



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 – Public Input
Mary Lou Burger, CPS, MMHTF Steering Committee
September 6, 2016**

Thank you for this opportunity to share comments from the Milwaukee Mental Health Task Force. My name is Mary Lou Burger and I am a member of the Mental Health Task Force Steering Committee. I am the Lead Certified Peer Specialist at *Pathways to Permanent Housing*, where I work with peers who have been homeless, and who have mental health needs and/or substance abuse challenges. Pathways is part of the Homeless Initiative to end homelessness, and is a "housing first" transitional facility.

On behalf of the Task Force, we ask for your support for the following priorities:

1. The Mental Health Board Public Input sessions, such as today's session, should be widely publicized to the community, including an outreach plan to encourage participation from people who receive BHD administered services or who may have experienced barriers to accessing these services. It is disappointing that the Board's public input sessions to date have very few speakers who can share with you their lived experience of accessing the services overseen by Milwaukee County BHD. This is a very important perspective that the Board needs to support your oversight role. One reason for the limited participation of peers or consumers is that the Input Sessions are not publicized. It is also noteworthy that some speakers at past sessions have expressed discriminatory attitudes towards people who have mental health needs, and this may contribute to the low participation by peers as it may feel like a hostile environment.

We recommend that the Board develop an outreach plan, using social media, local radio, and asking agencies to distribute and post flyers about these opportunities, including information about the purpose of the input sessions and topics that the public is being asked to address. The plan should include a strategy for outreach to those who receive services or have experienced barriers to accessing services to come and share their perspective. You may need to reconsider where the sessions are held, and consider how to structure them in a manner that is welcoming.

The Mental Health Task Force can be a partner in helping to get the word out, but the leadership and plan need to come from the Mental Health Board and the staff who support the Board.

2. We wanted to share with you the importance of the GO Pass, a Milwaukee County program which provides a free bus pass for people with disabilities who meet eligibility criteria, as well as older adults.

Because of concerns that the proposed Transit department budget eliminated the GO Pass program, the Mental Health Task Force worked with Milwaukee Shelter and Transitional Housing Task Force, and the Make It Work Milwaukee Coalition, to gather data about how important the GO Pass has been to supporting independent living for people with mental illness and other disabilities and older adults, and advance recommendations to County Executive Abele for continuing this program, including narrowing eligibility based on financial need.

Our findings are summarized in the attached document which was shared with County Executive Abele and his staff, and includes data regarding the benefits of the GO Pass, and coalition recommendations. Please review this document to learn how important the GO Pass has been to the clients served by BHD and the housing division.

In my own work as a Peer Specialist, we help the peers we work with to apply for a GO Pass. Once they have their GO Pass, they are able to get out and go – apply for jobs, go to doctors' appointments, reconnect with families and friends who provide support. Because they have been homeless, they do not have income. If they did not have a GO Pass, they would not have the means to get anywhere by bus – they would be isolated at their residence and have further barriers to getting a job and becoming more independent.

As the County considers options for continuing the GO Pass, we recommend that the Mental Health Board support continuing this program which has been so beneficial to people with mental health needs. Part of a solution may include funding from some departments whose clients utilize the GO Pass including BHD.

3. The Mental Health Task Force is eager to see the planned community “hubs”/ community centers be successful. The template for successful change in publicly funded mental health services is to partner with stakeholders in the program design and implementation – this is the practice at the state and was the case with BHD in the past, for example with CCS, IPS, CRC and other new initiatives, including Mental Health Redesign. The planning committee for this “hub” seems to be primarily limited to staff and consultants. We understand that the planning team has included Shawn Green who is highly respected and a great resource, but other stakeholder engagement is needed. It feels like the project has gone dark, and staff and consultants are starting again with a clean slate – we have provided input for this concept multiple times and hope that those ideas will not be lost. One of our primary messages has been that the centers should go beyond the medical model and provide assistance with accessing a broader continuum of supports including benefits counselling, housing, employment services, and other recovery supports.

One of the core principles of the disability rights movement is “nothing about us without us” – meaning in this case that system changes should be guided by the voices of people with lived experience of mental illness, as well as input from advocacy organizations, providers, and other community partners. CCS actually has a requirement from the state that a certain percentage of people on the committee are individuals with lived experience – that would be a best practice to incorporate for the planning committee for the hubs.

The Mental Health Task Force is ready and willing to help with planning and implementing this new service – let us know how we can be a resource. Our members have worked with BHD on system change over the past 12 years and endorse the need for a collaborative approach.

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 recovery oriented mental health services, and worked collaboratively to advance improvements. Our Co-chair, Mary Neubauer, represents the Milwaukee Mental Health Task Force on the Mental Health Board.