

Make It Work Milwaukee! Coalition

Strengthening Milwaukee County through better health and human services

Alzheimer's Association,
SE Wisconsin Chapter
American Red Cross in
Southeastern Wisconsin
Autism Society of Southeastern
Wisconsin
Automated Health Systems
Bell Therapy, Inc.
Curative Care Network
Coalition of Wisconsin Aging
Groups
Community Advocates
Disability Rights Wisconsin
Easter Seals Southeast Wisconsin
Eisenhower Center
Goodwill Industries of Southeastern
Wisconsin, Inc.
Grand Avenue Club, Inc.
Guest House of Milwaukee, Inc.
HealthWatch
Impact
IndependenceFirst
Independent Care Health Plan
Interfaith Conference of Greater
Milwaukee
Jewish Community Relations
Council of the Milwaukee Jewish
Federation
Jewish Family Services
Justice 2000, Inc.
Life Navigators (Formerly ARC)
Managed Health Services
Mental Health America of Wisconsin
Meta House, Inc.
Milwaukee Mental Health Task
Force
Milwaukee Aging Consortium
Milwaukee Center for Independence
M&S Clinical Services
NAMI Greater Milwaukee
Options for Community Growth, Inc.
Our Space, Inc.
Partnership Council Public Policy
Committee
Public Policy Committee, Milwaukee
Child Abuse Prevention Services
Coalition
Rosalie Manor Community & Family
Services, Inc.
Southeast Wisconsin ADAPT
St. Anne's Salvatorian Campus
Transitional Living Services, Inc.
United Cerebral Palsy of Southeast
Wisconsin
UEDA
Vision Forward Association
Vital Voices for Mental Health
Wisconsin Community Services, Inc.
Wisconsin Council on Children
and Families
Gwen Jackson

Make It Work Milwaukee! Coalition 2013 County Budget Priorities (8/3/12)

The Make It Work Milwaukee! Coalition presents the following 2013 Milwaukee County Budget priorities. Our cross-disability, aging, youth and family agencies represent thousands of individuals. Our members are on the frontlines working with people in need in our county and see firsthand the impact of record unemployment, loss of healthcare and a dramatic increase in requests for help.

We ask for your leadership to **preserve the critical safety net of services provided by Milwaukee County at this time of great need.** We urge you to close the budget deficit **not** by reducing essential services for those in need, but by a balanced approach that includes revenue increases as well as reasoned cuts where necessary. Options such as a property tax increase or vehicle registration fee should be on the table.

We pledge to work with you to continue to advocate for funding at the state and federal level. At this time of unprecedented need in our community, we must come together to ensure our Wisconsin values of maintaining a social safety net and a decent quality of life for all.

TRANSIT & PARATRANSIT SERVICES

Transit and paratransit services are critical to maintaining the independence of older adults and people with disabilities as many do not drive or own a vehicle because of their disability, aging, and/or because of limited income. When transportation is cut, not only are people with disabilities and seniors unable to work or get out in their community, but a caregiver may no longer be able to provide care when it is needed. Funding transit is a smart investment because it lowers government costs by helping people with disabilities and older adults to live independently and for many to be employed. Nearly half of transit use is for work related purposes.

- Support life in the community by fully funding the fixed route and paratransit system, maintain the paratransit service area, and maintain current fares.
- We are committed to working in partnership with Milwaukee County to find innovative ways to maintain service, such as the New Freedom pass.
- The State is a key partner in transit policy and funding. Advocates are working with Secretary Gottlieb, legislators, and state policy makers to make the case for equitable funding, local control, and enabling legislation for local communities to create RTAs.

MENTAL HEALTH SERVICES

Milwaukee County is at a critical time with redesign of our mental health system. We value the commitment of the County Executive and County Board to a system that is person centered, recovery oriented, and trauma informed, with far more options for services and supports in the community. Improving access to community services will ensure that more people with mental illness will be able to maintain their health and independence, and will provide more cost effective alternatives to expensive and often traumatizing crisis and inpatient care.

We urge you to prioritize the following in the 2013 BHD budget.

- Thank you for the "Community Investment" funding in the 2012 budget. It is essential to maintain these funds and invest in expanded community services and supports.

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- Move forward with downsizing Acute Care but invest the dollars saved from downsizing in community mental health services and supports. This was the recommendation of the HSRI study, the Community Advisory Board, the Redesign Task Force, and the County Board resolution (RES 11-516) signed by the County Exec last fall which states in part: "The county must commit to continued funding of mental health care services at current levels with any savings produced as a result of the transition to a community-based service delivery model reinvested into the program to allow for expanded community services". Similar language was in the adopted 2012 budget.
- The BHD budget request includes downsizing initiatives, but savings are not invested in community services such as outpatient mental health and substance abuse services, case management, and housing. The 2013 budget request actually spends less on Adult Community Services than in 2012 - Adult Community Services (Mental Health) is reduced overall by \$23,073 (p. 5), and community AODA services is reduced \$1,803,857 (10% reduction over current year adopted budget.) Investment in community services and reallocation of resources is key to responsible downsizing. If we decrease hospital beds and do not increase community services, there will be a significant human cost and increased use of crisis services and corrections.
- Aggressively pursue plans to expand community services including Comprehensive Community Services (CCS) and Community Recovery Services (CRS). Once implemented, these will provide evidence based services including supported employment, peer support, and psycho-social rehab to allow consumers to live with maximum independence in the community and reduce use of expensive, traumatizing crisis and inpatient services.
- Move forward with downsizing Hilltop. This will require development of quality community services and supports and the partnership of Family Care Managed Care Organizations (MCOs). We support the effort to increase the Hilltop rate for Family Care and Partnership members who are institutionalized at Hilltop to better reflect the daily rate of \$586. The current practice of charging (MCOs) a reduced rate and supplementing it with property tax levy, incentivizes institutional placements and is not a good use of tax levy. MCOs should develop quality community placements which will serve members in the most integrated setting as required by the law, and as envisioned when Family Care was developed.
- An expanded community system also requires a more robust and independent quality assurance and oversight function. We endorse the recommendations of the Redesign QA team and urge they be implemented.

MEDICAL AND MENTAL HEALTH CARE IN CORRECTIONS

The Jail and House of Correction have been under Court Order/Consent Decree since 2001 to improve medical and mental health care and have not yet met the substantial compliance requirement or demonstrated the ability to run without court order. Detainees continue to experience long delays with access to medication, delays with assessments, significant delays with access to psychiatric services, inappropriate placement of individuals with serious mental illness in disciplinary cells, and inadequate monitoring and oversight. There have been ten inmate deaths between 2007 – 2011, including at least four suicides. We continue to have serious concerns about the program's ability to meet its constitutional obligation to adequately address serious medical needs. Data provided by the Sheriff's office indicates that approximately 50% of inmates are screened as having a medical or mental health issue requiring additional assessment and potential treatment.

- Key leadership positions, including the Director of Medical Services, Medical Administrator, psychiatrists, and the Social Work Supervisor, remain vacant and must be filled as soon as possible.
- The formulary is out of date with medications that are not in alignment with current medical and psychiatric practice. Formularies at BHD and in Corrections should be reviewed and updated to be in alignment with current medical practice and to ensure that consumers have access to commonly used medications throughout the system.
- Any initiatives to outsource medical and mental health care should be approached with caution and with extensive analysis and evaluation by stakeholders. The new proposal from Armor Correctional Services provide medical services including mental health needs to be carefully evaluated to ensure that there is adequate staffing and that medical care is timely, accessible and meets quality standards and has independent oversight. The previous proposal from this vendor was unacceptable. It was reviewed by the court appointed medical monitor, Ronald Shansky, MD. In an August 30th 2011 letter, he wrote that: "their staffing plan and description of how the new dramatically reduced staffing would provide services was so unacceptable as to greatly increase the likelihood that the program would undergo further deterioration."

If the county moves forward with outsourcing these services to a private contractor, the contractor must be required to meet the standards set forth in the Consent Decree. An independent monitor will be essential to

ensure further compliance with the Consent Decree and quality medical and mental health care for inmates, as well as assist with obtaining certification by the National Commission on Correctional Health Care.

- The best solution is to improve access and quality of community based treatment so that individuals do not come into contact with the criminal justice system to begin with. Where this is not successful, programs to divert individuals from jail or prison or reduce recidivism can result in better long term outcomes; jail is not an evidence-based practice for mental health treatment.

SUPPORTS FOR PEOPLE WITH ALZHEIMERS DISEASE AND OTHER DEMENTIAS

The Supreme Court decision in Helen E.F. will have implications for every county in how to handle Involuntary commitment and protective placement proceedings for people with Alzheimer's disease and related dementias.

- People with Alzheimer's will no longer be subject to Chapter 51 proceedings, but will require services and assistance under Chapter 55. Therefore the county will need to identify additional Chapter 55 placement and treatment capacity. Concurrently, long term care facilities have an obligation to develop expertise, to ensure that the number of out placements is minimized and people's lives are less disrupted.
- We also recommend that the needs of people with Alzheimer's and related dementias be included in discussions about mental health redesign, because some mental health services, especially mobile crisis services, can be of benefit to treat people with Alzheimer's in place and avoid more costly and stressful inpatient services.

HOUSING

Affordable, accessible housing is key to supporting independence of people with disabilities. The need for such housing far exceeds the supply. There is also a severe shortage of accessible shelter beds.

- Support and expand funding for Supportive Housing for people with mental illness and community services which are key to its success: outpatient services, case management and onsite Peer Specialists. A small investment of county dollars is key to leveraging dollars from developers, foundations, and the federal government to provide affordable, accessible housing w/ supportive services for people with mental illness.
- We strongly support the creation of a Community Intervention Specialist who would assist consumers with securing housing, including outreach to those in jail, private hospitals, employers and the shelter system.

DISABILITY SERVICES

Disability Services provides important and unique expertise in serving youth and adults with disabilities from birth through age 59.

- Maintain contract services for people with disabilities and funding for the Interim Disability Assistance Program. These programs are key safety net for very vulnerable people, and especially important now given the cap on Family Care.
- IDAP, The Interim Disability Assistance Program, is also a sound investment as approximately 80% of the funds invested in IDAP come back to the County as when applicants are found eligible for SSI.
- Disability Benefit Specialists (DBS) provides benefits counseling at no charge to people with disabilities including mental illness. They assist Milwaukee County residents in accessing SSI/SSDI cash benefits and Medical Assistance. The program is currently understaffed with only 4 DBSs for the largest county in the state – other smaller counties have 2-3 DBSs. We urge investing in another DBS which will have the potential to bring millions in state and federal funds into our county by ensuring that uninsured people with disabilities obtain access to benefits.

2-1-1 @ IMPACT

Maintain funding for 2-1-1@IMPACT. The need for these services has surged as the unemployment has increased, including large increases in suburban areas which have had limited need in the past.

- About 40% of callers indicate that they or someone in their household is disabled;
- The call volume continues to soar, and will exceed 150,000 calls this year, an increase of 18% over last year;
- Additionally, the new public data base has over 100 individual searches each day, many by community (public and private) providers looking for resources for their clients;
- IMPACT 2-1-1 continues to be part of the community's infrastructure making many systems more efficient including the food pantries, shelters and health care. (IMPACT 2-1-1 ensures that only people eligible for these various services contact the provider)