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 for
Milwaukee County Mental Health Board Meeting
2017 Milwaukee County Behavioral Health Division Budget Priorities
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Thank you for this opportunity to share comments from the Milwaukee Mental Health Task Force, regarding priorities for the 2017 Behavioral Health Division (BHD) Budget 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. Since the Task Force was established, we have taken an active role in educating Milwaukee County and state policy makers about the need to expand access to community based recovery oriented mental health services. I serve as Co-chair of the Task Force, in partnership with our other Co-chair Mary Neubauer, who has also represented 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 2017 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. As we did last year we urge that the MCMHB take action to prioritize the expansion of community services and supports including housing, benefits counseling, employment services, outpatient services, case management, peer run services, and more.

We first want to recognize positive initiatives included in the 2016 budget. The Housing First initiative, CART team, and addition of third shift coverage at the North Side Crisis Resource Center have been successfully implemented and we strongly support continuation of these positive efforts. We also strongly support 2016 budget efforts that are still in the planning stage including the North Side Community Resource Center and the post discharge follow-up for patients seen at PCS, OBs, or Acute Care by the Crisis Mobile Team and a Certified Peer Specialist. There is a great need for these services in the community and we hope they will move forward as soon as possible.

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 data regarding enrollment in each community based program, currently and over the past five years, as well current wait times to access services, has not been made available to date. We raised this issue in past testimony to the board and once again express our concern. MHTF Board member Kelly Davis has provided a template to interim Administrator Alicia Modjeska and we appreciate her willingness to gather this information. We would also encourage the Quality Committee to prioritize inclusion of the dozens of the community based mental health and substance use programs in their dashboard.

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 and benchmarks that we hope to meet. 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 – and how far we have to go.

Survey on 2017 BHD Budget Priorities

Along with this testimony, we are sharing with you the results of a survey conducted by the Task Force, to help provide direction on priorities for the 2017 budget. The survey was shared with the Task Force email list and asked participants to assess access to mental health and substance use services, priorities for the 2017 BHD budget, and suggestions for the Mental Health Board to consider in formulating the 2017 BHD budget. We received 89 responses. We ask you to consider survey results in your budget deliberations. A few highlights:

- The survey asked if access to community mental health services in Milwaukee County has improved, decreased, or stayed the same. The results were mixed with 15% noting an increase, 10% a decrease, and 70% indicating access was the same.
- The top ten priorities identified by survey respondents, in order of priority include: access to psychiatrists, housing, Comprehensive Community Services, Crisis Services, youth mental health services, prevention and early intervention, discharge planning and aftercare, criminal justice system diversion and treatment, CART teams, and community AODA services.

Based on survey results and these discussions, we have identified the following priorities and respectfully ask the Mental Health Board and BHD leadership to support these in the 2017 budget:

CRISIS SERVICES

1. **Crisis Assessment Response Team (CART).** We applaud BHD's plan to include funding for the expansion of Crisis Assessment Response Team (CART) in the 2017 Budget. Based on the success of the two CART teams currently operating through a partnership with BHD and MPD, and feedback received from Milwaukee County Municipalities, expanding CART to serve all of Milwaukee County would reduce the number of Emergency Detentions and improve outcomes of CIT and community policing initiatives as well as improve access to appropriate mental health services.

   We recommend funding for at least four additional clinicians from BHD's budget to allow for an additional CART team with MPD to cover all shifts as well as allowing for the creation of additional CART teams with the Milwaukee County Sheriff's Department to serve all Milwaukee County municipalities as well as with the West Allis Police Department to address the high number of Emergency Detentions initiated in West Allis.

   The cost for this budget item would be $400,000 - $100,000 per clinician.

   Background: CART is a partnership with BHD and the Milwaukee Police Department. The team is comprised of crisis team clinicians and police officers. CART can respond to situations when police intervention may be needed. The goal of CART is to reduce the number of involuntary hospital admissions in Milwaukee County. CART is dispatched through the Milwaukee Police Department. Currently, there are 2 CART teams that cover the hours of 11 AM - midnight, Monday - Friday.

2. **Third Shift Crisis Resource Center Coverage.** We recommend completing the efforts begun in 2015 to expand options for third shift diversion, by adding 24/7 intake coverage at the South Side Crisis Resource Centers, including a certified Peer Specialist (CPS), and adding a CPS to the third shift team at the North Side CRC. Law enforcement continue to report that when they encounter people experiencing a mental health crisis that does not rise to the level of hospitalization, there are not options for diversion on third shift. As a result, people may end up inappropriately at PCS or in jail. The original vision for the CRC was to address this very need and included 24/7 intake. Third shift coverage was recently added at the North Side CRC and has been successful, and the BHD budget plan for 2017 supports adding this at the South Side CRC. .

3. **Crisis Respite and CRC for People with Developmental Disabilities**. With the closure of Hilltop and other institutions, the vast majority of adults with developmental disabilities, including those with a dual

diagnosis of a mental illness are living in the community. Although all of the Hilltop residents and many others receive supports and services from Family Care, counties continue to have the responsibility for Crisis Services. Milwaukee County has developed specialized crisis response services for this population with the new Community Consultation Team (CCT) which has been an expert resource providing training and consultation as well as crisis services. We support continued funding for the CCT, and also urge that the County prioritize development of additional crisis services for this population including Crisis Respite beds and a specialized Crisis Resource Center or Safe House similar to the Dane County Safe House. These options can provide a temporary safe out of home placement for individuals with a developmental disability when a crisis occurs, and are a needed alternative to current use of PCS and OBs.

COMMUNITY SERVICES

1. **Comprehensive Community Services** (CCS) presents an opportunity to maximize access to much needed community services, as well as having the potential to free up some levy dollars. Since the Feds and State are picking up the entire cost of CCS and it is an entitlement (no waiting lists allowed), our county has a unique opportunity to provide this recovery based service to people of all ages -- youth to elderly -- living with either a mental illness and/or substance use disorder. There are thousands of Milwaukee County residents who could benefit from CCS, but to date implementation has been slow. We recommend the County create 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, FBOs, CJS, hospital systems, etc., assist providers in becoming credentialed within the CCS network, and assist consumers in accessing services. As CCS expands, we anticipate that some individuals currently enrolled in other BHD services (i.e. CBRF, TCM, CSP, AODA, etc.) will transition to CCS. This would free up current levy support that could be reinvested to serve individuals not eligible or willing to be served in CCS.

   We urge that expansion of CCS to serve more people and growth of the provider network and service array be a top priority and that additional staff support be provided. 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.

2. **Change BHD Access Clinic** model so they can serve individuals insured by Medicaid and bill Medicaid. This will require obtaining a 35 license, which the County has held in the past. As shown in reports to the Mental Health Board, the number of people served has declined from over 6000 annually in 2012 and 2013 to only 1,230 in 2015. The current Clinic policy is to serve only uninsured - as documented in the recent study *Milwaukee County Outpatient Behavioral Health Capacity Analysis,* individuals insured by Medicaid face many barriers and delays to access a psychiatrist or other prescriber. The MHTF survey results indicate lack of access to psychiatrists is the top priority for the 2017 budget, and expanding the Access Clinic to serve those in Medicaid would address this urgent need. When individuals are unable to access their medication in a timely manner due to lack of access to a prescriber, the result is more people in crisis, and in need of crisis and inpatient services, as well as more people with mental illness involved with the criminal justice system. We see benefit to having the County Access Clinic serve individuals insured by Medicaid who are having difficulty finding a provider, as part of the County's role in providing a safety net. Other counties provide these outpatient services to individuals on Medicaid. As part of this model, we would also recommend that Access Clinic staff provide clients with assistance in connecting with a community provider with the goal of having them transition from the Access Clinic once they are connected with a community provider.

3. **Warmline Support:** Warmline, Inc., is a non-crisis, peer-run support phone line run by and for individuals with mental health challenges. It is the only program in our county that is completely peer run, an evidence based practice. The HSRI report had noted the need for peer run services in our county and recommended this as an essential part of the service array that merited further expansion. In 2015 when fully staffed, Warmline took 12,598 calls, most during evening and weekend hours when other support is not available. Warmline provides supportive listening and strives to help people arrive

at their own best solutions. These services contribute to fewer hospitalizations and less use of crisis services.

Because some past state and county funding has ended, Warmline is facing significant financial challenges. As a result, Warmline hours of operation are being significantly reduced and they are no longer able to employ peers – instead going to a volunteer model, resulting in the loss of work opportunities for the approximately 30 peers who staffed Warmline. We thank BHD for providing in-kind support with office space and equipment for Warmline; however, additional support is needed at this critical time. To sustain this important and successful peer run services, we recommend that funding for Warmline be included in the 2017 budget to ensure that this vital peer run service continues. An allocation of $50,000 would allow Warmline to return to employing staff, including a part time Director. Part of the charge for the Director would be to work on a plan to secure other funding over time, with the goal of reducing reliance on county funding moving forward. The Task Force is committed to working with Warmline in their efforts to once again receive state funding.

4. **Alcohol and Drug Treatment and Recovery Services:**
   Opiod use has reached epidemic proportions, resulting in 608 overdose deaths in Wisconsin in 2013, according to recent reports from the Journal Sentinel. In 2015, 255 people died of drug overdoses in Milwaukee County. This does not include those individuals who were revived with Narcon (an additional 115 people just in West Allis and Greenfield last year). Medication-Assisted Treatment (MAT) is an evidence-based practice increasingly utilized with opioid-addicted populations in other parts of the country, and may include use of include methadone, suboxone and Vivitrol. With the advent of Vivotrol (an extended release injectable form of Naltrexone which functions as an opioid receptor antagonist, effective in relapse prevention for individuals with opioid dependence), tools are available to combat the epidemic as experienced in Milwaukee County. Yet, there are only 9 providers in the County who provide Vivotrol, and only one of those is in the County provider network. An opportunity exists for BHD to expand its provider network by providing training and funding to implement MAT throughout its provider network, and prioritize services to those with an opioid addiction through active outreach.

   The opiate/heroin epidemic has also created an increased need for residential services. There are ongoing waitlists for residential treatment and there is not the capacity to place on demand – currently there are 154 people on the waitlist. Over the years, Milwaukee County has lost residential capacity, especially capacity to serve women. The number of publicly funded AODA beds in the community has decreased significantly, from about 175 in 2006 to approximately 116 beds now, although 15+ are allocated for children of parents receiving treatment and some are used by DOC so the actual availability for county clients is under 100. We recommend a budget investment in AODA residential services to add a minimum of 20 beds and increase provider rates which have not increased in ten plus years. Residential rates have not increased in 10 + years. Current rates range from $90/day to $146.50/day.

5. **Housing**. The Task Force also strongly supports the new Housing First initiative to end homelessness. Housing First is an evidence based practice and we thank the Housing Division and BHD for moving forward with this much needed and very positive initiative. As we all know, accessible affordable housing is key to maintaining mental health and moving forward with recovery, and we see every day that such housing is in short supply. We encourage a continuation and expansion of the Housing First program.

OTHER BUDGET PRIORITIES

1. **Youth Mental Health Services:** There are grave concerns regarding the neglect and abuse of youth placed at Lincoln Hills and Copper Lakes. A significant number of these youth are from Milwaukee County. Given that the majority of the youth placed at these facilities have mental health concerns and special education needs, there is a need for more oversight and advocacy to ensure humane treatment, access to mental health services, and to special education services. Because of the recent concerns about abuse and neglect, staff from Milwaukee County Wraparound have been making regular visits to

these facilities to monitor conditions and access to treatment and special education services. We urge that funding to support this be a priority in the budget, and this should include exploring opportunities to develop capacity to serve more Milwaukee youth in our community.

2. **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 dedicated staff support for their important oversight role. As proposed by board members in an amendment last year, we recommend 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 similar to 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.

3. **Inpatient Services.** 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 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 and at other community emergency rooms will be in alignment with these important reforms being advanced by the Community Justice Council.

4. **Community Resource Centers.** We urge accelerated implementation of the Community Resource Centers/access points on the north side and south side, and also recommend establishment of a central city Community Center. We strongly support development of these community based centers and hope that the implementation will be move forward quickly, given the great needs in the community.

We thank you for this opportunity for community input and would welcome the opportunity to meet with the Administration and Board Members to explore these recommendations. Given that the Board has oversight for millions of dollars of public funds which provide essential services in our county, opportunities for regular public input at meetings and through other contacts are essential. Some progress has been made with the establishment of a web site, mental health board email addresses, and the option to register to get public notice of the meetings. We urge the Board and the administration to provide regular opportunities for public input, and for communication with the Board.

Thank you for your service and for considering the survey and these suggestions as you deliberate on the 2017 budget.