**2019 MILWAUKEE COUNTY BUDGET PRIORITIES** revised 9/18/2019

The Milwaukee County budget is an essential part of the funding for services that are critical to the lives and independence of people who live with a mental illness and other disabilities. The Milwaukee Mental Health Task Force thanks policy makers for their past support for these important services and ask for continue support to maintain and expand these life sustaining services.

**BUDGET PRIORITIES**

We ask policy makers to prioritize the following in the 2019 Milwaukee County budget:

**BEHAVIORAL HEALTH SERVICES**

* Support full funding for mental health and substance use disorder services, as approved by the Mental Health Board. The MMHTF is pleased to see BHD’s positive investments in training for peer specialists, peer run respite, bridge housing expansion. We are concerned that budget constraints have limited the ability of the Board to sufficiently expand community behavioral health services, with limited growth of some programs, and others being reduced or eliminated.
* The 2019 budget should expand capacity on the Northside including the northside hub or other community based alternatives located in northside locations, as well as a developing plan to provide a continuum of community services on the northside.  We recommend this as a top priority as there was an expectation for northside hub to be in place this year.
* As the County transitions from being a provider of inpatient services, to being a purchaser of these services, there must be a strong oversight and quality assurance role. We support development of strong oversight provisions for inpatient services to ensure quality, comprehensive discharge planning, coordination with BHD community services, and protect client rights including access to public defenders and advocates.
* One of the duties of the Mental Health Board as listed in Act 203 is “**Diverting people experiencing mental illness from the corrections system when appropriate.”** Some promising steps are being taken in Milwaukee to develop the capacity and protocols to support diversion, but a major investment will be needed to build this to scale. This is especially critical as the county ends its role as a provider of inpatient services, and determinations about whether individuals will receive inpatient services will rest with private entities.

**HOUSING AND EMERGENCY SHELTERS**

* Support for the important work of the Milwaukee County Housing Division. Housing First is an evidence based practice which has had a tremendous positive impact for Milwaukee County residents with mental illness. We strongly support this collaboration and funding. Recovery is not possible without stable safe housing.
* Continue current support for the emergency shelter network. Even in a Housing First model of service, it is extremely important that Emergency Shelters remain a part of the continuum, giving literally homeless individuals a place to go as they are in the process of being housed. Emergency Shelters in Milwaukee served over 5,500 unduplicated people in Shelter in 2016.

**SHERIFF’S BUDGET**

* We remain concerned about the quality of mental health and medical care at the Milwaukee County Jail. As the County moves forward with the RFP process and considering other providers, the Mental Health Task Force seeks to be a partner and to have an active role in improving services and care for people with mental illness, and ultimately increasing diversion from the criminal justice system

**TRANSPORTATION**

Access to transportation is vital for people with mental illness and other disabilities, as so many do not drive due to their disability or because they are low income and do not own a car. In the disability community public transportation plays a vital role, including the bus system and paratransit services. Public transit is critical to the ability of Milwaukee County residents with mental illness and other disabilities to live independently and to access disability related services, get to jobs, grocery shopping, participate in support groups, attend recovery programs, worship, etc.

* We are pleased that paratransit rates and the service area are maintained.
* We ask policy makers to retain the current rates for the Go Pass and New Freedom Pass. We oppose the proposal to double the cost of the Go Pass and New Freedom Pass. The proposed increase will severely limit access to transportation for people with mental illness and other disabilities. The average monthly income for a person on SSI is $818.78. After paying for rent and food, very little is left for transportation, which can lead to isolation and adversely impact mental health. Access to transportation is key to community integration and recovery.

Most GO pass users with disabilities are very low income and as a result could afford only very limited bus service before the GO Pass. The GO Pass has provided many of our neediest community members with access to transportation which they did not have before, and has helped to support greater independence and improved health by connecting them to basic needs, employment, and other supports. In addition, many GO Pass users are living with the challenges of being homeless as well as disabled, and have no income.

**Funding Challenges and Opportunities**

* The budget should protect direct services and where possible, reduce overhead and administrative costs, including administrative duplication across departments. This has the potential to free up some funding to be used for direct services.
* The Mental Health Task Force remains concerned about the need to ensure adequate funding from the state and federal government. State and federal funding has been flat or has decreased, including state shared revenue, mass transportation operating assistance, community aids funding, and more. As a result, County funding for vital services is impacted and may be reduced or unable to address vital needs. We ask policy makers to prioritize efforts to increase state and federal funding.
* The Mental Health Task Force is concerned about inadequate state funding for regional alternatives to Lincoln Hills/ Copper Lakes. This may result in diverting community aids funding that is currently used ability to use community aids to fund early intervention or prevention services.

For information, contact:

* Milwaukee Mental Health Task Force Co-Chairs Mary Neuabuer and Jeanne Lowry
* Milwaukee Mental Health Task Force Coordinator, Barbara Beckert, [barbara.beckert@drwi.org](mailto:barbara.beckert@drwi.org) 414-773-4646