

## **Funding for Public Mental Health Services in Wisconsin**

### **History of Funding**

Public mental health services in Wisconsin are funded primarily at the county level.

State provides Community Aids, federal Mental Health Block Grant funds and Medicaid reimbursement.

Community Aids Basic County Allocation is flexible and matchable but hasn't been increased in 30 years.

Mental Health Block Grant funds have increased but have limited uses and are not matchable.

Medicaid is the major state funding source for county mental health services.

County tax levy funds are restricted due to state levy limits.

### **Medicaid Funding**

Medicaid is available for low-income adults up to 100% of poverty and children up to 300% of poverty.

Some services such as out-patient treatment and Comprehensive Community Services (CCS) are funded 100%, meaning the state pays the non-federal share of Medicaid (40%) and passes through the federal share (60%).

Other services such as Crisis and Community Support Program (CSP) the state only passes through the 60% federal share and counties must provide the non-federal match.

To claim Medicaid counties must be certified as Medicaid providers. Due to the local match requirement, some counties are not certified to claim Crisis or CSP. The extent of Crisis and CSP services varies across counties due to the local match requirement.

A 2019 law change provides partial state funding for the non-federal share of Crisis, but the law change created a maintenance of effort (MOE) requirement that negatively impacts some counties.

Counties pay the full cost of mental health services to persons who are not Medicaid eligible. The non-Medicaid proportion of the mental health population varies by county, from 20% in counties with high poverty rates to 50% in counties with low poverty rates.

### **County Budget Request**

Counties want full state funding for the non-federal share of Crisis and CSP services, similar to CCS and out-patient treatment.

Full funding for Crisis would require \$21 million annually of additional state GPR funds.

Full funding of CSP would require \$20 million annually of additional state GPR funds.

Full state funding would equalize the availability of Crisis and CSP services across counties.

Counties will remain responsible for the full cost of Crisis and CSP services to persons who are not Medicaid eligible.