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STATE SENATOR

August 1, 2018

Fix State-Local Mental Health Partnerships

By

Senator Kathleen Vinehout

“Let me tell you a story,” the county supervisor said.

A man I’ll call Frank was picked up for drunk driving. Frank faced a felony charge. Frank was sent by our local judge to a county-based program funded with a grant. Over the years, the county supervisor helped the county get funding from the Treatment Alternatives and Diversion (TAD) program.

“The drug counsellor asked the man why he drank a quart of vodka a day,” the supervisor told me. The man said, “My teeth hurt.”

Counsellors worked to get Frank BadgerCare, and medical care. They got him to a dentist, who pulled all his teeth. Frank spent two months on antibiotics. He’s now sober and able to do some fishing – something he loves and hadn’t done in years. The supervisor thanked me for my help, saying the TAD program saved money and saved lives.

In county court rooms, judges have alternatives to sending those suffering from mental health and addiction issues to prison. But not all judges and counties are able to use this life changing program. In the current budget, the state funds only a tenth of what is needed to expand TAD statewide. In the alternative I wrote to the Governor’s budget, I showed how to pay for fully expanding the program with the same state dollars by rearranging priorities.

Folks like Frank need treatment, not prison. Our state mental health system is not adequate. As a consequence, law enforcement and prison costs are increasing, as lives are wasted.

For example, the new Secretary of Corrections recently told the Audit Committee seventy percent of Wisconsin inmates suffer from addiction and over eighty percent of women in prison have mental health conditions.

Minnesota has a very different approach to mental health and addiction recovery. Minnesota is called by some the *Land of Ten Thousand Treatment Centers*. Years ago, the state invested in a community-based mental health and addiction recovery system. Now, with a similar crime rate and similar population, our neighbor to the west has less than half its residents in prison compared to Wisconsin.

The key to helping those with addiction and mental health challenges are *community-based* resources. For two decades, the state cut or level funded local governments in the “shared revenue” counties and cities received. In addition to facing decreased funding, state officials piled on more requirements with less help.

When the state adds more requirements but no more money, locals describe the combined effect of less money and spending caps as “the vise squeezing counties.”

“Relationships work when they share purpose and responsibility,” a local county health official recently wrote. “The State-County partnership delivering health and human services to Wisconsin residents falls short on many fronts.”

For example, he said, mental health services are coordinated through a system called Comprehensive Community Services. Like the help Frank received, many mental health and addiction recovery services are paid for through Medicaid (MA).

“MA revenues are billed services vulnerable to disallowances [non-payment],” the local official said. “When this occurs, the county provider is responsible for paying funds back.” With mental health care “the State has taken back hundreds of thousands of dollars but refused to provide guidance to counties ... the State provides little technical assistance.”

We can and must do better. Wisconsin must treat local governments like the full partners they are in delivering needed mental health services. We must invest in expanding services as the state works with locals to find the best path forward.

To address the struggle families face across our state, Wisconsin must take the Medicaid expansion money from the feds, cover 79,000 additional people with healthcare and use the freed-up state dollars - almost \$300 million estimated for this budget – to make a down payment on a *community-based* mental health and addiction recovery system.

Locals should be at the table when decisions are made. Flexibility is important. One-size does not fit all. Incentivizing local creativity would improve service delivery.

People are suffering. But there is hope. Comprehensive treatment can be available – just like in Minnesota. Wisconsin can become the *Land of Fifteen-Thousand Treatment Centers*. Now is the time to act to solve the problems of mental health and addiction. This saves lives and saves money.