



The Milwaukee Mental Health Task Force is committed to being a leader in identifying issues faced by all people affected by mental illness, facilitating improvements in mental health services, giving consumers and families a strong voice, reducing stigma, and implementing recovery principles.

**Milwaukee Mental Health Task Force Testimony
Milwaukee County Mental Health Board Meeting –
2018 BHD Budget Priorities**

**Susan Sigl, MMHTF Steering Committee
March 23, 2017**

Thank you, Chairman Shrout and members of the Milwaukee County Mental Health Board (MCMHB). On behalf of the Mental Health Task Force (MHTF) I appreciate the opportunity to offer testimony to the 2018 county budget priorities for the Behavioral Health Division (BHD) to support the administration and delivery of mental health and substance use disorder services in the county.

These recommendations that are offered on behalf of the MHTF are in direct response to the Legislative Audit Bureau's (LAB) audit and recommendation report of the MCMHB and its governance of the BHD. The MCMHB must lead the efforts of corrective action for the findings from the LAB report. While there is a recognition that it will be done in partnership with BHD and its stakeholders, the audit itself was an audit of the Mental Health Board and the Board's governance of the mental health and substance use disorder functions in the county.

At the February 2017 meeting of the MCMHB, the MHTF offered a response to the audit findings. The following recommendations are a first start at correcting the findings in the LAB report; most of the recommendations are being reintroduced from the testimony offered as part of last year's budget and the others provide a level of accountability to the individuals in need of mental health and substance use disorder services and to the taxpayers in the county.

Research Analyst to support the Mental Health Board and report directly to the Board. Board members are community volunteers who give of their time and expertise. They have taken on the oversight and governance role previously held by the County Board, but have not been provided with a dedicated staff support for their important oversight role. As proposed by board members in an amendment in 2016, the MHTF again recommends allocating \$90,000 for salary and fringe benefits to create a new full time Policy Research Analyst position reporting directly to the Mental Health Board. Responsibilities include providing fiscal and policy analysis as requested by the Board, helping the board to independently assess performance and outcome measures for key initiatives and projects, assisting in the completion of audits and other external evaluations, attending Board meetings, attending committee meetings, supporting Board members in drafting of amendments and motions, providing periodic reports as requested by members of the Board, helping to facilitate communication with members of the public as directed by members of the Board, and publicizing Board meetings and opportunities for public input, as directed by members of the Board.

Position responsibilities and salary/benefits are like those of the Research staff reporting to the Milwaukee County Comptroller in the Research Services Division. Authority to hire and terminate this individual would be vested solely with the Mental Health Board.

Development of a MCMHB Strategic Plan that is in alignment and driven by the responsibilities identified in Wis. Stat. 51.41(1s). The charge of the MCMHB is clearly identified in statute and the priorities and action of the Board must support these directives. The MHTF proposes the formation of an Ad-Hoc committee to create a 4-year strategic plan that will be supported by members of the MCMHB, diverse community stakeholders, individuals with lived experience, and administratively supported by the Research Analyst. A strategic plan clearly defines the purpose of the MCMHB and establishes realistic goals and objectives consistent with the statutory charge that can be communicated to the community. It also provides a base from which progress can be measured. Every fully functional board has a strategic plan from which to operate. The strategic plan should set agenda, determine budget priorities and funding allocation, and make the final determination on behavioral health policy in the county. It is the only sound way to govern and will achieve the goal of quality care that prioritizes community based services.

Crisis Assessment Response Teams (CART) Based on the success of the two CART teams currently operating, this recommendation would fund five additional clinicians from BHD's budget to allow for the following: an additional CART team with MPD to cover all shifts, an additional County wide CART team so coverage will be provided on all shifts, and as well three teams for West Allis to address the high number of Emergency Detentions initiated in West Allis. The cost is \$100,000 per team to cover the cost of a clinician for each team. Because this service can be billed to insurance, there is an estimate of revenue which will help to fund the CART teams.

Comprehensive Community Services (CCS) CCS is a benefit that should touch the lives of thousands of individuals in need of mental health substance use disorder services in creating a recovery pathway. To ensure access and move the CCS benefit to full implementation, the creation of a CCS Provider Relations/Network Development position to assist in the CCS expansion. This is a position that should be housed within the community at a non-CCS social service or advocacy agency. This position could conduct community outreach/education to homeless shelters, Milwaukee child welfare, faith-based organizations, criminal justice system, delinquency court services, hospital systems, etc., assist providers in becoming credentialed within the CCS network, and assist consumers in accessing services. The rollout of this benefit to children and adolescents must become a priority for the county as an early intervention strategy and to provide behavioral health services to some of the most in need of care.

Milwaukee Peer Run Respite are supportive home-like environments for individuals with mental health or substance use disorders that offer self-directed care run by individuals with lived experience. Currently there are three peer run respite locations in the state and given the size and need in the Milwaukee community this is a necessary addition that has been repeatedly supported by BHD administration. It's time to make peer run respite a reality. Peer run respite services are designed to support an individual's recovery, avert crises, and avoid hospitalizations. More importantly, it offers a service approach that is supported by decades' long research on the effectiveness of peer driven care. Given the past investments that BHD has made related to use of peers as providers, this strengthens the current continuum of care and espouses the core values of person-centered, recovery oriented care that is based in evidence.

GO Pass Changes. The 2017 Milwaukee County Budget has included changes to the GO pass which have had a significant negative impact on people with mental illness, many of them BHD clients. Many very low income individuals with a mental illness no longer qualify for a GO Pass because although they are disabled, they have not to date qualified for SSI or SSDI – some may be awaiting a disability determination which frequently takes many months. Previously the GO Pass provided free transportation and they were able to use the bus to apply for jobs, go to medical appointments, attend community programs such as the Recovery Center, and reconnect with families and friends who provide support.

Many of these individuals do not have income, and some are homeless. With the loss of the GO pass their isolation has increased, and they face significant barriers to continuing their recovery, seeking employment, getting to medical appointments, etc. Other low income individuals with a mental illness who are on SSI or SSDI are eligible for the GO pass but the new fee structure has limited their ability to access transportation. **At past listening sessions, Board members have been responsive to these concerns and indicated a willingness to allocate funds to help support transportation costs for BHD clients, recognizing that transportation is a key social determinant and vital to advancing recovery. We ask you to move forward with developing a plan to allocate these funds.**

Community Hubs. The Mental Health Task Force is eager to see the planned community “hubs”/ community centers be successful. As at past hearings, we continue to urge establishment of a planning committee that includes the community, including peers, advocates, and community providers, as well as housing and the Disability Resource Center. Because the timeline for Community Hubs has been delayed, we recommend exploration of other short term options for placing BHD community services staff in key community locations where they can more easily outreach and improve awareness of and access to community programs. This could be a similar model to the network of “navigators” who helped to support rollout of the ACA.

Divert people with mental illness from the corrections system. One of the duties of the Mental Health Board as listed in Act 203 is “**Diverting people experiencing mental illness from the corrections system when appropriate.**” We continue to hear concerns from stakeholders in the criminal justice system, including from psychiatrists and other clinicians who work with inmates at the Jail and House of Corrections, regarding the increase in the number of inmates with a mental illness or substance abuse diagnosis. Contributing factors to this increase are multifaceted and include the lack of community based service, limited capacity for crisis diversion such as Crisis Resource Centers, and policies at area emergency rooms including PCS that may turn away individuals who are acutely ill and experiencing a mental health crisis, because they have an open warrant. This further reinforces the need for more expansion of community and crisis services, including a focus on targeted evidence based interventions to divert individuals with mental illness from the criminal justice system. We encourage the Board to schedule a briefing from the Community Justice Council regarding the MacArthur Safety and Justice Challenge and the needed investments in the 2018 budget to advance this important initiative.

The MHTF believes these recommendations advance the charge in Act 203 for this Board to deliver a community-based, person-centered, recovery-oriented system that seeks to protect the personal liberties of individuals living with mental health and substance use disorders. These are a solid first step in obtaining dedicated support to the Board for improved communication, organization, and informed decision-making. If adopted as proposed, these recommendations reduce the reliance on inpatient care and provide this community accountability and direction in the provision and operation of behavioral health services. I would like to thank Chairman ShROUT and the members of the MCMHB for this opportunity to provide these recommendations and ask that they are given serious consideration for adoption.