



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 on
2016 Milwaukee County Behavioral Health Division Budget Request
To Milwaukee County Mental Health Board
Mark Flower, Steering Committee Member
June 25, 2015**

Thank you for this opportunity to share comments from the Milwaukee Mental Health Task Force, regarding our initial analysis of the 2016 Behavioral Health Division (BHD) Budget Request and 2016 budget recommendations for your consideration. Thank you also for your service on the Milwaukee County Mental Health Board.

The Milwaukee Mental Health Task Force was formed in 2004, in response to a crisis in inpatient psychiatric services that exposed major gaps in Milwaukee's system of mental health care. It includes over 40 organizations who work collaboratively to identify issues faced by people affected by mental illness, facilitate improvements in services, give consumers and families a strong voice, reduce stigma, and implement recovery principles. The Task Force took an active role in the process that ultimately established the Mental Health Board and our Co-chair Mary Neubauer represents the Milwaukee Mental Health Task Force on the Mental Health Board.

As the board moves forward with your responsibilities of reviewing, possibly amending, and ultimately approving a 2016 BHD budget, it is important to remember the charge for the Milwaukee County Mental Health Board in Act 203: to advance a community-based, person-centered, recovery-oriented system that seeks to protect the personal liberties of individuals living with mental illnesses. The Milwaukee County budget is a key vehicle for achieving this system transformation, including full inclusion of people with mental illness and other disabilities in the community, and shifting services and supports from overreliance on institutional and crisis care to increased access to high quality community supports. Last year we asked the MCMHB to support the expansion of community services and supports including housing, benefits counseling, employment services, outpatient services, case management, peer run services, and more.

Although some progress has been made to increase access to these community services, the needs in the community continue to far exceed the capacity. We cannot assess how much progress has been made in recent years, because the budget does not provide that data and to date, the Mental Health Board has not received regular reports with this data. We urge that you request the following data to fill in the gaps in the budget – and request this as a monthly report moving forward: unduplicated counts of participants in community mental health programs for 2014 Actual, 2015 Budget, 2015 Year to Date and 2016 budget including Targeted Case Management, Community Support Program, Comprehensive Community Services, Community Recovery Services, Crisis resource center, CLASP, group homes, crisis stabilization houses (respite). This data should be included in all future budgets. Mental Health Task Force Co-chair and Mental Health Board member Mary Neubauer has submitted this request and other questions to BHD staff, and the questions are attached here for your reference.

In addition to the budget information, a scorecard should be maintained with outcome data that addresses quality of life indicators that are key to recovery such as employment, housing, and other independent living indicators. Only when you have access to this data, can you assess how much progress Milwaukee County has made in expanding access to community services and supports. The budget does indicate that access to AODA services has been significantly reduced and an additional \$1.2 million is cut in 2016. Enrollment in services for those struggling with alcohol and drug addictions should also be closely tracked, and aggressive efforts should be made to secure additional grant funding, as Milwaukee County has done very successfully in the past.

We would like to share with you the results of a survey conducted by the Task Force, to help provide direction on priorities for the 2016 budget. We hope you will review the survey results and comments, and consider them as input in your budget deliberations. The survey asked members if access to community mental health services in Milwaukee County has improved, decreased, or stayed the same. The results were very mixed – 21% improved, 40% decreased, 39% stayed the same. Results regarding access to inpatient services were also mixed: 6% noted an improvement, 54% noted a decrease in access, and 40% stayed about the same. Participants also indicated a number of suggestions for priorities for the 2015 budget. These were discussed by the full Task Force, as well as the Steering committee. Based on survey results and these discussions, we have identified the following priorities:

1. Establish 24/7 intake coverage at the Crisis Resource Centers and also provide more flexibility in who is served. Law enforcement report that when they encounter people experiencing a mental health crisis that does not rise to the level of hospitalization, there are no options for diversion on third shift. As a result, people may end up inappropriately at PCS or in jail. The original vision of the CRC was to address this very need and included 24/7 intake. Law enforcement has also expressed concern that the admission criteria are too limited, and merit further discussion, especially in regard to individuals who may be using alcohol or drugs.
2. As recommended by the Cultural Intelligence Redesign Work Group, establish Community Resource Centers/access points on the north side, south side, and central city. The North side should be a high priority, as the needs are great and there has been limited resource development to date. These access points can include community service programs, as well as benefits counselling, assistance with enrollment in county mental health programs, and community education to increase awareness of prevention, available services, etc, i.e., mental health first aid training. The proposal in the BHD budget includes some elements of the Cultural Intelligence proposal and is a positive step in the right direction. We recommend that BHD work with the Cultural Intelligence work group and other stakeholders to further develop and refine this proposal.
3. Comprehensive Community Services (CCS) presents an opportunity to maximize access to much needed community services, while simultaneously freeing up significantly levy dollars. There are thousands of Milwaukee County residents who could benefit from CCS, but the current county plan has small enrollment targets, and is not on track for this modest implementation roll-out. Since the Feds and State are picking up the entire cost of CCS, opportunity abounds to outreach to individuals in need of services, as well as to transition some individuals currently enrolled in other BHD services (i.e. CBRF, TCM, CSP, AODA, etc.). This would free up significant current levy support that could be reinvested to serve individuals not eligible or willing to be served in CCS. We welcome the opportunity to explore options with the County to open the front door to CCS so that all eligible individuals can receive services, as well as examine solutions to expand the CCS network.
4. We recommend use of peer support throughout the system, throughout all programs, and funding for training Certified Peer Specialists. Implementation of CCS will increase the demand and work force is inadequate. We commend the allocation of \$54,000 in the budget request for training peer specialists and ask you to support it.
5. The new budget initiative to provide post discharge support for individuals after they are seen at PCS or after a hospitalization is addressing an important need. We support this concept and hope there will be an opportunity for stakeholders to contribute to the program design and implementation. We recommend that this new program prioritize process improvements to fast track enrollment in community services, post discharge. The lengthy enrollment process for our community mental health programs is often a barrier to recovery for community members living with mental illness.
6. Access to a prescriber continues to be a concern. Although the budget projects a dramatic reduction in access clinic activity, we urge that the county go slow in reducing access clinic capacity with the understanding that there will continue to be churning as BadgerCare enrollment drops and some individuals with private insurance are unable to afford their co-pays. In addition, we recommend that the county work with community partners to support other initiatives to provide access to a prescriber for individuals on Medicaid. Although more people have insurance, coverage does not ensure access

to a prescriber and there is a crisis with access to a psychiatrist for those on Medicaid which should concern us all. If individuals are unable to access their medication in a timely manner due to lack of access to a prescriber, there will be increased need at the county emergency room and increased need for inpatient services.

7. Survey respondents shared concerns about reduced access to inpatient services. The need may diminish in the future as community services expand, but community members are concerned that access not be further reduced until there is a major expansion of community services and improved access. Concerns have also been raised that more people with mental illness are being sent to the county jail because of a change in policies at the County Psychiatric emergency room. Although this may not be a budget issue, it is an important policy issue that the Board should address. Milwaukee's Community Justice Council has taken an active role in advancing policies to divert people with mental illness from the criminal justice system. We hope that admission policies at PCS will be in alignment with these important reforms being led by the Community Justice Council.
8. The Task Force also strongly supports the investment in Housing First and the initiative to end homelessness. Accessible affordable housing is key to recovery, and we see every day that such housing is in short supply.

Additionally, we wanted to comment about the Request for Proposal (RFP) for delivery of future acute services and concern about the lack of opportunities for public input to inform the drafting of the RFP. This is a major change in service delivery and we urge this be slowed down to allow time for stakeholder input to inform the drafting of the RFP. Milwaukee County is the safety net for people with mental illness in Milwaukee County and there is a great deal of apprehension about the risks of having a for profit national company taking over inpatient services. In addition, many have expressed surprise that the RFP scope is so expansive and includes the psychiatric emergency room – initial conversations focused only on acute care beds. The model for emergency room services for those in need of mental health services is very important and is deserving of further deliberation. Instead of staying with the status quo, we should first take this opportunity to look at best practices, including integrating mental health emergency room services at our community hospitals, as is the practice in Dane County. There is also the need to explore options for more psychiatric beds in local medical hospitals, there is a high percentage of people with significant mental illness who also have other chronic health conditions that must be addressed during a psychiatric hospitalization. These needs may be better served by adding psychiatric beds at medical hospitals already in our community, rather than developing a new standalone psychiatric hospital.

We thank you for this opportunity to give input today and hope this will be the beginning of a more inclusive process. We are eager to partner with the Mental Health Board and believe that regular public input is needed for a successful Mental Health Board. Given that the Board has oversight for millions of dollars of public funds which provide essential services in our county, regular public input at meetings and through other contacts should be the norm. The Mental Health Board has been meeting for a year now and it's time for the Board to provide an option for members of the public to register to get public notice of the meetings, provide regular opportunities for public input, establish and publicize and procedures for members of the public to community with Board member, and allocate funding for a staff person to support them.

Thank you for your service and for considering the survey and these suggestions as you deliberate on the 2016 budget. .