Make It Work Milwaukee! Coalition

Strengthening Milwaukee County through better health and human services

Date: August 2, 2013

To: County Executive Chris Abele

Re: Priorities for 2014 Milwaukee County Budget

From: Make It Work Milwaukee Coalition, Co-Chairs
Barbara Beckert, Disability Rights Wisconsin, 414-773-4646/ 414-719-1034
Tom Hlavacek, Alzheimer's Association of Southeastern WI, 414-479-8800

We are writing to you on behalf of the Make It Work Milwaukee Coalition to share our priorities for the 2014 Milwaukee County budget and respectfully ask you to consider these as you craft your budget for 2014. *Make It Work Milwaukee!* is a cross-disability and aging coalition that is dedicated to supporting a meaningful life in the community for people with disabilities, including mental illness, and older adults. Our priorities for the biennial budget include investments in services and supports that will support an independent life for people with disabilities and older adults, and maximize their opportunities to be contributing members of our community.

We appreciated the opportunity to review the 2014 budget requests prepared by members of your administration. Attached to this letter is a detailed review of the department budget requests that are most relevant to our coalition priorities. At the recent budget briefing which we hosted, as well as in our in-depth review of the budget requests, we saw many positive proposals included in the department budget requests which we hope you will include in your budget. We also ask for your consideration of additional proposals to support your vision, which we share, of moving from an outdated institutional care to a community based mental health system.

In your state of the County address, you spoke about moving away from outdated, institutional care and into a more community-based mental health system including "shifting patients in our long term care units at the Behavioral Health Hospital and moving them into integrated, community settings within the next 3 years". You also shared your commitment to improving treatment and supports so that "people with mental health needs can live close to their families and friends with a person-centered, recovery-oriented approach to their wellness".

We applaud your vision for the full inclusion of people with mental illness and other disabilities in the community and for shifting services and supports from institutional care to high quality community supports. We also recognize that this kind of system transformation is not easy and will require a very significant expansion of community services and supports including housing, benefits counseling, employment services, case management, peer run services, and more. If we are to see a dramatic reduction in the nearly 13,000 people a year coming to the county's psychiatric emergency room, more capacity building and bold action are required.

We urge you to take a bold step forward in the 2014 budget by making a significant new investment in community services and supports and ensuring that county leadership move forward aggressively to use those funds to expand community supports.

(continued)

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Two years ago you took an initial step forward with a community investment of $3 million dollars. Given the scope of the planned downsizing, and the continuing high numbers at the County's psychiatric emergency room which reflect the dearth of community supports, there is a strong case that another major investment is needed. Thanks to your careful stewardship, Milwaukee County has a significant surplus – we urge you to invest an additional $3 million in expansion of community services and supports. This overview will make the case for why that investment is needed.

Only by taking bold action and making a significant investment, do we have the potential to truly change the paradigm and significantly reduce the number of people flooding our county's psychiatric emergency room year·after year. We ask for your leadership to move **Milwaukee County forward with this important reform.** We pledge to work with you to continue to advocate for funding and at the state and federal level. Thank you for your consideration.

Make It Work Milwaukee Coalition
Overview of the 2014 Milwaukee County Budget Requests and Recommendation for Consideration of County Executive Abele
Updated August 6, 2013

The services and supports funded by Milwaukee County are critically important to the quality of life and independence of older adults and people with disabilities in Milwaukee County. This document provides an overview of 2014 Milwaukee County Department Budget Requests and offers recommendations for the consideration of County Executive Abele. This is not a comprehensive review, rather it is a targeted look at those services which are most important for our coalition members.

TRANSIT

Accessible and affordable transportation services play a major role in determining how independent and productive people with disabilities and older adults can be in their community. People with disabilities and older adults rely on public and specialized transportation to get to work, go to school, access health care, participate in the community, and receive care in their homes. Many people with disabilities and seniors do not drive or own a vehicle because of their disability, frailty due to aging, and/or limited income. As a result, transit, paratransit, and specialized transportation services are vital to people with disabilities and seniors maintaining their independence. Direct care workers also rely on transit to get to work.

We applaud your leadership in supporting a strong transit and paratransit system. We are pleased to see that the 2014 budget request from MCT Maintain current service levels, service area, and fares for both fixed route bus and paratransit, from 2013 budgeted levels. This includes Milwaukee County border to border paratransit service area. Maintaining service levels, service area, and fares are all high priorities for our coalition and we ask you to carry this forward in the 2014 budget.

We understand there may be some potential uncertainty about the third year of CMAQ funding and that state government has a key role to make decisions regarding these funds. We value your leadership in making the case to state policy makers and stand ready to support your efforts, as needed. As you know we took an active role in advocating for transit funding in the state budget and educating policy makers about the importance of transit to people with disabilities and older adults. We would be open to supporting your efforts regarding the CMAQ funding, if and when that is needed.

We note with some possible concern that the budget assumes a continued drop in the number of paratransit trips. We ask that you take a closer look at these assumptions and consider whether they may be based on overly restrictive reviews of paratransit eligibility. We have heard complaints from a number of paratransit riders that the process for both initial eligibility and review of eligibility has become more restrictive and that paratransit riders feel intimidated and pressured during the review process. We have shared these concerns with MCTS leadership and hope to meet with them in August. The New Freedom program is a commendable initiative and we support the concept, but many people continue to have legitimate needs for paratransit service and should not feel that they are pressured to stop using these vital services.

With the recent announcement of a new transit company, we cannot stress enough the importance of including stakeholders from the disability and aging community in the transition process, and ensuring their specialized transportation needs are a high priority. We are deeply concerned by reports that MV has a troubled record of paratransit service provision and ask you to consider the documents we shared.

RECOMMENDATIONS FOR TRANSIT / PARATRANSIT:

- Maintain current service levels, service area, and fares for both fixed route bus and paratransit, from 2013 budgeted levels.
- Review assumptions for reduction in paratransit usage to ensure they are not based on overly restrictive reviews of paratransit eligibility
- Include stakeholders from the disability and aging community in the transition process if a new transit vendor is selected.

THE VISION FOR MENTAL HEALTH SERVICES

You have spoken eloquently about your commitment to reform our mental health system, and to move from institutional care and to a more community-based mental health system, including closure of the long term care units at the Mental Health Complex. The Make It Work Milwaukee shares this vision for full inclusion of people with mental illness and other disabilities in the community and for shifting services and supports from institutional care to high quality community supports.

We also recognize that this kind of system transformation is not easy and will require a very significant expansion of community services and supports including housing, benefits counseling, employment services, case management, and more. We also note that the process must be flexible. The budget indicates a plan to close the Hilltop Intermediate Care Facility by 2014 and to relocate 24 residents of the Rehab Central Nursing Home in 2014. We ask that the timeline for closing the long term care unit be flexible– the pace needs to be based on working with each resident, and guardians where relevant, to meet their needs and develop person centered comprehensive service and supports in Milwaukee County, where most residents prefer to live, to ensure the best possible chance of success in the community.

ROLE OF FAMILY CARE

To be successful in relocating Hilltop and Rehab Central residents to the community, it will be essential for the Family Care and Partnership Managed Care Organizations to develop the resources and capacity to meet these important and specialized needs and to provide the level of funding needed to support appropriate staffing and supports, and adequate rates to secure experienced proven providers. As a managed care program, Family Care uses a capitated rate set by the state which pays a "per-member-per-month" rate, regardless of the number or nature of services provided. Advocates have long been concerned that the capitated rate may be a disincentive to service people with complex and costly needs - and we strongly believe that an adequate Family Care capitated rate is essential to serving residents of Hilltop and Rehab Central in the community. We stand ready to explore these concerns with you and see how we can work together to ensure adequate funding and to ensure a continuing commitment by MCOs to fully support the complex needs of Hilltop and Rehab Central residents to the community.

We also support the idea of a continuing partnership between Milwaukee County and the Family Care and Partnership MCOs, to address crisis services and behavioral supports, and ensure that a continuum of services is available for Hilltop and Rehab Central residents who are moving to the community, as well as other members with complex needs.

RECOMMENDATIONS:

- Work collaboratively to ensure long term adequate funding for Hilltop and Rehab Central residents who are moving to the community with support from Family Care or Partnership, as well as other members with complex needs.
- Develop a collaboration between Milwaukee County and the Family Care and Partnership MCOs, to address crisis services and behavioral supports, and ensure that a continuum of services is available for Hilltop and Rehab Central residents and others with complex needs.

REHAB CENTRAL CLIENTS - SUPPORT FOR COMMUNITY SERVICES

The budget assumes that 24 residents of Rehab Central will move to the community: 14 – 16 of the 24 will not be eligible for Family Care and services will be coordinated by and funded by BHD; the remaining residents are expected to be eligible for Family Care. The budget allocates $597,162 to support these residents. Based on our work with clients at Rehab Central, some are very high need and will require one on one support. These supportive services can be costly – this may mean costs as high as $1000 a day. It will be essential to have flexibility to ensure adequate funding is available to meet the significant needs of residents.

We urge you to commit to having the money follow the person, to ensure that the dollars from the institution continue to be invested in community services for resident s as they transition to the

community. This may also require new models for community supports that have not been available in the past as the county has relied on their nursing home for individuals with complex needs.

RECOMMENDATIONS:

- Provide adequate funding to meet the individual needs of Rehab Central residents and to develop person centered plans. This will include housing for all residents and may include a diverse array of other services such as personal care, case management, behavioral supports, peer support, home delivered meals, employment services, etc. Many residents may require intensive support including 24/7 live in support – the cost for this may be as high as $1000 a day. The $597,162 allocated in the budget will need to be supplemented with other funds to provide these comprehensive services needed for successful community placements. The money should follow the person; the current rate to serve each person at Rehab Central is $600 a day.

HOUSING

Safe, affordable and accessible housing is a critical component to reforming our mental health system and reducing the reliance on crisis and institutional services. There is currently a crisis in Milwaukee county regarding access to such housing –lack of housing is one of the most significant barriers for people with mental illness to maintain their health and independence. There are long waiting lists for HUD vouchers for subsidized housing and for the BHD supportive housing units (see data regarding supportive housing and wait lists in the Appendix).

The vast majority of people with mental illness served by Milwaukee County are low income and unable to afford housing that is not subsidized. The average income for someone on SSI is around $750 a month. Subsidized housing is income based – rent is one third of the individual's income. The price for an unsubsidized efficiency or one bedroom that is safe and decent is close to $500 a month. Because that is well over half of the monthly income for an individual on SSI, landlords will not even consider renting to them. In addition, a significant number of homeless people in Milwaukee County have serious and persistent mental illness; the 2009 Point in Time Survey, Milwaukee Continuum of Care, indicates that 41% of homeless persons in Milwaukee County have a mental illness. We cannot move forward with reform of our mental health system without addressing the housing crisis.

The 2014 budget includes two positive housing initiatives-as positive steps to address the crisis with access to safe affordable housing for people with mental illness.

- A new initiative allocates $200,000 create 20 permanent supportive housing scattered site units to serve BHD consumers. The Housing Division will work with existing landlords to secure these units and the service model will include peer specialists to supplement the work of case managers. Funding will cover the cost of services as well as rental assistance. We strongly support this initiative and believe this is addressing a top priority in the community. **However, given the scale of the needs and the foundational role of housing in transitioning to a community based system, we urge you to take bolder action and fund 100 permanent supportive housing scattered site units.**
- The budget continues an initiative started in 2013, **Pathways to Permanent Housing.** While we support the concept, we believe participants are likely to face significant barriers to securing "permanent" housing with supportive services. The Pathways model is a great idea – but unless there truly is an increase in access to permanent housing, people will not be able to progress and will be stuck in what is intended to be a transitional program.

RECOMMENDATIONS FOR HOUSING:

- Allocate $1,000,000 to fund 100 permanent supportive housing scattered site units to serve mental health consumers
- Allocate requested funding to continue Pathways to Permanent Housing.

ADULT COMMUNITY SERVICES

This is not intended to be a comprehensive review of the Adult Services budget but highlights some items which of particular importance for our Coalition.

Community Recovery Services/ Comprehensive Community Services

We strongly endorse Milwaukee County's plans to move forward with Community Recovery Services (CRS). CRS will fund Community Living Supportive Services, Peer Support, and Supported Employment – recovery oriented services which are proven tools to reduce use of crisis and inpatient services and help people maintain their health and independence. It will also allow the county to draw down additional federal funds to support people with mental illness – CRS has a 60% federal match. Maximizing federal Medicaid revenue is a key component to increasing access to community mental health services and the fiscally responsible direction. We are concerned that the current plan for implementing CRS would limit participation to individuals already enrolled in Milwaukee County case management programs or living at CBRFs. This is a small group and may exclude many individuals who can benefit from these recovery oriented services, including employment supports. We have reviewed the State Plan Amendment (SPA) language and it it does not specifically require case managers for CRS consumers; other counties such as Dane have not required case management co-participation.

We also support plans for Milwaukee to move forward in 2014 with implementation of Comprehensive Community Services. We advocated strongly with Governor Walker for inclusion of the CCS local match in the state budget and are pleased that this was funded. This should remove any fiscal barriers for Milwaukee County to move forward with offering this psycho-social rehab benefit with a broad service array including access to and maintenance of psychiatric medication, counseling and supportive education, mental health psychotherapy, and case management services. The program also allows for residential services and other evidence-based mental health and substance abuse treatments

RECOMMENDATIONS FOR CRS/CCS:

- Move forward as soon as possible with implementation of CRS and CCS. This should include opportunities to increase the number of people receiving services rather than limiting access to the group already receiving case management services.

PEER RUN SERVICES

Peer run services are an evidence based practice which can promote recovery for those providing the service as well those receiving services. The HSRI Report noted that Milwaukee County has lagged behind in provision of peer run services and urged that it be a priority to develop additional peer run services and to expand those currently in existence.

Milwaukee's longest running peer run program is Warmline, Inc., a non-crisis support line run by and for people living with mental illness. It has been in operation for nearly 13 years, and has received over 70,000 calls for support during this time. Warmline is open from 7:00 p.m. to 11:00p.m. on Sunday, Monday, Wednesday, Friday and Saturday – times when most other services and providers are not available. Warmline services therefore divert people from ER's and PCS, and phone calls to case managers. Warmline, Inc. has also reduced the number of calls to the Milwaukee County Crisis Line so that they can deal with true crisis calls. A majority of callers are located in the southwest side of Milwaukee (Zip code 53215), downtown and northeast (53202) and the north side, (53206). There have been 150 people trained to become volunteers at Warmline. Their participation in Warmline has been reported to be of tremendous value to their recovery. In 2011, a Spanish Warmline was launched to serve Spanish speakers and it is becoming established. Funding constraints limit the number of hours and days that Warmline is available. Based on the outstanding results from Warmline and the proven track record of success, we support allocating funds to help Warmline sustain current operations and to add two additional days in 2014 at a cost of $8,500. Warmline appreciates past support from BHD and will explore this option with BHD staff.

The 2014 budget request also includes $343,000 for a peer run drop in center and to increase existing peer service contracts. It's our understanding that the center would primarily be open in evenings and on

weekends. We strongly support this proposal and believe the drop in center will fill an important need in the community and hope there may be an opportunity to have expanded hours given the need in the community. Since Milwaukee is currently so lacking in organizations run by mental health consumers (Warmline is the only such local organization), it will be important to have a good process in place to support development of other peer run organizations should they choose to apply, and to ensure recovery values and high quality.

RECOMMENDATIONS FOR PEER RUN SERVICES:

- Allocate $8,500 in 2014 to fund two additional nights at Warmline, Inc. which will allow the agency to serve the community seven nights per week. Note: Warmline appreciates past support from BHD and will explore this option with BHD staff.
- Allocate $343,000 for a peer run drop in center with a commitment to potentially expanding hours moving forward, and to increase existing peer service contracts.

CASE MANAGEMENT

Case management is a core services that is essential to assisting many people with mental illness to live as independently as possible in the community. The 2014 BHD budget request includes a cost of living increase for all CSP providers – first increase since 2000. ($560,662) We strongly support this increase – providers cannot provide quality services and adequate staffing levels without adequate funding levels. We would also stress the importance of additional quality assurance and oversight to ensure quality and responsiveness to consumers who rely on these services.

We also support the plan to invest $389,200 to "restructure up to four Community Support Programs to provide the evidence-based practices of both Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT), with each CSP demonstrating fidelity to both models. The concept of the ACT model is to provide wraparound services and be "the hospital without walls." HSRI identified the need for an ACT model for individuals who need significant supports to be successful in the community. It is essential that this model truly demonstrate fidelity and cultivate a recovery culture that honors consumer choice. The focus should be on doing this right – ACT model case managers have a small caseload so they can provide intensive wraparound support for each client. The funds may not be adequate to support restructuring 4 CSP programs. This may be a significant change for some providers and once again quality assurance will be very important.

In 2013 and 2014, the county has **not** increased the number of slots budgeted for case management– in fact as shown in the attached Appendix, the number of planned/ budgeted TCM and CSP slots decreased in 2013 and is not increased in 2014. Although $400,000 of the Community Investment Funds was initially allocated for case management, only $125,000 was spent and that investment did not increase capacity in the program. The budget does not include any funding to increase either Targeted Case Management or CSP slots, with the exception of possible services for Rehab Central residents which we will address separately and a small pilot ($100,000) for people with substance abuse disorders. When asked why case management capacity was not increased, Director Colo\n indicated this is because there are no waiting lists. We do not agree with this rationale. First of all, it is illegal to have waiting lists for CSP as it is an entitlement under Wisconsin law. Secondly, there is currently a wait time for people who have been approved for case management services to secure these services including people just discharged from a psychiatric hospitalization. We can share examples with you where individuals waiting for case management ended up being admitted to the hospital – an admission which might have been avoided if case management were available. And third, the need for additional case management services was noted by HSRI and is demonstrated by the almost 13,000 people a year who go to our county emergency rooms, as well as the overflow at our shelters who serve many homeless individuals with mental health needs.

Accessing case management services in our current system requires that very ill people travel some distance to the Mental Health Complex far from where they live, navigate a complex bureaucracy, and wait for service while medical records are obtained – a process that can take weeks. Every effort should be made to streamline the process and to expedite eligibility for individuals following a psychiatric

hospitalization. In addition, we urge BHD to establish community access points where people with mental health needs can learn about available services, including case management, and apply for services.

RECOMMENDATIONS FOR CASE MANAGEMENT:

- Fund a cost of living increase for all CSP providers – first increase since 2000. ($560,662)
- Allocate $389,200 to fund an ACT/IDDT model.
- Allocate $275,000 to increase case management capacity. This would fulfill the earlier promise to allocate $400,000 of the 2011 Community Investment Funds to expand case management – to date only $125,000 has been used.

OUTPATIENT SERVICES

The BHD budget request reduces by $250,000 funding for outpatient services provided by the Medical College of Wisconsin and Outreach Community Health Centers. The justification for this is that the need for these services will decline because of the Affordable Care Act. Although we hope this will eventually be the case, we believe reducing funding in 2014 is premature. Indications from the Milwaukee Healthcare Partnership analysis and Wisconsin advocacy groups are that the number of uninsured or underinsured low income Wisconsinites will actually increase in 2014 due to loss of Medicaid eligibility, confusion about navigating the exchange, and high co-pays which will make psychotropic medications out of reach.

Given the expected challenges in 2014 with the monumental changes to Medicaid and the insurance market, we urge that Milwaukee County continue to fund outpatient mental health services at the current level for 2014. The annual cost for outpatient mental health services per person totals $1,659*. In addition to clinic medication/ therapy visits, this includes limited case management, phone support, 24/7 on call availability by a clinical staff and psychiatrist, nursing, and refill services. Given that day of hospitalization at the Mental Health Complex totals approximately $1400, we believe the investment in outpatient services is cost effective, and there has been great success in helping clients maintain their health in the community and stay out of the hospital.

**The source for this is the Medical College of Wisconsin's Department of Psychiatry & Behavioral Medicines response to the County's annual RFP for outpatient services in CY13.*

The budget includes $250,000 for a south side access clinic. We strongly support this initiative to improve access for residents of the south side, and Spanish speakers. We would also urge the establishment of an access clinic on the north side, targeting a high need neighborhood (perhaps 53206) which generates many of the PCS intakes. Both north side and south side residents face many barriers to get to the access clinic on Watertown Plank Road.. This could be co-located with the north side CRC.

We strongly support continuation of the Mental Health Outpatient Program (MHOP) which began in November 2011 and has provided access to co-occurring, trauma-informed outpatient therapy services that were previously not offered. The program was very successful and as a result of high utilization began to run a shortfall. Significant changes were made to the model to ration access to services and reduce utilization – our concerns are primarily about the barriers to continuing services beyond initial 90 days. Since the changes were made, service utilization has declined dramatically (see Appendix). We believe that having service utilization that was higher than expected is an indicator of success –not failure. It indicates that Milwaukee residents were utilizing community mental health services instead of the county emergency room or inpatient services – that is, the success of the MHOP program demonstrated the value of the community based model Milwaukee County is trying to transition to. We urge more flexibility regarding the length of time that service is authorized for and a simplified process for requesting a continuation. Overly restrictive policies for continuing service will be barriers to clients receiving needed services and ultimately increase use of costly crisis services. We recommend increased funding for the MHOP program to address the shortfall. This is a successful program and a smart investment.

RECOMMENDATIONS FOR OUTPATIENT SERVICES:

- Maintain funding for outpatient services at the current level and restore the $250,000.
- Fund both a South Side Access Clinic and a North Side Access Clinic.
- Allocate $306,000 for the Mental Health Outpatient Program to address the projected 2013 shortfall and allow flexibility to provide services for a longer duration and serve additional people.

CRISIS RESOURCE CENTER

The 2014 budget reduces funding the two Crisis Resource Centers by $350,000. We urge you to reconsider this reduction in funding which will result in fewer people receiving CRC services and being diverted from the Mental Health Complex. The $350,000 invested at the CRC could serve far more people and in a more recovery oriented manner than the only alternatives – the county emergency room or inpatient care. In addition, we would note that the original plan was for the northside CRC to serve more people (12 beds) than the south side CRC which has only 7 bed - a larger allocation is clearly needed.

The funding to support CRC operations also needs to recognize that the payer mix fluctuates unpredictably. While T-19 HMO revenue has been helpful in allowing the south side CRC to minimize its deficit, the fact is that many individuals in need of CRC services are homeless, have no income, and are not connected with the public mental health system. The cost of providing CRC services to these individuals is no less than the cost of providing the same services to individuals who have insurance or other financial resources. CRC services benefit the entire community. Access to this critically needed and highly successful public mental health service should not depend on whether the individual has the financial resources to pay for it.

RECOMMENDATIONS FOR CRISIS RESOURCE CENTER

- Restore the $350,000 for CRC funding recognizing that the North Side CRC will serve more people, and to provide greater flexibility for more CRCs to serve uninsured people, recognizing that HMO members are only a portion of the CRC consumers and the payor mix is unpredictable.

QUALITY ASSURANCE

The budget includes funding for additional quality assurance staff to oversee community programs. With the plan to expand community based services and to outsource more services, quality assurance is critically important. We strongly support this investment. In addition, we also recommend developing a plan to establish and fund an independent advocate or ombudsman to assist community members with service denials, reductions, or quality issues. With the move to a community based system, there must also be additional oversight including the opportunity for consumers to get independent advocacy when there are concerns that cannot be resolved internally. This would be similar to the independent ombudsman available for Family Care and for other programs.

RECOMMENDATIONS FOR QUALITY ASSURANCE:

- Fund additional quality assurance staff as included in the budget.
- Develop a plan establish and fund an independent advocate or ombudsman, to assist consumers.

ADULT CRISIS SERVICES

The Adult Crisis Services budget includes several new initiatives to support residents moving from Hilltop and Rehab Central to the community. Given that many of the individuals who may need these services will be enrolled in Family Care, we also ask Milwaukee County and the State of Wisconsin to work together to ensure that these services are available to Family Care members. Given that Milwaukee County has our own county Family Care MCO, we hope you will ask them to lead the way in promoting this collaboration with Disability Services.

The budget includes a new initiative, $247,452 Community Consultation Team for individuals who have a developmental disability and mental health needs to help support residents moving out of Hilltop as well as the broader community needs. We strongly support this initiative and urge that it be seen as long term ongoing service and not limited to the closing process. Since the greatest need for assistance is often "after hours", we urge that this service be available on a 24-7 basis.

The budget includes $114,327 to continue a program started in 2013 contracting with MPD to partners with the Crisis Mobile Team. We support this initiative.

The county has also indicated that reducing the number of emergency detentions is a priority and this has also been a high priority in the HSRI report, the Milwaukee Mental Health Task Force, etc. We believe a key strategy for reducing emergency detentions is to significantly expand crisis mobile team resources and provide 24/7 coverage, Current hours for the Milwaukee County Mobile Crisis Team are limited – Monday through Friday from 9 a.m. to midnight and on Saturday, Sunday and holidays from 11:30 a.m. to 8 p.m. and staffing levels limit the ability to respond to calls during these hours. The greatest number of crisis occur during the time the mobile crisis team is "closed". We urge expanding the team to provide 24-7 coverage.

Pilot program to address the county's responsibility under Chapter 55

Our coalition is encouraged to note the additional resources in the budget request dedicated to addressing the crisis needs of persons with dementia. We look forward to working with the County Executive and the Board of Supervisors to expand these resources into a comprehensive and coordinated system of care in the future, and we are committed to advocating for additional resources from the State of Wisconsin Department of Health Services to meet the needs of this vulnerable population.

RECOMMENDATIONS FOR ADULT CRISIS SERVICES:

- Establish a long term Community consultation team for individuals who have a developmental disability and mental health needs to help support residents moving out of Hilltop as well as the broader community needs. Consider providing this service on a 24/7 basis.
- Continue funding for the MPD Crisis Mobile Team,
- Expand the Crisis Mobile Team coverage to 24/7 to support the county's goal of reducing the number of emergency detentions.
- Create a pilot program to address the county's responsibility under Chapter 55 and create a 24/7 crisis intervention team.

INPATIENT SERVICES

The budget downsizes adult acute care by 12 beds. We support developing opportunities for more people to be served in private hospitals and/or receive robust community services rather than being hospitalized at the Complex. Accordingly we support the concept of downsizing and even potentially closing the county's adult acute care units, with the requirement that this will require far more significant expansion of community services than has occurred to date, as well as agreement with private hospitals to serve additional people currently served by Milwaukee County and a formal ongoing commitment to meet this need. The number of private mental health beds has actually decreased with Columbia St Mary's closing all of their beds in Milwaukee County. We support the need for a capacity analysis and a detailed data driven plan for alternatives – both inpatient and community based - to the inpatient care currently provided by the county.

RECOMMENDATIONS FOR INPATIENT SERVICES

- Develop a capacity analysis of inpatient and community mental health services, and a plan for alternatives to the inpatient care currently provided by the county.
- Consider purchasing inpatient beds with community providers and closing beds at the Complex.

SAFETY AND QUALITY OF CARE AT THE COMPLEX

There are continuing concerns about safety and quality of care at the Mental Health Complex, which have led to a number of immediate jeopardies and other citations by the Center for Medicare and Medicaid Services (CMS) and the Division of Quality Assurance (DQA) in 2012 and 2013, and multiple investigations of deaths that occurred at the Complex in 2012. As long as the Complex continues to operate, it must be a priority to improve safety and quality of care and to provide clear indicators of these improvements.

RECOMMENDATIONS FOR SAFETY AND QUALITY OF CARE

- Contract with an independent interdisciplinary team to provide a comprehensive review of safety and quality of care at the Complex, including both medical and mental health care, and make recommendations for improvements.
- Fund and implement the recommended improvements.

DISABILITY SERVICES

The Disability Services budget includes investments to support residents of Hilltop who are moving to the community, as well as other community members. This includes $250,000 to develop a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness, and continuation of funding for the Crisis Respite Home established in 2013. We support these investments and urge that they be maintained long term as part of an ongoing safety net provided by Milwaukee County. Given that many individuals who may need these services will be enrolled in Family Care, we also ask Milwaukee County and the State of Wisconsin to work together to ensure that these services are available to Family Care members. Since Milwaukee County has our own Family Care MCO, we hope you will ask them to lead the way in promoting this collaboration with Disability Services.

The budget includes continuing support for the Interim Disability Assistance Program (IDAP). We support that investment. The monthly payment is modest but it is often the last shred of the safety net for those awaiting SSI determination. The wait for federal Supplemental Security Income in the Milwaukee area averages 22 months, causing great hardship for those too sick or injured to work. IDAP is a vital safety net, and 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.

RECOMMENDATIONS FOR DISABILITY SERVICES:

- $250,000 to develop a Crisis Resource Center that will be available to individuals with Intellectual/Developmental Disabilities and a co-occurring mental illness
- Continued funding for Crisis Respite Home.
- Maintain support for IDAP.

DISABILITY BENEFIT SPECIALIST PROGRAM

This program is housed at the Disability Resource Center and provides free benefits counseling to people with disabilities aged 18 – 59. Milwaukee County has only 4 Disability Benefits Specialists (DBSs) – far too few given the size of our county, the high rate of poverty , and the high number of people with disabilities – approximately 1/3 of the people in the state. By way of comparison, Dane County has 6 on staff, and the La Crosse region (4 county) has 4; Brown County has 3. The demand for these services has steadily increased (see table below) and is anticipated to increase significantly in 2014 given the major changes to Medicaid eligibility in Wisconsin and uncertainty about the Affordable Care Act, the need for specialized benefits counseling for people with disabilities will increase.

Access to benefits counseling is also a key component of reforming our mental health service and providing more people with serious mental illness with access to the benefits coverage they need to access vital services.

Milwaukee County Disability Benefits Specialist (DBS) Program - Total Monthly Referrals 2013

Month	Jan	Feb	Mar	April	May	June
Total Number	127	132	144	181	203	228

Given the steady increase in referrals, and the increased need anticipated for 2014, we recommend increasing the number of Disability Benefits Specialists. This should include a minimum of two disability benefits specialist; at least one should be bi-lingual Spanish speaker. Milwaukee has the largest Spanish speaking community in the stat and does not currently have a Spanish speaking DBS. This is a cost effective investment as it will bring in millions of federal dollars and decrease uncompensated care provided by the county for uninsured people.

RECOMMENDATIONS

- Add a minimum of two disability benefits specialists; at least one should be bi-lingual Spanish speaker.

IMPACT 2-1-1

High demand continues to drive the contact numbers for IMPACT 2-1-1. By the end of this year it is projected that the number of contacts will be 190,000, an increase of over last year of 10,000 contacts. Driving this increase is the number of community professionals searching the on-line database for resources for their clients. Additionally, those needing access to health care resources, emergency shelter resources and food resources continue to make up a significant portion of the increase in calls. Approximately 39% of those calling IMPACT 2-1-1 are people with disablities or have someone in the household who has a disability.

IMPACT 2-1-1 will also be one of the designated access points for consumers seeking information and resources under the Affordable Care Act. This has the potential to drive call volume even higher than projected in the last quarter of this year.

RECOMMENDATIONS:

- Maintain funding for IMPACT 2-1-1 as included in the budget request.

APPENDIX for Make It Work Milwaukee Coalition County Budget Overview
Additional Data Regarding Milwaukee County Behavioral Health Division
Case Management, Outpatient Services, and Housing (updated 8/6/13

Case management services are a core community service and are intended to help support people with mental illness maintain their independence and health in the community. The HSRI report recommended that Milwaukee County develop a broader continuum of case management services. BHD has been moving forward with this direction with restructuring Targeted Case Management to include a Level III and with plans to begin implementation of a fidelity based ACT/IDDT model in 2014. We support efforts to reorganize the case management model to provide more flexibility based on client needs, support client choice, and to allow clients the flexibility to move between programs as their needs change.

As shown in this appendix, the number of clients budgeted to be served in CSP and Targeted Case Management decreased in 2013. The number of clients budgeted to be served does not increase in 2014 (with the possible exception of some residents of Rehab Central moving to the community). Budgeting for fewer people to receive case management services in 2013 and 2014 seems inconsistent with the county's plan to expand community services and reduce the number of people accessing emergency services.

COMMUNITY SUPPORT PROGRAM

The Community Support Program, CSP, is the most intensive level of case management funded by Milwaukee. As shown in the table below which was provided by BHD, the number of clients budgeted to receive CSP services was reduced in 2013. No increase in the number served is planned for 2014. As stated above, budgeting for fewer people to receive services does not seem to support the County's plan to reduce institutional services and increase community services. Based on the plan in the budget, fewer people would receive a case management services.

CSP is defined as an entitlement under Wisconsin statutes. That means that all individuals eligible for services must be served, and that it is illegal to maintain waiting lists.

Community Support Programs Clients Served/Planned

	2011	2012	2013*	2014*
CSP	1460	1454	1300	1300

*2013 and 2014 are planned; 2011 and 2012 are actual number of clients served. BHD has indicated that that the actual number served in 2013 and 2014 may exceed the number planned.

Note: It is likely that some residents of Rehab Central will be enrolled in CSP services when they move to the community. Some dedicated funding is included in the budget for that purpose, but that is specific to the needs of Rehab Central residents, and will not add capacity to the program.

Community Support Program Contract Amount and Capacity

Agency	Budgeted Contract Amount	Capacity
Bell Therapy North	$1,206,011	246
Bell Therapy South	$79,544	66
OCHC	$330,871	75
MMHA	$424,947	80
Project Access	$452,836	140
TLS	$683,392	206
WCS	$512,148	150
TOTAL for Community Agencies	**$3,689,749.00**	**963**
Operated Agency	**Budgeted Contract Amount**	**Capacity**
Downtown CSP	$1,608,007	157
Southside CSP	$1,977,205	180
TOTAL for County CSPS	**$3,585,212.00**	**337**
TOTAL CSP CAPACITY		**1300**

TARGETED CASE MANAGEMENT

Targeted Case Management is a less intensive case management program – unlike CSP it is not an entitlement. In 2013, Milwaukee County added a new "level" of TCM case management for individuals who are identified as needing less support. Accordingly, the caseload for TCM level III is different with a case manager serving many more clients. As documented in the table below provided by BHD, the budgeted TCM capacity has declined in overall numbers over the past two years and some clients are getting less intensive services.

Providing a less intensive TCM service for some clients may be a positive and appropriate step, and is in alignment with the HSRI recommendations. However, the resource and capacity implications of providing a less intensive service with less support for consumers should be factored in when assessing to what extent case management capacity has expanded – or not.

Target Case Management Clients Served/Planned

	2011	2012	2013*	2014*
Level I	1189	1260	977	977
Level II	229	212	235	235
Level III	0	0	40	40
TOTAL	1418	1472	1252	1252

*= Planned

Note: 2011 and 2012 are actual number of clients served. 2013 and 2014 are the number planned. BHD has indicated they anticipate serving more clients in 2013 than were served in 2012, although the number planned/ budgeted for 2013 is lower than the number served in prior years.

TCM Agency	Budgeted Amount	Capacity
Level I		
Alternatives in Psychological Counseling	$457,610	250
Bell Therapy	$100,000	50
Horizons Healthcare	$298,505	125
LaCausa, Inc.	$201,194	100
Outreach Community Health Center	$437,785	150
Milwaukee Mental Health Associates	$213,723	75
Transitional Living Services (TLS)	$635,002	227
Total Level I	**$1,886,209.00**	**977**
Level II		
Wisconsin Community Services	$1,165,418	235
Total Level II	**$1,165,418.00**	**235**
Level III		
Milwaukee Mental Health Associates	$50,000	40
Total Level III	**$50,000**	**40**
Grand Total TCM	**$3,101,627.00**	**1252**

The budget includes $100,000 for a new pilot of an AODA Targeted Case Management to serve people in the early stages of recovery **from a substance use disorder**. This will be provided in partnership with the Housing Division. This seems like a very positive pilot; although the amount of support and number of people served by $100,000 will be small; perhaps there are related plans to leverage additional funds.

MENTAL HEALTH OUTPATIENT SERVICES FUNDED BY MILWAUKEE COUNTY

Milwaukee County contracts with the Medical College of Wisconsin and Outreach Community Health Center to provide outpatient mental health services for uninsured people. Medical College of Wisconsin receives $1,038,443 annually and Outreach Community Health Center receives $807,060.

We did not receive projected numbers for 2013 and 2014; however, the funding for these contracts is reduced by $250,000 in the 2014 budget request so that will clearly reduce the number of people being served. In 2011, 962 people were served, and in 2012, 931 were served.

The average annual cost for contracted outpatient mental health services per person totals $1,659*. In addition to clinic medication/ therapy visits, this includes limited case management, phone support, 24/7 on call availability by a clinical staff and psychiatrist, nursing, and refill services. Given that one day of hospitalization at the Milwaukee County Mental Health Complex totals approximately $1400, we believe the investment in outpatient services is cost effective, and there has been great success in helping clients maintain their health in the community and stay out of the hospital.

**The source for this is the Medical College of Wisconsin's Department of Psychiatry & Behavioral Medicines response to the County's annual RFP for outpatient services in CY13.*

The budget request includes $250,000 for a south side access clinic which is a positive addition as there is a great need for this type of community based outreach and access to services, and the Spanish speaking community needs culturally competent and accessible services.

Mental Health Outpatient (MHOP)
In late 2011, BHD established a new program, the Mental Health Outpatient Program (MHOP) which has contracted with community agencies to provide access to co-occurring, trauma-informed outpatient therapy services that were previously not offered. The program was very successful and as a result of high utilization began to run a shortfall. Significant changes were made to the model to ration access to services and reduce utilization. Since those restrictions were put in place, service utilization had declined significantly as shown below. We urge an investment to maintain this program.

Current MHOP
Placements 2013 YTD

Count of C_ID	Column Labels							
Row Labels	Jan	Feb	Mar	Apr	May	Jun	Jul	Grand Total
		1			1			2
APC - Lisbon Ave.	22	13	19	9	14	2	1	80
APC - W Oklahoma Ave.	19	7	15	5	15	11	6	78
Bridge Health Clinics - Virginia	21	15	17	24	33	8	2	120
Fokus Family Services	22	13	14	14	19	2	3	87
Guest House	13	12	11	10	12	6	1	65
HHC - Burleigh	22	26	19	45	15	7	5	139
HHC - Howell Ave	21	13	12	17	9	2		74
HHC - S. 60th St	6	10	7	7	8	2		40
La Causa - AODA	19	7	14	24	14	3	2	83
Meta - Weil	5	6	2	6	5	3		27
UCC - S. 6th St.					5		1	6
Grand Total	**170**	**123**	**130**	**161**	**150**	**46**	**21**	**801**

MILWAUKEE COUNTY HOUSING DIVISION PERMANENT SUPPORTED HOUSING

Milwaukee County supportive housing developments are listed below with capacity for each building. Waiting lists for each building are also listed below. The waiting lists are one indicator of the crisis with access to affordable accessible housing – homelessness and housing insecurity pose a significant barrier to the recovery of low income people with mental illness.

- **United House** – 24 one bedroom units, 2500 W. Center Street
- **Empowerment Village-National** – 35 one bedroom units - 1528 W. Walker Avenue (one block south of National)
- **Empowerment Village-Lincoln** – 30 one bedroom units - 525 W. Lincoln Avenue
- **Farwell** – 17 studio units - 1328 E. Albion (Farwell and Albion)
- **Highland Commons** – 50 one bedroom units - 6700 W. Beloit Road (in West Allis)
- **Bradley Crossing** – 9 one bedroom units - 4375 W. Bradley Road (in Brown Deer)
- **Washington Park Apartments** – 10 three bedroom units for consumers who have 2-5 children, 3900 W. Lisbon Avenue
- **Grand View Apartments** – 5 two bedroom units for consumers who have 1-2 children, 3800 W.Lisbon Avenue
- **Capuchin Apartments** - 14 units, 2502 W Tamarack Street

Waiting Lists for Supportive Housing

- United House: 15
- Empowerment Village National: 35
- Empowerment Village Lincoln: 36
- Farwell Studios: 9
- Highland Commons: 44
- Bradley Crossing: 8
- Washington Park: 6
- Grand View: 6
- Capuchin: 32