMMUNITY SUPPORT PROGRAM & CRISIS SERVICES**

State law designates counties with the primary responsibility for the well-being, treatment, and care of persons with mental illness. If persons are diagnosed with mental health conditions that require treatment, counties are responsible for serving persons that do not have private insurance coverage. Generally, since mental health and substance abuse services are covered benefits under private health insurance plans, county services are typically provided for those without private insurance or are provided as supportive services not covered by private insurance. In addition, county programs frequently provide mental health care and substance abuse services for those eligible for the state's medical assistance program.

The medical assistance program (MA) covers an array of mental health services, ranging from office-based therapy to inpatient hospitalization, and many of these services are delivered by counties. The financing of county-based mental health services differs from most other MA services. For most MA services, the provider reimbursement payment is split between the federal share (approximately 60%) and state share (approximately 40%.) For county-based mental health services, the county finances the cost of the services up front and receives a reimbursement payment from the MA program equal to the federal share for that service, meaning that the county is responsible for the 40% nonfederal share (as well as any cost that exceeds the reimbursement payment). In addition, for persons who are not MA eligible, counties pay the full cost of mental health services.

In 2013 the state fully funded Comprehensive Community Services (CCS) which led to expansion of community-based services. 2013 Wisconsin Act 20 included a provision that required the Department of Health Services (DHS) to reimburse CCS providers for both the federal and non-federal costs of these services if the services were provided on a regional basis.

### Community Support Program

CSP offers intensive community-based care for adults whose mental illness and functional limitations might otherwise require them to need institutionalized care. Counties use CSP services to keep people out of extended hospitalizations and support people in the community following emergency detentions.

Sixty-five counties operate certified programs under DHS Administrative Rule 63. According to DHS information for CY 2022, counties spent approximately \$50 million on CSP services and received \$30 million in federal MA reimbursement. The state GPR cost to fully fund CSP would be approximately \$20 million per year.

Keep in mind that full funding of CSP services could reduce the utilization of other MA services. For instance, if expanded CSP services would result in a decrease in inpatient hospitalization (one of the primary objectives of CSP), there could be a reduction in MA costs for inpatient hospitalization.

### Crisis Services

Another required function of the county is providing an emergency mental health services program to serve persons in crisis situations. At a minimum, crisis intervention programs must offer 24-hour crisis telephone service and 24-hour in-person response on an on-call basis. For persons who are Medicaid eligible, counties can receive MA reimbursement for Crisis Intervention services. Sixty-five counties operate certified Crisis programs under DHS Administrative Rule 34.

According to DHS information for CY 2022, counties spent approximately \$78 million on MA reimbursable Crisis services. In addition, counties spent at least \$20 million on Crisis services for persons who are not MA eligible. Counties received approximately \$47 million in MA federal reimbursement for Crisis services, leaving \$31 million for the nonfederal share.

Prior to 2020, counties were responsible for the entire nonfederal share of the Crisis services cost similar to the CSP. Since 2020 the state pays a portion of the nonfederal share, provided certified counties participate in shared regional services and meet a maintenance of effort (MOE) requirement, which is equal to 75% of the three-year average of the county's crisis intervention expenditures in calendar years 2016 through 2018. To the extent counties exceed the MOE cap, DHS provides some state GPR reimbursement for the nonfederal share of Crisis services.

For CY 2022, counties received approximately \$10 million GPR reimbursement for the \$31 million nonfederal share, leaving a county cost of \$21 million for MA reimbursable crisis intervention services plus the costs for persons who are not MA eligible. While the 2019 law change providing partial state GPR funding for crisis services was a step in the right direction, the additional state funding has yet to have a substantial impact on reducing the disproportionate county share.

State funding sources available to counties that can be used as match for crisis and CSP services include Community Aids Basic County Allocation and Community Mental Health Allocation. The Community Aids funding has not kept pace over the years with increased county costs for services, resulting in counties bearing a disproportionate share of CSP and crisis service costs from county tax levy. Counties are limited in their capacity to use tax levy revenue due to state levy limits, so the lack of Community Aids increases combined with strict property tax controls makes it difficult for counties to maintain crisis and CSP services.

In addition to the costs to county human service departments, counties and municipalities also incur law enforcement costs to transport and provide security for persons in a crisis. The limited state funding for crisis services makes it difficult for counties to implement new evidence-based services, such as mobile crisis workers that could meet law enforcement officers in the field for crisis calls, that would reduce the need for law enforcement involvement and provide a more trauma-informed response to crisis situations.

**CURRENT STATUS:** The public mental health system in Wisconsin is in need of additional resources to respond appropriately to the needs of individuals with persistent mental illness and those experiencing a mental health crisis. Stagnant state funding results in variations in the extent of services across counties, wait lists for services, and eligible persons receiving limited services.

**REQUESTED ACTION:**

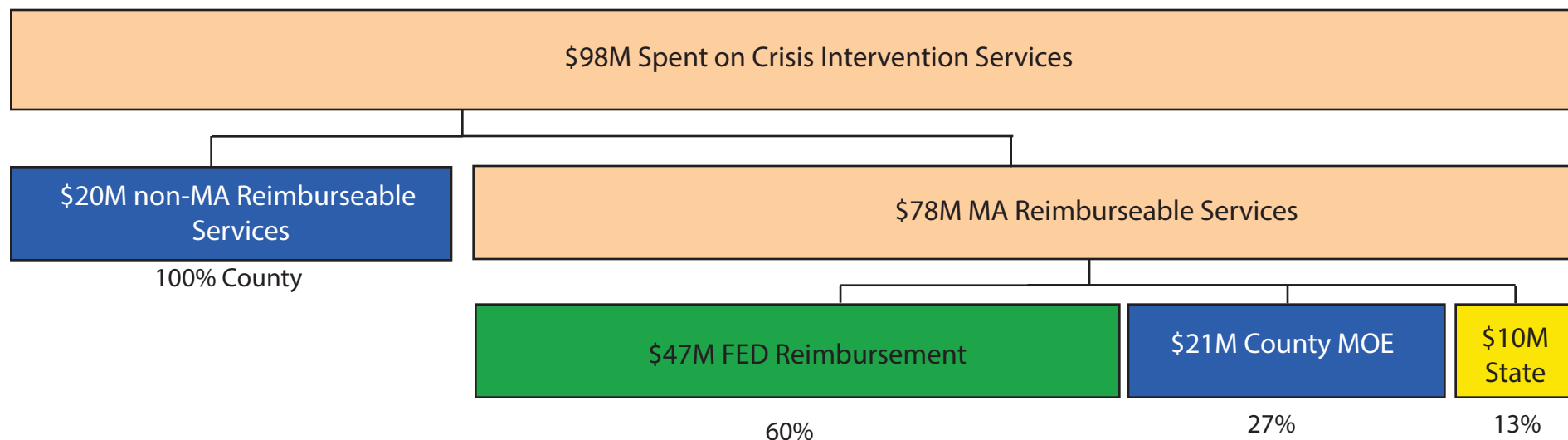
- State GPR be provided at \$20 million annually to fund the non-federal share of MA Community Support Program (CSP) services.
- State GPR be provided at \$21 million annually to fully fund Crisis services statewide and eliminate the MOE requirement for MA reimbursable services

**TALKING POINTS:**

- In 2022 counties spent approximately \$128 million on Medicaid eligible crisis and CSP services.
  - The counties received approximately \$77 million reimbursement from the federal government and state reimbursement for \$10 million for costs exceeding the MOE.
  - \$41 million was Medicaid reimbursable but the counties did not receive dollars.
- If the Medicaid reimbursement for CSP and crisis intervention services is fully state funded, counties will remain responsible for persons that are not Medicaid reimbursable.
  - Counties spent \$20 million on crisis services for non-Medicaid eligible individuals in 2022.
  - Counties provide similar CSP services to the non-MA population such as case management, daily living skills, medication management, etc.
- As of February 2021, 36.4% of adults in Wisconsin reported symptoms of anxiety or depression.
  - This led to 859,000 adults in Wisconsin having a mental health condition with 18.6% unable to get needed treatment.

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## 2022 Crisis Intervention Services Expenditures



WCA requests state funding for the 40% non-federal share of the medicaid eligible costs for crisis and CSP.

If the state funds the non-federal share (**\$41M**), counties will continue to pay for services for non-MA eligible individuals (\$20M for crisis services).

CSP is a Medicaid program, however counties provide similar services to the **non-MA population**.

i.e. case management, daily living skills, medication management

\$128M spent on Medicaid eligible crisis and CSP services  
 =  
 \$77M FED (60%)  
 +  
**\$41M** County (32%)  
 +  
 \$10M State (8%)