Milwaukee Mental Health Task Force
2017 Milwaukee County Behavioral Health Division budget priorities

Results from this survey represent responses from 89 respondents. Values have been rounded to closest whole number.

1. Overall assessment of BHD mental health services in 2015, compared to 2014.

No improvement	33%
Slight improvement	39%
Some improvement	25%
Significant imprvmnt	3.4%

Representative comments:

- New programs have not been fully developed and/or fully deployed (e.g., CCS)
- Too many individuals in need of services being incarcerated
- BHD lacks clarity on precisely what the 2 centers, one to the north and, eventually, one to the south, is to be.
- BHD is in need of consistent leadership & workforce development
- Placement of long term residents was accomplished, Central closing

2. In 2015, did access to MH service change?

	Increased	Decreased	Same
Community MH	15%	10%	70%
Crisis services	20%	20%	52%
Inpatient	5%	44%	41%
Community AODA	12%	21%	46%
Peer services	36%	13%	37%

Representative comments:

- CCS is supposed to give more access, but continues to have issues with implementation.
- Acute care beds have decreased; has become increasingly difficult to access inpatient MH services, but correlating services in community stayed the same.
- Community is bearing far too much responsibility for MH services; severe and persistent mental illness needs a lot more structure and there should be a strong day hospital program.
- Mobile crisis services increased, but so did demand for their services because severely mentally ill consumers no longer have a place to go. This resulted in a zero gain in effective interventions.
- I'm seeing a lot of real progress with peer specialists.
- Too large of a cut to AODA services, especially in light of opioid (e.g., heroin) problem in Milwaukee county

3. Rating of MH services for 2017 budget priorities. The following list represents the listed priorities in order based on those ranked as "High Priority" most frequently.

a.	Access to psychiatrists	90%
b.	Housing	76%
c.	Comprehensive Community Services (CCS)	74%
d.	Crisis services	73%
e.	Youth MH services	72%
f.	Prevention & early intervention	71%
g.	Discharge planning & aftercare	68%
h.	Criminal justice diversion & treatment	66%
i.	CART teams	64%
j.	Community AODA services	64%
k.	3rd shift/wkend resource for law enforcement	60%
l.	Employment services	53%
m.	Access to therapists	51%
n.	Case management (CSP & TCM)	48%
o.	Peer support	47%
p.	Community education & awareness	46%
q.	Inpatient services	45%
r.	Benefits counseling	40%
s.	Peer-run services	33%

Representative comments:

- Need trauma specific services
- Need access to medication following hospital discharge
- Housing first strategies
- Need for services for individuals who are Deaf, Hard of hearing, and Deaf-blind, across all types of services providers including peers
- Need to increase capacity in all diversion court programs (e.g., mental health court, veteran court, family drug court, etc.)

4. What barriers do you see relative to services provided by BHD?

	Very	Somewhat	Not important
Lack of information	61%	37%	2%
Complex eligibility requirements	64%	33%	4%
Provider lack of cultural intelligence	44%	46%	10%
Transportation	45%	49%	6%
Providers' hours of operation	41%	48%	10%
Language barriers	33%	56%	12%
Lack of places in community for help	71%	23%	6%
Lack of support after d/c from hospital	83%	12%	6%
Financial/Insurance	49%	46%	5%
Lack of service capacity	78%	17%	5%
Lack of gender-specific services	26%	56%	19%

Representative comments:

- Lack of trauma informed services, service providers
- Not enough diversity in service providers
- Lack of services for Deaf, Hard of hearing, deaf-blind
- Community opposition to community services, especially housing
- Family/community information and support
- Significant turnover at BHD, especially in leadership

5. Direction or advice for Mental Health Board in formulating 2017 BHD budget?

Representative comments:

- Board needs more peer input
- Acute shortage of psychiatrists and psychiatric RN's needs to be addressed
- More seamless transitioning to community housing, activities/engagement and /or employment, to give people a reason to get up in the morning & take their medication, to be involved in wider community, seems essential.
- Providing enough beds in the system for people who are experiencing a MH crisis.
- Employment funding
- Create non-jail stabilization center, reduce use of jail for behaviors related to mental illness
- Listen to consumer's needs, their families, community services providers, focusing on holistic view of consumer and their whole life
- Please listen to all stakeholders in the process, create an open process to hear from community stakeholders
- Have more public meetings during decision-making, let people speak at board meetings
- Not enough civic education about this new entity and quitting rate from board members is very high indicating an organizational failure. Board should seek out information/education from other areas where a board is in place and functioning well.
- Outreach to educate public on what county/BHDis doing such as CCS, current closings at BHD, etc.
- Board should ask for assistance with synthesizing vast information they will receive. If they can have county and non-county financial experts at their disposal to help answer questions ahead of the meeting where they are expected to vote, so they are able to make informed decisions about the proposed budget.
- Remember you are mental health AND substance abuse
- Please start listening to community members
- Focus on prevention and early intervention
- Board needs their own staff person to support them to truly move toward an independent oversight role.
- Board should be receiving more regular and in-depth data from BHD regarding number of people serviced in each MH and AODA program.
- Residential AODA service providers have had no rate increases in decades, please address this