A. Structure, Roles and Responsibilities

Wisconsin has a state-supervised, county-administered MH/SA system. The Division of Mental Health and Substance Abuse Services (DMHSAS) in the Department of Health Services (DHS) is the state mental health authority (SMHA) responsible for allocating state and federal funding for the provision of MH/SA services. It is also responsible for implementing various responsibilities under the State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act, more commonly referred to as Chapter 51. The duties that DHS may perform under Chapter 51 and within the limits of available state and federal funds include:

- Promoting coalitions among the state, counties, providers, consumers, families and advocates in order to provide a range of resources to advance prevention, early intervention, treatment, recovery and other positive outcomes.
- Implementing a comprehensive strategy to reduce stigma of persons with MH/SA issues.
- Involving stakeholders as equal partners in service planning and delivery.
- Promoting responsible use of resources in service provision.
- Developing and implementing methods to identify and measure consumer outcomes.
- Promoting access to appropriate MH/SA services regardless of a person's geographic location, age, degree of illness or financial resources.
- Promoting consumer decision-making to enable greater self-sufficiency.
- Promoting use of individualized and collaborative service planning to promote treatment and recovery.

While the state has broad responsibility for MH/SA system planning, management and oversight, it is the state's 72 counties that are statutorily responsible for administering MH/SA services. As such, Wisconsin is one of about a dozen states that relies primarily on counties to administer MH/SA services. Section 51.42(1)(b), Wis. Stats., delineates the statutory responsibility for counties:

> *(b) County liability. The county board of supervisors has the primary responsibility for the well-being, treatment and care of the mentally ill, developmentally disabled, alcohol and other drug dependent citizens residing within its county and for ensuring that those individuals in need of such emergency services found within its county receive immediate emergency services. This primary responsibility is limited to the programs, services and resources that the county board of supervisors is reasonably able to provide within the limits of available state and federal funds and of county funds required to match state funds.*

Counties are required to provide services in the least restrictive environment that is appropriate to a person's needs. The statutorily required MH/SA services include:

- Collaborative and cooperative services for prevention.

- Diagnostic and evaluation services.

- Inpatient and outpatient care, residential facilities, partial hospitalization, emergency care and supportive transitional services.

- Related research and staff in-service training, including periodic training on emergency detention and protective placement procedures.

- Continuous planning, development and evaluation of programs and services.

Wisconsin statutes allow counties to meet their MH/SA service requirements through single county systems such as single county boards and departments of community programs or human services. They can also meet the requirements through multi-county systems such as multi-county boards of community programs or human services. Wisconsin has a total of 67 county-based systems for MH/SA services including:

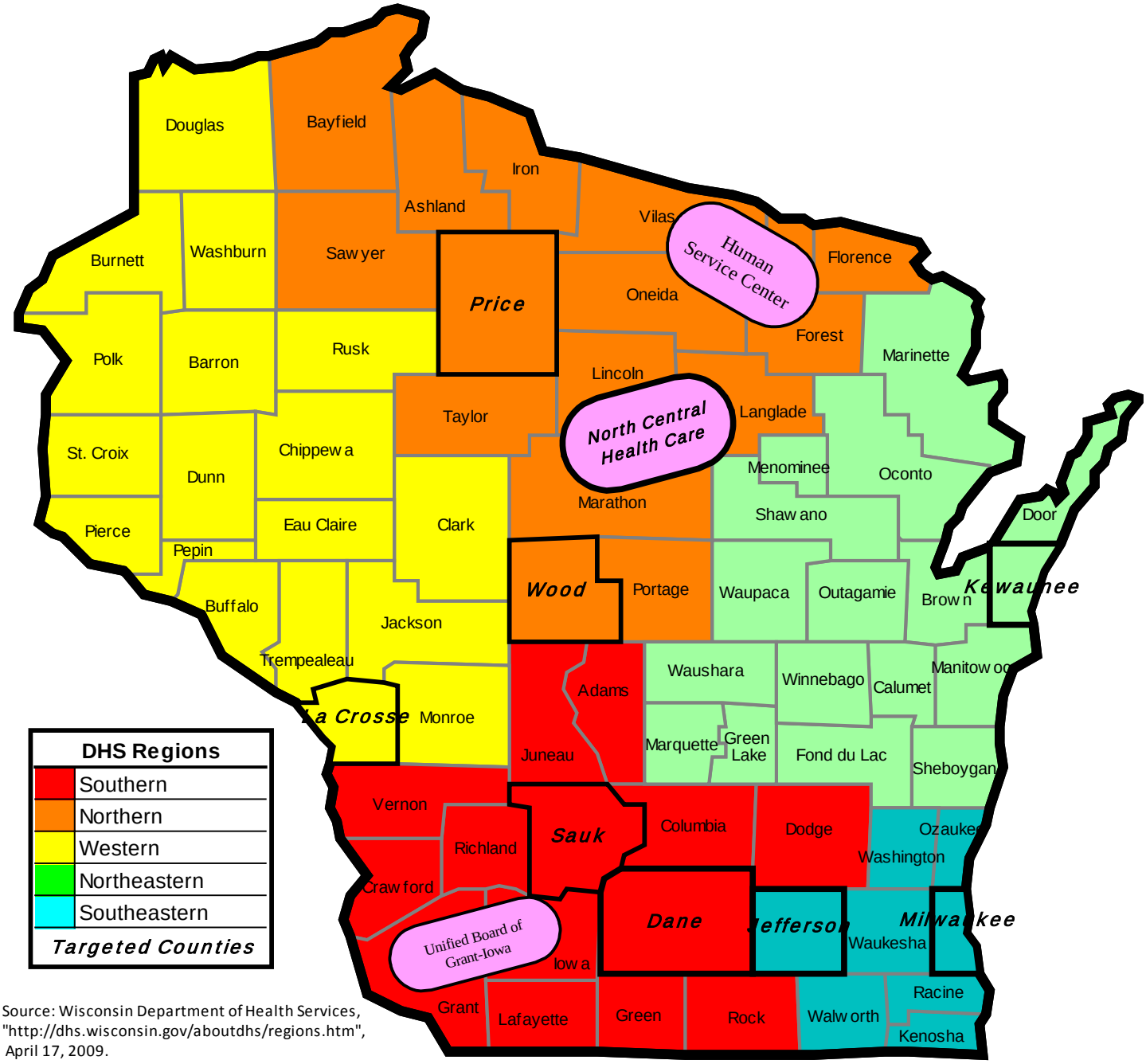
- 64 single county systems

- Three multi-county systems

    - Grant-Iowa Unified Board
    - Human Service Center serving Forest, Vilas and Oneida Counties
    - North Central Health Care serving Langlade, Lincoln and Marathon Counties

The **map** of on the next page shows the counties by DHS region. The names of the counties that participated in the targeted county review are bolded and italicized. Section IV of this report summarizes the information obtained from the targeted county review.

Wisconsin Department of Health Services
Regions by County



Source: Wisconsin Department of Health Services, "http://dhs.wisconsin.gov/aboutdhs/regions.htm", April 17, 2009.

B. Overview of Mental Health and Substance Abuse Funding

Wisconsin's public MH/SA services are funded through five primary sources, including 1) Medical Assistance (MA), 2) federal block grants (community mental health services block grant and substance abuse prevention and treatment block grant), 3) community aids, 4) county funds, and 5) private insurance/individual payments.

Medical Assistance (Medicaid)

Medical Assistance is a joint federal and state program that is administered by states following federal guidelines. States must provide coverage to individuals that meet certain functional and financial eligibility criteria following a standardized set of services defined by federal law. States can also choose to cover additional services including clinic, rehabilitation, and case management services under waivers or amendments to the state Medicaid Plan. Nationally, Medicaid comprises over half of all spending for public mental health system community services[1].

In Wisconsin, virtually all eligible individuals qualifying for Medicaid receive services through the BadgerCare, SSI Managed Care, or Family Care programs. Services funded though these programs are based on a defined set of benefits that are provided for MH/SA services (as discussed later in this report section).

There are also services covered under Medicaid that are focused on individuals with severe, serious, and persistent mental illness, but the funds for these services are matched by counties rather than the state. The federal Medicaid program funds approximately 60 percent of these services, with counties responsible for providing the remaining 40 percent of the cost. Services for which counties provide the nonfederal share include community support program (CSP), crisis intervention, case management, comprehensive community services (CCS) and outpatient services in a home- or community-based setting. CSP services are included in the Family Care benefits package and are funded by counties in those areas that have not yet converted to Family Care. Counties will also be responsible for providing the nonfederal share of community recovery services when the 1915(i) application is approved by the Centers for Medicare and Medicaid Services (CMS).

Federal Block Grants

The federal Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), allocates the community mental health services block grant (MHBG) to states to fund the provision of comprehensive community mental health services to adults and children with serious mental illness. Wisconsin's MHBG plan lists several priority areas in which Wisconsin should focus its use of funds. A portion of these block grant funds is distributed to counties for direct service provision and to fund some of the community aids allocation. Wisconsin also relies heavily upon the substance abuse prevention and treatment block grant (SAPTBG) to fund substance abuse services. This block grant provides a significant portion of the funding that covers substance abuse services, with the share of county dollars reportedly expanding.

[1] Judge David L. Bazelon Center for Mental Health Law, "The Role of Federal Programs: Medicaid, SCHIP & Medicare".

Community Aids

Section 46.40, Wis. Stats., requires DHS to distribute community aids to support county human services spending for the following:

- Community social services
- Mental health services
- Developmental disabilities services
- Alcohol and other drug abuse services
- Alzheimer's family and caregiver support program
- Family support program
- Community support program

The distribution of community aids is based on the limits of available federal funds and amounts budgeted to support services provided by county departments. Statutes describe funding allocations that include the basic county allocation (BCA) and several categorical allocations. The allocations that most directly impact the MH/SA system include:

- Basic County Allocation: The BCA is allocated to counties to be used at their discretion to fund the services indicated above.

- Prevention and Treatment of Substance Abuse: A portion of the SAPTBG received by Wisconsin is required to be allocated through community aids to counties, which must utilize these funds based on federal guidelines.

- Community Mental Health Services: A portion of the MHBG for Wisconsin is required to be allocated through community aids to counties, which must utilize these funds based on federal guidelines.

There have been a few adjustments to the community aids allocation in recent years. This has included the reallocation of a portion of the funds that counties previously used for long-term care services. These funds now partially fund the capitation payments DHS makes to managed care organizations for individuals enrolled in Family Care. 2007 Wisconsin Act 20 established the county contribution level for Family Care at an amount not exceeding 22 percent of the 2006 BCA. If a county's contribution exceeded 22 percent, the law established a buy-down provision. Under this provision, the expected county contribution is phased-down to 22% over a five year period following the implementation of Family Care.

The other significant adjustment to the community aids allocation was established in 2003 Wisconsin Act 318, which created the Wisconsin Medicaid Cost Reporting (WIMCR) program. This is a complex program that aims to increase the amount of federal funds the state can claim under the Medicaid program by leveraging Medicaid payments to counties for certain eligible services they provide. The state makes Medicaid payments to counties under WIMCR and reduces community aids funding. WIMCR was originally established to sunset at the end of calendar year 2005, but this sunset provision was removed.

County Funds

Overall, counties provide a significant share of funding to support MH/SA programs, while the specific level of local contribution varies from county to county. Nearly all of this funding comes from county property tax levies that are appropriated to fund services provided by county human service, community program and social service departments. While counties are required to meet a "maintenance-of-effort" requirement or match equal to approximately 10 percent of community aids, most counties also provide county funding over and above the required match. This is commonly referred to as "county overmatch." In addition, as indicated previously, counties are responsible for funding the nonfederal share of Medicaid for certain services, which is financed by county funds and/or community aids.

Since 1993, the state has imposed a tax rate limit on the general operations portion of county property tax levies. The county tax rate is limited to an amount that is no more than the prior year's allowable levy, plus an adjustment for the percentage change in equalized value. In essence, the rate limit means that county property tax rates cannot exceed those that were in effect for taxes payable in 1993. If a county exceeds the allowable operating levy rate, shared revenue or other aid payments are reduced by a level that equals the excess levy amount.

Since 2005, counties have also had to operate under a property tax levy limit. The current limit applies to taxes levied through December 2010. The levy limit prohibits counties from increasing the amount raised from property taxes by more than the greater of the percentage change in equalized value due to new construction, less improvements removed, from the prior year's value, or a statutorily set minimum percentage, which is three percent for taxes levied in 2009 and 2010.

Both of the property tax limits described above impact the ability of counties to raise additional funds to support services at the local level, especially in the existing economic environment. Since approximately 22 percent of all human services provided by Wisconsin counties are funded through the property tax levy, these limits have constrained the ability of counties to fund additional human services or even maintain existing services.

Private Insurance/Individual Payments

A smaller portion of funding for services provided within the publicly run MH/SA system is generated from private insurance or individual payments. Several Wisconsin counties have negotiated contracts with private insurance companies to provide MH/SA services through their networks. Counties also provide services to individuals based on an ability to pay.

Key Changes Enacted in the 2009-11 State Budget

There were several key changes enacted as part of the state biennial budget that impact the funding of MH/SA services in the future. These included changes relating to the responsibility for the costs of certain state institute placements, approval for emergency detentions in state institutes, funding for community-based services, the creation of a new Medicaid benefit for community recovery services, and the provision allowing licensed mental health professionals to bill Medicaid and private insurance directly for outpatient services.

- State Mental Health Institute Costs and Related Provisions: Changes enacted as part of the 2009-2011 state budget will require counties to be responsible for the nonfederal share of expenditures associated with inpatient stays for individuals under 21 and over 64 years of age in the state mental health institutes. The payment provision goes into effect on January 1, 2010. Previously, counties were only responsible for covering the costs of individuals between 22 and 64 years of age who are not covered by Medicaid. While the state appropriated $4 million in additional funds over the biennium for community-based services to help counties with this transition, some counties are concerned that the payment provision for mental health institute costs will put additional pressure on county property tax revenues.

  Additionally, the state budget modified statutory provisions to require prior county approval of law enforcement emergency detentions in order to help counties better control the number of individuals who are subject to emergency detentions and admitted to the state mental health institutes or other emergency detention facilities.

- Community Recovery Services: The state budget establishes a new Medicaid benefit for community recovery services, pending federal approval of the 1915(i) state plan amendment. This new Medicaid benefit would fund community-based services to individuals with MH/SA issues. While county participation in the program would be optional, counties that choose to participate would be responsible for paying the nonfederal share of Medicaid.

- Vendorship Provision: The state budget enacted the so-called "vendorship provision" which allows master's level licensed mental health professionals to obtain direct reimbursement from private insurance and Medicaid for outpatient mental health services. Currently, outpatient mental health services provided by master's level licensed mental health professionals must be billed through a DHS certified clinic. This provision gives master's level mental health professionals the choice to provide outpatient services through a certified or non-certified clinic, or to practice independently and bill insurance and Medicaid directly. Some professional organizations and licensed professionals anticipate that this provision may help maintain or increase the pool of Medicaid outpatient providers and, therefore, may improve access to outpatient services in the publicly funded system.

Summary of County Human Services Funding by Target Population

Since 2005, county human service, community program and social service departments, as well as offices on aging, have reported financial information to the state via the Human Services Revenue Report (HSRR). This report includes a breakdown of county spending by target population and major revenue categories. **Table 1** provides a summary of the 2006 and 2007 information submitted by county agencies. The 2005 report was not used for this study because of questions about the accuracy of the information submitted in the initial year of the report.

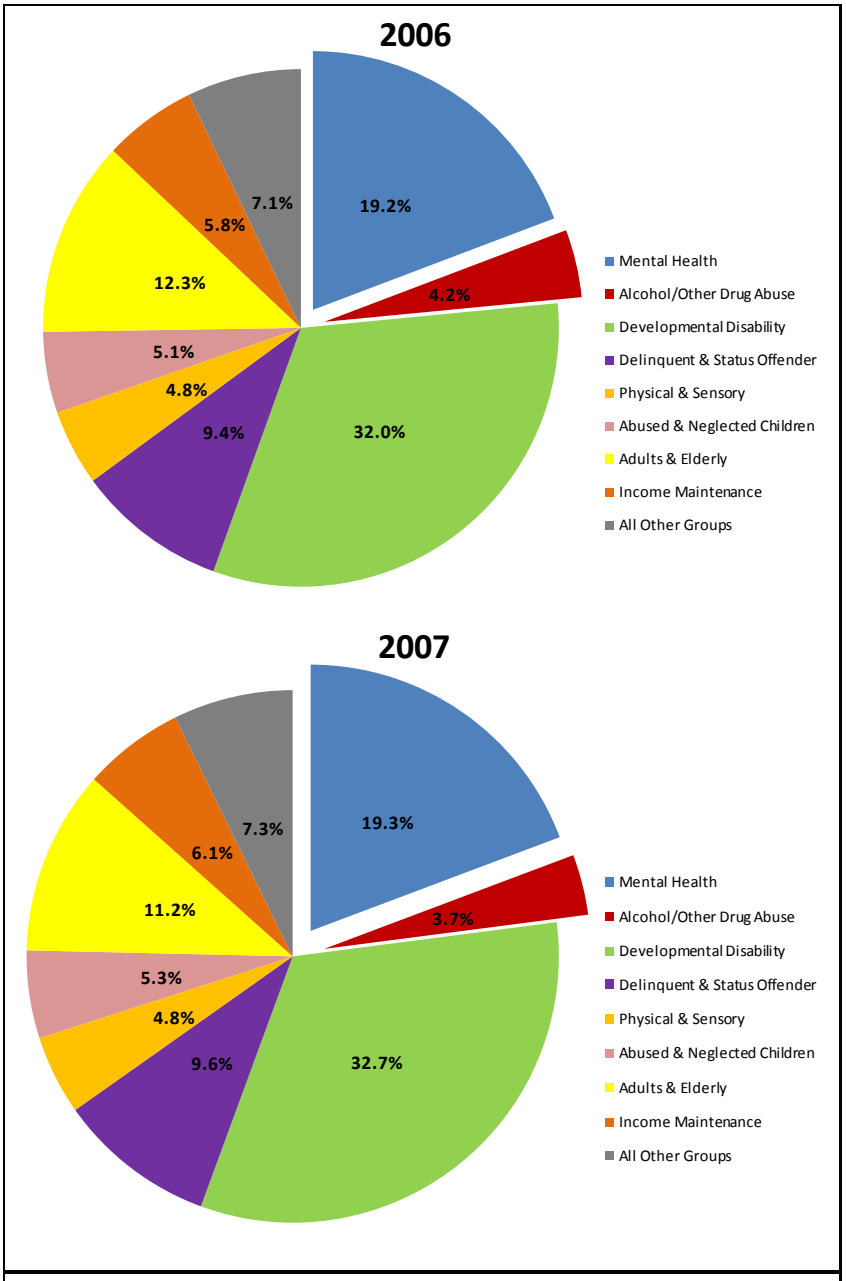
Table 1 on the next page shows that total spending reported by counties was approximately $2 billion in both 2006 and 2007, with a 3.1 percent increase in total between the two years. Spending funded by county revenue (e.g., property tax levy) made up approximately 22 percent of the total in each of the two years, increasing from $435.2 million in 2006 to $449.1 million in 2007, a 3.2 percent increase.

Table 1 – Summary of Total County Human Services Expenditures by Revenue Source (2006 and 2007)

2006	County Revenue		BCA		Other State/Federal		MA FFS		WIMCR		Other		TOTAL	
	$	%	$	%	$	%	$	%	$	%	$	%	$	%
Developmental Disability	$70,336,446	16.2%	$53,536,198	23.3%	$422,833,792	45.1%	$41,795,235	30.4%	$8,119,005	33.4%	$38,557,393	17.7%	$635,178,069	32.0%
Mental Health	124,886,810	28.7%	$77,761,195	33.8%	$45,202,162	4.8%	55,170,082	40.2%	11,713,443	48.1%	66,648,984	30.6%	381,382,676	19.2%
Alcohol/Other Drug Abuse	18,587,151	4.3%	$14,222,533	6.2%	$34,462,412	3.7%	643,511	0.5%	635,202	2.6%	15,502,921	7.1%	84,053,730	4.2%
Physical & Sensory Disability	7,027,073	1.6%	$4,482,596	1.9%	$65,527,862	7.0%	12,846,095	9.4%	662,271	2.7%	3,769,111	1.7%	94,315,009	4.8%
Delinquent & Status Offender	74,831,115	17.2%	$23,529,167	10.2%	$72,643,134	7.7%	947,410	0.7%	287,656	1.2%	14,598,146	6.7%	186,836,628	9.4%
Abused & Neglected Children	51,457,651	11.8%	$30,045,413	13.1%	$13,045,063	1.4%	489,166	0.4%	392,545	1.6%	5,350,637	2.5%	100,780,475	5.1%
Children & Families	26,596,479	6.1%	$13,562,356	5.9%	$18,621,831	2.0%	527,246	0.4%	491,807	2.0%	4,517,630	2.1%	64,317,349	3.2%
Adults & Elderly	29,209,257	6.7%	$11,304,174	4.9%	$162,731,974	17.3%	9,938,933	7.2%	2,028,230	8.3%	28,203,604	12.9%	243,416,171	12.3%
Income Maintenance	18,214,912	4.2%	$1,433,691	0.6%	$76,130,795	8.1%	14,980,529	10.9%	1	0.0%	4,649,100	2.1%	115,409,028	5.8%
Child Care Administration	(52,669)	0.0%	$0	0.0%	$15,009,920	1.6%	0	0.0%	0	0.0%	251,670	0.1%	15,208,921	0.8%
Energy Assistance	256,466	0.1%	$18,523	0.0%	$10,384,333	1.1%	0	0.0%	0	0.0%	96,678	0.0%	10,756,000	0.5%
General Relief/Interim Assistance	13,800,381	3.2%	$19,339	0.0%	$1,851,980	0.2%	0	0.0%	0	0.0%	35,697,795	16.4%	51,369,496	2.6%
TOTAL	**$435,151,073**	100.0%	**$229,915,186**	100.0%	**$938,445,257**	100.0%	**$137,338,207**	100.0%	**$24,330,158**	100.0%	**$217,843,670**	100.0%	**$1,983,023,552**	100.0%
% of Total	**21.9%**		**11.6%**		**47.3%**		**6.9%**		**1.2%**		**11.0%**		**100.0%**	
2007	**County Revenue**		**BCA**		**Other State/Federal**		**MA FFS**		**WIMCR**		**Other**		**TOTAL**	
	$	%	$	%	$	%	$	%	$	%	$	%	$	%
Developmental Disability	$74,471,875	16.6%	$58,608,498	25.0%	$437,759,684	45.4%	$44,022,600	30.1%	$11,198,472	41.2%	$41,323,244	18.5%	$667,384,372	32.7%
Mental Health	$126,567,599	28.2%	$78,454,246	33.5%	$60,611,409	6.3%	$60,273,524	41.2%	$10,861,404	40.0%	$57,050,222	25.6%	393,818,404	19.3%
Alcohol/Other Drug Abuse	$15,358,203	3.4%	$12,694,678	5.4%	$28,459,502	3.0%	$547,489	0.4%	$1,596,893	5.9%	$16,525,979	7.4%	75,182,743	3.7%
Physical & Sensory Disability	$7,868,862	1.8%	$4,695,576	2.0%	$69,210,817	7.2%	$12,501,747	8.5%	$1,178,108	4.3%	$3,016,748	1.4%	98,471,857	4.8%
Delinquent & Status Offender	$82,634,050	18.4%	$24,733,231	10.6%	$73,138,502	7.6%	$877,917	0.6%	$62,713	0.2%	$15,001,502	6.7%	196,447,915	9.6%
Abused & Neglected Children	$57,303,527	12.8%	$30,756,405	13.1%	$13,195,646	1.4%	$616,703	0.4%	$118,759	0.4%	$6,967,454	3.1%	108,958,495	5.3%
Children & Families	$25,871,318	5.8%	$12,901,451	5.5%	$19,669,179	2.0%	$457,333	0.3%	$491,197	1.8%	$3,815,532	1.7%	63,206,010	3.1%
Adults & Elderly	$27,018,073	6.0%	$8,921,476	3.8%	$154,940,912	16.1%	$11,709,528	8.0%	$1,665,826	6.1%	$25,037,938	11.2%	229,293,753	11.2%
Income Maintenance	$17,815,913	4.0%	$2,295,949	1.0%	$79,519,586	8.2%	$15,250,642	10.4%	$0	0.0%	$10,668,085	4.8%	125,550,175	6.1%
Child Care Administration	$186,590	0.0%	$0	0.0%	$14,169,801	1.5%	$0	0.0%	$0	0.0%	$171,272	0.1%	14,527,663	0.7%
Energy Assistance	$245,921	0.1%	$2,744	0.0%	$10,026,597	1.0%	$0	0.0%	$0	0.0%	$57,120	0.0%	10,332,382	0.5%
General Relief/Interim Assistance	$13,720,392	3.1%	$9,788	0.0%	$3,323,972	0.3%	$0	0.0%	$0	0.0%	$43,508,549	19.5%	60,562,701	3.0%
TOTAL	**$449,062,322**	100.0%	**$234,074,041**	100.0%	**$964,025,609**	100.0%	**$146,257,483**	100.0%	**$27,173,373**	100.0%	**$223,143,644**	100.0%	**$2,043,736,471**	100.0%
% of Total	**22.0%**		**11.5%**		**47.2%**		**7.2%**		**1.3%**		**10.9%**		**100.0%**	

Source: Department of Health Services, "Human Service Revenue Report", 2006 and 2007.

Table 2 – Percentage of Total County Human Services Revenues by Target Group (2006 and 2007)



Source: Department of Health Services, "Human Service Revenue Report", 2006 and 2007.

Table 2 provides a graphical summary of total human services spending by county agencies. As the information shows:

- MH/SA services combined represent 23 percent of total county expenditures for all human services programs, increasing 0.8 percent between these two years.
    - County mental health expenditures represent 19 percent of total human services expenditures, increasing 3.3 percent between 2006 and 2007.

- County substance abuse expenditures represent 4 percent of total human services expenditures, decreasing 10.6 percent between 2006 and 2007.

While county spending on developmental disabilities programs represents nearly one-third of total county expenditures for human services programs in each of these years, the information does not yet reflect the ongoing transition to Family Care on a statewide basis. As this transition continues, the funds devoted to developmental disabilities programs will become a smaller portion of the total, as MH/SA services become a larger portion of the total.

Table 3 provides a summary of the percentage of funding by revenue type and target population. Other state and federal revenue sources represented approximately 47 percent of total funding in 2006 and 2007. The largest amount of revenue in this category is from the waiver programs for long-term care services as well as other categorical state and federal revenue that funds income maintenance programs and child care administration. Other key highlights include:

- Revenue from county property taxes funded approximately 22 percent of all human services programs administered by county agencies in 2006 and 2007.
- The total county property tax allocated to fund MH/SA services represented more than 30 percent of all revenue for those programs.
- Basic County Allocation represented another nearly 20 percent of total revenue allocated by counties to fund MH/SA services.

Table 3 – Percentage of County Human Services Expenditures by Revenue Type and Target Group (2006 and 2007)

2006	County Revenue	BCA	Other State/Federal	MA FFS	WIMCR	Other	TOTAL
Developmental Disability	11.1%	8.4%	66.6%	6.6%	1.3%	6.1%	100.0%
Mental Health	32.7%	20.4%	11.9%	14.5%	3.1%	17.5%	100.0%
Substance Abuse	22.1%	16.9%	41.0%	0.8%	0.8%	18.4%	100.0%
Mental Health/Substance Abuse	30.8%	19.8%	17.1%	12.0%	2.7%	17.7%	100.0%
Physical & Sensory Disability	7.5%	4.8%	69.5%	13.6%	0.7%	4.0%	100.0%
Delinquent & Status Offender	40.1%	12.6%	38.9%	0.5%	0.2%	7.8%	100.0%
Abused & Neglected Children	51.1%	29.8%	12.9%	0.5%	0.4%	5.3%	100.0%
Children & Families	41.4%	21.1%	29.0%	0.8%	0.8%	7.0%	100.0%
Adults & Elderly	12.0%	4.6%	66.9%	4.1%	0.8%	11.6%	100.0%
Income Maintenace	15.8%	1.2%	66.0%	13.0%	0.0%	4.0%	100.0%
Child Care Administration	-0.3%	0.0%	98.7%	0.0%	0.0%	1.7%	100.0%
Energy Assistance	2.4%	0.2%	96.5%	0.0%	0.0%	0.9%	100.0%
General Relief/Interim Assistance	26.9%	0.0%	3.6%	0.0%	0.0%	69.5%	100.0%
TOTAL	**21.9%**	**11.6%**	**47.3%**	**6.9%**	**1.2%**	**11.0%**	**100.0%**

2007	County Revenue	BCA	Other State/Federal	MA FFS	WIMCR	Other	TOTAL
Developmental Disability	11.2%	8.8%	65.6%	6.6%	1.7%	6.2%	100.0%
Mental Health	32.1%	19.9%	15.4%	15.3%	2.8%	14.5%	100.0%
Substance Abuse	20.4%	16.9%	37.9%	0.7%	2.1%	22.0%	100.0%
Mental Health/Substance Abuse	30.3%	19.4%	19.0%	13.0%	2.7%	15.7%	100.0%
Physical & Sensory Disability	8.0%	4.8%	70.3%	12.7%	1.2%	3.1%	100.0%
Delinquent & Status Offender	42.1%	12.6%	37.2%	0.4%	0.0%	7.6%	100.0%
Abused & Neglected Children	52.6%	28.2%	12.1%	0.6%	0.1%	6.4%	100.0%
Children & Families	40.9%	20.4%	31.1%	0.7%	0.8%	6.0%	100.0%
Adults & Elderly	11.8%	3.9%	67.6%	5.1%	0.7%	10.9%	100.0%
Income Maintenace	14.2%	1.8%	63.3%	12.1%	0.0%	8.5%	100.0%
Child Care Administration	1.3%	0.0%	97.5%	0.0%	0.0%	1.2%	100.0%
Energy Assistance	2.4%	0.0%	97.0%	0.0%	0.0%	0.6%	100.0%
General Relief/Interim Assistance	22.7%	0.0%	5.5%	0.0%	0.0%	71.8%	100.0%
TOTAL	**22.0%**	**11.5%**	**47.2%**	**7.2%**	**1.3%**	**10.9%**	**100.0%**

Source: Department of Health Services, "Human Service Revenue Report", 2006 and 2007.

As previously discussed, counties have wide latitude in allocating property tax and BCA revenues to support the human services programs provided at the local level. While some target populations other than MH/SA had a higher percentage of funding provided by property tax levy and BCA in 2006 and 2007, the total dollar amount devoted to programs for these other target populations is significantly lower by comparison to MH/SA. In 2006 and 2007, counties allocated over $200 million in combined property tax levy and BCA to fund MH/SA programs. This represented 30 percent of the total from these two funding sources for all human services programs. The next largest percentage was funding for developmental disabilities services at 19 percent.

Summary of Mental Health and Substance Abuse Funding by Program

While the next section of this report, **Section IV. Targeted County Review**, discusses funding of MH/SA services in more detail, **Table 4** below provides a summary of the total expenditures by program source for the publicly funded system between 2005 and 2007. During this three year period, total expenditures for the publicly funded MH/SA services system grew from $577.6 million to $642.3 million, an increase of 11.2 percent. Other key highlights for the publicly funded MH/SA service system include:

- Mental health services provided by all publicly funded programs represented approximately 84 percent of total MH/SA expenditures and increased 12.3 percent between 2005 and 2007.
    - County system expenditures for mental health services decreased from 75.8 percent of total mental health expenditures in 2005 to 72.1 percent in 2007, but increased 6.8 percent in total.
    - Fee-for-service system expenditures for mental health services increased from 13.5 percent of total mental health expenditures in 2005 to 15.5 percent, growing 28.7 percent.
    - Managed care system expenditures for mental health services (e.g., BadgerCare, SSI Managed Care and Family Care) increased from 10.7 percent of total mental health expenditures to 12.4 percent in 2007, growing 29.8 percent.
- Substance abuse services provided by all publicly funded programs represented approximately 16 percent of total MH/SA expenditures and increased 5.6 percent between 2005 and 2007.
    - County system expenditures for substance abuse services decreased from 86 percent of total substance abuse expenditures in 2005 to 78.1 percent in 2007, and dropped 4.2 percent in total.
    - Fee-for-service system expenditures for substance abuse services increased from 9.9 percent of total substance abuse expenditures in 2005 to 17.3 percent, growing 84 percent.
    - Managed care system expenditures for substance abuse services (e.g., BadgerCare, SSI Managed Care and Family Care) increased from 4.1 percent of total substance abuse expenditures to 4.6 percent in 2007, growing 19.9 percent.

Table 4 – Summary of Total MH/SA Services by Program Source (2005- 2007)

	2005		2006		2007	
Mental Health Services	**Expenditures**	**% of Total**	**Expenditures**	**% of Total**	**Expenditures**	**% of Total**
County System	$ 368,619,911	75.8%	$ 381,382,675	71.4%	$ 393,818,405	72.1%
Fee-for-Service System	65,661,989	13.5%	87,120,077	16.3%	84,519,442	15.5%
Managed Care System[1]	52,179,307	10.7%	65,332,983	12.2%	67,735,700	12.4%
Total	$ 486,461,206	100.0%	$ 533,835,735	100.0%	$ 546,073,547	100.0%
Substance Abuse Services						
County System	$ 78,438,195	86.0%	$ 84,053,730	81.4%	$ 75,182,744	78.1%
Fee-for-Service System	9,028,989	9.9%	14,543,985	14.1%	16,613,820	17.3%
Managed Care System[1]	3,693,541	4.1%	4,607,361	4.5%	4,427,473	4.6%
Total	$ 91,160,725	100.0%	$ 103,205,076	100.0%	$ 96,224,037	100.0%
Total MH/SA Services						
County System	$ 447,058,106	77.4%	$ 465,436,405	73.1%	$ 469,001,149	73.0%
Fee-for-Service System	74,690,978	12.9%	101,664,062	16.0%	101,133,262	15.7%
Managed Care System[1]	55,872,847	9.7%	69,940,343	11.0%	72,163,173	11.2%
Total	$ 577,621,931	100.0%	$ 637,040,811	100.0%	$ 642,297,584	100.0%

Notes:

1 Managed Care System includes BadgerCare, SSI-Managed Care, and Family Care.

Sources:

Wisconsin Department of Health Services Medicaid claims, managed care encounter, and family care encounter data sets.

Wisconsin Department of Health Services Human Services Revenue Report (2006 and 2007).

Wisconsin Department of Health Services Human Services Reporting System 942 Report (2005).

C. Benchmark Goals and Data

The previous subsection of this report provides a summary of total expenditures by funding source in 2005, 2006, and 2007. This subsection addresses both funding and consumers served, utilizing data generated by DHS. The information in this subsection was collected from the following sources:

- Medicaid Claims data, which indicates the number of consumers served and total expenditures for MH/SA services funded through the fee-for-service system.
- Managed Care Encounter data, which indicates the number of consumers served and total expenditures for MH/SA services funded through the BadgerCare and SSI Managed Care programs.
- Family Care Encounter data, which indicates the number of consumers served and total expenditures for MH/SA services funded through the Family Care program.
- Human Services Reporting System (HSRS) data, which indicates the number of consumers receiving MH/SA services funded through county human service, community program and social service departments.

- Human Services Revenue Report (HSRR) data, which indicates the total gross expenditures by revenue source for all human service programs reported for each of the target populations served through county human service, community program and social service departments.

Limitations of the Data

The project consultants also reviewed data from the Program for All Inclusive Care for the Elderly (PACE) and Partnership program, but that data is not included in the analysis for the following reasons. First, the PACE/Partnership data is not integrated with other data collection or reporting systems which makes it difficult to include the data in any overall analysis. Second, the MH/SA services provided by the PACE/Partnership programs are a relatively small percentage of the public MH/SA service delivery system.

Intent of the Data

The intent of the service and funding data presented in this report is to provide some perspective on the overall utilization and costs related to the provision of MH/SA services to populations in Wisconsin's publicly funded systems. The data is aggregated at a statewide level and at the regional level based on the five DHS regions (see previous map in this section). The study Steering Committee determined that presenting the data at a regional level is a better method for displaying data, because it helps alleviate concerns that the information may portray individual counties in a positive or negative light. The presentation of the data by region also helps distribute larger year to year county variances over a broader base.

It is important to note the following cautions regarding the information presented in this section:

- The intent of this data is not to make comparisons between DHS regions or make assumptions on how the unique and varied features of individual counties within DHS regions may be impacting the information. There is significant variation among counties regarding who is served, priority populations, the range of service providers and service capacity, and the extent to which other options (e.g., managed care programs) are available.

- Differences in service priorities, population characteristics, and availability of other program options can also impact funding. As noted previously in this section, county boards have responsibility to serve individuals with MH/SA issues within the limits of available state and federal funds, and required county matching funds. Beyond that, county boards have wide latitude to make funding and service delivery decisions that are based on local factors and preferences.

- The information on funding can be used to see how different areas of the state have made allocation decisions. However, higher or lower expenditures among the different regions may not indicate more or less effective service delivery. Therefore, the data should not be used to make positive or negative correlations between the regions. The data may demonstrate that some DHS regions or counties within those regions serve fewer consumers, but may provide more intensive services, while other areas may provide less intensive services to a broader range of individuals. The data should not be used to draw conclusions about the appropriateness or efficacy of different service or funding levels, especially since the data is aggregated on a broader regional basis.

Data Accuracy

Beyond the limitations and intent of the data described above, it is also important to note that the accuracy of the data that DHS was able to provide for analysis, especially the HSRS data for county reported services, was questioned by nearly all of the nine targeted county MH/SA systems selected for review in this study.

Counties reported the following primary issues that impact the integrity of the data:

- Some county data systems are antiquated and the ability to collect and report information becomes challenging.

- Some counties have experienced staff turnover and other staffing issues that impact the accuracy and consistency of the data entered and reported to the state.

- The reporting of MH/SA services through HSRS has not historically been used to document activities for funding and reimbursement purposes (as it has for the long-term care waiver programs). Therefore, the emphasis that some counties place on submitting complete and accurate MH/SA data varies widely and seems to have a significant impact on the quality of the data.

At the state level, the systems established to collect the data have been in existence for some time, but resources have not been assigned to ensure consistent statewide reporting and utilization of the information for decision-making. Lastly, neither the counties nor the state appear to have sufficient quality review built into the data collection process and systems in order to ensure that the integrity of the data is maintained from year-to-year. Both the counties and the state lack standards and training for data entry and quality control.

Any steps to implement system reform should also address the critical need to upgrade systems at the state and local levels to ensure that key measures of data are collected and used for decision-making. Basic utilization and cost data, especially performance outcome data, should be available. Only with robust data systems will state and local MH/SA system policymakers, managers and consumers have the data necessary to effectively inform future system improvements and reform initiatives and gauge the effectiveness of those efforts.

Summary of Consumers Served

The compiled information that integrated the HSRS, Medicaid fee-for-service, and encounter data provides a picture of the individuals served by the publicly funded MH/SA system. Over the three years analyzed for this study (2005, 2006 and 2007), a total of 352,850 unique individuals received publicly funded MH/SA services.

Table 5 provides a summary of the number of unduplicated individuals served within each of the publicly funded program areas over the three year period. Since consumers can receive services from more than one system, the total number of individuals among all of the program areas represents a larger number than the actual number of people served. The most likely combination of systems would include individuals who are Medicaid eligible and receive some of their MH/SA services through their Medicaid card, but were also served by at least one of the other systems (e.g., managed care or county). Likewise, consumers can receive both mental health and substance abuse services; therefore the client

counts in **Table 5** represent unduplicated numbers within each system, but are likely duplicated across the various systems and between MH/SA.

Table 5 – Summary of Total MH/SA Consumers Serviced by Program Source (2005-2007)

	2005		2006		2007	
Mental Health Services	**Clients**	**% of Total**	**Clients**	**% of Total**	**Clients**	**% of Total**
County System	60,244	34.6%	58,675	32.7%	59,912	32.9%
Fee-for-Service System	73,145	42.1%	76,741	42.8%	76,451	42.0%
Managed Care System[1]	40,534	23.3%	43,968	24.5%	45,715	25.1%
Total Unduplicated	139,194		143,640		145,953	
Substance Abuse Services						
County System	48,705	83.9%	48,911	74.9%	47,225	72.8%
Fee-for-Service System	7,373	12.7%	14,332	21.9%	15,665	24.1%
Managed Care System[1]	1,975	3.4%	2,074	3.2%	1,988	3.1%
Total Unduplicated	55,261		62,013		61,409	
Total MH/SA Services						
County System	102,484	46.5%	100,815	43.8%	100,318	43.2%
Fee-for-Service System	76,797	34.8%	84,894	36.9%	85,369	36.8%
Managed Care System[1]	41,200	18.7%	44,591	19.4%	46,348	20.0%
Total Unduplicated	182,208		190,392		191,660	

Notes:

1 Managed Care System includes BadgerCare, SSI-Managed Care, and Family Care.

2 Totals will not sum across or down because while clients are unduplicated within each target group (e.g., Mental Health or Substance Abuse) and age group, an individual may be counted in more than one of each if they received services for both mental health and substance abuse and their age changed during the year.

Source: Wisconsin Department of Health Services Medicaid claims, managed care encounter, family care encounter, and Human Services Reporting System data sets.

The total number of unduplicated consumers served by the combined MH/SA system increased 5.2 percent between 2005 and 2007, from 182,208 to 191,660. During this same period, though, unduplicated consumers in the county system decreased from 102,484 to 100,318, a 2.1 percent drop between 2005 and 2007. At the same time, both the Medicaid fee-for-service and managed care funded service delivery systems served between 11 and 12 percent more consumers between 2005 and 2007.

Other key highlights regarding consumers served between 2005 and 2007 include:

- The county system served the highest percentage of consumers for MH/SA services combined, an average of 44.5 percent over the three year period.

- The managed care system served an increasingly larger percentage of total consumers, increasing to 20 percent of the total served by 2007.

- The total number of mental health consumers served by all systems increased 4.9 percent between 2005 and 2007, with the largest increase coming from managed care (where the percentage of consumers served exceeded 25 percent in 2007).
    - The fee-for-service system funded the largest percentage of consumers for mental health services, averaging approximately 42 percent of the total receiving mental health services between 2005 and 2007.
    - The county system had a decrease of 0.6 percent in the number of mental health consumers served between 2005 and 2006, and represented approximately one-third of all consumers served for mental health services.

- A significant majority of substance abuse services were provided through the county MH/SA system.
    - There was a significant increase in the percentage of consumers served through the fee-for-service system between 2005 and 2007. The percentage increased from approximately 12 percent to nearly one-quarter of all consumers receiving substance abuse services.
    - The managed care system consistently served approximately 3 percent of the total consumers receiving substance abuse services.

Table 6 provides a summary of MH/SA consumers by age group served between 2005 and 2007. The table also provides an indication of the number of individuals who received both substance abuse and mental health services during each year. While the percentage of "dual clients" appears to be below the number commonly estimated by most professionals in the field, this could be a factor of how counties reported the data as noted above.

Table 6 – Summary of MH/SA Consumers Served by Age Group (2005-2007)

	2005				2006				2007			
	Under 18	18-64	65 and Over	Total	Under 18	18-64	65 and Over	Total	Under 18	18-64	65 and Over	Total
Mental Health	39,131	94,274	8,661	139,194	40,341	97,821	8,445	143,640	40,883	100,169	7,949	145,953
Substance Abuse	2,618	52,076	787	55,261	3,191	58,281	811	62,013	3,088	57,840	789	61,409
Total	40,779	135,258	9,322	182,208	42,215	142,346	9,119	190,392	42,711	143,780	8,591	191,660
Dual Clients	970	11,092	126	12,247	1,317	13,756	137	15,261	1,260	14,229	147	15,702

Notes:

1. Totals will not sum across or down because while clients are unduplicated within each target group (e.g., Mental Health or Substance Abuse) and age group, an individual may be counted in more than one of each if they received services for both mental health and substance abuse and their age changed during the year.

Source: Wisconsin Department of Health Services Medicaid claims, managed care encounter, family care encounter, and Human Services Reporting System data sets.

- Approximately 73 percent of all consumers served were between the ages of 18 and 64. This group represents approximately 60 percent of Wisconsin's total population.

- Approximately 70 percent of all consumers received mental health services.
    - Approximately two-thirds of consumers in the 18 to 64 age group received mental health services.

- Over 90 percent of consumers in both the under 18 and 65 and older age groups received mental health services.

- Between 7 percent and 8 percent of all consumers received both mental health and substance abuse services.

At a regional level, **Table 7** provides a summary of the number of unduplicated consumers per 1,000 of the total population. This data differs from the penetration rate data for Wisconsin in **Section V. Review of Selected States** of this report, because the latter only includes data for mental health funding controlled by the state mental health agency (SMHA). The data in **Table 7** includes consumers served by all of the publicly funded systems included in this study, not just those receiving services through the county MH/SA system or controlled by the SMHA. Because of the variation in the total population among the five DHS regions, standardizing the data based on the number of consumers per 1,000 of the total population provides a better base from which to gauge the volume of services provided. However, based strictly on the number of consumers served, the following picture develops:

- Three of the five DHS regions served a similar number of consumers as a percentage of the statewide total as the region's percentage of Wisconsin's total population:

  - The southeastern region served an average of 33 percent of all MH/SA consumers over the three years, and this region represents 37 percent of Wisconsin's population.
  - The northern region served an average of 12 percent of all MH/SA consumers over the three years, and represents 9 percent of Wisconsin's population.
  - An average of 4 percent of consumers received MH/SA services in more than one region.

Table 7 – Unduplicated Consumers[1] Served by DHS Region per 1,000 Population (2005-2007)

	2005			2006			2007		
DHS Region	Mental Health	Substance Abuse	Total	Mental Health	Substance Abuse	Total	Mental Health	Substance Abuse	Total
Northeastern	22.25	11.05	31.40	27.30	12.77	37.40	27.79	12.31	37.16
Northern	31.97	13.96	42.93	38.71	16.61	51.13	38.12	17.13	50.88
Southeastern	26.34	7.29	31.45	26.02	8.18	31.74	25.07	7.83	30.51
Southern	22.09	12.76	32.81	23.48	13.94	34.81	23.91	13.67	34.88
Western	25.01	9.69	32.49	25.81	10.47	33.39	25.02	10.42	32.76
Wisconsin	25.12	9.97	32.89	25.78	11.13	34.17	26.06	10.96	34.21

Notes:

1 Clients counts are unduplicated only within the individual target group (Mental Health or Substance Abuse) for each region. Clients may be served in both target groups and in more than one region.

Sources:

Unduplicated Clients: Wisconsin Department of Health Services Medicaid claims, managed care encounter, family care encounter, and Human Services Reporting System data sets.

Population: Table 1: Annual Estimates of the Population for Counties of Wisconsin: April 1, 2000 to July 1, 2007 (CO-EST2007-01-55), Population Division, U.S. Census Bureau Release Date: March 20, 2008

- The per capita rate of consumers served for both mental health and substance abuse services ranged from an average high of approximately 48 (northern region) to a low of 31 (southeastern) per 1,000 of the total population over the three year period.

  - The per capita rate of consumers served for mental health services ranged from an average high of 36 (northern) to a low of 23 (southern).
  - The per capita rate of consumers served for substance abuse services ranged from an average high of 16 (northern) to a low of 10 (western).

- The northern region consistently served consumers at a significantly higher rate per capita than the statewide rate or other regions for both mental health and substance abuse services in each of the three years.

- The southeastern region consistently served consumers at a significantly lower rate per capita than the statewide rate or other regions for substance abuse services in each of the three years, averaging 27 percent below the statewide rate.

- The southern region consistently served consumers at a lower rate per capita than the statewide rate or other regions for mental health services in each of the three years, averaging 10 percent below the statewide rate.

Table 8 provides a breakdown of the consumers receiving mental health by service type. The data is divided into "HSRS Clients," which represents the total number of individuals served as reported by counties through the HSRS reporting system, and "Total Clients," which includes all of the consumers served through all publicly funded systems included in this study. The data is presented by DHS region, with a summary of the statewide totals shown at the bottom of the table.

Key highlights of the information on the following table include:

- Total duplicated consumers (i.e., those receiving more than one service type) receiving mental health services from all publicly funded programs increased 5.3 percent from 2005 to 2007.

  - The northeastern region has the largest percentage increase in duplicated consumers receiving publicly funded mental health services at 24.5 percent, followed by the northern region at 16.9 percent and the southern region at 13.2 percent.
  - The southeastern region had a decrease of 5.4 percent in the number of duplicated consumers receiving publicly funded mental health services.

- Outpatient services represented the largest percentage of mental health services to duplicated consumers from all publicly funded programs at 64 percent statewide.

  - The percentage of outpatient services for all publicly funded mental health programs ranged from a high of 68.2 percent (western region) to a low of 61.2 percent (southern region).

- Inpatient services represented 10 percent of mental health services to duplicated consumers from all publicly funded programs.

  - The percentage of inpatient services for all publicly funded mental health programs ranged from a high of 14.5 percent (southeastern region) to a low of 5.6 percent (southern region).

Table 8 – Summary of Consumers Served by Mental Health Service Type by DHS Region (2005-2007)

		2005				2006				2007			
DHS Region	Service Type	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%
Northeastern	Case Management	2,158	12.1%	2,768	7.8%	2,102	12.1%	3,080	7.1%	2,127	11.8%	2,953	6.7%
	Child/Adolescent Day Treatment	0	0.0%	281	0.8%	0	0.0%	554	1.3%	0	0.0%	539	1.2%
	Clozapine Management	0	0.0%	276	0.8%	0	0.0%	319	0.7%	0	0.0%	272	0.6%
	Community Support Program	959	5.4%	1,108	3.1%	958	5.5%	1,637	3.8%	936	5.2%	1,549	3.5%
	Comprehensive Community Services	103	0.6%	118	0.3%	162	0.9%	342	0.8%	287	1.6%	457	1.0%
	Crisis Intervention	1,784	10.0%	3,474	9.7%	1,660	9.6%	3,685	8.5%	1,846	10.2%	4,044	9.1%
	In-home Intensive Psychotherapy	0	0.0%	372	1.0%	0	0.0%	431	1.0%	0	0.0%	430	1.0%
	Inpatient	2,108	11.8%	2,664	7.5%	1,870	10.8%	3,250	7.5%	2,224	12.3%	3,543	8.0%
	Medical Day Treatment	42	0.2%	159	0.4%	36	0.2%	137	0.3%	36	0.2%	122	0.3%
	Outpatient	9,400	52.5%	23,063	64.7%	9,300	53.7%	28,835	66.3%	9,417	52.1%	29,273	66.0%
	Outpatient Services in the Home & Community	138	0.8%	145	0.4%	100	0.6%	105	0.2%	94	0.5%	96	0.2%
	Other	1,211	6.8%	1,211	3.4%	1,135	6.6%	1,135	2.6%	1,094	6.1%	1,094	2.5%
	Northeastern Region Total	17,903	100.0%	35,639	100.0%	17,323	100.0%	43,510	100.0%	18,061	100.0%	44,372	100.0%
Northern	Case Management	2,478	19.2%	2,658	12.3%	2,448	20.5%	3,036	11.8%	2,291	19.6%	2,798	11.1%
	Child/Adolescent Day Treatment	0	0.0%	263	1.2%	0	0.0%	359	1.4%	0	0.0%	321	1.3%
	Clozapine Management	0	0.0%	115	0.5%	0	0.0%	173	0.7%	0	0.0%	135	0.5%
	Community Support Program	1,229	9.5%	1,306	6.1%	607	5.1%	865	3.4%	606	5.2%	875	3.5%
	Comprehensive Community Services	0	0.0%	157	0.7%	238	2.0%	304	1.2%	246	2.1%	342	1.4%
	Crisis Intervention	1,190	9.2%	1,238	5.7%	1,187	10.0%	1,728	6.7%	1,336	11.4%	2,037	8.1%
	In-home Intensive Psychotherapy	0	0.0%	29	0.1%	0	0.0%	144	0.6%	0	0.0%	171	0.7%
	Inpatient	1,398	10.8%	1,600	7.4%	1,365	11.4%	2,007	7.8%	1,465	12.5%	2,062	8.2%
	Medical Day Treatment	65	0.5%	92	0.4%	53	0.4%	80	0.3%	49	0.4%	77	0.3%
	Outpatient	6,071	47.0%	13,611	63.1%	5,530	46.4%	16,427	64.1%	5,226	44.6%	15,911	63.1%
	Outpatient Services in the Home & Community	33	0.3%	38	0.2%	35	0.3%	36	0.1%	40	0.3%	40	0.2%
	Other	465	3.6%	465	2.2%	465	3.9%	465	1.8%	448	3.8%	448	1.8%
	Northern Region Total	12,929	100.0%	21,572	100.0%	11,928	100.0%	25,624	100.0%	11,707	100.0%	25,217	100.0%
Southeastern	Case Management	4,215	14.3%	5,553	7.7%	3,568	12.5%	5,025	7.1%	3,558	12.5%	4,670	6.8%
	Child/Adolescent Day Treatment	0	0.0%	1,189	1.6%	0	0.0%	1,001	1.4%	0	0.0%	731	1.1%
	Clozapine Management	0	0.0%	411	0.6%	0	0.0%	309	0.4%	0	0.0%	246	0.4%
	Community Support Program	2,273	7.7%	2,602	3.6%	2,465	8.7%	2,837	4.0%	2,455	8.6%	2,753	4.0%
	Comprehensive Community Services	18	0.1%	60	0.1%	81	0.3%	155	0.2%	134	0.5%	203	0.3%
	Crisis Intervention	2,012	6.8%	4,730	6.5%	1,898	6.7%	4,570	6.4%	2,449	8.6%	5,306	7.7%
	In-home Intensive Psychotherapy	0	0.0%	257	0.4%	0	0.0%	293	0.4%	0	0.0%	288	0.4%
	Inpatient	9,092	30.8%	10,057	13.9%	9,010	31.7%	10,401	14.6%	9,021	31.8%	10,361	15.1%
	Medical Day Treatment	291	1.0%	548	0.8%	237	0.8%	452	0.6%	151	0.5%	362	0.5%
	Outpatient	9,881	33.4%	45,193	62.4%	9,422	33.1%	44,389	62.3%	9,118	32.1%	42,090	61.4%
	Outpatient Services in the Home & Community	21	0.1%	55	0.1%	16	0.1%	33	0.0%	24	0.1%	24	0.0%
	Other	1,745	5.9%	1,745	2.4%	1,740	6.1%	1,740	2.4%	1,475	5.2%	1,475	2.2%
	Southeastern Region Total	29,548	100.0%	72,400	100.0%	28,437	100.0%	71,205	100.0%	28,385	100.0%	68,509	100.0%
Southern	Case Management	4,280	25.4%	4,404	13.8%	4,321	26.0%	4,538	13.2%	5,022	27.4%	5,209	14.5%
	Child/Adolescent Day Treatment	0	0.0%	186	0.6%	0	0.0%	217	0.6%	0	0.0%	232	0.6%
	Clozapine Management	0	0.0%	232	0.7%	0	0.0%	75	0.2%	0	0.0%	142	0.4%
	Community Support Program	1,354	8.0%	1,422	4.5%	1,383	8.3%	1,563	4.6%	1,412	7.7%	1,604	4.5%
	Comprehensive Community Services	17	0.1%	20	0.1%	56	0.3%	77	0.2%	76	0.4%	97	0.3%
	Crisis Intervention	1,944	11.5%	2,552	8.0%	1,670	10.0%	2,616	7.6%	2,098	11.4%	3,108	8.6%
	In-home Intensive Psychotherapy	0	0.0%	234	0.7%	0	0.0%	306	0.9%	0	0.0%	347	1.0%
	Inpatient	1,140	6.8%	1,630	5.1%	1,124	6.8%	2,006	5.9%	1,203	6.6%	2,083	5.8%
	Medical Day Treatment	185	1.1%	217	0.7%	178	1.1%	218	0.6%	176	1.0%	208	0.6%
	Outpatient	6,662	39.5%	19,526	61.4%	6,634	39.9%	21,314	62.2%	7,021	38.3%	21,570	59.9%
	Outpatient Services in the Home & Community	112	0.7%	197	0.6%	107	0.6%	168	0.5%	95	0.5%	162	0.5%
	Other	1,181	7.0%	1,181	3.7%	1,164	7.0%	1,164	3.4%	1,238	6.7%	1,238	3.4%
	Southern Region Total	16,875	100.0%	31,801	100.0%	16,637	100.0%	34,262	100.0%	18,341	100.0%	36,000	100.0%
Western	Case Management	1,632	19.3%	1,861	7.9%	1,526	19.2%	1,873	7.6%	1,657	19.3%	1,951	8.0%
	Child/Adolescent Day Treatment	0	0.0%	500	2.1%	0	0.0%	534	2.2%	0	0.0%	471	1.9%
	Clozapine Management	0	0.0%	129	0.5%	0	0.0%	102	0.4%	0	0.0%	91	0.4%
	Community Support Program	982	11.6%	1,203	5.1%	953	12.0%	1,297	5.3%	725	8.4%	1,062	4.4%
	Comprehensive Community Services	0	0.0%	7	0.0%	4	0.1%	155	0.6%	2	0.0%	181	0.7%
	Crisis Intervention	334	4.0%	901	3.8%	398	5.0%	1,020	4.1%	1,298	15.1%	1,655	6.8%
	In-home Intensive Psychotherapy	0	0.0%	238	1.0%	0	0.0%	240	1.0%	0	0.0%	227	0.9%
	Inpatient	966	11.4%	1,380	5.9%	910	11.4%	1,673	6.8%	933	10.9%	1,673	6.9%
	Medical Day Treatment	44	0.5%	100	0.4%	35	0.4%	108	0.4%	36	0.4%	98	0.4%
	Outpatient	3,663	43.4%	16,349	69.6%	3,351	42.1%	16,896	68.4%	3,275	38.1%	16,184	66.7%
	Outpatient Services in the Home & Community	11	0.1%	11	0.0%	23	0.3%	25	0.1%	16	0.2%	17	0.1%
	Other	813	9.6%	813	3.5%	765	9.6%	765	3.1%	657	7.6%	657	2.7%
	Western Region Total	8,445	100.0%	23,492	100.0%	7,965	100.0%	24,688	100.0%	8,599	100.0%	24,267	100.0%

Table 8 continued:
Summary of Consumers Served by Mental Health Service Type by DHS Region (2005-2007)

		2005				2006				2007			
DHS Region	Service Type	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%
Other[1]	Case Management	36	8.0%	179	3.7%	28	7.4%	191	3.7%	29	8.0%	204	4.2%
	Child/Adolescent Day Treatment	0	0.0%	239	5.0%	0	0.0%	295	5.7%	0	0.0%	266	5.5%
	Clozapine Management	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Community Support Program	24	5.3%	32	0.7%	13	3.4%	20	0.4%	9	2.5%	16	0.3%
	Comprehensive Community Services	0	0.0%	14	0.3%	0	0.0%	28	0.5%	0	0.0%	31	0.6%
	Crisis Intervention	52	11.6%	352	7.4%	53	14.1%	362	7.0%	53	14.6%	333	6.8%
	In-home Intensive Psychotherapy	0	0.0%	197	4.1%	0	0.0%	210	4.1%	0	0.0%	218	4.5%
	Inpatient	256	56.9%	322	6.7%	229	60.7%	467	9.1%	219	60.5%	475	9.7%
	Medical Day Treatment	1	0.2%	1	0.0%	1	0.3%	1	0.0%	2	0.6%	3	0.1%
	Outpatient	60	13.3%	3,417	71.6%	38	10.1%	3,568	69.2%	31	8.6%	3,313	67.9%
	Outpatient Services in the Home & Community	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Other	21	4.7%	21	0.4%	15	4.0%	15	0.3%	19	5.2%	19	0.4%
	Other Total	450	100.0%	4,774	100.0%	377	100.0%	5,157	100.0%	362	100.0%	4,878	100.0%
State-wide	Case Management	14,799	17.2%	17,235	9.2%	13,993	16.9%	16,804	8.7%	14,684	17.2%	17,179	8.7%
	Child/Adolescent Day Treatment	0	0.0%	2,609	1.4%	0	0.0%	2,695	1.4%	0	0.0%	2,559	1.3%
	Clozapine Management	0	0.0%	1,143	0.6%	0	0.0%	842	0.4%	0	0.0%	886	0.5%
	Community Support Program	6,821	7.9%	7,530	4.0%	6,379	7.7%	7,051	3.7%	6,143	7.2%	6,857	3.5%
	Comprehensive Community Services	138	0.2%	373	0.2%	541	0.7%	875	0.5%	745	0.9%	1,110	0.6%
	Crisis Intervention	7,316	8.5%	13,011	7.0%	6,866	8.3%	13,255	6.9%	9,080	10.6%	15,823	8.0%
	In-home Intensive Psychotherapy	0	0.0%	1,293	0.7%	0	0.0%	1,474	0.8%	0	0.0%	1,681	0.9%
	Inpatient	14,960	17.4%	17,431	9.3%	14,508	17.5%	19,082	9.9%	15,065	17.6%	19,451	9.9%
	Medical Day Treatment	628	0.7%	1,072	0.6%	540	0.7%	962	0.5%	450	0.5%	846	0.4%
	Outpatient	35,737	41.5%	119,174	63.8%	34,275	41.5%	124,253	64.4%	34,088	39.9%	124,978	63.6%
	Outpatient Services in the Home & Community	315	0.4%	445	0.2%	281	0.3%	366	0.2%	269	0.3%	339	0.2%
	Other	5,436	6.3%	5,430	2.9%	5,284	6.4%	5,277	2.7%	4,931	5.8%	4,922	2.5%
	State-wide Total	86,150	100.0%	186,746	100.0%	82,667	100.0%	192,936	100.0%	85,455	100.0%	196,631	100.0%

Notes:

1 Other includes Native American tribes, out-of-state, and unidentified clients.

2 County clients represent those reported to the Department of Health Services on the Human Services Reporting System (HSRS).

3 Total clients are unduplicated for the service type and include individuals served through other publically funded systems (e.g., MA Fee-for-Service, BadgerCare, SSI, and Family Care).

Source: Wisconsin Department of Health Services Medicaid claims, managed care encounter, family care encounter, and Human Services Reporting System data sets.

- Total duplicated consumers receiving mental health services reported by counties represented an average of 44 percent of all publicly funded mental health services provided from 2005 to 2007.
    - The percentage of duplicated consumers receiving mental health services reported by counties compared to all publicly funded mental health services ranged from a high of 51 percent (northern and southern regions) to a low of 34.5 percent (western region).
- Total duplicated consumers receiving mental health services reported by counties decreased 0.8 percent from 2005 to 2007.
    - The southern region has the largest percentage increase in duplicated consumers receiving mental health services reported by counties at 8.7 percent.
    - The northern region had the largest percentage decrease in the number of duplicated consumers receiving mental health services reported by counties at 9.5 percent, followed by the southeastern region at 3.9 percent.
- Outpatient services represented the largest percentage of services to duplicated consumers receiving mental health services reported by counties at 41.5 percent statewide.

  - The percentage of outpatient services for mental health services reported by counties ranged from a high of 52.5 percent (northeastern region) to a low of 33.4 percent (southeastern region).

- Inpatient services represented 17.4 percent of services to duplicated consumers receiving mental health services reported by counties.

  - The percentage of inpatient services for mental health ranged from a high of 30.8 percent (southeastern region) to a low of 6.8 percent (southern region).

Table 9 provides a breakdown of the consumers receiving substance abuse by service type. As with **Table 8**, the data is divided into "HSRS Clients" and "Total Clients." It shows information by DHS region, with a summary of the statewide totals shown at the bottom of the table.

Key highlights of the information on the following table include:

- Total duplicated consumers (i.e., those receiving more than one service type) receiving substance abuse services from all publicly funded programs increased 7.7 percent from 2005 to 2007.

  - The northern region has the largest percentage increase in duplicated consumers served at 19.9 percent followed by the northeastern region at 13.2 percent.
  - The southeastern region had a decrease of 1.8 percent in the number of duplicated consumers served.

- Outpatient services represented the largest percentage of substance abuse services to duplicated consumers from all publicly funded programs at 38.8 percent statewide.

  - The percentage of outpatient services ranged from a high of 42.2 percent (northern region) to a low of 33.0 percent (southern region).

- Case management services represented the next largest percentage of substance abuse services to duplicated consumers from all publicly funded programs at 38.5 percent statewide.

  - The percentage of case management services for substance abuse ranged from a high of 49.7 percent (northeastern region) to a low of 30.9 percent (southern region).

- Inpatient services represented 3.3 percent of substance abuse services to duplicated consumers from all publicly funded programs.

  - The percentage of inpatient services for substance abuse ranged from a high of 4.4 percent (western region) to a low of 1.6 percent (southern region).

Table 9 – Summary of Consumers Served by Substance Abuse Service Type by DHS Region (2005-2007)

		2005				2006				2007			
		HSRS		Total		HSRS		Total		HSRS		Total	
	Service Type	Clients[2]	%	Clients[3]	%	Clients[2]	%	Clients[3]	%	Clients[2]	%	Clients[3]	%
Northeastern	Case Management	9,055	64.5%	9,068	56.8%	8,864	63.7%	8,877	48.3%	7,933	60.2%	7,944	44.0%
	Community Support Program	1	0.0%	1	0.0%	1	0.0%	1	0.0%	2	0.0%	2	0.0%
	Comprehensive Community Services	0	0.0%	0	0.0%	1	0.0%	1	0.0%	4	0.0%	4	0.0%
	Inpatient	259	1.8%	432	2.7%	272	2.0%	627	3.4%	276	2.1%	675	3.7%
	Medical Day Treatment	74	0.5%	74	0.5%	114	0.8%	114	0.6%	126	1.0%	126	0.7%
	Narcotic Treatment	0	0.0%	236	1.5%	0	0.0%	383	2.1%	0	0.0%	388	2.1%
	Outpatient	3,460	24.7%	4,882	30.6%	3,377	24.3%	7,042	38.3%	3,602	27.3%	7,608	42.1%
	Outpatient Services in the Home & Community	16	0.1%	16	0.1%	68	0.5%	68	0.4%	96	0.7%	96	0.5%
	SA Day Treatment	0	0.0%	77	0.5%	0	0.0%	51	0.3%	0	0.0%	73	0.4%
	Other	1,169	8.3%	1,169	7.3%	1,215	8.7%	1,215	6.6%	1,145	8.7%	1,145	6.3%
	Northeastern Region Total	14,034	100.0%	15,955	100.0%	13,912	100.0%	18,379	100.0%	13,184	100.0%	18,061	100.0%
Northern	Case Management	4,348	54.2%	4,349	48.3%	4,413	54.8%	4,444	42.0%	4,451	54.1%	4,486	41.6%
	Community Support Program	38	0.5%	38	0.4%	41	0.5%	41	0.4%	17	0.2%	17	0.2%
	Comprehensive Community Services	0	0.0%	0	0.0%	4	0.0%	4	0.0%	5	0.1%	5	0.0%
	Inpatient	260	3.2%	345	3.8%	267	3.3%	506	4.8%	209	2.5%	422	3.9%
	Medical Day Treatment	160	2.0%	160	1.8%	142	1.8%	142	1.3%	207	2.5%	207	1.9%
	Narcotic Treatment	0	0.0%	89	1.0%	0	0.0%	157	1.5%	0	0.0%	176	1.6%
	Outpatient	2,631	32.8%	3,376	37.5%	2,607	32.4%	4,635	43.8%	2,828	34.4%	4,899	45.4%
	Outpatient Services in the Home & Community	28	0.3%	28	0.3%	43	0.5%	43	0.4%	27	0.3%	27	0.3%
	SA Day Treatment	0	0.0%	63	0.7%	0	0.0%	66	0.6%	0	0.0%	71	0.7%
	Other	550	6.9%	550	6.1%	537	6.7%	537	5.1%	481	5.8%	481	4.5%
	Northern Region Total	8,015	100.0%	8,998	100.0%	8,054	100.0%	10,575	100.0%	8,225	100.0%	10,791	100.0%
Southeastern	Case Management	8,054	47.0%	8,100	39.3%	5,993	36.0%	6,032	28.8%	5,922	37.9%	5,957	29.5%
	Community Support Program	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Comprehensive Community Services	0	0.0%	0	0.0%	1	0.0%	1	0.0%	1	0.0%	1	0.0%
	Inpatient	249	1.5%	623	3.0%	229	1.4%	779	3.7%	187	1.2%	718	3.6%
	Medical Day Treatment	485	2.8%	485	2.4%	1,144	6.9%	1,144	5.5%	898	5.7%	898	4.4%
	Narcotic Treatment	0	0.0%	641	3.1%	0	0.0%	620	3.0%	0	0.0%	583	2.9%
	Outpatient	4,730	27.6%	6,703	32.6%	5,697	34.2%	8,524	40.7%	5,139	32.8%	8,327	41.2%
	Outpatient Services in the Home & Community	394	2.3%	398	1.9%	237	1.4%	241	1.2%	347	2.2%	348	1.7%
	SA Day Treatment	0	0.0%	404	2.0%	0	0.0%	263	1.3%	0	0.0%	242	1.2%
	Other	3,238	18.9%	3,238	15.7%	3,352	20.1%	3,352	16.0%	3,150	20.1%	3,150	15.6%
	Southeastern Region Total	17,150	100.0%	20,592	100.0%	16,653	100.0%	20,956	100.0%	15,644	100.0%	20,224	100.0%
Southern	Case Management	5,513	35.1%	5,522	32.4%	5,476	36.4%	5,489	29.8%	5,593	37.7%	5,632	30.4%
	Community Support Program	10	0.1%	10	0.1%	9	0.1%	9	0.0%	8	0.1%	8	0.0%
	Comprehensive Community Services	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Inpatient	79	0.5%	175	1.0%	113	0.8%	355	1.9%	111	0.7%	351	1.9%
	Medical Day Treatment	187	1.2%	187	1.1%	178	1.2%	178	1.0%	193	1.3%	193	1.0%
	Narcotic Treatment	0	0.0%	260	1.5%	0	0.0%	294	1.6%	0	0.0%	327	1.8%
	Outpatient	3,923	25.0%	4,793	28.1%	3,574	23.8%	6,336	34.4%	3,803	25.6%	6,788	36.6%
	Outpatient Services in the Home & Community	162	1.0%	164	1.0%	70	0.5%	73	0.4%	34	0.2%	38	0.2%
	SA Day Treatment	0	0.0%	89	0.5%	0	0.0%	90	0.5%	0	0.0%	91	0.5%
	Other	5,833	37.1%	5,833	34.2%	5,604	37.3%	5,604	30.4%	5,108	34.4%	5,108	27.6%
	Southern Region Total	15,707	100.0%	17,033	100.0%	15,024	100.0%	18,428	100.0%	14,850	100.0%	18,536	100.0%
Western	Case Management	3,990	51.1%	4,010	43.0%	3,656	50.2%	3,680	36.9%	3,654	49.1%	3,681	37.0%
	Community Support Program	59	0.8%	59	0.6%	59	0.8%	59	0.6%	60	0.8%	60	0.6%
	Comprehensive Community Services	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Inpatient	231	3.0%	359	3.8%	232	3.2%	498	5.0%	184	2.5%	424	4.3%
	Medical Day Treatment	99	1.3%	99	1.1%	33	0.5%	33	0.3%	31	0.4%	31	0.3%
	Narcotic Treatment	0	0.0%	51	0.5%	0	0.0%	71	0.7%	0	0.0%	73	0.7%
	Outpatient	2,472	31.7%	3,722	39.9%	2,379	32.7%	4,629	46.4%	2,679	36.0%	4,776	48.0%
	Outpatient Services in the Home & Community	1	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%
	SA Day Treatment	0	0.0%	78	0.8%	0	0.0%	90	0.9%	0	0.0%	71	0.7%
	Other	955	12.2%	955	10.2%	917	12.6%	917	9.2%	831	11.2%	831	8.4%
	Western Region Total	7,807	100.0%	9,334	100.0%	7,276	100.0%	9,977	100.0%	7,440	100.0%	9,948	100.0%

Table 9 continued – Summary of Consumers Served by Substance Abuse Service Type by DHS Region (2005-2007)

		2005				2006				2007			
	Service Type	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%	HSRS Clients[2]	%	Total Clients[3]	%
Other[1]	Outpatient	3,990	51.1%	4,010	43.0%	3,656	50.2%	3,680	36.9%	3,654	49.1%	3,681	37.0%
	Outpatient Services in the Home & Community	59	0.8%	59	0.6%	59	0.8%	59	0.6%	60	0.8%	60	0.6%
	Medical Day Treatment	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Community Support Program	231	3.0%	359	3.8%	232	3.2%	498	5.0%	184	2.5%	424	4.3%
	Case Management	99	1.3%	99	1.1%	33	0.5%	33	0.3%	31	0.4%	31	0.3%
	Child/Adolescent Day Treatment	0	0.0%	51	0.5%	0	0.0%	71	0.7%	0	0.0%	73	0.7%
	Comprehensive Community Services	2,472	31.7%	3,722	39.9%	2,379	32.7%	4,629	46.4%	2,679	36.0%	4,776	48.0%
	Inpatient	1	0.0%	1	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%
	Narcotic Treatment Services	0	0.0%	78	0.8%	0	0.0%	90	0.9%	0	0.0%	71	0.7%
	Other	955	12.2%	955	10.2%	917	12.6%	917	9.2%	831	11.2%	831	8.4%
	Other Total	7,807	100.0%	9,334	100.0%	7,276	100.0%	9,977	100.0%	7,440	100.0%	9,948	100.0%
State-wide	Case Management	34,950	49.6%	35,059	43.2%	32,058	47.0%	32,202	36.5%	31,207	0.0%	31,381	35.9%
	Community Support Program	167	0.2%	167	0.2%	169	0.2%	169	0.2%	147	0.0%	147	0.2%
	Comprehensive Community Services	0	0.0%	0	0.0%	6	0.0%	6	0.0%	10	0.0%	10	0.0%
	Inpatient	1,309	1.9%	2,293	2.8%	1,345	2.0%	3,263	3.7%	1,151	0.0%	3,014	3.4%
	Medical Day Treatment	1,104	1.6%	1,104	1.4%	1,644	2.4%	1,644	1.9%	1,486	0.0%	1,486	1.7%
	Narcotic Treatment	0	0.0%	1,328	1.6%	0	0.0%	1,596	1.8%	0	0.0%	1,620	1.9%
	Outpatient	19,688	27.9%	27,198	33.5%	20,013	29.3%	35,795	40.5%	20,730	0.0%	37,174	42.5%
	Outpatient Services in the Home & Community	602	0.9%	608	0.7%	418	0.6%	425	0.5%	506	0.0%	511	0.6%
	SA Day Treatment	0	0.0%	789	1.0%	0	0.0%	650	0.7%	0	0.0%	619	0.7%
	Other	12,700	18.0%	12,700	15.6%	12,542	18.4%	12,542	14.2%	11,546	0.0%	11,546	13.2%
	State-wide Total	70,520	100.0%	81,246	100.0%	68,195	100.0%	88,292	100.0%	66,783	0.0%	87,508	100.0%

Notes:

1 Other includes Native American tribes, out-of-state, and unidentified clients.

2 County clients represent those reported to the Department of Health Services on the Human Services Reporting System (HSRS).

3 Total clients are unduplicated for the service type and include individuals served through other publically funded systems (e.g., MA Fee-for-Service, BadgerCare, SSI, and Family Care).

Source: Wisconsin Department of Health Services Medicaid claims, managed care encounter, family care encounter, and Human Services Reporting System data sets.

- Total duplicated consumers receiving substance abuse services reported by counties represented an average of 80 percent of all publicly funded substance abuse services provided from 2005 to 2007.
    - The percentage of duplicated consumers served compared to all publicly funded substance abuse services ranged from a high of 84.6 percent (southern region) to a low of 77.1 percent (western region).
- Total duplicated consumers receiving substance abuse services reported by counties decreased 5.3 percent from 2005 to 2007.
    - The northern region had the only percentage increase in duplicated consumers at 2.6 percent.
    - The southeastern region had the largest percentage decrease in the number of duplicated consumers at 8.8 percent followed by the northeastern region at 6.1 percent.
- Case management services represented the largest percentage of services provided to duplicated consumers receiving substance abuse services reported by counties at 49.6 percent statewide.
    - The percentage of case management services ranged from a high of 64.5 percent (northeastern region) to a low of 35.1 percent (southern region).

- Outpatient services represented the next largest percentage of services provided to duplicated consumers receiving substance abuse services reported by counties at 27.9 percent statewide.
    - The percentage of outpatient services ranged from a high of 32.8 percent (northern region) to a low of 24.7 percent (northeastern region).
- Inpatient services represented the 1.9 percent of services to duplicated consumers receiving substance abuse services reported by counties.
    - The percentage of inpatient services for substance abuse ranged from a high of 3.2 percent (northern region) to a low of 0.5 percent (southern region).

Summary of Expenditures

Total expenditures for the publicly funded MH/SA systems included in this study have grown from $577.6 million in 2005 to $642.3 million in 2007. Nearly three-fourths of these expenditures are funded through the county human service, community program and social service departments, with the remainder nearly equally distributed between the Medicaid fee-for-service and managed care systems. **Table 10** provides a summary of total expenditures by age group and target population between 2005 and 2007.

Unlike the information regarding consumers served presented in **Table 9**, which was entirely generated from data compiled from the Medicaid, encounter, and Human Services Reporting System (HSRS) data sets, the expenditure information for **Table 10** was developed from two sources, including the Medicaid/encounter data sets and the Human Services Revenue Report (HSRR). Counties do not report expenditures by service type in HSRR, and only report total costs by target population in broader age categories (e.g. under 18 and over 18). Therefore, the age groupings differ from those in the consumers served data. Correspondingly, since counties do not report on the costs at the service level on the HSRR, the report was unable to include a breakdown of expenditures at that level.

Table 10 – Summary of Expenditures by Age Group (2005-2007)

	2005			2006			2007		
	Under 18	Over 18	Total	Under 18	Over 18	Total	Under 18	Over 18	Total
Mental Health	$ 139,145,908	$ 347,315,298	$ 486,461,206	$ 162,378,303	$ 371,457,431	$ 533,835,735	$ 163,223,575	$ 382,849,972	$ 546,073,546
Substance Abuse	9,741,596	81,419,129	91,160,725	10,890,547	92,314,528	103,205,075	10,854,372	85,369,665	96,224,037
Total	$ 148,887,504	$ 428,734,427	$ 577,621,931	$ 173,268,851	$ 463,771,959	$ 637,040,810	$ 174,077,946	$ 468,219,637	$ 642,297,583

Sources:
Wisconsin Department of Health Services Medicaid claims, managed care encounter, and family care encounter data sets.
Wisconsin Department of Health Services Human Services Revenue Report (2006 and 2007).
Wisconsin Department of Health Services Human Services Reporting System 942 Report (2005).

Overall highlights of MH/SA spending between 2005 and 2007 include:

- Total expenditures for MH/SA services increased 11.2 percent between 2005 and 2007.
    - Total mental health expenditures increased 12.3 percent between 2005 and 2007.
    - Total substance abuse expenditures increased 5.6 percent between 2005 and 2007.

- Approximately 73 percent of all MH/SA services are for consumers over the age of 18. This population group represents 72 percent of Wisconsin's total population.

    - An average of approximately 70 percent of all mental health expenditures were consumers over the age of 18.
    - An average of approximately 90 percent of all substance abuse expenditures were consumers over the age of 18.

- Mental health services represent an average of 84 percent of all expenditures for MH/SA services.

    - Mental health services represent 81 percent of all expenditures for consumers over the age of 18 compared to 94 percent for those under 18.

Table 11 provides a summary of the per capita MH/SA expenditures across the total population at the regional level. This data includes consumers served by all of the publicly funded systems included in this study, not just those receiving services through the county MH/SA system. Because of the variation in the size and budgets for programs in each of the five DHS regions, standardizing the data based on a per capita basis provides a better measure from which to gauge the overall investment in services provided. However, based strictly on actual expenditure levels, the following picture develops:

- Four of the five DHS regions' expenditures as a percentage of the statewide totals varied when compared to the percentage of Wisconsin's total population:

    - The southeastern region had the largest variance, with 43.4 percent of all statewide expenditures in MH/SA over the three years, but only 37.2 percent of Wisconsin's population.
    - The northeastern region represented 18.3 percent of all expenditures in MH/SA over the three years and represented 21.5 percent of Wisconsin's population.
    - The southern region represented 15.9 percent of all expenditures in MH/SA over the three years and represented 19.1 percent of Wisconsin's population.
    - The western region represented 11.9 percent of all expenditures in MH/SA over the three years and represented 13.5 percent of Wisconsin's population.

Table 11 – Summary of Per Capita Expenditures by DHS Region (2005-2007)

	2005			2006			2007		
	Mental Health	Substance Abuse	Total	Mental Health	Substance Abuse	Total	Mental Health	Substance Abuse	Total
Northeastern	$ 72.06	$ 13.42	$ 85.48	$ 81.38	$ 15.56	$ 96.95	$ 85.45	$ 16.40	$ 101.85
Northern	83.47	19.82	103.29	100.14	23.46	123.60	98.90	23.94	122.84
Southeastern	106.53	19.10	125.63	111.53	21.69	133.21	111.48	17.68	129.16
Southern	71.54	15.89	87.43	77.08	17.02	94.10	80.88	15.54	96.42
Western	77.34	12.44	89.78	87.42	13.22	100.64	89.15	14.76	103.92
Wisconsin	$ 86.52	$ 16.43	$ 102.96	$ 94.24	$ 18.49	$ 112.72	$ 95.92	$ 17.14	$ 113.06

Notes:

1 Other includes Native American tribes, out-of-state, and unidentified clients.

Sources:

Expenditures: Wisconsin Department of Health Services Medicaid claims, managed care encounter, and family care encounter data sets Wisconsin Department of Health Services Human Services Revenue Report (2006 and 2007). Wisconsin Department of Health Services Human Services Reporting System 942 Report.

Population: Table 1: Annual Estimates of the Population for Counties of Wisconsin: April 1, 2000 to July 1, 2007 (CO-EST2007-01-55), Population Division, U.S. Census Bureau Release Date: March 20, 2008

- Per capita expenditures for both mental health and substance abuse services ranged from an average high of approximately $129 (southeastern region) to a low of $93 (southern region).
    - Per capita expenditures for mental health services ranged from an average high of $110 (southeastern) to a low of $77 (southern).
    - Per capita expenditures for substance abuse services ranged from an average high of $22 (northern) to a low of $13 (western).
- The southeastern region consistently had significantly higher rates of per capita expenditures than the statewide rate or other regions for both mental health and substance abuse services in each of the three years.
    - The northeastern, southern and western regions consistently had lower per capita expenditures for both mental health and substance abuse services than the statewide rate.
- The northern region consistently had significantly higher rates of per capita expenditures than the statewide rate or other regions for substance abuse services in each of the three years, averaging 12 percent above the statewide rate.

Table 12 and Table 13 provide a summary of per capita expenditures by revenue source for county reported MH/SA services in 2006 and 2007 based on DHS regions.

Table 12 – Summary of 2006 County MH/SA Per Capita Expenditures by Revenue Source

DHS Region	County Revenue/ Tax Levy	Basic County Allocation	MA Fee for Service	WIMCR	3rd Party Collections	Client Fees/ Donations	All Other Revenue	Total Revenue
Southern	$ 25.93	$ 14.67	$ 13.08	$ 2.95	$ 1.40	$ 2.63	$ 11.11	$ 71.78
Northern	28.53	14.69	9.03	1.66	9.58	2.85	12.78	$ 79.12
Western	23.49	15.15	6.23	2.12	1.46	3.45	19.20	$ 71.09
Northeastern	29.46	15.15	3.81	3.05	5.36	3.44	13.52	$ 73.79
Southeastern	24.00	19.33	13.53	1.57	7.60	3.85	31.68	$ 101.57
Wisconsin	$ 25.82	$ 16.55	$ 10.04	$ 2.22	$ 5.26	$ 3.38	$ 20.48	$ 83.76

Source:
Department of Health Services, "Human Services Revenue Report," 2006.

Table 13 – Summary of 2007 County MH/SA Per Capita Expenditures by Revenue Source

DHS Region	County Revenue/ Tax Levy	Basic County Allocation	MA Fee for Service	WIMCR	3rd Party Collections	Client Fees/ Donations	All Other Revenue	Total Revenue
Southern	$ 27.38	$ 14.78	$ 13.76	$ 2.07	$ 0.88	$ 2.41	$ 12.13	$ 73.41
Northern	27.68	13.72	10.72	3.44	10.62	1.59	11.40	$ 79.18
Western	22.31	16.50	6.61	1.98	1.30	3.32	21.52	$ 73.54
Northeastern	31.41	15.76	5.04	1.96	3.82	4.41	16.18	$ 78.58
Southeastern	21.60	17.88	14.07	2.23	8.32	3.71	29.08	$ 96.91
Wisconsin	$ 25.34	$ 16.27	$ 10.86	$ 2.22	$ 5.20	$ 3.34	$ 20.50	$ 83.73

Source:
Department of Health Services, "Human Services Revenue Report," 2007.

- The southeastern region had the highest county-based per capita expenditures for combined MH/SA services in both 2006 and 2007 at $102 and $97 respectively; however, as noted above, it had the lowest rate of consumers served per 1,000 of the total population.

- The northern region, which had a significantly higher rate of consumers served per 1,000 of the total population compared to the other DHS regions and the state overall, had total per capita expenditures below the state rate in both 2006 and 2007.

- Combined per capita funding ranged from a two-year average high of $99 (southeastern) to a low of $72 (western).
  - The western region had the lowest rate of per capita spending on MH/SA services and also had the second lowest rate of consumers served per 1,000 of the total population.

- The northeastern region had the highest county based per capita expenditures for combined MH/SA services funded from county levy and BCA in both 2006 and 2007 at $45 and $47 respectively.

  - Combined per capita funding from county levy and BCA ranged from an average high of $46 (northeastern) to a low of $38 (western).

- The northeastern region had the highest county based per capita expenditures for combined MH/SA services funded from county levy in both 2006 and 2007 at $29 and $31 respectively.

    - Combined per capita funding from county levy ranged from an average high of $30 (northeastern) to a low of $23 (southeastern).

State Mental Health Institute Utilization

In addition to the information gathered from Medicaid, encounter, HSRS, and HSRR that has formed the basis for the service and expenditures summaries presented in this section, DHS also provided data regarding discharges from the state mental health institutes. This information provides some perspective on how the institutes are used, with key measures indicating the number of discharges per 1,000 of the total population, average lengths of stay, and the number of discharges with a length of stay of three days or less. In addition to the rates for each of the regions, the information presented in the tables also includes the range within each of the regions.

Table 14 provides a summary by DHS region of the number of discharges per 1,000 of the total population from the state mental health institutes over a three year period.

Table 14 – Discharges per 1,000 Population from State Mental Health Institutes by Region (2005-2007)

	2005			2006			2007		
DHS Region	Discharges per 1,000 Population	Regional High	Regional Low	Discharges per 1,000 Population	Regional High	Regional Low	Discharges per 1,000 Population	Regional High	Regional Low
Southern	0.79	2.38	0.24	0.85	2.49	0.29	0.97	2.48	0.28
Northern	0.39	0.68	0.00	0.42	0.63	0.12	0.38	0.53	0.07
Western	0.32	1.09	0.00	0.33	1.11	0.02	0.28	0.65	0.05
Northeastern	0.39	4.13	0.05	0.45	3.03	0.05	0.54	3.47	0.08
Southeastern	0.24	1.65	0.01	0.30	1.57	0.02	0.28	1.35	0.01
Wisconsin	0.47	4.13	0.00	0.49	3.03	0.02	0.49	3.47	0.01
Notes: Includes only individuals discharged during the calendar year regardless of admission date.									
Source: Department of Health Services, Division of Mental Health & Substance Abuse									

- The rate of discharge from Wisconsin's state mental health institutes per 1,000 of the total population remained consistent between 2005 and 2007.

    - All regions other than the northern and western experienced an increase in discharge rates ranging from a high of 36.9 percent (northeastern) to a low of 16.3 percent (southeastern).

- The southern region consistently had significantly higher discharge rates than the statewide rate or other regions.

- The western and southeastern regions consistently had lower discharge rates than the statewide rate or other regions.

Table 15 provides a summary of the average lengths of stay in state mental health institutes between 2005 and 2007.

- Average lengths of stay in state mental health institutes have decreased 10 percent each between 2005 and 2006 and between 2006 and 2007. The overall rate of decrease in average lengths of stay was 19.6 percent statewide between 2005 and 2007.
    - All regions other than the northern region experienced a decrease in average lengths of stay ranging from a high of 30.5 percent (northeastern) to a low of 14.5 percent (southeastern).
- The northern and western regions consistently had higher rates in average lengths of stay than the statewide rate or other regions.
- The southern and southeastern regions consistently had lower rates in average lengths of stay than the statewide rate or other regions.

Table 15 – Average Lengths of Stay in State Mental Health Institutes by Region (2005-2007)

	2005			2006			2007		
DHS Region	Average Length of Stay	Regional High	Regional Low	Average Length of Stay	Regional High	Regional Low	Average Length of Stay	Regional High	Regional Low
Southern	24.36	55.47	7.69	20.80	38.36	6.22	19.42	32.35	7.40
Northern	47.18	118.00	10.43	34.99	59.85	0.00	50.98	143.83	11.86
Western	46.20	318.75	0.00	36.30	91.47	0.00	38.29	190.33	9.59
Northeastern	38.19	135.35	3.25	36.84	178.67	11.43	26.55	68.00	7.21
Southeastern	28.77	131.00	15.24	29.38	70.46	13.35	24.60	53.30	15.59
Other	50.76	n/a	n/a	50.51	n/a	n/a	54.05	n/a	n/a
Wisconsin	33.10	318.75	0.00	29.60	178.67	0.00	26.60	190.33	7.21
Notes: Includes only individuals discharged during the calendar year regardless of admission date.									
Source: Department of Health Services, Division of Mental Health & Substance Abuse									

Table 16 provides a summary of the number of discharges of three days or less per 1,000 of the total population by DHS region. Over the three year period between 2005 and 2007, an average of 54 counties had at least one discharge with a length of stay of three days or less. The average number of discharges of three days or less increased from 13 stays in 2005 to 14.4 stays in 2006 and 16.5 stays in 2007. The highest number of discharges of three days or less from any one county was 80 in 2005, 79 in 2006, and 97 in 2007. During these three years, 11 counties had 20 or more discharges with lengths of stay of three days or less in 2005, with 13 counties in both 2006 and 2007.

Table 16 – Average Lengths of Stay in State Mental Health Institutes by Region (2005-2007)

	2005			2006			2007		
DHS Region	Discharges 3 days or less per 1,000 Population	Regional High	Regional Low	Discharges 3 days or less per 1,000 Population	Regional High	Regional Low	Discharges 3 days or less per 1,000 Population	Regional High	Regional Low
Southern	0.23	0.95	0.06	0.27	1.07	0.08	0.32	1.12	0.03
Northern	0.07	0.16	0.00	0.09	0.35	0.00	0.05	0.15	0.00
Western	0.09	0.54	0.00	0.10	0.68	0.00	0.06	0.30	0.00
Northeastern	0.15	1.10	0.00	0.17	1.74	0.00	0.20	1.52	0.00
Southeastern	0.08	0.56	0.00	0.09	0.39	0.00	0.10	0.55	0.00
Wisconsin	0.12	1.10	0.00	0.14	1.74	0.00	0.17	1.52	0.00
Notes: Includes only individuals discharged during the calendar year regardless of admission date.									
Source: Department of Health Services, Division of Mental Health & Substance Abuse									

- The rate of discharge from state mental health institutes of three days or less per 1,000 of the total population have consistently increased between 2005 and 2007.
    - The northern and western regions were the only regions that experienced a decrease in discharge rates of three days or less at 35.4 percent and 32.9 percent respectively.
- The northern, western, and southeastern regions consistently had significantly lower discharge rates of three days or less when compared to the statewide rate or other regions.
- The southern and northeastern regions consistently had higher discharge rates of three days or less when compared to the statewide rate or other regions.

D. State Managed Care Initiatives

One of the key objectives of the MH/SA Infrastructure Study was to review other state initiatives that impact the public MH/SA system. These include the state's Medicaid managed care programs: BadgerCare, SSI Managed Care and Family Care. Individuals with MH/SA issues who are enrolled in these managed care programs do not typically become eligible for them due to their MH/SA diagnosis. However, all of these programs serve individuals with MH/SA issues and all provide some MH/SA services within their benefit packages.

- **The Family Care Program** is a comprehensive and flexible managed long-term care benefit for the elderly and individuals with disabilities. When a person decides to enroll in Family Care, they become a member of a managed care organization (MCO), which manages and delivers the Family Care benefit. The Family Care benefit combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences. As of October 2009, Family Care is operating in 48 counties in the state, with planned expansion to an additional 16 counties anticipated in 2010 or 2011 (see DHS Family Care implementation map in **Appendix B**). **Table 17** describes program eligibility and MH/SA benefits for the Family Care program.

Table 17 – Family Care Program MH/SA Benefits

Family Care	
Program Eligibility	Individuals who meet the following criteria (defined by the Family Care Managed Care Organization (MCO)) are eligible to enroll: • Frail older adults (65 years or older; age 60 or older in Milwaukee County) • People with physical disabilities (17 years, 9 months or older) • People with developmental disabilities (17 years, 9 months or older) Persons must be financially eligible for Medicaid. They must also be functionally eligible as determined via the long-term care functional screen or grandfathered for Family Care functional eligibility prior to enrollment and annually thereafter.
Assessment and Service Plan	A comprehensive assessment is the initial and ongoing process employed by the interdisciplinary team (IDT) to identify the member's needs and strengths, preferences, informal supports, and outcomes. The assessment is also used to identify any ongoing conditions of the member that require a course of treatment or regular care monitoring. The assessment includes identification of mental health, cognition and substance abuse issues. The individual service plan (ISP) addresses comprehensive service needs regardless of whether the service is covered in the long-term care benefit package or there is another source of payment (e.g., Medicare, Medicaid fee-for-service, private insurance).
MH/SA Services	Service definitions in the Family Care benefit package include: **Counseling and therapeutic resources** are services that are needed to treat a personal, social, behavioral, cognitive or MH/SA disorder. Services are usually provided in a natural setting or service office. Services include: counseling to assist in understanding capabilities and limitations or assist in the alleviation of problems of adjustment and interpersonal relationships, recreational therapy, music therapy, nutritional counseling, medical and legal counseling, and grief counseling.
	State Plan services in the Family Care benefit package include: • **Mental health and AODA services** defined in HFS 107.13 (not inpatient or physician provided) • **AODA day treatment services** defined in HFS 107.13 (in all settings) • **Community support program** defined in HFS 107.13 (6) • **Mental health day treatment services** defined in HFS 107.13 (in all settings)
	Services coordinated through Medicaid fee-for-service – for members who are Medicaid beneficiaries, the following Medicaid services remain fee-for-service: • Mental health services provided by a physician or in an inpatient setting • Substance abuse services provided by a physician or in an inpatient setting

SOURCES
- Family Care Programs Contract between DHS Division of Long Term Care and [MCO] - January 1, 2009–December 31, 2009
- DHS Web site - http://dhs.wisconsin.gov/

- **The BadgerCare Plus Program** merges Family Medicaid, BadgerCare, and Healthy Start to form a comprehensive health insurance program for low income children, families, and childless adults. The BadgerCare Plus Core Plan (for adults without dependent children) expansion of the BadgerCare Plus program is the second step in a comprehensive strategy to ensure access to affordable health insurance for virtually all Wisconsin residents. BadgerCare Plus is available in all counties. In most counties BadgerCare Plus is provided through HMOs (health plans) and in a few it is provided

through fee-for-service (see DHS BadgerCare Plus HMO participation map in **Appendix B**). Different benefit plans in this managed care program include:

- **Standard Plan:** The BadgerCare Plus Standard benefit plan is available to children, parents and caretaker relatives, young adults aging out of foster care, and pregnant women with incomes that meet specific thresholds. This plan is a full benefit insurance plan.

- **Benchmark Plan:** The BadgerCare Plus Benchmark benefit plan is available to children and pregnant women with incomes above 200 percent of the federal poverty level (FPL), certain self-employed parents, and other caretaker relatives. This plan provides more limited services than the Standard Plan.

- **Core Plan:** The BadgerCare Plus Core benefit plan covers basic health care services to adults who do not otherwise qualify for Medicaid or the Standard/Benchmark Plans. The plan includes primary and preventive care, as well as generic prescription drugs and a limited number of brand name prescription drugs.

- **The SSI Medicaid Managed Care Program** is a group of health plans that provide comprehensive health care services. Medicaid SSI provides the same services as regular Medicaid plus health care coordination, a benefit that brings the services of primary and specialty providers and community agencies together. Health care coordination helps people with special health care needs get the best possible care, including people with disabilities and other chronic medical conditions. SSI Managed Care is operating in more than 40 counties in the state (see DHS SSI Managed Care map in **Appendix B**).

Table 18 on the next page contains summary information for the BadgerCare and SSI Managed Care programs. The table in **Appendix B** provides additional and more detailed information and contractual language describing the HMO-contracted MH/SA benefits and limitations, cost sharing, and HMO provider and care coordination requirements for these managed care programs. As **Tables 17 and 18** show, there are differences in MH/SA benefits coverage among the various Medicaid managed care programs. While there are distinctions that exist among the Medicaid managed care programs, the variations that exist between the managed care programs and the county-administered MH/SA services are much greater and more significant.

One of the study's key findings is that Wisconsin appears to have **two primary and very distinct publicly funded systems that serve individuals with MH/SA issues**: one is the county-administered service delivery system and the other is the system of Medicaid managed care programs. While service eligibility requirements and benefit requirements in the contract for services for the managed care programs are clearly defined, specific and consistent, county-based system service eligibility and coverage are not well defined, and are broad and subject to significant variation among counties. This results in system complexity, inconsistency and fragmentation, and may lead to conflict between the two systems. Some of the challenges and problems resulting from this system fragmentation and inconsistency were identified by the counties participating in the targeted county review. The results of the targeted county review are summarized in **Section IV**.

Table 19 – Medicaid Managed Care Health Plans - MH/SA Services Contracted Benefits

	BadgerCare Plus			Medicaid SSI
	Standard	**Benchmark**	**Core Plan**	
Eligibility	• Children • Pregnant women • Parents and caretaker relatives • Young adults who are leaving foster care when they turn 18 (regardless of income) • Parents with incomes up to 200 percent Federal Poverty Level (FPL) who have kids in foster care The family's gross monthly income must be at or below the monthly income limit.	• Children and pregnant women with incomes above 200 percent of the FPL • Certain self-employed parents, and other caretaker relatives	Childless adults (ages 19 to 64) with income levels below 200 percent of the FPL. Other eligibility criteria includes people who : • Do not have children or do not have dependent children, under age 19 living at home; • Are not pregnant; • Do not have or have access to private/employer health insurance coverage when requesting Core Plan coverage or in the 12 months before that date; and • Are not getting BadgerCare Plus, Medicaid or Medicare.	Adults age 19 years or older meeting these criteria: • Living in the HMO service area • Receiving Medicaid SSI or SSI-related Medicaid because of a disability • Not living in an institution or nursing home, or participating in the Home and Community Waivers Program.
MH/SA Services	• Inpatient hospital services • Outpatient services • Day Treatment • Prescription drugs • Assessments • Court-related children's services • Court-related substance abuse services • Emergency detention and court-related mental health services • Transportation following emergency detention • Services for children who are institutionalized	• Inpatient hospital services* • Outpatient services* • Day Treatment* • Prescription drugs • Assessments • Court-related children's services • Court-related substance abuse services • Transportation following emergency detention • Services for children who are institutionalized *Specific limits noted below	• Coverage is provided for treatment or services by a psychiatrist or physician only • Prescription drugs	• Inpatient hospital services • Outpatient services • Day Treatment • Prescription drugs • Assessments • Court-related substance abuse services • Emergency detention and court-related mental health services • Transportation following emergency detention
Limitations	• No limitations are allowed for treatment that is medically necessary • Covered hospitalization for persons 21-64 years of age includes stays in a general acute care hospital only • Prescription drugs include generic, brand name, and some over-the–counter (OTC) drugs • Members are automatically enrolled in *Badger Rx Gold*	*Limitations/enrollment year:* • MH/SA services may be limited to a total of $7,000 • Hospitalization is limited to 30 days • Hospitalization for substance abuse in a general acute hospital may be limited to $6,300 • Outpatient services for substance abuse may be limited to $4,500 (includes $2,700 for substance abuse day treatment)	• Coverage is limited to services provided by a psychiatrist or physician only • Generic only formulary prescription benefit with a few generic OTC drugs • Brand name mental health drugs are covered only for persons previously covered under the General Assistance Medical Program • Members are automatically enrolled in *Badger Rx Gold*	• Wisconsin Medicaid requires contracted HMOs to provide all medically necessary Medicaid-covered services; no limitations are allowed for treatment that is medically necessary • Covered hospitalization for persons 21-64 years of age includes stays in a general acute care hospital only • Prescription drugs include generic, brand name, and some OTC drugs

Table 19 – Medicaid Managed Care Health Plans - MH/SA Services Contracted Benefits

	BadgerCare Plus			Medicaid SSI
	Standard	**Benchmark**	**Core Plan**	
		Other limitations: • Generic only formulary prescription drug benefit with a few generic OTC drugs; brand name drugs are available through *Badger Rx Gold* • Members are automatically enrolled in *Badger Rx Gold*		
Services Covered through Medicaid Fee-for-Service	• Community Support Program (CSP) • Crisis intervention services (coordination is required) • Expenditures for persons on convalescent leave from an institution for mental disease (IMD)	• Expenditures for persons on convalescent leave from an institution for mental disease (IMD)	N/A	• CSP • Crisis intervention services (coordination is required) • Expenditures for persons on convalescent leave from an institution for mental disease (IMD)
Non-Covered services	• Services for persons 21-64 years of age when a resident of an IMD	• Crisis intervention services • CSP • Comprehensive Community Services (CCS) • Outpatient services in the home and community for adults • Substance abuse residential treatment	• Inpatient psychiatric stays in an IMD or psychiatric ward of a general acute hospital • Outpatient services, except services provided by a psychiatrist or physician • Day treatment • Assessments • Emergency detention and court-related services of any kind • Transportation following emergency detention • Crisis intervention services • CSP • CCS • Outpatient services in the home and community • Substance abuse residential treatment	• Services for persons 21-64 years of age when a resident of an IMD
Exemptions	Requests for exemption from HMO enrollment or disenrollment from the HMO may be considered for members meeting certain criteria.		N/A	N/A

NOTE: This table contains summary information only. Please refer to Appendix B for additional information and contractual language describing the HMO-contracted MH/SA benefits and limitations, cost sharing, and HMO provider and care coordination requirements for these services.

SOURCES

- Contract for BadgerCare Plus and/or Medicaid SSI between the HMO and the Department of Health Services, February 1, 2008 – December 31, 2009
- Department of Health Services Web site - http://dhs.wisconsin.gov/